

## **CALIFORNIA WOMENS' HEALTH SURVEY**

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Questions about the survey should be directed to:

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INTROQ

**HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the national Public Health Service.**

**Is this (phone number) ?**

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

PRIVRES

**Is this a private residence?**

1. Yes ---> **We're doing a study of the health practices of California adults. Your number has been randomly chosen to be included in the study, and we'd like to ask some questions about things people do which may affect their health.**
2. No ---> **Thank you very much, but we are only interviewing private residences. (Stop)**

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

NUMWOMEN

(If NUMADULT GT 1)

**How many are women?**

\_\_\_ Enter the number of women (0-9)

MENONLY

(If NUMWOMEN EQ 0)

**Thank you for your cooperation, but we are only interviewing women age 18 and older at this time.**

NUMMEN

(If NUMADULT GT 1)

**How many are men?**

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

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED

(If NUMWOMEN 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 NUMWOMEN = 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.**
2. No ---> **May I speak with her?** (When selected adult answers:)

**Hello, I'm (interviewer name) calling on behalf of the California Department of Health Services and the national Public Health Service.**

**We're doing a special study of California women regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult women of your household.**

**All the information obtained in this study will be confidential.**

RESPOND

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

21. Oldest FEMALE
22. Second Oldest FEMALE
23. Third Oldest FEMALE
24. Fourth Oldest FEMALE
25. Fifth Oldest FEMALE
26. Sixth Oldest FEMALE
27. Seventh Oldest FEMALE
28. Eighth Oldest FEMALE
29. Ninth Oldest FEMALE



MAINPLAN (Core)

MAINPLN.

8. **What type of health care coverage do you use to pay for MOST of your medical care?**

Is it coverage through: (Read only if necessary)

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

GAPPLN (Core)

YESNO.

9. **In the past 12 months, was there any time that you did NOT have ANY health insurance or coverage?**

- 1. Yes
- 2. No (Go to HMOPPO2)
- 7. Don't know (Go to HMOPPO2)
- 9. Refused (Go to HMOPPO2)

GAPPLNT (Core)

Type II

10. **In how many of the past 12 months were you without any coverage?**

\_\_\_\_\_ (number)

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

HMOPPO2 (Core)

YESNO.

11. **Do you receive your health care through an HMO (Health Maintenance Organization)?**

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



**HEALTH INFORMATION & HEALTH DECISIONS**

NEEDDOC2 (Core)

YESNO.

14. **During the past 12 months, have you been ill or had an injury that was so serious you considered going to a doctor or other health care professional for treatment?**

- 1. Yes
- 2. No (Go to CHECKUP2)
- 7. Don't know/Not sure (Go to CHECKUP2)
- 9. Refused (Go to CHECKUP2)

SEEDOC (Core)

YESNO.

15. **Did you actually go to a doctor or other health care provider for this condition?**

- 1. Yes (Go to CHECKUP2)
- 2. No
- 7. Don't know/Not sure (Go to CHECKUP2)
- 9. Refused (Go to CHECKUP2)

WHYNODOC (Core)

YESNO.

16. **Why did you not see a doctor or health care provider for this condition?**

(Select all that apply)

(Read only if necessary)

- 1. Didn't have enough money or insurance to pay WHYNO\_A
- 2. Didn't know where to get health care WHYNO\_B
- 3. Couldn't find a health care provider who would take me as a patient WHYNO\_C
- 4. Couldn't get an appointment WHYNO\_D
- 5. The health care provider's office hours were not convenient WHYNO\_E
- 6. Didn't have transportation to get to the provider's office WHYNO\_F
- 7. Didn't have anyone to take care of my children WHYNO\_G
- 8. Couldn't take off from work WHYNO\_H
- 9. Felt better; problem went away WHYNO\_I
- 10. Too embarrassed to go to doctor WHYNO\_J
- 11. Didn't want to hear lecture about weight WHYNO\_K
- 12. Language problem WHYNO\_L
- 13. Against religion WHYNO\_M
- 14. Don't believe in western medicine WHYNO\_N
- 15. Other (Specify) \_\_\_\_\_ WHYNO\_O
- 77. Don't know/Not sure
- 99. Refused

WHYNOTXT

16.5 **OTHER (SPECIFY)**

CHECKUP2 (Core)

HOWLONG.

17. **Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine medical checkup?**

(Read only if necessary)

- |    |                         |                                |
|----|-------------------------|--------------------------------|
| 1. | Within the past year    | (0 years to 1 year)            |
| 2. | Within the past 2 years | (more than 1 year to 2 years)  |
| 3. | Within the past 5 years | (more than 2 years to 5 years) |
| 4. | More than 5 years ago   |                                |
| 7. | Don't know/Not sure     |                                |
| 8. | Never                   |                                |
| 9. | Refused                 |                                |

**SMOKING**

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

SMOKE100 (CMRI)

YESNO.

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

5 packs = 100 cigarettes

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

SMKEVDA2 (CMRI)

EVDAY.

19. **Do you now smoke cigarettes everyday, some days, or not at all?**

- |    |            |
|----|------------|
| 1. | Everyday   |
| 2. | Some days  |
| 3. | Not at all |
| 9. | Refused    |

EXPHRS (CMRI)

TYPE IX

20. **In the past week, about how many minutes or hours were you exposed to other people's tobacco smoke in all environments?**

EXAMPLE:

for 30 minutes enter 30  
for 10 hours & 30 minutes enter 1030

\_\_\_\_ ENTER HOURS  
\_\_\_\_ ENTER MINUTES

EXPHR\_A  
EXPHR\_B

0000.None at all  
7777.Don't know/Not sure  
9999.Refused

**WIC OUTREACH**

WICHEAR (WIC)

YESNO.

21. **Have you heard of WIC, the Women, Infants and Children Supplemental Nutrition Program?**

- 1. Yes
- 2. No

(Go to INTEREST)

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

(Go to INTEREST)  
(Go to INTEREST)

WHATHEAR (WIC)

YESNO.

22. **What have you heard about WIC?**  
(Read only if necessary-- Mark all that apply)

- 1. It's for people on welfare
- 2. It's for people on Medi-Cal
- 3. It's for pregnant women
- 4. It's for women and their children
- 5. You get free food or formula from WIC
- 6. You get nutrition counseling from WIC
- 7. Get coupons for dairy products and other food
- 8. It's for the needy/low income people
- 9. Other (specify)

WHATH\_A  
WHATH\_B  
WHATH\_C  
WHATH\_D  
WHATH\_E  
WHATH\_F  
WHATH\_G  
WHATH\_H  
WHATH\_I

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

WHATTXT

22.5 **OTHER (SPECIFY)**

WHEREHEAR (WIC)

23. **Where did you hear about WIC?** YESNO.  
 (Read only if necessary)  
 (Mark all that apply)

- |   |          |
|---|----------|
| 1. Food store   | WHEREH_A |
| 2. Private doctor's office  | WHEREH_B |
| 3. Community or public health clinic                                    | WHEREH_C |
| 4. Newspaper or magazine  | WHEREH_D |
| 5. Social services agency (e.g., Food Stamp, Welfare, Medi-cal Offices) | WHEREH_E |
| 6. Television   | WHEREH_F |
| 7. Radio  | WHEREH_G |
| 8. Friend, relative, or some other person                               | WHEREH_H |
| 9. Busses or other public transportation advertisement                  | WHEREH_I |
| 10. Other (specify)   | WHEREH_J |
| 77. Don't know/Not sure   |          |
| 99. Refused   |          |

WHERTXT

23.5 **OTHER (SPECIFY)**

WICEVER (WIC)

YESNO.

24. **Have you EVER been enrolled in the WIC Program?**

- |                        |                          |
|------------------------|--------------------------|
| 1. Yes                 |                          |
| 2. No                  | (Go to next module, AGE) |
| 7. Don't know/Not sure | (Go to next module, AGE) |
| 9. Refused             | (Go to next module, AGE) |

WICLIKE (WIC)

WICLIKE.

25. **What do you like MOST about the WIC Program?**  
 (Read only if necessary)

- |                                       |
|---------------------------------------|
| 1. Free food or formula               |
| 2. Nutrition education and counseling |
| 3. Support with breastfeeding         |
| 4. Other (specify)                    |
| 7. Don't know/Not sure                |
| 9. Refused                            |





BABY (WIC) Asked of all women

YESNO.

33. **Have you ever given birth to a live baby?**

- 1. Yes
- 2. No (Go to next module, FOLICHER)
- 3. Never been pregnant (Go to next module, FOLICHER)
- 7. Don't know/Not sure (Go to next module, FOLICHER)
- 9. Refused (Go to next module, FOLICHER)

BABYWHEN (WIC)

TYPE I

34. **What year did you last give birth to a live baby?**

Enter Year \_\_\_\_\_

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

**FOLIC ACID**

The next few questions are to help us learn about public awareness of folic acid.

FOLICHER (MCH)

YESNO.

35. **Have you ever heard or read anything about folic acid or folate?**

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

FOLICWHY (MCH)

RISK

36. **Does taking folic acid or folate increase, reduce or have no effect on the risk of birth defects?**

- 1. Increase risk
- 2. Reduce risk
- 3. No effect
- 7. Don't know/Not sure
- 9. Refused

FOLICINC (MCH)

YESNO

37. **How can a woman increase her intake of folic acid or folate?**  
(Select all that apply)  
(DO NOT READ RESPONSES)

- 1. Foods
- 2. Vitamin supplement
- 3. Prescription
- 4. Other (Specify) \_\_\_\_\_

FOLIC\_A  
 FOLIC\_B  
 FOLIC\_C  
 FOLIC\_D

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

(Go to DMPREG)  
 (Go to DMPREG)

FOLICTXT

37.5 **OTHER (SPECIFY)**

FOLICSOA (MCH)

FOLICSOA

38. **Of the following, which, if any, is the BEST source of folic acid? Would you say milk, meat, dried beans, bananas, or none of these?**

- 1. Milk
- 2. Meat
- 3. Dried beans
- 4. Bananas
- 5. None of these (F6)
- 7. Don't know/Not sure
- 9. Refused

**DIABETES**

DMPREG (MCH)

YESNO.

39. **To the best of your knowledge, do women with diabetes need special health care before they get pregnant?**

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



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

AFPNOT4 (GENETICS)

YESNO.

45. **You had heard that AFP results were unreliable.**

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

AFPNOT5 (GENETICS)

YESNO.

46. **You had amniocentesis instead of the blood test.**

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

AFPNOT6 (GENETICS)

YESNO.

47. **You declined the test because you did not want to know if your baby had a birth defect.**

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

AFPNOT7 (GENETICS)

YESNO.

48. **You decided against the test because, if a birth defect was found, one of your options would have been to have an abortion.**

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







BFINFO (WIC) YESNO

61.

If BFBENEFT EQ 1 ask: **Where else did you get breastfeeding information when you were pregnant?**

If BFBENEFT NE 1 ask: **Where did you get breastfeeding information when you were pregnant?**

(Mark all that apply)

- |  |         |
|--|---------|
| 1. Nowhere/no one  | BFINF_A |
| 2. Nurse   | BFINF_B |
| 3. Lactation consultant                                  | BFINF_C |
| 4. WIC staff   | BFINF_D |
| 5. Book  | BFINF_E |
| 6. Friend  | BFINF_F |
| 7. Coworker  | BFINF_G |
| 8. Mother  | BFINF_H |
| 9. Father of child                                       | BFINF_I |
| 10. Sister   | BFINF_J |
| 11. Grandmother  | BFINF_K |
| 12. Other family member                                  | BFINF_L |
| 13. Magazine   | BFINF_M |
| 14. Pamphlet   | BFINF_N |
| 15. Childbirth preparation class                         | BFINF_O |
| 16. Parenting class                                      | BFINF_P |
| 17. La leche league                                      | BFINF_Q |
| 18. Didn't receive information until after child's birth | BFINF_R |
| 19. Other (Specify)                                      | BFINF_S |
| 77. Don't know/Not sure                                  |         |
| 99. Refused  |         |

BFINTXT

61.5 **OTHER (SPECIFY)**

BFENCOUR (WIC)

YESNO

62 **Who were the people who encouraged you to breastfeed?**

- |                               |         |
|-------------------------------|---------|
| 1. Doctor                     | BFENC_A |
| 2. Nurse                      | BFENC_B |
| 3. Lactation specialist       | BFENC_C |
| 4. WIC staff                  | BFENC_D |
| 5. Friend                     | BFENC_E |
| 6. Husband or father of child | BFENC_F |
| 7. Mother                     | BFENC_G |
| 8. Father                     | BFENC_H |
| 9. Midwife                    | BFENC_J |
| 10. Other (Specify)           | BFENC_L |
| 88. No one/Self               | BFENC_K |
| 77. Don't know/Not sure       |         |
| 99. Refused                   |         |

BFENCTXT

62.5 **OTHER (SPECIFY)**

BFNURSE (WIC)

BFNURSE

63 **After delivery, would you say the nurses: strongly encouraged, slightly encouraged, didn't mention, slightly**

**discouraged or strongly discouraged you from breastfeeding?**

- 1. strongly encouraged you to breastfeed
- 2. slightly encouraged you to breastfeed
- 3. didn't mention breastfeeding
- 4. slightly discouraged you from breastfeeding
- 5. strongly discouraged you from breastfeeding
  
- 7. Don't know/Not sure
- 9. Refused

BFPROB (WIC) YESNO.  
 64 **Did you have any problems breastfeeding?**

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

BFPROB1 (WIC) YESNO  
 65 **What problems did you have breastfeeding?**  
 (Read only if necessary; Mark all that apply)

- 1. Engorged breasts (breasts too full and baby not able to get milk) BFPRO\_A
- 2. Sore nipples BFPRO\_B
- 3. Mastitis (fever, sore breast) BFPRO\_C
- 4. Obstructed duct (sore breast, no fever) BFPRO\_D
- 5. Didn't think I was making enough milk/Not enough milk BFPRO\_E
- 6. Baby didn't want to take the breast BFPRO\_F
- 7. Baby preferred formula BFPRO\_G
- 8. Baby wanted to nurse too often BFPRO\_H
- 9. Baby wasn't able to get milk BFPRO\_I
- 10. Other reason (Specify) BFPRO\_J
  
- 77. Don't know/Not sure
- 99. Refused

BFPRBTXT  
 65.5 **OTHER (SPECIFY)**

BFHELP (WIC) YESNO.

66 **Did someone help you with these problems?**

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

BFHLPWHO (WIC) YESNO

67 **Who helped you?**  
(Mark all that apply)

- 1. Obstetrician - (your doctor for your pregnancy) BFHLP\_A
- 2. Pediatrician - (your baby's doctor) BFHLP\_B
- 3. Family Practice Doctor (your whole family's doctor) BFHLP\_C
- 4. Nurse in hospital BFHLP\_D
- 5. Nurse in the doctors office BFHLP\_E
- 6. Friend BFHLP\_F
- 7. Mother BFHLP\_G
- 8. Grandmother BFHLP\_H
- 9. Sister BFHLP\_I
- 10. Husband or baby's father BFHLP\_J
- 11. La Leche League BFHLP\_K
- 12. Lactation Consultant - breastfeeding specialist BFHLP\_L
- 13. WIC staff BFHLP\_M
- 14. Coworker BFHLP\_N
- 15. Self: from a book BFHLP\_O
- 16. Self: Personal past experience BFHLP\_P
- 17. Other (Specify) BFHLP\_Q
- 77. Don't know/Not sure
- 99. Refused

BFWHOTXT

67.5 **OTHER (SPECIFY)**

BFFORM (WIC) YESNO.

68 **Did you receive any formula or coupons for free formula when you were leaving the hospital?**

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



BFWHYNOT (WIC)

YESNO

71 **What were the reasons you did not breastfeed?**  
 (Read only if necessary)  
 (Mark all that apply)

- |     |   |         |
|-----|---|---------|
| 1.  | Never occurred to you   | BFWHYNA |
| 2.  | Returned immediately to school  | BFWHYNB |
| 3.  | Returned immediately to work  | BFWHYNC |
| 4.  | Embarrassment   | BFWHYND |
| 5.  | Unappealing   | BFWHYNE |
| 6.  | Heard it hurt   | BFWHYNF |
| 7.  | Breasts too small   | BFWHYNG |
| 8.  | Inverted nipples  | BFWHYNH |
| 9.  | Previous bad experience   | BFWHYNI |
| 10. | Think that formula is equal to breastmilk                                 | BFWHYNJ |
| 11. | Didn't know the advantages of breastmilk                                  | BFWHYNK |
| 12. | Too busy or didn't think you would have the time                          | BFWHYNL |
| 13. | Father of baby didn't want you to breastfeed                              | BFWHYNM |
| 14. | Mother didn't want you to breastfeed                                      | BFWHYNN |
| 15. | Worried you would have to watch what you ate                              | BFWHYNO |
| 16. | Worried alcohol, drug or smoking would have negative impact on breastmilk | BFWHYNP |
| 17. | Worried mood would negatively affect breastmilk                           | BFWHYNQ |
| 18. | Too much trouble  | BFWHYNR |
| 19. | Baby premature and couldn't breastfeed (Go to BFWHERE)                    | BFWHYNS |
| 20. | Baby adopted (Go to BFWHERE)  | BFWHYNT |
| 21. | Other (specify)   | BFWHYNU |
| 77. | Don't know/Not sure   |         |
| 99. | Refused   |         |

BFNOTXT

71.5 **ENTER RESPONSE**

BFDISCOU (WIC)

YESNO.

72 **During the first six months after your child's birth, did anyone discourage you from breastfeeding?**

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

BFDISWHO (WIC)

YESNO

73 **Who discouraged you from breastfeeding?**  
(Mark all that apply)

- |  |         |
|--|---------|
| 1. Obstetrician - (your doctor for your pregnancy)     | BFDIS_A |
| 2. Pediatrician - (your baby's doctor)                 | BFDIS_B |
| 3. Family Practice Doctor (your whole family's doctor) | BFDIS_C |
| 4. Other doctor  | BFDIS_D |
| 5. Nurse   | BFDIS_E |
| 6. Dietitian   | BFDIS_F |
| 7. Friend  | BFDIS_G |
| 8. Mother  | BFDIS_H |
| 9. Grandmother   | BFDIS_I |
| 10. Sister   | BFDIS_J |
| 11. Husband or baby's father                           | BFDIS_K |
| 12. Lactation Consultant - breastfeeding specialist    | BFDIS_L |
| 13. WIC staff  | BFDIS_M |
| 14. Coworker   | BFDIS_N |
| 15. Employer   | BFDIS_O |
| 16. No one/Self  | BFDIS_P |
| 17. Other (Specify)                                    | BFDIS_Q |
| 77. Don't know/Not sure                                |         |
| 99. Refused  |         |

BFDISTXT

73.5 **OTHER (SPECIFY)**

BFMLKGD (WIC) baby=yes (age lt 45 or preg5yr=yes)(baby not preme/adopted)

BFMLKGD

74 **I am going to read you five statements. Please tell me which statement you believe to be most true.**

1. Formula is a lot healthier for babies than breastmilk
2. Formula is a little healthier for babies than breastmilk
3. There is no difference in the health of children fed breastmilk or formula
4. Breastmilk is a little more healthy for babies than formula
5. Breastmilk is a lot healthier for babies than formula.
7. Don't know/Not sure
9. Refused



ORACE2A (Core)

ORACE2A

78 **Are you Chinese, Japanese, Korean, Filipino, Vietnamese, Cambodian, Laotian, East Indian, Indonesian or Other?**

- 1. Chinese
- 2. Japanese
- 3. Korean
- 4. Filipino
- 5. Vietnamese
- 6. Cambodian
- 7. Laotian
- 8. East Indian
- 9. Indonesian
- 10. OTHER: (specify)\_\_\_\_\_ ----->ORA2ATXT (Text)
- 77. Don't know/Not sure
- 99. Refused

BIRTHPLC (Core)

BIRTHPLC

79 **In what country were you born?**

- 1. United States
- 2. Mexico
- 3. Japan
- 4. China
- 5. Taiwan
- 6. Philippines
- 7. Korea
- 8. Vietnam
- 9. India
- 10. Indonesia
- 11. Cambodia
- 12. Laos
- 13. Canada
- 14. Other (specify \_\_\_\_\_)
- 77. Don't know/Not sure
- 99. Refused

MARITAL (Core)

MARITAL.

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

- 1. Married
- 2. Divorced
- 3. Widowed
- 4. Separated
- 5. Never been married
- 6. A member of an unmarried couple
- 9. Refused

CHILD18 (Core)

Type II

81 **How many children under age 18 live in this household?**



EDUCA (Core)

EDUCA.

84 **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
- 9. Refused

EMPLOY3 (Core)

EMPLOYB.

85 **Are you currently: Employed full time, Employed part time, 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 full time (32 or more hours a week)
- 2. Employed part time (less than 32 hours a week)
- 3. Self-employed
- 4. Out of work for more than 1 year
- 5. Out of work for less than 1 year
- 6. Homemaker
- 7. Student
- 8. Retired
- 9. Unable to work
- 99. Refused

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

(not formatted)

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



THRESH95 (Core)

YES/NO.

88 **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
  
- 7. Don't know/Not sure
- 9. Refused

INCOM94 =	1	2	3	4	5	6	7	8
HHSIZE= 1	7,500	14,900						
(Household Size) 2			20,100					
3	12,600			25,200				
4		15,200		30,300				
5		17,700			35,400			
6			20,300		40,500			
7			22,800		44,700			
8				25,400		50,800		
9				28,000		55,900		
10				30,500		61,000		
11				33,100		66,100		
12					35,600	71,300		
13					38,200		76,400	

(100% and 200% of Federal Poverty Line; From: Federal Register, Feb 9, 1995, rounded to nearest \$100.)

ÛAAA¿  
 ³ If NUMADULT EQ 1 and CHILD1-CHIL9 EQ 0, go to HEIGHT ³  
 ³ Else continue ³  
 ÀAAÙ

INCOM94B (Core)

INCOME.B.

89 **Which of the following categories best describes your PERSONAL annual income from all sources, that is, the amount of money you, yourself, bring into the household? 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 \$75,000; or over \$75,000?**

- 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 \$75,000
- 8. Over \$75,000
  
- 9. \$0; Doesn't have any personal income
  
- 77. Don't know/Not sure
- 99. Refused

HEIGHT (Core)

TYPE IV

90 **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

WEIGHT (Core)

TYPE IV

91 **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

COUNTY1 (Core)

COUNTYA.

92 **What county do you live in?**

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

NUMPHON2 (Core)

(not formatted)

93 **How many residential telephone numbers do you have? Exclude dedicated fax lines, computer lines, cellular and mobile phones.**

(8 = 8 or more)

1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. Refused

ZIPCODE (Core)

TYPE IX

94 **What is your zip code?**

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

77777 Don't know/Not sure

99999 Refused

**INCOME & FOOD ADEQUACY**

INCOMADQ (MCH) YESNO.

95 **During the past month, did you feel you had enough money to meet your basic living needs?**

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

EATLESSB (MCH) YESNO.

96 **During the past month were there any days when you ate less than you felt you should or did not eat at all because there wasn't enough food or money to buy food?**

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

FOODSTOR (MCH) YESNO

97 **OTHER than a grocery store, WHERE do you get the food that is PREPARED in your home?**

(Read only if necessary)  
(Mark all that apply)

- |  |         |
|--|---------|
| 1. Convenience stores                              | FOODS_A |
| 2. Home garden                                     | FOODS_B |
| 3. Community garden                                | FOODS_C |
| 4. Farmer's market                                 | FOODS_D |
| 5. Fruit & vegetable stands                        | FOODS_E |
| 6. Food banks                                      | FOODS_F |
| 7. Food outlets (warehouse stores like Price Club) | FOODS_G |
| 8. Friends and relatives                           | FOODS_H |
| 9. No other place, grocery store only              | FOODS_I |
| 10. Other (Specify) _____                          | FOODS_J |
| 88. No food prepared in the home (NA)              |         |
| 77. Don't know/Not sure                            |         |
| 99. Refused  |         |

FOODSTXT

97.5 **OTHER (SPECIFY)**



F40A-F40C (BCEDP)

TYPE I

100 (Note: asked only if a woman aged 40 or older is living in the household)

(If F40NUM EQ 1, ask:)

**How old is this woman?**

\_\_\_\_ Enter age in years F40A

(If F40NUM NE 1, ask:)

**How old is the...**

**Oldest woman?**

\_\_\_\_ Enter age in years F40A

**Second oldest woman?**

\_\_\_\_ Enter age in years F40B

**Third oldest woman?**

\_\_\_\_ Enter age in years F40C

7. Don't know/Not sure

9. Refused

HADMAM (BCEDP; CDC-C, modified lead-in)

YESNO.

(Note: asked of all women)

**I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.**

101 **Have you ever had a mammogram?**

1. Yes

2. No

(Go to MAMMEDIB)

7. Don't know/Not sure

(Go to MAMMEDIB)

9. Refused

(Go to MAMMEDIB)

HOWLONG2 (BCEDP; CDC-C)

HOWLONGB.

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

(Read only if necessary)

1. Within the past year

(more than 0 months to 12 months ago)

2. Within the past 2 years

(more than 1 year to 2 years ago)

3. Within the past 3 years

(more than 2 years to 3 years ago)

4. Within the past 5 years

(more than 3 years to 5 years ago)

5. More than 5 years ago

7. Don't know/Not sure

9. Refused



```

ÚAAAAAAAAAAAAAAAAAAAA;
³ AGE ³ GO TO: ³
AAAAAAAAAAAAAAAAAAAA `
³ GE 50 ³ F50GUID2 ³
³ LT 50 ³ F50GUIDE ³
AAAAAAAAAAAAAAAAAAAAU

```

F50GUIDE (BCEDP)

BGUIDE.

*(Note: Not asked of women age 50 and over)*

107 **In general, how often do YOU THINK a woman over age 50 should have a mammogram test?**

- 1. More frequently than once per year
- 2. Once per year
- 3. Less frequently than once per year, but at least once every two years
- 4. Less frequently than once every two years
- 5. Never
  
- 7. Don't Know/Not sure
- 9. Refused

F50GUID2 (BCEDP)

IMPORT.

*(Note: Asked of all women)*

108 **If a woman is over age 50 and has no history of breast cancer in her family, how important would you say it is for her to have a mammogram test once a year? Would you say very important, somewhat important, not very important, or not at all important?**

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not at all important
  
- 7. Don't Know/Not sure
- 9. Refused

F50GUID3 (BCEDP)

IMPORT.

*(Note: Asked of all women)*

109 **If a woman is over age 50 and has no symptoms of breast cancer, how important would you say it is for her to have a mammogram test once a year? Would you say very important, somewhat important, not very important, or not at all important?**

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not at all important
  
- 7. Don't Know/Not sure
- 9. Refused



**114. Which family member has had breast cancer?**

(Mark all that apply)

(recoded to)

- Mother BCMEMA (1 Yes 2 No)
- Sister BCMEMB (1 Yes 2 No)
- Daughter BCMEMC (1 Yes 2 No)
- Other BCMEMD (1 Yes 2 No)

ÚAA;   
 ³ IF HAVEPLN3 EQ 1 go to F40INPAY ³   
 ³ IF HAVEPLN3 NE 1 go to F40SFPAY ³   
 AAAU

F40INPAY (BCEDP) YESNO.   
 (Note: asked only if AGE GE 40 and HAVEPLN3=1.)

**115. Does your medical insurer or health insurance plan cover all or part of the costs of mammograms?)**

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

ÚAA;   
 ³ IF HADMAM EQ 1 go to F40SFPAY ³   
 ³ IF HADMAM NE 1 go to HADCBE ³   
 AAAU

F40SFPAY (BCEDP) YESNO.   
**116. Did you have to pay any portion of the cost for your last mammogram?**

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

F40DFPAY (BCEDP) DIFFIC.

**117. How difficult was it to pay for your last mammogram test? Would you say very difficult, somewhat difficult, a little difficult or not at all difficult?**

- 1. Very difficult
- 2. Somewhat difficult
- 3. A little difficult
- 4. Not at all difficult
- 7. Don't know/Not sure
- 9. Refused

HADCBE (BECDP; CDC-C) YESNO.

**118. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for**



F40CBEG (BCEDP)

BGUIDE.

*(Note: asked only if AGE GE 40)*

121. **How often do you think a woman your age should have a clinical breast exam?**

- 1. More frequently than once per year (Go to HADPAP)
- 2. Once per year (Go to HADPAP)
- 3. Less frequently than once per year, but at least once every two years (Go to HADPAP)
- 4. Less frequently than once every two years. (Go to HADPAP)
- 7. Don't Know/Not sure (Go to HADPAP)
- 9. Refused (Go to HADPAP)

CBEGUIDE (BCEDP)

BGUIDE.

*(Note: asked only if AGE LT 40.)*

122. **How often do you think a woman over age 40 should have a clinical breast exam?**

- 1. More frequently than once per year
- 2. Once per year
- 3. Less frequently than once per year, but at least once every two years
- 4. Less frequently than once every two years.
- 7. Don't Know/Not sure
- 9. Refused

HADPAP (BCEDP; CDC-C, modified lead-in)

YESNO.

123. **A Pap smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present.**

**Have you ever had a Pap smear?**

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

WHENPAP2 (BCEDP; CDC-C)

HOWLONGB.

124. **How long has it been since you had your last Pap smear?**

*(Read only if necessary)*

- 1. Within the past year (more than 0 months to 12 months ago)
- 2. Within the past 2 years (more than 1 year to 2 years ago)
- 3. Within the past 3 years (more than 2 years to 3 years ago)
- 4. Within the past 5 years (more than 3 years to 5 years ago)
- 5. More than 5 years ago
- 7. Don't know/Not sure
- 9. Refused

WHYPAP (BCEDP; CDC-C, modified wording)

WHYPAP.

125. **Was your last Pap smear done as part of a routine exam, or to check a problem, or for some other reason?**

- 1. Routine exam
- 2. Check current or previous problem
- 3. Other
  
- 7. Don't know/Not sure
- 9. Refused

ÚAA¿  
 ³ IF PREG E1 OR PREGTRY=1 GO TO MENSES ³  
 AAAÙ

HYSTER2 (BCEDP; CDC-C) YESNO.

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

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

**MENOPAUSE**

MENSES (OWH) TYPE II

127. **About how old were you when your periods first started?**

\_\_ Enter age in years

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

ÚAA¿  
 ³ IF PREG E1 GO TO HRTBELIF ³  
 AAAÙ

MENOPAUS (OWH) MENOPAUS

128. **Next, I would like to ask you about the "change of life" or menopause. Which of the following apply to you? (READ ALL RESPONSES BEFORE ENTERING ANSWER)**

- 1. Are you still having periods? (Go to HRTBELIF)
- 2. Have you stopped having periods for medical or surgical reasons?
- 3. Have your periods become irregular because of menopause?
- 4. Have your periods stopped because of menopause?
  
- 7. Don't know/Not sure (Go to HRTBELIF)
- 9. Refused (Go to HRTBELIF)

MENOWHEN (OWH) TYPE I

129.

If MENOPAUS EQ 2 or 4, ask: **What was your age when you stopped having periods?**  
 Else if MENOPAUS EQ 3, ask: **What was your age when your periods became irregular?**



**URINARY INCONTINENCE AND BLADDER PROBLEMS**

UIPROB (CMRI)

YESNO.

133. **A common problem for women is bladder control. Do you have any problems with leaking urine?**

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

BLADINF (ICUS)

YESNO.

134. **Have you ever had symptoms of a bladder infection that lasted more than three month, for example, frequent urination and pain in your bladder?**

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

TOLDINF (ICUS)

YESNOTS

135. **When you had these symptoms, were you told by a physician or other health professional that you had an infection?**

- 1. Yes
- 2. No
- 3. No, didn't seek medical help
  
- 7. Don't know/Not sure
- 9. Refused

CYSTITIS (ICUS)

YESNOTS

136. **Were you told by a physician or other health professional that you had painful bladder syndrome or interstitial cystitis?**

- 1. Yes
- 2. No
- 3. No, didn't seek medical help
  
- 7. Don't know/Not sure
- 9. Refused

**SOCIAL SUPPORT**

The next few questions are about the kind of support women give and receive in everyday life.

HLPACT (CMRI) YESNO.  
137. **If you needed help with everyday activities, is there someone you could count on to help you?**

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

HLPMONEY (MCH) YESNO.  
138. **If you were in financial difficulty and needed to borrow a LITTLE money, is there someone you could count on to help you?**

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

HPLSICK (MCH) YESNO.  
139. **If you were sick or injured and needed to stay in bed for a few days, is there someone you could count on to help you?**

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

HLPRIDE (MCH) YESNO.  
140. **If you needed a ride to an appointment, is there someone you could count on to help you?**

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

**CARE GIVER RESPONSIBILITIES**

CAREGIVE (OWH)

YESNO.

141. **During the past 12 months, not counting work duties or normal child care, have you provided frequent care to someone?**

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

CAREWHO (OWH)

YESNO

142. **Who did you care for?**  
(Enter all that apply)

- 1. Spouse CAREW\_A
- 2. Son or daughter CAREW\_B
- 3. Parent or parent-in-law CAREW\_C
- 4. Grandparent CAREW\_D
- 5. Other relative CAREW\_E
- 6. Friend or neighbor CAREW\_F
- 7. Other (Specify) CAREW\_G
- 77. Don't know/Not sure
- 99. Refused

CAREWTXT

142.5 **OTHER (SPECIFY)**

CAREREA (OWH)

YESNO

143. **What were the MAIN reasons this person/these people needed care?**  
(Enter all that apply)

- 1. Recovery from surgery or major illness CARER\_A
- 2. Handle a physical illness or disability CARER\_B
- 3. Handle a mental problem CARER\_C
- 4. Other (Specify) CARER\_D
- 7. Don't know/Refused
- 9. Refused

CARERTXT

143.5 **OTHER (SPECIFY)**



**MENTAL HEALTH ISSUES**

DAYSLEEP (OWH)

TYPE II

145. **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 (NA)

77. Don't know/Not sure

99. Refused

MHOVRWLM (MCH)

OFTEN.

146. **In the past 30 days, how often have you felt problems were piling up so high that you could not overcome them: very often, often, sometimes, rarely, or never?**

1. Very often

2. Often

3. Sometimes

4. Rarely

5. Never

7. Don't know/Not sure

9. Refused

MHHELP (MCH)

YESNO.

147. **In the last 12 months, did you ever want help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?**

1. Yes

2. No (Go to MHNOW)

7. Don't know/Not sure (Go to MHNOW)

9. Refused (Go to MHNOW)

MHHPWNT (MCH)

YESNO.

148. **Did you get the help you wanted?**

1. Yes (Go to MHNOW)

2. No

7. Don't know (Go to MHNOW)

9. Refused (Go to MHNOW)

MHNOTGET (MCH)

YESNO

149. **Why didn't you get the help you wanted?**  
 (Mark all that apply) (Probe: Any other reason?)  
 (Read only if necessary)

- |     |   |         |         |
|-----|---|---------|---------|
| 1.  | Didn't have enough money to pay for help                                      |         | MHNOT_A |
| 2.  | Didn't have insurance to pay for help   |         | MHNOT_B |
| 3.  | Insurance wouldn't pay for mental health care                                 |         | MHNOT_C |
| 4.  | Didn't know where to go for help  |         | MHNOT_D |
| 5.  | No mental health care professional would take me as a client/patient          | MHNOT_E |         |
| 6.  | Couldn't get an appointment   |         | MHNOT_F |
| 7.  | The mental health care provider's office hours were not convenient            | MHNOT_G |         |
| 8.  | Didn't have transportation to get to the mental health care provider's office | MHNOT_H |         |
| 9.  | Didn't have anyone to take care of my children                                |         | MHNOT_I |
| 10. | Couldn't take off from work   |         | MHNOT_J |
| 11. | Called counseling help (phone) line, but line was busy, too long to wait      | MHNOT_K |         |
| 12. | Mental health care professional did not understand my problems                | MHNOT_L |         |
| 13. | Didn't want to be labeled as mentally ill                                     |         | MHNOT_M |
| 14. | Other (Specify) _____   |         | MHNOT_N |
| 77. | Don't know/Not sure   |         |         |
| 99. | Refused   |         |         |

MHNOTXT

149.5 **OTHER (SPECIFY)**

MHNOW (OWH)

YESNO.

150. **Do you CURRENTLY have a mental health condition that has lasted for 6 or more months?**

- |    |                     |                            |
|----|---------------------|----------------------------|
| 1. | Yes                 |                            |
| 2. | No                  | (Go to next module, FPKID) |
| 7. | Don't know/Not sure | (Go to next module, FPKID) |
| 9. | Refused             | (Go to next module, FPKID) |

MHLONG (OWH)

Type XXIII

151. **About how long have you had this condition?**

- |      |                              |            |        |
|------|------------------------------|------------|--------|
| ___  | Enter number                 | (MHLON_A)  | TYPE V |
| ___  | Enter Day, Week, Month, Year | (MHLON_AI) | WHEN V |
| 777. | Don't Know / Not Sure        |            |        |
| 999. | Refused                      |            |        |

MHWOR (OWH)

YESNO.

152. **Does this condition limit the kind or amount of work you do at your job or in the home?**

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

MHUSUAL (OWH)

YESNO.

153. **Does this condition keep you from doing your usual activities such as shopping, cooking, child care or self care?**

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

MHPROHLP (OWH)

YESNO.

154. **Did you ever get help for this condition?**

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

MHWHELP (OMH) (Question asked through May 11, 1997; replaced by MHWHELP2)

155. **Who did you go to for help?**

- 1. Mental Health professional
- 2. Paraprofessional, medical doctor, clergy (Go to next module, FPKID)
- 3. Self-help support group for emotional stress or mental illness (Go to next module, FPKID)
  
- 7. Don't know/Not sure (Go to next module, FPKID)
- 9. Refused (Go to next module, FPKID)

MHWHELP2 (OMH) (Question asked beginning May 12, 1997)

MHWHELP2

155. **Who did you go to for help?**

- 1. Psychotherapist
- 2. Psychiatrist
- 3. Psychologist
- 4. Medical Doctor
- 5. Counselor
- 6. Minister, priest, rabbi (Go to next module, FPKID)
- 8. Self-help support group for emotional stress or mental illness (Go to next module, FPKID)
  
- 7. Don't know/Not sure (Go to next module, FPKID)
- 9. Refused (Go to next module, FPKID)

MHDX (OWH)

MHDX.

156. **What did this professional call your condition?**

1. Eating disorder
2. Major (Clinical) depression
3. Situational (Temporary) Depression
4. Manic Depression or Bi-Polar Disorder
5. Anxiety
6. Panic disorder
7. Post traumatic stress disorder (PTSD)
8. Schizophrenia
9. Attention deficit disorder (ADD)
10. Mental Breakdown
11. Neurosis
12. Alzheimer's Disease
13. Senile dementia
14. Effects of heart disease or stroke
15. Alcohol abuse
16. Drug abuse
17. Other (Specify)
  
77. Don't know/ Not sure
99. Refused

MHPAYDOC (OWH)

PAYDOC.

157. **Who paid for the treatment?**

1. Self
2. Private Insurance
3. Medicare
4. Medi-Cal
5. Husband/Partner
6. Boyfriend/Girlfriend
7. Parent
8. Other family member
9. Other friend
10. County mental health program
11. Community clinic
12. Other (Specify)
  
77. Don't know/Not sure
99. Refused

MHMED (OWH)

YESNO.

158. **During the past 12 months, have you taken a prescription medication for your mental health condition?**

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

MHPAYRX (OWH)

PAYDOC.

159. **Who paid for the medication?**

- 1. Self
- 2. Private Insurance
- 3. Medicare
- 4. Medi-Cal
- 5. Husband/Partner
- 6. Boyfriend/Girlfriend
- 7. Parent
- 8. Other family member
- 9. Other friend
- 9. County mental health program
- 10. Community clinic
- 11. Other (Specify)
- 77. Don't know/Not sure
- 99. Refused

**ATTITUDES ABOUT FAMILY PLANNING**

I'm going to read you a few statements about the phrase "FAMILY PLANNING." Please tell me if you agree or disagree with each statement.

	Agree	Disagree	Dk/NS	Ref	AGREEB.
160. Family Planning includes deciding how many children to have.	1	2	7	9	FPKID (OFP)
161. Family Planning includes deciding when to have children.	1	2	7	9	FPKIDWEN (OFP)
162. Family Planning includes improving women's reproductive health.	1	2	7	9	FPREPRO (OFP)
163. Family Planning includes the PREVENTION of unintended pregnancy.	1	2	7	9	FPPREG (OFP)

FPOTHR (OFP)

YESNO.

164. Other than the statements mentioned above, does Family Planning mean anything else to you?

1. Yes (Specify)
2. No
7. Don't know/Not Sure
9. Refused

FPOTHTXT

164.5 OTHER (SPECIFY)



**ATTITUDES ABOUT SEX EDUCATION IN SCHOOLS**

**Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.**

	Strongly agree	Agree	Neither agree nor disagree (Neutral)	Disagree	Strongly disagree	AGREEC.		
						DNK/NS	REF	
<b>Schools should teach classes on:</b>								
SEXED (OFF)								
168. <b>human sexuality.</b>	1	2	3	4	5	7	9	SEXED (OFF)
169. <b>contraception (birth control).</b>	1	2	3	4	5	7	9	SEXEDBC (OFF)
170. <b>the prevention of sexually transmitted diseases.</b>	1	2	3	4	5	7	9	SEXEDSTD (OFF)

**Next I would like to ask you a few questions about alcohol use.**

DRNKANY1 (OWH)

YESNO.

**171. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?**

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

DRKALC (OWH)

Type II

**172. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average?**

- \_\_\_ Enter Number (DRKAL\_A)
- \_\_\_ Enter Week or Month (DRKAL\_A1)
- TYPE III
- WHEN I

- 888. None (F6) (Go to DRNKPROB)
- 777. Don't know/Not sure (Go to DRNKPROB)
- 999. Refused (Go to DRNKPROB)

NALCOCC (OWH)

Type III

173. **A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the AVERAGE?**

\_\_\_\_ Enter Number of drinks

(One half= .5) (verify if GT 11)

88. None

77. Don't know/Not sure

99. Refused

DRINKGE5 (OWH)

Type III

174. **Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?**

\_\_\_\_ Enter Number of times

(verify if GT 15)

88. None

77. Don't know/Not sure

99. Refused

DRNKPROB (OWH)

YESNO.

175. **Are you experiencing problems because of excessive drinking by someone you know?**

1. Yes

2. No

7. Don't know/Not sure

9. Refused

**DRUG USE**

**Now I'm going to ask about drug use. These questions may or may not apply to you.**

ILLDRUGS (DMH)

YESNO

176. **During the past month, have you used any of the following drugs or substances?**  
(Read and mark all that apply)

- |                         |         |
|-------------------------|---------|
| 1. Marijuana            | ILLDR_A |
| 2. Cocaine              | ILLDR_B |
| 3. Amphetamines         | ILLDR_C |
| 4. Heroin               | ILLDR_D |
| 5. PCP                  | ILLDR_E |
| 6. Other hallucinogens  | ILLDR_F |
| 7. Other street drugs   | ILLDR_G |
| 77. Don't know/Not sure |         |
| 99. Refused             |         |

ÚAA; <sup>3</sup>

<sup>3</sup> If no "Yes" responses to ILLDRUGS, go to AIDSTS3 <sup>3</sup>

<sup>3</sup> Else continue <sup>3</sup>

ÀAAÛ

WHENDRUG (DMH)

177. **During the past month, on how many days per week or per month did you use any drugs or substances?**

\_\_\_\_\_ Enter Number (WHEND\_A - WEEK) (WHEND\_B - MONTH) TYPE V \_\_\_\_\_ Enter Week  
 or Month (WHEND\_A1 - WEEK) (WHEND\_B1 - MONTH) TYPE V

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



AIDSNOT (OWH)

AIDSNOT

180. **What is the MAIN reason you have NOT had your blood tested for HIV?**  
 (Read only if necessary)

- 1. No reason to think that I have AIDS/Not in high risk group
- 2. Feel nervous about how it would turn out
- 3. Don't know how to get tested
- 4. Unsure that the results would be confidential/Privacy concerns
- 5. Other (Specify)
  
- 7. Don't know/Not sure
- 9. Refused

**BIRTH CONTROL, SEXUAL BEHAVIOR & STD**

**Now I'd like to ask you some questions about your own sexual experience. If you are uncomfortable talking about this, please tell me and we will move on.**

SEXBHAGE (OFP)

TYPE VIII

181. **How old were you at that time of your first sexual intercourse experience?**

\_\_\_\_\_ Enter age in number of years

- 555. Never had intercourse (F6) (Go to Closing)
- 777. Don't know/Not sure
- 999. Refused Question
  
- 888. Refused Module (Go to Closing)

SEXBHNUM (OFP)

TYPE VIII

182. **How many male sexual partners have you had in the last 12 months?**

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

- 777. Don't know/Not sure
- 999. Refused Question
  
- 888. Refused Module (Go to Closing)







- 1. Yes
- 2. No (Go to STDCHK)
- 7. Don't know/Not sure (Go to STDCHK)
- 9. Refused Question (Go to STDCHK)
- 8. Refused Module (Go to Closing)

STDDX(STD)

YESNO

192. **What did the doctor or other health care provider tell you it was?**  
(Mark all that apply; Do not read)

- 1. Chlamydia STDDX\_A
- 2. Genital Herpes STDDX\_B
- 3. Genital Warts (HPV) STDDX\_C
- 4. Gonorrhea STDDX\_D
- 5. HIV or AIDS STDDX\_E
- 6. Pelvic Inflammatory Disease (PID) STDDX\_F
- 7. Syphilis STDDX\_G
- 8. Trichomonas STDDX\_H
- 9. Yeast Infection STDDX\_I
- 10. Other (specify) STDDX\_J
- 77. Don't Know/Not Sure
- 99. Refused Question
- 88. Refused Module (Go to Closing) STDDX\_K

STDDXTXT

192.5 **OTHER (SPECIFY)**

STDCHK (STD)

YESNORF

193. **In the past 12 months, have you specifically gone to a clinic or health care provider for a STD check or treatment?**

- 1. Yes
- 2. No (Go to MAINPART)
- 7. Don't know/Not sure (Go to MAINPART)
- 9. Refused Question (Go to MAINPART)
- 8. Refused Module (Go to Closing)





SEXBEH1 (OFP)

TYPE VIII

198. **In the past 12 months, how many of your male sexual partners were new partners?**

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

777. Don't know/Not sure

999. Refused Question

888. Refused Module

(Go to Closing)

OTHRCOND (STD)

YESNORF

199. **Did you or your most recent non-main or new male sexual partner use condoms the last time you had sexual intercourse?**

1. Yes

2. No

7. Don't know/Not sure

9. Refused Question

8. Refused Module

(Go to Closing)

BCBAR(OFP)

BCBAR

200. **How OFTEN do you or your male sexual partner use condoms or any other barrier method? Would you say you never use it, use it sometimes or always use it?**

- |    |                     |                 |
|----|---------------------|-----------------|
| 1. | Always use it       | (Go to Closing) |
| 2. | Use it sometimes    |                 |
| 3. | Never use it        |                 |
| 7. | Don't know/Not sure | (Go to Closing) |
| 9. | Refused Question    | (Go to Closing) |
| 8. | Refused Module      | (Go to Closing) |

BCBARNOT (OFP)

BCBARNOT

201. **What is your MAIN reason for not using condoms or some other type of barrier method all the time?**

1. Use birth control pills or some other method of birth control
2. Believe there is a "safe time" of the month
3. Method not available
4. Respondent dislikes method
5. Partner dislikes method
6. Don't think about it
7. Doesn't see a need to use that method
8. Wants to get pregnant
9. Can't get pregnant
10. Under the influence of drugs or alcohol
11. Didn't feel like it
12. In a monogamous relationship
13. Other (Specify) \_\_\_\_\_
77. Don't know/Not sure
99. Refused

Closing statement:

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

SPANINT

SPANINT.

(TO INTERVIEWER:) In what language was this survey completed?

1. Spanish
2. English