

2000 CALIFORNIA WOMEN'S 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 Office of Women's Health.

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 Office of Women's Health.

Introduction:

We're doing a special survey of California women and are asking about their health practices and day-to-day living habits. Your telephone number was randomly selected from all California phone numbers. You have been randomly chosen to be included in the study from among the adult women of your household.

Before I ask you any questions, I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. You will not be identified in any way in any reports. Your answers will be combined with the answers of the 4000 other women who take part in the survey.

You may stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

In this survey, we are asking questions about health care coverage, experience with breast cancer screening tests, alcohol and tobacco use, vitamin use, mental health and family violence. Depending on your age, you may also be asked about family planning, childbirth and breastfeeding experience, and experience with the Women, Infants and Children's program.

We appreciate your cooperation with this survey. The only cost to you is the time needed to answer the questions. The survey takes about 25 minutes. Although you may not gain personally from taking part in this survey, the information you give will be used to improve state programs and to identify areas of need to improve the health of California women.

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

GENHLTH (Core)

HEALTH.

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

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

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

PHYSHLTH (Core)

Type VII.

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

- ___ Enter Number of days

- 88. None

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

MENTHLTH (Core)

Type VII.

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

- ___ Enter Number of days

- 88. None

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

POORHLTH (Core) (Ask if PHYSHLTH >=1 or MENTHLTH >=1)

TYPE VII.

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

- ___ Enter Number of days

- 88. None

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

HEALTH ACCESS

These next questions are about women's access to medical care. Please be assured that I am not trying to sell you insurance coverage.

HAVEPLN3 (Core)

YESNO.

5. Do you have ANY kind of health care coverage? (This would include health insurance, prepaid plans such as HMOs--health maintenance organizations--or government plans such as Medicare or Medi-Cal.)

- 1. Yes
- 2. No

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

HLTHPLAN (Core)

YESNO.

(If HAVEPLN3 = 2, 7, or 9 ask:)

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

(If HAVPLN3 = 1, ask:)

	Yes	No	Dk/Ns	Ref	
Do you receive health care coverage through:					
6. Your employer	1	2	7	9	EMPPLAN
7. Someone else's employer (including spouse)	1	2	7	9	OEMPLAN
8. A plan that you or someone else buys on your own	1	2	7	9	OWNPLAN
9. Medicare	1	2	7	9	MEDICARE
10. Medi-Cal (Medicaid)	1	2	7	9	MEDICAL
11. The military, CHAMPUS, or the VA [or CHAMP-VA]	1	2	7	9	MILPLAN
12. Indian Health Service, or,	1	2	7	9	INDOTHR
13. Some other source	1	2	7	9	OTHRSRCE

If no "Yes" responses to Q6-13, go to PASTPLAN;
 If more than one "Yes" to Q6-13, go to MAINPLAN, else go to GAPPLN

MAINPLAN (Core)

MAINPLN.

14. 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)
7. Indian Health Service
8. Some other source

88. None

77. Don't know/Not sure

99. Refused

GAPPLN (Core)

YESNO.

15. 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.

16. 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.

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

1. Yes

2. No

7. Don't know/Not sure

9. Refused

HLTHLIST (Core)

HLTHLIST.

18. Not including any supplemental and medigap health insurance, what is the name of the health plan you use to pay for most of your medical care?

Select from Brandlist

96. Other (Specify)

777. Don't know/Not sure

(Go to CHECKUP2)

888. None

(Go to CHECKUP2)

999. Refused

(Go to CHECKUP2)

TIMEPLAN (Core)

HOWLNGD.

19. About how long have you had this particular health coverage?

Read Only if Necessary

- | | |
|---|------------------|
| 1. Within the past 6 months (more than 0 to 6 months) | (Go to CHECKUP2) |
| 2. Within the past year (more than 6 months to 1 year) | (Go to CHECKUP2) |
| 3. Within the past 2 years (more than 1 year to 2 years) | (Go to CHECKUP2) |
| 4. Within the past 5 years (more than 2 years to 5 years) | (Go to CHECKUP2) |
| 5. More than 5 years ago | (Go to CHECKUP2) |
| 7. Don't know/Not sure | (Go to CHECKUP2) |
| 9. Refused | (Go to CHECKUP2) |

PASTPLAN (Core)

HOWLONGC.

20. About how long has it been since you had health care coverage?

Read Only if Necessary

- | |
|---|
| 1. Within the past 6 months (more than 0 to 6 months) |
| 2. Within the past year (more than 6 months to 1 year) |
| 3. Within the past 2 years (more than 1 year to 2 years) |
| 4. Within the past 5 years (more than 2 years to 5 years) |
| 5. More than 5 years ago |
| 7. Don't know/Not sure |
| 8. Never |
| 9. Refused |

CHECKUP2 (Core) Ask all women

HOWLONG.

21. 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 |

HEART DISEASE

HEARTIMP (CMRI: American Heart Association) NEW ask of all women

22. How important a problem do you think heart disease is for women? Would you say not at all important, not very important, somewhat important, or very important?

- | |
|-------------------------|
| 1. Not at all important |
| 2. Not very important |
| 3. Somewhat important |
| 4. Very important |
| 7. DK / Unsure |
| 9. Refused |

HEARTTLK (CMRI: American Heart Association) NEW ask of all women

23. Has your doctor or other health provider talked with you about heart disease?

- 1. Yes
- 2. No

- 7. DK / Unsure
- 9. Refused

For the next three questions, please tell me if you think the following things increase, decrease, or make no difference in a woman's risk for heart disease:

HEARTSMK (CMRI: American Heart Association) NEW ask of all women

24. Does smoking increase, decrease, or make no difference in a woman's risk for heart disease?

- 1. Increase
- 2. Decrease
- 3. Makes no difference

- 7. DK/Unsure
- 9. Refused

HEARTHBP (CMRI: American Heart Association) NEW ask of all women

25. Does having high blood pressure increase, decrease, or make no difference in a woman's risk for heart disease?

- 1. Increase
- 2. Decrease
- 3. Makes no difference

- 7. DK/Unsure
- 9. Refused

HEARTEXR (CMRI: American Heart Association) NEW ask of all women

26. Does exercise increase, decrease, or make no difference in a woman's risk for heart disease?

- 1. Increase
- 2. Decrease
- 3. Makes no difference

- 7. DK/Unsure
- 9. Refused

SMOKING

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

SMOKE100 (Core) Ask all women

YESNO.

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

5 packs = 100 cigarettes

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

- 7. Don't know/Not sure (Go to AGE)
- 9. Refused (Go to AGE)

SMKEVDA2 (Core)

EVDAY.

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

1. Everyday
2. Some days
3. Not at all

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

Because a number of the following questions are age-dependent, before we continue, I need to ask:

AGE (Core)

TYPE I.

29. How old were you on your last birthday?

- ___ Enter age in years
7. Don't know/Not sure
 9. Refused

If AGE LT 50, go to PREGNANT;
If AGE GE 50 and LT 55, go to PREG5YR;
If AGE GE 55, go to LIVEBRTH

PREGNANCY

PREGNANT (Core) (Asked of those AGE 18-49)

YESNO.

30. To your knowledge, are you now pregnant?

1. Yes (Go to PREG5YR)
2. No

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

TRYPREG (OFF)

YESNO.

31. Are you currently trying to become pregnant?

1. Yes
2. No

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

PREG5YR (CORE) Asked of those AGE 18-54

YESNO.

32. Have you been pregnant in the past five years?

If PREGNANT=1 ASK:]

Other than your current pregnancy, have you been pregnant in the past five years?

1. Yes
2. No

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

LIVEBRTH (MCH) Ask all women

TYPE II.

33. How many children have you ever had, counting only live births?

___ Enter Number

88. None (Go to FOLICHER)

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

99. Refused (Go to AGEBRTH)

DATEBRTH (MCH)

34. On what date did you last give birth to a live baby?

___ Enter month

DATEB_A

___ Enter year

DATEB_B

77. Don't know/Not sure

99. Refused

PREVBRTH NEW (MCH) (Ask if pregnant in last 5 years and had at least 2 live born infants)

35. Before this birth in (DATEBRTH), what was the next most recent date on which you gave birth to a live baby?

___ Enter month

___ Enter year

77. Don't know/Not sure

99. Refused

If PREGNANT NE1 and PREG5YR NE 1 or if AGE GE55, go to BRTHWGHT;
Else, continue

PRENATA2 (MCH) (If PREG5YR EQ Yes)

36. Thinking back to your last pregnancy, how many weeks or months pregnant were you when you first saw a doctor for your pregnancy?

(Do not include a visit for a pregnancy test or for WIC eligibility)

___ Enter Number

TYPE X.

___ Enter Weeks, Months

WHEN III.

77. Don't know/Not sure

99. Refused

BRTHWGHT (MCH) Ask if PREG5YR =1

37. How much did your last baby weigh at birth?

___ Enter pounds\ounces

___ Enter grams

77. Don't know/Not sure

99. Refused

AGEBRTH (MCH)

TYPE I.

38. How old were you when your first baby was born?

___ Enter age in years

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

PREGHLTH (MCH) NEW (Ask if pregnant within past five years but not currently pregnant with first baby)

39. For your most recent pregnancy, would you say that in general your health during your pregnancy was/is: Excellent, Very Good, Good, Fair or Poor?

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

- 7. Don't Know
- 9. Refused

FOLIC ACID

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

FOLICHER (MCH) (Asked of all women)

YESNO.

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

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

- 7. Don't know/Not sure (Go to WTPREPG)
- 9. Refused (Go to WTPREPG)

FOLICLRN (MCH)

YESNO.

41. Where did you learn about folic acid or folate?

(Mark all that apply) (Do not read)

- | | |
|---|----------|
| 1. Magazine or newspaper article | FOLICL_A |
| 2. Radio | FOLICL_B |
| 3. Television | FOLICL_C |
| 4. Physician \OB-GYN\GP\FP | FOLICL_D |
| 5. Books | FOLICL_E |
| 6. Brochures \Literature at health care provider's office | FOLICL_F |
| 7. Friend \Relative \Co-worker | FOLICL_G |
| 8. School \College | FOLICL_H |
| 9. Label \Back of vitamin bottle | FOLICL_I |
| 10. Nutrition Classes other than in school or college | FOLICL_J |
| 11. Nurse \Nurse practitioner | FOLICL_K |
| 12. Nursing School | FOLICL_L |
| 13. Media | FOLICL_M |
| 14. Other (specify) | FOLICL_N |
| 77. Don't know\Not sure | |
| 99. Refused | |

FOLICLTX

FOLICLRN.

41.5 OTHER (SPECIFY)

VITBWHY (MCH) NEW

42. Some health experts recommend that women take the B vitamin folic acid or folate. To the best of your knowledge, for which of the following reasons is this vitamin recommended for women: to make strong bones, to prevent birth defects or to prevent high blood pressure?

1. to make strong bones
2. to prevent birth defects or
3. to prevent high blood pressure

7. Don't know/Not sure

9. Refused

If PREGNANT EQ 1 or if LIVEBRTH NE 88 continue,
else, go to RUBELLA

If AGE GE 60, go to VITPREN2;
If LIVEBRTH EQ 88 and PREG5YR NE 1 and PREGNANT EQ 1, go to RUBELLA;
If LIVEBRTH EQ 88 and PREG5YR NE 1 and PREGNANT NE 1, go to RUBELLA; Else continue

PRENATAL CARE

WTPREPG (MCH)

TYPE IV.

43. About how many pounds did you weigh before your last pregnancy?

____ Enter pounds in whole pounds

777. Don't know/Not sure

999. Refused

888. Last pregnancy terminated (Go to VITAMCT3)

WTGAIN (MCH)

TYPE IV.

44. About how many pounds did you gain during your last pregnancy?

____ Enter pounds gained in whole pounds (verify if Greater Than 60 pounds)

777. Don't know/Not sure

999. Refused

WTGAINRT (MCH)

GAIN.

45. Do you think the weight you gained during that pregnancy was too little, too much, or just right?

1. Too little
2. Too much
3. Just right

7. Don't know/Not sure

9. Refused

RUBELLA (IMMUNIZATION) (Asked if AGE LT 50)

YESNO.

46. Have you ever been vaccinated for rubella, also known as German measles or 3-day measles? (The Rubella vaccine is usually given as a combined measles-mumps-rubella shot, so you may remember the shot being called MMR.)

1. Yes
2. No

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

VITPREN2 (MCH,) Modified Ask all women

YESNO.

47. Are you CURRENTLY taking multivitamins or prenatal vitamins?

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

VITAKEB (MCH) NEW

48. (If YES to VITPREN2)

Other than your prenatal or multi-vitamins, are you currently taking a pill containing the B vitamin Folate or Folic Acid?

(If NOT YES to VITPREN2)

Are you currently taking a pill containing the B vitamin Folate or Folic Acid?

1. Yes
2. No

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

VITAKEA (MCH) NEW

49. (If YES to VITPREN2)

Other than your prenatal or multi-vitamins, are you currently taking a vitamin A pill?

(If NOT YES to VITPREN2)

Are you currently taking a vitamin A pill?

1. Yes
2. No

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

VITAIU (MCH) NEW

50. (If YES to VITPREN2 AND VITTAKEA)

Other than your prenatal or multi-vitamins, please tell me the dosage, or how many additional International Units of vitamin A, other than beta-carotene, you are taking. You don't need to look at the bottle to answer this. Your best guess is fine.

(If VITPREN2 NE 1 AND VITTAKEA EQ 1)

Please tell me the dosage, or how many International Units of vitamin A, other than beta-carotene, you are taking. You don't need to look at the bottle to answer this. Your best guess is fine.

1. <10,000 IU
2. >10,000 IU

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

ALTERNATIVE MEDICINE

ALTHERB (MCH) NEW

51. **Now, thinking about herbal products, in the last 12 months, did you include as part of your health practices, any herbal products that you take by swallowing?**

1. Yes
2. No (Go to TAKESUPP)

7. Don't know/Not sure (Go to TAKESUPP)
9. Refused (Go to TAKESUPP)

ALTD0C (MCH) NEW

52. **Did you tell your doctor, nurse practitioner, or physician assistant about your use of these herbal products?**

1. Yes
2. No

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

TAKESUPP NEW (FDB)

53. **In the last 12 months, have you taken any supplements including vitamins, minerals, herbals, or other kinds of supplements?**

1. Yes
2. No (Go to DAILYVEG)

7. Don't know/Not sure (Go to DAILYVEG)
9. Refused (Go to DAILYVEG)

STOPSUPP (FDB)

YESNO.

54. **In the last 12 months, have you stopped using a supplement because of a bad reaction or because you didn't like how it made you feel?**

1. Yes
2. No (Go to DAILYVEG)

7. Don't Know/Not sure (Go to DAILYVEG)
9. Refused (Go to DAILYVEG)

VITSEDOC (FDB)

YESNO.

55. Did you see a doctor or other health professional because of this reaction?

1. Yes
2. No

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

If YES to STOPSUPP: If you would like to discuss this reaction with a scientist at the Department of Health Services, Food and Drug Branch, you can call 1-800-495-3232. Do you need time to get a pencil and write down the number?

DIETARY QUALITY

DAILYVEG (CPNS) NEW

56. How many total servings of fruits and vegetables do YOU think you should eat every day for good health? (That's a combined total of BOTH fruits and vegetables.) (A serving = ½ cup of vegetables or fruit, 6 ounces of juice, a piece of fruit, 1 cup of green salad)

Enter number _____

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

DAILYMLK (CPNS) NEW

57. How many total servings of milk products, like fluid milk, cheese, or yogurt, do YOU think you should eat every day for good health? (A serving = 8 ounces of milk or yogurt, 2 ounces of cheese)

Enter number _____

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

DEMOGRAPHICS

HISPANIC (Core)

YESNO.

58. Are you of HISPANIC ORIGIN such as Mexican American, Latin American, Puerto Rican or Cuban?

1. Yes
2. No

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

ORACE2 (Core)

ORACEB.

59. What is your race? Would you say: White, Black, Asian, Pacific Islander, American Indian, Alaska Native, or Other?

- 1. White
- 2. Black
- 3. Asian
- 4. Pacific Islander
- 5. American Indian, Alaska Native
- 6. Other: (specify)

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

-----> ORACETXT (Recoded, not retained)

If ORACE2 NE 3 or 4, go to BIRTHPLC;
Else continue

ORACE2A (Core)

ORACE2A.

60. 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. Hawaiian
- 11. Samoan
- 12. Pakistani
- 13. Saipanese
- 14. Fijian
- 15. OTHER: (specify)

----->ORA2ATXT (Text)

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

BIRTHPLC (Core)

BIRTHPLC.

61. In what country were you born?

Select From Brand List

- 14. Other (specify _____)

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

(Go to MARITAL)

(Go to MARITAL)

BIRTHTXT

61.5 OTHER (SPECIFY)

USENTRY (Core)

TYPE I.

62. In what year did you first enter the U.S.?

___ Enter year

7777. Don't know/Not sure

9999. Refused

MARITAL (Core)

MARITAL.

63. 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.

64. How many children under age 18 live in this household?

___ Enter Number of children

00. None

99. Refused

CHILD1-CHILD9 (Core)

Type II.

**65. (If CHILD18=1, ask:) How old is the child?
(If CHILD18 GT 1, ask:) How old are the children?**

INTERVIEWER NOTE: List the ages of all children in the household. 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 (.0 suffix), two 5 year-olds (.1=younger 5.15 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}

5.2

13.0

Youths =

___ AGE OF CHILD/CHILDREN

77. Don't know

99. Refused

EDUCA (Core)

EDUCA.

66. 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.

67. 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

If NUMADULT EQ 1 and CHILD1-CHILD9 EQ 0, go to HEIGHT
Else continue

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

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

INCOM95 (Core)

INCOME.B.

69. 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 \$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
77. Don't know/Not sure
99. Refused

Find the point on the table where HHSIZE and INCOM94 intersect.
If there is a table value and the table value is LT the "less than" value of the response to INCOM94, go to THRESH98.

THRESH98 (Core)

YESNO.

70. 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	8,240		16,480					
(Household	2		11,060		22,120				
Size)	3		13,880			27,760			
	4			16,700		33,400			
	5			19,520			39,040		
	6				22,340		44,680		
	7					25,160		50,320	
	8					27,980		55,960	
	9					30,800		61,600	
	10					33,620		67,240	
	11						36,440	72,880	
	12						39,260		78,520
	13						42,080		84,160

(100% and 200% of Federal Poverty Line; From: Federal Register, Mar 18, 1999 rounded to nearest \$100.)

INCOM94B (Core)

INCOMEB.

71. 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.

72. 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.

73. 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.

74. What county do you live in?

Select From Brand List

777. Don't Know/Not Sure
999. Refused

NUMPHON2 (Core)

(not formatted)

75. 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.

76. What is your zip code?

_____ Enter the five digit number

77777 Don't know/Not sure
99999 Refused

INCOMADQ (Core)

YESNO.

77. 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

FOOD ADEQUACY

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

OUTOFFD (MCH) (All Women)

TRUEFALB.

78. 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

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

AFRDMEAL (MCH)

TRUEFALB.

79. 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

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

CUTMEAL (MCH)

YESNO.

80. 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)

7. Don't Know/Not sure (Go to EATLESSC)
9. Refused (Go to EATLESSC)

CUTOFTN (MCH)

81. How often did this happen? Was it almost every month, some months but not every month, or, only in one or two months in the last 12 months?

1. Almost every month
2. Some months, but not every month
3. Only in one or two months

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

EATLESSC (OWH, MCH) (Health Status Indicator)

YESNO.

82. 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

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

EVRHNGRY (MCH)

YESNO.

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

- 1. Yes
- 2. No

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

NOTEAT (CPNS) NEW

84. During the last 12 months, did you ever eat less than you wanted or not eat at all so that some other member of your household would have enough to eat?

- 1. Yes
- 2. No

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

NOTMED (CPNS) NEW

85. During the last 12 months, have you or others in your household delayed getting medical treatment or filling prescriptions in order to buy food?

- 1. Yes
- 2. No

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

WHYNOFD (CPNS) NEW

Besides money, there are reasons why people don't always have the kinds of food they want or need. For each of the following, please tell me if it is a reason why YOU don't always have the kinds of food you want or need.

	YES	NO	DK	Ref	
86. Too hard to get to the grocery store/ local market	1	2	7	9	NOFDSTOR
87. Kinds of food I want are not available at work or eating out	1	2	7	9	NOFDOUT
88. Not able to cook or eat because of health problems	1	2	7	9	NOFDHLTH

FOODSORC (CPNS) NEW (ask if Thresh <200% of poverty)

In the last 12 months, have you received food assistance from any of the following sources? For each one, please tell me if you received food from the source named.

	YES	NO	DK	Ref	
89. Emergency food banks	1	2	7	9	FOODBANK
90. Meals served at a food kitchen/community site	1	2	7	9	FOODKIT
91. WIC (Women, Infants, and Children) coupons/vouchers	1	2	7	9	FOODWIC
92. Senior meal site or home-delivered meals	1	2	7	9	FOODSEN

FDSTMAPP (CPNS) NEW

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

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

FDSTMDEN (CPNS) NEW

94. Were you denied food stamps?

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

FOOD SAFETY

SAFEFOOD (DISB, FDB) NEW (Asked if pregnant in last 5 years or if currently pregnant)

During your last/this pregnancy, do you recall if you ate any of the following foods?

	Yes	No	DK\NS	REF	
95. Soft cheeses, such as feta, Brie or <i>queso fresco</i>? (Do not count processed cheeses, cream cheese, or cottage cheese)	1	2	7	9	SFCHEESE
96. Prepackaged or processed deli meats or cold cuts, including salami, pepperoni, hotdogs, and bologna.	1	2	7	9	SFMEAT

SELFWGHT (CPNS) NEW

97. Currently, do you consider yourself:

- 1. Overweight
- 2. Underweight
- 3. About the right weight for your height
- 7. Don't know/Not sure
- 9. Refused

FEELWGHT (MCH) NEW

98. Does the way you feel about yourself depend on how much you weigh? Would you say it is . .

- 1. very related
- 2. somewhat related
- 3. not very related
- 4. not at all related?

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

VOMTWGHT (MCH) NEW

99. In the last 12 months, have you made yourself vomit to control your weight?

- 1. Yes
- 2. No

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

LAXWGHT (MCH) NEW

100. In the last 12 months, have you taken a laxative to control your weight?

- 1. Yes
- 2. No

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

ANTIBIOTIC USE /RESISTANCE

ANTIBIO (DISB) NEW (Asked of all women)

Antibiotics, such as penicillin, doxycycline, or amoxicillin, are used to treat a variety of medical conditions. Which of these conditions do you believe should usually be treated with antibiotics?

	Yes	No	DK/NS	REF	
101. Ear infections	1	2	7	9	ANTBEAR
102. Colds or Flu	1	2	7	9	ANTCOLD
103. Bladder infections	1	2	7	9	ANTBLAD

GROUP B STREP PREVENTION

TLDSTRPB (DISB, MCH) NEW (Asked of women currently pregnant or pregnant during the past 5 years)

104. During your last {or current} pregnancy, as part of your prenatal care were you told about your doctor's or midwife's plan to prevent group B streptococcal disease (group B strep) in your infant?

- 1. Yes
- 2. No

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

URINARY TRACT INFECTIONS

BLADINF2 (DISB) NEW (Asked of all women.)

105. Did you have a urinary tract or bladder infection during the past year?

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

- 7. Don't know/Not sure (Go to HADMAM)
- 9. Refused (Go to HADMAM)

SYMPLAST NEW

105a. How long did the symptoms last?

___ Enter Number of days, weeks, months

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

ABTREAT (DISB) NEW

106. Did you receive antibiotics?

- 1. Yes
- 2. No

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

BREAST and CERVICAL CANCER SCREENING

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.

HADMAM (BCEDP; CDC-C, modified lead-in) (Note: asked of all women) YESNO.

107. Have you ever had a mammogram?

- 1. Yes
- 2. No (Go to F40GUIDE)

- 7. Don't know/Not sure (Go to F40GUIDE)
- 9. Refused (Go to F40GUIDE)

HOWLONG2 (BCEDP; CDC-C)

HOWLONGB.

108. 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 (Go to F40GUIDE)
- 9. Refused (Go to F40GUIDE)

WHYDON2 (BCEDP; CDC-C) (Ask if HADMAM eq 1)

109. What was the MAIN reason you had your last mammogram? Was it because:

1. Your doctor/nurse recommended it
2. You saw or heard media messages about a mammogram
3. You had a friend or relative who recommended it
4. You had a friend or relative who has cancer
5. You were experiencing breast problems, such as lumps
6. Routine checkup
7. Other reason

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

If HOWLONG2 >= 3 and HOWLONG2 <= 5, and AGE < 41 go to F40GUIDE; Else, continue

WHYNOTDN (BCEDP; CDC-C)

110. What was the MAIN reason you did not have a mammogram during the past 2 years?

1. Not recommended by a doctor/nurse/ Doctor never said it was needed
2. Not needed/ not necessary
3. Never heard of a mammogram
4. Cost
5. No insurance to pay for it
6. Too painful
8. Other (specify)

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

F40GUIDE (BCEDP) (Ask all women)

BGUIDE.

111. In general, how often do YOU THINK a woman ~~over 40~~ your age 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

BCHAD (CSS)(Ask all women)

YESNO.

112. Have you ever had breast cancer?

1. Yes (GO TO MAMMPAY)
2. No

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

BCRISK2 (BCEDP)

113. What do you think is your risk of getting breast cancer? Would you say. . .

1. Much higher than other women your age
2. Somewhat higher (than other women your age)
3. About the same (as other women your age)
4. Lower than other women your age

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

MAMMPAY (BCEDP) (Ask all women)

PORTION.

114. If you wanted to have a mammogram, would you have to pay for all, part or none of the cost?

1. All
2. Part (includes co pay)
3. None (Go to HADCBE)

7. Don't know/Not sure (Go to HADCBE)
9. Refused (Go to HADCBE)

MAMMDFP (BCEDP)

DIFFIC.

115. How difficult would it be for you to pay for the cost of the 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

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

HADCBE (BCEDP; CDC-C)

YESNO.

116. Have you ever had a clinical breast exam?

1. Yes
2. No (Go to CBEGUID2)

7. Don't know/Not sure (Go to CBEGUID2)
9. Refused (Go to CBEGUID2)

WHENCBE (BCEDP; CDC-C)

HOWLONGB.

117. How long has it been since your last breast exam? (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

CBEGUID2 (BCEDP; CDC_C) Ask all women

IMPORT.

118. How important do you think it is for a woman your age to have a clinical breast exam?

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

HADPAP (OWH)

YESNO.

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.

119. Have you ever had a Pap smear?

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

WHENPAP2 (OWH) HOWLONGB.

120. 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

WHATPAP (BCEDP) NEW

121. Which of the following can be detected with a PAP smear? Would you say Ovarian Cancer, Cervical Cancer, Both or Neither

1. Ovarian Cancer
2. Cervical Cancer
3. Both
4. Neither
7. Don't know/Not sure
9. Refused

If PREGNANT EQ 1 or TRYREG =1, go to BCPREVNT; else, continue.

HYSTER2 (CORE)

YESNO.

122. 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

BREAST CANCER DRUG PREVENTION

BCPREVNT (CSS) Ask all women

YESNO.

123. Several medications are being studied to see if they can prevent breast cancer. Two of these medications are *Tamoxifen*, also known as *Nolvadex*, and *Raloxifene*, also known as *Evista*.

Have you heard of either Tamoxifen or Raloxifene?

1. Yes
2. No (Go to BCPRVMED)

7. Don't Know/Not sure (Go to BCPRVMED)
9. Refused (Go to BCPRVMED)

CURRTAMX (CSS)

YESNO.

124. Are you currently taking the medication Tamoxifen?

1. Yes (Go to BCPRVMED)
2. No

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

CURRALOX (CSS)

YESNO.

125. Are you currently taking the medication Raloxifene?

1. Yes
2. No

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

BCPRVMED (CSS) Ask all women

YESNO.

126. Have you ever discussed taking medication to prevent breast cancer with your doctor, nurse practitioner or other health care specialist?

1. Yes
2. No

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

COLORECTAL CANCER SCREENING

COLOIMP (CMRI: UCSF ; Kaiser) NEW (Ask of all women):

127. How important a problem do you think cancer of the colon or rectum is for women? Would you say not at all important, not very important, somewhat important, or very important?

- 1. Not at all important
- 2. Not very important
- 3. Somewhat important
- 4. Very important

- 7. DK / Unsure
- 9. Refused

COLOEVER (CMRI: UCSF ; Kaiser) NEW Ask women age 50 and older:

A blood stool test is a test that checks for the possible presence of blood that one cannot see in the stools. A person takes small samples of her stools for 3 days, puts them on cards provided by the doctor, and returns the cards to the doctor for testing.

128. Have you ever had this test?

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

- 7. Don't know/Not sure (Go to SIGEVER)
- 9. Refused (Go to SIGEVER)

WHENCARD (CMRI: UCSF ; Kaiser) NEW Ask women age 50 and older:

129. When did you have your last test to find blood in the stools?

- 1. 1 year ago or less
- 2. Between 1 to 2 years ago
- 3. More than 2 years ago

- 7. DK / Unsure
- 9. Refused

SIGEVER (CMRI: UCSF ; Kaiser) NEW Ask women age 50 and older:

A sigmoidoscopy or colonoscopy is a test where a doctor inserts a tube into the rectum and looks directly at the intestine to detect cancer and check for other problems.

130. Have you ever had either one of these exams?

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

- 7. Don't know/Not sure (Go to WHYNOSIG)
- 9. Refused (Go to WHYNOSIG)

WHENSIG (CMRI: UCSF ; Kaiser) NEW Ask women age 50 and older:

131. When did you have your last sigmoidoscopy or colonoscopy exam?

- | | |
|------------------------------|-----------------|
| 1. 1 year ago or less | (Go to OSTEHRD) |
| 2. Between 1 and 5 years ago | (Go to OSTEHRD) |
| 3. More than 5 years ago | (Go to OSTEHRD) |
| 7. DK / Unsure | (Go to OSTEHRD) |
| 9. Refused | (Go to OSTEHRD) |

WHYNOSIG (CMRI: UCSF ; Kaiser) NEW Ask women age 50 and older if SIGEVER EQ NO:

132. There are many reasons why women don't get tests for blood in the stool or have a sigmoidoscopy or colonoscopy. What is the most important reason that you have not had these tests? (DO NOT READ LIST)

1. Doctor didn't recommend it
 2. Cost (worry about the cost)
 3. Embarrassment (it's embarrassing to have that kind of test)
 4. The preparation for the test (a laxative) is uncomfortable or inconvenient
 5. Afraid the test might show cancer
 6. Heard bad things about these tests
 7. Painful
 8. I don't want it (I don't want a test like that done to me)
 9. I don't need it (risk of colon cancer is low)
 10. Other (Reason not listed above; NOT open-ended text response)
77. DK / Unsure
99. Refused

OSTEOPOROSIS

OSTEHRD (CMRI: National Osteoporosis Foundation) NEW Ask of all women:

133. Have you ever heard of osteoporosis?

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

OSTEDEF (CMRI: National Osteoporosis Foundation) NEW Ask of all women:

134. What do you think osteoporosis is? (DO NOT READ LIST)

1. Bone loss (loss of bone, less bone mass/density, holes in your bones, thin bones)
 2. Joint problems (painful joints, stiff joints, can't bend knees/fingers/shoulders)
 3. Other (mentioned other definition; NOT open-ended text response)
7. DK / Unsure
9. Refused

OSTEOIMP (CMRI: National Osteoporosis Foundation) NEW Ask of all women:

Osteoporosis is a thinning of the bones or bone loss. This loss of bone density can lead to curving of the spine or fragile bones.

135. How important a problem do you think osteoporosis or bone loss is for women? Would you say not at all important, not very important, somewhat important, or very important?

1. Not at all important
2. Not very important
3. Somewhat important
4. Very important

7. DK / Unsure
9. Refused

OSTEOTLK (CMRI: National Osteoporosis Foundation) NEW Ask of all women:

136. Has your doctor or other health provider talked with you about how to prevent osteoporosis or bone loss?

1. Yes
2. No

7. DK / Unsure
9. Refuse

OSTEOTLD (CMRI: National Osteoporosis Foundation) NEW Ask of women 50 and older

137. Have you been told you have osteoporosis or bone loss?

1. Yes
2. No

7. DK / Unsure
9. Refused

MENTAL HEALTH ISSUES

I'm going to read you two statements. For each one, I'd like you to tell me whether you believe the answer is yes or no.

HELPGOOD (DMH) NEW

138. Sometimes a person feels problems are piling up so high that he/she can not overcome them. When a person feels this way, do you think it is a good idea to seek help from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?

1. Yes
2. No

7. Don't Know
9. Refused

MHWHERGO (DMH) NEW

139. If you felt problems were piling up so high that you could not overcome them and you wanted help from a mental health professional such as a social worker, psychiatrist, psychologist or counselor, would you know where to get help?

1. Yes
2. No

7. Don't Know
9. Refused

MHPAYDIF (DMH) NEW

140. If you wanted to talk with a mental health professional about a mental health problem, how difficult would it be to pay for the care you needed? Would you say. . .

1. Very difficult
2. Somewhat difficult
3. Somewhat easy
4. Very easy

7. Don't Know
9. Refused

Now I would like to ask you about your feelings and experiences.

MHNTCTRL (Core) (All Women)

OFTEN.

141. In the past 30 days, how often have you felt that you could not control the important things in your life? Would you say...

1. Very often
2. Often
3. Sometimes
4. Rarely
5. Never

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

MHOVRWLM (DMH) Ask All Women (modified lead in)

OFTEN.

142. In the past 30 days, how often have you felt problems were piling up so high that you could not overcome them? Would you say...

1. Very often
2. Often
3. Sometimes
4. Rarely
5. Never

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

DAYSANX (DMH) Ask all women

TYPE II.

143. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

___ Enter Number of days

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

DAYSSAD (DMH) Ask all women

TYPE II.

144. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

___ Enter Number of days

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

MHHELP (DMH) Ask all women

YESNO.

145. 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 MHELPEVR)
- 7. Don't know/Not sure (Go to MHELPEVR)
- 9. Refused (Go to MHELPEVR)

MHHLPW3 (DMH, OWH)

YESNO.

146. In the last 12 months, did you visit a mental health professional to talk about personal or family problems ?

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

MHTLKHLP (DMH) NEW

YESNO.

146a. Did talking with this person help?

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

MHELPEVR (OWH) NEW

YESNO.

147. Now, thinking back over your entire lifetime, have you ever received help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?

- 1. Yes
- 2. No

- 7. Don't know
- 9. Refused

ALCOHOL USE

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

DRNKANY1 (Core) (All Women)

YESNO.

148. 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 DRUNK)

- 7. Don't know/Not sure (Go to DRUNK)
- 9. Refused (Go to DRUNK)

DRKALC (Core)

TYPE II.

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

- ____ Enter Number 1XX per week
- ____ Enter Week or Month 2XX per month

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

NALCOCC (Core)

Type III.

150. 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 (Core)

TYPE III.

151. 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)

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

DRUNK (ADP) Ask all women

152. How often in the past year did you drink enough to feel drunk?

____ Enter Number of times (verify if GT 10)

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

DRUNKNUM (ADP) Ask all women

153. How many drinks does it take you to feel drunk?

____ Enter Number of drinks (verify if GT 10)

- 88. Never been drunk
- 77. Don't know/Not sure
- 99. Refused

DRKGUILT (ADP) NEW Ask all women

154. During the last year have you had a feeling of guilt or remorse after drinking?

- 1. Yes
- 2. No
- 3. Never Drink (Do not read)

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

ACCESS TO FAMILY PLANNING SERVICES

Now I'd like to ask you a few question about sexual behavior. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

SEXBHAGE (OFF) Ask all women

TYPE VIII.

155. How old were you at the time of your first sexual intercourse experience?

____ Enter age in number of years

- 555. Never had intercourse (Go to WHOSXEVR)
- 777. Don't know/Not sure
- 999. Refused question

HYSTER2=1 OR AGE>50 SKIP TO WHOSXVER

FPWHEN2 (OFF) (Ask if HYSTER2 NE 1 and AGE LE 50)

HOWLONGD

156. When did you last have a visit with a health provider to talk about or receive birth control?

(Read only if necessary)

- 1. Within the last six months
- 2. More than 6 months to 12 months ago
- 3. More than 12 months to 2 years ago
- 4. More than two years ago
- 5. Never

- 7. Don't know/Not sure
- 9. Refused
- 8. Refused Module (Go to BCUSE3)

FPDENIE2 (OFF)

YESNORF.

157. In the past year, have you gone without birth control supplies because you did not have enough money to pay for them?

- 1. Yes
- 2. No

- 8. Refused Module (Go to BCUSE3)
- 7. Don't know/Not sure
- 9. Refused

FPDENLO (OFF)

YESNORF.

158. In the past year have you gone without birth control because you did not know where to get services or supplies?

- 1. Yes
- 2. No

- 8. Refused Module (Go to BCUSE3)
- 7. Don't know/Not sure
- 9. Refused

FPDENAP (OFF)

YESNORF.

159. In the past year have you gone without birth control because you could not get an appointment or it was not convenient to go to the appointment?

- 1. Yes
- 2. No

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

BIRTH CONTROL USE

BCUSE3 (OFF) (Asked if PREGNANT NE1)

YESNOM.

160. Are you or your male sex partner using a birth control method to prevent pregnancy? This includes male or female sterilization.

- 1. Yes
- 2. No (Go to BCWHYNOT)
- 3. No male sexual partner (Go to EMERGBC)

- 7. Don't know/Not sure (Go to BCWNTHOW)
- 9. Refused Question (Go to BCWNTHOW)
- 8. Refused Module (Go to BCWNTHOW)

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BCTYPE (OFP)

YESNO.

161. Which birth control method or methods are you using?

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

- | | |
|--|---------|
| 1. Male sterilization /vasectomy | BCTYP_A |
| 2. Female sterilization | BCTYP_B |
| 3. Norplant/implants | BCTYP_C |
| 4. Depo-Provera /Injectables | BCTYP_D |
| 5. Birth control pills/oral contraceptive | BCTYP_E |
| 6. IUD/coil/loop | BCTYP_F |
| 7. Condoms/rubbers | BCTYP_G |
| 8. Diaphragm | BCTYP_H |
| 9. Female condom/vaginal pouch | BCTYP_I |
| 10. Cervical cap | BCTYP_J |
| 11. Foam/jelly/cream/vaginal contraceptive film (VCF) | BCTYP_K |
| 12. Withdrawal/pulling out | BCTYP_L |
| 13. Natural family planning/Rhythm/Fertility Awareness | BCTYP_M |
| 14. Other (Specify) | BCTYP_N |
| 77. Don't know/Not sure | |
| 99. Refused Question | |
| 88. Refused Module | BCTYP_O |

BCTYPTXT

161.5 OTHER (SPECIFY)

After answering BCTYPE, go to BCPAY

BCWHYNOT (OFP)

BCWHYNOT.

162. What is the MAIN reason that you are not CURRENTLY using birth control?

(Read only if necessary)

Select from Brand List

- 18. Other (Specify)
- 88. Didn't think about it
- 77. Don't know/Not sure

BCWHYNOX

162.5 Other (SPECIFY)

If BCTYPE_A , go to EMRGBC;
 If BCTYPE_B =1, (sterilized),or BCWHYNOT = 14 (sterilized), go to BCPAY2
 Else, go to BCWNTHOW

If PREGNANT EQ1, or BCTYP_L=1.OR.BCTYP_M =1go to BCWNTHOW;
 else continue

BCPAY (OFF)

163. How do you pay for the primary method of birth control that you use? (Select all that apply.)

1. Private Health Insurance
2. Medi-Cal
3. Family PACT/state program/SOFP/BIC/HAP
4. College-based health insurance
5. Got method free from a clinic outside of a school (e.g. county or community)
6. Got method free from school or school clinic
7. You paid copay
8. Partner paid copay
9. You paid entire cost
10. Partner paid entire cost
11. Share cost with partner
12. Family member pays cost
13. Other (specify)
14. Don't use birth control

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

BCPAY2 (OFF)

163.5 How did you pay for the sterilization?

1. Private Health Insurance
2. Medi-Cal
3. Family PACT/state program/SOFP/BIC/HAP
4. College-based health insurance
5. Got method free from a clinic outside of a school (e.g. county or community)
6. Got method free from school or school clinic
7. You paid copay
8. Partner paid copay
9. You paid entire cost
10. Partner paid entire cost
11. Share cost with partner
12. Family member pays cost
13. Other (specify)
14. Don't use birth control

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

If any "Yes" responses to Q 6-13, and BCUSE3=2, continue; Else, go to EMRGBC

BCWNTHOW (OFF)

164. If you wanted to use birth control how would you pay for it? Would you say your private health insurance would pay. . .

1. the entire cost
2. some of the cost
3. or, none of the cost

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

EMRGBC (OFP)

YES/NO.

165. To the best of your knowledge, if a woman has unprotected sex is there anything she can do in the three days following intercourse that will prevent pregnancy?

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

EMERGWHT (OFP)

166. What can she do? (Do not read responses)

1. Use emergency contraception
2. Take the "morning after" pill
3. Have an IUD inserted
4. Take high dose/extra/several birth control pills
5. Take birth control pills
6. Take RU486
7. Have an abortion
8. Douche
9. Pray
10. Other (Specify)
77. Don't know/Not sure
99. Refused

The next question asks about with whom you have had any kind of sexual activity over your adult lifetime.

WHOSXEVR (CORE) (Asked of all women)

167. Which response best describes whom you have had sex with over your adult lifetime? Would you say ... (Adult = 18 or older)

1. Sex only with a woman (or with women)
2. Sex only with a man (or with men)
3. Sex with both men and women
4. Never had sex (Go to STDCHLYD)
7. Don't know/Not sure
9. Refused

WHOSX12M (CORE) (Asked of all women)

168. Which response best describes whom you have had sex with in the past 12 months? Would you say...

1. Sex only with a woman (or with women) (Go to STDCHLYD)
2. Sex only with a man (or with men)
3. Sex with both men and women
4. Did not have sex (Go to STDCHLYD)
7. Don't know/Not sure
9. Refused

If SEXBHAGE EQ 555 or WHOSXEVR =4 or WHOSX12M =1 OR 4, or AGE GE 50, go to STDCHLYD;
Else, continue.

SEXUALLY TRANSMITTED DISEASES

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

OTHRPAR3 (STD) (Ask if AGE<50)

YESNORF

169. This question is about a new male sex partner. A new sex partner is someone you had sex with for the first time. During the past 12 months, did you have a new male sex partner?

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

FRSTCOND (STD) (Ask if AGE<50)

YESNORF.

170. Did you use a condom when you had sex with that person the first time?

1. Yes
2. No
7. Don't know/Not sure
9. Refused Question
8. Refused Module

I would now like to ask you some questions about sexually transmitted diseases or STDs.

STDCHLYD(STD) (Ask if AGE<50)

YESNORF

171. Have you ever heard of chlamydia?

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

STDCHLY2 (STD) (Ask if AGE<50)

YESNORF

172. Please tell me if you think the following statement is true or false. Most women infected with chlamydia have symptoms.

1. True
2. False
7. Don't know/Not sure
9. Refused Question
8. Refused Module

CHLYDTST (STD) (Ask if AGE<50)

173. Have you been tested for chlamydia during the past 12 months?

- 1. Yes
- 2. No (Go to ASKFRTST)
- 3. Don't know what chlamydia is (Go to DOUCHEVR)

- 7. Don't know/Not sure (Go to ASKFRTST)
- 9. Refused Question (Go to ASKFRTST)
- 8. Refused Module (Go to DOUCHEVR)

CHLYDWHR (STD) (Ask if AGE<50)

174. Where did you get tested?

- 1. Public STD Clinic
- 2. Other Public Clinic
- 3. Family Planning clinic
- 4. Community clinic
- 5. Private doctor
- 6. Emergency Room
- 7. Student Health Center
- 8. Military facility
- 9. Jail or other detention facility
- 10. HMO
- 11. Other (specify)

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

ASKFRTST (STD) (Ask if AGE<50)

SCALED.

175. During the next year, how likely is it that YOU will ask your doctor to test you for chlamydia?

- 1. Very Likely
- 2. Somewhat likely
- 3. Somewhat unlikely
- 4. Very unlikely
- 5. Don't know what Chlamydia is (DO NOT READ)

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

I'd like to ask you a few questions about douching. (If respondent does not know what douching is, use the following description: By douching, I am referring to flushing the inside of your vagina with fluid.)

DOUCHEVR (STD) NEW

176. During the past 12 months, have you douched?

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

- 7. Don't know/Not sure (Go to DVCANTLK)
- 9. Refused (Go to DVCANTLK)

DOUCHOFN (STD) NEW

177. How often do you douche?

_____ Enter Number of times per day, week, month, or year

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

DOMESTIC VIOLENCE

The next questions are about relationships. I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

No matter how well two people may get along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also may use many different ways of trying to settle their differences.

DVCANTLK (DV)

YESNORF.

178. I have some questions of a very private nature dealing with personal relationship issues and how couples resolve problems and conflicts. By couple I mean current or former husband, partner, boy friend or girlfriend. I want to ask you these questions only if you have privacy and no one will overhear. If you are not in that situation, I can schedule a time that would be more convenient for you.

- 1. Yes - continue
- 2. No - Probe for date/time to call back
- 8. Refused Module

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

DVFEAR (DV) (Asked of ALL Respondents)

YESNO.

179. In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of a partner or former partner?

- 1. Yes
- 2. No
- 3. No Partner

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

DVCNTROL (DV) (Asked of ALL Respondents)

YESNO.

180. At any time during the past 12 months, has a partner or former partner tried to control most or all of your daily activities? For example, controlling who you can talk to or where you can go.

- 1. Yes
- 2. No
- 3. No Partner

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

If DVCANTLK=8,7, or 9 go to DVSHLTER,
else continue

DVLASTYR (DV) NEW

Now I'd like to ask you about the last 12 months. In the past 12 months has a partner

	Yes	No	DK/NS	REF	
181. Thrown something at you?	1	2	7	9	DVYRTHRW
182. Pushed, grabbed, shoved or slapped you?	1	2	7	9	DVYRPUSH
183. Kicked, bit or hit you with a fist?	1	2	7	9	DVYRHIT
184. Beaten you up or choked you?	1	2	7	9	DVYRBEAT
185. Forced you to have sex against your will?	1	2	7	9	DVYRSEX
186. Threatened you with a knife or gun?	1	2	7	9	DVYRWPN
187. Used a knife on you or fired a gun at you?	1	2	7	9	DVYRUSE

DVEVER (DV) NEW

The last few questions were about the last 12 months, these next ones are about your entire lifetime. During your entire life, has a partner ever (Ask if answer is no to any of the above)

	Yes	No	DK/NS	REF	
188. Thrown something at you?	1	2	7	9	DVEVRTHR
189. Pushed, grabbed, shoved or slapped you?	1	2	7	9	DVEVRPSH
190. Kicked, bit or hit you with a fist?	1	2	7	9	DVEVRHIT
191. Beaten you up or choked you?	1	2	7	9	DVEVRBET
192. Forced you to have sex against your will?	1	2	7	9	DVEVRSEX
193. Threatened you with a knife or gun?	1	2	7	9	DVEVRWPN
194. Used a knife on you or fired a gun at you?	1	2	7	9	DVEVRUSE

DVWHO (DV) (Asked if anyone said yes to any above)

195. The last time this happened, who did this to you?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)
77. Don't know/Not sure
99. Refused
88. Refused module

(Go to DVSHLTER)

DVDRUG NEW (DV)

196. How much were drugs or alcohol involved in this incident? Would you say. . .

1. Not at all
2. Somewhat
3. Very much
7. Don't know/Not sure
9. Refused
8. Refused module

DVMEDHLP (DV)

YESNORF.

197. Did you seek help and/or medical care?

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

- 7. Don't know/Not sure (Go to DVSHLTER)
- 9. Refused (Go to DVSHLTER)
- 8. Refused module (Go to DVSHLTER)

DVWHRHLP (DV)

WHEREHLB.

198. Where did you get help? (Select all that apply)

- 1. Overnight hospital stay
- 2. Visit to the emergency room
- 3. Visit to doctor's office, clinic, or walk-in center
- 4. Dentist
- 5. Mental health care facility
- 6. Battered Women's shelter
- 7. Clergy
- 8. Police or sheriff
- 9. Marriage counselor
- 10. Parents/supportive relatives
- 11. Friends
- 12. Other (specify)

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

DVSHLTER (DV) (Asked of ALL Respondents) YESNO.

199. Are you aware of any domestic violence programs in your community, including battered women shelters? (Battered women shelters are places where women can find help for themselves and their children when they feel that they are not safe with their partners.)

- 1. Yes
- 2. No

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

PTSD

Now I'm going to ask you some questions about experiences people have had that are frightening, upsetting, or stressful to most people. Please think back over your whole life when you answer these questions. Some of the se questions may be about upsetting events you don't usually talk about. Your answers are important to us, but you do not have to answer any questions that you don't want to.

PTSD1

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

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

- 7. Don't know/Not sure (Go to CLOSING)
- 9. Refused (Go to CLOSING)

PTSD2

201. Now thinking about the last 30 days, did you have nightmares about any experience or think about it when you did not want to?

1. Yes
2. No

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

PTSD3

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

1. Yes
2. No

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

PTSD4

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

1. Yes
2. No

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

PTSD5

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

1. Yes
2. No

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

MEDI_FUP (ask if age \geq 65 and did not say "yes" to MEDICARE) YESNO.

205. Could you please tell me if you have ever had a Medicare card?

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

CLOSING: 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

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

1. Spanish
2. English

SPANINT