

## 2006 CALIFORNIA WOMEN'S HEALTH SURVEY

Final  
7 November 2005

Questions about the survey should be directed to:

Marta Induni  
Survey Research Group  
Cancer Surveillance Section  
1700 Tribute Road, Suite 100  
Sacramento, CA 95815-4402  
Phone (916) 779-0336



**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)

**NUMADULT**

**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. 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 your health, health care coverage, experience with cancer screening tests, food security, food consumption, immunization, alcohol and tobacco use, vitamin use, personal relationships, osteoporosis, sexually transmitted diseases, public assistance, disability, mental health, and domestic violence. Depending on your age, you may also be asked about family planning, childbirth 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)

TYPEVII.

**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)

TYPEVII.

**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) TYPEVII.

**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	RF	
<b>Do you receive health care coverage through:</b>					
<b>6. Your employer</b>	1	2	7	9	EMPPLAN
<b>7. Someone else's employer (including spouse)</b>	1	2	7	9	OEMPLAN
<b>8. A plan that you or someone else buys on your own</b>	1	2	7	9	OWNPLAN
<b>9. Medicare</b>	1	2	7	9	MEDICARE
<b>10. Medi-Cal (Medicaid)</b>	1	2	7	9	MEDICAL
<b>11. The military, CHAMPUS, or the VA [or CHAMP-VA]</b>	1	2	7	9	MILPLAN
<b>12. Indian Health Service, or,</b>	1	2	7	9	INDIANHS
<b>13. Some other source</b>	1	2	7	9	OTHRSRCE

IF NO YES ANSWERS TO HAVEPLAN3 AND HLTHPLAN, SKIP TO PASTPLAN  
GAPPLNT2 (CORE) TYPE II.

**14. In how many of the past 12 months were you without any coverage? F6=none**

\_\_\_\_ (number)

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

IF GAPPLNT2 = NOT APPLICABLE, SKIP TO EQUIP

PASTPLAN (CORE)

HOWLONGC.

**15. 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

**DISABILITY**

EQUIP (CORE) (from BRFS)

YESNO.

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

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

DISANY (CORE)

YESNO.

**17. Are you limited in any way in any activities because of a physical, mental, or emotional problem?**

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

FLUVAC2 (Immunization) Ask all women

YESNO.

**18. During the past 12 months, have you had either a flu shot or the nasal spray flu vaccine?**

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

CHECKUP3 (OWH) Ask all women

HOWLONG.

**19. Some people visit a doctor or a health care provider 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 or a health care provider 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

NOTE: If the response to the above question is "Never" or "Refused", ask the following question with a slight modification: "doctor's or hospital emergency room visit" instead of "routine checkup".

CHKUPDIS NEW (OWH)

YESNO.

**Now I am going to read a list of topics that your doctor or health care provider may have discussed with you during your last routine checkup. Did your doctor or health care provider talk to you about...**

	YES	NO	DK	RF
<b>20. Emotional or mental health needs?</b>	1	2	7	9
<b>21. Your sexual history, such as the number of partners you've had and your sexual practices? (Include pregnancies and birth control)</b>	1	2	7	9
<b>22. Sexually Transmitted Disease? (Include HIV/AIDS)</b>	1	2	7	9
<b>23. Diet, exercise or nutrition?</b>	1	2	7	9
<b>24. Dental or eye care?</b>	1	2	7	9
<b>25. Family history of diseases? (Examples: heart disease or cancer)</b>	1	2	7	9
<b>26. History of physical trauma? (Include domestic violence)</b>	1	2	7	9
<b>27. Use of drugs including tobacco and alcohol?</b>	1	2	7	9
<b>28. Use of seat belts while driving or riding in a car?</b>	1	2	7	9

**SMOKING**

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

SMOKE100 (CORE) Ask all women

YESNO.

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

5 packs = 100 cigarettes

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

SMKEVDA2 (CORE)

EVDAY.

**30. 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:**

AGEB (CORE)

TYPEI.

**31. What is your age?**

- \_\_\_ 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 LIVEBRT2
---

## **PREGNANCY**

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

YESNO.

**32. To your knowledge, are you now pregnant?**

1. Yes (Go to PREG5YR)
2. No
  
7. Don't know / Not sure
9. Refused

TRYPREG (OFF) Ask women <50

YESNO.

**33. 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.

**34. 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

LIVEBRT2 (MCH) Ask all women

TYPEII.

**35. How many children have you ever given birth to, counting only live births?**

\_\_\_ Enter Number

88. None

77. Don't know / Not sure

99. Refused

PROBPREG (STD) Ask all women

YESNO.

**36. In the past, have you ever tried for more than 12 months to get pregnant and weren't successful?**

1. Yes

2. No

7. Don't know / Not sure

9. Refused

**Now I'd like to ask you a few questions about pregnancy and drinking alcohol.**

FASAWARE NW (ADP)

**37. How much would you say you know about the medical diagnosis called Fetal Alcohol Syndrome, sometimes known as FAS. Would you say:**

1. You've never heard of FAS

(Go to FASDNUM)

2. You've heard of FAS

3. You know a little about FAS

4. You know a lot about FAS

7. Don't know / Not sure

9. Refused

FASCURED NEW (ADP)

**38. Can Fetal Alcohol Syndrome be cured?**

1. Yes

2. No

3. Don't know what it is

7. Don't know

9. Refused

FASDNUM NEW (ADP)

**39. How often is it okay for a woman to drink during pregnancy? F6= It's never OK for a woman to drink during pregnancy**

\_\_\_ Enter number of times

\_\_\_ Enter day/week/month

77. Don't know / Not sure

99. Refused

40. DROPPED AFTER PILOT TESTING

CHILD18 (CORE)

TYPEII.

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

\_\_\_ Enter Number of children

00. None

(Go to VITTAKEC)

99. Refused

(Go to VITTAKEC)

CHILD1-CHILD9 (CORE)

TYPEII.

**42. (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 / Not sure

99. Refused

DEMOC1R—DEMOC9R (DSS) (Modified from TANF) CHILDREL.

**43. (If CHILD18=1, ask:) How is the \_\_\_ year old related to you?**

**(If CHILD18 GT 1, ask for each child) And how is the \_\_\_ year old related to you?**

1. Your own child

2. Grandchild

3. Partner's child

4. Brother/Sister

5. Niece/nephew

6. Cousin

7. Unrelated child/Foster child

8. Stepchild

9. Adopted

10. Great Grandchild

77. Don't know

99. Refused

### CHILD CARE

Now I'd like to ask about childcare arrangements and how they may affect your ability to work or participate in education or training activities.

#### CHILDINT NEW (DSS)

**44. Are you one of the people responsible for childcare arrangements?**

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

#### CARERCVD NEW (DSS)

**45. During the past 12 months, have any of your children received child care from someone other than their parent or guardian on a regular basis? Please include care provided before or after school.**

PROBE: Include care whether or not there is a charge or fee, but do not include occasional babysitting or care by the father.

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

#### CAREPBLM NEW (DSS)

**46. During the past 12 months, was child care or lack of child care ever such a problem that you could not take a job or had to stop working, or could not attend education or training activities?**

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

#### CAREWHAT NEW (DSS)

**47. What were the problems you had with child care or lack of child care?**

PROBE: Any other problems? MARK ALL THAT APPLY

1. Cost too much
2. Couldn't find child care for
3. Times you needed
4. too far from work or home
5. Caregiver unavailable
6. Not reliable
7. Worry about child abuse
8. Unsafe environment
9. Child sick or disabled
10. Subsidy payment late
11. Lost provider
12. Other (Specify)
77. Don't Know
99. Refused

## VITAMIN USE

Now, I would like to ask you about your use of vitamins and minerals.

VITTAKEC (MCH) Modified Ask all women

YESNO.

**48. Are you CURRENTLY taking a prenatal or multi-vitamin pill or a pill containing the B vitamin folate or folic acid?** Note: This question is ONLY asking about ANY pill containing folate.

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

VITDAILY (MCH)

YESNO.

**49. Do you take any of these on a daily basis? (prenatal or multi-vitamin or a pill containing the B vitamin folate or folic acid)**

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

SELFWGHT (CPNS)

WEIGHT.

**50. 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

## DEMOGRAPHICS

HISP3 (CORE)

YESNO.

**51. Are you Hispanic or Latina? (This includes Mexican American, Latin American, Puerto Rican or Cuban?)**

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

ORACE3 (CORE)

YES/NO.

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

Please read and mark all that apply.

- |  |                  |
|--|------------------|
| 1. White   | ORACE3_A         |
| 2. Black or African American                               | ORACE3_B         |
| 3. Asian   | ORACE3_C         |
| 4. Native Hawaiian or Other Pacific Islander               | ORACE3_D         |
| 5. American Indian or Alaska Native                        | ORACE3_E         |
| 6. Other [specify] -----> ORACETXT (Recoded, not retained) | ORACE3_F         |
| 7. Don't know / Not sure                                   | (Go to REF_DEMO) |
| 9. Refused   | (Go to REF_DEMO) |

If more than one response to ORACE3, continue. Otherwise, go to ORACE2A

ORACE4 (CORE)

ORACE4.

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

- |  |  |
|--|--|
| 1. White   |  |
| 2. Black or African American                               |  |
| 3. Asian   |  |
| 4. Native Hawaiian or Other Pacific Islander               |  |
| 5. American Indian or Alaska Native                        |  |
| 6. Other [specify] -----> ORACETXT (Recoded, not retained) |  |
| 7. Don't know / Not sure                                   |  |
| 9. Refused   |  |

If ORACE3\_C EQ 1 or ORACE3\_D EQ 1 or ORACE4 EQ 3 or 4, go to ORACE2A;  
Else go to BIRTHPLC

ORACE2A (CORE)

ORACE2A.

**54. 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.

**55. In what country were you born?**

Select From Brand List

14. Other (specify \_\_\_\_\_)

77. Don't know / Not sure

99. Refused

BIRTHTXT

**55.5 OTHER (SPECIFY)**

If BIRTHPLC eq United States go to YEARINCO;  
Else continue

USEENTRY2 (CORE)

TYPEI.

**56. In what year did you come to live in the United States?**

\_\_\_ Enter year

7777. Don't know / Not sure

9999. Refused

YEARINCO (NEW)

**57. Because a household's income has been shown to effect health outcomes, could you please tell me your best estimate of your household's total annual income from all sources before taxes? Remember that your answers are confidential and we never share this information.**

\_\_\_\_\_ Enter amount

77777777. Don't know / Not sure

(Go to INCOM02)

99999999. Refused

(Go to INCOM02)

YRINCVAR (NEW)

**58. I have entered that your annual household income is \$\_\_\_\_\_. Is that correct?**

1. Yes

(Go to INCOMADQ)

2. No

(Re-ask YEARINCO)

7. Don't know / Not sure

9. Refused

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

(not formatted)

**59. Household size. (NUMADULT + CHILD18)**

INCOM02 (CORE)

INCOMEB.

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

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

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

If there is a table value and the table value is LT the "less than" value of the response to INCOM02, go to THRESH03.

THRESH03 (CORE)

YES/NO.

**61. 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

INCOM02	=	1 <10K	2 10-15K	3 15-20K	4 20-25K	5 25-35K	6 35-50K	7 50-75K	8 75-100K	9 100K+
HHSIZE=	1	9,570	12,441	17,705/ 19,140	23,925					
(Household Size)	2		12,830	16,679	23,736	25,660/ 32,075				
	3			16,090	20,917	29,767/ 32,180	40,225			
	4			19,350		25,155	35,798/ 38,700/ 48,375			
	5				22,610	29,393	41,829/ 45,220	56,525		
	6				25,870	33,631	47,860	51,740/ 64,675		
	7					29,130	37,869	53,891/ 58,260/ 72,825		
	8					32,390	42,107	59,922/ 64,780	80,975	
	9						35,650/ 46,345	65,953/ 71,300	89,125	
	10						38,910	50,583/ 71,984	77,820/ 97,275	
	11						42,170	54,821	78,015/ 84,340	105,425
	12						45,430	59,059	84,046/ 90,860	113,575
	13						48,690	63,297	90,077/ 97,380	121,725

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Feb 18, 2005.)

INCOMADQ (CORE)

YESNO.

**62. 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 (DSS, CPNS) Ask all women

TRUEFALB.

**63. 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
2. Sometimes, or
3. Never true
  
7. Don't know / Not sure
9. Refused

AFRDMEAL (DSS, CPNS)

TRUEFALB.

**64. 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 (DSS, CPNS)

YESNO.

**65. 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 ( DSS, CPNS)

HOWLONGG.

**66. 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 ( DSS,CPNS) (Health Status Indicator)

YESNO.

**67. 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 ( DSS,CPNS)

YESNO.

**68. 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, DSS)

YESNO.

**69. 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

ACEHNGR (DSS)

YESNO.

**70. Before the age of 18, were there times when you had to eat less than you needed or did not eat at all because there was not enough money to buy food?**

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

FDSTMAPP (CPNS, DSS)

YESNO.

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

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

FDSTMDEN (CPNS, DSS)

YESNO.

**72. Were you denied food stamps?**

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

**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.**

(DSS, CPNS) (Ask of all women)

YESNO.

	YES	NO	DK	RF	
<b>73. Emergency food banks?</b>	1	2	7	9	FOODBANK
<b>74. Food stamps or the EBT card?</b>	1	2	7	9	FOODSTP2
<b>75. WIC (coupons/vouchers)?</b>	1	2	7	9	FOODWIC2

Ask if FOODSTP2 = 2 and poverty threshold is greater than 250%

WHYNOFS (CPNS, DSS) (Do not ask if poverty threshold clearly over 250%) WHYNOFS.

**76. What is the main reason you are not currently receiving food stamps? (DO NOT READ)**

- 1. Don't need them
- 2. Don't think I'm eligible
- 3. Don't know how to get them
- 4. Too hard to apply
- 5. Don't want government help
- 6. Worried about my citizenship status
- 7. Too embarrassed to use them
- 8. Didn't think about it
- 9. Don't qualify
- 10. Didn't know about them
- 11. In process
- 12. Other (Specify)
- 13. Denied Food Stamps

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

FOODSTLS (CPNS, DSS) Ask if yes to FOODSTP2

TYPEIII.

**77. In an average month, how many days do food stamps last in your household?**

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

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

FOODSHOP NEW (WIC)

**78. How far, in miles, do you usually travel to shop for groceries?** F6=Doesn't shop/Internet shop

\_\_\_\_\_ Enter Number of miles

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

FVCANNED NEW (WIC)

**79. What percent of the fruits and vegetables that you buy are canned?** F6= Doesn't shop/Internet shop

\_\_\_\_\_ Enter Percent

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

MARITAL (CORE)

MARITAL.

**80. Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?**

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

SCHLMEAL NEW (DSS,CPNS) Ask if any CHILD18>0

YESNO.

**81. You previously told us there are children under the age of 18 in you household. In the last 12 months, have any of these children received free or reduced price school meals?**

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

PUBASST3 (DSS)

YESNO.

**Now, I would like to ask you about receiving money from the county for your family on a regular basis. This assistance is sometimes called welfare, AFDC, CalWorks, or TANF.**

**82. Thinking back over the past 12 months, did you ever receive money through one of these programs?**

- 1. Yes
- 2. No (GO TO ACEWLFAR)
  
- 7. Don't know / Not sure (GO TO ACEWLFAR)
- 9. Refused (GO TO ACEWLFAR)

PUBASTN2 (DSS)

YESNO.

**83. Thinking back to the last 30 days, did you receive money through one of these programs?**

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

ACEWLFAR (DSS)

YESNO.

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

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

FOSTCARE (DSS)

YESNO.

**85. Thinking back to your childhood, that is, before your 18<sup>th</sup> birthday, was there ever a time you were removed from your home by the state, county, or court, and went to live with people other than your mother or father?**

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

EDUCA (CORE)

EDUCA.

**86. 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.

**87. 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

NUMPHON3 (CORE)

(not formatted)

**88. How many residential telephone numbers do you have? Do not include 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 |
77. Don't know / Not sure  
99. Refused

### DIETARY QUALITY

**This next question is about the foods you usually eat or drink.**

WHYNOTF2 NEW (CPNS)

WHYNOTTV.

**89. Many people need to eat more fruits and vegetables. What is the one main reason you don't eat more fruits and vegetables? (Do not read responses)**

1. Take too much time to prepare and cook
  2. Don't have them available, lack of access
  3. Not in habit/don't think about it/not used to eating them
  4. Too expensive
  5. Don't like the taste
  6. NOT SURE how to tell if the quality is good/NOT SURE how to select
  7. Lots of fruits and vegetables that I'm NOT SURE how to fix
  8. Medical diet restriction/Weight loss diet restriction
  9. They are messy
  10. Hard to get fruits and vegetables in restaurants or fast food establishments
  11. Hard to get fruits and vegetables at work
  12. I believe I eat enough now
  13. Other (specify): \_\_\_\_\_
77. Don't know  
99. Refused

HEIGHT (CORE)

TYPEIV.

**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)

TYPEIV.

**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

**Next, I would like to ask you about physical activity and weight control.**

EXERMOD2 (CORE)

TYPEIII.

**92. In a usual week, how many days do you do moderate or vigorous activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?**

\_\_\_ Enter number of days

888. None

(Go to BARRPA2)

777. Don't know / Not sure

(Go to BARRPA2)

999. Refused

(Go to BARRPA2)

EXEROFT2 (CORE)

TYPEXIV.

**93. On days when you do moderate or vigorous activities for at least 10 minutes at a time, how much total time do you spend doing these activities?**

\_\_\_ Enter number of hours

\_\_\_ Enter number of minutes

777. Don't know / Not sure

999. Refused

BARRPA2 (CPNS) Ask all women (brand list)

BARRPAB.

**94. What is the main reason that you are not more physically active? Choose one. Do not read.**

1. Already exercise enough/I don't need to
2. Not enough time/too busy
3. Too tired
4. Lazy
5. Don't find exercise enjoyable/boring
6. Lack self-motivation
7. Medical/Health condition/disability
8. Weather
9. Depressed
10. Child care
11. On a program
12. Age
13. Inconvenient
14. Safety concerns
15. Other specify

77. Don't know/Not sure

99. Refused

WORKPHYS (CPNS) Ask if EMPLOY3<=3 YESNO.

**95. Does your employer provide any convenient physical fitness benefits, such as a gym, health club membership, exercise classes, release time for physical activity, sports teams, lockers or showers?** Do not probe a don't know answer. F6=Does not apply

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

WORKNTRN (CPNS) Ask if EMPLOY3<=3 YESNO.

**96. Does your employer provide any convenient nutrition-related benefits, such as nutrition classes, weight loss groups, discounts on healthy food choices in the worksite cafeteria, or labeled healthy dining selections in the worksite cafeteria?** Do not probe a don't know answer. F6=Does not apply a

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

If Yes to any HLTHPLAN, continue; Else go to DIET12M
---

HINSNTRN (CPNS) YESNO.

**97. Does your health insurance coverage include an affordable weight loss program or nutrition counseling?** Do not probe a don't know answer.

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

DIET12M (CPNS) Ask of all respondents YESNO.

**98. Have you intentionally tried to lose weight in the past 12 months?**

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

WTBARRI (CPNS)

WTBARRI.

**99. What is the single biggest barrier to [reaching a healthy weight/keeping your weight at a healthy level]?** (Select one. Do not read).

1. Weight already healthy/Don't have any
2. Inactivity
3. Not able to exercise (ill, disabled)
4. No time to exercise
5. Metabolism/Genetics/Heredity
6. Stress
7. Lazy
8. Lack of discipline/Willpower
9. Food/enjoy eating/ amount of food I eat/ type of food
10. Other (specify)

(Go to WATCHTV)

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

WTFACIL2 (CPNS) (brand list)

WTFACIL.

**100.** If SELFWGHT =1 or 2 ask:

**What is the one change that you feel would best help you reach a healthy weight?** (Select one. Do not read).

If SELFWGHT=3 ask:

**What is the one change that you feel would best help you maintain a healthy weight?** (Select one. Do not read).

1. Nothing would help/heredity/too old
2. Making time for exercise/more time
3. Finding an exercise I like
4. Motivation
5. Eating less
6. Eating different kinds of food
7. Weight loss classes or doctor visits
8. More discipline/ more will power
9. Don't need to/don't worry about it
10. More food
11. Reduce stress
12. Medical help
13. Counseling/weight loss program
14. Money
15. Companionship/family support
16. Other specify

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

WATCHTV (CPNS)

TYPEXIV.

**101. How much time did you spend watching TV yesterday?** F6 = NONE

\_\_\_\_\_ Minutes  
\_\_\_\_\_ Hours

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

### OSTEOPOROSIS

**Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is not the same condition as osteoarthritis, a joint disease.**

OSTEOPRV NEW (COPE)

YESNO.

**102. Have you ever been told by a doctor, nurse, or other health professional how to prevent osteoporosis?**

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

BONEDEN NEW (COPE)

**103. A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test?**

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

OSTEOHAD NEW (COPE)

YESNO.

**104. Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?** Interviewer Notes: Don't include osteopenia, or low bone mass

1. Yes
2. No [Go To OSTEOCAL]
  
7. Don't know / Not sure [Go To OSTEOCAL]
9. Refused [Go To OSTEOCAL]

OSTEORX NEW (COPE)

YESNO.

**105. Are you currently taking prescription medicine for your osteoporosis other than calcium supplements and multivitamins?**

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

OSTEOCAL NEW (COPE)

YESNO.

**106. Are you currently taking calcium supplements, or antacids containing calcium for bone health?**

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

OSTEOPA NEW (COPE)

**107. How often do you do physical activities specifically designed to STRENGTHEN your muscles such as lifting weights, push-ups, or pull-ups? F6= Never**

\_\_\_\_ Enter number of times  
\_\_\_\_ Enter day/week/month

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

OSTEOFOD NEW (COPE)

**108. How often do you eat foods that are high in calcium such as milk, yogurt, cheese, or calcium-fortified food?**

\_\_\_\_ Enter number of times  
\_\_\_\_ Enter day/week/month

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

FALLBR2 (COPE)

YESNO.

**109. In the last 12 months, have you broken a bone as the result of a fall?**

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

WHATBONE (COPE)

WHATBONE.

**110. Which bone was broken? Mark all that apply.**

- 1. Hip or pelvis
- 2. Wrist or forearm
- 3. Other (specify)
- 7. Don't know / Not sure
- 9. Refused

FALLTEST (COPE) Ask if Yes to FALLBR2 and Yes to BONEDEN

YESNO.

**111. Did you have the bone density test because of your fall?**

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

CHKHGHT (COPE) Ask all women :

HOWLONGK.

**112. When was the last time you had your height measured by a nurse, doctor or other healthcare provider? (Would you say in the last year, between one and two years ago, between two and five years ago, or more than five years ago)?**

1. In the last year
2. 1 – 2 years ago
3. Between 2 – 5 years ago
4. More than 5 years ago
5. Never had height checked
  
7. Don't know / don't remember
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 (CDP:EWC; CDC-C, modified lead-in) (Note: ask all women) YESNO.

**113. Have you ever had a mammogram?**

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

HOWLONG2 (CDP:EWC; CDC-C)

HOWLONGB.

**114. 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

WHYDONE (CDP:EWC)

WHYDONE.

**115. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?**

1. Routine checkup
2. Breast problem
3. Had breast cancer
  
7. Don't know/Not sure
9. Refused

If HOWLONG2>1 and HOWLONG2 <=5 and AGE<=40 continue; Else go to HADCBE

WHYNOTDC (CDP:EWC)

WHYNOTDC.

**116. What was the MAIN reason you did not have a mammogram within the past year? Would you say ...**

Read responses

1. I have no insurance that covers a mammogram
2. A doctor or nurse did not recommend that I get a mammogram/or never said it was needed
3. I can't afford to pay for a mammogram or the co-pay or deductible
4. I didn't know that I needed a mammogram
  
88. Other (specify)
77. Don't know / Not sure
99. Refused

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

HADCBE (CDP:EWC) ASK ALL WOMEN

YESNO.

**117. Have you ever had a clinical breast exam?**

1. Yes
2. No (Go to HADPAP2)
  
7. Don't know / Not sure (Go to HADPAP2)
9. Refused (Go to HADPAP2)

WHENCBE (CDP:EWC)

HOWLONGB.

**118. How long has it been since your last clinical 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

WHYCBE2 (CDP:EWC)

WHYDONE.

**119. Was your last clinical breast exam done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?**

1. Routine Checkup
2. Breast problem other than cancer
3. Had breast cancer
  
7. Don't know/Not sure
9. Refused

HADPAP2 (CDP:EWC) Ask all women

YESNO.

**A Pap smear is a test for cancer of the cervix.**

**120. Have you ever had a Pap smear test?**

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

WHENPAP4 (CDP:EWC)

HOWLONGB.

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

(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

If PREGNANT EQ 1 or TRYPREG =1, go to MHOVRWLM; 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

**MENTAL HEALTH ISSUES**

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

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

OFTEN.

**123. 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

MHHELP2 (DSS) (Ask all women)

YESNO.

**124. Now thinking about the last year, in the past 12 months did you ever want help with personal or family problems from a mental health professional or religious or spiritual leader?**

1. Yes
2. No (Go to PHQ1)
7. Don't know/Not sure (Go to PHQ1)
9. Refused (Go to PHQ1)

MHHPWN4 NEW ( DSS)

YESNO.

**125. Did you get the help you needed?**

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

**Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.**

PHQ1 NEW (MCH)

**126. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things? F6=No days**

\_\_\_\_ Enter days (1-14)

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

PHQ2 NEW (MCH)

**127. Over the last 2 weeks, how many days have you felt down, depressed or hopeless? F6=No days**

\_\_\_\_ Enter days (1-14)

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

PHQ3 NEW (MCH)

**128. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much? F6=No days**

\_\_\_\_ Enter days (1-14)

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

PHQ4 NEW (MCH)

**129. Over the last 2 weeks, how many days have you felt tired or had little energy? F6=No days**

\_\_\_\_ Enter days (1-14)

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

PHQ5 NEW (MCH)

**130. Over the last 2 weeks, how many days have you had a poor appetite or ate too much? F6=No days**

\_\_\_\_ Enter days (1-14)

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

PHQ6 NEW (MCH)

**131. Over the last 2 weeks, how many days have you felt bad about yourself - or that you were a failure or had let yourself or your family down? F6=No days**

\_\_\_ Enter days (1-14)

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

PHQ7 NEW (MCH)

**132. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching TV? F6=No days**

\_\_\_ Enter days (1-14)

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

PHQ8 NEW (MCH)

**133. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite -being so fidgety or restless that you were moving around a lot more than usual? F6=No days**

\_\_\_ Enter days (1-14)

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

**ALCOHOL USE**

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

DRNKANY1 (CORE) (All Women)

YESNO.

**134. 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 SEXBHAG2)
- 7. Don't know / Not sure (Go to SEXBHAG2)
- 9. Refused (Go to SEXBHAG2)

DRKALC (CORE)

TYPEII.

**135. 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 SEXBHAG2)
- 777. Don't know / Not sure (Go to SEXBHAG2)
- 999. Refused (Go to SEXBHAG2)

NALCOCC (CORE)

TYPEIII.

**136. 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)

TYPEIII.

**137. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? F6 = NONE**

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

77. Don't know / Not sure

99. Refused

#### ACCESS TO FAMILY PLANNING SERVICES

**Now I'd like to ask you a few questions 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.**

SEXBHAG2 (OFF) Ask all women

TYPEVIII.

**138. How old were you at the time of your first sexual intercourse experience with a man?**

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

555. Never had intercourse

(Go to EMRGBC)

777. Don't know / Not sure

999. Refused question

SEXBHNUM (OFF) Ask if AGE<sub>B</sub>≤50

TYPEVIII.

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

\_\_\_ Enter number

777. Don't know/Not sure

999. Refused Question

## BIRTH CONTROL USE

If HYSTER2=1 or AGE>50, go to EMRGBC; else continue

UNPLANSX NEW (OFF)

**140. Some people have times when they had sexual intercourse without using any birth control methods. In the past 12 months, how often have you had sexual intercourse with a man without using any birth control/contraceptive methods? Would you say...**

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

- |                        |                 |
|------------------------|-----------------|
| 7. Don't know/Not sure | (GO to FPWHEN2) |
| 9. Refused Question    | (GO to FPWHEN2) |
| 8. Refused Module      | (GO to FPWHEN2) |

REAUNPLN NEW(OFF) (Ask if UNPLANSX GE 1)

**141. What was the MAIN reason that you had sexual intercourse without having used any birth control method? (Read only if necessary)**

1. Did not expect to have sex
2. No money for birth control
3. No available transportation to go to clinic/pharmacy
4. No time to get birth control supplies
5. Can't afford to buy birth control supplies
6. Can't get appointment to get birth control supplies
7. Can't get pregnant
8. Partner did not like using any birth control
9. Recently pregnant/postpartum nursing
10. Partner is sterile
11. Pregnancy would be OK/Not worried about pregnancy
12. Trying to get pregnant
13. Forgot to take my pills
14. Thought it was safe time of the month
15. Too tired
16. Don't like using birth control methods
17. Condom broke
18. Forced intercourse/rape
19. Thought partner was using a method
20. Drinking alcohol at the time
21. Using drugs at the time
  
77. Don't Know/Not Sure
99. Refused

**Now I would like to ask you about your access to a health provider for family planning services.**  
FPWHEN2 (OFF) (Ask if HYSTER2 NE 1 and AGE LE 50) HOWLONGD.

**142. 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 EMRGBC)

BCUSE4 (OFF) (Asked if PREGNANT NE1 and TRYPREG NE1) YESNOM.

**143. Are you or your male sex partner currently 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 EMRGBC)
7. Don't know / Not sure (Go to EMRGBC)
9. Refused Question (Go to EMRGBC)
8. Refused Module (Go to EMRGBC)

BCTYPE (OFF) (modified response categories) YESNO.

**144. Which birth control method or methods are you using?** (Read only if necessary) (Select all that apply)  
New instruction: Probe "Any other method?"

- |  |         |
|--|---------|
| 1. Male sterilization /vasectomy                                 | BCTYP_A |
| 2. Female sterilization  | BCTYP_B |
| 3. Norplant/implants   | BCTYP_C |
| 4. Depo-Provera /Injectables/Shots                               | BCTYP_D |
| 5. Birth control pills/oral contraceptive                        | BCTYP_E |
| 6. IUD/coil/loop/IUC/IUS   | 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 |
| 15. Contraceptive Patch (Ortho Evra)                             | BCTYP_P |
| 16. Contraceptive vaginal ring (NuvaRing)                        | BCTYP_Q |
| 17. Emergency contraception (morning after pill, Plan B, Preven) | BCTYP_R |
| 77. Don't know / Not sure  |         |
| 99. Refused Question   |         |
| 88. Refused Module (Go to EMRGBC)                                | BCTYP_O |

BCTYPTXT

**144.5 OTHER (SPECIFY)**

After answering BCTYPE, go to BCPAY

BCWHYNOT (OFP)

BCWHYNOT.

**145. 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

**145.5 Other (SPECIFY)**

EMRGBC (OFP)

YESNO.

**146. 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 WHOSX12M)
  
- 7. Don't know / Not sure (Go to WHOSX12M)
- 9. Refused (Go to WHOSX12M)

EMERGWHT (OFP)

EMERGWHT.

**147. 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

ECWHERE NEW (OFP)

YESNO.

**148. Do you know where she can get emergency contraception if she needed it?**

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

**The next question asks about with whom you have had any kind of sexual activity in the past 12 months.**

WHOSX12M (CORE) (Asked of all women)

WHOSEXB.

**149. 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)
2. Sex only with a man (or with men)
3. Sex with both men and women
4. Did not have sex
  
7. Don't know / Not sure
9. Refused

**This next question is about your sexual orientation and I want to remind you again that your answers are completely confidential.**

SXORIEN2 (CORE)

ORIENT.

**150. Which of the following best describes you? Would you say...**

1. Heterosexual (straight)
2. Gay or Lesbian
3. Bisexual
4. Not sure
  
7. Don't know/not sure
9. Refused

### **SEXUALLY TRANSMITTED DISEASES**

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

STDCHLY3 (STD) Ask all women

YESNOUN.

**151. Do most people who are infected with chlamydia have symptoms? Would you say: yes, no, you don't know, or you don't know what chlamydia is?**

1. Yes
2. No
3. Don't know what chlamydia is
  
7. Don't know / Not sure
9. Refused Question

STDCHLTD (STD)

YESNOUN.

**152. Have you ever been told by your health care provider that you had chlamydia?**

1. Yes
2. No
3. Don't know what chlamydia is (Do Not Read)
  
7. Don't know/Not sure
9. Refused

STDHRPTD (STD) Ask all women

YESNO.

**153. Have you ever been told by your health care provider that you have genital herpes?**

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

**Please tell me if you think the following statement is true or false:**

STDHRPT3 (STD) Ask all women

TRUFALS.

**154. It is possible to get genital herpes from a sex partner when he or she does not have a visible sore.**

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

STDCERV NEW (STD) Ask all women

**155. Which of the following infections causes cervical cancer: Herpes, Chlamydia, Human Papilloma virus (also known as HPV), or Gonorrhea?**

1. Herpes
2. Chlamydia
3. Human Papilloma virus or HPV
4. Gonorrhea
  
7. Don't know/Not sure
9. Refused

STDCHILD NEW (STD) Ask all women

YESNO.

**156. Have you ever talked with your child about the possible health consequences of sexually transmitted diseases? F6=Never had child/Child too young**

1. Yes
2. No
  
7. Don't know/Not sure
8. Not applicable/Never had child
9. Refused

COUNTY1 (CORE)

COUNTYA.

**157. What county do you live in?**

Select From Brand List

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

ZIPCODE (CORE)

TYPEIX.

**158. What is your zip code?**

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

77777 Don't know / Not sure

99999 Refused

**DOMESTIC VIOLENCE** (modified intro)

**The next questions are about relationships with intimate partners. By partner I mean current or former husband, partner, boyfriend or girlfriend. 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.**

DVFEAR (DV) (Asked of ALL Respondents)

YESNODVA.

**159. 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 or former partner in past 12 mos (Go to TSSSXAD)
7. Don't know / Not sure
9. Refused

DVCNTROL (DV) (Asked of ALL Respondents)

YESNODVA.

**160. 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
7. Don't know / Not sure
9. Refused

DVLASTYR (DV)

YESNO.

**In the past 12 months has a partner or former partner:**

	Yes	No	DK/NS	REF	
<b>161. Thrown something at you?</b>	1	2	7	9	DVYRTHRW
<b>162. Pushed, grabbed, shoved or slapped you?</b>	1	2	7	9	DVYRPUSH
<b>163. Kicked, bit or hit you with a fist?</b>	1	2	7	9	DVYRHIT
<b>164. Beaten you up or choked you?</b>	1	2	7	9	DVYRBEAT
<b>165. Forced you to have sex against your will?</b>	1	2	7	9	DVYRSEX
<b>166. Threatened you with a knife or gun or used a knife on you or fired a gun at you?</b>	1	2	7	9	DVYRUSE2
<b>167. Followed you or spied on you?</b>	1	2	7	9	DVYRFLOW

If no Yes answers to 161 through 167 go to TSSSXAD;  
Else, continue.

DVCHLD2 NEW (DV)

YESNO.

**168. For any of these incidents, were your children or partner's children, or any children present or did they overhear any of these incidents? F6=not applicable**

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

DVDRGALC (DV)

SCALEE.

**169. How much were drugs or alcohol involved in any of these incidents? Would you say...**

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

DVSERVIC NEW (DV)

YESNO.

**170. What types of help, if any, did you seek after any of these incidents? INTERVIEWER NOTE: Do Not Read List || F6=Did NOT seek services**

1. Local DV hotline
2. Medical
3. Psychological/ Social Worker
4. Pastoral/ Religious/Spiritual
5. Talked to friend/family
6. Other (specify)
  
77. Don't know/Not sure
99. Refused

### SEXUAL ASSAULT

**I am going to ask you about some stressful experiences you may have had. Please remember that everything you tell me is confidential. If there is a question that you cannot or do not wish to answer, or if you do not feel safe to answer these questions at this time, please tell me and I'll go to the next question.**

TSSSXAD (EPIC)

YESNORF.

**171. After the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? (This includes any type of unwanted sexual activity, not just penetration.)**

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

TSSSXJR (EPIC)

YESNORF.

**172. Has this happened to you in the past 12 months?**

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

TSSSXCH (EPIC)

YESNORF.

**173. Before the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? (This includes any type of unwanted sexual activity, not just penetration.)**

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

Now, I would like to ask you a few questions about how you think about yourself.

### **HAPPINESS**

HAPP1 NEW (DEODC)

**174. What phrase best describes you: Most of the time, I feel...**

1. bored.
2. neither bored nor interested in what I am doing.
3. interested in what I am doing.
4. quite interested in what I am doing.
5. fascinated by what I am doing.
  
7. Don't know / Not sure
9. Refused

HAPP2 NEW (DEODC)

**175. What phrase best describes you: I spend...**

1. all of my time doing things that are unimportant.
2. a lot of time doing things that are neither important nor unimportant.
3. some of my time every day doing things that are important.
4. most of my time every day doing things that are important.
5. practically every moment every day doing things that are important.
  
7. Don't know / Not sure
9. Refused

HAPP3 NEW (DEODC)

**176. What phrase best describes you: I experience...**

1. more pain than pleasure.
2. pain and pleasure in equal measure.
3. more pleasure than pain.
4. much more pleasure than pain.
5. My life is filled with pleasure.
  
7. Don't know / Not sure
9. Refused

HAPP4 NEW (DEODC)

**177. What phrase best describes you: My life is...**

1. bad
2. OK
3. good
4. very good
5. wonderful
  
7. Don't know / Not sure
9. Refused

MEDI\_FU2 (ask if age>=65 and did not say "yes" to MEDICARE) YESNO.

**178. Do you have a social security card with red, white and blue stripes?**

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

CALAGAIN (DSS)

YESNO.

**179. Finally, do you think you would be willing to do a follow-up to this survey some time in the future?**

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

**CLOSING:** That's my last question. We appreciate the time you took to help the State of California develop and expand services and educational programs for women. We know that some of the questions we asked you were very personal, but please remember that your answers will be kept confidential. If you would like to talk with someone about these personal questions you may call RAINN at 1-800-656-HOPE. We hope you feel good about your contribution. Thank you.

SPANINT

SPANINT.

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

1. Spanish
2. English