

## **2007 CALIFORNIA WOMEN'S HEALTH SURVEY**

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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)

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  $\geq 1$  or MENTHLTH  $\geq 1$ ) 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

**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)

YES/NO.

**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)

YES/NO.

(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</b> (including spouse)	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)

- 7. Don't know / Not sure (Go to CHECKUP3)
- 8. None (Go to CHECKUP3)
- 9. Refused (Go to CHECKUP3)

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

CHECKUP3 (STD) Ask all women

HOWLONG.

- 16. Some people visit a doctor or other 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 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

ANTCOLD2 (CMANET) (Asked of all women)

YESNO.

- 17. Antibiotics, such as penicillin, doxycycline, or amoxicillin, are used to treat a variety of medical conditions. Do you believe that a cold or flu should usually be treated with antibiotics?**

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

**DISABILITY**

EQUIP (CORE)

YESNO.

- 18. 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

**19. 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

SMOKING

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

SMOKE100 (CORE) Ask all women

**20. 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)

**21. 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)

**22. What is your age?**

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

If AGE LT 50, go to HPVHEARD  
 If AGE GE 50 and LT 55, go to PREG5YR;  
 If AGE GE 55, go to LIVEBRT2

HPVHEARD NEW (IMMUN STD) *Ask if age 18-49*

**23. A vaccine to prevent some of the most common types of HPV infection is now available and is called the cervical cancer vaccine or HPV vaccine. Before today, have you ever heard of the cervical cancer vaccine or HPV shot? (Prompt: Current vaccine name is Gardasil, possibly in 2007 Cervarix will also be licensed).**

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

HPVVAC NEW (IMMUN STD) *Ask if age 18-26*

**24. The HPV shot is a series of three shots recommended for preteen girls and young women through the age of 26 years. Have you received this vaccine?**

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

HPVNUM NEW (IMMUN STD) *Ask if age 18-26*

**25. How many times did you receive the HPV shot?**

\_\_\_\_ (number)

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

HPVWHYNT NEW (IMMUN) *Ask if age 18-26*

**26. What is the MAIN reason you did not receive HPV shots?**

- 1. Doctor didn't recommend the shot
- 2. Haven't gone to the doctor or Clinic
- 3. I plan to get the vaccine soon
- 4. Expensive/Cost
- 5. Safety concerns regarding vaccines, in general
- 6. Concerns specific to the HPV vaccine
- 7. Don't need vaccine
- 8. Other (specify)
- 77. Don't know
- 99. Refused

## **PREGNANCY**

PREGNANT (CORE) (Asked of those AGE 18-54)

YESNO.

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

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

TRYPREG (OPF) Ask women <55

YESNO.

**28. Are you trying to become pregnant?**

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

**29. 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

**30. 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

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

**31. 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

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

- 1. Yes
- 2. No
- 3. Don't know what it is
  
- 7. Don't know
- 9. Refused

**33. 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

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

\_\_\_ Enter Number of children

- 00. None (Go to VITTAKEC)
- 99. Refused (Go to VITTAKEC)

**35. (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

**36. (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.**

**37. 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)

**38. 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

**39. 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)

**40. 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.

**41. 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)

**42. 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.

**43. 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.

**44. 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)

YESNO.

**45. 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.

**46. 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.

**47. 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.

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

- Select From Brand List
14. Other (specify \_\_\_\_\_)
  
  77. Don't know / Not sure
  99. Refused

BIRTHTXT

**48.5 OTHER (SPECIFY)**

If BIRTHPLC eq United States go to YEARINCO;  
Else continue

USEENTRY2 (CORE)

TYPEI.

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

- \_\_\_ Enter year
7777. Don't know / Not sure
  9999. Refused

2007 CWHS DRAFT

December 5, 2006

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

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

INCOM02 (CORE)

INCOMEB.

**51. 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.

**52 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	2	3	4	5	6	7	8	9
		<10K	10-15K	15-20K	20-25K	25-35K	35-50K	50-75K	75-100K	100K+
HHSIZE=	1	\$9,800	\$12,740	\$18,130/ \$19,600	\$24,500					
(Household Size)	2		\$13,200	\$17,160	\$24,420	\$26,400/ \$33,000				
	3			\$16,600	\$21,580	\$30,710/ \$33,200	\$41,500			
	4				\$20,000	\$26,000	\$37,000/ \$40,000	\$50,000		
	5				\$23,400	\$30,420	\$43,290/ \$46,800	\$58,500		
	6					\$26,800/ \$34,840	\$49,580	\$53,600/ \$67,000		
	7					\$30,200	\$39,260	\$55,870/ \$60,400	\$75,500	
	8					\$33,600	\$43,680	\$62,160/ \$67,200	\$84,000	
	9						\$37,000/ \$48,100	\$68,450/ \$74,000	\$92,500	
	10						\$40,400	\$52,520/ \$74,740	\$80,800	\$101,000
	11						\$43,800	\$56,940	\$81,030/ \$87,600	\$109,500
	12						\$47,200	\$61,360	\$87,320/ \$94,400	\$118,000
	13							\$50,600/ \$65,780	\$93,610	\$101,200/ \$126,500

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Jan 24, 2006.)

YESNO.

**53. 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, WIC) Ask all women

TRUEFALB.

**54. 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, WIC)

TRUEFALB.

**55. 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, WIC)

YESNO.

**56. 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)

**57. 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.

**58. 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.

**59. 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.

**60. 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.

**61. 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

**62. 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)

**63. 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, WIC, CPNS) (Ask of all women)

	YES	NO	DK	RF	
<b>64. Emergency food banks?</b>	1	2	7	9	FOODBANK
<b>65. Food stamps or the EBT card?</b>	1	2	7	9	FOODSTP2
<b>66. 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.

**67. 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

**68. 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 (WIC)

**69. 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

MARITAL (CORE)

MARITAL.

**70. 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 (DSS,CPNS) Ask if any CHILD18>0

YESNO.

**71. 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

PUBASST4 NEW (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, TANF, Refugee Assistance, or General Assistance/GA.**

**72. 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)

**73. 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

**74. 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

**75. 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

**76. 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

**77. 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

RELIGION NEW (CPNS)

**78. How often do you attend religious services?**

Enter days per week, per month, per year

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

NUMPHON3 (CORE)

(not formatted)

**79. 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**

**These next questions are about fruits and vegetables.**

DAILYEAT (CPNS)

TYPEIII.

**80. A serving is about 1/2 cup of vegetables or fruit, 6 ounces of 100% fruit or vegetable juice, a medium piece of fruit, or 1 cup of green salad. About how many servings of fruits and vegetables do you usually eat or drink on an average day?**

\_\_\_ Enter number

777. Don't know / Not sure

999. Refused

DAILYVEG (CPNS)

TYPEIII.

**81. 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 = 1/2 cup of vegetables or fruit, 6 ounces of juice, a piece of fruit, 1 cup of green salad)**

\_\_\_ Enter number

777. Don't know / Not sure

999. Refused

WHYNOTF2 (CPNS)

WHYNOTTV.

**82. 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

**83. 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

**84. 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.**

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

**86. 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

**87. For good health, how many days a week do you think a person SHOULD participate in moderate or vigorous physical activity, exercise, or sports? (F6 for none).**

\_\_\_ Enter number of days

- 88. None (Go to BARRPA2)
- 77. Don't know / Not sure (Go to BARRPA2)
- 99. Refused (Go to BARRPA2)

**88. On these days, for how many minutes do YOU think a person SHOULD be moderately or vigorously active?**

\_\_\_ Enter number of minutes

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

BARRPA2 (CPNS) Ask all women (brand list)

BARRPAB.

**89. 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

DIET12M (CPNS) Ask of all respondents

YESNO.

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

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

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

WTFACIL2 (CPNS) (brand list)

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

WTFACIL.

**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.

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

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

- 77. Don't know/not sure
- 99. 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) YES/NO.

**94. 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.

**95. 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.

**96. 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.

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

Read responses

- 1. You have no insurance that covers a mammogram
- 2. A doctor or nurse did not recommend that you get a mammogram/or never said it was needed
- 3. You can't afford to pay for a mammogram or the co-pay or deductible
- 4. You didn't know that you 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.

**98. 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.

**99. 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.

**100. 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 (OWH) Ask all women

YESNO.

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

**101. 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.

**102. 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 MENSES2; else continue.

HYSTER2 (CORE)

YESNO.

**103. 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

MENSES2 (OWH/EHIB)

**104. How old were you when you had your first menstrual period?**

- \_\_\_ [age in years] (Go to MENOPAUS)
88. Never started menstrual cycle (Go to MENCYCPL)
  77. Don't know / Not sure (Go to MENSPRMT)
  99. Refused (Go to MENCYCPL)

MENSPRMT

**104.5 Were you younger than 12 or were you older than 13?**

1. Younger than 12
2. 12-13
3. Older than 13

MENOPAUS2 (OWH) (Wording Change) ask if Pregnant >=2 and Trypreg >=2

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

1. You are still having periods? (Go to MENCYCPL)
2. You have stopped having periods for medical or surgical reasons?
3. Your periods have become irregular because of menopause?
4. Your periods have stopped because of menopause?
  
77. Don't know/Not sure (Go to MENCYCPL)
99. Refused (Go to MENCYCPL)

**106. If MENOPAU2 EQ 2 or 4, ask: How old were you when you stopped having periods?  
Else if MENOPAU2 EQ 3, ask: How old were you when your periods became irregular?**

\_\_ Enter age in years

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

HRTCURR NEW (OWH)

**107. Are you currently taking hormone replacement supplements or HRT for menopause?  
[IF NEEDED, SAY: "This is a supplement, pill, patch, or treatment that gives women more of the female hormone, estrogen. It is also known as hormone replacement therapy or HRT."]**

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

MENCYCPL NEW (OWH) Ask all women

**108. Have you heard about the use of hormonal contraceptives such as pills, shots or patches to suppress (block) or reduce the number of menstrual cycles? (Examples: Seasonale, Lybrel, Ortho Evra, Depo-Provera)**

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

CYCPLNOW NEW (OWH) Ask if MENOPAU2=1

**109. Are you currently taking or using any of those to suppress menstrual cycles?**

- 1. Yes
- 2. No
  
- 7. Don't know
- 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.**

**110. 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.**

**111. 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)

MHHLPWN2 (DSS) **YESNO.**

**112. 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 (MCH)

**113. 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 (MCH)

**114. 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

**115. 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

**116. 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

**117. 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

**118. 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

**119. 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

**120. 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.

**121. 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.

**122. 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.

**123. 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

DRINKGE4 (CORE)

TYPEIII.

**124. Considering all types of alcoholic beverages, how many times during the past month did you have 4 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 (STD?OFP) Ask all women

TYPEVIII.

**125. 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

**BIRTH CONTROL USE**

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

UNPLANSX (OFP)

**126. 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)

**127. 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.**

**128. 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 CONDOFTN)

BCUSE4 (OFP) (Asked if PREGNANT NE1 and TRYPREG NE1) YES/NO.

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

BCTYPE (OFP) (modified response categories) YES/NO.

**130. 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 CONDOFTN) BCTYP\_O

BCTYPTXT

**130.5 OTHER (SPECIFY)**

After answering BCTYPE, go to CONDOFTN

BCWHYNOT (OFP) BCWHYNOT.

**131. 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

**CONDOM USE**

CONDOFTN NEW (OWH)

**132. In addition to pregnancy prevention, condoms can be used to prevent transmission of sexually transmitted infections (STIs). In the last 12 months, when you had sex with a male sexual partner, how often did he use condoms? Would you say always, more than half the time, half the time, less than half the time, or never?**

- 1. Always (Go to MICROBIC)
- 2. More than half the time
- 3. Half the time
- 4. Less than half the time
- 5. Never
- 6. NO MALE PARTNER (Go to MICROBIC)
  
- 88. NO SEX in the last 12 MONTHS (Go to MICROBIC)
- 77. Don't know
- 99. Refused

NOCOND NEW (OWH)

**133. In the last 12 months, were there times you had sex when you wanted to use a condom but did not, because you were concerned about your husband's or partner's reaction?**

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

MICROBIC NEW (OWH)

**134. Vaginal microbicides are compounds that could be applied inside the vagina to protect against unwanted pregnancies and/or sexually transmitted infections (STIs) including HIV. They could be formulated as gels, creams, films, or suppositories. Right now, an effective microbicide is not available.**

**Once they become available, would you be interested in using a microbicide compound?**

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

YESNO.

**135. 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 (OFF)

EMERGWHT.

**136. 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

ECWHERE2 NEW (OFF)

YESNO.

**137. If she needed to obtain emergency contraception, also known as the "morning-after pill", where would she go to get it?**

1. Doctor's Office/Hospital
2. Pharmacy
3. School Nurse/Clinic
4. Friend
5. Convenience store, similar place
6. Other (specify)
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.

**138. 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.

**139. 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.**

STDCHLYD(STD) (Ask all women)

YESNORF.

**140. Have you ever heard of chlamydia?**

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

CHLYDHRD NEW (STD) (Ask all women)

YESNORF.

**141. What have you heard? Check all that apply.**

1. It is a sexually transmitted disease
2. Young women get it
3. It can cause health problems such as infertility
4. Other (specify)
  
7. Don't know/Not sure
9. Refused Question
  
8. Refused Module (Go to HPVSTD)

CHLYDHIV NEW (STD) (Ask all women)

YESNORF.

**142. Having chlamydia increases a person's risk of becoming infected with HIV or AIDS. Would you say...**

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

**143. Have you been tested for chlamydia during the past 12 months? Would you say: yes, no, or don't know?**

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

HPVSTD NEW (OWH) ask of all women

**Please tell me if you think the following statements true or false?**

**144. Some strains (types) of the human papillomavirus (HPV) are sexually transmitted.**

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

HPVCRVCA NEW (OWH) ask of all women

**145. Some strains (types) of the human papillomavirus (HPV) cause cervical cancer.**

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

SEXBHNUM (STD OFP) (Asked if WHOSX12M =2 or 3)

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

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

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

OTHRPAR3 (STD) (Asked if SEXBHNUM NE 0)

**147. 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 STDADV2)
  
7. Don't know/Not sure (Go to STDADV2)
9. Refused Question (Go to STDADV2)
8. Refused Module (Go to HPV CERV)

**148. 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 (Go to HPV/CERV)

SEXWOTH3 NEW (STD) (Asked if WHOSX12M = 2, 3)

**149. At anytime within the past 12 months, did any of your male partners have sex (of any type) with someone else while they were still in a sexual relationship with you? Would you say. . .**

1. Yes, definitely
2. Not sure, it is possible
3. No, it is very unlikely
  
7. Don't Know/Not Sure
9. Refused

STDADV2 (STD) Ask all women

YESNO.

**150. During the past 12 months, did a doctor or other health care provider talk to you about your personal sexual behavior?**

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

HPV/CERV NEW (STD) Ask all women

YESNO.

**151. Has a doctor, nurse, or other health care provider ever talked to you about the connection between HPV (human papillomavirus) and cervical cancer?**

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

PROBPRES2 NEW (OWH/EHIB)

**152. 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

**153. Have you ever been told by a doctor or other health professional that you have fertility problems not related to age?**

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

COUNTY1 (CORE)

COUNTYA.

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

Select From Brand List

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

ZIPCODE (CORE)

TYPEIX.

**155. 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.

**156. 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.

**157. 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

DVYRFLOW (DV) (Asked of ALL Respondents)

YESNODVA.

**158. In the past 12 months, has a partner or former partner followed you or spied on you?**

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

**The next questions are about physical violence by intimate partners:**

DVLASTYR (DV)

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

	Yes	No	DK/NS	REF	
<b>159. Thrown something at you?</b>	1	2	7	9	DVYRTHRW
<b>160. Pushed, grabbed, shoved or slapped you?</b>	1	2	7	9	DVYRPUSH
<b>161. Kicked, bit or hit you with a fist?</b>	1	2	7	9	DVYRHIT
<b>162. Beaten you up or choked you?</b>	1	2	7	9	DVYRBEAT
<b>163. Forced you to have sex against your will?</b>	1	2	7	9	DVYRSEX
<b>164. 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

If no Yes answers to 159 through 164 go to TSSSXAD;  
 Else, continue.

**You mentioned that your partner (repeat whatever respondent said for 159-164) before beginning question 165.**

DVCHLD3 NEW (DV)

YESNO.

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

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

DVDRGAL2 NEW (DV)

SCALEE.

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

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

DVSERVIC2 NEW (DV)

YESNO.

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

1. Local DV hotline
2. Medical
3. Psychological/ Social Worker/Counseling/Mental Health/Support groups
4. Pastoral/ Religious/Spiritual
5. Talked to friend/family
6. Other (specify)
7. DV Shelter or Services
8. Police /Law Enforcement
9. Legal Services/Restraining order
10. Health Services
  
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.

**168. 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
2. No
  
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to MED\_FUP)

TSSSXJR (EPIC)

YESNORF.

**169. 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 (Go to MED\_FUP)

TSSSXCH (EPIC)

YESNORF.

**170. 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

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

YESNO.

**171. 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.

**172. 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