

2008 CALIFORNIA WOMEN'S HEALTH SURVEY

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Questions about the survey should be directed to:

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INTROQ

HELLO, I'm (interviewer name) calling on behalf of the California Department of Public Health 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 Public Health 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.

**California Women’s Health Survey
2008 Questionnaire
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HEALTH STATUS

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

GENHLTH (CORE)

HEALTH.

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

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

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

PHYSHLTH (CORE)

TYPEVII.

1.2 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.

1.3 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.

1.4 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 CARE 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.

HAVECWHS (CORE)

YES/NO.

2.1 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

HLTHPLCW (CORE)

YES/NO.

(If HAVECWHS = 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 HAVECWHS = 1, ask:)

	Yes	No	DK/NS	RF	
Do you receive health care coverage through:					
2.2 Your employer	1	2	7	9	EMPPLAN
2.3 Someone else's employer (including spouse)	1	2	7	9	OEMPLAN
2.4 A plan that you or someone else buys on your own	1	2	7	9	OWNPLAN
2.5 Medicare	1	2	7	9	MEDICARE
2.6 Medi-Cal (Medicaid)	1	2	7	9	MEDICAL
2.7 The military, CHAMPUS, or the VA [or CHAMP-VA]	1	2	7	9	MILPLAN
2.8 Indian Health Service, or,	1	2	7	9	INDIANHS
2.9 A source other than ones already mentioned	1	2	7	9	OTHRSRCE

IF NO YES ANSWERS TO HAVEPLCW AND HLTHCWHS, SKIP TO PASTPLAN

GAPPLNT2 (CORE)

TYPE II.

2.10 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.

2.11 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 (CORE) Ask all women

HOWLONG.

2.12 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

ALCASK (ADP-NEW)

2.13 Has a doctor or other health professional ever talked with you about alcohol use? If yes, about how long ago was it?

1. Yes, within the past 12 months
2. Yes, within the past 3 years
3. Yes, 3 or more years ago
4. No

7. DK/NS
9. Refused

DENTAL CARE

DENTCHEK (NEW-MCAH)

3.1 Some people visit a dentist for a routine dental checkup, cleaning or examination even though they don't think they have any dental problems. About how long has it been since you last visited a dentist for a routine dental checkup, cleaning or examination? (Read only if necessary)

1. Within the past year (0 years to 1 year) (Go to MAMMAGE)
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

DENTNOT(NEW-MCAH) Ask if DENTCHECK >=2

3.2 What was the main reason why you did not visit a dentist for a routine dental checkup, cleaning or examination in the past year?

_____ Enter text response for first quarter

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

MAMMOGRAM KNOWLEDGE

MAMMAGE (NEW CDS) Ask all women

4.1 In general, at what age do you think a woman should start getting mammograms?

Age _____

Other (specify) _____ (program for text response for example: Never, after first child, etc)

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

MAMMOFTN (NEW CDPS) Ask all women

4.2 In general, how often do you think a woman should have a mammogram after she's had her first mammogram? Interviewer note: Do not read

1. More than once every year
2. Once every year
3. Once every 2 years
4. Once every 3 or more years
5. Never again after the initial mammogram/Once in her lifetime

7. Don't know/not sure
8. Other (specify)
9. Refused

CAREGIVING

CAREGIV3 (NEW-OWH)

YESNO.

5.1 Some people care for or help a family member or friend on a regular basis because of that person's long-term illness or disability. During the past 12 months, did you provide care or help to a family member or friend because of their long-term illness or disability?

1. Yes
2. No (Go to EQUIP)

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

CARENUM (NEW-OWH)

5.2 During the past month, how many people with a long-term condition did you provide care for?

_____ Number of people

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

Now, I am going to ask you about the person/people you are if CARENUM = none change past tense "were" providing care for. If you are if CARENUM = none change past tense "were" taking care of more than one person please discuss the person for whom you spend the most time providing care.

CAREAGE (NEW-OWH)

5.3 How old is if CARENUM = none change past tense "was" the person you are if CARENUM = none change past tense "were" caring for?

_____ Age in years

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

CARESEX (NEW-OWH)

5.4 Is the person you are if CARENUM = none change past tense "were" caring for male or female?

- 1. Male
- 2. Female

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

CAREWHO2 (NEW-OWH)

5.5 How is if CARENUM = none change past tense "was" this person related to you?

- 1. Child
- 2. Spouse/Partner
- 3. Parent or Parent-in-law
- 4. Grandparent or Grandparent-in-law
- 5. Another Relative
- 6. Friend
- 7. Not related (Go to EQUIP)

- 77. Does not know (Go to EQUIP)
- 99. Refused (Go to EQUIP)

CAREPROB (NEW-OWH)

5.6 What is the one main health problem that causes if CARENUM = none change past tense "caused" the person you care if CARENUM = none change past tense "cared" for to need help? Do not read

- 1. Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)
- 2. AIDS/HIV
- 3. Arthritis/rheumatism
- 4. Asthma
- 5. Cancer
- 6. Cerebral Palsy
- 7. Chromosomal anomaly
- 8. Dementia
- 9. Depression
- 10. Down's syndrome
- 11. Anxiety and/or other emotional problem
- 12. Developmental delays
- 13. Diabetes
- 14. Eye/vision problem (blindness)
- 15. Hearing problems (deafness)

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- 16. Heart disease
- 17. Hypertension/high blood pressure
- 18. Lung disease/emphysema
- 19. Multiple Sclerosis
- 20. Muscular Dystrophy
- 21. Osteoporosis
- 22. Parkinson's
- 23. Spinal Cord Injury (SCI)
- 24. Stroke
- 25. Traumatic Brain Injury (TBI)
- 26. Weakness/tiredness
- 27. Other (_____)

- 77. Don't know
- 99. Refused

CAREACTV (NEW-OWH)

5.7 With which activity does if CARENUM = none change past tense "did" your (insert relationship from CAREWHO2) need the most help with?

_____ Record Answer

- 77. Don't know
- 99. Refused

CARELONG (NEW-OWH)

5.8 How long have you been caring if CARENUM = none change past tense "did you care" for your (insert relationship from CAREWHO2) (in terms of days, months, etc.)?

_____ Enter Number
_____ Enter Days, Weeks, Months, Years

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

HAVEPLN4 (NEW-OWH)

YESNO.

5.9. Does if CARENUM = none change past tense "did" your (insert relationship from CAREWHO2) 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

HLTHPLA2 (NEW-OWH)

YESNO.

(If HAVEPLN4 = 2, 7, or 9 ask:)

5.10 What kind of health care coverage does if CARENUM = none change past tense "did" your (insert relationship from CAREWHO2) have?

Use HLTHLIST Brandlist

Specify_____

- 77. Don't know
- 99. Refused

LTCHAVE (NEW-OWH)

5.11 Does if CARENUM = none change past tense "did" your (insert relationship from CAREWHO2) have long-term care insurance?

- 1. Yes
- 2. No

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

CARETIME (NEW-OWH)

5.12 In an average week, how many hours do if CARENUM = none change past tense "did" you provide care for your (insert relationship from CAREWHO2) because of his/her long-term illness or disability?

___ hours per week

- 77. Don't know
- 99. Refused

CAREBURD (NEW-OWH)

5.13 Please tell me what is the biggest difficulty you have had if CARENUM = none change past tense "you had" because of your caregiving.

_____ Record Answer

- 77. Don't know
- 99. Refused

CAREHURT (NEW-OWH)

YESNO.

5.14 In the past 12 months have you gotten an injury by helping your (insert relationship from CAREWHO2)?

- 1. Yes
- 2. No

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

MISSWORK (NEW-OWH)

5.15 In the past 12 months, have you missed any workdays to care for (insert relationship from CAREWHO2)?

- 1. Yes
- 2. No

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

CAREFAR (NEW-OWH)

5.16 How far away do you live from your (insert relationship from CAREWHO2) in minutes or hours?

_____ Minutes
_____ Hours

- 77. Don't know
- 99. Refused

DISABILITY

EQUIP (CORE)

YESNO.

6.1 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.

6.2 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

YESNO.

7.1 Have you smoked at least 100 cigarettes in your entire life?
5 packs = 100 cigarettes

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

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

SMKEVDA2 (CORE)

EVDAY.

7.2 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

HPV

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

AGEBCWHS (CORE)

TYPEI.

8.1 What is your age?

- ___ Enter age in years

- 7. Don't know / Not sure

9. Refused

If AGE LT 27, go to HPVHEAR2
If AGE GE 27 and LT 55, go to PREGNANT;
If AGE GE 55, go to PROBPRE2

HPVHEAR2 (NEW-IMMUN) Ask if age 18-26 (new age cap)

8.2 The human papillomavirus (or HPV) is a common virus; certain types of the virus can cause cervical cancer in women. A vaccine to prevent some of the most common types of HPV infection is now available and is called the cervical cancer vaccine, HPV vaccine, or Gardasil. Before today, have you ever heard of the cervical cancer vaccine or HPV shot? (Prompt: Current vaccine name is Gardasil and Cervarix will be licensed soon).

- 1. Yes
- 2. No

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

HPVVAC2 (NEW-IMMUN) Ask if age 18-26

8.3 The HPV shot is a new vaccine that is recommended for preteen girls and young women who haven't yet received this vaccine in the past. 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 (IMMUN) Ask if age 18-26

8.4 How many times did you receive the HPV shot?

____ (number)

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

HPVWHYNT (IMMUN) Ask if age 18-26

8.5 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. Other (specify)

- 77. Don't know
- 99. Refused

PREGNANCY

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

YESNO.

9.1 To your knowledge, are you now pregnant?

- 1. Yes (Go to PREG5YR)
- 2. No

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

TRYPREG (OFP) Ask women <55

YESNO.

9.2 Are you 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.

9.3 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

PROBPRE2 (OWH/EHIB)

9.4 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

LIVEBRT2 (MCAH) Ask all women

TYPEII.

9.5 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

BFWHER2 (WIC) (Asked of everyone)

YESNO.

9.6 Are you offended when you see a woman breastfeeding in public even if no breast is showing?

- 1. Yes
- 2. No

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

CHILDREN IN HOUSEHOLD

CHILD18 (CORE)

TYPEII.

10.1 How many children under age 18 live in this household?

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___ Enter Number of children

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

CHILD1-CHILD9 (CORE) TYPEII.

**10.2 (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.

**10.3 (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 (DSS) YESNO.

11.1 Are you one of the people responsible for childcare arrangements?

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

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

CARERCVD (DSS) YESNO.

11.2 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.

2008 CWHS Questionnaire

1. Yes
2. No

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

CAREPBLM (DSS)

YESNO.

11.3 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 DIABEVR)

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

CAREWHAT (DSS)

11.4 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

DIABETES

Next I would like to ask you about diabetes, sometimes called sugar diabetes.

DIABEVR NEW (MCAH)

YESNOGES.

12.1 Have you ever been told by a doctor that you have diabetes?

1. Yes
2. No (Go to DIABTEST)
3. Gestational diabetes
(if woman volunteers she had diabetes during pregnancy) (Go to DIABTEST)

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

DIABPREG NEW (MCAH)

YESNO.

12.2 Was this only when you were pregnant?

1. Yes
2. No

2008 CWHS Questionnaire

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

DIABTEST **NEW (MCAH)**

YESNO.

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

- 1. Yes
- 2. No

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

VITAMIN USE

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

VITTAKEC (**MCAH**) Modified Ask all women

YESNO.

13.1 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 (**MCAH**)

YESNO.

13.2 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

DEMOGRAPHICS

SELEWGT (**CPNS**)

WEIGHT.

14.1 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

HISP3 (**CORE**)

YESNO.

14.2 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.

14.3 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.

14.4 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.

14.5 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.

14.6.1 In what country were you born?

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

BIRTHTXT

14.6.2 OTHER (SPECIFY)

If BIRTHPLC eq United States go to YEARINCO;
Else continue

USEENTRY2 (CORE)

TYPEI.

14.7 In what year did you come to live in the United States?

___ Enter year

7777. Don't know / Not sure

9999. Refused

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

14.8 Household size. (NUMADULT + CHILD18)

INCOM02 (CORE)

INCOMEB.

14.9 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

2008 CWHS Questionnaire

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.

14.10 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	\$10,210	\$13,273	\$18,889	\$20,420	\$25,525				
(Household Size)	2		\$13,690	\$17,797		\$25,327/ \$27,380/ \$34,225				
	3			\$17,170	\$22,321	\$31,765/ \$34,340	\$42,925			
	4				\$20,650	\$26,845	\$38,203/ \$41,300	\$51,625		
	5				\$24,130	\$31,369	\$44,641/ \$48,260	\$60,325		
	6					\$27,610	\$35,893	\$51,079/ \$55,220/ \$69,025		
	7					\$31,090	\$40,417	\$57,517/ \$62,180	\$77,725	
	8					\$34,570	\$44,941	\$63,955/ \$69,140	\$86,425	
	9						\$38,050/ \$49,465	\$70,393	\$76,100/ \$95,125	
	10						\$41,530	\$53,989	\$76,831/ \$83,060	\$103,825
	11						\$45,010	\$58,513	\$83,269/ \$90,020	\$112,525
	12						\$48,490	\$63,037	\$89,707/ \$96,980	\$121,225
	13							\$51,970/ \$67,561	\$96,145	\$103,940/ \$129,925

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Jan 24, 2007.)

INCOMADQ (CORE)

YESNO.

14.11 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.

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

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

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

AFRDMEAL (DSS, CPNS)

TRUEFALB.

15.2 I couldn't afford to eat balanced meals. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?

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

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

CUTMEAL (DSS, CPNS)

YESNO.

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

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

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

CUTOFTN (DSS, CPNS)

HOWLONGG.

15.4 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.

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

1. Yes
2. No

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

EVRHNGRY (DSS, CPNS)

YESNO.

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

1. Yes
2. No

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

NOTEAT (DSS)

YESNO.

15.7 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.

15.8 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 (DSS)

YESNO.

15.9 In the last twelve months, have you applied for food stamps benefits?

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

FDSTMDEN (DSS)

YESNO.

15.10 Were you denied food stamps benefits?

- 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	
15.11	Emergency food banks?	1	2	7	9	FOODBANK
15.12	Food Stamp benefits?	1	2	7	9	FOODSTP3 NEW
15.13	WIC (coupons/vouchers)?	1	2	7	9	FOODWIC2

Ask if FOODSTP3 = 2 and poverty threshold is less than 250%

WHYNOFS2 (CPNS, DSS) (Do not ask if poverty threshold clearly over 250%) WHYNOFS.

15.14 What is the main reason you are not currently receiving food stamp benefits? (DO NOT READ)

_____ Enter text response

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

FOODSTLS (DSS) Ask if yes to FOODSTP2

TYPEIII.

15.15 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

MARITAL (CORE)

MARITAL.

15.16 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.

15.17 You previously told us there are children under the age of 18 in your 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.

15.18 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.

15.19 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.

15.20 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

FOSTER CARE

FOSTCARE (DSS)

YESNO.

16.1. Thinking back to your childhood, that is, before your 18th 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

DEMOGRAPHICS CONTINUED

EDUCA2 (CORE)

EDUCA.

17.1 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.

17.2 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)

17.3 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 | |

COUNTY1 (CORE)

COUNTYA.

17.4 What county do you live in?

Select From Brand List

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

ZIPCODE (CORE)

TYPEIX.

17.5 What is your zip code?

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_____ Enter the five digit number

77777. Don't know / Not sure
99999. Refused

DIETARY QUALITY

These next questions are about fruits and vegetables.

DAILYEAT (CPNS)

TYPEIII.

18.1. 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

FTVGMOR2 (NEW CPNS)

18.2 Considering the amount of fruits and vegetables that you eat or drink, do you think you ... [ROTATE ORDER]

1. Eat the right amount
2. Should eat a little more
3. Should eat a lot more
4. Should eat a little less
5. Should eat a lot less

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

BREAKFST (NEW CPNS)

18.3 Over the last month (past 30 days), how many times per month, week, or day did you eat BREAKFAST OR ANY MORNING MEAL?

_____ Enter Number
_____ Enter Month, Week, Day

777. Don't know / Not sure
888. Doesn't eat breakfast
999. Refused

FASTFOOD (NEW CPNS)

18.4 Over the last month (past 30 days), how many times per month, week, or day did you eat FOOD FROM A FAST FOOD RESTAURANT (such as McDonalds, Carl's Jr., Taco Bell, Burger King, KFC, Pizza Hut, or a Food Court)? Include all mealtimes and between meals.

_____ Enter Number
_____ Enter Month, Week, Day

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

HIFBR (NEW CPNS)

18.5 Over the last month (past 30 days), how many times per month, week, or day did you eat A HIGH FIBER CEREAL LIKE RAISIN BRAN OR OATMEAL? Include all mealtimes and between meals.

___ Enter Number
___ Enter Month, Week, Day

777. Don't know / Not sure

999. Refused

SODA (NEW CPNS)

18.6 Over the last month (past 30 days), how many times per month, week, or day did you drink at least one 8-oz. glass of REGULAR SODA, FRUIT DRINKS, OR OTHER SWEET BEVERAGES like Kool-Aid, lemonade, Hi-C, cranberry juice drink, energy drinks and sports drinks. Include beverages you drank at all mealtimes and between meals but do not include diet drinks.

___ Enter Number
___ Enter Month, Week, Day

777. Don't know / Not sure

999. Refused

FISH CONSUMPTION

FISHHLTH (NEW -OWH-EHIB)

YESNO.

19.1 Have you heard or seen information about how eating fish might be good for your health?

1. Yes

2. No

7. Don't Know/Not Sure

9. Refused

FISHWARN (OWH-EHIB) From 2005

YESNO.

19.2 Are you aware of any public health warnings about eating fish for women of childbearing age?

1. Yes

2. No

7. Don't Know/Not Sure

9. Refused

BODY SIZE

HEIGHT (CORE)

TYPEIV.

20.1 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.

20.2 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.

NOWWGHT (NEW CPNS)

20.3 Are you currently trying to lose weight, keep off weight you have lost, stay the same weight, gain weight, or not do anything about your weight?

- 1. Lose weight
- 2. Keep off weight you have lost
- 3. Stay the same weight
- 4. Gain weight
- 5. Not doing anything to control weight in any way

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

DIET12M (CPNS) Ask of all respondents

YESNO.

20.4 Have you intentionally tried to lose weight in the past 12 months?

- 1. Yes
- 2. No

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

HOWLOSE (NEW-CPNS)

20.5 People use many strategies to lose weight and to keep the weight they have lost off. What is the strategy you think is most effective in helping people to successfully lose weight or keep off the weight they have lost

_____ Enter text response

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

SCALE (NEW CPNS)

20.6 Over the last month (past 30 days), how many times per month, week, or day did you WEIGH YOURSELF? (F6= Never/Not applicable)

___ Enter Number
___ Enter Month, Week, Day

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

CALORIES (NEW CPNS)

20.7 Over the last month (past 30 days), how many times per month, week, or day did you keep a FOOD DIARY, a CALORIE DIARY, or a "POINTS" DIARY of the foods you ate? (F6= Never/Not applicable)

- ___ Enter Number
- ___ Enter Month, Week, Day

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

WATCHTV3 (CPNS 2004-2007, modified 2008) (NEW CPNS)

20.8 Thinking about your free time on MONDAY THROUGH FRIDAY, on a typical day, about how many hours do you usually WATCH TV?

- ___ Hours
- ___ More than zero, less than 1 hour
- ___ Doesn't have TV (Go to WORKNTR2)

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

WATCHTV4 (NEW CPNS)

20.9 Now, thinking about a typical SATURDAY AND SUNDAY, about how many hours per day do you usually WATCH TV?

- ___ Hours
- ___ More than zero, less than 1 hour

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

WORKNTR2 Ask if EMPLOY3=1-3 (NEW CPNS) YES/NO.
(CPNS – 2002-2006, DROPPED 2007, Modified examples 2008)

20.10 Does your employer provide any nutrition-related benefits, such as nutrition classes, fruit and vegetable snacks, healthy foods during meetings, healthy foods in vending machines, and discounts on healthy food choices in the worksite cafeteria?

- 1. Yes
- 2. No (GO TO EXERMOD2)
- 7. Don't know/Not sure (GO TO EXERMOD2)
- 9. Refused (GO TO EXERMOD2)

WRKNUSE (Ask if WORKNTR2=1.) (NEW CPNS)

20.11 In the last 12 months, did you use any of these nutrition-related benefits?

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

EXERCISE

EXERMOD2 (CORE)

TYPEIII.

21.1 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 EXBMODAL)
- 777. Don't know / Not sure (Go to EXBMODAL)
- 999. Refused (Go to EXBMODAL)

EXEROFT2 (CORE)

TYPEXIV.

21.2 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

EXBMODAL (NEW-CPNS) (Ask if NOWWGHT=1)

21.3 To lose weight, 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 (Go to EXBMODMB)
- 88. None (Go to WORKPHY2)
- 77. Don't know / Not sure (Go to WORKPHY2)
- 99. Refused (Go to WORKPHY2)

EXBMODAK (NEW-CPNS) (Ask if NOWWGHT=2)

21.4 To keep off weight you have lost, 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 (Go to EXBMODMB)
- 88. None (Go to WORKPHY2)
- 77. Don't know / Not sure (Go to WORKPHY2)
- 99. Refused (Go to WORKPHY2)

IF NOWWGHT = 3, 4 or 5, 7, or 9 ASK EXBMODAB

EXBMODAB (CPNS)

TYPEIII.

21.5 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 WORKPHY2)
- 77. Don't know / Not sure (Go to WORKPHY2)
- 99. Refused (Go to WORKPHY2)

EXBMODMB (NEW-CPNS – modified for 2008) Ask all Women

21.7 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

WORKPHY2 (NEW CPNS – modified for 2008) (Ask if EMPLOY3=1-3) YESNO.

21.8 Does your employer provide any physical fitness benefits, such as exercise classes, release time for physical activity, walking clubs, stairwell promotions, or discount health club memberships?

1. Yes

2. No (Go to HADMAM)

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

9. Refused (Go to HADMAM)

WORKPUSE (NEW CPNS) (Ask if WORKPHY2=1)

21.9 In the last 12 months, did you use any of these physical fitness benefits?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

BREAST and CERVICAL CANCER SCREENING

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

HADMAM (CDS; CDC-C, modified lead-in) (Note: ask all women) YESNO.

22.1 Have you ever had a mammogram?

1. Yes

2. No (Go to WHYNOTDB)

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

9. Refused (Go to HADCBE)

HOWLONG2 (CDS)

HOWLONGB.

22.2 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 (CDS)

WHYDONE.

22.3 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 AGEBCWHS>=40 continue; Else go to HADCBE

WHYNOTDB (CDS)

22.4 What was the MAIN reason you did not have a mammogram within the past year?

1. Doctor never said it was needed
2. I had no reason to have a mammogram
3. Cost
4. No insurance to pay for it
5. Too painful

8. Other (specify)
7. Don't know / Not sure
9. Refused

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

HADCBE (CDS) Ask all women

YESNO.

22.5 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 (CDS)

HOWLONGB.

22.6 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 (CDS)

WHYDONE.

22.7 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 (CDS) Ask all women

YESNO.

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

22.8 Have you ever had a Pap smear test?

1. Yes
2. No (Go to MENSES2)
7. Don't know / Not sure (Go to MENSES2)
9. Refused (Go to MENSES2)

WHENPAP4 (CDS)

HOWLONGB.

22.9 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

MENSES

MENSES2 (OWH/EHIB)

23.1 How old were you when you had your first menstrual period?

___ [age in years]

88. Never started menstrual cycle
77. Don't know / Not sure
99. Refused

HYSTER2 (CORE)

YESNO.

23.2 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.

24.1 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.

24.2 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)

MHHLWCWHS (DSS) YESNO.

24.3 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 (MCAH)

24.4 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 (MCAH)

24.5 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

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PHQ3 (MCAH)

24.6 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 (MCAH)

24.7 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 (MCAH)

24.8 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 (MCAH)

24.9 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 (MCAH)

24.10 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 (MCAH)

24.11 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.

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

DRKALC (CORE)

TYPEII.

25.2 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 RXDRUGS)
- 777. Don't know / Not sure (Go to RXDRUGS)
- 999. Refused (Go to RXDRUGS)

NALCOCC (CORE)

TYPEIII.

25.3 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.

25.4 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

DRINKNUM (NEW-CORE)

TYPE VII.

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

___ Enter Number of drinks (verify if GT 15)

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

PRESCRIPTION DRUG USE

Now we have some questions about drugs that people are supposed to take only if they have a prescription from a doctor. The answers that people give us about their use of prescription drugs are important to this study's success. We know that this information is personal, but remember your answers will be kept confidential.

RXDRUGS (ADP-NEW)

26.1 How many different prescription drugs do you take each day?

___ Enter Number of drugs

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

The next question is about use of painkillers (such as Vicodin, Tylenol with codeine, or OxyContin), tranquilizers (such as Valium or other anti-anxiety drugs), sedatives (such as sleeping pills), or stimulants (including drugs for losing weight, staying awake, or attention deficit disorders). We are not interested in your use of "over-the-counter" drugs that can be bought in drug store without a doctor's prescription. We are only interested in your use of a drug if: the drug was not prescribed for you, or you took the drug only for the experience or feeling it caused.

RXMISUSE (ADP-NEW)

26.2 During the past 12 months, have you ever, even once, used a painkiller, tranquilizer, sedative, or stimulant that was not prescribed for you or that you took only for the experience or feeling that it caused?

- 1. Yes
- 2. No

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

BIRTH CONTROL USE

If HYSTER2=1 or AGE>50, go to EMRGBC2; else continue

Now I'd like to ask you a few questions involving previous or current use of contraception

BCTALK (NEW-OF) Ask all women

27.1 Who initiates/initiated discussions about birth control? Would you say ... F6= doesn't use birth control

- 1. You
- 2. Your current/most recent partner
- 3. Shared
- 4. No sex yet (GO to EMRGBC2)
- 5. Non-birth control users (GO to BCWHYNOT)

- 77. Don't know
- 99. Refused

BCCHOOSE (NEW-OFB)

27.2 Who chooses/chose the type of birth control? Would you say ...

- 1. You
- 2. Your current/most recent partner
- 3. Shared

- 77. Don't know
- 99. Refused

BCPAY3 (NEW-OFB)

27.3 Who pays/paid for birth control? Would you say ...

- 1. You
- 2. Your current/most recent partner
- 3. Shared
- 4. Health Insurance
- 5. Family PACT
- 6. Medi-Cal
- 7. Other (SPECIFY)

- 77. Don't know
- 99. Refused

BCUTIL (NEW-OFB)

27.4 Who makes/made sure that birth control is/was used? Would you say ...

- 1. You
- 2. Your current/most recent partner
- 3. Shared

- 77. Don't know
- 99. Refused

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

27.5 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 EMRGBC2)
- 7. Don't know / Not sure (Go to EMRGBC2)
- 9. Refused Question (Go to EMRGBC2)
- 8. Refused Module (Go to EMRGBC2)

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

27.6.1 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

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- | | | |
|-----|--|-------------------------|
| 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 |
| 18. | Lactational Amenorrhea Method | BCTYP_S (new) |
| 77. | Don't know / Not sure | |
| 99. | Refused Question | |
| 88. | Refused Module | (Go to EMRGBC2) BCTYP_O |

BCTYPTXT

27.6.2 Other (SPECIFY)

After answering BCTYPE, go to EMRGBC2

BCWHYNOT (OFP)

BCWHYNOT.

27.7.1 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

27.7.2 Other (SPECIFY)

EMRGBC2 (NEW OFP)

YESNO.

27.8 (if age >50) I would now like to ask you a few questions about emergency contraception. To the best of your knowledge, if a woman has unprotected sex is there anything she can do in the five 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 WOHSX12M)

EMERGWHT (OFP)

EMERGWHT.

27.9 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 (OFP)

YESNO.

27.10 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

SEXUAL ACTIVITY

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.

28.1 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.

28.2 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

SEXBHNUM (OFF, SRG) (Asked if WHOSX12M =2 or 3)

TYPEVIII.

28.3 How many male sexual partners have you had in the last 12 months?

___ Enter number

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

INFERTILITY

INFERTI3 NEW (OWH/EHIB)

29.1 Have you ever been told by a doctor or other health professional that you have a fertility problem?

1. Yes
2. No

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

INFRTAGE (NEW-OWH/EHIB) (Ask if INFERTI3 =1)

29.2 How old were you when you were told this?

___ Enter age in years

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

DOMESTIC VIOLENCE

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.

30.1 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)

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

DVCNTROL (DV)

YESNODVA.

30.2 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)

YESNODVA.

30.3 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)

YESNO.

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

	Yes	No	DK/NS	REF	
30.4 Thrown something at you?	1	2	7	9	DVYRTHRW
30.5 Pushed, grabbed, shoved or slapped you?	1	2	7	9	DVYRPUSH
30.6 Kicked, bit or hit you with a fist?	1	2	7	9	DVYRHIT
30.7 Beaten you up or choked you?	1	2	7	9	DVYRBEAT
30.8 Forced you to have sex against your will?	1	2	7	9	DVYRSEX
30.9 Threatened you with a knife or gun, or used a knife on you or fired a gun at you?	1	2	7	9	DVYRUSE2

If no Yes answers to 30.4 through 30.9 go to TSSSXAD;
Else, continue.

You mentioned that your partner (repeat whatever respondent said for 30.4-309) before DVCHLD4.

DVCHLD4 NEW (EPIC)

YESNO.

30.10 The last time this happened, were any children present or did they overhear the incident?

F6=not applicable

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

DVDRINK NEW (EPIC)

SCALEE.

30.11 The last time this happened, did the person who did this to you appear to have been drinking? [IF NEEDED, SAY: "By drinking, I mean drinking alcohol."]

1. Yes
2. No

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

DVDRUG NEW (EPIC)

30.12 The last time this happened, did the person who did this to you appear to have been using drugs, such as cocaine, methamphetamines or other drugs?

1. Yes
2. No

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

DVRELATN NEW (EPIC)

30.13 The last time this happened, what was that person's relationship to you? [INTEVIEWER NOTE: Do not read]

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former boyfriend
8. Former girlfriend
9. Female first date
10. Male first date
11. Male live-in partner
12. Female live-in partner
13. Former male live-in partner
14. Former female live-in partner
15. Other
77. Don't know/Not sure
99. Refused

If any yes answers to 30.1 through 30.9 continue;
Else go to TSSSXAD

DVSERV11 (NEW-DV)

30.14 What types of help, if any, did you get after any of those incidents? Do Not Read List

F6=Did NOT seek services

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

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- 8. Health services
- 9. Other (specify)

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

DVPRTR1 (NEW-DV)

YESNO.

30.15 AFTER that happened did [response from DVRELATN] get services or treatment?

- 1. Yes
- 2. No (Go to DVPRTR2)

- 7. Don't know / Not sure (Go to DVPRTR2)
- 9. Refused (Go to DVPRTR2)

DVSEVI2 (NEW-DV) Ask if DVPRTR1=1

30.16 What types of services or treatment? INTERVIEWER NOTE: Select all that apply, prompt with "any other services?"

- 1. Alcohol/Drug/Rehab treatment (Rehab; Outpatient Treatment; 12 STEP; drug counseling)
- 2. Mental Health (Therapist, Psychiatrist, Psychologist)
- 3. Batterers Intervention Program (e.g., anger management or 8, 26, or 52 week program)
- 4. Pastoral/ Religious/Spiritual
- 5. Court ordered program
- 6. Talked to friend/family
- 7. Health Services/Medical Doctor/Clinic
- 8. Couples therapy/counseling
- 9. Other (specify)

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

DVPRTR2 (NEW-DV)

YESNO.

30.17 At anytime before that happened was your partner or former partner ever in jail or prison?

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

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

DVPRTR3 **NEW-DV**) Ask if DVPRTR2=1

30.18 Was he or she released from jail or prison more than 12 months ago?

1. Yes
2. No

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

31.1 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_FU2)

TSSSXJR **EPIC**

YESNORF.

31.2 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_FU2)

TSSSXCH **EPIC**

YESNORF.

31.3 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 **CORE** ask if age>=65 and did not say "yes" to MEDICARE) YESNO.

31.4 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)

YES/NO.

31.5 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

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