

## **2009 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, ovarian cancer, vitamin use, personal relationships, sexually transmitted diseases, public assistance, disability, mental health, race, 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  
2009 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  $\geq 1$  or MENTHLTH  $\geq 1$ )

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:)

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

ALCASK.

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

If CHECKUP3=8, go to FOLICHER  
Else, continue

PRECARE (NEW-MCAH)

**During your most recent routine checkup, did a doctor, nurse, or other health care provider talk to you about the following topics?**

|                               | Yes | No | DK | RF |
|-------------------------------|-----|----|----|----|
| <b>2.14 Smoking</b>           | 1   | 2  | 7  | 9  |
| <b>2.15 Diet or exercise</b>  | 1   | 2  | 7  | 9  |
| <b>2.16 Dental care</b>       | 1   | 2  | 7  | 9  |
| <b>2.17 Taking folic acid</b> | 1   | 2  | 7  | 9  |

**CHRONIC DISEASE**

DXEVER (NEW OWH)

YESNO.

**3.1 Have you ever been diagnosed with any of the following?**

Read list and check all that apply

|                     | Yes | No | DK | RF |
|---------------------|-----|----|----|----|
| Cancer              | 1   | 2  | 7  | 9  |
| Heart Disease       | 1   | 2  | 7  | 9  |
| High Blood Pressure | 1   | 2  | 7  | 9  |
| High Cholesterol    | 1   | 2  | 7  | 9  |

**FOLIC ACID**

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

FOLICHER (MCAH – from 2000) Ask all women

YESNO.

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

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

FOLICLRN (MCAH) New response category

**4.2 Where did you learn about folic acid? (Mark all that apply)**

- 1. Magazine or newspaper article FOLICL\_A
- 2. Radio FOLICL\_B
- 3. Television FOLICL\_C
- 4. Physician \OB-GYN\GP\FP FOLICL\_D
- 5. Books FOLICL\_E
- 6. Brochures \Literature at health care provider's office FOLICL\_F
- 7. Friend \Relative \Co-worker FOLICL\_G
- 8. School \College FOLICL\_H
- 9. Label \Back of vitamin bottle FOLICL\_I
- 10. Nutrition Classes other than in school or college FOLICL\_J
- 11. Nurse \Nurse practitioner FOLICL\_K
- 12. Nursing School FOLICL\_L
- 13. Media FOLICL\_M
- 14. Other (specify) FOLICL\_N
- 15. Website FOLICL\_O \*NEW
- 77. Don't know \ Not sure
- 99. Refused

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

VITTAKEC (MCAH) Ask all women

YESNO.

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

VITDAILY (MCAH)

YESNO.

**4.4 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

## DENTAL CARE

DENTCHEK (MCAH)

HOWLONG.

**5.1 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(MCAH) Ask if DENTCHEK >=2

**5.2 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 (CDS) Ask all women

TYPE IV.

**6.1 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 (CDPS) Ask all women

OFTENE.

**6.2 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

**DISABILITY**

EQUIP (CORE)

YESNO.

**7.1 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.

**7.2 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.

**8.1 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.

**8.2 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.

**9.1 What is your age?**

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

|  |
|--|
| If AGE LE 60, continue<br>Else, go to PREGNANT |
|--|

HPVHEAR2 (IMMUN) Ask if age LE 60 (NOTE: new age cap) YES/NO.

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

HPVVAC3 (NEW IMMUN)

**9.3 Have you ever had the HPV vaccination?**

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

HPVNUM2 (NEW IMMUN)

TYPE II.

**9.4 How many HPV shots did you receive?**

- \_\_\_\_ (number) (Go to PREGNANT)
  
- 77. Don't know / Not sure (Go to PREGNANT)
- 99. Refused (Go to PREGNANT)

HPVWHYNT2 (IMMUN) (NEW)

HPVWHYNT.

**9.5 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)

YES/NO.

**10.1 To your knowledge, are you now pregnant?**

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

TRYPREG2 (OFF) Ask women <50 (Note new age cap)

YESNO.

**10.2 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.

**10.3 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

LIVEBRT2 (MCAH) Ask all women

TYPEII.

**10.4 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

PREGPLAN (NEW-MCAH) Ask if <45 and PREGNANT <>1

YESNO.

**10.5 During your most recent routine checkup, did a doctor, nurse, or other health care provider talk to you about whether or not you want to become pregnant in the future?**

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

**CHILDREN IN HOUSEHOLD**

CHILD18 (CORE)

TYPEII.

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

\_\_\_ Enter Number of children

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

CHILD1-CHILD9 (CORE)

TYPEII.

**11.2 (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.

**11.3 (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.

**12.1 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.

**12.2 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.

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

CAREPBLM (DSS)

YESNO.

**12.3 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)

YESNO.

**12.4 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 CAREWH\_A
- 2. Couldn't find child care for times you needed CAREWH\_B
- 3. Too far from work or home CAREWH\_C
- 4. Caregiver unavailable/Not reliable CAREWH\_D
- 5. Worry about child abuse/Unsafe environment CAREWH\_E
- 6. Child sick or disabled CAREWH\_F
- 7. Subsidy payment late/Lost provider CAREWH\_G
- 8. Other (Specify) CAREWH\_H
  
- 77. Don't Know
- 99. Refused

**DIABETES**

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

DIABEVR (MCAH)

YESNOGES.

**13.1 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 (MCAH)

YESNO.

**13.2 Was this only when you were pregnant?**

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

DIABTEST (MCAH)

YESNO.

**13.3 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

**DEMOGRAPHICS**

SELPWGHT (NETWORK)

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)

YESNO.

**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

USENTRY2 (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

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  |      | \$10400 /<br>\$13,520 | \$19,240 | \$20,800 | \$26,000               |                       |                                    |                       |                         |
| (Household<br>Size) | 2  |      | \$14,000              | \$18,200 |          | \$25,900/<br>\$28,000/ | \$35,000/             |                                    |                       |                         |
|                     | 3  |      |                       | \$17,600 | \$22,880 | \$32,560/              | \$35,200<br>\$44,000  |                                    |                       |                         |
|                     | 4  |      |                       |          | \$21,200 | \$27,560               | \$39,220/<br>\$42,400 | \$53,000                           |                       |                         |
|                     | 5  |      |                       |          | \$24,800 | \$32,240               | \$45,880/<br>\$49,600 | \$62,000                           |                       |                         |
|                     | 6  |      |                       |          |          | \$28,400               | \$36,920              | \$52,540/<br>\$56,800/<br>\$71,000 |                       |                         |
|                     | 7  |      |                       |          |          | \$32,000               | \$41,600              | \$59,200/<br>\$64,000              | \$80,000              |                         |
|                     | 8  |      |                       |          |          |                        | \$35,600<br>\$46,280  | \$65,860/<br>\$71,200              | \$89,000              |                         |
|                     | 9  |      |                       |          |          |                        | \$39,200/             | \$50,960<br>\$72,520               | \$78,400/<br>\$98,000 |                         |
|                     | 10 |      |                       |          |          |                        | \$42,800              | \$55,640                           | \$79,180/<br>\$85,600 | \$107,000               |
|                     | 11 |      |                       |          |          |                        | \$46,400              | \$60,320                           | \$85,840/<br>\$92,800 | \$116,000               |
|                     | 12 |      |                       |          |          |                        |                       | \$50,000/<br>\$65,000              | \$92,500              | \$100,000/<br>\$125,000 |
|                     | 13 |      |                       |          |          |                        |                       | \$53,600/<br>\$69,680              | \$99,160              | \$107,200/<br>\$134,000 |

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Jan 24, 2008.)

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, NETWORK) 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, NETWORK)

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, NETWORK)

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, NETWORK)

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,NETWORK) (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,NETWORK)

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, NETWORK) (Ask of all women)

YESNO.

|              |                                | YES | NO | DK | RF |              |
|--------------|--------------------------------|-----|----|----|----|--------------|
| <b>15.11</b> | <b>Emergency food banks?</b>   | 1   | 2  | 7  | 9  | FOODBANK     |
| <b>15.12</b> | <b>Food Stamp benefits?</b>    | 1   | 2  | 7  | 9  | FOODSTP3 NEW |
| <b>15.13</b> | <b>WIC (coupons/vouchers)?</b> | 1   | 2  | 7  | 9  | FOODWIC2     |

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

WHYNOFS2 (NETWORK, 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)**

- 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. Denied food stamps
- 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,NETWORK) Ask if any CHILD18>0

YESNO.

**15.17 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.**

**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 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

**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)

TYPE II.

**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?**

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

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

**ACCULTURATION SCALE** (Previously asked in 2005)

If HISP3=1, continue  
Else, go to DAILYEAT

LANGSPK NEW (CORE)

LANGBET.

**18.1 In general, what language do you read and speak? Would you say ...**

- 1. Only Spanish
- 2. Spanish better than English
- 3. Both equally
- 4. Better English than Spanish
- 5. Only English
- 7. Don't know
- 9. Refused

LANGCHLD NEW (CORE)

LANGMORE.

**18.2 What was the language(s) you used as a child? Would you say ...**

- 1. Only Spanish
- 2. More Spanish than English
- 3. Both equally
- 4. More English than Spanish
- 5. Only English
- 7. Don't know
- 9. Refused

LANGHOME NEW (CORE)

LANGMORE.

**18.3 What language(s) do you usually speak at home?**

1. Only Spanish
2. More Spanish than English
3. Both equally
4. More English than Spanish
5. Only English
  
7. Don't know
9. Refused

LANGTHNK NEW (CORE)

LANGMORE.

**18.4 In which language(s) do you usually think?**

1. Only Spanish
2. More Spanish than English
3. Both equally
4. More English than Spanish
5. Only English
  
7. Don't know
9. Refused

LANGFRND NEW (CORE)

LANGMORE.

**18.5 What language(s) do you usually speak with your friends?**

1. Only Spanish
2. More Spanish than English
3. Both equally
4. More English than Spanish
5. Only English
  
7. Don't know
9. Refused

**DIETARY QUALITY**

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

DAILYEAT (NETWORK)

TYPEIII.

**19.1. 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 (NETWORK)

FTVGMOR.

**19.2 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

BREAKFAST (NETWORK)

XIX.

**19.3 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 (NETWORK)

XIX.

**19.4 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 (NETWORK)

XIX

**19.5 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 (NETWORK)

XIX

**19.6 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

**BODY SIZE & WEIGHT**

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 (NETWORK)

NOWWGHT.

**21.3 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 (NETWORK) Ask of all respondents

YESNO.

**21.4 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 (NETWORK)

**21.5 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 response from Brandlist (HOWLOSE)

77. Don't know / Not sure

99. Refused

SCALE (NETWORK)

XIX.

**21.6 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 (NETWORK)

XIX.

**21.7 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 (NETWORK 2004-2007, modified 2008)

WATCHTV.

**21.8 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 (NETWORK)

WATCHTV.

**21.9 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 (NETWORK)

YESNO.

(NETWORK – 2002-2006, DROPPED 2007, Modified examples 2008)

**21.10 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. ) (NETWORK)

YES/NO.

**21.11 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

I would now like to ask you about physical activity and weight control

**EXERCISE**

EXERMOD2 (CORE)

TYPE III.

**22.1 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)

TYPE XIV.

**22.2 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 (NETWORK) (Ask if NOWWGHT=1)

TYPE III.

**22.3 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 (NETWORK) (Ask if NOWWGHT=2)

TYPE III.

**22.4 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 (NETWORK)

TYPE III.

**22.5 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 (NETWORK – modified for 2008)

Ask all Women

TYPE III.

**22.6 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 (NETWORK – modified for 2008) (Ask if EMPLOY3=1-3)

YESNO.

**22.7 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 (NETWORK) (Ask if WORKPHY2=1)

YESNO.

**22.8 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 more 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.

**23.1 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.

**23.2 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.

**23.3 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)

WHYNOTDB.

**23.4 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.

**23.5 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.

**23.6 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.

**23.7 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.**

**23.8 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)

WHENPAP5 (NEW CDS)

HOWLONGB.

**23.9 How long has it been since you had your last Pap 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

PAPINFO2 (NEW COCAP) Asked in 2004

YESNO.

**23.10 At the time of your last regular female check-up, did your doctor or other health care provider give you written information such as a pamphlet or flier, on gynecologic cancers: those include cancers of the cervix, uterus, ovaries or vulva?**

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

HYSTER2 (CORE) Ask all women

YESNO.

**23.11 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

MENOPAU2 (OWH) (Wording Change) ask if PREGNANT >=2 and TRYPREG2 >=2

**23.12 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 MHOVRWLM)
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 MHOVRWLM)
99. Refused (Go to MHOVRWLM)

MENOWHEN (OWH)

TYPE I

**23.13 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 (OWH)

**23.14 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

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

MHHLCWHS (DSS) YESNO.

**24.3 Did you get the help you needed?**

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

SUPPORT (NEW- MCAH) YESNO.

**24.4 Do you have someone you can turn to if you need someone to comfort or listen to you?**

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

**ALCOHOL USE**

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

DRNKANY1 (CORE) (All Women)

YESNO.

**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)

MANYV.

**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 (CORE)

TYPE III.

**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)

TYPE III.

**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)

YESNO.

**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**

BCTALK2 (NEW OFP) Ask if AGEBCWHS <50 Note: Added category

BCTALK.

**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)
- 6. We never talk about it (NEW)
  
- 77. Don't know
- 99. Refused

BCCHOOSE (OFP)

PARTNER.

**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 (OFP)

BCPAY.

**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 (OFP)

PARTNER.

**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 (OFP) (Asked if PREGNANT NE1 and TRYPREG2 NE1)

YESNOM.

**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 (OFP) (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                 |
| 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 (OFF) Ask all respondents

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

EMERGWHT (OFF)

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 (OFF)

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

## REPRODUCTIVE HEALTH & STERILIZATION

DENBCDOC (NEW OWH)

YESNO.

**28.1 Has your health care professional ever denied you access to reproductive care because of his or her  
religious beliefs?**

1. Yes
2. No
3. Never asked for care
7. Don't know / Not sure
9. Refused

DENBCHOS (NEW OWH)

YESNO.

**28.2 Have you ever been denied access to reproductive care from a hospital due to their religious beliefs?**

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

DOCRECTL (NEW OWH)

YESNO.

**28.3 Has your doctor ever recommended that you should have a tubal ligation or be sterilized rather than use other birth control methods?**

1. Yes
2. No
  
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 if BCTALK2<>4)

WHOSEXB.

**29.1 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.

**29.2 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 (OFP, STD) (Asked if WHOSX12M =2 or 3.and BCTALK2<>4) TYPEVIII.

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

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

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

**29.4 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
- 777. Don't know / Not sure
- 999. Refused question

**SEXUAL HEALTH**

STDKID2 (new wording and responses) (STD) NEW instruction: Ask of all women

GRADE.

**30.1 What do you think is the earliest grade level where children should be taught in school about the role of condoms in preventing sexually transmitted diseases, including HIV?**

- 1. Elementary school
- 2. 6<sup>th</sup> grade
- 3. 7<sup>th</sup> grade
- 4. 8<sup>th</sup> grade
- 5. High school
- 6. Should not be taught at any grade
  
- 77. Don't know / Not sure
- 99. Refused

OTHRPAR3 (Ask if BCTALK2<>4)

**30.2 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 month, did you have a new male sex partner?**

- 1. Yes
- 2. No
  
- 77. Don't know / Not sure
- 99. Refused
- 88. Refused Module

(Go to OCPERISK)

**Now I'm going to ask you some questions about your sexual health. When I say "sex" or "sexual intercourse", I'm referring to vaginal, anal, or oral sex. Remember, your answers are confidential and you don't have to answer any question you don't want to.**

SXWOTSL2 (STD) Ask if AGEBCWHS<50.and.BCTALK2<>4)

**30.3 Thinking of your sexual partners in the past 12 months, did you have sex with anyone while you were still in a sexual relationship with someone else? Would you say...**

- 1. Yes, definitely
- 2. Not sure
- 3. No, it is very unlikely

- 88. Refused Module
- 99. Refused

(Go to OCPERISK)

SEXWOTRE (STD) New instruction: Ask if WHOSX12M= 2 or 3.and. BCTALK2<>4 CERTAIN.

**30.4 At any time 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
3. No, it is very unlikely

88. Refused Module (Go to OCPERISK)  
99. Refused

CONDOM3 (STD) Ask if AGE<50.and WHOSX12M= 2 or 3.and. BCTALK2<>4

YESNO.

**30.5 Did you or your most recent sexual partner use a condom the LAST time you had sexual intercourse?**

1. Yes
2. No
3. Refused Module

(Go to OCPERISK)

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

SEXBADVC (STD) NEW instruction: Ask of all women

YESNOD.

**30.6 If you saw a doctor or other health care professional in the last 12 months, did that person ask you about your sexual behavior? Would you say:**

1. Yes
2. No
3. Didn't see doctor/health care professional

4. Refused Module (Go to OCPERISK)  
77. Don't know / Not sure  
99. Refused

CHLMTST4 (STD) NEW instruction: Ask of all women

YESNOB.

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

1. Yes
2. No
3. Don't know what chlamydia is

4. Refused Module (Go to OCPERISK)  
77. Don't know / Not sure  
99. Refused

**OVARIAN CANCER**

**Now I would like to ask you a few questions about ovarian cancer,**

OCPERISK (NEW COCAP)

**31.1 What are the chances you will develop ovarian cancer some day? Would you say: High, Medium, Low, or None?**

1. High
2. Medium
3. Low
4. None
5. Not applicable
  
7. Don't know / Not sure
9. Refused

OCAVRISK (NEW COCAP)

**31.2 What are the chances that an average woman your age will develop ovarian cancer some day? Would you say: High, Medium, Low, or None?**

1. High
2. Medium
3. Low
4. None
5. Not applicable
  
7. Don't know / Not sure
9. Refused

OCRSKFAC (NEW COCAP)

**31.3 There are some things that may put a woman at higher risk for ovarian cancer - can you name any one of these? INTERVIEWER DOES NOT READ LIST**

1. Hormone Replacement Therapy
2. Family history of ovarian cancer or other cancer, including breast, uterus, colon or rectum in a mother, daughter or sister/genetics
3. Previous breast, ovarian, uterus, colon or rectum cancer diagnosis
4. Never given birth to children
5. Hormones (too much estrogen)
6. Family history of specific genetic changes associated with breast or ovarian cancer
7. Age over 55/Age
88. Other (specify)
  
77. Don't know / Not sure
99. Refused

OCFAMDX (NEW COCAP)

**31.4 Are there cases of ovarian cancer in your family?**

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

OCRELDX (NEW COCAP)

**31.5 How many relatives, including mother, sisters, and daughters have been diagnosed with ovarian cancer?**

Note: We need an instruction about being related by blood/genetics

\_\_\_ Enter Number of relatives

88. None

77. Don't know / Not sure

99. Refused

OCERLTRT (NEW COCAP)

**31.6 Please tell me how strongly you agree or disagree with the following statement. Ovarian cancer can be cured if found early (Stage I). Do you ...**

1. Strongly agree

2. Somewhat agree

3. Somewhat disagree

4. Strongly disagree

7. Don't know / Not sure

9. Refused

WHATPAPB (NEW COCAP)

YESNO.

**31.7 Which of the following can be detected with a Pap smear? Would you say Ovarian Cancer, Cervical Cancer, or Sexually Transmitted Diseases? Mark all that apply**

1. Ovarian Cancer

WHATP\_A

2. Cervical Cancer

WHATP\_B

3. STD's

WHATP\_C

4. None

WHATP\_D

5. Other (specify)

WHATP\_E

7. Don't know / Not sure

9. Refused

OCSYMP (NEW COCAP)

YESNO.

**31.8 Symptoms suggestive of ovarian cancer include which of the following?**

Please respond YES/NO to each item

1. Pelvic/abdominal pain

2. Headache

3. Increased abdominal size/bloating

4. Urinary frequency/urgency

5. Feeling full/difficulty eating

7. Don't know / Not sure

9. Refused

**RACE**

**These next questions are about events that may happen to you in your day-to-day life. The questions ask about situations where you were treated unfairly.**

DISCEVER (NEW OWH) Ask all women

YES/NO.

**32.1 Have you ever experienced discrimination because of your race or ethnicity?**

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

**The following questions are going to ask about how you are treated and how you typically respond**

DISCACT (NEW OWH)

**32.2 If you feel you have been treated unfairly, do you usually accept it as a fact of life or try to do something about it?**

- 1. Accept it as a fact of life
- 2. Try to do something about it
  
- 7. Don't know / Not sure
- 9. Refused

DISCTALK (NEW OWH)

**32.3 If you have been treated unfairly, do you usually talk to other people about it or keep it to yourself?**

- 1. Talk to other people about it
- 2. Keep it to yourself
  
- 7. Don't know / Not sure
- 9. Refused

**The next few questions ask you about your thoughts and feelings concerning racial discrimination. Many people feel they have been discriminated against because of their race or ethnicity. I want you to think about how you have been affected by racial discrimination.**

DISCWACH (NEW OWH)

**32.4 When you go shopping, you are followed or watched by clerks. Would you say...**

- 1. Never
- 2. Rarely
- 3. Sometimes
- 4. Fairly Often
- 5. Very Often
  
- 7. Don't Know
- 9. Refused

DISCDENY (NEW OWH)

**32.5 You have been denied hospitalization or medical care because of your race, ethnicity, or color. Would you say...**

1. Never
2. Rarely
3. Sometimes
4. Fairly Often
5. Very Often
  
7. Don't Know
9. Refused

DISCCARE (NEW OWH)

**32.6 Did you ever feel you did not get the best care because of your race, ethnicity, or color? Would you say...**

1. Never
2. Rarely
3. Sometimes
4. Fairly Often
5. Very Often
  
7. Don't Know
9. Refused

**In answering the questions in this section, tell me to what degree each emotion best describes how you feel when you experience racism. Would you say...**

EXPANGER (NEW OWH)

**32.7 Angry**

1. Not at all
2. Moderately
3. Extremely
  
7. Don't Know
9. Refused

EXPPOWER (NEW OWH)

**32.8 Powerless**

1. Not at all
2. Moderately
3. Extremely
  
7. Don't Know
9. Refused

EXPSTRES (NEW OWH)

**32.9 Stressed**

1. Not at all
2. Moderately
3. Extremely
  
7. Don't Know
9. Refused

EXPOVRAL (NEW OWH)

**32.10 Overall, has racism significantly affected your life on a personal level? Would you say...**

1. Not at all
2. A little bit
3. A medium amount
4. A lot
  
7. Don't Know
9. Refused

**These questions ask you to think about experiences that some people have as they go about their daily lives. Think only about the past year. Please consider how often you usually have this experience.**

EXPSERV (NEW OWH)

**32.11 Being ignored, overlooked, not given service. Would you say...**

1. Never happened
2. One time
3. A few times
4. About once a month
5. A few times a month
6. Once a week or more
  
7. Don't Know
9. Refused

EXPPHYS (NEW OWH)

**32.12 Within the past 12 months on average, how often have you experienced any physical symptoms, for example as headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? Would you say...**

1. Never
2. No more than once a year
3. At least once a month
4. At least once a week
5. At least once a day
6. At least once an hour
7. Constantly
  
77. Don't know/ Not sure
99. 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.

**33.1 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 months (Go to TSSSYR2)
- 7. Don't know / Not sure
- 9. Refused

DVCNTROL (DV)

YESNODVA.

**33.2 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.

**33.3 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 |          |
|---|-----|----|-------|-----|----------|
| <b>33.4 Thrown something at you?</b>  | 1   | 2  | 7     | 9   | DVYRTHRW |
| <b>33.5 Pushed, grabbed, shoved or slapped you?</b>   | 1   | 2  | 7     | 9   | DVYRPUSH |
| <b>33.6 Kicked, bit or hit you with a fist?</b>   | 1   | 2  | 7     | 9   | DVYRHIT  |
| <b>33.7 Beaten you up or choked you?</b>  | 1   | 2  | 7     | 9   | DVYRBEAT |
| <b>33.8 Forced you to have sex against your will?</b>   | 1   | 2  | 7     | 9   | DVYRSEX  |
| <b>33.9 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 33.4 through 33.9 go to TSSSX2YR2;

Else, continue.

DVSERV11 (DV)

YES/NO.

**33.10 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  | DVSERV11_A |
| 2.  | DV Shelter or Services  | DVSERV11_B |
| 3.  | Psychological/Social Worker/Counseling/Mental Health/Support groups | DVSERV11_C |
| 4.  | Pastoral/Religious/Spiritual  | DVSERV11_D |
| 5.  | Talked to friend/family   | DVSERV11_E |
| 6.  | Police/Law Enforcement  | DVSERV11_F |
| 7.  | Legal Services/Restraining order                                    | DVSERV11_G |
| 8.  | Health services   | DVSERV11_H |
| 9.  | Other (specify)   | DVSERV11_I |
| 77. | Don't know / Not sure   |            |
| 99. | Refused   |            |

**You mentioned that your partner (repeat whatever respondent said for 32.4-32.9) before DVCHLD4.**

DVCHLD4 (EPIC)

YES/NO.

**33.11 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

DVRELATN (EPIC)

DVRELATN.

**33.12 The last time this happened, what was that person's relationship to you?** [INTERVIEWER 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

**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.

TSSSXJR2 (NEW EPIC)

**34.1 In the past 12 months, has anyone ever forced 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 (Go to MEDI\_FU2)
- 7. Don't know / Not sure (Go to MEDI\_FU2)
- 9. Refused (Go to MEDI\_FU2)

TSSSRELA (NEW EPIC)

**34.2 The last time this happened during the past 12 months, what was that person's relationship to you?**

Interviewer note: Do not read

- 1. Current or former husband or wife
- 2. Former or current male live-in partner
- 3. Former or current female live-in partner
- 4. Former or current boyfriend
- 5. Former or current girlfriend
- 6. Male date
- 7. Female date
- 8. Relative
- 9. Someone else they knew
- 10. Stranger
- 11. Other
- 77. Don't know / Not sure
- 99. Refused

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

**35.12 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.

**35.13 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.

SPANIN2

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

2. Spanish
3. English
4. Cantonese
5. Mandarin

SPANINB.

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