

2010 CALIFORNIA WOMEN'S HEALTH SURVEY

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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, mammogram knowledge, folic acid, food security, food consumption, exercise, body size and weight, alcohol and tobacco use, gynecological cancer information, sexual activity, public assistance, disability, mental health, homelessness and race.

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.

TABLE OF CONTENTS

HEALTH STATUS5

HEALTH CARE ACCESS6

FOLIC ACID.....8

MAMMOGRAM KNOWLEDGE9

DISABILITY9

SMOKING10

PREGNANCY10

CHILDREN IN HOUSEHOLD11

DEMOGRAPHICS12

FOOD ADEQUACY16

DEMOGRAPHICS CONTINUED19

ACCULTURATION SCALE (PREVIOUSLY ASKED IN 2005).....20

DIETARY QUALITY.....21

BODY SIZE & WEIGHT22

EXERCISE25

BREAST AND CERVICAL CANCER SCREENING26

GYNECOLOGICAL CANCER INFORMATION PROGRAM MODULE.....28

MENTAL HEALTH ISSUES33

ALCOHOL USE34

BIRTH CONTROL USE35

SEXUAL ACTIVITY38

HOMELESSNESS39

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
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
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
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:)

2.2 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	
2.3 Your employer	1	2	7	9	EMPPLAN
2.4 Someone else's employer (including spouse)	1	2	7	9	OEMPLAN
2.5 A plan that you or someone else buys on your own	1	2	7	9	OWNPLAN
2.6 Medicare	1	2	7	9	MEDICARE
2.7 Medi-Cal (Medicaid)	1	2	7	9	MEDICAL
2.8 The military, CHAMPUS, or the VA [or CHAMP-VA]	1	2	7	9	MILPLAN
2.9 Indian Health Service, or,	1	2	7	9	INDIANHS
2.10 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.

2.11 In how many of the past 12 months were you without any coverage?

_____ (number)

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

PASTPLAN (CORE)

HOWLONGC.

2.12 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

CHECKUP4 (CORE) (New Response Categories) Ask all women

HOWLONG.

2.13 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 this past year (0 years to 1 year)
2. Last year (more than 1 year ago but less than 2 years ago)
3. Two years ago (more than 2 years ago but less than 3 years ago)
4. Three years ago (more than 3 years ago but less than 4 years ago)
5. Four years ago (more than 4 years ago but less than 5 years ago)
6. Five or more years ago
7. Other (please specify)

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

If CHECKUP3=8, go to FOLICHER
Else, continue

PRECARE (MCAH)

2.14 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	
Smoking	1	2	7	9	PRECARE1
Diet or exercise	1	2	7	9	PRECARE2
Dental care	1	2	7	9	PRECARE3
Taking folic acid	1	2	7	9	PRECARE4
Alcohol use	1	2	7	9	PRECARE5

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.

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

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

FOLICLRN (MCAH) New response category

3.2 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.

VITTIMES (MCAH) Ask all women (NEW) YESNO.

3.3 During the past month, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- 1. Did not take a multivitamin, prenatal vitamin or folic acid vitamin at all
- 2. 1 to 3 times a week
- 3. 4 to 6 times a week
- 4. Every day of the week
- 7. Don't know / Not sure
- 9. Refused

MAMMOGRAM KNOWLEDGE

MAMMAGE (CDS) Ask all women

TYPE IV.

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 (CDS) Ask all women

OFTENE.

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
6. Other (specify)

7. Don't know/ Not sure

9. Refused

DISABILITY

EQUIP (CORE)

YESNO.

5.1 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.

5.2 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 YES/NO.

6.1 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.

6.2 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

PREGNANCY

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

AGEBCWHS (CORE) TYPEI.

7.1 What is your age?

___ Enter age in years

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

PREGNAN2 (CORE)(OFP?) (Asked of those AGE 18-54)

7.2 Which of the following statements best describes your pregnancy plans? Would you say...

1. You are currently pregnant
2. You are currently trying to become pregnant
3. You are not currently trying to get pregnant but planning to get pregnant in the next year or so
4. You are not planning a pregnancy in the next year or so, but you plan to get pregnant at some time in the future
5. You do not plan to get pregnant ever
6. You cannot get pregnant
7. Don't know / Not sure

9. Refused

PREG5YR (CORE) Asked of those AGE 18-54 YESNO.

7.3 Have you been pregnant in the past five years?

If PREGNAN2=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

PREGPLAN (MCAH) Ask if <45 and PREGNAN2 <>1 YESNO.

7.4 During your most recent routine checkup, did a doctor, nurse, or other health care provider talk with 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.

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

___ Enter Number of children

99. Refused (Go to SELFWGHT)

CHILD1-CHILD9 (CORE) Ask if CHILD18 >= 1 TYPEII.

8.2 (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 (3.0 suffix), two 5 year-olds (5.1=younger 5 year old, 5.2=older 5 year old) and one 13 year old (13.0 suffix)}

___ AGE OF CHILD/CHILDREN

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

DEMOGRAPHICS

SELFWGHT (NETWORK)

WEIGHT.

9.1 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.

9.2 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.

9.3 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.

9.4 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; Otherwise go to BIRTHPLC

ORACE2A (CORE)

ORACE2A.

9.5 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.

9.6 In what country were you born?

Select From Brand List

14. Other (specify _____)

77. Don't know / Not sure

99. Refused

BIRTHTXT

9.6.1 OTHER (SPECIFY)

If BIRTHPLC eq United States go to INCOM02;
Else continue

USEENTRY2 (CORE)

TYPEI.

9.7 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)

9.8 Household size. (NUMADULT + CHILD18)

INCOM02 (CORE)

INCOMEB.

9.9 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.

9.10 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

NEED NEW NUMBERS

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

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

INCOMADQ (CORE)

YESNO.

9.11 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 (NETWORK) Ask all women

TRUEFALB.

10.1 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 (NETWORK)

TRUEFALB.

10.2 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 (NETWORK)

YESNO.

10.3 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 (NETWORK)

HOWLONGG.

10.4 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 (NETWORK) (Health Status Indicator)

YESNO.

10.5 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 (NETWORK)

YESNO.

10.6 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

FOODASST (NETWORK) Ask of all women

YESNO.

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

	YES	NO	DK	RF	
Emergency food banks?	1	2	7	9	FOODBANK
Food Stamp benefits?	1	2	7	9	FOODSTP3
WIC (coupons/vouchers)?	1	2	7	9	FOODWIC2

WHYNOFS2 (NETWORK) Ask if FOODSTP3 = 2 and poverty threshold is less than 250% WHYNOFS.
10.08 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

MARITAL (CORE)

MARITAL.

10.09 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 (NETWORK) Ask if any CHILD18>0

YESNO.

10.10 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

DEMOGRAPHICS CONTINUED

EDUCA2 (CORE)

EDUCA.

11.1 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.

11.2 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.

11.3 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.

11.4 What county do you live in?

Select From Brand List

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

ZIPCODE (CORE)

TYPEIX.

11.5 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 (CORE)

LANGBET.

12.1 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 (CORE)

LANGMORE.

12.2 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 (CORE)

LANGMORE.

12.3 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 (CORE)

LANGMORE.

12.4 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 (CORE)

LANGMORE.

12.5 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.

13.1. 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.

13.2 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.

13.3 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.

13.4 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

SODA (NETWORK)

XIX

13.5 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.

14.1 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.

14.2 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

NOWWGHT (NETWORK)

NOWWGHT.

14.3 Next, I would like to ask you about physical activity and weight control. 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 do anything about your weight

7. Don't know / Not sure

9. Refused

DIET12M (NETWORK) Ask of all respondents

YESNO.

14.4 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)

14.5 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

CALORIES (NETWORK)

XIX.

14.6 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?

_____ Enter Number

_____ Enter Month, Week, Day

777. Don't know / Not sure

999. Refused

WATCHTV3 (NETWORK 2004-2007, modified 2008)

WATCHTV.

14.7 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.

14.8 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)

14.9 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)

YESNO.

14.10 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

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

EXERMOD2 (CORE)

TYPEIII.

15.1 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

- 0. None (Go to EXBMODMB)
- 777. Don't know / Not sure (Go to EXBMODMB)
- 999. Refused (Go to EXBMODMB)

EXEROFT2 (CORE)

TYPEXIV.

15.2 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

EXBMODMB (NETWORK – modified for 2008)

TYPE III.

15.3 How many minutes a week 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.

15.4 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.

15.5 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) YES/NO.

16.1 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.

16.2 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.

16.3 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.

16.4 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.

16.5 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.

16.6 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.

16.7 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.

16.8 A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear test?

- 1. Yes
- 2. No (Go to GYNECOL1)
- 7. Don't know / Not sure (Go to GYNECOL1)
- 9. Refused (Go to GYNECOL1)

WHENPAP5 (NEW CDS)

HOWLONGB.

16.9 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

Gynecological Cancer Information Program Module

Women's cancers are cancers of a woman's reproductive organs. The most common types of these women's cancers are cervical cancer, uterine cancer and ovarian cancer.

GYNECOL1 (OWH) (NEW)

17.1 Which types of these women's cancers have you ever heard about? (Do not read responses and please check all that apply)

1. Cervical Cancer
 2. Uterine Cancer
 3. Ovarian Cancer
 4. All of the above
 5. Other (please specify)
-
77. Don't know/ Not sure
 99. Refused to answer

Lots of information is available on these women's cancers. You can learn about these women's cancers: your personal risk and risk factors; ways of finding these cancers early; signs and symptoms of these cancers, ways to protect yourself from these cancers; and different treatments for these cancers.

GYNECOL2 (OWH) (NEW)

17.2. What information would you like to learn about these women's cancers? (Please check all that apply) (Do not read responses)

1. Different types of women's cancers
 2. My personal risk/risk factors
 3. Ways of finding women's cancers early (Screening tests)
 4. Signs or symptoms
 5. Ways I can protect myself
 6. Different treatments
 7. Other (please specify)
 8. Not interested in learning more about women's cancers
-
77. Don't know/ Not sure
 99. Refused to answer

GYNECOL3 (OWH) (NEW) If response to GYNECOL2 =8, then ask:

17.3. Why are you not interested in learning more about these types of women's cancers? (Please check all that apply) (Do not read responses)

1. No reason, just never thought about it
 2. I am just not interested
 3. I don't think women's cancers are that important
 4. My lifestyle choices make me safe
 5. It is fate anyway if I get cancer
 6. I haven't had any female problems so am not worried
 7. There are many other more important health concerns to think about
 8. No one in my family has ever had this type of cancer
 9. Other (please specify)
-
77. Don't know/ Not sure
 99. Refused to answer

In some of the following questions, we use the term doctor - - this refers to your doctor or other health care provider that delivers your personal health care.

A routine well woman exam is a visit with a doctor for the purpose of assessing and maintaining your overall health - not for treating a specific illness or medical complaint. The well-woman exam typically includes a medical history, physical exam including a breast exam, preventive health screenings, contraceptive counseling, menopausal care, and health education and counseling to reduce your risk for disease and promote your overall health and wellness.

GYNECOL4 (OWH) (NEW)

17.4. In what year did you last go to your doctor for a routine well woman exam? (Read responses)

1. Within this past year (0 years to 1 year)
 2. Last year (more than 1 year ago but less than 2 years ago)
 3. Two years ago (more than 2 years ago but less than 3 years ago)
 4. Three years ago (more than 3 years ago but less than 4 years ago)
 5. Four years ago (more than 4 years ago but less than 5 years ago)
 6. Five or more years ago
 7. Other (please specify)
77. Don't know/Not sure
88. Never
99. Refused to answer

A well woman exam may also include a pelvic exam and/or a Pap test. A pelvic exam is when a doctor examines your female organs internally and uses a speculum to look inside your vagina. A Pap test is when a doctor takes a scraping of tissue from the cervix inside the vagina and sends it to a laboratory.

GYNECOL5 (OWH) (NEW)

17.5. In what year did you last go to your doctor for a well woman exam which included a pelvic exam or a Pap test? (Read responses)

1. Within this past year (0 years to 1 year)
 2. Last year (more than 1 year ago but less than 2 years ago)
 3. Two years ago (more than 2 years ago but less than 3 years ago)
 4. Three years ago (more than 3 years ago but less than 4 years ago)
 5. Four years ago (more than 4 years ago but less than 5 years ago)
 6. Five or more years ago
 7. Other (please specify)
78. Don't know/Not sure
88. Never
99. Refused to answer

GYNECOL6 (OWH) (NEW) If response to GYNECOL5 = 5, 6, 7, 8 or 9 then ask:

17.6. What was the one most important reason why you did not have a female “well-woman” exam or female check-up which included a pelvic exam or Pap test within the past three years? (Do not read responses)

1. My doctor didn't tell me I needed it
 2. My doctor said I didn't need it
 3. I didn't know I needed it
 4. I don't think it is important
 5. I don't have a doctor
 6. I have never had any female health problems
 7. My lifestyle choices make me safe from cancer
 8. Female check-ups are too embarrassing
 9. It is too painful and unpleasant
 10. I am afraid they may find something wrong
 11. It is fate if I get cancer anyway
 12. I don't have time to go to the doctor
 13. My insurance doesn't cover it
 14. I can't afford to pay for it
 15. Other (Please specify)
77. Don't know / Not sure
99. Refused

GYNECOL7 (OWH) (NEW) If response to GYNECOL4 <> 88 and GYNECOL5 <>88 then ask:

17.7. When you had your last “well woman” exam or female check-up, did your doctor talk with you about these types of women’s cancers: cervical, uterine, and ovarian?

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

GYNECOL8 (OWH) (NEW) If response to GYNECOL4 <> 88 and GYNECOL5 <>88 then ask:

17.8. When you had your last “well woman” exam or female check-up, did your doctor talk with you about the Pap test or HPV (Human Papillomavirus)?

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

GYNECOL9 (OWH) (NEW)

17.9. Have you ever asked your doctor any questions about these types of women’s cancers: cervical, uterine, and ovarian?

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

GYNECOL10 (OWH) (NEW) If response to GYNECOL9=2, then ask

17.10. Please tell us why you did not ask your doctor any questions about these women's cancers? (Check all that apply) (Do not read responses)

1. I didn't have any questions about these women's cancers
 2. I didn't know which questions to ask about these women's cancers
 3. I didn't feel comfortable talking with my doctor about reproductive health issues
 4. My doctor doesn't seem to understand or care about my questions or concerns
 5. My doctor seems uncomfortable talking about reproductive health issues
 6. There is not enough time during my visit to ask questions
 7. My doctor uses medical terms without explaining what they mean
 8. Sometimes my doctor makes me feel foolish when I ask questions
 9. Sometimes my doctor doesn't explain things in ways that I can understand
 10. Other – please specify
-
77. Don't Know / Not sure
 99. Refused to answer

GYNECOL11 (OWH) **If response to GYNECOL4 <> 88 and GYNECOL5 <>88 then ask:**

17.11. At the time of your last "well woman" exam or female check-up, did your doctor give you written information, such as a pamphlet or flier, on these women's cancers; cervical, uterine, and ovarian?

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

GYNECOL12 (OWH) (NEW) If response to GYNECOL11=1, then ask:

17.12. Was the written information you were given about these women's cancers helpful?

1. Yes
 2. No
 3. I did not read the written information
-
7. Don't know / Not sure
 9. Refused

GYNECOL13 (OWH) If response to question GYNECOL12=2, then ask

17.13. Please tell why the written information you were given about these women’s cancers was not helpful?” (Please check all that apply) (Do not read responses)

1. Because I was not interested in women’s cancers
 2. Because I have a difficult time reading
 3. Because the information was too difficult to understand
 4. Because the information was not easy to read
 5. Because the information did not address my questions or concerns
 6. Because the information was not relevant to my age group
 7. Because the information was not relevant to my culture
 8. Because the information was not in my preferred language
 9. Because I didn’t have time to read the information
 10. Because I lost or misplaced the written material
 11. Other reason (please specify)
-
77. Don’t know / Not sure
 99. Refused to answer

The following 5 questions are about how you interact with doctors as a patient. Please tell us how confident you feel in your ability to do each of the following things. Remember, these questions are about your ability to do these things in general and not about any particular doctors.

Rate your confidence on a scale of 0 – 10, with 10 meaning extremely confident and 0 meaning not confident at all. Confidence level 0 – 10 (0 = not confident at all; 10 = extremely confident)

TALKDOC1 (OWH) (NEW)

17.14. How confident are you in your ability to know what questions to ask a doctor?

0 1 2 3 4 5 6 7 8 9 10

Enter number _____

77. Don’t know/Not sure
99. Refused to answer

TALKDOC2 (OWH) (NEW)

17.15. How confident are you in your ability to get a doctor to answer all of your questions?

0 1 2 3 4 5 6 7 8 9 10

Enter number _____

77. Don’t know/Not sure
99. Refused to answer

TALKDOC3 (OWH) (NEW)

17.16. How confident are you in your ability to make the most of your visits with your doctor?

0 1 2 3 4 5 6 7 8 9 10

Enter number _____

77. Don’t know/Not sure
99. Refused to answer

TALKDOC4 (OWH) (NEW)

17.17. How confident are you in your ability to get a doctor to take your chief health concern seriously?

0 1 2 3 4 5 6 7 8 9 10

Enter number _____

77 Don't know/Not sure

99 Refused to answer

TALKDOC5 (OWH) (NEW)

17.18. How confident are you in your ability to get a doctor to do something about your chief health concern?

0 1 2 3 4 5 6 7 8 9 10

Enter number _____

77 .Don't know/Not sure

99 .Refused to answer

HYSTER2 (CORE) Ask if PREGNAN2 <> 1

YESNO.

17.19 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.

18.1 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

ALCOHOL USE

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

DRNKANY1 (CORE) (All Women)

YESNO.

19.1 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 DRKHARM2)
- 7. Don't know / Not sure (Go to DRKHARM2)
- 9. Refused (Go to DRKHARM2)

DRKALC (CORE)

MANYV.

19.2 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

- 777. Don't know / Not sure (Go to DRKHARM2)
- 888. None (Go to DRKHARM2)
- 999. Refused (Go to DRKHARM2)

NALCOCC (CORE)

TYPEIII.

19.3 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)

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

DRINKGE4 (CORE)

TYPEIII.

19.4 Considering all types of alcoholic beverages, how many times during the past month did you have 4 or more drinks on an occasion?

___ Enter Number of times (verify if GT 15)

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

DRINKNUM (CORE)

TYPE III.

19.5 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)

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

DRKHARM2 (ADP) New

19.6 Now thinking of your entire lifetime, was there ever a time when you felt your use of alcohol or drugs (including use of prescription drugs) had a harmful effect on your ability to take care of your children? N/A = no children

1. Yes
2. No

7. Don't know / Not sure
8. No Children
9. Refused

CHILDREM (ADP) New

19.7 Thinking back over your entire lifetime, if you have ever interacted with the Child Welfare System, were you asked any questions about your use of alcohol or drugs (including use of prescription drugs)?

1. Yes
2. No

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

AODTREAT (ADP) New

19.8 Did you ever receive treatment from a chemical dependency or substance abuse program for either alcohol or drugs?

1. Yes
2. No

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

BIRTH CONTROL USE

SEXBHAG2 (CORE)

TYPEVIII.

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

___ Enter age in number of years

555. Never had intercourse

(Go to SXORIEN2)

777. Don't know / Not sure

999. Refused question

If HYSTER2=1 or AGE>=50, go to WHOSX12M; else continue

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

BCUSE4 (OFP) (Asked if PREGNAN2>=3) YES/NO.

20.2 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 WHOSX12M)

- 7. Don't know / Not sure (Go to BCTALK2)
- 9. Refused Question (Go to BCTALK2)
- 8. Refused Module (Go to WHOSX12M)

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

20.3 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/tubal ligation 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

- 77. Don't know / Not sure
- 99. Refused Question
- 88. Refused Module (Go to EMRGBC2) BCTYP_O

BCTYPTXT

20.4 Other (SPECIFY)

After answering BCTYPE, go to BCTALK2

BCWHYNOT (OFP)

BCWHYNOT.

20.5 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

20.6 Other (SPECIFY)

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

BCTALK.

20.7 Who initiates/initiated discussions about birth control? Would you say...

1. You

2. Your current/most recent partner

3. Shared (both you and your current/most recent partner)

4. Non-birth control users (GO to WHOSX12M)

5. We never talk about it

77. Don't know

88. Doesn't use birth control

99. Refused

BCCHOOSE (OFP)

PARTNER.

20.8 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.

20.9 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.

20.10 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

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 BEXBHAG2 <> NA)

WHOSEXB.

21.1 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

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

TYPEVIII.

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

____ Enter number

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

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

SXORIEN2 (CORE)

ORIENT.

21.3 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

HOMELESSNESS

NOHOME (UCSF) NEW

23.1 A growing number of people are having problems keeping their home or having a regular place to stay at night. Sometimes people have to stay overnight in places like a mission, homeless shelter, abandoned building, vehicle, train or subway station, church/chapel, park, camps or the street. In your lifetime, approximately how many total nights have you spent in a place like this because you had nowhere else to stay?

- 1. Never
- 2. Less than 7 nights
- 3. Between 7 and 30 nights
- 4. Between 31 nights and 6 months
- 5. More than 6 months but less than 2 years
- 6. More than 2 years

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

ENDPREG (UCSF) NEW (ask if age>=50)

23.2 In the past five years, how many induced abortions or terminations of a pregnancy have you had?

_____Enter number

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

MEDI_FU2 (CORE ask if age>=65 and did not say "yes" to MEDICARE) YESNO.

24.1 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 (CORE)

YESNO.

24.2 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.