

## 2011 CALIFORNIA WOMEN'S HEALTH SURVEY

Draft 11/01/2010  
REVISED 11/19/2010

Revised 1/20/2011

**FINAL**

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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.**

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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:)

<b>Do you receive health care coverage through:</b>	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/TRICARE, 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?**

\_\_\_\_ (number)

- 7. Don't know / Not sure (Go to CHECKUP4)
- 8. None (Go to CHECKUP4)
- 9. Refused (Go to CHECKUP4)

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

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

If CHECKUP4=88, go to FOLICHER Else, continue
--

PRECARE2 (NETWORK) (Ask if CHECKUP4 <>8)

**2.13 During your most recent routine checkup, did a doctor, nurse, or other health care provider talk to you about diet or exercise?**

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

**FOLIC ACID**

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

FOLICHER (MCAH) 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 |
| 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

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

**DISABILITY**

EQUIP (CORE) Ask all women

YESNO.

**4.1 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.

**4.2 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.

**5.1 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.

**5.2 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.

**6.1 What is your age?**

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

If AGEBCWHS > 60 go to PREGNAN2  
Else, continue

HPVHEAR2 (CMAF) Ask if age LE 60

YESNO.

**6.2 The human papillomavirus (or HPV) is a common virus; certain types of the virus can cause cervical cancer in women. Two vaccines to prevent some of the most common types of HPV infection are now available and are called cervical cancer vaccines, HPV vaccines, Gardasil, or Cervarix. Before today, have you ever heard of the cervical cancer vaccines or HPV shots?**

- 1. Yes
- 2. No (Go to PREGNAN2)
- 7. Don't know / Not sure (Go to PREGNAN2)
- 9. Refused (Go to PREGNAN2)

HPVVAC3 (CMAF)

YESNO.

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

- 1. Yes
- 2. No (Go to HPVWHYN2)
- 7. Don't know / Not sure (Go to HPVWHYN2)
- 9. Refused (Go to HPVWHYN2)

HPVNUM2 (CMAF)

TYPE II.

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

- \_\_\_\_\_ (number) (Go to PREGNAN2)  
77. Don't know / Not sure (Go to PREGNAN2)  
99. Refused (Go to PREGNAN2)

HPVWHYN2 (CMAF)

HPVWHYNT.

**6.5 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. Too old for the vaccines
6. Worried about safety of the vaccines
7. I don't need the vaccines
8. I don't know where to get the vaccines
9. Other (specify)
77. Don't know
99. Refused

**PREGNANCY**

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

PREGNAN.

**7.1 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 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 at some time in the future.
5. You do not plan to get pregnant at any time in the future
6. You cannot get pregnant
7. Don't know / Not sure
9. Refused

HADBABY

YESNO.

**7.2 Have you ever given birth to a live baby?**

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

LIVEBRTH (CORE) Asked of those AGE 18-54.

**7.3. On what date did you last give birth to a live baby?**

\_\_\_ Enter month DATEB\_A  
\_\_\_ Enter year DATEB\_B

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

HYSTER2 (CORE) ask if PREGNAN2 >2 YESNO.

**7.4 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

**BIRTH CONTROL USE**

If HYSTER2=1 or AGEBCWHS>=50, go to CHILD18 else continue

**Now I'd like to ask you a few questions involving current use of family planning methods**

BCUSE4 (OFP) (Asked if PREGNAN2>=3) YESNOM.

**8.1 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 CHILD18)
4. No sex yet (Go to CHILD18)
7. Don't know / Not sure (Go to FPADVICE)
9. Refused Question (Go to FPADVICE)
8. Refused Module (Go to FPADVICE)

BCTYPE (OFP)

YESNO.

**8.2 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 Amennorrhhea Method                              | BCTYP_S) |               |
| 77. Don't know / Not sure  |          | Go to BCPAY3) |
| 99. Refused Question   |          | Go to BCPAY3) |
| 88. Refused Module   | (BCTYP_O | Go to BCPAY3) |

BCTYPTXT

**8.3 Other (SPECIFY)**

After answering BCTYPE, go to BCPAY3

BCWHYNOT (OFP)

BCWHYNOT.

**8.4 What is the MAIN reason that you are not CURRENTLY using birth control?**

(Read only if necessary)

Select from Brand List (see Below)

1. Does Not Like Side Effects
2. Birth Control Is Too messy
3. Lovemaking Would Be Interrupted
4. Birth Control Is Too difficult to use
5. Concerned About Long Term Health Problem
6. Partner Objects To Using Birth Control
7. Does Not Know How Or Where To Get
8. Cannot Afford Birth Control
9. Against Religion
10. Pregnancy Would Be O.K.
11. Postpartum Nursing
12. Didn't Think About It
13. Not Sexually Active
14. Can't Get Pregnant
15. Sterilized
16. Partner sterile
17. Partner Is a Woman
18. Natural Family Planning
19. Monogamous
20. Doesn't Like/Want to Use B.C.
21. Infrequent Sexual Activity
22. Health Reasons
23. Not Worried About Pregnancy
24. Too Old to get Pregnant
25. No need for birth control
26. Pregnant/Recently Pregnant
27. Other (Specify)
77. Don't know / Not sure
99. Refused

BCWHYNOX

**8.5 Other (SPECIFY)**

BCPAY3 (OFP) (Modified Response Categories)

BCPAY.

**8.6 Who pays for birth control? Would you say ...**

1. You
2. Your current/most recent partner
3. Shared (both you and your partner)
4. Health Insurance
5. Family PACT (teal or green card)
6. Medi-Cal
7. Insurance and you (co pay) (New Category)
8. Other (SPECIFY)
77. Don't know
99. Refused

FPADVICE (OFP NEW)

FPADVICE.

**8.7 Where do you usually receive family planning services, advice or counseling?**

1. Private doctor or HMO
2. Hospital or hospital clinic
3. Planned Parenthood
4. County health department, family planning clinic, community clinic
5. School or school-based clinic
6. Indian Health Service
7. Pharmacy
8. Employer or company clinic
9. I don't/didn't use family planning services
10. I don't/didn't need family planning services
11. Or some other place? (specify)
77. Don't know
99. Refuse

FPDELAY (OFP NEW)

**8.8 Women delay or don't get the birth control/contraception they need for a variety of reasons. Now thinking about the last 12 months, have you ever had to delay or did not get the birth control/contraception you needed?**

1. Yes
2. No (Go to CHILD18)
77. Don't know
99. Refuse

FPREASDE (OFP NEW)

FPREASDE.

**8.9 What was the MAIN reason that you delayed or didn't get the birth control/contraception you needed in the last 12 months?**

1. Didn't have insurance
2. Couldn't afford it
3. Have insurance but couldn't afford co-payment
4. Couldn't get an appointment
5. Had transportation problems
6. Couldn't find time
7. Forgot to refill my prescription
8. Forgot to take care of it in time
9. Had problems getting child care
10. Didn't need birth control
77. Don't know
88. Other specify
99. Refuse

**CHILDREN IN HOUSEHOLD**

CHILD18 (CORE)

TYPEII.

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

\_\_\_ Enter Number of children

00. None (Go to SELFWGHT)
99. Refused (Go to SELFWGHT)

CHILD1-CHILD9 (CORE)

TYPEII.

**9.2 (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 (13.0 suffix)}

\_\_\_ AGE OF CHILD/CHILDREN

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

**DEMOGRAPHICS**

SELFWGHT (NETWORK) (Ask all women)

WEIGHT.

**10.1 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.

**10.2 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.

**10.3 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                     |   |
| 9. Refused                                   |   |

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

ORACE4 (CORE)

ORACE4.

**10.4 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.

**10.5 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.

**10.6 In what country were you born?**

Select From Brand List

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

BIRHTXT

**10.7 OTHER (SPECIFY)**

If BIRTHPLC EQ United States go to INCOM02; Else continue

USEENTRY2 (CORE)

TYPEI.

**10.8 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)

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

INCOM02 (CORE)

INCOMEB.

**10.10 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)

YESNO.

**10.11 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 / \$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, 2010.)

INCOMADQ (CORE)

YES/NO.

**10.12 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.

**11.1 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.

**11.2 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.

**11.3 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.

**11.4 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.

**11.5 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.

**11.6 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

NOFMONEY (NETWORK NEW)

YESNO.

**11.7 Have there been times in the past twelve months when you did not have enough money to buy food that you or your family needed?**

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

## FOOD ASSISTANCE

FOODBANK (NETWORK) Ask of all women

YESNO.

**12.1 In the last 12 months, have you received food assistance from emergency food banks ( NETWORK)**  
(Ask of all women)

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

FOODSTP3(NETWORK) Ask of all women

YESNO

**12.2 In the last 12 months, have you received food assistance from SNAP/Food Stamp/CalFresh or EBT benefits?**

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

FOODWIC3(NETWORK) Ask of all women

YESNO

**12.3 In the last 12 months, have you or your children received food assistance from WIC (coupons/vouchers)?**

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

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

WHYNOFS2 (NETWORK) (Do not ask if poverty threshold clearly over 250%) WHYNOFS.

**12.4 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
- 13. Other (specify)
- 77. Don't know / Not sure
- 99. Refused

SCHLMEAL (NETWORK) Ask if any CHILD18>0

YES/NO.

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

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

PROGRAM (WIC NEW) (Ask all women)

**12.6 Which of the following programs have you or children under your care ever used? Would you say ... (READ AND CHECK ALL THAT APPLY)**

- 1. WIC (Women, Infant's and Children's Supplemental Nutrition Program)
- 2. SNAP (Supplemental Nutrition Assistance Program a. k. a. "Food Stamps")
- 3. Medi-Cal/ Medicare
- 4. TANF (Temporary Assistance for Needy Families)/AFDC (Aid to Families of Dependent Children)
- 5. None (Go to WHYNEVER)
- 77. Don't know / Not sure (Go to MARITAL)
- 99. Refused (Go to MARITAL)

USEPROG ask if any "YES" answers to PROGRAM 1 – 4

**12.7 Are you currently using any of these programs?**

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

WHYNOPR (WIC NEW) ASK IF USEPROG =2

**12.8 What best describes the reason you no longer participate in these programs? Would you say ...**

- 1. Not applicable as I am currently seeking assistance or I am still using the program(s)
- 2. I don't think I qualify for more assistance.
- 3. I don't feel I'm in a situation that would warrant a need for program assistance.
- 4. I didn't have a good experience with the program administration (i.e., State, Local)
- 5. I didn't have a good experience with a supplier (i.e., grocer, hospital, clinic)
- 6. Have not stopped participation in any of the programs.
  
- 77. Don't know / Not sure
- 88. Other specify
- 99. Refused

WHYNEVER (WIC NEW) Ask if PROGRAM=5

WHYNEVER.

**12.9 What best describes the reason why you never participated in any of these programs? Would you say...**

1. I didn't think I qualify for assistance.
2. I didn't need assistance.
3. It seems too difficult to apply for the program (s)
4. It seems too difficult to use the program (s)
5. I feel uncomfortable using the program in public.
77. Don't know / Not sure
88. Other (specify)
99. Refused

**DEMOGRAPHICS CONTINUED**

MARITAL (CORE)

MARITAL.

**13.1 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

EDUCA2 (CORE)

EDUCA.

**13.2 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.

**13.3 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.

**13.4 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.

**13.5 What county do you live in?**

- Select From Brand List
777. Don't know / Not sure
999. Refused

ZIPCODE (CORE)

TYPEIX.

**13.6 What is your zip code?**

- \_\_\_\_\_ Enter the five digit number
77777. Don't know / Not sure
99999. Refused

### ACCULTURATION SCALE

If HISP3=1, continue Else, go to DAILYEAT
--

LANGSPK (CORE)

LANGBET.

**14.1 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.

**14.2 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.

**14.3 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.

**14.4 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.

**14.5 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) (Ask all women)

TYPEIII.

**15.1. 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

BREAKFST (NETWORK)

XIX.

**15.2 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

SODA (NETWORK)

XIX

**15.3 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
- 888. Doesn't drink soda, etc
- 999. Refused

**The next 3 questions are about eating out at fast food and chain restaurants.**

FASTFOOD (NETWORK)

XIX.

**15.4 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
- 888. Doesn't eat at fast food restaurants
- 999. Refused

CALREAD (NETWORK NEW)

YESNOCAL.

**15.5 When it is available, do you typically read calorie information for foods and drinks at fast food and chain restaurants?**

- 1 Yes
- 2 No (Go to VEGCLASS)
- 3 Never noticed or never looked for calorie information (Go to VEGCLASS)
- 4 Usually cannot find calorie information (Go to VEGCLASS)
- 77. Don't know / Not sure (Go to VEGCLASS)
- 88.. Doesn't eat at fast food or chain restaurants (Go to VEGCLASS)
- 99. Refused (Go to VEGCLASS)

CALORDER (NETWORK NEW)

OFTENCA.

**15.6 How often does this calorie information help you decide what to order? Would you say . . .**

- 1 Always
- 2 Most of the time
- 3 About half the time
- 4 Sometimes
- 5 Never
- 7 Don't know
- 9 Refused

CALSIZE (NETWORK NEW)

OFTENCA.

**15.7 How often does this calorie information help you decide how much of the item to eat? For example, to share it with someone else or save some of it for a different meal? Would you say...**

- 1 Always
- 2 Most of the time
- 3 About half the time
- 4 Sometimes
- 5 Never
- 7 Don't know
- 9 Refused

VEGCLASS (NETWORK NEW)

YESNO.

**15.8 In the last 12 months, have you attended a class, workshop or other group activity about eating fruit and vegetables or being physically active?**

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

FVACTIVE (NETWORK NEW )

YESNO.

**15.9 In the last 12 months, did you attend a festival, celebration or health fair where you took part in any activities that were about eating fruit and vegetables or being physically active?**

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

## BODY SIZE & WEIGHT

HEIGHT (CORE)

TYPEIV.

**16.1 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.

**16.2 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.

**16.3 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.

**16.4 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)

**16.5 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.

**16.6 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)

WATCHTV.

**16.7 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.

**16.8 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.

**16.9 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.

**16.10 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

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

EXERMOD2 (CORE)

TYPEIII.

**17.1 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 EXBMODM2)
- 777. Don't know / Not sure (Go to EXBMODM2)
- 999. Refused (Go to EXBMODM2)

EXEROFT2 (CORE)

TYPEXIV.

**17.2 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

EXBMODM2 (NETWORK – modified for 2011)

TYPE III.

**17.3 How many minutes a week do YOU think a person SHOULD be moderately or vigorously active for good health?**

- \_\_\_ Enter number of minutes
- 777. Don't know / Not sure
- 999. Refused

WORKPHY2 (NETWORK – modified for 2008) (Ask if EMPLOY3=1-3)

YESNO.

**17.4 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 GYNCOL1)
- 7. Don't know / Not sure (Go to GYNCOL1)
- 9. Refused (Go to GYNCOL1)

WORKPUSE (NETWORK) (Ask if WORKPHY2=1)

YESNO.

**17.5 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

### **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)

**18.1 Which types of these women's cancers have you ever heard about? (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)

**18.2. 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. All of the above
8. Not interested in learning more about women's cancers
9. Other (please specify)
77. Don't know/ Not sure
99. Refused to answer

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

**18.3 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 already have the information that I need to know
4. I had a hysterectomy
5. I don't think women's cancers are that important
6. My lifestyle choices make me safe
7. It is fate anyway if I get cancer
8. I haven't had any female problems so am not worried
9. There are many other more important health concerns to think about
10. No one in my family has ever had this type of cancer
11. 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. A well woman exam may also include a pelvic exam and/or a Pap test.**

GYNECOL4 (OWH)

**18.4. When 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 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. More than five years ago
7. Don't know/Not sure
8. Other (please specify)
88. Never (go to GYNECOL9)
77. Don't know/Not sure
99. Refused to answer

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

**18.5. 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, or ovarian?**

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

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

**18.6. 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)

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

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

GYNE10 (OWH) (NEW) If response to GYNECOL9=2, then ask

**18.8. 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. Because my doctor does not speak my language
2. I already have the information I need to know
3. I didn't have any questions about these women's cancers
4. I get my information from other sources (i.e., internet, books, brochures, etc.)
5. I didn't know which questions to ask about these women's cancers
6. I didn't feel comfortable talking with my doctor about reproductive health issues
7. I sometimes feel foolish when I ask questions of my doctor
8. I did not need to because my doctor brought it up
9. I had other more important health issues and concerns to talk about with my doctor
10. My doctor doesn't seem to understand or care about my questions or concerns
11. No need/no problem/Not concerned (not worried/not interested)
12. There is not enough time during my visit to ask questions
13. No risk (healthy)/no symptoms (includes previous test good, no family history, or doesn't think will happen to her)
14. Forgot to ask/Didn't think about it
15. Sometimes my doctor doesn't explain things in ways that I can understand
16. I had a hysterectomy
17. Other – please specify
77. Don't Know / Not sure
99. Refused to answer

GYNECO11 (OWH) If response to GYNECOL4 <> 88 then ask:

**18.9. 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 women's cancers; cervical, uterine, and ovarian?**

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

GYNECO12 (OWH) If response to GYNECOL11=1, then ask:

**18.10. Was the written information you were given about women's cancers helpful?**

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

GYNECO13 (OWH) If response to question GYNECOL12=2, then ask

**18.11 Please tell why the written information you were given about 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)

CONFLEV.

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

Enter number 1- 10 \_\_\_\_\_

77. Don’t know/Not sure

99. Refused to answer

TALKDOC2 (OWH)

CONFLEV.

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

Enter number 1- 10 \_\_\_\_\_

77. Don’t know/Not sure

99. Refused to answer

TALKDOC3 (OWH)

CONFLEV.

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

Enter number 1- 10 \_\_\_\_\_

77. Don’t know/Not sure

99. Refused to answer

TALKDOC4 (OWH)

CONFLEV.

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

Enter number 1- 10 \_\_\_\_\_

77. Don’t know/Not sure

99. Refused to answer

TALKDOC5 (OWH)

CONFLEV.

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

- Enter number 1 - 10 \_\_\_\_\_  
77 .Don't know/Not sure  
99 .Refused to answer

**TIMING OF MENOPAUSE**

MENOPAU2 (OWH) (Wording Change) ask if PREGNAN2>2

**19.1. 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 HADPAP2)
- 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 HADPAP2)
- 99. Refused (Go to HADPAP2)

MENOWHEN (OWH)

TYPE I

**19.2 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

**CERVICAL CANCER SCREENING**

HADPAP2 (CMAF) Ask all women YESNO.

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

WHENPAP5 (CMAF)

HOWLONGB.

**20.2 How long has it been since you had your last Pap test? (Read answer choices only if necessary)**

- 1. Within the past year (more than 0 months to 12 months ago) (Go to DVLASTYR)
- 2. Within the past 2 years (more than 1 year but less than 2 years ago) (Go to DVLASTYR)
- 3. Within the past 3 years (more than 2 years but less than 3 years ago) ((Go to DVLASTYR)
- 4. Within the past 4 years (more than 3 years but less than 4 years ago) (Go to DVLASTYR)
- 5. Within the past 5 years (more than 4 years but less than 5 years ago)
- 6. More than 5 years ago (
  - 7. Don't know / Not sure
- 9. Refused

PAPREC (CMAF NEW) (Ask if HYSTER2<>1)

YESNO.

**20.3 In the past 4 years, has a doctor recommended that you have a Pap test?**

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

WHYNOPAP (CMAF NEW) (Ask if HYSTER2<>1)

WHYNOPAP.

**20.4 . (if HADPAP2=2 ask) What is the one most important reason why you never had a Pap test. (If WHENPAP5>4 ask) What is the one most important reason you have not had Pap test in the last 4 years?**  
(Read answer choices only if necessary)

1. No reason/Never thought about it
2. Doctor didn't tell me I needed it
3. Haven't had any problems/don't think I need one
4. Put it off/laziness/don't have time
5. Too expensive/no insurance/cost
6. Too painful, unpleasant, uncomfortable or embarrassing
7. Hysterectomy
8. Don't have a doctor
9. Had HPV Vaccine
10. Had HPV DNA test
11. Other (please specify)
77. Don't know
99. Refused

## DOMESTIC VIOLENCE

The next questions are about physical violence by 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.

DVLASTYR (MCAH)

YESNO.

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

	Yes	No	DK/NS	REF	
<b>21.1 Thrown something at you?</b>	1	2	7	9	DVYRTHRW
<b>21.2 Pushed, grabbed, shoved or slapped you?</b>	1	2	7	9	DVYRPUSH
<b>21.3 Kicked, bit or hit you with a fist?</b>	1	2	7	9	DVYRHIT
<b>21.4 Beaten you up or choked you?</b>	1	2	7	9	DVYRBEAT
<b>21.5 Forced you to have sex against your will?</b>	1	2	7	9	DVYRSEX
<b>21.6 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

## MENTAL HEALTH ISSUES

PHQ1 (CORE)

II.

**22.1 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?**

- \_\_\_\_\_ Enter days (1-14)
- 88 No days
- 77. Don't know/not sure
- 99. Refused

PHQ2 (CORE)

II.

**22.2 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?**

- \_\_\_\_\_ Enter days (1-14)
- 88 No days
- 77. Don't know/not sure
- 99. Refused

## ALCOHOL USE

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

DRKALC (CORE)

MANYV.

**23.1 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                                      (Go to DRKHARM2)
- 777. Don't know / Not sure                (Go to DRKHARM2)
- 999. Refused                                    (Go to DRKHARM2)

NALCOCC (CORE)

TYPEIII.

**23.2 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.

**23.3 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.

**23.4 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

DRKHARM2 (ADP)

YESNOKID.

**23.5 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?**

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

CHILDREM (ADP)

YESNO.

**23.6 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, I have never interacted with the Child Welfare System
3. No, I was not asked any questions about my use of alcohol or drugs during my interaction with the Child Welfare System
7. Don't know / Not sure
9. Refused

AODTREAT (ADP)

YESNO.

**23.7 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

### **SEXUAL ACTIVITY**

SEXBHAG2 (CORE)

TYPEVIII.

**24.1 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
  777. Don't know / Not sure
  999. Refused question

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

WHOSX12M (CORE)

WHOSEXB.

**24.2 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.

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

- \_\_\_\_\_ Enter number  
7. Don't know/Not sure  
9. Refused Question

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

SXORIEN2 (CORE)

ORIENT.

**24.3 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

**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

SPANINB.

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

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