INTROQ
HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the national Public Health Service.

Is this (phone number)?

1. Yes ---> (Continue)
2. No ---> Thank you very much, but I seem to have dialed the wrong number. (Stop)

PRIVRES
Is this a private residence?

1. Yes ---> 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.
2. No ---> Thank you very much, but we are only interviewing private residences. (Stop)

NUMADULT
Our study requires that we randomly select one adult who lives in your household to be interviewed.
How many members of your household, including yourself, are 18 years of age or older?

___ Enter the number of adults

NUMWOMEN
(If NUMADULT GT 1)
How many are women?

___ Enter the number of women (0-9)

MENONLY
(If NUMWOMEN EQ 0)
Thank you for your cooperation, but we are only interviewing women age 18 and older at this time.

NUMMEN
(If NUMADULT GT 1)
How many are men?

___ Enter the number of men (0-9)

(Verify: NUMMEN+NUMWOMEN=NUMADULT)
SELECTED
(IF NUMWOMEN GT 1)
The person in your household I need to speak with is the __________________.

Are you the (SELECTED)?

1. Yes ---> Continue.
2. No ---> May I speak with the ____________?

ONEADULT
(IF NUMWOMEN = 1)
Are you the adult?

1. Yes ---> Then you are the person I need to speak with. All the information obtained in this study will be confidential.
2. No ---> May I speak with her? (When selected adult answers:)

Hello, I'm (interviewer name) calling on behalf of the California Department of Health Services and the national Public Health Service.

We're doing a special study of California women regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult women of your household.

All the information obtained in this study will be confidential.

RESPOND
(INTERVIEWER, DO NOT READ ALOUD) Identify the respondent --->

21. Oldest FEMALE
22. Second Oldest FEMALE
23. Third Oldest FEMALE
24. Fourth Oldest FEMALE
25. Fifth Oldest FEMALE
26. Sixth Oldest FEMALE
27. Seventh Oldest FEMALE
28. Eighth Oldest FEMALE
29. Ninth Oldest FEMALE
**Health Access**

My first questions are about women’s access to medical care. Please be assured that I am not trying to sell you insurance coverage.

**HAVEPLN3 (Core) YESNO.**

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

**HLTHPLAN (Core) YESNO.**

(If HAVEPLN3 = 2, 7, or 9 ask:)

There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:

(If HAVEPLN3 = 1, ask:)

Do you receive health care coverage through:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Dk/Ns</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Your employer</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>3.</td>
<td>Someone else’s employer (including spouse)</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>4.</td>
<td>A plan that you or someone else buys on your own</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>5.</td>
<td>Medicare</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>6.</td>
<td>Medi-Cal (Medicaid)</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>7.</td>
<td>The military, CHAMPUS, the VA [or CHAMP-VA], the Indian Health Service or some other source</td>
<td>1</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

\[^1\] If no “Yes” responses to Q2-7, go to PASTPLAN; \[^2\] If no “Yes” responses to Q2-7, go to PASTPLAN; \[^3\] If no “Yes” responses to Q2-7, go to PASTPLAN;
8. **What type of health care coverage do you use to pay for MOST of your medical care?**

   Is it coverage through: (Read only if necessary)

   1. Your employer
   2. Someone else's employer (including your spouse)
   3. A plan that you or someone else buys on your own
   4. Medicare
   5. Medi-Cal (Medicaid)
   6. The military, CHAMPUS, the VA (or CHAMP-VA), Indian Health Service, some other source
   88. None
   77. Don't know/Not sure
   99. Refused

9. **In the past 12 months, was there any time that you did NOT have ANY health insurance or coverage?**

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

10. **In how many of the past 12 months were you without any coverage?**

    ___ (number)

    77. Don't Know/Not Sure
    99. Refused

11. **Do you receive your health care through an HMO (Health Maintenance Organization)?**

    1. Yes
    2. No
    7. Don't know/Not sure
    9. Refused
Not including any supplemental and medigap health insurance, what is the name of the health plan you use to pay for most of your medical care?

1. Aetna/Senior Choice
2. Blue Shield/Blue Cross/ CA Care
3. Care America
4. Cigna
5. FHP/Foundation Health/Take Care
6. Health Net
7. Health Plan of Redwoods/Mediprime
8. Inter Valley Health Plan
9. Kaiser
10. Lifeguard Health Plan
11. Maxicare
12. National Health Plans/ Security CAre
13. Omni Healthcare
14. PacifiCare/ Secure Horizons
15. Prudential/Care Plus/Senior Care
16. Tricare Prime
17. UC Care
18. United Health Plan
19. Self Pay
20. Other(Specify)

77. Don’t know/Not sure
99. Refused

1. Within the past 6 months
2. Within the past year
3. Within the past 2 years
4. Within the past 5 years
5. More than 5 years ago
6. (more than 0 to 6 months)
7. (more than 6 months to 1 year)
8. (more than 1 year to 2 years)
9. (more than 2 years to 5 years)
HEALTH INFORMATION & HEALTH DECISIONS

NEEDDOC2 (Core) YESNO.
14. During the past 12 months, have you been ill or had an injury that was so serious you considered going to a doctor or other health care professional for treatment?
   1. Yes
   2. No (Go to CHECKUP2)
   7. Don't know/Not sure (Go to CHECKUP2)
   9. Refused (Go to CHECKUP2)

SEEDOC (Core) YESNO.
15. Did you actually go to a doctor or other health care provider for this condition?
   1. Yes (Go to CHECKUP2)
   2. No
   7. Don't know/Not sure (Go to CHECKUP2)
   9. Refused (Go to CHECKUP2)

WHYNODOC (Core) YESNO.
16. Why did you not see a doctor or health care provider for this condition?
   (Select all that apply)
   (Read only if necessary)
   1. Didn’t have enough money or insurance to pay WHYNO_A
   2. Didn’t know where to get health care WHYNO_B
   3. Couldn't find a health care provider who would take me as a patient WHYNO_C
   4. Couldn’t get an appointment WHYNO_D
   5. The health care provider’s office hours were not convenient WHYNO_E
   6. Didn’t have transportation to get to the provider’s office WHYNO_F
   7. Didn’t have anyone to take care of my children WHYNO_G
   8. Couldn’t take off from work WHYNO_H
   9. Felt better; problem went away WHYNO_I
   10. Too embarrassed to go to doctor WHYNO_J
   11. Didn’t want to hear lecture about weight WHYNO_K
   12. Language problem WHYNO_L
   13. Against religion WHYNO_M
   14. Don’t believe in western medicine WHYNO_N
   15. Other (Specify) __________ WHYNO_O
   77. Don’t know/Not sure
   99. Refused

WHYNOTXT
16.5 OTHER (SPECIFY)
17. **Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.**

   **About how long has it been since you last visited a doctor for a routine medical checkup?**

   (Read only if necessary)

   1. Within the past year  
   2. Within the past 2 years  
   3. Within the past 5 years  
   4. More than 5 years ago  
   7. Don't know/Not sure  
   8. Never  
   9. Refused

---

**SMOKING**

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

   **SMOKE100 (CMRI) YESNO.**

   18. **Have you smoked at least 100 cigarettes in your entire life?**

   5 packs = 100 cigarettes

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

---

19. **SMKEVDA2 (CMRI) EVDAY.**

   19. **Do you now smoke cigarettes everyday, some days, or not at all?**

   1. Everyday  
   2. Some days  
   3. Not at all  
   9. Refused
Womens' Health Survey - 1997

20. In the past week, about how many minutes or hours were you exposed to other people’s tobacco smoke in all environments?

EXAMPLE: for 30 minutes enter 30
for 10 hours & 30 minutes enter 1030

___ ENTER HOURS EXPHR_A
___ ENTER MINUTES EXPHR_B

0000. None at all
7777. Don't know/Not sure
9999. Refused

WIC OUTREACH

21. Have you heard of WIC, the Women, Infants and Children Supplemental Nutrition Program?

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

22. What have you heard about WIC?
(Read only if necessary—Mark all that apply)

1. It's for people on welfare WHATH_A
2. It's for people on Medi-Cal WHATH_B
3. It's for pregnant women WHATH_C
4. It's for women and their children WHATH_D
5. You get free food or formula from WIC WHATH_E
6. You get nutrition counseling from WIC WHATH_F
7. Get coupons for dairy products and other food WHATH_G
8. It's for the needy/low income people WHATH_H
9. Other (specify) WHATH_I

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

WHATTXT

22.5 OTHER (SPECIFY)
WHERHEAR (WIC)

23. Where did you hear about WIC? YESNO.
(Read only if necessary)
(Mark all that apply)

1. Food store WHEREH_A
2. Private doctor’s office WHEREH_B
3. Community or public health clinic WHEREH_C
4. Newspaper or magazine WHEREH_D
5. Social services agency (e.g., Food Stamp, Welfare, Medi-cal Offices) WHEREH_E
6. Television WHEREH_F
7. Radio WHEREH_G
8. Friend, relative, or some other person WHEREH_H
9. Busses or other public transportation advertisement WHEREH_I
10. Other (specify) WHEREH_J

77. Don’t know/Not sure
99. Refused

WHERTXT

23.5 OTHER (SPECIFY)

WICEVER (WIC)

24. Have you EVER been enrolled in the WIC Program? YESNO.

1. Yes
2. No (Go to next module, AGE)
7. Don’t know/Not sure (Go to next module, AGE)
9. Refused (Go to next module, AGE)

WICLIKE (WIC)

25. What do you like MOST about the WIC Program? WICLIKE.
(Read only if necessary)

1. Free food or formula
2. Nutrition education and counseling
3. Support with breastfeeding
4. Other (specify)

7. Don’t know/Not sure
9. Refused
26. What do you like LEAST about the WIC Program?  
(Read only if necessary)  
1. Waiting time for appointments  
2. Nutrition or dietary counseling  
3. Health classes  
4. Nutrition classes  
5. Treatment by WIC staff  
6. Treatment by store staff when using WIC coupons  
7. No one to care for child while going to WIC  
8. Too much paperwork  
9. Need to return to WIC regularly  
10. Do not dislike anything about WIC  
11. Other (specify)  
77. Don’t know/Not sure  
99. Refused  

INTEREST  
27. WIC provides free coupons for healthy foods, nutrition counseling, and health care referrals to eligible lower-income pregnant and breastfeeding women and to lower-income children under age five. If you were eligible, would you be interested in participating in this program?  
1. Yes (Go to next module, AGE)  
2. No  
3. Doesn’t apply -- Not low income (Go to next module, AGE)  
7. Don’t know/Not sure  
9. Refused  

WHYNOTIN  
28. What is the MAIN reason you are not interested in the WIC Program?  
(Read only if necessary)  
1. Don’t want to accept government assistance  
2. Don’t think I meet the income guidelines - Not low income  
3. I work and can’t leave work during the day  
4. No nutrition problems in the family  
5. No transportation  
6. No one to care for child while going to WIC  
7. Other (specify)  
77. Don’t know/Not sure  
99. Refused
Because a number of the following questions are age-dependent, before we continue, I need to ask:

**AGE (Core) TYPE1**

29. **How old were you on your last birthday?**

   __ Enter age in years

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

**PREGNANCY**

If AGE LT 45, go to PREGNANT;
If AGE GE 45 and LT 55, go to PREG5YR;
If AGE GE 55, go to BABY

**PREGNANT (Core) Asked of those AGE 18-44 YESNO.**

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

   1. Yes (Go to BABY)
   2. No

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

**TRYPREG (WIC) Asked of those AGE 18-44 YESNO.**

31. **Are you currently trying to get pregnant?**

   1. Yes
   2. No

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

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

32. **Have you been pregnant in the past five years?**

   1. Yes
   2. No

   7. Don't know/Not sure
   9. Refused
Womens' Health Survey - 1997

BABY (WIC)  Asked of all women  YESNO.
33. Have you ever given birth to a live baby?
   1. Yes
   2. No  (Go to next module, FOLICHER)
   3. Never been pregnant  (Go to next module, FOLICHER)
   7. Don't know/Not sure  (Go to next module, FOLICHER)
   9. Refused  (Go to next module, FOLICHER)

BABYWHEN (WIC)  TYPE I
34. What year did you last give birth to a live baby?
   Enter Year __________
   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 (MCH)  YESNO.
35. Have you ever heard or read anything about folic acid or folate?
   1. Yes
   2. No  (Go to DMPREG)
   7. Don't know/Not sure  (Go to DMPREG)
   9. Refused  (Go to DMPREG)

FOLICWHY (MCH)  RISK
36. Does taking folic acid or folate increase, reduce or have no effect on the risk of birth defects?
   1. Increase risk
   2. Reduce risk
   3. No effect
   7. Don't know/Not sure
   9. Refused
37. How can a woman increase her intake of folic acid or folate? (Select all that apply) (DO NOT READ RESPONSES)

1. Foods FOLIC_A
2. Vitamin supplement FOLIC_B
3. Prescription FOLIC_C
4. Other (Specify) FOLIC_D

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

37.5 Other (Specify)

38. Of the following, which, if any, is the BEST source of folic acid? Would you say milk, meat, dried beans, bananas, or none of these?

1. Milk
2. Meat
3. Dried beans
4. Bananas

5. None of these (F6)
7. Don't know/Not sure
9. Refused

39. To the best of your knowledge, do women with diabetes need special health care before they get pregnant?

1. Yes
2. No

7. Don't know/Not sure
9. Refused
The next few questions are about the AFP blood test. The AFP blood test is a test which helps your health care provider detect birth defects.

**AFPBOOK (GENETICS)**  YESNO.
40. While pregnant, did you get a booklet to read describing the AFP blood test?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused

**AFPTEST (GENETICS)**  YESNO.
41. While pregnant, did you have your blood drawn for the AFP blood test?
   1. Yes (Go to next module, PRENATAL)
   2. No
   7. Don't know/Not sure (Go to next module, PRENATAL)
   9. Refused (Go to next module, PRENATAL)

There are many reasons why women don't have the AFP blood test. I am going to read a number of statements to you. Please tell me if the statement applies to you.

**AFPNOT1 (GENETICS)**  YESNO.
42. You didn't have the AFP blood test because you weren't told about it nor asked if you wanted it.
   1. Yes (Go to next module, PRENATAL)
   2. No
   7. Don't know/Not sure
   9. Refused

**AFPNOT2 (GENETICS)**  YESNO.
43. You didn't have the test because you didn't understand the reason for the test.
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused

**AFPNOT3 (GENETICS)**  YESNO.
44. You don't like having your blood drawn, so you decided not to have the test.
1. Yes
2. No
7. Don’t know/Not sure
9. Refused

AFPNOT4 (GENETICS) YESNO.
45. You had heard that AFP results were unreliable.
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

AFPNOT5 (GENETICS) YESNO.
46. You had amniocentesis instead of the blood test.
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

AFPNOT6 (GENETICS) YESNO.
47. You declined the test because you did not want to know if your baby had a birth defect.
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

AFPNOT7 (GENETICS) YESNO.
48. You decided against the test because, if a birth defect was found, one of your options would have been to have an abortion.
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused
AFPNOT8 (GENETICS)  YESNO.
49. The blood test was too expensive.
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused

AFPNOT9 (GENETICS)  YESNO.
50. Other than those stated above, is there any other reason why you decided against having the test?
   1. Yes (Specify)
   2. No
   7. Don't know/Not sure
   9. Refused

USE OF WIC SERVICES & PRENATAL CARE

PRENATAL (WIC)
51. Thinking back to your last pregnancy, how many weeks or months pregnant were you when you first saw a doctor?
   (Do not include a visit for a pregnancy test or for WIC eligibility)

   _____ Enter Number                  (PRENA_A)   TYPE VI
   _____ Enter Days, Weeks, Months    (PRENA_A1)   WHEN III

   444. At delivery (F6)
   777. Don't know/Not sure
   999. Refused

WTPREPG (MCH)  TYPE IV
52. About how many pounds did you weigh before your last pregnancy?

   _____ Enter pounds in whole pounds

   777. Don't know/Not sure
   999. Refused
WTGAIN (MCH) TYPE IV
53. About how many pounds did you gain during your last pregnancy?
    _____ Enter pounds gained in whole pounds
    777. Don't know/Not sure
    999. Refused

WTGAINRT (MCH) GAIN
54. Do you think the weight you gained during that pregnancy was too little, too much, or just right?
    1. Too little
    2. Too much
    3. Just right
    7. Don't know/Not sure
    9. Refused

My next few questions are about the use of vitamin and mineral supplements.

³ If PREGNANT NE 1 or PREG5YR NE 1 or BABY NE 1, go to VITAMCT; ³
| Else continue ³

VITAMBF (MCH) BABY
55. Did you take prenatal or multi-vitamins BEFORE you became pregnant the last time?
    1. Yes
    2. No
    3. Never Been Pregnant
    7. Don't know/Not sure
    9. Refused

VITAMCT (MCH) YESNO.
56. Are you CURRENTLY taking multi-vitamins or prenatal vitamins?
    1. Yes
    2. No
    7. Don't know/Not sure
    9. Refused
IRON (MCH) YESNO.
57. Are you CURRENTLY taking an iron supplement or vitamins with iron?
   1. Yes
   2. No (Go to next module, BFSTFEED)
   7. Don’t know/Not sure (Go to next module, BFSTFEED)
   9. Refused (Go to next module, BFSTFEED)

IRONLOCK (MCH) YESNO.
58. Do you keep your iron supplements or vitamins with iron in a locked cabinet or cupboard?
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

BREASTFEEDING

BRSTFEED (WIC) YESNO.
59. Did you try to breastfeed your last baby?
   1. Yes
   2. No (Go to BFWHYNOT)
   7. Don’t know/Not sure (Go to BFWHERE)
   9. Refused (Go to BFWHERE)

BFBENEFT (WIC) (AGE LE 44 AND PREG5YR=YES) YESNO.
60. During your last pregnancy, did your doctor or other health care provider discuss the benefits of breastfeeding with you?
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused
BFINFO  (WIC)  YESNO
61. If BFBNENFT EQ 1 ask: Where else did you get breastfeeding information when you were pregnant?
If BFBNENFT NE 1 ask: Where did you get breastfeeding information when you were pregnant?
(Mark all that apply)
1. Nowhere/no one  BFINF_A
2. Nurse  BFINF_B
3. Lactation consultant  BFINF_C
4. WIC staff  BFINF_D
5. Book  BFINF_E
6. Friend  BFINF_F
7. Coworker  BFINF_G
8. Mother  BFINF_H
9. Father of child  BFINF_I
10. Sister  BFINF_J
11. Grandmother  BFINF_K
12. Other family member  BFINF_L
13. Magazine  BFINF_M
14. Pamphlet  BFINF_N
15. Childbirth preparation class  BFINF_O
16. Parenting class  BFINF_P
17. La leche league  BFINF_Q
18. Didn’t receive information until after child’s birth  BFINF_R
19. Other (Specify)  BFINF_S
77. Don’t know/Not sure
99. Refused

BFINTXT
61.5  OTHER (SPECIFY)

BFENCOUR  (WIC)  YESNO
62  Who were the people who encouraged you to breastfeed?
1. Doctor  BFENC_A
2. Nurse  BFENC_B
3. Lactation specialist  BFENC_C
4. WIC staff  BFENC_D
5. Friend  BFENC_E
6. Husband or father of child  BFENC_F
7. Mother  BFENC_G
8. Father  BFENC_H
9. Midwife  BFENC_J
10. Other (Specify)  BFENC_L
88. No one/Self  BFENC_K
77. Don’t know/Not sure
99. Refused

BFENCTXT
62.5  OTHER (SPECIFY)

BFNURSE  (WIC)  BFNURSE
63  After delivery, would you say the nurses: strongly encouraged, slightly encouraged, didn’t mention, slightly
discouraged or strongly discouraged you from breastfeeding?

1. strongly encouraged you to breastfeed
2. slightly encouraged you to breastfeed
3. didn't mention breastfeeding
4. slightly discouraged you from breastfeeding
5. strongly discouraged you from breastfeeding

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

BFPROB (WIC)

64 Did you have any problems breastfeeding?

1. Yes
2. No (Go to BFFORM)

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

BFPROB1 (WIC)

65 What problems did you have breastfeeding?
(Read only if necessary; Mark all that apply)

1. Engorged breasts (breasts too full and baby not able to get milk) BFPRO_A
2. Sore nipples BFPRO_B
3. Mastitis (fever, sore breast) BFPRO_C
4. Obstructed duct (sore breast, no fever) BFPRO_D
5. Didn't think I was making enough milk/Not enough milk BFPRO_E
6. Baby didn't want to take the breast BFPRO_F
7. Baby preferred formula BFPRO_G
8. Baby wanted to nurse too often BFPRO_H
9. Baby wasn't able to get milk BFPRO_I
10. Other reason (Specify) BFPRO_J

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

BFPRBTXT

65.5 OTHER (SPECIFY)
### BFHELP (WIC)  YESNO.

66 **Did someone help you with these problems?**

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

### BFHLWHO (WIC)  YESNO

67 **Who helped you?**

(Mark all that apply)

1. Obstetrician - (your doctor for your pregnancy)  BFHLP_A
2. Pediatrician - (your baby’s doctor)  BFHLP_B
3. Family Practice Doctor (your whole family’s doctor)  BFHLP_C
4. Nurse in hospital  BFHLP_D
5. Nurse in the doctor's office  BFHLP_E
6. Friend  BFHLP_F
7. Mother  BFHLP_G
8. Grandmother  BFHLP_H
9. Sister  BFHLP_I
10. Husband or baby’s father  BFHLP_J
11. La Leche League  BFHLP_K
12. Lactation Consultant - breastfeeding specialist  BFHLP_L
13. WIC staff  BFHLP_M
14. Coworker  BFHLP_N
15. Self: from a book  BFHLP_O
16. Self: Personal past experience  BFHLP_P
17. Other (Specify)  BFHLP_Q

77. Don’t know/Not sure
99. Refused

### BFWHOTXT

67.5 **OTHER (SPECIFY)**

### BFFORM (WIC)  YESNO.

68 **Did you receive any formula or coupons for free formula when you were leaving the hospital?**

1. Yes
2. No
3. Home birth
7. Don’t know/Not sure
9. Refused
BFLONG (WIC) 69  How long did you breastfeed?

_____ Enter Number (BFLON_A) TYPE VII
_____ Enter DAYS, WKS, MTS, YRS (BFLON_AI) WHEN IV

555. Still breastfeeding (F6)  (Go to BFMLKGD)
777. Don't know / Not sure
999. Refused

BFWHYQT (WIC) YESNO
70  What were the reasons you stopped breastfeeding?
(Read only if necessary)
(Mark all that apply)

1. Returned to work   BFWHY_A
2. Returned to school   BFWHY_B
3. Not enough time   BFWHY_C
4. Felt didn't have enough milk/Not enough milk   BFWHY_D
5. Felt too uncomfortable with body   BFWHY_E
6. Felt embarrassed breastfeeding in front of others   BFWHY_F
7. Pain   BFWHY_G
8. Husband couldn't feed baby while baby being breast-fed   BFWHY_H
9. Lack of family support   BFWHY_I
10. Believed baby already received enough benefit from breastfeeding   BFWHY_J
11. Baby wasn't sleeping long enough with breastfeeding   BFWHY_K
12. Began birth control method   BFWHY_L
13. Taking medications other than birth control   BFWHY_M
14. HIV positive   BFWHY_N
15. Baby teething   BFWHY_O
16. Baby refused   BFWHY_P
17. Medical problem other than HIV positive (Specify) (BFY_O)   BFWHY_Q
18. Other (Specify) (BFY_P)   BFWHY_R

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

BFWHYTXT
70.5  OTHER (SPECIFY)

³ After completing BFWHYQT, go to BRMLKGD
**BFWHYNOT (WIC)**

**71 What were the reasons you did not breastfeed?**

(Read only if necessary)

(Mark all that apply)

1. Never occurred to you
2. Returned immediately to school
3. Returned immediately to work
4. Embarrassment
5. Unappealing
6. Heard it hurt
7. Breasts too small
8. Inverted nipples
9. Previous bad experience
10. Think that formula is equal to breastmilk
11. Didn’t know the advantages of breastmilk
12. Too busy or didn’t think you would have the time
13. Father of baby didn’t want you to breastfeed
14. Mother didn’t want you to breastfeed
15. Worried you would have to watch what you ate
16. Worried alcohol, drug or smoking would have negative impact on breastmilk
17. Worried mood would negatively affect breastmilk
18. Too much trouble
19. Baby premature and couldn’t breastfeed
20. Baby adopted
21. Other (specify)

77. Don’t know/Not sure
99. Refused

**BFNOTXT**

**71.5 ENTER RESPONSE**

**BFDISCOU (WIC)**

**72 During the first six months after your child’s birth, did anyone discourage you from breastfeeding?**

1. Yes
2. No

7. Don’t know/Not sure
9. Refused
### BFDISWHO (WIC)

**Who discouraged you from breastfeeding?**

(Mark all that apply)

1. Obstetrician - (your doctor for your pregnancy)  
2. Pediatrician - (your baby's doctor)  
3. Family Practice Doctor (your whole family's doctor)  
4. Other doctor  
5. Nurse  
6. Dietitian  
7. Friend  
8. Mother  
9. Grandmother  
10. Sister  
11. Husband or baby's father  
12. Lactation Consultant - breastfeeding specialist  
13. WIC staff  
14. Coworker  
15. Employer  
16. No one/Self  
17. Other (Specify)  

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

### BFMLKGD (WIC) baby=yes (age it 45 or preg5yr=yes)(baby not preme/adopted)

**I am going to read you five statements. Please tell me which statement you believe to be most true.**

1. Formula is a lot healthier for babies than breastmilk  
2. Formula is a little healthier for babies than breastmilk  
3. There is no difference in the health of children fed breastmilk or formula  
4. Breastmilk is a little more healthy for babies than formula  
5. Breastmilk is a lot healthier for babies than formula.

7. Don't know/Not sure  
9. Refused
Please tell me with which of the following statements you agree MOST. When a breastfeeding woman is out of the house and needs to feed her baby, I think she should:

1. Bottle feed at that time
2. Not take her baby out of the house when the baby is breastfeeding
3. Find a private place to breastfeed
4. Breastfeed discreetly without showing any breast
5. Breastfeed openly even if she needs to show her breast
6. Don’t know/Not sure
7. Refused

DEMOGRAPHICS

Are you of HISPANIC ORIGIN such as Mexican American, Latin American, Puerto Rican or Cuban?

1. Yes
2. No
3. Don’t know/Not sure
4. Refused

What is your race? Would you say: White, Black, Asian, Pacific Islander, American Indian, Alaska Native, or Other?

1. White
2. Black
3. Asian
4. Pacific Islander
5. American Indian, Alaska Native
6. Other: (specify) ORACETXT (Recoded, not retained)
7. Don’t know/Not sure
8. Refused

1 If ORACE2 NE 3 or 4, go to BIRTHPLC; Else continue

2
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. OTHER: (specify) ------------------->ORA2ATXT (Text)

77. Don’t know/Not sure
99. Refused

In what country were you born?

1. United States
2. Mexico
3. Japan
4. China
5. Taiwan
6. Philippines
7. Korea
8. Vietnam
9. India
10. Indonesia
11. Cambodia
12. Laos
13. Canada
14. Other (specify ________)

77. Don’t know/Not sure
99. Refused

Are you: Married, Divorced, Widowed, Separated, Never been married, or a member of an unmarried couple?

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never been married
6. A member of an unmarried couple

9. Refused

How many children under age 18 live in this household?
Enter Number of children

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

82 CHILD1-CHILD9 (Core) Type II
(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
  5.1 5 year old, .2=older 5 year old) and one 13 year old (.0 suffix))
  5.2
  13.0

Youths =

_____ AGE OF CHILD/CHILDREN

77. Don't know
99. Refused

NEWCHILD (WIC) YESNO.
83 Are you in the process of adopting or becoming a foster parent or guardian of a child under age 5?

1. Yes
2. No
7. Don't know/Not sure
9. Refused
What is the highest grade or year of school you completed?

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

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

Household size. (((NUMADULT-NHADULT)+CHILD18))
INCOM95 (Core)  INCOME.

87  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 $75,000; or over $75,000?

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 $75,000
8. Over $75,000

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

³ Find the point on the table where HHSIZE and INCOME intersect. ³
³ If there is a table value and the table value is LT the "less than" ³
³ value of the response to INCOME, go to THRESH95. ³
THRESH95 (Core)
88 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

INCOM94 = 1  2  3  4  5  6  7  8
HHSIZE= 1  7,500  14,900
2  20,100
3  12,600  25,200
4  15,200  30,300
5  17,700  35,400
6  20,300  40,500
7  22,800  44,700
8  25,400  50,800
9  28,000  55,900
10  30,500  61,000
11  33,100  66,100
12  35,600  71,300
13  38,200  76,400

(100% and 200% of Federal Poverty Line; From: Federal Register, Feb 9, 1995, rounded to nearest $100.)

INCOME94B (Core)
89 Which of the following categories best describes your PERSONAL annual income from all sources, that is, the amount of money you, yourself, bring into the household? 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 $75,000; or over $75,000?

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 $75,000
8. Over $75,000
9. $0; Doesn’t have any personal income
77. Don’t know/Not sure
99. Refused
HEIGH T (Core) TYPE IV
90 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) TYPE IV
91 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

COUNTY1 (Core) COUNTYA.
92 What county do you live in?

001. ALAMEDA 041. MARIN 081. SAN MATEO
003. ALPINE 043. MARIPOSA 083. SANTA BARBARA
005. AMADOR 045. MENDOCINO 085. SANTA CLARA
007. BUTTE 047. MERCED 087. SANTA CRUZ
009. CALAVERAS 049. MODOC 089. SHASTA
011. COLUSA 051. MONO 091. SIERRA
013. CONTRA COSTA 053. MONTEREY 093. SISKIYOU
015. DEL NORTE 055. NAPA 095. SOLANO
017. EL DORADO 057. NEVADA 097. SONOMA
019. FRESNO 059. ORANGE 099. STANISLAUS
021. GLENN 061. PLACER 101. SUTTER
023. HUMBOLDT 063. PLUMAS 103. TEHAMA
025. IMPERIAL 065. RIVERSIDE 105. TRINITY
027. INYO 067. SACRAMENTO 107. TULARE
029. KERN 069. SAN BENITO 109. TUOLUMNE
031. KINGS 071. SAN BERNARDINO 111. VENTURA
033. LAKE 073. SAN DIEGO 113. YOLO
035. LASSEN 075. SAN FRANCISCO 115. YUBA
037. LOS ANGELES 077. SAN JOAQUIN 777. Don't Know/Not Sure
039. MADERA 079. SAN L OBISPO 999. Refused
NUMPHON2 (Core)
93 How many residential telephone numbers do you have? Exclude 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
9. Refused

ZIPCODE (Core)
94 What is your zip code?

_____ Enter the five digit number

77777 Don't know/Not sure
99999 Refused
INCOME & FOOD ADEQUACY

INCOMADQ (MCH) YESNO
95 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

EATLESSB (MCH) YESNO
96 During the past month were there any days when you ate less than you felt you should or did not eat at all because there wasn’t enough food or money to buy food?
1. Yes
2. No
7. Don’t know/Not sure
9. Refused

FOODSTOR (MCH) YESNO
97 OTHER than a grocery store, WHERE do you get the food that is PREPARED in your home?
(Read only if necessary)
(Mark all that apply)
1. Convenience stores FOODS_A
2. Home garden FOODS_B
3. Community garden FOODS_C
4. Farmer’s market FOODS_D
5. Fruit & vegetable stands FOODS_E
6. Food banks FOODS_F
7. Food outlets (warehouse stores like Price Club) FOODS_G
8. Friends and relatives FOODS_H
9. No other place, grocery store only FOODS_I
10. Other (Specify) FOODS_J
88. No food prepared in the home (NA)
77. Don’t know/Not sure
99. Refused

FOODSTXT
97.5 OTHER (SPECIFY)
BREAST AND CERVICAL CANCER SCREENING

HHSIZE = NUMADULT + CHILD18

if F40 EQ 1:

98 Other than yourself, is there a woman aged 40 or older living in your household?
(Else if AGE LT 40 ask:)

Is there a woman aged 40 or older living in your household?

1. Yes
2. No

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

F40NUM (BCEDP)

(If AGE GE 40, ask:)

99 Other than yourself, how many women aged 40 or older live in this household?
(Else ask:)

How many women aged 40 or older live in this household?

_____ Enter number

77. Don't know/Not sure
99. Refused
Womens’ Health Survey - 1997

F40A-F40C (BCEDP) TYPE I
100 (Note: asked only if a woman aged 40 or older is living in the household)
   (If F40NUM EQ 1, ask:)
   How old is this woman?
   ____ Enter age in years F40A

   (If F40NUM NE 1, ask:)
   How old is the...
   Oldest woman? _____ Enter age in years F40A
   Second oldest woman? _____ Enter age in years F40B
   Third oldest woman? _____ Enter age in years F40C

7. Don’t know/Not sure
9. Refused

HADMAM (BCEDP; CDC-C, modified lead-in) YESNO. (Note: asked of all women)
   I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is
   an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.
101 Have you ever had a mammogram?
   1. Yes
   2. No (Go to MAMMEDIB)
   7. Don’t know/Not sure (Go to MAMMEDIB)
   9. Refused (Go to MAMMEDIB)

HOWLONG2 (BCEDP; CDC-C) HOWLONGB. (Read only if necessary)
102 How long has it been since you had your last mammogram?
   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
MANYMAM (BCEDP; CDC-C dropped 1996) Type II

103  **About how many mammograms have you had in the last five years?**

____ Enter number
00.  None
77.  Don't know/Not sure
99.  Refused

WHYDONE (BCEDP; CDC-C) WHYDONE.

104  **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

MAMMEDIB (BCEDP) YESNO.
(Not: Asked of all women)

105  **In the recent past, have you noticed any posters, billboards, commercials or advertisements with a message about having a mammogram test?**

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

F40GUIDE (BCEDP) BGUIDE.

106  **In general, how often do YOU THINK a woman your age should have a mammogram test?**

1.  More frequently than once per year
2.  Once per year
3.  Less frequently than once per year, but at least once every two years
4.  Less frequently than once every two years
5.  Never
7.  Don't Know/Not sure
9.  Refused
In general, how often do you think a woman over age 50 should have a mammogram test?

1. More frequently than once per year
2. Once per year
3. Less frequently than once per year, but at least once every two years
4. Less frequently than once every two years
5. Never

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

If a woman is over age 50 and has no history of breast cancer in her family, how important would you say it is for her to have a mammogram test once a year? Would you say very important, somewhat important, not very important, or not at all important?

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important

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

If a woman is over age 50 and has no symptoms of breast cancer, how important would you say it is for her to have a mammogram test once a year? Would you say very important, somewhat important, not very important, or not at all important?

1. Very important
2. Somewhat important
3. Not very important
4. Not at all important

7. Don't know/not sure
9. Refused
Womens' Health Survey - 1997

AGE
HADMAM
GO TO:

AGE
HADCBE

GE 40
EQ 1
F40RXMAM

GE 40
NE 1
F50RXMAM

BCHAD

(BCEDP)

YESNO.

F40RXMAM

(BCEDP) YESNO.

(Note: asked if AGE GE 40 and HADMAM EQ 1)

110. Did a doctor suggest that you have your most recent mammogram?

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

F50RXMAM

(BCEDP) YESNO.

(Note: asked if AGE GE 40 and F40RXMAM NE 1 OR if AGE GE 40 and HADMAM NE 1)

111. Has a doctor ever told you that you need to have a mammogram?

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

BCHAD

(BCEDP) YESNO.

(Note: asked only if AGE GE 40)

112. Have you ever had breast cancer?

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

BCFAM

(BCEDP) YESNO.

(Note: asked only if AGE GE 40)

113. Have any of your family members ever had breast cancer?

1. Yes
2. No (Go to F40INPAY)
7. Don't Know/Not sure (Go to F40INPAY)
9. Refused (Go to F40INPAY)

BCMEMA-BCMEMD

BCMEMA-BCMEMD (BCEDP) YESNO.
114. **Which family member has had breast cancer?**  
(Mark all that apply)  

- Mother BCMEMA (1 Yes 2 No)  
- Sister BCMEMB (1 Yes 2 No)  
- Daughter BCMEMC (1 Yes 2 No)  
- Other BCMEMD (1 Yes 2 No)  

115. **Does your medical insurer or health insurance plan cover all or part of the costs of mammograms?**  

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

116. **Did you have to pay any portion of the cost for your last mammogram?**  

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

117. **How difficult was it to pay for your last mammogram test? Would you say very difficult, somewhat difficult, a little difficult or not at all difficult?**  

1. Very difficult  
2. Somewhat difficult  
3. A little difficult  
4. Not at all difficult  
7. Don't know/Not sure  
9. Refused  

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

Have you ever had a clinical breast exam?

1. Yes
2. No (Go to F40CBEG)
7. Don't know/Not sure (Go to F40CBEG)
9. Refused (Go to F40CBEG)

WHENCBE (BCEDP; CDC-C)   HOWLONGB.
119. How long has it been since your last 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

WHYCBE (BCEDP; CDC-C)   WHYDONE
120. Was your last 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

³ IF AGE GE 40 go to F40CBEG
³ IF AGE LT 40 go to CBEGUIDE
F40CBEG (BCEDP)  
(Note: asked only if AGE GE 40)  
121. **How often do you think a woman your age should have a clinical breast exam?**  
1. More frequently than once per year  
2. Once per year  
3. Less frequently than once per year, but at least once every two years  
4. Less frequently than once every two years.  
7. Don't Know/Not sure  
9. Refused  

CBEGUIDE (BCEDP)  
(Note: asked only if AGE LT 40.)  
122. **How often do you think a woman over age 40 should have a clinical breast exam?**  
1. More frequently than once per year  
2. Once per year  
3. Less frequently than once per year, but at least once every two years  
4. Less frequently than once every two years.  
7. Don't Know/Not sure  
9. Refused  

HADPAP (BECDP; CDC-C, modified lead-in)  
123. **A Pap smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present.**  
   **Have you ever had a Pap smear?**  
1. Yes  
2. No  
7. Don't know/Not sure  
9. Refused  

WHENPAP2 (BCEDP; CDC-C)  
124. **How long has it been since you had your last Pap smear?**  
(Read only if necessary)  
1. Within the past year  
2. Within the past 2 years  
3. Within the past 3 years  
4. Within the past 5 years  
5. More than 5 years ago  
7. Don't know/Not sure  
9. Refused  

WHYPAP (BCEDP; CDC-C, modified wording)  
125. **Was your last Pap smear done as part of a routine exam, or to check a problem, or for some other reason?**
1. Routine exam
2. Check current or previous problem
3. Other
7. Don't know/Not sure
9. Refused

HYSTER2 (BCEDP; CDC-C) YESNO.
126. 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

MENOPAUSE
MENSES (OWH) TYPE II
127. About how old were you when your periods first started?
    __ Enter age in years
77. Don't know/Not sure
99. Refused

MENOPAUS (OWH) MENOPAUS
128. 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. Are you still having periods? (Go to HRTBELIF)
2. Have you stopped having periods for medical or surgical reasons?
3. Have your periods become irregular because of menopause?
4. Have your periods stopped because of menopause?
7. Don’t know/Not sure (Go to HRTBELIF)
9. Refused (Go to HRTBELIF)

MENOWHEN (OWH) TYPE I
129. If MENOPAUS EQ 2 or 4, ask: What was your age when you stopped having periods?
Else if MENOPAUS EQ 3, ask: What was your age when your periods became irregular?
Enter age in years
7. Don't know/Not sure
9. Refused

Did the SYMPTOMS related to the changes in your periods cause you to:

A. Seek medical care?
   Yes  No  Dk/NS  Ref
   1  2  7  9
   MENOMED (OWH)

B. Lose days of work?
   Yes  No  Dk/NS  Ref
   1  2  7  9
   MENOWORK(OWH)

C. Become unable to carry out your usual activities?
   Yes  No  Dk/NS  Ref
   1  2  7  9
   MENOLMT (OWH)

D. Become depressed?
   Yes  No  Dk/NS  Ref
   1  2  7  9
   MENODEPR(OWH)

Are you taking estrogen or hormone replacement therapy?
1. Yes- Pills
2. Yes- Patches
3. Yes- Creams
4. No
7. Don't know/Not sure
9. Refused

Do you think that when women reach menopause or have a hysterectomy, they should take estrogen or hormone replacement therapy?
1. Yes
2. No
3. Depends on the woman
7. Don't know/Not sure
9. Refused
## URINARY INCONTINENCE AND BLADDER PROBLEMS

**UIPROB (CMRI)** | YESNO.
--- | ---
133. A common problem for women is bladder control. Do you have any problems with leaking urine?
1. Yes
2. No
7. Don’t know/Not sure
9. Refused

**BLADINF (ICUS)** | YESNO.
--- | ---
134. Have you ever had symptoms of a bladder infection that lasted more than three months, for example, frequent urination and pain in your bladder?
1. Yes
2. No (Go to next module, HLPACT)
7. Don’t know/Not sure (Go to next module, HLPACT)
9. Refused (Go to next module, HLPACT)

**TOLDINF (ICUS)** | YESNOTS
--- | ---
135. When you had these symptoms, were you told by a physician or other health professional that you had an infection?
1. Yes
2. No
3. No, didn’t seek medical help
7. Don’t know/Not sure
9. Refused

**CYSTITIS (ICUS)** | YESNOTS
--- | ---
136. Were you told by a physician or other health professional that you had painful bladder syndrome or interstitial cystitis?
1. Yes
2. No
3. No, didn’t seek medical help
7. Don’t know/Not sure
9. Refused
SOCIAL SUPPORT

The next few questions are about the kind of support women give and receive in everyday life.

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 137             | If you needed help with everyday activities, is there someone you could count on to help you? | 1. Yes  
2. No  
7. Don't know/Not sure  
9. Refused |
| 138             | If you were in financial difficulty and needed to borrow a LITTLE money, is there someone you could count on to help you? | 1. Yes  
2. No  
7. Don't know/Not sure  
9. Refused |
| 139             | If you were sick or injured and needed to stay in bed for a few days, is there someone you could count on to help you? | 1. Yes  
2. No  
7. Don't know/Not sure  
9. Refused |
| 140             | If you needed a ride to an appointment, is there someone you could count on to help you? | 1. Yes  
2. No  
7. Don't know/Not sure  
9. Refused |
CARE GIVER RESPONSIBILITIES

CAREGIVE (OWH) YESNO.
141. During the past 12 months, not counting work duties or normal child care, have you provided frequent care to someone?

   1. Yes
   2. No  (Go to next module, DAYSLEEP)
   7. Don't know/Not sure  (Go to next module, DAYSLEEP)
   9. Refused (Go to next module, DAYSLEEP)

CAREWHO (OWH) YESNO
142. Who did you care for?
(Enter all that apply)

   1. Spouse   CAREW_A
   2. Son or daughter  CAREW_B
   3. Parent or parent-in-law  CAREW_C
   4. Grandparent  CAREW_D
   5. Other relative  CAREW_E
   6. Friend or neighbor  CAREW_F
   7. Other (Specify)  CAREW_G

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

CAREWTXT
142.5 OTHER (SPECIFY)

CAREREA (OWH) YESNO
143. What were the MAIN reasons this person/these people needed care?
(Enter all that apply)

   1. Recovery from surgery or major illness  CARER_A
   2. Handle a physical illness or disability  CARER_B
   3. Handle a mental problem  CARER_C
   4. Other (Specify)  CARER_D

   7. Don't know/Refused
   9. Refused

CARERTXT
143.5 OTHER (SPECIFY)
CARELONG (OWH)

144. In total, how long were you a care giver for this person/these people?

____ (Enter number) ___ Enter DAYS,
     ___ Enter WKS,
     ___ Enter MTS,
     ___ Enter YRS

CAREL_A   CAREL_B   CAREL_C   CAREL_D

777. Don't Know/Not Sure
999. Refused
MENTAL HEALTH ISSUES

DAYSLEEP (OWH) TYPE II
145. During the past 30 days, for about how many days have you felt you did NOT get enough rest or sleep?

___ Number of days

88. None (NA)
77. Don’t know/Not sure
99. Refused

MHOVRWLM (MCH) VERY OFTEN.
146. In the past 30 days, how often have you felt problems were piling up so high that you could not overcome them:

1. Very often
2. Often
3. Sometimes
4. Rarely
5. Never

7. Don’t know/Not sure
9. Refused

MHHELP (MCH) YESNO.
147. In the last 12 months, did you ever want help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?

1. Yes (Go to MHNOW)
2. No (Go to MHNOW)

7. Don’t know/Not sure (Go to MHNOW)
9. Refused (Go to MHNOW)

MHHLPWNT (MCH) YESNO.
148. Did you get the help you wanted?

1. Yes (Go to MHNOW)
2. No

7. Don’t know (Go to MHNOW)
9. Refused (Go to MHNOW)
149. Why didn't you get the help you wanted?  
(Mark all that apply) (Probe: Any other reason?)  
(Read only if necessary)

1. Didn't have enough money to pay for help  
2. Didn't have insurance to pay for help  
3. Insurance wouldn't pay for mental health care  
4. Didn't know where to go for help  
5. No mental health care professional would take me as a client/patient  
6. Couldn't get an appointment  
7. The mental health care provider's office hours were not convenient  
8. Didn't have transportation to get to the mental health care provider's office  
9. Didn't have anyone to take care of my children  
10. Couldn't take off from work  
11. Called counseling help (phone) line, but line was busy, too long to wait  
12. Mental health care professional did not understand my problems  
13. Didn't want to be labeled as mentally ill  
14. Other (Specify)  

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

149.5 OTHER (SPECIFY)

150. Do you CURRENTLY have a mental health condition that has lasted for 6 or more months?  

1. Yes  
2. No  

7. Don’t know/Not sure  
9. Refused

151. About how long have you had this condition?  

___ Enter number  
___ Enter Day, Week, Month, Year

777. Don’t Know / Not Sure  
999. Refused
MHWORK (OWH) YESNO.
152. Does this condition limit the kind or amount of work you do at your job or in the home?
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

MHUSUAL (OWH) YESNO.
153. Does this condition keep you from doing your usual activities such as shopping, cooking, child care or self care?
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

MHPROHLP (OWH) YESNO.
154. Did you ever get help for this condition?
   1. Yes
   2. No (Go to next module, FPKID)
   7. Don’t know/Not sure (Go to next module, FPKID)
   9. Refused (Go to next module, FPKID)

MHWHELP (OMH) (Question asked through May 11, 1997; replaced by MHWHELP2)
155. Who did you go to for help?
   1. Mental Health professional
   2. Paraprofessional, medical doctor, clergy (Go to next module, FPKID)
   3. Self-help support group for emotional stress or mental illness (Go to next module, FPKID)
   7. Don’t know/Not sure (Go to next module, FPKID)
   9. Refused (Go to next module, FPKID)

MHWHELP2 (OMH) (Question asked beginning May 12, 1997)
155. Who did you go to for help?
   1. Psychotherapist
   2. Psychiatrist
   3. Psychologist
   4. Medical Doctor
   5. Counselor
   6. Minister, priest, rabbi (Go to next module, FPKID)
   8. Self-help support group for emotional stress or mental illness (Go to next module, FPKID)
   7. Don’t know/Not sure (Go to next module, FPKID)
   9. Refused (Go to next module, FPKID)

MHDX (OWH) MHDX.
156. What did this professional call your condition?
1. Eating disorder
2. Major (Clinical) depression
3. Situational (Temporary) Depression
4. Manic Depression or Bi-Polar Disorder
5. Anxiety
6. Panic disorder
7. Post traumatic stress disorder (PTSD)
8. Schizophrenia
9. Attention deficit disorder (ADD)
10. Mental Breakdown
11. Neurosis
12. Alzheimer’s Disease
13. Senile dementia
14. Effects of heart disease or stroke
15. Alcohol abuse
16. Drug abuse
17. Other (Specify)

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

Who paid for the treatment?

1. Self
2. Private Insurance
3. Medicare
4. Medi-Cal
5. Husband/Partner
6. Boyfriend/Girlfriend
7. Parent
8. Other family member
9. Other friend
10. County mental health program
11. Community clinic
12. Other (Specify)

77. Don't know/Not sure
99. Refused
158. During the past 12 months, have you taken a prescription medication for your mental health condition?

1. Yes
2. No (Go to next module, FPKID)
7. Don’t know/Not sure (Go to next module, FPKID)
9. Refused (Go to next module, FPKID)

159. Who paid for the medication?

1. Self
2. Private Insurance
3. Medicare
4. Medi-Cal
5. Husband/Partner
6. Boyfriend/Girlfriend
7. Parent
8. Other family member
9. Other friend
9. County mental health program
10. Community clinic
11. Other (Specify)

77. Don’t know/Not sure
99. Refused
ATTITUDES ABOUT FAMILY PLANNING

I'm going to read you a few statements about the phrase “FAMILY PLANNING.” Please tell me if you agree or disagree with each statement.

<table>
<thead>
<tr>
<th></th>
<th>AGREE</th>
<th>Disagree</th>
<th>Dk/NS</th>
<th>Ref</th>
<th>AGREEB.</th>
</tr>
</thead>
<tbody>
<tr>
<td>160.</td>
<td>Family Planning includes deciding how many children to have.</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>161.</td>
<td>Family Planning includes deciding when to have children.</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>162.</td>
<td>Family Planning includes improving women’s reproductive health.</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>163.</td>
<td>Family Planning includes the PREVENTION of unintended pregnancy.</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

164. Other than the statements mentioned above, does Family Planning mean anything else to you?

1. Yes (Specify)
2. No
7. Don’t know/Not Sure
9. Refused

FPOTHTXT
164.5 OTHER (SPECIFY)
ACCESS TO FAMILY PLANNING SERVICES

If HYSTER2 EQ 1 or if AGE GT 50 or if MENOPAUS EQ 2, 3, or 4, go to next module, SEXED; Else continue

Now I'd like to ask you about your access to a health provider for family planning services.

FPWHEN (OFP)   HOWLONGD
165. When did you last have a visit with a health provider to talk about birth control?
(Read only if necessary)
   1. Within the last six months
   2. More than 6 months to 12 months ago
   3. More than 12 months to 2 years ago
   4. More than two years ago
   5. Never  
      (Go to next module, SEXED)
   7. Don't know/Not sure
   9. Refused

FPWHERE (OFP)   FPWHERE
166. Where do you usually go for birth control planning services?
(Read only if necessary)
   1. Private doctor's office
   2. HMO
   3. Health Department Family Planning Clinic
   4. Planned Parenthood
   5. Other Family Planning Clinic
   6. Other clinic (Specify)
   7. Hospital
   8. Friend
   9. Other (Specify)
   77. Don't know/Not sure
   99. Refused

FPWHETXT
166.5 OTHER (SPECIFY)

FPDENIED (OFP)   YESNO.
167. Have you ever gone without birth control planning services because you did not have enough money to pay for them?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused
**ATTITUDES ABOUT SEX EDUCATION IN SCHOOLS**

Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>AGREEC.</th>
<th>DNKNS</th>
<th>REF</th>
</tr>
</thead>
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</table>

Schools should teach classes on:

**SEXED (OFP)**

168. human sexuality.  
169. contraception (birth control).  
170. the prevention of sexually transmitted diseases.

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

**DRNKANY1 (OWH) YESNO.**

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

**DRKALC (OWH) Type II**

172. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average?

____ Enter Number (DRKAL_A) TYPE III  
____ Enter Week or Month (DRKAL_A1) WHEN I

888. None (F6) (Go to DRNKPROB)  
777. Don't know/Not sure (Go to DRNKPROB)  
999. Refused (Go to DRNKPROB)
NALCOCC (OWH) Type III
173. 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

DRINKGE5 (OWH) Type III
174. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

_____ Enter Number of times

(verify if GT 15)

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

DRNKPROB (OWH) YESNO.
175. Are you experiencing problems because of excessive drinking by someone you know?

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

Now I'm going to ask about drug use. These questions may or may not apply to you.

ILLDRUGS (DMH) YESNO
176. During the past month, have you used any of the following drugs or substances? (Read and mark all that apply)

1. Marijuana ILLDR_A
2. Cocaine ILLDR_B
3. Amphetamines ILLDR_C
4. Heroin ILLDR_D
5. PCP ILLDR_E
6. Other hallucinogens ILLDR_F
7. Other street drugs ILLDR_G

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

If no “Yes” responses to ILLDRUGS, go to AIDSTS3

WHENDRUG (DMH)
177. During the past month, on how many days per week or per month did you use any drugs or substances?

_____ Enter Number (WHEND_A - WEEK) (WHEND_B - MONTH) TYPE V _____ Enter Week or Month (WHEND_A1 - WEEK) (WHEND_B1 - MONTH) TYPE V

777. Don't know/Not sure
999. Refused
**AIDS AWARENESS**

The next few questions are about HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don’t have to answer every question if you don’t want to.

AIDSTST3 (OWH) YESNO.

178. **Have you ever had your blood tested for HIV?**

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

REASTST3 (OWH) REASTSTC

179. **What was the main reason you had your last blood test for HIV?**

1. For hospitalization or surgical procedure
2. For routine checkup
3. Because it was part of a blood donation process
4. Because of pregnancy
5. Just to find out if you were infected/Curiosity
6. Partner is HIV positive
7. Partner shoots drugs
8. (Male) partner who has sex with other men
9. Partner with hemophilia
10. I was told by a doctor that I had a sexually transmitted disease
11. I have shot drugs
12. I had unprotected sex with someone whose past drug use I didn’t know
13. I had unprotected sex with someone whose HIV test results I didn’t know
14. Occupational exposure
15. For employment
16. Other (specify)
77. Don’t know/Not sure
99. Refused

---

\^If AIDSTST3 EQ 1, go to next module, SEXBHAGE; ^3 Else continue \^3

---
AIDSNOT (OWH) AIDSNOT
180. What is the MAIN reason you have NOT had your blood tested for HIV? (Read only if necessary)

1. No reason to think that I have AIDS/Not in high risk group
2. Feel nervous about how it would turn out
3. Don’t know how to get tested
4. Unsure that the results would be confidential/Privacy concerns
5. Other (Specify)

7. Don’t know/Not sure
9. Refused

BIRTH CONTROL, SEXUAL BEHAVIOR & STD

Now I'd like to ask you some questions about your own sexual experience. If you are uncomfortable talking about this, please tell me and we will move on.

SEXBHAGE (OFP) TYPE VIII
181. How old were you at that time of your first sexual intercourse experience?

_____ Enter age in number of years

555. Never had intercourse (F6) (Go to Closing)
777. Don’t know/Not sure
999. Refused Question
888. Refused Module (Go to Closing)

SEXBHNUM (OFP) TYPE VIII
182. How many male sexual partners have you had in the last 12 months?

_____ Enter number

777. Don’t know/Not sure
999. Refused Question
888. Refused Module (Go to Closing)
BIRTH CONTROL USE

If MENOPAUSE EQ 2, 3, or 4 GO TO STDCHLYD
If SEXBHAGE EQ 555 or SEXBHNUM eq 0, or AGE GT 50, go to Closing
If PREG EQ 1 or HYSTER2 EQ 1, go to STDCHLYD;
Else continue

BCUSE (OFP) YESNO
183. Are you or your male sexual partner using a birth control method to prevent pregnancy?
1. Yes
2. No (Go to BCWHYNOT)
7. Don't know/Not sure (Go to STDCHLYD)
9. Refused Question (Go to STDCHLYD)
8. Refused Module (Go to STDCHLYD)

BCTYPE (OFP) YESNO
184. Which birth control method or methods are you using?
(Read only if necessary)
(Select all that apply)
1. Male sterilization BCTYP_A
2. Female sterilization BCTYP_B
3. Norplant/implants BCTYP_C
4. Depo-Provera/Injectables BCTYP_D
5. Birth control pills/oral contraceptive BCTYP_E
6. IUD/coil/loop 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 BCTYP_M
14. Other (Specify) BCTYP_N
77. Don't know/Not sure
99. Refused Question
88. Refused Module BCTYP_O

BCTYPTXT
184.5 OTHER (SPECIFY)
185. What is the MAIN reason that you are not CURRENTLY using birth control?  
(Read only if necessary)

1. Does not like side effects
2. Birth control is too difficult to use
3. Lovemaking would be interrupted
4. Birth control is too messy
5. Concerned about long term health problems
6. Partner objects to using birth control
7. Does not know how or where to get birth control
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. Partner is a woman
16. Other (Specify)

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

Sexually transmitted diseases

I would now like to ask you some questions about your knowledge of sexually transmitted diseases or STDs.

186. Have you ever heard of chlamydia?

1. Yes
2. No  (Go to PROBPREG)
3. Refused Module  (Go to Closing)

7. Don't know/Not sure  (Go to PROBPREG)
9. Refused Question  (Go to PROBPREG)
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STDCHLY2 (STD) YESNORF
187. Please tell me if you think the following statement is true or false. Most women infected with chlamydia have symptoms.

1. True
2. False

7. Don’t know/Not sure
9. Refused

8. Refused Module (Go to Closing)

PROBPREG (STD) YESNORF.
188. In the past, have you ever tried for more than 12 months to get pregnant and weren’t successful?

1. Yes
2. No

7. Don’t know/Not sure
9. Refused

8. Refused Module (Go to Closing)

INFERTIL (STD) YESNORF.
189. Have you ever been told by a doctor or other health care professional that you were infertile?

1. Yes
2. No

7. Don’t know/Not sure
9. Refused

8. Refused Module (Go to Closing)

STDADV (STD) YESNORF
190. During the past 12 months, did your doctor or other health care provider talk to you about your personal sexual behavior?

1. Yes
2. No

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

8. Refused Module (Go to Closing)

STDTOLD (STD) YESNORF
191. During the past 12 months, have you been told by a doctor or other health care provider that you have a sexually transmitted disease?
1. Yes
2. No (Go to STDCHK)
7. Don't know/Not sure (Go to STDCHK)
9. Refused Question (Go to STDCHK)
8. Refused Module (Go to Closing)

STDDX (STD) YESNO
192. What did the doctor or other health care provider tell you it was? (Mark all that apply; Do not read)
1. Chlamydia STDDX_A
2. Genital Herpes STDDX_B
3. Genital Warts (HPV) STDDX_C
4. Gonorrhea STDDX_D
5. HIV or AIDS STDDX_E
6. Pelvic Inflammatory Disease (PID) STDDX_F
7. Syphilis STDDX_G
8. Trichomonas STDDX_H
9. Yeast Infection STDDX_I
10. Other (specify) STDDX_J
77. Don't Know/Not Sure
99. Refused Question
88. Refused Module (Go to Closing) STDDX_K

STDDXTXT
192.5 OTHER (SPECIFY)

STDCHK (STD) YESNORF
193. In the past 12 months, have you specifically gone to a clinic or health care provider for a STD check or treatment?
1. Yes
2. No (Go to MAINPART)
7. Don't know/Not sure (Go to MAINPART)
9. Refused Question (Go to MAINPART)
8. Refused Module (Go to Closing)
STDWHERE (STD)  YESNO

194. Where did you go for the STD check or treatment?  (Mark all that apply; Do not read)

1. Public STD clinicSTDWH_A
2. Other public clinicSTDWH_B
3. Family planning clinicSTDWH_C
4. Community clinicSTDWH_D
5. Private doctor/HMOSTDWH_E
6. Emergency roomSTDWH_F
7. Student health centerSTDWH_G
8. Military facilitySTDWH_H
9. Jail or other detention facilitySTDWH_I
10. Other (Specify)STDWH_J

77. Don’t Know/Not sure
99. Refused Question
88. Refused Module (Go to Closing)STDWH_K

STDWHTXT

194.5 OTHER (SPECIFY)

^If SEXBHNUM EQ 0, go to CLOSING;
Else continue^
SEXUAL BEHAVIOR

MAINPART (STD) YESNORF

195. This question is about the one male sexual partner, like a husband or boyfriend, whom you consider to be your main male sexual partner. During the past 12 months, did you have a main male sexual partner?

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

MAINCOND (STD) YESNORF

196. Did you or your most recent main male sexual partner use condoms the last time you had sexual intercourse?

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

OTHRPART (STD) YESNORF

197. This question is about a non-main or new male sexual partner. A new sexual partner is someone you had sex with for the first time. During the past 12 months, did you have a non-main or new male sexual partner?

1. Yes
2. No (Go to BCBAR)
7. Don’t know/Not sure (Go to BCBAR)
9. Refused Question (Go to BCBAR)
8. Refused Module (Go to Closing)
SEXBEH1 (OFP)  TYPE VIII
198. In the past 12 months, how many of your male sexual partners were new partners?

______ Enter number

777. Don’t know/Not sure
999. Refused Question

888. Refused Module (Go to Closing)

OTHRCOND (STD)  YESNORF
199. Did you or your most recent non-main or new male sexual partner use condoms the last time you had sexual intercourse?

1. Yes
2. No

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

8. Refused Module (Go to Closing)
How OFTEN do you or your male sexual partner use condoms or any other barrier method? Would you say you never use it, use it sometimes or always use it?

1. Always use it (Go to Closing)
2. Use it sometimes
3. Never use it
4. Don't know/Not sure (Go to Closing)
5. Refused Question (Go to Closing)
6. Refused Module (Go to Closing)

What is your MAIN reason for not using condoms or some other type of barrier method all the time?

1. Use birth control pills or some other method of birth control
2. Believe there is a “safe time” of the month
3. Method not available
4. Respondent dislikes method
5. Partner dislikes method
6. Don't think about it
7. Doesn't see a need to use that method
8. Wants to get pregnant
9. Can't get pregnant
10. Under the influence of drugs or alcohol
11. Didn't feel like it
12. In a monogamous relationship
13. Other (Specify) __________
77. Don't know/Not sure
99. Refused

Closing statement:
That's my last question. Everyone's answers are confidential and will be combined to give us information about the health practices of women in this state. Thank you very much for your time and cooperation.

In what language was this survey completed?

1. Spanish
2. English