Questions about the survey should be directed to:

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Sacramento, CA  94234-7320
(916) 327-2768
INTROQ
HELLO, I'm __________ calling on behalf of the California Department of Health Services and the Office of Women's Health.

Is this ____________?
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 ____________?
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 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 health care coverage, exercise, experience with breast cancer screening tests, alcohol and tobacco use, social support and caregiver duties, mental health and family violence. Depending on your age, you may also be asked about family planning, childbirth and breastfeeding experience, and experience with 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.
First I’d like to ask some questions about your health.

**GENHLTH (Core) HEALTH.**

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
   6. Don’t know/Not sure
   7. Refused

**PHYSHLTH (Core) TYPEVII.**

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.**

3. **Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?**
   
   __ Enter Number of days
   
   88. None
   77. Don’t know/Not sure
   99. Refused

**POORHLTH (Core) (Ask if PHYSHLTH >=1 or MENTHLTH>=1) TYPEVII.**

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 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.

HAVEPLN3 (Core) YESNO.
5. 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:

   6. Your employer
   1 2 7 9 EMPPLAN
   7. Someone else's employer (including spouse)
   1 2 7 9 OEMPLAN
   8. A plan that you or someone else buys on your own
   1 2 7 9 OWNPLAN
   9. Medicare
   1 2 7 9 MEDICARE
   10. Medi-Cal (Medicaid)
   1 2 7 9 MEDICAL
   11. The military, CHAMPUS, or the VA [or CHAMP-VA]
   1 2 7 9 MILPLAN
   12. Indian Health Service or some other source
   1 2 7 9 INDOTHR

If no “Yes” responses to Q6–12, go to PASTPLAN;
If more than one “Yes” to Q6–12, go to MAINPLAN, else go to GAPPLN
13. 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) 
7. Indian Health Service 
8. Some other source 

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

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

1. Yes 
2. No (Go to HMOPPO2) 
7. Don't know (Go to HMOPPO2) 
9. Refused (Go to HMOPPO2) 

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

____ (number) 
77. Don't Know/Not Sure 
99. Refused 

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

1. Yes 
2. No 
7. Don't know/Not sure 
9. Refused
17. 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?

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<td>Molina Medical Center</td>
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777. Don't know/Not sure (Go to NEEDDOC2)
888. None (Go to NEEDDOC2)
999. Refused (Go to NEEDDOC2)
TIMEPLAN (Core)  HOWLNGD.
18. About how long have you had this particular health coverage?

   Read Only if Necessary

   1. Within the past 6 months (more than 0 to 6 months) (Go to NEEDDOC2)
   2. Within the past year (more than 6 months to 1 year) (Go to NEEDDOC2)
   3. Within the past 2 years (more than 1 year to 2 years) (Go to NEEDDOC2)
   4. Within the past 5 years (more than 2 years to 5 years) (Go to NEEDDOC2)
   5. More than 5 years ago (Go to NEEDDOC2)
   7. Don't know/Not sure (Go to NEEDDOC2)
   8. Never (Go to NEEDDOC2)
   9. Refused (Go to NEEDDOC2)

PASTPLAN (Core)  HOWLONCG.
19. 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

HEALTH INFORMATION & HEALTH DECISIONS

NEEDDOC2 (Core)  YESNO.
20. 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.
21. 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.

22. **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
    2. Didn’t know where to get health care
    3. Couldn’t find a health care provider who would take me as a patient
    4. Couldn’t get an appointment
    5. The health care provider’s office hours were not convenient
    6. Didn’t have transportation to get to the provider’s office
    7. Didn’t have anyone to take care of my children
    8. Couldn’t take off from work
    9. Felt better; problem went away
    10. Too embarrassed to go to doctor
    11. Didn’t want to hear lecture about weight
    12. Language problem
    13. Against religion
    14. Don’t believe in western medicine
    15. Other (Specify) __________

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

WHYNOTXT WHYNOTXT.

22.5 OTHER (SPECIFY)

CHECKUP2 (Core) HOWLONG.

23. **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 (0 years to 1 year)
    2. Within the past 2 years (more than 1 year to 2 years)
    3. Within the past 5 years (more than 2 years to 5 years)
    4. More than 5 years ago

    7. Don’t know/Not sure
    8. Never
    9. Refused
DISABILITY
The following questions concern the possible limitations in a number of actions as a result of your health.

DISVIGOR (CMRI) NEW
24. During the last four weeks has your health limited the kind or amount of vigorous activity you can do, like lifting heavy objects, running or participating in strenuous sports?

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

DISMODER (CMRI) NEW
25. During the last four weeks has your health limited the kind or amount of moderate activity you can do, like moving a table, carrying groceries or bowling?

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

DISSTAIR (CMRI) NEW
26. During the last four weeks has your health limited you from walking up a hill or climbing a few flights of stairs?

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

DISBEND (CMRI) NEW
27. During the last four weeks has your health limited you from bending, lifting, or stooping?

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

DISWALK (CMRI) NEW
28. During the last four weeks has your health limited you from walking one block?

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

DISUSUAL (CMRI) NEW
29. During the last four weeks has your health limited you from eating, dressing, bathing, or using the toilet?

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

If DISVIGOR NE 1 and DISMODER NE 1 and DISSTAIR NE 1 and DISBEND NE and DISWALK NE 1 and DISUSUAL NE1 Go to STAIRAC2
Else continue

MAJRPROB (CMRI) NEW (Asked if any YES to Q24 through Q29) MAJRPROB.
30. What is the MOST important reason for the limitation you have just indicated?

1. A back or neck problem
2. A broken bone or joint injury
3. Problems walking
4. Hearing problem
5. A lung problem or problems breathing
6. Arthritis or rheumatism
7. Heart trouble
8. Stroke
9. Cancer, other than skin cancer
10. Depression
11. Flu
12. Aging \Getting old
13. Poor health \Didn’t feel good
14. Too tired \Exhausted \Fatigued
15. Other (specify)
16. Pregnancy\Preg. Related issues
17. Accident\Injury
18. Surgery
19. Overweight\Weight related issues
20. Infection
21. Respiratory ailment
22. Multiple problems (2 or more indicated)
23. Diabetes, complications of diabetes
24. Other chronic conditions
25. Other acute conditions
26. Pain
27. Mentioned body part(not condition or dx)

77. Don’t know/Not sure
99. Refused
EXERCISE / PHYSICAL ACTIVITY

STAIRAC2 (CMRI) NEW TYPEIII.
31. How many flights of stairs do you usually climb up each day or week? (FLIGHT = 10 CONSECUTIVE STEPS)

___ 1XX Times per Day
___ 2XX Times per Week

888. None
777. Don’t know/Not sure
999. Refused

BLKACT (CMRI) NEW TYPEIII.
32. How many city blocks or their equivalent do you regularly walk each day? (Mile = 12 city blocks)

___ Enter Number / Day

888. None
777. Don’t know/Not sure
999. Refused

TIMESIT (CMRI) NEW TYPEVIII.
33. On a typical day, about how much time do you spend sitting; for example, while you are working, reading or watching TV?

XX (HOURS) XX (MINUTES)

5555 = Never
7777 = Don’t know
9999 = Refused

PAIN (CMRI) NEW YESNO.
34. During the last 12 months, has pain often kept you from doing things you wanted to do?

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) YESNO.
35. Have you smoked at least 100 cigarettes in your entire life?

5 packs = 100 cigarettes

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

SMKEVDA2 (Core) EVDAY.

36. 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

EXPHRS (Core) TYPEIX.
37. 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
   XXX (HOURS) XX (MINUTES)
   00000. None at all
   77777. Don’t know/Not sure
   99999. Refused

WIC OUTREACH

WIC2YR (WIC) NEW YESNO.
38. Have you been enrolled in the WIC (Women’s, Infant’s and Children’s) program within the last two years?
   1. Yes
   2. No (Go to AGE)
   7. Don’t know/Not sure (Go to AGE)
   9. Refused (Go to AGE)
39. **What do you like MOST about the WIC Program?**
(Read only if necessary)

1. Free food or formula
2. Nutrition education & counseling
3. Support with breastfeeding
4. Provides healthy food to children
5. Concerned about children
6. Helps low income women, children or families
7. Provides vouchers for food
8. One-on-one nutritional counseling
9. Let's you pick the store you want
10. Nice staff
11. Nothing – Doesn’t like WIC
12. Classes provided
13. Liked everything
14. Health exams\Concern about health
15. Other (specify)

77. Don’t Know\Not sure
99. Refused

39.5 **OTHER (SPECIFY)**

40. **What do you like LEAST about the WIC Program?**
(Read only if necessary)

1. Waiting time for appointments
2. Nutrition\Dietary counseling
3. Health classes
4. Nutrition classes
5. Treatment by WIC staff
6. Treatment by store staff w using WIC
7. No childcare while going to WIC
8. Too much paperwork
9. Need to return to WIC regularly
10. Do not dislike anything about WIC
11. Wait at grocery store
12. The coupons
13. Clinic facilities
14. Kids don’t like WIC food
15. WIC food\Choices
16. Not enough food or milk provided
17. Embarrassing to be on WIC
18. Medical checkups for children
19. Wait for vouchers
20. Clinic location\Need transportation
21. Clients not screen enough
22. Limited choice of stores
23. Limited appointment times (not early enough)
24. Program ends too soon
25. Health limitations needed to receive WIC
26. Other (specify)

77. Don’t know/Not sure
99. Refused

40.5 **OTHER (SPECIFY)**

41. **Are you enrolled in WIC now?**

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

1, 2, 3, 4: (Go to WICREF)
7, 9: (Go to WICNOTEN)
What is the main reason you are no longer enrolled in WIC?

1. No longer qualified
2. Moved
3. Didn’t need it any more
4. Did not like WIC
5. No childcare available to go to WIC
6. Too much paperwork
7. Waiting time at WIC too long
8. Too hard to get required medical info
9. No health insurance or can’t afford health care
10. Too hard to get a medical appointment
11. Can’t afford medical visits \ Co-pay
12. Transportation problems getting to WIC
13. Can’t get time from work to go to WIC
14. Other (specify)
15. Missed appointment
16. Other (specify)

Did WIC staff refer you to any programs or services in your community?

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

What kinds of services were you referred to in your community?

1. Healthcare
2. Alcohol treatment or support programs
3. Drug treatment or support programs
4. Stop smoking classes
5. Child care referrals
6. Head start
7. Food closet
8. Family counseling
9. Homeless services
10. Battered women’s shelter
11. Family violence programs
12. Legal services
13. Child abuse programs
14. Other (specify)
15. Breastfeeding class
16. Food co-op
17. Breastfeeding class
18. Food co-op

Did you go to the community services or programs to which WIC staff referred you?

1. Yes
2. No
3. Don’t know/Not sure
4. Refused
WICNOGO NEW (WIC) WHYNOGO.

46. What is the main reason you didn't go to the community service or program to which you were referred? Was it because you . . . (Read all responses and select one)

1. Didn't have transportation
2. Did not need the service
3. Did not want the service \ Did not want to go
4. Did not have childcare
5. Did not think the service would help
6. Some other reason (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) TYPEI.

47. How old were you on your last birthday?

___ Enter age in years

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

PREGNANCY

PREGNANT (Core) (Asked of those AGE 18-49) YESNO.

48. To your knowledge, are you now pregnant?

1. Yes
2. No

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

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

49. Have you been pregnant in the past five years?
[If PREGNANT=1 ASK:]
Other than your current pregnancy, have you been pregnant in the past five years?

1. Yes
2. No

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

FERTILITY
Now, I would like to ask you about any pregnancies you might have had. I'm interested in all your pregnancies, whether they resulted in a live birth, stillbirth, abortion, or miscarriage, even those miscarriages which ended very early.

PREGNUM (MCH) NEW (Asked of all women) TYPEII.

50. How many pregnancies have you ever had?

[If PREGNANT=1 ASK:]
Not including this current pregnancy, how many pregnancies have you ever had?

__ Enter Number

88. None (Go to FOLICHER)

77. Don't know/Not sure (Go to FOLICHER)

99. Refused (Go to FOLICHER)

LIVEBRTH (MCH) NEW TYPEII.

51. How many children have you ever had, counting only live births?

__ Enter Number

88. None (Go to FOLICHER)

77. Don't know/Not sure (Go to FOLICHER)

99. Refused (Go to FOLICHER)

DATEBRTH (WIC) NEW TYPEII.

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

XX (Month) XXXX (Year)

77. Don't know/Not sure

99. Refused

TEEN PREGNANCY: TRENDS, SOCIAL-ECONOMIC FACTORS

AGEBRTH (MCH) NEW TYPEI.

53. How old were you when your first baby was born?

__ Enter age in years

77. Don't know/Not sure

99. Refused

SCHLBKTH (MCH) NEW TYPEI.

54. At the time of your first child's birth, how many years of school had you completed?

__ Enter number

77. Don't know/Not sure

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

FOLICHER (MCH) (Asked of all women) YESNO.
55. Have you ever heard or read anything about folic acid or folate?
   1. Yes
   2. No (Go to DIABDRNK)
   7. Don’t know/Not sure (Go to DIABDRNK)
   9. Refused (Go to DIABDRNK)

FOLICIN2 (MCH) YESNO.
56. Would you say you could increase your intake of folic acid or folate through foods, vitamin supplements, or both?
   1. Foods
   2. Vitamin supplement
   3. Both
   7. Don’t know/Not sure (Go to DIABDRNK)
   9. Refused (Go to DIABDRNK)

FOLICSO2 (MCH) YESNO.
57. From what you have read or seen, what food items are good sources of folic acid or folate?
(Mark all that apply)
   1. Broccoli  FOLICS_A
   2. Spinach  FOLICS_B
   3. Green leafy vegetables \Green vegetables \Greens  FOLICS_C
   4. Green salad  FOLICS_D
   5. Vegetables other than green vegetables  FOLICS_E
   6. Dried beans or peas  FOLICS_F
   7. Cereals and grains  FOLICS_G
   8. Dairy products  FOLICS_H
   9. Meat  FOLICS_I
   10. Orange juice  FOLICS_J
   11. Fruits  FOLICS_K
   12. Other (specify)  FOLICS_L
   77. Don’t know \Not sure
   99. Refused

FOLICSTX FOLICSO2.
57.5 OTHER (SPECIFY)
58. Where did you learn about folic acid? (Mark all that apply)

1. Magazine or newspaper article  
2. Radio  
3. Television  
4. Physician /OB-GYN/OBGYN/FP  
5. Books  
6. Brochures /Literature at health care provider’s office  
7. Friend /Relative /Co-worker  
8. School /College  
9. Label /Back of vitamin bottle  
10. Nutrition Classes other than in school or college  
11. Nurse /Nurse practitioner  
12. Nursing School  
13. Media  
14. Other (specify)  

77. Don’t know/Not sure  
99. Refused

58.5 OTHER (SPECIFY)
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.**

61. 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) YESNOTER.**

62. While pregnant, did you have your blood drawn for the AFP blood test?

1. Yes (Go to next module, WTPREPG)
2. No (Go to next module, WTPREPG)
3. No, Pregnancy terminated \miscarried (Go to next module, WTPREPG)
4. No, too early in pregnancy (Go to next module, WTPREPG)

7. Don’t know/Not sure (Go to next module, WTPREPG)
9. Refused (Go to next module, WTPREPG)

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.**

63. 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, WTPREPG)
2. No

7. Don’t know/Not sure
9. Refused

**AFPNOT2 (GENETICS) YESNO.**

64. 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.
65. 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.
66. You had heard that AFP results were unreliable.
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

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

AFPNOT6 (GENETICS) YESNO.
68. 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.
69. 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.
70. The blood test was too expensive.
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

AFPNOT9 (GENETICS) YESNO.
71. 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

AFPNOTXT
71.5 Other (Specify)

PRENATAL CARE

WTPREPG (MCH) TYPEIV.
72. About how many pounds did you weigh before your last pregnancy?
   ____ Enter pounds in whole pounds
   777. Don’t know/Not sure
   999. Refused
   888. Last pregnancy terminated (Go to VITAMBF)

WTGAIN (MCH) TYPEIV.
73. 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
74. 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.

75. Did you take prenatal or multi-vitamins BEFORE you became pregnant the last time?
   (If currently pregnant and no prior pregnancies ask)
   Did you take prenatal or multi-vitamins BEFORE you became pregnant?
   1. Yes
   2. No
   3. Never Been Pregnant
   7. Don't know/Not sure
   9. Refused

76. Are you CURRENTLY taking multi-vitamins, prenatal vitamins, mineral or food supplements?
   1. Yes
   2. No (GO TO BRSTFEED)
   7. Don't know/Not sure (GO TO BRSTFEED)
   9. Refused (GO TO BRSTFEED)

77. What vitamin, mineral and/or food supplements are you currently taking? (Do not read. Check all that apply)
   1. A multi or prenatal vitamin VITAT_A
   2. Folic acid/Folate VITAT_B
   3. Vitamin C supplement VITAT_C
   4. Iron supplement VITAT_D
   5. Body building nutrition supplement VITAT_E
   6. Weight loss drink such as SLIM FAST VITAT_F
   7. Vitamin fortified drinks VITAT_G
   8. Other supplements, please specify VITAT_H
   77. Don't know/Not sure
   99. Refused

77.5 OTHER (SPECIFY)

IRON (MCH) (Ask if VITAT_D NE 1) YESNO.
78. Are you CURRENTLY taking an iron supplement or vitamins with iron?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused

BREASTFEEDING

If LIVEBRTH EQ 88 go to IDEALBF; else continue

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

CHILDPRT (WIC) NEW
80. How old was your last child when you were first away from him/her because you returned to work or school?

_____ Enter months
_____ Enter years

77. Don't know/Not sure
99. Refused
88. Never returned to work or school (F6) (Go to WHNSTPBF)

If CHILDPRT >9 mos., go to IDEALBF; else continue

NUMHRWRK (WIC) NEW
81. Thinking back to the first two months after you returned to work or school, on average how many hours per day were you away from your child?

_____ Enter number

77. Don't know/Not sure
99. Refused
MLKPREWK (WIC) NEW MILK.
82. What kind of milk did you feed your baby the month before you returned to work or school? Would you say . . .

1. Breastmilk only
2. A combination of formula and breastmilk
3. Formula only  (Go to IDEALBF)
4. Combination of cow’s milk and breastmilk
5. Cow’s milk only  (Go to IDEALBF)
6. Other (specify)
7. Don’t know/Not sure
9. Refused

MLKPSTWK (WIC) NEW MILKB.
83. Thinking back to when you first returned to work or school, what kind of milk were you feeding your baby two months after you returned to work or school? Was it...

1. Breastmilk only  (Go to WHNSTPBF)
2. A combination of formula and breastmilk
3. Formula only
4. Combination of cow’s milk and breastmilk
5. Cow’s milk only
6. Other (Specify)
7. Don’t know/Not sure
9. Refused

If MLKPREWK EQ 1 and MLKPSTWK does not include breastmilk option, continue; Else go to WHNSTPBF.

WHTHLBPB (WIC) NEW PUMPHLP.
84. What one thing would have helped you keep breastfeeding after you returned to work or school?

1. Access to a pump
2. Time to pump
3. Place to pump
4. If your baby was at work or school with you
5. More support from employer
6. Some other reason (Specify)

77. Don’t know/Not sure
99. Refused

WHTHLTXT PUMPHLP.
84.5 OTHER (SPECIFY)
85. How old was your last baby when you stopped breastfeeding?

___ Enter months

77. Don't know/Not sure
99. Refused
88. Haven't stopped breastfeeding (F6)

86. Ideally, how long do you think women should breastfeed their babies?

___ 1XX = # of days
___ 2XX = # of weeks
___ 3XX = # of months
___ 4XX = # of years
___ 555 = not at all

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

87. 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

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

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

1. Yes
2. No

7. Don't know/Not sure
9. Refused
89. 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

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

90. 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
89. Refused
BIRTHPLC (Core)  BIRTHPLC.

91. 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. Guatemala 
15. England 
16. Ireland 
17. Europe 
18. Sweden 
19. Denmark 
20. Norway 
21. Holland 
22. Belgium 
23. France 
24. Italy 
25. Switzerland 
26. Russia 
27. Armenia 
28. Croatia 
29. Israel 
30. Lebanon 
31. Iran 
32. Iraq 
33. Pakistan 
34. Germany 
35. Ukraine 
36. South America 
37. Argentina 
38. Peru 
39. Brazil 
40. Venezuela 
41. Honduras 
42. Nicaragua 
43. El Salvador 
44. Ecuador 
45. Panama 
46. Cuba 
47. Bangladesh 
48. Fiji 
49. American Samoa 
50. Saipan 
51. Australia 
52. Africa 
53. Zimbabwe 
54. Greece 
55. Jordan 
56. Nigeria 
57. Panama 
58. Portugal 
59. Thailand 
60. Virgin Islands 
61. Burma 
62. Columbia 
63. Yugoslavia 
64. Austria 
65. Dominican Republic 
66. Poland 
67. West Indies 
68. Belize 
69. Egypt 
70. Ivory Coast 
71. Singapore 
72. Uruguay 
73. Guam 
74. Finland 
75. Hungary 
76. United Kingdom 
77. Spain 
78. Chile 
79. Malaysia 
80. Other 
81. Bosnia 
82. Romania 
83. Puerto Rico 
84. Albania 
85. Bahrain 
86. Bolivia 
87. Morocco 
88. Tahiti 
89. South Africa 
90. Trinidad 
91. Slovakia 
92. Guyana 
93. Saudi Arabia 
94. Latvia 
95. Iceland 
96. Kenya 
97. Sudan 
98. Don't know/Not sure 
99. Refused (Go to MARITAL) 

BIRTHTXT

91.5 OTHER (SPECIFY) 

USENTRY NEW (Core)  TYPEI.

92. In what year did you first enter the U.S.?

___ Enter year

7777. Don't know/Not sure

9999. Refused

MARITAL (Core)  MARITAL.

93. 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

CHILD18 (Core)  TYPEII.

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

00. None
99. Refused

CHILD1-CHILD9 (Core) TYPEII.
95. (If CHILD18=1, ask:) How old is the child?
(If CHILD18 GT 1, ask:) How old are the children?

INTERVIEWER NOTE: List the ages of all children in the household. If child is less than one year old then age = 1.0. ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year-olds (.1=younger 5.15 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}
5.2
13.0

Youths =

AGE OF CHILD/CHILDREN
77. Don't know
99. Refused

EDUCA (Core) EDUCAB.
96. 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.
97. 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

HHSIZE (CA)*** Calculated variable do not ask ***
98. Household size. ((NUMADULT-NHHADULT)+CHILD18)
California Women's Health Survey - 1998

INCOM95 (Core) INCOME95.  
99. 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  

Find the point on the table where HHSIZE and INCOM94 intersect. 
If there is a table value and the table value is LT the "less than" value of the response to INCOM94, go to THRESH95. 

THRESH95 (Core) YESNO.  
100. 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  

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<th>INCOM94</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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</tbody>
</table>

(100% and 200% of Federal Poverty Line; From: Federal Register, Mar 10, 1997, rounded to nearest $100.)  

IF NUMADULT EQ 1 and CHILD1-CHILD9 EQ 0, go to HEIGHT  

INCOM94B (Core) INCOME95.  
101. 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  
77. Don't know/Not sure  
99. Refused
$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

HEIGHT (Core)  
102. 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)  
103. 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)**

**104. What county do you live in?**

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<th>County</th>
</tr>
</thead>
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<tr>
<td>1</td>
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**NUMPHON2 (Core)**

**105. How many residential telephone numbers do you have? Exclude dedicated fax lines, computer lines, cellular and mobile phones.**

\(8 = 8 \text{ or more}\)

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**ZIPCODE (Core)**

**106. What is your zip code?**

_____ Enter the five digit number

77777 Don't know/Not sure
99999 Refused
INCOME & 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 (MCH) NEW (All Women) TRUEFALB.
107. 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 true
2. Sometimes true
3. Never true
7. Don't know/Not sure
9. Refused

AFRDMEAL (MCH) NEW TRUEFALB.
108. 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

EATLESSC (MCH) NEW YESNO.
109. 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 (MCH) NEW YESNO.
110. 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

SIZEFEEL (MCH) NEW SCALE.
111. We are interested in how much your weight influences the way you feel about yourself. Would you say it influences you . . .

1. Very much
2. Somewhat
3. Not very much
4. Not at all
5. Don’t Know/Not Sure
6. Refused

LOSEWT (MCH) NEW YESNO.

112. Do you ever do anything to try to lose weight?

1. Yes
2. No (Go to HADMAM)
3. Don’t Know/Not Sure (Go to HADMAM)
4. Refused (Go to HADMAM)

TRYLOSE (MCH) NEW YESNO.

113. In the last year, what did you do to try to lose weight? (Select all that apply)

1. Did nothing TRYLO_A
2. Went on a diet TRYLO_B
3. Went on a fast TRYLO_C
4. Took laxatives, ipecac or diuretics TRYLO_D
5. Made myself vomit (throw-up) TRYLO_E
6. Drank alcohol TRYLO_F
7. Smoked TRYLO_G
8. Exercised TRYLO_H
9. Other (specify) TRYLO_I

77. Don’t know/Not sure
99. Refused

TRYLOTXT TRYLOTXT.

113.5 OTHER (SPECIFY)

BREAST AND CERVICAL CANCER SCREENING

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

HADMAM (BCEDP; CDC-C, modified lead-in) YESNO.
(Note: asked of all women)

114. Have you ever had a mammogram?

1. Yes
2. No (Go to MAMMEDIB)
3. Don’t know/Not sure (Go to MAMMEDIB)
4. Refused (Go to MAMMEDIB)

HOWLONG2 (BCEDP; CDC-C) HOWLONGB.

115. 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
6. Don't know/Not sure
7. Refused

WHYDONE (BCEDP; CDC-C) WHYDONE.

116. 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
4. Don't know/Not sure
5. Refused

MAMMEDIB (BCEDP) (Ask of all women) YESNO.

117. 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
3. Don't know/Not sure
4. Refused

F40GUIDE (BCEDP) (Ask all women) BGUIDE.

118. In general, how often do YOU THINK a woman age 40 or older 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
6. Don't Know/Not sure
7. Refused

F50GUIDE (BCEDP) (Ask all women) BGUIDE.

119. 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
6. Don't Know/Not sure
7. Refused
8. Refused
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

F50GUID2 (BCEDP) (Ask of all women) IMPORT.
120. 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

F50GUID3 (BCEDP) (Ask of all women) IMPORT.
121. 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

If HADMAM NE 1, go to F50RXMAM, Else, continue

F40RXMAM (BCEDP) YESNO.
122. 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.
123. 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) (Ask all women) YESNO.
124. Have you ever had breast cancer?
   1. Yes (GO TO MAMMPAY)
   2. No
   7. Don't Know/Not sure
   9. Refused

BCRISK (BCEDP) SCALEB.
125. What do you think is your risk of getting breast cancer?
   1. High
   2. Medium
   3. Low
   4. None
   7. Don't know/Not sure
   9. Refused

MAMMPAY (BCEDP) (Ask all women) PORTION.
126. If you wanted to have a mammogram, would you have to pay for all, part or none of the cost?
   1. All
   2. Part (includes co pay)
   3. None (Go to HADCBE)
   7. Don't know/Not sure (Go to HADCBE)
   9. Refused (Go to HADCBE)

MAMMDFP (BCEDP) DIFFIC.
127. How difficult would it be for you to pay for the cost of the 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

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

HADCBE (BECDP; CDC-C) YESNO.
128. Have you ever had a clinical breast exam?
   1. Yes
   2. No (Go to CBEGUIDE)
WHENCBE (BCEDP; CDC-C) HOWLONGB.

129. 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
6. Don't know/Not sure
7. Refused

WHYCBE (BCEDP; CDC-C) WHYDONE.

130. 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
4. Don't know/Not sure
5. Refused

CBEGUIDE (BCEDP) (Ask all women) BGUIDE.

131. 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
5. Don't Know/Not sure
6. Refused
HADPAP (BECDP; CDC-C, modified lead-in) (Ask all women) YESNO.

132. 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 (Go to HYSTER2)
7. Don't know/Not sure (Go to HYSTER2)
9. Refused (Go to HYSTER2)

WHENPAP2 (BECDP; CDC-C) HOWLONGB.

133. How long has it been since you had your last Pap smear?

(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

WHYPAP (BECDP; CDC-C, modified wording) WHYPAP.

134. 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

IF PREG EQ 1 Go to UIPROB;
Else continue

HYSTER2 (BECDP; CDC-C) YESNO.

135. 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

URINARY INCONTINENCE AND BLADDER PROBLEMS
UIPROB (CMRI) (Ask all women) YESNO.
136. A common problem for women is bladder control. Do you have any problems with leaking urine? (Refers to accidental loss of urine)

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

(GO TO HLPACT)

DAYURIN (CMRI) NEW YESNO.
137. On about how many days in the last month have you lost any urine? (Refers to accidental loss of urine)

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

(SOCIAL SUPPORT)

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

HLPACT (MCH) (Ask all women) YESNO.
138. 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

HLPMONEY (MCH) YESNO.
139. 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
HPLSICK (MCH) YESNO.  
140. 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  

HLPRIDE (MCH) YESNO.  
141. 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  
Sometimes women provide care or arrange for the care of a family member or friend who has a health problem or disability or who is aging. By this, I mean that they may be responsible for caring for a family member or friend’s personal needs or for helping them get to the doctor, care for their home, go shopping, or run errands. This does not include care that you are paid to provide.  

CAREGIV2 (OWH) (Ask all women) YESNO.  
142. During the past 12 months, have you been responsible for the care or arranging the care of a family member or friend? This does not include regular child care activities for your own children but does include the care you provide to a child with special needs.  
1. Yes  
2. No (Go to MHOVRWLM)  
7. Don’t know/Not sure (Go to MHOVRWLM)  
9. Refused (Go to MHOVRWLM)  

CAREWHO (OWH) YESNO.  
143. Who did you care for? Probe for Adult or Minor child if respondent says “child”. (Enter all that apply)  
1. Spouse CAREW_A  
2. Adult child \Adult stepchild CAREW_H  
3. Minor child \Minor stepchild CAREW_I  
4. Parent or parent-in-law CAREW_C  
5. Grandparent CAREW_D  
6. Other relative CAREW_E  
7. Friend or neighbor CAREW_F  
8. Grandchild CAREW_J  
9. Other (Specify) CAREW_G  
77. Don’t know/Not sure  
99. Refused  

CAREWTXT CAREWTXT.
143.5 OTHER (SPECIFY)

CARERESP (OWH) NEW SCALEC.

144. Over the past 12 months, how much did caring for this person\ these persons limit your ability to fulfill your other responsibilities? Would you say . . .

1. Not at all
2. Slightly
3. Moderately
4. Extremely

7. Don't Know / Not Sure
9. Refused

MENTAL HEALTH ISSUES

MHOVRWLM (MCH) (Ask all women) OFTEN.

145. In the past 30 days, how often have you felt problems were piling up so high that you could not overcome them? Would you say...

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

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

DAYSANX (DMH) NEW TYPEII.

146. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

Enter Number of days

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

DAYSSAD (DMH) NEW TYPEII.

147. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

Enter Number of days

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

QUESTIONS 148 AND 149 WERE REMOVED

If 1 < MHOVRWLM < 4 or 1 < DAYSAN <= 30 or < DAYSSAD <= 30, continue; Else go to MHEVER
MHLMTWK (DMH) NEW SCALEC.
150. Over the past 30 days, how much these feelings limit your ability to work or attend school? Would you say . . .
   1. Not at all
   2. Slightly (affected quality of work, but still able to accomplish work or school tasks)
   3. Moderately (limited the kind or amount of work or school participation)
   4. Extremely (entirely unable to work or attend school)
   7. Don't Know / Not Sure
   9. Refused
   8. Not Applicable

MHLMTDY (DMH) NEW SCALEC.
151. Everyday activities include things such as cooking, household chores, managing money, and taking care of your children? Over the past 30 days, how much did any emotional or mental condition problem limit your ability to manage your everyday activities. Would you say . . .
   1. Not at all
   2. Slightly - affected quality of work, but still able to accomplish work or school tasks
   3. Moderately - limited the kind or amount of work or school participation
   4. Extremely - entirely unable to work or attend school
   7. Don't Know / Not Sure
   9. Refused

MHEVER (DMH) NEW (Ask all women) YESNO.
151.5 Thinking back over your lifetime, have you ever had a diagnosed mental health condition?
   1. Yes
   2. No
   7. DK/Not sure
   9. Refused

MHHELP2 (MCH) (Ask all women) (Skip Corrected 7/8/98) YESNO.
152. Now thinking about the last year, in the past 12 months did you ever want help with personal or family problems from a mental health professional or religious or spiritual leader?
   1. Yes
   2. No (Go to DRNKANY1)
   7. Don’t know/Not sure (Go to DRNKANY1)
   9. Refused (Go to DRNKANY1)
MHHLPWNT (MCH) YESNO.

153. Did you get the help you wanted?

1. Yes
2. No
3. Don’t know
4. Refused

MHNOTGE2 (MCH) NEW

154. Why didn’t you get the help you wanted?

1. I couldn’t afford it
2. I didn’t know where to go
3. I was concerned about what others would think
4. Appointment times were inconvenient
5. I didn’t want a medical record of my condition
6. Other (specify)

77. Don’t know/Not sure
99. Refused

MHWHHELP2 (DMH)

155. Who did you go to for help? (Select all that apply) Probe for any others?

1. Psychiatrist
2. Psychologist
3. Medical Doctor
4. Counselor (specify)
5. Social worker
6. Minister, priest, rabbi
7. Self-help support group for emotional stress or mental illness
8. Healer, medicine man, or medicine woman, or curandera
9. Case Worker
10. Other (specify)

77. Don’t know/Not sure
99. Refused

MHWHETXT

155.5 Other (SPECIFY)
156. What did this person 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. Stress
18. Obsessive Compulsive Disorder (OCD)
19. Dissociative Identity Disorder (DID)
20. Multiple Personality Disorder (MPD)
21. Mourning/bereavement
22. Adjustment Disorder
23. Marital problems
24. Dementia
25. Emotional reaction to physical illness
26. Other (specify)

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

157. Who paid for the treatment?

1. Self
2. Private Insurance (Go to MHMED2)
3. Medicare (Go to MHMED2)
4. Medi-Cal (Go to MHMED2)
5. Husband/Partner
6. Boyfriend/Girlfriend
7. Parent
8. Other family member
9. Other friend
10. County mental health program
11. Community clinic
12. Self & Insurance (Go to MHMED2)
13. Employer & State
14. Medicare & Medi-Cal (Go to MHMED2)
15. Military (Go to MHMED2)
16. State Workmans Comp (Go to MHMED2)
17. Employer
18. Self & State (Go to MHMED2)
19. Employee Assistance Program
20. Other (Specify)

77. Don't know/ Not sure
99. Refused
WHYNOINS (Asked if has health insurance) YESNO.

157.5 **Why didn't you use your health insurance?** Select all that apply

1. Insurance didn’t cover mental health care WHYNU_A
2. Insurance for mental health care had been exhausted WHYNU_B
3. Insurance refused to pay for mental health care WHYNU_C
4. Did not want any record of seeking mental health care WHYNU_D
5. Did not like the providers offered by health plan WHYNU_E
6. Did not want medical insurance overseeing their care WHYNU_F
7. I did use insurance WHYNU_G
8. Other (specify) WHYNU_H

77. Don’t know/not sure
99. Refused

MHNOINTX MHNOINTX.

157.5 **Other (SPECIFY)**

MHMED2 (OWH) NEW YESNO.

158. **Were you prescribed medicine for this problem?**

1. Yes
2. No (Go to DRNKANY1)
7. Don’t know/Not sure (Go to DRNKANY1)
9. Refused (Go to DRNKANY1)

TAKEMED (DMH) NEW YESNO.

159. **Did you take the medicine as directed?**

1. Yes (Go to DRNKANY1)
2. No
7. Don’t know/Not sure
9. Refused (Go to DRNKANY1)

WHYNOMED (DMH) NEW WHYNOMED.

160. **What was your main reason for not taking the medicine as directed? Was it because you . . .**

1. Could not afford to buy it
2. Felt medicine was unnecessary
3. Didn’t like the side effects
4. Don’t like to take pills
5. Didn’t think it worked
6. Some other reason (specify)

77. Don’t know/Not sure
99. Refused

ALCOHOL USE

Next I would like to ask you a few questions about alcohol use.
DRNKANY1 (Core) (Ask all women) YESNO.
161. 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 (Core) TYPEII.
162. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average?

1XX per week
2XX per month

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

NALCOCC (Core) TYPEIII.
163. 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 (Core) TYPEIII.
164. 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 (Core) YESNO.
165. Are you experiencing problems because of excessive drinking by someone you know?

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

ACCESS TO FAMILY PLANNING SERVICES
Now I'd like to ask you a few questions about sexual behavior. 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.

SEXBHAGE (OFP) (Ask all women) TYPE VIII.

166. How old were you at the time of your first sexual intercourse experience?

___ Enter age in number of years

555. Never had intercourse (Go to COUPLE)
777. Don't know/Not sure
999. Refused question
888. Refused module

HYSTER2=1 OR AGE>50 SKIP TO BCBAR2

FPWHEN2 (OFP) (Ask if HYSTER2 NE 1 and AGE LE 50) HOWLONGD

167. When did you last have a visit with a health provider to talk about or receive 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

7. Don't know/Not sure
9. Refused
8. Refused Module (Go to BCUSE2)

FPWHERE2 (OFP) FPWHERE.

168. Where do you usually go to get birth control supplies?
(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) (Go to FPWHETX2)
7. Hospital
8. Friend
9. Other (Specify) (Go to FPWHETX2)
10. Drug Store/Pharmacy
11. Church/Natural Birth Control
12. Family member
13. Doesn't go anywhere
14. Sterile/Partner Sterile
15. Student Health Center

77. Don't know/Not sure
99. Refused
88. Refused Module (Go to BCUSE2)

FPWHETX2 FPLOCATE.

168.5 Other (SPECIFY)

FPDENIE2 (OFP) YESNORF.
169. In the past year, have you gone without birth control supplies because you did not have enough money to pay for them?

1. Yes
2. No
8. Refused Module (Go to BCUSE2)
7. Don't know/Not sure
9. Refused

FPDENLO (OFP) YESNORF.
170. In the past year have you gone without birth control because you did not know where to get services or supplies?

1. Yes
2. No
8. Refused Module (Go to BCUSE2)
7. Don't know/Not sure
9. Refused

FPDENAP (OFP) YESNORF.
171. In the past year have you gone without birth control because you could not get an appointment or it was not convenient to go to the appointment?

1. Yes
2. No
8. Refused Module (Go to BCUSE2)
7. Don't know/Not sure
9. Refused

BIRTH CONTROL USE

BCUSE2 (OFP) (As if PREGNANT NE 1) YESNOM.
172. Are you or your male sexual partner 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 SEXBHNUM)
7. Don't know/Not sure (Go to BCBAR2)
9. Refused Question (Go to BCBAR2)
8. Refused Module (Go to BCBAR2)

BCTYPE (OFP) YESNO.
173. Which birth control method or methods are you using?
(Read only if necessary) (Select all that apply)

1. Male sterilization \vasectomy 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/Rhythm/Fertility Awareness BCTYP_M
14. Other (Specify) BCTYP_N

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

BCWHYNOS

174. 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 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
11. Postpartum nursing
12. Didn't think about it
13. Not sexually active
14. Can't get pregnant \ Sterilized
15. Partner is a woman
16. Refused module
17. Partner sterile
18. Natural family planning
19. Monogamous
20. Doesn't like or want to use birth control
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. Other reason

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

If SEXBHAGE eq 555 or BCUSE2 eq 3, go to SEXBHNUM;

BCBAR2 (OFP) (Skip pattern corrected 7/8/98)

175. How OFTEN do you or your male sexual partner use condoms? Would you say you ...

1. Always use them (Go to SEXBHNUM)
2. Use them sometimes
3. Never use them
4. No Male sex partner (DO NOT READ) (Go to SEXBHNUM)
7. Don’t know/Not sure (Go to SEXBHNUM)
9. Refused question (Go to SEXBHNUM)
8. Refused module (Go to SEXBHNUM)

BCBARNO2 (OFP) BCBARNOTB.

176. 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. Didn’t think about it
7. Doesn’t see a need to use condoms
8. Wants to get pregnant
9. Can’t get pregnant/Sterilized
10. Under the influence of drugs or alcohol
11. Didn’t feel like it
12. In a monogamous relationship
13. Allergic to method
14. Both partners tested for HIV
15. Pregnancy not a problem
16. Currently /recently pregnant
17. Doesn’t believe in method /method unsafe
18. Costly and inconvenient
19. REFUSED MODULE (Go to SEXBHNUM)
20. Other (Specify) __________

77. Don’t know/Not sure
99. Refused

BCWHYTXT

176.5 Other (SPECIFY)
SEXBHNUM (OFP) TYPEVIII.
(Asked if SEXBHAGE NE 555)
177. 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 COUPLE)

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

OTHRPAR2 (STD) YESNORF.
178. This question is about a 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 new male sexual partner?

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

FRSTCOND (STD) NEW (Ask if AGE<50) YESNORF.
179. Did you use a condom when you had sex with that person the first time?

1. Yes
2. No
7. Don't know/Not sure (Go to CHLYDTST)
9. Refused Question (Go to CHLYDTST)
8. Refused Module (Go to CHLYDTST)
I would now like to ask you some questions about sexually transmitted diseases or STDs.

If OTHRPAR2 NE 1, go to CHLYDTST;
Else continue

AIDSTALK (OWH) NEW
180. Thinking about your current or most recent sexual partner, which of the following statements best describes how you have talked about AIDS with that partner? Would you say you . . .

1. Never talked to your partner about AIDS
2. Mentioned AIDS once or twice, but didn’t talk seriously about your risks
3. Talked seriously about your risks

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

CHLYDTST (STD) NEW
181. Have you been tested for chlamydia during the past 12 months?

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

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

ASKFRTST (STD) NEW
182. During the next year, how likely is it that YOU will ask your doctor to test you for chlamydia?

1. Very Likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
5. Don’t know what chlamydia is

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

STDCHK (STD) YESNORF
183. 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

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

STDWHERE (STD) YESNO
184. Where did you go for the STD check or treatment?
(Mark all that apply; Do not read)
1. Public STD clinic
2. Other public clinic
3. Family planning clinic
4. Community clinic
5. Private doctor
6. Emergency room
7. Student health center
8. Military facility
9. Jail or other detention facility
10. HMO
11. Other (Specify)

77. Don’t Know/Not sure
99. Refused Question
88. Refused Module

STDWHTXT
STDWHETX.

184.5 OTHER (SPECIFY)

STDADV (STD) HOWLONGE.

185. When did your doctor or other health care provider last talk to you about your personal sexual behavior?

1. Within the past year (0 years to 1 year)
2. Within the past 2 years (more than 1 year to 2 years)
3. Within the past 5 years (more than 2 years to 5 years)
4. More than 5 years ago
5. Never

7. Don’t know/Not sure
8. Refused Module (DO NOT READ) (Go to COUPLE)
9. Refused

STDHIV (STD) NEW YESNO.

186. Please tell me which of the following statements regarding sexually transmitted diseases (STD) and HIV you think are true? (Sexually transmitted diseases include syphilis, gonorrhea, and chlamydia)

1. STD increase the risk of HIV infection
2. STD have no effect upon the risk of HIV infection
3. STD decrease the risk of HIV infection

7. Don’t know/Not sure
9. Refused

PROBPREG (STD) YESNORF.

187. In the past, have you ever tried for more than 12 months to get pregnant and weren’t successful?

1. Yes
### INFERTIL (STD) YESNORF.
**188. Have you ever been told by a doctor or other health care professional that you were infertile?**

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<td>1.</td>
<td>Yes</td>
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<td>2.</td>
<td>No</td>
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<tr>
<td>7.</td>
<td>Don't know/Not sure</td>
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<td>9.</td>
<td>Refused</td>
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### DOMESTIC VIOLENCE  (Note: Data collection for this module began June 4, 1998)

The next questions are about relationships. 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.

### COUPLE (DV) NEW YESNO.
**189. During the last 12 months have you been a member of a couple?**

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<td>1.</td>
<td>Yes</td>
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<td>2.</td>
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<td>3.</td>
<td>Don't know/Not sure</td>
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<td>9.</td>
<td>Refused</td>
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No matter how well two people may get along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they’re in a bad mood or tired or for some other reason. They also may use many different ways of trying to settle their differences.

### DVCANTLK (DV)(NEW) YESNORF.
**190. I have some questions of a very private nature which I want to ask you only if you are quite sure that you have privacy and no one will overhear. If you are not in that situation, I can schedule a time which would be more convenient for you.**

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<tr>
<td>1.</td>
<td>Yes - continue</td>
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<tr>
<td>2.</td>
<td>No - Probe for date/time to call back</td>
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<tr>
<td>7.</td>
<td>Don't know/Not sure</td>
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<tr>
<td>9.</td>
<td>Refused</td>
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<td>8.</td>
<td>Refused Module</td>
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### DVINSLT  (DV) NEW YESNODVA.
**191. Thinking back over the last 12 months was there ever an occasion when a partner insulted or swore at you?**

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<td>1.</td>
<td>Yes</td>
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<tr>
<td>2.</td>
<td>No</td>
</tr>
<tr>
<td>3.</td>
<td>Never been Abused</td>
</tr>
<tr>
<td>9.</td>
<td>Refused Module</td>
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</tbody>
</table>

(Go to DVTHRTN)
4. No Partner (Go to WHOSEX)
7. Don't know/Not sure
9. Refused
8. Refused Module (Go to WHOSEX)

**DVINSLT2 (DV) WHO.**

**192. The last time this happened, who did this to you?**

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)

77. Don't know/Not sure
99. Refused
88. Refused module (Go to WHOSEX)

**DVMED1 (DV) NEW YESNORF.**

**193. Did you seek medical care?**

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

**DVWHR1 (DV) NEW WHEREHLP.**

**194. Where did you get help?**

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor’s office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)

7. Don't know/Not sure
9. Refused
8. Refused module (Go to WHOSEX)

**DVTHRTN (DV) NEW YESNODVA.**

**195. Thinking back over the last 12 months was there ever an occasion when a partner threatened to hit or throw something at you?**

1. Yes
2. No (Go to DVTHRTHG)
3. Never been Abused (Go to WHOSEX)
4. No Partner (Go to WHOSEX)
7. Don't know/Not sure
9. Refused
8. Refused Module

DVITHRTN2 (DV)
WHO.

196. The last time this happened, who did this to you?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)

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

DVMED2 (DV) NEW
YESNORF.

197. Did you seek medical care?

1. Yes
2. No

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

DVWHR2 (DV) NEW
WHEREHLP.

198. Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor’s office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)

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

DVTHRTHG (DV) NEW
YESNODVA.

199. Thinking back over the last 12 months was there ever an occasion when a partner threw or smashed or hit or kicked something?

1. Yes
2. No

7. Don't know/Not sure
9. Refused
DVTHRT2 (DV) WHO.

200. The last time this happened, who did this to you?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)

77. Don't know/Not sure
99. Refused
88. Refused module (Go to WHOSEX)

DVMED3 (DV) NEW YESNORF.

201. Did you seek medical care?

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

DVWHR3 (DV) NEW WHEREHLP.

202. Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor’s office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)

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

DVTHRYOU (DV) NEW YESNODVA.

203. Thinking back over the last 12 months was there ever an occasion when a partner threw something at you?

1. Yes
2. No (Go to DVPUSHED)
3. Never been Abused (Go to WHOSEX)
4. No Partner (Go to WHOSEX)

7. Don't know/Not sure
9. Refused
8. Refused Module (Go to WHOSEX)
204. The last time this happened, who did this to you?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)

77. Don't know/Not sure
99. Refused
88. Refused module (Go to WHOSEX)

205. Did you seek medical care?

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

206. Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor's office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)

7. Don't know/Not sure
9. Refused
8. Refused module (Go to WHOSEX)

207. Thinking back over the last 12 months was there ever an occasion when a partner pushed, grabbed, or shoved you?

1. Yes
2. No (Go to DVSLAP)
3. Never been Abused (Go to WHOSEX)
4. No Partner (Go to WHOSEX)

8. Don't know/Not sure
9. Refused
8. Refused Module (Go to WHOSEX)

DVPUSHED (DV) NEW YESNODVA.

DVPUSHE2 (DV) WHO.
208. The last time this happened, who did this to you?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)

77. Don't know/Not sure
99. Refused
88. Refused module (Go to WHOSEX)

DVMED5 (DV) NEW  YESNORF.
209. Did you seek medical care?

1. Yes
2. No (Go to WHOSEX)

7. Don't know/Not sure (Go to WHOSEX)
9. Refused (Go to WHOSEX)
8. Refused module (Go to WHOSEX)

DVWHR5 (DV) NEW  WHEREHLP.
210. Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor's office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)

7. Don't know/Not sure
9. Refused
8. Refused module (Go to WHOSEX)

DVSLAP (DV) NEW  YESNODVA.
211. Thinking back over the last 12 months was there ever an occasion when a partner slapped you?

1. Yes
2. No (Go to DVHITYOU)
3. Never been Abused (Go to WHOSEX)
4. No Partner (Go to WHOSEX)

7. Don't know/Not sure
9. Refused
8. Refused Module (Go to WHOSEX)

DVSLAP2 (DV) WHO.
212. The last time this happened, who did this to you?

1. Husband

77. Don’t know/Not sure 99. Refused 88. Refused module (Go to WHOSEX)

DVMED6 (DV) NEW YESNORF.

213. Did you seek medical care?

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

DVWHR6 (DV) NEW WHEREHLP.

214. Where did you get help?


7. Don’t know/Not sure 9. Refused 8. Refused module (Go to WHOSEX)

DVHITYOU (DV) NEW YESNODVA.

215. Thinking back over the last 12 months was there ever an occasion when a partner kicked, bit, or hit you with a fist?

1. Yes 2. No (Go to DVHITTHG) 3. Never been Abused (Go to WHOSEX) 4. No Partner (Go to WHOSEX)

7. Don’t know/Not sure 9. Refused 8. Refused Module (Go to WHOSEX)

DVHITYO2 (DV) WHO.

216. The last time this happened, who did this to you?

1. Husband 2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)

77. Don't know/Not sure
99. Refused
88. Refused module (Go to WHOSEX)

DVMED7 (DV)  NEW YESNORF.
217. Did you seek medical care?

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

DVWHHR7 (DV)  NEW WHEREHLP.
218. Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor's office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)
7. Don't know/Not sure
9. Refused
8. Refused module (Go to WHOSEX)

DVHITTHG (DV)  NEW YESNODVA.
219. Thinking back over the last 12 months was there ever an occasion when a partner hit or tried to hit you with something?

1. Yes
2. No (Go to DVBEATUP)
3. Never been Abused (Go to WHOSEX)
4. No Partner (Go to WHOSEX)
7. Don't know/Not sure
9. Refused
8. Refused Module (Go to WHOSEX)

DVHITTH2 (DV)
220. The last time this happened, who did this to you?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)

77. Don't know/Not sure
99. Refused
88. Refused module (Go to WHOSEX)

DVMED8 (DV) NEW YESNORF.

221. Did you seek medical care?

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

DVWHHR8 (DV) NEW WHEREHLP.

222. Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor's office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)

7. Don't know/Not sure
9. Refused
8. Refused module (Go to WHOSEX)

DVBEATUP (DV) NEW YESNODVA.

223. Thinking back over the last 12 months was there ever an occasion when a partner beat you up?

1. Yes
2. No (Go to DVCHOKE)
3. Never been Abused (Go to WHOSEX)
4. No Partner (Go to WHOSEX)

7. Don't know/Not sure
9. Refused
8. Refused Module (Go to WHOSEX)

DVBEATU2 (DV) WHO.

224. The last time this happened, who did this to you?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)

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

88. Refused module (Go to WHOSEX)

DVMED9 (DV) NEW YESNORF.

225. Did you seek medical care?

1. Yes
2. No (Go to WHOSEX)

7. Don't know/Not sure (Go to WHOSEX)
9. Refused (Go to WHOSEX)
8. Refused module (Go to WHOSEX)

DVWHR9 (DV) NEW WHEREHLP.

226. Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor's office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)

7. Don't know/Not sure
9. Refused
8. Refused module (Go to WHOSEX)

DVCHOKE (DV) NEW YESNODVA.

227. Thinking back over the last 12 months was there ever an occasion when a partner choked you?

1. Yes
2. No (Go to DVTHRWPON)
3. Never been Abused (Go to WHOSEX)
4. No Partner (Go to WHOSEX)

7. Don't know/Not sure
9. Refused
8. Refused Module (Go to WHOSEX)

DVCHOKE2 (DV) WHO.

228. The last time this happened, who did this to you?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)
77. Don't know/Not sure
99. Refused
88. Refused module  (Go to WHOSEX)

DVMED10 (DV) NEW YESNORF.

229. Did you seek medical care?

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

DVWHR10 (DV) NEW WHEREHLP.

230. Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor’s office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)

7. Don't know/Not sure
9. Refused  (Go to WHOSEX)
8. Refused module  (Go to WHOSEX)

DVTHRWPN  (DV) NEW YESNODVA.

231. Thinking back over the last 12 months was there ever an occasion when a partner threatened you with a knife or gun?

1. Yes
2. No  (Go to DVUSEWPN)
3. Never been Abused  (Go to WHOSEX)
4. No Partner  (Go to WHOSEX)

8. Don't know/Not sure
9. Refused  (Go to WHOSEX)
8. Refused Module  (Go to WHOSEX)

DVTHRWP2 (DV) WHO.

232. The last time this happened, who did this to you?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)

77. Don't know/Not sure
DVMED11 (DV) NEW

233. Did you seek medical care?

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

DVWHR11 (DV) NEW

234. Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor's office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)
7. Don't know/Not sure
9. Refused
8. Refused module  (Go to WHOSEX)

DVUSEWPN(DV) NEW

235. Thinking back over the last 12 months was there ever an occasion when a partner used a knife or fired a gun?

1. Yes
2. No
3. Never been Abused  (Go to WHOSEX)
4. No Partner  (Go to WHOSEX)
7. Don't know/Not sure
9. Refused
8. Refused Module  (Go to WHOSEX)

DVUSEWP2 (DV) WHO.

236. The last time this happened, who did this to you?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former Boyfriend
8. Former Girlfriend
9. Other (specify)
77. Don't know/Not sure
99. Refused
88. Refused module  

DVMED12 (DV) NEW  YESNORF.

237. Did you seek medical care?

1. Yes
2. No  

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

DVWHR12 (DV) NEW  WHEREHLP.

238. Where did you get help?

1. Overnight hospital stay
2. Visit to the emergency room
3. Visit to doctor's office, clinic, or walk-in center
4. Dentist
5. Mental health care
6. Other (specify)

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

So that we can fully describe the people in our study, I'm going to ask you a questions about your sexual identity.

WHOSEX (OFP)  WHOSEX.

239. In the past 5 years have you had...?[READ RESPONSES]

1. A male sexual partner
2. A female sexual partner
3. Both, or
4. Neither

7. Don’t know | Not Sure
9. 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.

SPANINT  SPANINT

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

1. Spanish
2. English