Questions about the survey should be directed to:

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INTROQ
HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.

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

NUMADULT
We're doing a study of the health practices of California adults. Your number has been randomly chosen to be included in the study, and we'd like to ask some questions about things people do which may affect their health. Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Enter the number of adults

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

___ Enter the number of women (0-9)

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

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

___ Enter the number of men (0-9)
(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED
(If NUMWOMEN GT 1)
The person in your household I need to speak with is the __________________.
Are you the (SELECTED)?
1. Yes ---> Continue.
2. No ---> May I speak with the __________________?

ONEADULT
(If NUMWOMEN = 1)
Are you the adult?
1. Yes ---> Then you are the person I need to speak with. All the information obtained in this study will be confidential.
2. No ---> May I speak with her? (When selected adult answers:)
Hello, I'm (interviewer name) calling on behalf of the California Department of 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, experience with cancer screening tests, food security, immunization, alcohol and tobacco use, vitamin and herbal supplement use, osteoporosis, sexually transmitted diseases, public assistance, disability, mental health, and family violence. Depending on your age, you may also be asked about family planning, childbirth and experience with the Women, Infants and Children's program.

We appreciate your cooperation with this survey. The only cost to you is the time needed to answer the questions. The survey takes about 25 minutes. Although you may not gain personally from taking part in this survey, the information you give will be used to improve state programs and to identify areas of need to improve the health of California women.
First I’d like to ask some questions about your 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

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

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

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,
    1  2  7  9  INDIANHS
13. Some other source
    1  2  7  9  OTHRSRCE

If no “Yes” responses to Q6-13, go to PASTPLAN;
If more than one “Yes” to Q6-13, go to MAINPLAN, else go to GAPPLNT2
14. 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

15. In how many of the past 12 months were you without any coverage? F6=none

____ (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?

Select from Brandlist
96. Other (Specify)

777. Don’t know / Not sure (Go to CHECKUP2)
888. None (Go to CHECKUP2)
999. Refused (Go to CHECKUP2)
PASTPLAN (Core) HOWLONGC.
18. 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

CHECKUP2 (Core) Ask all women HOWLONG.
19. 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

DISANY (Core) YESNO.
20. Are you limited in any way in any activities because of a physical, mental, or emotional problem?
   1. Yes
   2. No (Go to FLUVAC)
   7. Don't know/Not sure (Go to FLUVAC)
   9. Refused (Go to FLUVAC)

DISLONG (EPIC) If Yes to above HOWLONGJ.
21. How long have your activities been limited?
   ___ Enter number
   ___ Enter time frame (Days, Weeks, Months, Years)
   7. Don’t know/Not sure
   9. Refused
DISWORK (DSS) OFTENC.
22. In the past 12 months, how often has this problem affected your ability to take a job, work, attend educational or training activities? Would you say...

1. Always  
2. Nearly Always  
3. Sometimes  
4. Seldom  
5. Never  
8. Not Applicable  
7. Don't know/Not sure  
9. Refused

DISCARE (EPIC) YESNO.
23. Has this problem ever made it hard for you to get medical care?

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

DISMDPRB (EPIC) IF YES to above YESNO.
24. What problem or problems have you had getting medical care? (Mark all that apply)

1. Transportation  
2. Lack of specialists I need  
3. Wrong exam tables or other equipment  
4. Lack of assistance (for example with removing clothing, moving)  
5. Bad attitude/Insensitivity of health workers  
6. Costs/Insurance exclusions  
7. Lack of time allotted for appt.  
8. Other (specify) ____________________  
77. Don't know/Not sure  
99. Refused

FLUVAC (Immunization) YESNO.
25. During the past 12 months, did you get a flu shot?

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

FLUVAC50 (Immunization) TYPEXVI.
26. At a particular age, everyone is recommended to get a yearly flu shot. At what age have you heard the general public should start getting a flu shot? F6=Haven’t heard

_____ Enter Age

8. Not Applicable  
7. Don't know/Not sure  
9. Refused
CONTINUITY OF CARE

WHERCARE (MCH)   WHERCARE.
27. During the past 12 months, where did you USUALLY go when you needed health care? Have you usually gone to an . . .

1. Emergency room
2. Private doctor
3. Hospital clinic
4. HMO clinic
5. Community clinic
6. Acute care clinic
7. Urgent care clinic
8. Doesn't go to one place most often (Do not read)
9. Did not see anyone during the past 12 months (Do not read)
10. Other (Specify ____________)

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

SMOKING
Now I would like to ask you a few questions about cigarette smoking

SMOKE100 (Core) Ask all women YESNO.
28. Have you smoked at least 100 cigarettes in your entire life?
5 packs = 100 cigarettes

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

SMKEVDA2 (Core)  EVDAY.
29. 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

The next few questions are about the Women, Infants, and Children program, also known as the WIC program

WICHEAR (WIC) Ask all women (on '97 and '99) YESNO.
30. Have you heard of WIC, the Women, Infants and Children Supplemental Nutrition Program?

1. Yes
2. No (Go to AGEB)
7. Don't know/Not sure (Go to AGEB)
9. Refused (Go to AGEB)
WICQUAL NEW (WIC) (New response categories) YESNO.

31. Who do you think qualifies for WIC? (Mark all that apply) (Do not read responses)

1. It's for people on welfare
2. It's for people on Medi-Cal
3. It's for pregnant women
4. It's for women and their children under 5
5. It's for children under 5

88. 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:

AGEB (Core) TYPEI.

32. What is your age?

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

If AGE LT 50, go to PREGNANT;
If AGE GE 50 and LT 55, go to PREG5YR;
If AGE GE 55, go to LIVEBRT2

PREGNANCY

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

33. To your knowledge, are you now pregnant?

1. Yes  (Go to PREG5YR)
2. No

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

TRYPREG (OFP) YESNO.

34. Are you currently trying to become pregnant?

1. Yes
2. No

7. Don't know / Not sure
9. Refused
PREG5YR (Core) Asked of those AGE 18-54 YESNO.
35. Have you been pregnant in the past five years?
   If PREGNANT=1 ASK:
   Other than your current pregnancy, have you been pregnant in the past five years?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused

LIVEBRT2 (MCH) Ask all women TYPEII.
36. How many children have you ever given birth to, counting only live births?
   __ Enter Number
   88. None (Go VITBWHYB)
   77. Don’t know / Not sure (Go VITBWHYB)
   99. Refused (Go VITBWHYB)

LOBRTHWT (DSS) TYPEII.
37. Thinking about those births, how many had a birth weight less than 5 pounds 8 ounces?
   __ Enter Number (1-25)
   88. None
   77. Don’t know / Not sure
   99. Refused

DATEBIRTH (MCH)
38. On what date did you last give birth to a live baby?
   __ Enter month DATEB_A
   __ Enter year DATEB_B
   77. Don’t know / Not sure
   99. Refused

BRTHWGHT (MCH) Ask if PREG5YR = yes
39. How much did your last baby weigh at birth?
   __ Enter pounds/ounces
   __ Enter grams
   77. Don’t know / Not sure
   99. Refused
VITAMIN USE

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

VITBWHYB (MCH) VITBWHYB.
40. Some health experts recommend that women take the B vitamin folic acid or folate. To the best of your knowledge, for which one of the following reasons is this vitamin recommended for women: to make strong bones, to prevent birth defects or to prevent weight gain? Do not probe a “Don’t Know” response.

1. to make strong bones
2. to prevent birth defects
3. to prevent weight gain
7. Don’t know/Not sure
9. Refused

VITTAKEC (MCH) Modified Ask all women YESNO.
41. Are you CURRENTLY taking a prenatal or multi-vitamin pill or a pill containing the B vitamin folate or folic acid?

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

VITDAILY (MCH) YESNO.
42. Do you take any of these on a daily basis?

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

HERBTAKE (MCH) Ask all women YESNO.
43. In the last 12 months, have you taken any herbs in any form to improve your health? (This includes tinctures and extracts).

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

HERBSUP (MCH) Ask all women YESNO.
44. In the last 12 months, did you take an herbal supplement that contained any of the following: ginkgo, ginseng, Echinacea, St. John’s Wort, Evening Primrose Oil, Ginger, Golden Seal or Parsley? Do not include herbs used as flavoring in cooking.

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
Ask if HERBTALK=1 or HERBSUP=1; Else, go to SELFWGHT

HERBTALK (MCH) YESNO.

45. Does your health care provider know about your use of any herbs?

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

SELFWGHT (CPNS) WEIGHT.

46. Currently, do you consider yourself:

1. Overweight
2. Underweight
3. About the right weight for your height
7. Don’t know / Not sure
9. Refused

DIETARY QUALITY

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month and so forth. Remember I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

DAILYEAT (CPNS) TYPEIII.

47. A serving is about 1/2 cup of vegetables or fruit, 6 ounces of 100% fruit or vegetable juice, a medium piece of fruit, or 1 cup of green salad. About how many servings of fruits and vegetables do you usually eat or drink on an average day?

___ Enter number
7. Don’t know / Not sure
9. Refused

DAILYVEG (CPNS) TYPEIII.

48. How many total servings of fruits and vegetables do YOU think you should eat every day for good health? (That’s a combined total of BOTH fruits and vegetables.) (A serving = ½ cup of vegetables or fruit, 6 ounces of juice, a piece of fruit, 1 cup of green salad)

___ Enter number
7. Don’t know / Not sure
9. Refused

DEMOGRAPHICS

HISP3 (Core) YESNO.

49. Are you Hispanic or Latina? (This includes Mexican American, Latin American, Puerto Rican or Cuban?)

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
ORACE3 (Core) YESNO.
50. Which one or more of the following would you say is your race?
Please read and mark all that apply.

1. White ORACE3_A
2. Black or African American ORACE3_B
3. Asian ORACE3_C
4. Native Hawaiian or Other Pacific Islander ORACE3_D
5. American Indian or Alaska Native ORACE3_E
6. Other [specify] --------> ORACETXT (Recoded, not retained) ORACE3_F

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

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

ORACE4 (Core)
51. Which one of these groups would you say best represents your race?

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian or Alaska Native
6. Other [specify] -----------------> ORACETXT (Recoded, not retained)

7. Don’t know / Not sure
9. Refused

If ORACE3_C EQ 1 or ORACE3_D EQ 1 or ORACE4 EQ 3 or 4, go to ORACE2A;
Else go to BIRTHPLC

ORACE2A (Core) ORACE2A.
52. Are you Chinese, Japanese, Korean, Filipino, Vietnamese, Cambodian, Laotian, East Indian, Indonesian or Other?

5. Vietnamese 6. Cambodian
7. Laotian 8. East Indian
11. Samoan 12. Pakistani
13. Saipanese 14. Fijian
15. OTHER: (specify) ---------------->ORA2ATXT (Text)

77. Don’t know / Not sure
99. Refused

BIRTHPLC (Core) BIRTHPLC.
53. In what country were you born?

Select From Brand List
14. Other (specify ________)

77. Don’t know / Not sure (Go to MARITAL)
99. Refused (Go to MARITAL)
53.5 OTHER (SPECIFY)

If BIRTHPLC eq1 go to MARITAL;
Else continue

USENTRY2 (Core)  TYPEI.
54. In what year did you come to live in the United States?

___ Enter year

7777. Don’t know / Not sure
9999. Refused

MARITAL (Core)  MARITAL.
55. Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?

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

CHILD18 (Core)  TYPEII.
56. How many children under age 18 live in this household?

Enter Number of children

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

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

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

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

5.2
13.0

Youths =

AGE OF CHILD/CHILDREN

77. Don’t know / Not sure
99. Refused
EDUCA (Core) EDUCA.

58. **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.

59. **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 *** (not formatted)

60. **Household size.** \(((\text{NUMADULT} - \text{NHHADULT}) + \text{CHILD18})\)

INCOM02 (Core) INCOME02.

61. **Which of the following categories best describes your annual household income from all sources?**

Less than $10,000; $10,000 to less than $15,000; $15,000 to less than $20,000; $20,000 to less than $25,000; $25,000 to less than $35,000; $35,000 to less than $50,000; $50,000 to less than $75,000; $75,000 to less than $100,000 or $100,000 or more?

1. Less than $10,000
2. $10,000 to less than $15,000
3. $15,000 to less than $20,000
4. $20,000 to less than $25,000
5. $25,000 to less than $35,000
6. $35,000 to less than $50,000
7. $50,000 to less than $75,000
8. $75,000 to less than $100,000
9. $100,000 or more

77. Don’t know / Not sure
99. Refused
Find the point on the table where HHSIZE and INCOM02 intersect. If there is a table value and the table value is LT the "less than" value of the response to INCOM02, go to THRESH03.

THRESH03 (Core)  YESNO.

62. 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>15-20K</th>
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<td>86,300/93,300</td>
<td>116,650</td>
<td></td>
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</tbody>
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(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Feb 7, 2003 rounded to nearest $50.)

If NUMADULT EQ 1 and CHILD1-CHILD9 EQ 0, go to HEIGHT
Else continue
63. 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 less than $75,000; $75,000 to $100,000, or more than $100,000?

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 less than $75,000
8. $75,000 to $100,000
9. more than $100,000
10. $0; Doesn’t have any personal income

77. Don’t know / Not sure
99. Refused

64. 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

65. 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

66. What county do you live in?

Select From Brand List

777. Don’t know / Not sure
999. Refused
ZIPCODE (Core) TYPEIX.

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

_____ Enter the five digit number

77777 Don’t know / Not sure
99999 Refused

NUMPHON2 (Core)

68. **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

77. Don’t know / Not sure
99. Refused

INCOMADQ (Core) YESNO.

69. **During the past month, did you feel you had enough money to meet your basic living needs?**

1. Yes
2. No

7. Don’t know / Not sure
9. Refused

**FOOD ADEQUACY**

Now I’m going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN true, SOMETIMES true, or NEVER true for you in the last 12 months. (That is, since MONTH of last year)

OUTOFFD (DSS and CPNS) TRUEFALB.

70. **The food that I bought just didn’t last, and I didn’t have money to get more. Was that OFTEN, SOMETIMES, or NEVER true for you in the last 12 months?**

1. Often
2. Sometimes, or
3. Never true

7. Don’t know / Not sure
9. Refused

AFRDMEAL (DSS and CPNS) TRUEFALB.

71. **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
72. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn’t enough money for food?

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

73. How often did this happen? Was it almost every month, some months but not every month, or, only in one or two months in the last 12 months?

1. Almost every month
2. Some months, but not every month
3. Only in one or two months
7. Don’t know / Not sure
9. Refused

74. 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

75. 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

76. During the last 12 months, did you ever eat less than you wanted or not eat at all so that some other member of your household would have enough to eat?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
FDSTMAPP (CPNS, DSS)  YESNO.
77. In the last twelve months, have you applied for food stamps?
   1. Yes
   2. No  (Go to FOODBANK)
   7. Don't know / Not sure  (Go to FOODBANK)
   9. Refused  (Go to FOODBANK)

FDSTMDEN (CPNS, DSS)  YESNO.
78. Were you denied food stamps?
   1. Yes
   2. No
   7. Don't know / Not sure
   9. Refused

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

(DSS) (Ask of all women)  YESNO.
79. Emergency food banks
   1 2 7 9 FOODBANK
80. Food stamps or the EBT card (share with CPNS)  1 2 7 9 FOODSTP2 (Go to FOODSTLS)
81. WIC (coupons/vouchers)? (share with CPNS)  1 2 7 9 FOODWIC

WHYNOFS (CPNS, DSS) (DO not ask if poverty threshold clearly over 250%)  WHYNOFS.
82. What is the main reason you are not currently receiving food stamps? (DO NOT READ)
   1. Don't need them
   2. Don't think I'm eligible
   3. Don't know how to get them
   4. Too hard to apply
   5. Don't want government help
   6. Worried about my citizenship status
   7. Too embarrassed to use them
   8. Other (specify)
   9. Denied food stamps
   77. Don't know / Not sure
   99. Refused

FOODSTLS (CPNS, DSS) Ask if yes to FOODSTP  TYPEIII.
83. In an average month, how many days do food stamps last in your household?
   _____ Enter number of days
   77. Don't know / Not sure
   99. Refused
Now, I would like to ask you about receiving money from the county for your family on a regular basis. This assistance is sometimes called welfare, AFDC, CalWorks, or TANF.

84. Thinking back over the past 12 months, did you ever receive money through one of these programs?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused

85. Thinking back to the last 30 days, did you receive money through one of these programs?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused

86. Before the age of 18, did your family receive public assistance?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused

87. Thinking back to your childhood, that is, before your 18th birthday, was there ever a time you were removed from your home by the state, county, or court, and went to live with people other than your mother or father?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused

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

If EMPLOY3 = 4, 6, 7, 8 or 9, Go to EXERMOD2;
Else continue

88. When you are at work, which of the following best describes what you do?
   1. Mostly sitting or standing
   2. Mostly walking
   3. Mostly heavy labor or physically demanding work
   8. Doesn’t work (Do not read)
   7. Don't know / Not sure
   9. Refused
EXERMOD2 (Core) TYPEIII.
89. In a usual week, how many days do you do moderate or vigorous activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

___ Enter number of times

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

EXEROFT2 (Core) TYPEXIV.
90. On days when you do moderate or vigorous activities for at least 10 minutes at a time, how much total time do you spend doing these activities?

___ Enter number of minutes

___ Enter number of hours

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

EXBMODAB (CPNS) TYPEIII.
91. For good health, how many days a week do you think a person SHOULD participate in moderate or vigorous physical activity, exercise, or sports? (F6 for none).

___ Enter number of days

8. None (Go to BARRPA)
7. Don’t know / Not sure (Go to BARRPA)
9. Refused (Go to BARRPA)

EXBMODMB (CPNS) TYPEIII.
92. On these days, for how many minutes do YOU think a person SHOULD be moderately or vigorously active?

___ Enter number of minutes

7. Don’t know / Not sure
9. Refused

BARRPA (CPNS) Ask all women BARRPA.
93. What is the main reason that you are not more physically active? Choose one. Do not read.

1. Already exercise enough/I don’t need to
2. Not enough time/too busy/too tired
3. Lazy
4. Don’t find exercise enjoyable/boring
5. Lack self-motivation
6. Medical/Health condition/disability
7. Other (specify): ___________

77. Don't know/Not sure
99. Refused
WORKPHYS (CPNS) Ask if EMPLOY3=1-3 YESNO.
94. Does your employer provide any convenient physical fitness benefits, such as a gym, health club membership, exercise classes, release time for physical activity, sports teams, lockers or showers?
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

WORKNTRN (CPNS) Ask if EMPLOY3=1-3 YESNO.
95. Does your employer provide any convenient nutrition-related benefits, such as nutrition classes, weight loss groups, discounts on healthy food choices in the worksite cafeteria, or labeled healthy dining selections in the worksite cafeteria?
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

If Yes to any HLTHPLAN, continue;
Else go to DIET12M

HINSNTRN (CPNS) YESNO.
96. Does your health insurance coverage include an affordable weight loss program or nutrition counseling?
   1. Yes
   2. No
   7. Don’t know/Not sure
   9. Refused

DIET12M (CPNS) Ask of all respondents YESNO.
97. Have you intentionally tried to lose weight in the past 12 months?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused
WTFACIL2 (CPNS)

98. If SELFWGHT = 1 or 2 ask: WTFACIL.
What is the one change that you feel would best help you reach a healthy weight? (Select one. Do not read).

If SELFWGHT=3 ask:
What is the one change that you feel would best help you maintain a healthy weight? (Select one. Do not read).

1. Nothing would help/hereditary/too old
2. Making time for exercise/More time for exercise
3. Finding an exercise I like
4. Motivation
5. Eating less
6. Eating different kinds of food/More healthy food choices
7. Weight loss classes or doctor visits
8. More discipline/ I had more will power
9. Don’t need to/Don’t worry about it
10. Other (specify)

77. Don’t know/Not sure
99. Refused

WATCHTV NEW (CPNS)

99. How much time did you spend watching TV yesterday?

_____ Minutes
_____ Hours

7. Don’t know/not sure
9. Refused

Perception of Neighborhood Scale

CRIME NEW (CPNS) SAFE.

100. Thinking about criminal activity, how safe is it to walk, run, or bike in your neighborhood or community. Would you say...

1. Very safe
2. Somewhat safe
3.Somewhat unsafe
4. Very unsafe

7. Don’t know/not sure
9. Refused

TRAFFIC NEW (CPNS) SAFE.

101. Thinking about traffic, how safe is it to walk, run, or bike in your neighborhood or community. Would you say...

1. Very safe
2. Somewhat safe
3. Somewhat unsafe
4. Very unsafe

7. Don’t know/not sure
9. Refused
PLEASANT NEW (CPNS) PLEASANT.
102. How pleasant is it to walk, run, or bike in your neighborhood or community? For example, are there trees and proper lighting, no graffiti, or abandoned buildings? Would you say...

1. Very pleasant
2. Somewhat pleasant
3. Somewhat unpleasant
4. Very unpleasant
5. Don’t know/not sure
6. Refused

Now I would like to ask you a few questions about your physical health.

CNCRTYPE NEW (OWH) YESNO.
103. Has a doctor ever told you that you had breast cancer or cancer of the reproductive system (e.g. cervix, ovaries, uterus, vagina, vulva, fallopian tubes)?

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

HARTLTH NEW (OWH) YESNO.
Has a doctor, nurse or other health professional ever told you that you had any of the following?

104. A heart attack, also called a myocardial infarction? Yes No DK/NS REF
105. Angina or coronary heart disease? Yes No DK/NS REF
106. A stroke? Yes No DK/NS REF

OSTEOTL3 NEW (COPE) Ask women 45+ YESNO.
107. Have you been told by your doctor or other healthcare provider that you have osteoporosis?

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

ASTHEVR NEW (OWH) YESNO.
108. Have you ever been told by a doctor, nurse or other health professional that you had asthma?

1. Yes
2. No
3. Don’t know/Not sure
4. Refused
ASTHSTL NEW (OWH) YESNO.
109. Do you still have asthma?

1. Yes
2. No

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

DIABEVR NEW (OWH) YESNOGES.
110. Have you ever been told by a doctor that you have diabetes?

1. Yes
2. No (Go to OSTEOTLC)
3. Gestational diabetes (if woman volunteers she had diabetes during pregnancy) (Go to OSTEOTLC)

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

DIABPREG NEW (OWH) YESNO.
111. Was this only when you were pregnant?

1. Yes
2. No

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

OSTEOPOROSIS
Now I’d like to ask you some questions about osteoporosis. Osteoporosis, sometimes called thin or brittle bones, is a disease in which bones become fragile and more likely to break.

OSTEOTLC NEW (COPE) Ask of all women: YESNO.
112. Has your doctor or other healthcare provider talked with you about how to prevent osteoporosis or bone loss?

1. Yes
2. No

8. Not applicable because no doctor/healthcare provider
7. Don't know/Not sure
9. Refused

OSTEOTLC (COPE) Ask if not said yes to OSTEOTLC3 or AGEB<45 YESNO.
113. Have you been told you have osteoporosis or bone loss?

1. Yes
2. No

7. Don't know / Not sure
9. Refused
FALLBRK NEW (COPE) YESNO.
114. Have you broken a bone as the result of a fall?

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

WHATBONE (COPE) WHATBONE.
115. Which bone was broken? Mark all that apply.

1. Hip or pelvis
2. Wrist or forearm
3. Other (specify)
7. Don’t know / Not sure
9. Refused

OSTEO2 NEW (COPE) Ask all women YESNO.
116. Have you ever had a bone density test for osteoporosis or bone loss?

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

FALLTEST NEW (COPE) Ask if Yes to FALLBRK YESNO.
117. Did you have the bone density test because of your fall?

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

OSTEORSK NEW (COPE) Ask if not said yes to OSTEOTLD YESNO.
118. Do you think you personally have one or more risk factors for osteoporosis?

1. Yes
2. No
7. Don’t know / don’t remember
9. Refused
CHKHGHT NEW (COPE) Ask all women: HOWLONGK.  
119. When was the last time you had your height measured by a nurse, doctor or other healthcare provider? (Would you say in the last year, between one and two years ago, between two and five years ago, or more than five years ago)?

1. In the last year  
2. 1 – 2 years ago  
3. Between 2 – 5 years ago  
4. More than 5 years ago  
5. Never had height checked  
7. Don’t know / don’t remember  
9. Refused

OSTEOPRV NEW (COPE) Ask all women: YESNO.  
120. [USE “prevent” IF ANSWERED NO, DK or REF TO OSTEOTLD, USE “manage” IF ANSWERED YES TO OSTEOTLD]  
Are you currently doing anything to help [prevent / manage your] osteoporosis?

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

BREAST and CERVICAL CANCER SCREENING  
I would like to ask you a few 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 (CDP:EWC; CDC-C, modified lead-in) (Note: ask all women) YESNO.  
121. Have you ever had a mammogram?

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

HOWLONG2 (CDP:EWC; CDC-C) HOWLONGB.  
122. How long has it been since you had your last mammogram? (Read only if necessary)

1. Within the past year (more than 0 months to 12 months ago)  
2. Within the past 2 years (more than 1 year to 2 years ago)  
3. Within the past 3 years (more than 2 years to 3 years ago)  
4. Within the past 5 years (more than 3 years to 5 years ago)  
5. More than 5 years ago (Go to WHYDONE)  
7. Don’t know / Not sure  
9. Refused
123. About how many mammograms have you had in the past five years?

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

124. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

1. Routine checkup
2. Breast problem
3. Had breast cancer
7. Don't know/Not sure
9. Refused

If HADMAM=2 continue;
If HOWLONG2>1 and HOWLONG2 <=5 and age>=40 continue; Else go to MAMMPAY

125. What was the MAIN reason you did not have a mammogram within the past year?

1. Doctor never said it was needed
2. I had no reason to have a mammogram
3. Cost
4. No insurance to pay for it
5. Too painful
8. Other (specify)
77. Don't know / Not sure
99. Refused

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)

127. How difficult would it be for you to pay for the cost of a mammogram? Would you say very difficult, somewhat difficult, or not at all difficult?

1. Very difficult
2. Somewhat difficult
3. 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 (CDP:EWC) ASK ALL WOMEN YESNO.

128. Have you ever had a clinical breast exam?

1. Yes
2. No (Go to F40CBEGB)
7. Don’t know / Not sure (Go to F40CBEGB)
9. Refused (Go to F40CBEGB)

WHENCBE (CDP:EWC) HOWLONGB.

129. How long has it been since your last clinical breast exam? (Read only if necessary)

1. Within the past year (more than 0 months to 12 months ago)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 3 years (more than 2 years to 3 years ago)
4. Within the past 5 years (more than 3 years to 5 years ago)
5. More than 5 years ago (Go to F40CBEGB)
7. Don’t know / Not sure
9. Refused

MANYCBE (CDP:EWC) TYPEII.

130. About how many clinical breast exams have you had in the past five years?

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

F40CBEGB (CDP:EWC) Ask all women Modified responses BGUIDE.

131. How often do you think a woman your age should have a clinical breast exam?

1. More than once every year
2. Once every year
3. Once every 2 years
4. Once every 3 or more years
5. Never
7. Don't know/not sure
9. Refused

GYNEXAM (OWH) TYPEIV.

132. When was your last regular female check-up, also called your annual gynecologic exam? (This may or may not include a Pap test). F6=Not Applicable

_______ Enter month
_______ Enter Year

8888. Never (Go to HYSTER2)
7777. Don't Know
9999. Refused
PAPINFO2 (OWH) Ask if GYNEXAM is after January, 2000 YESNO.

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

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

If PREGNANT EQ 1 or TRYPREG =1, go to MHOVRWLM; else continue.

HYSTER2 (Core) YESNO.

134. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?

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

MENTAL HEALTH ISSUES
Now I would like to ask you about your feelings and experiences.

MHOVRWLM (Core) Ask All Women (modified lead in) OFTEN.

135. 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 (DSS,MCH) Ask all women TYPEIII.

136. 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 (DSS,MCH) Ask all women TYPEIII.

137. 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
MHHELP2 (DSS) YESNO.
138. Now thinking about the last 12 months, did you ever want or need help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?
1. Yes
2. No (Go to DRNKANY1)
7. Don’t know / Not sure (Go to DRNKANY1)
9. Refused (Go to DRNKANY1)

MHHLPW2 (DSS) YESNO.
139. Did you get help?
1. Yes
2. No
7. Don’t know
9. Refused

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

DRNKANY1 (Core) (All Women) YESNO.
140. 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 DRUNK)
7. Don’t know / Not sure (Go to DRUNK)
9. Refused (Go to DRUNK)

DRKALC (Core) TYPEII.
141. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average?

___ Enter Number 1XX per week
___ Enter Week or Month 2XX per month

888. None (F6) (Go to DRUNK)
777. Don’t know / Not sure (Go to DRUNK)
999. Refused (Go to DRUNK)

NALCOCC (Core) TYPEIII.
142. 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
California Women’s Health Survey – Final

DRINKGE5 (Core) TYPEIII.
143. 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)

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

DRUNK (ADP) Ask all women TYPEIV.
144. How often in the past year did you drink enough to feel drunk?

___ Enter Number of times  (verify if GT 10)

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

DRNKHARM NEW (ADP) Ask all women YESNO.
145. Now thinking of your entire lifetime, was there ever a time when you felt your drinking had a harmful effect on your health? (NOTE: Examples of harmful effects might include internal effects on gastro-intestinal system, liver, or heart; an injury or accident that happened while you were drinking or still feeling the effects; or feeling rundown or often ill).

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

DRNKHELP NEW (ADP) Ask all women YESNO.
146. Have you ever gone to anyone – a physician, AA, a treatment agency, or some other agency or professional person for a problem related in any way to your drinking?

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.

SEXBHAG2 NEW (OFP) Ask all women TYPEVIII.
147. How old were you at the time of your first sexual intercourse experience with a man?

___ Enter age in number of years

555. Never had intercourse (Go to WHOSXEVER)
777. Don’t know / Not sure (Go to WHOSXEVER)
999. Refused question (Go to WHOSXEVER)

Hyster2=1 or age>=50 or sexbhage = 555, go to WHOSXEVER; else continue
Now I would like to ask you about your access to a health provider for family planning services. (Read only if necessary)

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

148. When did you last have a visit with a health provider to talk about or receive birth control?
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
6. Don’t know / Not sure
7. Refused
8. Refused Module (Go to BCUSE4)

FPDENIE3 (OFP) YESNORF.

149. In the past 12 months 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 BCUSE4)
7. Don’t know / Not sure
9. Refused

FPDENLO2 (OFP) YESNORF.

150. In the past 12 months 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 BCUSE4)
7. Don’t know / Not sure
9. Refused

FPDENAP (OFP) YESNORF.

151. In the past 12 months 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
7. Don’t know / Not sure
9. Refused
BIRTH CONTROL USE

BCUSE4 (OFP) (Asked if PREGNANT NE1) YESNOM.

152. Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

1. Yes
2. No (Go to BCWHYNOT)
3. No male sexual partner (Go to EMRBC)
7. Don’t know / Not sure (Go to EMRBC)
9. Refused Question (Go to EMRBC)
8. Refused Module (Go to EMRBC)

BCTYPE (OFP) (modified response categories) YESNO.

153. Which birth control method or methods are you using? (Read only if necessary) (Select all that apply) New instruction: Probe "Any other method?"

1. Male sterilization / vasectomy BCTYP_A
2. Female sterilization BCTYP_B
3. Norplant/implants BCTYP_C
4. Depo-Provera /Injectables/Shots BCTYP_D
5. Birth control pills/oral contraceptive BCTYP_E
6. IUD/coil/loop/IUC/IUS BCTYP_F
7. Condoms/rubbers BCTYP_G
8. Diaphragm BCTYP_H
9. Female condom/vaginal pouch BCTYP_I
10. Cervical cap BCTYP_J
11. Foam/jelly/cream/vaginal contraceptive film (VCF) BCTYP_K
12. Withdrawal/pulling out BCTYP_L
13. Natural family planning/Rhythm/Fertility Awareness BCTYP_M
14. Other (Specify) BCTYP_N
15. Contraceptive Patch (Ortho Evra) BCTYP_P
16. Contraceptive vaginal ring (NuvaRing) BCTYP_Q
17. Emergency contraception (morning afterpill, Plan B, Preven) BCTYP_R

77. Don’t know / Not sure
99. Refused Question
88. Refused Module (Go to EMRBC) BCTYP_O

BCTYPTXT

153.5 OTHER (SPECIFY)

After answering BCTYPE, go to BCPAY

BCWHYNOT (OFP) BCWHYNOT.

154. What is the MAIN reason that you are not CURRENTLY using birth control? (Read only if necessary)

Select from Brand List
18. Other (Specify)
88. Didn’t think about it
77. Don’t know / Not sure
Now I would like to ask you a few questions about how you pay for birth control.

BCPAY (OFP) YESNO.
155. How do you pay for the primary method of birth control that you use? (Select all that apply.)

1. Private Health Insurance BCPAY_A
2. Medi-Cal BCPAY_B
3. Family PACT/state program/SOFP/BIC/HAP BCPAY_C
4. College-based health insurance BCPAY_D
5. Got method free from a clinic outside of a school (e.g. county or community) BCPAY_E
6. Got method free from school or school clinic BCPAY_F
7. You paid co-pay BCPAY_G
8. Partner paid co-pay BCPAY_H
9. You paid entire cost BCPAY_I
10. Partner paid entire cost BCPAY_J
11. Share cost with partner BCPAY_K
12. Family member pays cost BCPAY_L
13. Other (specify) BCPAY_M
14. Don’t use birth control BCPAY_N

77. Don’t know / Not sure
99. Refused

BCPAY2 (OFP) YESNO.
155.5 How did you pay for the sterilization?

1. Private Health Insurance BCPAY2_A
2. Medi-Cal BCPAY2_B
3. Family PACT/state program/SOFP/BIC/HAP BCPAY2_C
4. College-based health insurance BCPAY2_D
5. Got method free from a clinic outside of a school (e.g. county or community) BCPAY2_E
6. Got method free from school or school clinic BCPAY2_F
7. You paid co-pay BCPAY2_G
8. Partner paid co-pay BCPAY2_H
9. You paid entire cost BCPAY2_I
10. Partner paid entire cost BCPAY2_J
11. Share cost with partner BCPAY2_K
12. Family member pays cost BCPAY2_L
13. Other (specify) BCPAY2_M
14. Don’t use birth control BCPAY2_N

77. Don’t know / Not sure
99. Refused

If any “Yes” responses to HLTHPLAN and BCUSE4=2, continue; Else, go to EMRGBC
EMRGBC (OFP) YESNO.

156. To the best of your knowledge, if a woman has unprotected sex is there anything she can do in the three days following intercourse that will prevent pregnancy?

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

EMERGWHT (OFP) EMERGWHT.

157. What can she do? (Do not read responses)

1. Use emergency contraception
2. Take the “morning after” pill
3. Have an IUD inserted
4. Take high dose/extra/several birth control pills
5. Take birth control pills
6. Take RU486
7. Have an abortion
8. Douche
9. Pray
10. Other (Specify)

77. Don’t know / Not sure
99. Refused

The next question asks about with whom you have had any kind of sexual activity over your adult lifetime.

WHOSXEVR (Core) (Asked of all women) WHOSEXEB.

158. Which response best describes whom you have had sex with over your adult lifetime? Would you say … (Adult = 18 or older)

1. Sex only with a woman (or with women)
2. Sex only with a man (or with men)
3. Sex with both men and women
4. Never had sex (Go to SXORIENT)

7. Don’t know / Not sure
9. Refused

WHOSX12M (Core) (Asked of all women) WHOSEXEB.

159. Which response best describes whom you have had sex with in the past 12 months? Would you say …

1. Sex only with a woman (or with women)
2. Sex only with a man (or with men)
3. Sex with both men and women
4. Did not have sex

7. Don’t know / Not sure
9. Refused
This next question is about your sexual orientation and I want to remind you again that your answers are completely confidential.

SXORIENT NEW (OWH) ORIENT.

160. Which of the following best describes you? Would you say...

1. Heterosexual (straight)
2. Gay or Lesbian
3. Bisexual
4. Not sure

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

SEXUALLY TRANSMITTED DISEASES
I would now like to ask you some questions about sexually transmitted diseases or STDs.

STDCHLYD (STD) (Ask all women) YESNORF.

161. Have you ever heard of chlamydia?

1. Yes  (Go to SEXBHNUM)
2. No

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

8. Refused Module  (Go to HIVPGTLK)

CHLYDTS3 NEW (STD) Ask of women <=50 YESNOUN.

162. Have you been tested for chlamydia during the past 12 months? Would you say: yes, no, or don't know?

1. Yes
2. No

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

SEXBHNUM (OFP) (Asked if WHOSXEVR = 2 or 3 and if AGEB <=50) TYPEVIII.

163. 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 HIVPGTLK)
This question is about a new male sex partner. A new sex partner is someone you had sex with for the first time. During the past 12 months, did you have a new male sex partner?

1. Yes
2. No (Go to STDTALK2)
7. Don’t know/Not sure (Go to STDTALK2)
9. Refused Question (Go to STDTALK2)
8. Refused Module (Go to HIVPGTLK)

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
9. Refused Question
8. Refused Module (Go to HIVPGTLK)

Think about your current or most recent male sex partner, which of the following statements best describes how seriously you have talked about sexually transmitted diseases with that partner? Would you say you . . .

1. talked seriously about sexually transmitted diseases
2. mentioned sexually transmitted diseases but not seriously
3. never talked about sexually transmitted diseases
7. Don’t know/Not Sure
9. Refused

Thinking about your current or most recent male sex partner. How likely is it that this partner was having sex with anyone else besides yourself while you were together? Would you say . . .

1. Definitely Yes
2. Very likely
3. Somewhat likely
4. Not very likely
5. Definitely No
7. Don’t Know/Not Sure
9. Refused

During the past 12 months, did a 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
STDTEST NEW (STD)  Ask if AGEB <=50 YESNORF.

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

STDTSTWT NEW (STD)  Ask if AGEB <=50 YESNO.

170. 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 STDDX_K

STDDXTXT

170.5 OTHER (SPECIFY)

HIVPGTLK (MCH) (Ask if PREGNANT=1 or PREG5YR=1) YESNO.

171. During your most recent pregnancy, did a doctor, nurse, or other health care provider talk with you about HIV (the virus that causes AIDS) and about testing your blood for HIV?

1. Yes
2. No

7. Don’t know / Not sure
9. Refused

HIVPGTST (MCH) (Ask if PREGNANT=1 or PREG5YR=1) YESNO.

172. Did you have your blood tested for HIV (the virus that causes AIDS) during any pregnancy in the last five years?

1. Yes
2. No

7. Don’t know / Not sure
9. Refused
DOMESTIC VIOLENCE
The next questions are about relationships with intimate partners. By partner I mean current or former husband, partner, boyfriend or girlfriend. I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. If there is a question that you cannot or do not wish to answer, please tell me and I’ll go to the next question.

DVFEAR (DV) (Asked of ALL Respondents) YESNODVA.
173. In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of a partner or former partner?
   1. Yes
   2. No
   3. No Partner or former partner in past 12 mos (Go to ACESUBAB)
   7. Don’t know / Not sure
   9. Refused

DVCNTROL (DV) (Asked of ALL Respondents) YESNODVA.
174. At any time during the past 12 months, has a partner or former partner tried to control most or all of your daily activities? For example, controlling who you can talk to or where you can go.
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused

DVLASTYR (DV) YESNO.
In the past 12 months has a partner or former partner:
   175. Thrown something at you?
   176. Pushed, grabbed, shoved or slapped you?
   177. Kicked, bit or hit you with a fist?
   178. Beaten you up or choked you?
   179. Forced you to have sex against your will?
   180. Used a knife on you or fired a gun at you?
   181. Followed you or spied on you?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused

If no Yes answers to 174 through 181 go to ACESUBAB; Else, continue.

DVSKHLP (DV) YESNO.
182. Did you seek help following any incident?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused
Adverse Childhood Experiences

The following questions refer to experiences YOU had while you were growing up, that is before you turned 18 years of age.

ACESUBAB (DSS)  YESNO.
183. Before the age of 18, did you live with someone who was a problem drinker or someone who used street drugs?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused

ACEDEPMI (DSS)  YESNO.
184. Before the age of 18, did you live with someone who was depressed or mentally ill?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused

ACEDVMO2 NEW (DSS)  YESNO.
185. Before your 18th birthday, did you ever see anyone treat your mother (or stepmother) violently, such as beat her up, hit, punch, throw something at her, threaten or attack her?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused

ACEJAIL (DSS)  YESNO.
186. Before the age of 18, did you live with someone who went to prison or jail?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused

ACEDVRC E NEW (DSS)  YESNO.
187. Before your 18th birthday, were your parents, separated or divorced?
   1. Yes
   2. No
   7. Don't know/Not sure
   9. Refused
I am going to ask you about some stressful experiences you may have had. Please remember that everything you tell me is confidential. If at any time you feel like you would like to stop, please let me know.

I'm going to ask you some questions about things that may have happened to you after the age of 18.

188. After the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

189. After the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or someone you know, like a partner or family member).

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

190. After the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? (This includes any type of unwanted sexual activity, not just penetration.)

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

191. After the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?

1. Yes
2. No
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)
I’m going to ask you some questions about things that may have happened to you BEFORE the age of 18.

192. Before the age of 18, did a parent or other adult in your household often or very often, swear at, insult, or put you down, or make you afraid that you would be physically hurt?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

193. Before the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

194. Before the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

195. Before the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? (This includes any type of unwanted sexual activity, not just penetration.)

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)

196. Before the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
8. Refused Module (Go to PTSD1)
PTSD
Now I’m going to ask you some questions about experiences people have had that are frightening, upsetting, or stressful to most people. Please think back over your whole life when you answer these questions. Your answers are important to us, but you do not have to answer any questions that you don’t want to.

PTSD1 (DSS)  YESNO.
197. Thinking back over your entire lifetime, have you ever had any experience or experiences that were frightening, horrible or upsetting?
   1. Yes
   2. No (Go to MEDI_FU2)
   7. Don’t know / Not sure (Go to MEDI_FU2)
   9. Refused (Go to MEDI_FU2)
   8. Refused module (Go to MEDI_FU2)

PTSD2 (DSS)  YESNO.
198. Now thinking about the last 30 days, did you have nightmares about any experience or think about it when you did not want to?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused

PTSD3 (DSS)  YESNO.
199. In the past 30 days, did you try hard not to think about any experience or go out of your way to avoid situations that reminded you of it?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused

PTSD4 (DSS)  YESNO.
200. In the past 30 days, have you been constantly on guard, watchful, or easily startled?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused

PTSD5 (DSS)  YESNO.
201. In the past 30 days, have you felt numb or detached from others, activities, or your surroundings?
   1. Yes
   2. No
   7. Don’t know / Not sure
   9. Refused
MEDI_FU2 (ask if age>=65 and did not say "yes" to MEDICARE) YESNO.

202. Do you have a social security card with red, white and blue stripes?

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

CLOSING: That's my last question. We appreciate the time you took to help the State of California develop and expand services and educational programs for women. We know that some of the questions we asked you were very personal, but please remember that your answers will be kept confidential. If you would like to talk with someone about these personal questions you may call RAINN at 1-800-656-HOPE. We hope you feel good about your contribution. Thank you.

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

1. Spanish
2. English