

2012 CALIFORNIA WOMEN'S HEALTH SURVEY

MERGED_English_Spanish

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FINAL

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 Public Health and the Office of Women's Health.

Hola soy _____ estoy llamando por el Departamento de Servicios de Salud de California y la oficina de salud para la mujer.

Is this (phone number) ?

¿Es este número _____ ?

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 adult women in California. Your number has been randomly chosen to represent {alltrim(sample->city)} and its' surrounding areas. We'd like to ask some questions about things women do which may affect their health. Our study requires that we randomly select one adult female who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

Estamos haciendo un estudio relacionado con las prácticas de los residentes en California. Su número ha sido seleccionado al azar y nos gustaría hacerle algunas preguntas sobre lo que hace la gente que podría afectar la salud. Nuestro estudio requiere que seleccionemos a un adulto que viva en su hogar para ser entrevistado. ¿Cuántos miembros de su hogar, incluyendo se usted tienen 18 años de edad o más?

_____ Enter the number of adults

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

¿Cuántas son mujeres?

_____ 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.

Gracias por su cooperación pero su hogar no califica para esta encuesta. Adiós.

NUMMEN

(If NUMADULT GT 1)

How many are men?

¿Cuántos son hombres?

_____ 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 _____.

¿La persona con quien necesito hablar es _____?

Are you the (SELECTED) ?

¿Es usted _____?

1. Yes---> Continue.

2. No ---> **May I speak with the _____?**

ONEADULT

(If NUMWOMEN = 1)

Are you the adult?

¿Es usted la _____?

1. Yes---> **Then you are the person I need to speak with. All the information obtained in this study will be confidential.**

2. No ---> **May I speak with her?** (When selected adult answers:)

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

Introduction:

We're doing a special survey of California women and are asking about their health practices and day-to-day living habits. Your telephone number was randomly selected from all California phone numbers. You have been randomly chosen to be included in the study from among the adult women of your household.

Before I ask you any questions, I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. You will not be identified in any way in any reports. Your answers will be combined with the answers of the 4000 other women who take part in the survey.

You may stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

In this survey, we are asking questions about your health, health care coverage, experience with cancer screening tests, food security, food consumption, immunization, alcohol and tobacco use, ovarian cancer, vitamin use, personal relationships, sexually transmitted diseases, public assistance, disability, mental health, race, and domestic violence. Depending on your age, you may also be asked about family planning, childbirth and experience with the Women, Infants and Children's program.

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

TABLE OF CONTENTS

HEALTH STATUS	5
VITAMINS	9
MAMMOGRAM KNOWLEDGE	9
DISABILITY	10
SMOKING	10
HPV KNOWLEDGE	11
AGE AT FIRST MENARCHE	11
SEXUAL ACTIVITY	12
PREGNANCY	14
BIRTH CONTROL USE	16
CHILDREN IN HOUSEHOLD	20
DEMOGRAPHICS.....	21
FOOD ADEQUACY	25
FOOD ASSISTANCE.....	27
BODY SIZE & WEIGHT	30
DIETARY QUALITY.....	33
NOW I WOULD LIKE TO ASK YOU ABOUT PHYSICAL ACTIVITY AND WEIGHT CONTROL.	36
EXERCISE	37
BREAST AND CERVICAL CANCER SCREENING	40
ENVIRONMENTAL EXPOSURE.....	45
DISCRIMINATION	51
COLON CANCER SCREENING	52
MENTAL HEALTH ISSUES	54
ALCOHOL USE	54

HEALTH STATUS

First I'd like to ask some questions about your health.

Primero, quiero hacerle algunas preguntas acerca de su salud.

GENHLTH (CORE)

HEALTH.

1.1 Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?

¿Generalmente, diría usted que su salud es: Excelente, Muy buena, Buena, Regular, o Delicada?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
7. Don't know
9. Refused

PHYSHLTH (CORE)

TYPEVII.

1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Ahora, pensando en su salud física, la cual incluye enfermedades físicas y lastimaduras, ¿en cuántos de los últimos 30 días diría que su salud física no fue buena?

___ Enter Number of days

88. None
77. Don't know
99. Refused

MENTHLTH (CORE)

TYPEVII.

1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Ahora, pensando en su salud mental, la cual incluye la tensión nerviosa, depresión, y problemas emocionales, ¿en cuántos de los últimos 30 días diría que su salud mental no fue buena?

___ Enter Number of days

88. None
77. Don't know
99. Refused

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

1.4 During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work or recreation?

Durante los últimos 30 días, ¿por cuántos días le impidió su salud delicada física o mental en hacer sus actividades normales, tales como cuidarse, trabajar, o actividades recreativas?

___ Enter Number of days

88. None
77. Don't know
99. Refused

HEALTH CARE ACCESS

These next questions are about women's access to medical care. Please be assured that I am not trying to sell you insurance coverage.

Las próximas preguntas que le haré se refieren al acceso que usted tiene al cuidado médico. Por favor este tranquila que no estoy tratando de venderle seguro médico.

HAVECWHS (CORE)

YESNO.

2.1 Do you have ANY kind of health care coverage? (This would include health insurance, prepaid plans such as HMOs--health maintenance organizations--or government plans such as Medicare or Medi-Cal.)

¿Tiene usted alguna cobertura de salud? (Esto incluye seguro de salud, planes prepagados tales como los de HMO (organizaciones para el mantenimiento de la salud) o planes del gobierno como Medicare, Medi-Cal).

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

HLTHPLCW (CORE)

YESNO.

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

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

Hay ciertos tipos de cobertura que puede no haber considerado. Por favor, dígame si tiene alguna cobertura provisto por...

(If HAVECWHS = 1, ask:)

Yes No DK/NS RF

		Yes	No	DK/NS	RF	
Do you receive health care coverage through:						
<i>¿Recibe cobertura de salud a través de:</i>						
2.2	Your employer <i>Su empleador?</i>	1	2	7	9	EMPPLAN
2.3	Someone else's employer (including spouse) <i>El empleador de otra persona, como su esposo(a) o sus padres?</i>	1	2	7	9	OEMPLAN
2.4	A plan that you or someone else buys on your own <i>Un plan que usted u otra persona paga por su cuenta?</i>	1	2	7	9	OWNPLAN
2.5	Medicare	1	2	7	9	MEDICARE
2.6	Medi-Cal (Medicaid)	1	2	7	9	MEDICAL
2.7	The military, CHAMPUS/TRICARE, or the VA [or CHAMP-VA] <i>Las fuerzas armadas, CHAMPUS, o la administración de Veteranos?</i>	1	2	7	9	MILPLAN
2.8	Indian Health Service, or, <i>El servicio de salud indio?</i>	1	2	7	9	INDIANHS

2.9 A source other than ones already mentioned 1 2 7 9 OTHRSRCE

Otra fuente aparte de las que mencione?

IF NO YES ANSWERS TO HAVEPLCW AND HLTHCWHS, SKIP TO PASTPLAN
GAPPLNT2 (CORE) TYPE II.

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

¿En cuántos de los últimos 12 meses estuvo sin cobertura de salud?

_____ (number)

7. Don't know (Go to CHECKUP4)

9. Refused (Go to CHECKUP4)

PASTPLAN (CORE) HOWLONGC.

2.11 About how long has it been since you had health care coverage?

(Read Only if Necessary)

¿Cuánto tiempo hace, desde que tuvo cobertura médica (seguro de salud)?

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
8. Not applicable = Never
9. Refused

CHECKUP4 (CORE) Ask all women HOWLONG.

2.13 Some people visit a doctor or other health care provider for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine medical checkup?

(Read only if necessary.)

Algunas personas visitan al médico para un examen de rutina, aunque se sientan bien y no hayan estado enfermas. ¿Aproximadamente cuánto tiempo hace desde que visitó a un doctor, por última vez, para un examen de rutina médico?

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

PRIMCAR2 (OWH – NEW) (Modified from BRFSS 2001, 2000, 1999, & 1998)

2.14. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick, need advice about your health, or need routine care?

¿Hay alguna clínica en particular, centro de salud, consultorio médico, u otro lugar en donde usted va usualmente cuando está enferma o cuando necesita atención de salud rutinaria?

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

PRIMPLAC (OWH) NEW

2.15 What kind of place is it? (Read responses) Ask if PRIMCARE=1

¿Qué clase de lugar es?

1. Do not have a place to go
No tiene un lugar para ir
2. A doctor's office or HMO
Un consultorio de médico o HMO
3. A clinic or health center
Una clínica o centro de salud
4. A hospital or outpatient department
Un hospital o ambulatorio (clínica para pacientes externos)
5. A hospital emergency room
Sala de emergencia
6. An urgent care center
Centro de urgencias
7. Some other kind of place
Algún otro lugar
77. Don't know
99. Refused

PRECARE2 (NETWORK) (Ask if CHECKUP4 <>88)

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

¿Durante su más reciente examen de rutina, le hablo un doctor, enfermera, u otro profesional de la salud acerca de dieta o ejercicio?

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

VITAMINS

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

Ahora me gustaría preguntarle acerca de su uso de vitaminas y minerales.

VITTIMES (MCAH) Ask all women

YES/NO.

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

Durante el mes pasado, cuantas veces a la semana tomo usted una multivitamina, una vitamina prenatal o vitamina de ácido fólico

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

MAMMOGRAM KNOWLEDGE

Next I will be asking about mammograms.

A continuación le voy a preguntar sobre las mamografías.

MAMMAGE (CDS) Ask all women

TYPE IV.

4.1 In general, at what age do you think a woman should start getting mammograms?

En general, ¿a qué edad piensa usted que una mujer debería empezar a hacerse una mamografía?

Age _____

Other (specify) _____(program for text response for example: Never, after first child, etc)

777. Don't know

999. Refused

MAMMOFTN (CDS) Ask all women

OFTENE.

4.2 In general, how often do you think a woman should have a mammogram after she's had her first mammogram? Interviewer note: Do not read

¿En general, después de que una mujer se ha hecho la primera mamografía (mamograma), con cuánta frecuencia debería repetirla, en su opinión?

1. More than once every year
2. Once every year
3. Once every 2 years
4. Once every 3 or more years
5. Never again after the initial mammogram/Once in her lifetime
6. Other (specify)
7. Don't know/ Not sure
9. Refused

DISABILITY

EQUIP (CORE)

YESNO.

5.1 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheel chair, a special bed, or a special telephone? (Include occasional use or use in certain circumstances).

¿Tiene actualmente algún problema de salud que requiera el uso de equipo especial, tal como un bastón, una silla de ruedas, una cama especial, o un teléfono especial? (Incluya el uso ocasional o el uso en ciertas circunstancias).

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

DISANY (CORE)

YESNO.

5.2 Are you limited in any way in any activities because of a physical, mental, or emotional problem?

¿Está usted limitada de cualquier manera en cualquier actividad a causa de algún problema físico, mental, o emocional?

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

SMOKING

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

Ahora, me gustaría hacerle algunas preguntas acerca del fumar cigarrillos.

SMOKE100 (CORE) Ask all women

YESNO.

6.1 Have you smoked at least 100 cigarettes in your entire life?

5 packs = 100 cigarettes

¿Ha fumado por lo menos 100 cigarrillos durante toda su vida?

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

SMKEVDA2 (CORE)

EVDAY.

6.2 Do you now smoke cigarettes every day, some days, or not at all?

En la actualidad, ¿fuma usted cigarrillos todos los días, algunos días, o ningún día?

1. Every day
2. Some days
3. Not at all
7. Don't know
9. Refused

HPV KNOWLEDGE

The next 2 questions ask about HPV, the human papillomavirus.

Las siguientes dos preguntas son sobre el virus humano papiloma, HPV.

Please tell me if you think the following statements are true or false?

Por favor, dígame si usted cree que las siguientes declaraciones son ciertas o falsas.

HPVSTD (OWH – asked on CWHS 2007) ask of all women

7.1. The human papillomavirus (HPV) is sexually transmitted.

El virus humano papiloma (HPV) es transmitido sexualmente.

1. True
2. False
7. Don't know
9. Refused

HPVCRVCA NEW (OWH - asked on CWHS 2007) ask of all women

7.2 Some strains (types) of the human papillomavirus (HPV) cause cervical cancer.

Algunos tipos del virus humano papiloma, causan cáncer de la cerviz.

1. True
2. False

7. Don't know
9. Refused

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

Porque varias de las preguntas siguientes dependen de la edad. Antes de continuar, necesito preguntarle:

AGEBCWHS (CORE)

TYPEI.

7.2 What is your age?

¿Cuántos años tiene usted?

- ___ Enter age in years
7. Don't know
9. Refused

AGE AT FIRST MENARCHE

MENSES2 (OWH – Asked on 2007 CWHS)

9.1 How old were you when you had your first menstrual period?

¿Cuántos años tenía usted, cuando tuvo su primer periodo menstrual?

- ___ age in years
88. Not applicable = Never started menstrual cycle
77. Don't know
99. Refused

MENSES3 (OWH -ask if MENSES = Don't know)

9.2 Were you younger than 12, were you 12-13, or were you older than 13?

¿Tenía usted menos de 12 años, entre 12 a 13 años de edad, o tenía más de 13 años?

1. Younger than 12
2. 12-13
3. Older than 13
7. Don't know
9. Refused

SEXUAL ACTIVITY

SEXBHAG2 (CORE)

TYPEVIII.

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

¿Cuántos años tenía cuando tuvo su primera relación sexual con penetración con un hombre?

- ___ Enter age in number of years
555. Never had intercourse
777. Don't know
999. Refused

WHOSX12M (CORE)

WHOSEXB.

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

¿De las siguientes opciones, cuál mejor describe la gente con quien usted ha tenido relaciones sexuales en los últimos 12 meses? ¿Diría usted...

1. Sex only with a woman (or with women)
Relaciones sexuales SOLAMENTE con una mujer (mujeres)
2. Sex only with a man (or with men)
SOLAMENTE con un hombre (hombres)
3. Sex with both men and women
Relaciones sexuales con hombres y mujeres
4. Did not have sex
No tuvo relaciones sexuales
7. Don't know
9. Refused

SEXBHNUM (STD/OF) (Asked if WHOSX12M =2 or 3)

TYPEVIII.

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

¿Cuántos compañeros sexuales, varones ha tenido usted en los últimos 12 meses?

- ___ Enter number
- ___ Enter number
77. Don't know
99. Refused

SEXWOTRE (STD) (Ask if WHOSX12M= 2 or 3)

CERTAIN.

10.4 At any time within the past 12 months, did any of your male partners have sex (of any type) with someone else while they were still in a sexual relationship with you? Would you say...

En algún momento, dentro de los pasados 12 meses, ¿tuvo su compañero o alguno de sus compañeros relaciones sexuales (de cualquier clase) con otra persona, mientras él o ellos estaban en una relación sexual con usted? Diría usted...

1. Yes, definitely
Si, definitivamente
2. Not sure
No estoy segura
3. No, it is very unlikely
No, no es muy probable
99. Refused

CONDOM3 (STD) (Ask if WHOSX12M= 2 or 3)

YESNO.

10.5 Did you or your most recent sexual partner use a condom the LAST time you had sexual intercourse?

¿Uso usted o pareja sexual más reciente un condón la ÚLTIMA vez que tuvieron relaciones sexuales?

1. Yes
2. No
77. Don't know
99. Refused

SEXBADVC (STD) Ask of all women

YESNOD.

10.6 If you saw a doctor or other health care professional in the last 12 months, did that person ask you about your sexual behavior? Would you say...

Si usted vio a un médico u otro profesional de la salud en los últimos 12 meses, ¿esa persona le preguntó acerca de su comportamiento sexual? Diría usted...

1. Yes
2. No
3. Didn't see doctor/health care professional
No miro a un doctor/ profesional de la salud
77. Don't know
99. Refused

CHLMTST4 (STD) NEW instruction: Ask of all women

YESNOB.

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

¿Se ha hecho una prueba para la clamidia en los últimos 12 meses? Diría... Si, No, No sabe que es la clamidia, o No sabe?

1. Yes
2. No
3. Don't know what chlamydia is
77. Don't know
99. Refused

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

Ahora le voy a preguntar acerca de su orientación sexual. Recuerde que todas sus respuestas son confidenciales y que no tiene que contestar ninguna pregunta que usted no quiera

SXORIEN2 (CORE)

ORIENT.

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

¿Se considera usted ser... heterosexual, homosexual o sea gay o lesbiana, bisexual u otra?

1. Heterosexual (straight)
2. Gay or Lesbian
3. Bisexual
4. Not sure
7. Don't know
9. Refused

PREGNANCY

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

PREGNAN.

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

¿Cuál de las siguientes declaraciones mejor describe sus planes de embarazo? ¿Diría usted...

1. You are currently pregnant
Actualmente está embarazada
2. You are currently trying to become pregnant
Actualmente está intentando embarazarse
3. You are planning to get pregnant in the next year or so
Esta planeando embarazarse en el próximo año
4. You are not planning a pregnancy in the next year or so, but you plan to at some time in the future.
No está planeando un embarazo en el próximo año, pero espera embarazarse en algún momento en el futuro
5. You do not plan to get pregnant at any time in the future
No tiene planes de embarazarse en el futuro
6. You cannot get pregnant
No puede embarazarse
7. Don't know / Not sure
9. Refused

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

11.2 During your most recent routine checkup, did a doctor, nurse, or other health care provider talk with you about whether or not you want to become pregnant in the future?

Durante su más reciente chequeo de rutina, ¿hablo con usted un doctor, enfermera, u otro profesional de la salud cerca de si le gustaría quedar embarazada o no en el futuro?

- 1. Yes
- 2. No

- 7. Don't know
- 9. Refused

HADBABY (CORE) YESNO.

11.3 Have you ever given birth to a live baby?

¿Alguna vez ha dado a luz a un bebe vivo?

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

LIVEBRTH (CORE) Ask if HADBABY = 1

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

¿En qué fecha fue la última vez que dio a luz a un bebe vivo?

- ___ Enter month DATEB_A
- ___ Enter year DATEB_B
- 77. Don't know
- 99. Refused

HYSTER2 (CORE) ask if PREGNAN2 >4 or AGEBCWHS >54 YESNO.

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

¿La han hecho una histerectomía (es decir una operación para quitar el útero/la matriz)?

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

BIRTH CONTROL USE

If HYSTER2=1 or AGEBCWHS>=50 or SEXBHAG2=Never had sex, go to PROBP3 else continue.

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

Ahora me gustaría hacerle algunas preguntas que relacionadas al uso actual a métodos de planificación familia.

BCUSE4 (OFF) (Asked if PREGNAN2>=3)

YESNOM.

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

En la actualidad ¿están usted o su pareja varón sexual usando algún tipo de método para prevenir el embarazo? Esto incluye la esterilización de la mujer u hombre.

- 1. Yes
- 2. No (Go to BCWHYNOT)
- 3. No male sexual partner (Go to FPADVICE)
- 7. Don't know (Go to FPADVICE)
- 9. Refused Question (Go to FPADVICE)

BCTYPE (OFF)

YESNO.

12.2 Which birth control method or methods are you using? (Read only if necessary) (Select all that apply)

New instruction: Probe "Any other method?"

¿Qué tipo o tipos de anticonceptivos está usando para el control de la natalidad?

- 1. Male sterilization/vasectomy BCTYP_A
- 2. Female sterilization/tubal ligation/tubal occlusion Essure) BCTYP_B
- 3. Norplant/implants BCTYP_C
- 4. Depo-Provera /Injectables/Shots BCTYP_D
- 5. Birth control pills/oral contraceptive BCTYP_E
- 6. IUD/coil/loop/IUC/IUS BCTYP_F
- 7. Condoms/rubbers BCTYP_G
- 8. Diaphragm BCTYP_H
- 9. Female condom/vaginal pouch BCTYP_I
- 10. Cervical cap BCTYP_J
- 11. Foam/jelly/cream/vaginal contraceptive film (VCF) BCTYP_K
- 12. Withdrawal/pulling out BCTYP_L
- 13. Natural family planning/Rhythm/Fertility Awareness BCTYP_M
- 14. Other (Specify) BCTYP_N
- 15. Contraceptive Patch (Ortho Evra) BCTYP_P
- 16. Contraceptive vaginal ring (NuvaRing) BCTYP_Q
- 17. Emergency contraception (morning after pill, Plan B, Preven) BCTYP_R
- 18. Lactational Amenorrhea Method BCTYP_S
- 77. Don't know (Go to FPADVICE)
- 99. Refused Question (Go to FPADVICE)

BCTYPTXT

12.3 Other (SPECIFY)

BCTYP_O

After answering BCTYPE, go to FPADVICE

BCWHYNOT (OFF)

BCWHYNOT.

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

¿Actualmente, cuál es la razón principal por la cual no usa algún tipo de anticonceptivo?

Select from Brand List (see Below)

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

BCWHYNOX

12.5 Other (SPECIFY)

FPADVICE (OFP)

FPADVICE.

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

¿Donde usualmente recibe servicios de planificación familiar, asesoramiento o consejería?

1. Private doctor or HMO
Doctor privado o HMO
2. Hospital or hospital clinic
Hospital o clínica del hospital
3. Planned Parenthood
4. County health department, family planning clinic, community clinic
Departamento de salud del condado, clínica de planificación familiar, clínica de la comunidad

5. School or school-based clinic
Clínica en la escuela o clínica basada en la escuela
6. Indian Health Service
Servicios de salud indio
7. Pharmacy
Farmacia
8. Employer or company clinic
Empleador o clínica de la empresa
9. I don't/didn't use family planning services
Yo no uso/use los servicios de planificación familiar
10. I don't/didn't need family planning services
Yo no necesito/necesite servicios de planificación familiar
11. Or some other place? (specify)
O algún otro lugar?
77. Don't know
99. Refuse

FPDELAY2 (OFP) (New response category added 2012)

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

Las mujeres demoran o no consiguen el control de la natalidad/contracepción que necesitan por una variedad de razones. Ahora pensando de los últimos 12 meses, ¿alguna vez ha tenido usted que demorar o no consiguió el control de la natalidad/contracepción que usted necesitaba?

1. Yes
2. No (Go to BCPAY3)
3. Didn't need family planning services in the last 12 months (Go to BCPAY3)
No necesite servicios de planificación familiar en los últimos 12 meses.
77. Don't know (Go to BCPAY3)
99. Refused (Go to BCPAY3)

FPREASDE (OFP)

FPREASDE.

12.8 What was the MAIN reason that you delayed or didn't get the birth control/contraception you needed in the last 12 months? (Select One) (Do not read responses)

¿Cuál fue la razón PRINCIPAL por la cual usted demoró o no consiguió el control de la natalidad/contracepción que usted necesitó en los últimos 12 meses?

1. Didn't have insurance
2. Couldn't afford it
3. Have insurance but couldn't afford co-payment
4. Couldn't get an appointment
5. Had transportation problems

6. Couldn't find time
7. Forgot to refill my prescription
8. Forgot to take care of it in time
9. Had problems getting child care
10. Didn't need birth control
77. Don't know
88. Other specify
99. Refuse

BCPAY3 (OFF) (Modified Response Categories) ask if BCUSE4 = 1

BCPAY.

12.9 Who pays for birth control? Would you say ...

¿Quién paga por los anticonceptivos? Diría usted que...

1. You (Usted)
2. Your current/most recent partner (Su pareja actual/ pareja mas reciente)
3. Shared (both you and your partner)(Los dos/ambos (usted y su pareja)
4. Health Insurance Cobertura de Salud
5. Family PACT (teal or green card) Family PACT (targeta verde azul o verde)
6. Medi-Cal
7. Insurance and you (co pay) Cobertura de salud y usted
8. Other (SPECIFY)
77. Don't know
99. Refused

PROBP3 (OWH – Asked similar on 1998, 2001, 2003, 2006, and 2007 CWHS) ask all women

12.10. Have you ever tried for more than 12 months to get pregnant and were not successful?

Alguna vez, ¿ha tratado por más de 12 meses de quedar embarazada, sin tener buenos resultados?

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

INFERT12 (OWH – Asked on 2007 CWHS) ask all women

12.11. Have you ever been told by a doctor or other health professional that you have fertility problems not related to age?

Alguna vez, ¿le ha dicho un doctor u otro profesional de la salud, que usted tiene problemas de fertilidad, no relacionadas a la edad?

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

CHILDREN IN HOUSEHOLD

CHILD18 (CORE)

TYPE II.

13.1 How many children under age 18 live in this household? (Range 1 – 9)

¿Cuántos niños MENORES de 18 años de edad, viven en su hogar?

___ Enter Number of children

00. Not applicable = None

(Go to SELFWGHT)

99. Refused

(Go to SELFWGHT)

CHILDAGE (CA-CORE)

TYPE VII.

13.2 (If CHILD18=1, ask:) How old is the child? *¿Qué edad tiene le niño?*

(If CHILD18 > 1, ask:) How old are the children? Beginning with the youngest...

¿Qué edad tienen los niños? Comenzando con los más jóvenes...

Interviewer note: Round UP to whole YEARS. For example, record less than 1 year old as 1 year. Range: 1 – 17

___	Age of youngest child	CHILD1
___	Age of second youngest child	CHILD2
___	Age of third youngest child	CHILD3
___	Age of fourth youngest child	CHILD4
___	Age of fifth youngest child	CHILD5
___	Age of sixth youngest child	CHILD6
___	Age of seventh youngest child	CHILD7
___	Age of eighth youngest child	CHILD8
___	Age of ninth youngest child	CHILD9

77. Don't know

99. Refused

Ask if CHILDAGE=1 (all children between 0 and 23 months)

ONEMONTH (CA-CORE)

TYPE VII.

13.3 (If CHILD1-CHILD10 =1 and CHILD18=1, ask:) How many months old is the child that is less than 2 years old?

¿Cuántos meses tiene el/la niño/a menor de dos años?

(If CHILD1-CHILD10 =1 and CHILD18>1, ask:) How many months old are the children that are less than 2 years old or younger? Beginning with the youngest...

¿Cuántos meses tiene los niños que son menores de dos años? Empezando con el/la menor...

INTERVIEWER NOTE: List the number of months of all children younger than 2 years in the household from youngest to oldest. Round UP to whole months. For example, record 2.5 months as 3 months.

- ___ Months of youngest child ONEMONT1
- ___ Months of second youngest child ONEMONT2
- ___ Months of third youngest child ONEMONT3
- ___ Months of fourth youngest child ONEMONT4
- ___ Months of fifth youngest child ONEMONT5
- ___ Months of sixth youngest child ONEMONT6
- ___ Months of seventh youngest child ONEMONT7
- ___ Months of eighth youngest child ONEMONT8

- 77. Don't know
- 99. Refused

DEMOGRAPHICS

SELFWGHT (NETWORK) (Ask all women) WEIGHT.

14.1 Currently, do you consider yourself:

Actualmente, ¿se considera: sobre peso, peso insuficiente, o el peso correcto para su estatura?

- 1. Overweight
- 2. Underweight
- 3. About the right weight for your height
- 7. Don't know
- 9. Refused

HISP3 (CORE)

YESNO.

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

¿Es usted hispano(a) o latino(a)? (Esto incluye Mexicana Americana, Latina Americana, Puertorriqueña, o Cubana).

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

ORACE3 (CORE)

YESNO.

14.3 Which one or more of the following would you say is your race? Would you say...

Please read and mark all that apply.

¿Cuál o cuáles de las siguientes diría usted es su raza? ¿Diría: Blanco(a), Negro(a), Asiático(a), nativo de Hawaii o de las Islas del Pacífico, Indio(a) Americano(a), nativo(a) de Alaska (Aleut), u Otra?

- 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
- 9. Refused

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

ORACE4 (CORE)

ORACE4.

14.4 Which one of these groups would you say best represents your race?

¿Cuál de estos grupos, diría usted mejor representa su raza? ¿Diría...

- 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
- 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.

14.5 Are you Chinese, Japanese, Korean, Filipino, Vietnamese, Cambodian, Laotian, East Indian, Indonesian or Other?

¿Es usted Chino/a, japonés, Coreano/a, Filipino/a Vietnamitas, Camboyano, Laos, del Este de India, Indonesia, u Otro?

- | | |
|----------------------|-----------------------|
| 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 | 99. Refused |

BIRTHPLC (CORE)

BIRTHPLC.

14.6 In what country were you born?

¿En qué país nació usted?

Select From Brand List

- 14. Other (specify _____)
- 77. Don't know
- 99. Refused

BIRTHTXT

14.7 OTHER (SPECIFY)

If BIRTHPLC EQ United States go to INCOM03; Else continue

USEENTRY2 (CORE)

TYPEI.

14.8 In what year did you come to live in the United States?

¿En qué año vino a vivir a los Estados Unidos?

- ___ Enter year
- 7777. Don't know
- 9999. Refused

HHSIZE (CA)*** Calculated variable do not ask *** (not formatted)

14.9 Household size. (NUMADULT + CHILD18)

INCOM03 (CORE)

INCOMEB.

14.10 Which of the following categories best describes your annual household income from all sources?

Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to less than \$100,000 \$100,000 to less than \$125,000 or \$125,000 or more?

¿Cuál de las siguientes categorías mejor describe el ingreso anual de su hogar de todas fuentes?

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 to less than \$125,000
10. \$125,000 or more
77. Don't know
99. Refused

Find the point on the table where HHSIZE and INCOM03 intersect.

If there is a table value and the table value is LT the "less than" value of the response to INCOM03, go to THRESH03.

THRESH03 (CORE) YESNO.

14.11 Is your annual household income above _____? (Table look up for income and household size) (This is an income threshold used for statistical purposes.)

¿Es su ingreso anual más de _____?

- 1. Yes
- 2. No

- 7. Don't know
- 9. Refused

INCOM02	=	1	2	3	4	5	6	7	8	9
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100k+
HHSIZE=	1		\$10,890/ \$14,157		\$20,147/ \$21,780	\$27,225				
(Household Size)	2		\$14,710	\$19,123		\$27,214/ \$29,420	\$36,775			
	3			\$18,530	\$24,089	\$34,281	\$37,060/ \$46,325			
	4				\$22,350	\$29,055	\$41,348/ \$44,700	\$55,875		
	5					\$26,170/ \$34,021	\$48,415	\$52,340/ \$65,425		
	6					\$29,990	\$38,987	\$55,482/ \$59,980/ \$74,975		
	7					\$33,810	\$43,953	\$62,549/ \$67,620	\$84,525	
	8						\$37,630/ \$48,919	\$69,616/ \$74,975	\$75,260/ \$94,075	
	9						\$41,450	\$53,885	\$76,683/ \$82,900	\$103,625
	10						\$45,270	\$58,851	\$83,750/ \$90,540	\$113,175
	11						\$49,090	\$63,817	\$90,180/ \$98,180	\$122,725
	12							\$52,910/ \$68,783	\$97,884	\$105,820/ \$132,275
	13							\$56,730/ \$73,749		\$104,951/ \$113,460/ \$141,825

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Jan 24, 2011.)

INCOMADQ (CORE) YESNO.

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

¿Durante el mes pasado piensa que tuvo suficiente dinero para sus necesidades básicas de la vida?

1. Yes
2. No
7. Don't know
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)

Ahora le voy a leer algunas declaraciones que algunas personas han hecho acerca de la situación de su comida. Por favor, dígame si estas declaraciones son FRECUENTEMENTE ciertas, A VECES ciertas, o NUNCA ciertas para usted en los últimos 12 meses. O sea desde el ____ del año pasado.

OUTOFFD (NETWORK) Ask all women

TRUEFALB.

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

La comida que compre no duro y no tenía dinero para comprar más. ¿Diría que esto fue FRECUENTEMENTE cierto, AVECES, o NUNCA para usted en los últimos 12 meses?

1. Often true
2. Sometimes true, or
3. Never true
7. Don't know
9. Refused

AFRDMEAL (NETWORK)

TRUEFALB.

15.2 I couldn't afford to eat balanced meals. Was that OFTEN true, SOMETIMES true, or NEVER true for you in the last 12 months?

No tuve con que comprar comidas balanceadas. ¿Diría que esto fue cierto FRECUENTEMENTE, AVECES, o NUNCA para usted en los últimos 12 meses?

1. Often true
2. Sometimes true, or
3. Never true
7. Don't know
9. Refused

These next questions are about the food eaten in your household in the last 12 months. People do different things when they are running out of money for food in order to make their food or their food money go further.

Las siguientes preguntas son acerca de los alimentos que se han consumido en su hogar en los últimos 12 meses. La gente hace cosas diferentes cuando se están quedando sin dinero para comprar alimentos con el fin de hacer que le dinero para la comida rinda.

CUTMEAL (NETWORK)

YESNO.

15.3 In the last 12 months, since last (MONTH of last year), did (if NUMADULT=1, “you”, if NUMADULT>1, “you or other adults in your household”) ever cut the size of your meals or skip meals because there wasn’t enough money for food?

¿Durante los últimos 12 meses o sea desde (MONTH of last year) (if NUMADULT=1 “redujo usted”, if NUMADULT>1 “usted u otros adultos en el hogar redujeron”) alguna vez la cantidad de su comida o paso por alto alguna comida porque no había bastante dinero para comprarla?

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

CUTOFTN (NETWORK)

HOWLONGG.

15.4 How often did this happen - almost every month, some months but not every month, or only in one or two months in the last 12 months?

¿Con que frecuencia ocurrió esa situación? ¿Fue casi cada mes, algunos meses pero no todos, solamente en uno a dos meses?

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

EATLESSC (NETWORK) (Health Status Indicator)

YESNO.

15.5 In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?

¿Alguna vez, en los últimos 12 meses comió menos de lo que debería comer porque no había suficiente dinero para comprar comida?

1. Yes
2. No
7. Don’t know
9. Refused

EVHRHNGRY (NETWORK)

YESNO.

15.6 In the last 12 months, were you ever hungry but didn’t eat because you couldn’t afford enough food?

¿En los últimos 12 meses, tuvo hambre pero no comió porque no había suficiente dinero para comprar comida?

1. Yes
2. No
7. Don’t know
9. Refused

NOFMONEY (NETWORK)

YESNO.

15.7 Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?

¿Ha habido veces en los últimos 12 meses, cuando usted no tuvo suficiente dinero para comprar alimentos/comida que usted y su familia necesitaban?

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

FOOD ASSISTANCE

FOODBANK (NETWORK) Ask of all women

YESNO.

16.1 In the last 12 months, have you received food assistance from emergency food banks?

En los últimos 12 meses, ¿ha recibido usted ayuda de sitios de emergencia donde provean comestibles o "food bank?"

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

FOODSTP3(NETWORK) Ask of all women

YESNO

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

En los últimos 12 meses, ¿ha recibido usted ayuda por parte de SNAP/Estampillas de comida "food stamps"/Calfresh o EBT?

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

FOODWIC3(NETWORK) Ask of all women

YESNO

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

En los últimos 12 meses, ¿usted o sus hijos han recibido ayuda por WIC (cupones/vales)?

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

SCHLMEAL (NETWORK) Ask if any CHILD18>0

YES/NO.

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

Anteriormente usted nos dijo que hay menores de 18 años de edad en su hogar. En los últimos 12 meses "ha este niño recibido", "han recibido cualquiera de estos niños" alimentos de la escuela gratis o de precio reducido?

1. Yes
2. No
8. Not applicable – child not in school
7. Don't know
9. Refused

DEMOGRAPHICS CONTINUED

MARITAL (CORE)

MARITAL.

16.1 Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?

¿Está usted: Casado(a), divorciado(a), viudo(a), separado(a), nunca casado(a), o un miembro de una pareja sin estar casado(a)?

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

EDUCA2 (CORE)

EDUCA.

16.2 What is the highest grade or year of school you completed? (Read Only if Necessary)

¿Cuál fue el año escolar más alto que usted completó?

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.

16.3 Are you currently: Employed full time, Employed part time, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?

¿Actualmente: trabaja usted de tiempo completo con sueldo, trabaja de tiempo parcial con sueldo, trabaja por su cuenta propia, ha estado sin trabajo por más de 1 año, ha estado sin trabajo por menos de 1 año, es ama de casa, es estudiante, esta jubilada, o no puede trabajar?

1. Employed full time (32 or more hours a week)
2. Employed part time (less than 32 hours a week)
3. Self-employed
4. Out of work for more than 1 year
5. Out of work for less than 1 year
6. Homemaker
7. Student
8. Retired
9. Unable to work
99. Refused

NUMPHON3 (CORE) TYPE II.

16.4 How many residential telephone numbers do you have? Do not include dedicated fax lines, computer lines, cellular and mobile phones.

(8 = 8 or more)

¿Cuántos números telefónicos tiene en su hogar? No incluya números que son usados por una computadora, fax o teléfonos celulares.

- | | |
|----------------|----------|
| 1. One | 2. Two |
| 3. Three | 4. Four |
| 5. Five | 6. Six |
| 7. Seven | 8. Eight |
| 77. Don't know | |
| 99. Refused | |

COUNTY1 (CORE)

COUNTYA.

16.5 What county do you live in?

¿En qué condado vive usted?

Select From Brand List

777. Don't know
999. Refused

ZIPCODE (CORE)

TYPEIX.

16.6 What is your zip code?

¿Cuál es su código de zona postal?

_____ Enter the five digit number

77777. Don't know
99999. Refused

BODY SIZE & WEIGHT

WEIGHT (CDC-CORE) (not formatted)

16.7 About how much do you weigh without shoes?

¿Cómo cuánto pesa usted sin zapatos?

If respondent answers in fractions, ask which whole number it is closest to. If respondent still gives a fraction, round fractions up.

Range: 50 – 650___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know

999. Refused

HEIGHT (CDC-CORE) (not formatted)

16.7 About how tall are you without shoes?

¿Cómo cuánto mide de estatura sin zapatos?

[Interviewer note: If respondent answers in fractions, ask which whole number it is closest to. If respondent still gives a fraction, round fraction down. ___ Select height from brandlist (verify if less than 408 or greater than 608)

777. Don't know

999. Refused

ACCULTURATION SCALE

If HISP3=1, continue Else, go to DLYEATV

LANGSPK (CORE)

LANGMORE.

18.1 In general, what language(s) do you read and speak? Would you say ...

¿En cuál idioma lee y habla generalmente? Diría que...

1. Only Spanish
Sólo español

2. Spanish better than English
Español mejor que inglés

3. Both equally
Ambos por igual

4. Better English than Spanish
Mejor inglés que español

5. Only English
Sólo inglés

7. Don't know

9. Refused

LANGCHLD (CORE)

LANGMORE.

18.2 What was the language(s) you used as a child? Would you say ...

¿Qué idioma (o cuáles idiomas) usó usted en su infancia? Diría que...

1. Only Spanish
Sólo español
2. More Spanish than English
Más español que inglés
3. Both equally
Ambos por igual
4. More English than Spanish
Más inglés que español
5. Only English
Sólo inglés
7. Don't know
9. Refused

LANGHOME (CORE)

LANGMORE.

18.3 What language(s) do you usually speak at home?

¿En qué (cuales) idioma(s) acostumbra a hablar en casa?

1. Only Spanish
Sólo español
2. More Spanish than English
Más español que inglés
3. Both equally
Ambos por igual
4. More English than Spanish
Más inglés que español
5. Only English
Sólo inglés
7. Don't know
9. Refused

LANGTHNK (CORE)

LANGMORE.

18.4 In which language(s) do you usually think?

¿En qué idioma(s) piensa, generalmente?

1. Only Spanish
Sólo en español
2. More Spanish than English
Más en español que inglés
3. Both equally
Ambos por igual
4. More English than Spanish
Más en inglés que español
5. Only English
Sólo en inglés
7. Don't know
9. Refused

LANGFRND (CORE)

LANGMORE.

18.5 What language(s) do you usually speak with your friends?

¿En qué idioma(s) habla con sus amistades usualmente?

1. Only Spanish
Sólo en español
2. More Spanish than English
Más en español que en inglés
3. Both equally
Ambos por igual
4. More English than Spanish
Más en inglés que en español
5. Only English
Sólo en inglés
7. Don't know
9. Refused

DIETARY QUALITY

These next questions are about fruits and vegetables.

Las siguientes preguntas son acerca de las frutas y verduras.

DLYEATV (NETWORK-NEW) (Ask all women)

TYPEIII.

19.1. About how many servings of vegetables do you usually eat or drink on an average day?

A serving is about 1/2 cup of vegetables, 6 ounces of 100% vegetable juice or 1 cup of green salad.

Aproximadamente, ¿cuántas porciones de verduras come o bebe en un día normal? Una porción es más o menos ½ taza de verduras, 6 onzas de jugo 100% vegetal o 1 taza de ensalada verde.

____ Enter number

777. Don't know

999. Refused

DLYEATF (NETWORK-NEW)

TYPEIII.

19.2. About how many servings of fruits do you usually eat or drink on an average day?

A serving is about 1/2 cup of fruit, 6 ounces of 100% fruit juice or a medium piece of fruit.

Aproximadamente, ¿cuántas porciones de frutas come o bebe en un día normal? Una porción es más o menos ½ taza de fruta, 6 onzas de jugo de 100% fruta o una pieza mediana de fruta.

____ Enter number

777. Don't know

999. Refused

BREAKFST (NETWORK)

XIX.

19.3 Over the last month (past 30 days), how many times per month, week, or day did you eat BREAKFAST OR ANY MORNING MEAL?

Durante el mes pasado (los últimos 30 días), ¿cuántas veces por mes, semana o día comió usted su DESAYUNO, O PRIMERA COMIDA DE LA MAÑANA?

____ Enter Number

____ Enter Month, Week, Day

777. Don't know

888. NA = Doesn't eat breakfast

999. Refused

FASTFOOD (NETWORK)

XIX.

19.4 Over the last month (past 30 days), how many times per month, week, or day did you eat FOOD FROM A FAST FOOD RESTAURANT such as McDonalds, Carl's Jr., Taco Bell, Burger King, KFC, Pizza Hut, or a Food Court? Include all mealtimes and between meals.

Durante el mes pasado (los últimos 30 días), ¿cuántas veces por mes, semana o día comió algo en un restaurante de comidas rápidas como McDonald's, Carl's Jr., Taco Bell, Burger King, Kentucky Fried Chicken, Pizza Hut, o en los restaurantes de un centro comercial? Incluya todas las veces que comió en las comidas y entre comidas (botanas, meriendas, etc.)

____ Enter Number

____ Enter Month, Week, Day

777. Don't know

888. NA = Doesn't eat at fast food restaurants

999. Refused

SODA (NETWORK)

XIX

19.5 Over the last month (past 30 days), how many times per month, week, or day did you drink at least one 8-oz. glass of REGULAR SODA, FRUIT DRINKS, OR OTHER SWEET BEVERAGES like Kool-Aid, lemonade, Hi-C, cranberry juice drink, energy drinks and sports drinks. Include beverages you drank at all mealtimes and between meals but do not include diet drinks.

Durante el mes pasado (los últimos 30 días), ¿cuántas veces por mes, semana o día bebió al menos un vaso grande de 8 onzas de REFRESCOS GASEOSOS REGULARES, Y BEBIDAS CON SABOR A FRUTAS, U OTRAS BEBIDAS AZUCARADAS como Kool-Aid, limonada, Hi-C, jugo de arándanos (cranberry) y bebidas para deportistas o para dar energía? Incluya las bebidas que tomó con sus comidas, y entre comidas, pero no incluya los refrescos de dieta.

_____ Enter Number

_____ Enter Month, Week, Day

777. Don't know

888. NA = Doesn't drink soda, etc

999. Refused

Now, I will ask you about eating out at fast food and chain restaurants

Las siguientes preguntas son acerca de comer en restaurantes de comida rápida y cadenas de restaurantes.

CALREAD (NETWORK NEW)

YESNOCAL.

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

Cuando está disponible, ¿típicamente lee usted la información de calorías para los alimentos y bebidas en restaurantes de comida rápida y cadenas de restaurantes?

1 Yes

2 No

3 Never noticed or never looked for calorie information

4 Usually cannot find calorie information

77. Don't know

88. NA = Doesn't eat at fast food or chain restaurants

99. Refused

(Go to VEGCLASS)

(Go to VEGCLASS)

(Go to VEGCLASS)

(Go to VEGCLASS)

(Go to VEGCLASS)

(Go to VEGCLASS)

CALORDER (NETWORK NEW)

OFTENCA.

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

¿Con qué frecuencia le sirve esta información para ayudarle a decidir que ordenar? Diría usted...

1 Always

Siempre

2 Most of the time

La mayoría de las veces

3 About half the time

Como la mitad de las veces

4 Sometimes

Algunas veces

5 Never
Nunca

7 Don't know

9 Refused

CALSIZE (NETWORK)

OFTENCA.

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

¿Con que frecuencia esta información de calorías le ayuda a decidir cuánto comer del artículo? Por ejemplo, compartirlo con alguien más o guardar una parte para una comida diferente? ¿Diría usted que...

1 Always
Siempre

2 Most of the time
Mayor parte del tiempo

3 About half the time
La mitad del tiempo

4 Sometimes
A veces

5 Never
Nunca

7 Don't know

9 Refused

VEGCLASS (NETWORK)

YESNO.

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

En los últimos 12 meses, ¿ha asistido a una clase, una junta u otro actividad en grupo refiriéndose al consumo de frutas y vegetales o de ser físicamente activa?

1. Yes

2. No

7. Don't know

9. Refused

FVACTIVE (NETWORK)

YESNO.

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

En los últimos 12 meses, ¿asistió usted a un festival, una celebración, o una feria de salud en la que participo en cualquiera actividad que era acerca de comer frutas y vegetales o siendo físicamente activa

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

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

Ahora quisiera preguntarle acerca de la actividad física y el control del peso.

NOWWGHT (NETWORK)

NOWWGHT.

19.11 Are you currently trying to lose weight, keep off weight you have lost, stay the same weight, gain weight, or not do anything about your weight?

En la actualidad, ¿está tratando de bajar de peso, o tratando de no volver a subir el peso que perdió, o quiere mantener su peso actual, subir de peso, o no haciendo nada con respecta a su peso?

1. Lose weight
2. Keep off weight you have lost
3. Stay the same weight
4. Gain weight
5. Not doing anything to control weight in any way
7. Don't know
9. Refused

DIET12M (NETWORK) Ask of all respondents

YESNO.

19.12 Have you intentionally tried to lose weight in the past 12 months?

¿Ha tratado usted de perder peso intencionalmente en los últimos 12 meses?

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

HOWLOSE (NETWORK)

19.13 People use many strategies to lose weight and to keep the weight they have lost off. What is the strategy you think is most effective in helping people to successfully lose weight or keep off the weight they have lost?

La gente usa distintas estrategias para bajar de peso y no volver a subir las libras que han bajado. ¿En su opinión, cuál es la estrategia más eficaz para ayudar a la gente a tener éxito cuando hacen una dieta, o para no volver a subir las libras que han conseguido bajar?

_____ Enter response from Brandlist (HOWLOSE)

77. Don't know
99. Refused

WATCHTV3 (NETWORK)

WATCHTV.

19.14 Thinking about your free time on MONDAY THROUGH FRIDAY, on a typical day, about how many hours do you usually WATCH TV?

Pensando ahora en su tiempo libre de LUNES A VIERNES, en un día típico, ¿aproximadamente, cuantas horas pasa mirando la televisión?

- ____ Hours
____ More than zero, less than 1 hour
____ NA = Doesn't have TV (Go to EXERMOD2)
77. Don't know
99. Refused

WATCHTV4 (NETWORK)

WATCHTV.

19.15 Now, thinking about a typical SATURDAY AND SUNDAY, about how many hours per day do you usually WATCH TV?

Piense ahora en un SABADO Y DOMINGO típicos, ¿cuántas horas POR DIA pasa MIRANDO TELEVISION, por lo general?

- ____ Hours
____ More than zero, less than 1 hour
77. Don't know
99. Refused

EXERCISE

I would now like to ask you about physical activity.

Me gustaría preguntarle acerca de la actividad física.

EXERMOD2 (CORE)

TYPEIII.

21.1 In a usual week, how many days do you do moderate or vigorous activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

¿En una semana normal, en cuántos días hace usted actividades moderadas o vigorosas por lo menos por 10 minutos a la vez, como caminar rápido, andar en bicicleta, pasar la aspiradora, trabajar en el jardín, o alguna otra actividad que cause el aumento en la respiración o el latido del corazón?

- ____ Enter number of days
777. Don't know (Go to EXBMODM2)
999. Refused (Go to EXBMODM2)

EXEROFT2 (CORE)

TYPEXIV.

21.2 On days when you do moderate or vigorous activities for at least 10 minutes at a time, how much total time do you spend doing these activities?

En los días en que usted hace actividades moderadas o vigorosas por lo menos por 10 minutos a la vez, ¿cuánto tiempo en total pasa usted haciendo estas actividades?

- ____ Enter number of hours
____ Enter number of minutes
777. Don't know
999. Refused

EXBMODM2 (NETWORK)

TYPE III.

21.3 How many minutes a week do YOU think a person SHOULD be moderately or vigorously active for good health? (Range 0 – 1500 minutes)

¿Por cuántos minutos piensa usted que una persona DEBERIA participar en actividades físicas moderadas o vigorosas?

- ___ Enter number of minutes
- 777. Don't know
- 999. Refused

WELL-WOMAN VISITS

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

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

En algunas de las siguientes preguntas utilizamos el termino doctor- esto se refiere a su doctor u otro proveedor de la salud que le proporciona su cuidado de salud.

Un examen chequeo femenino, es una visita con un doctor con el propósito de evaluar y mantener su salud en general - no para tratar una enfermedad específica o queja médica. Un examen "mujer sana" típicamente incluye un historial médico, examen físico incluyendo un examen de los senos, exámenes de prevención, consejería sobre anticonceptivos, cuidado de la menopausia, y educación de la salud y consejería para reducir el riesgo de enfermedad y promover su salud en general. Un chequeo femenino puede también incluir un examen pélvico y/o un Papanicolaou.

GYNECOL4 (OWH)

22.2. When did you last go to your doctor for a routine well-woman exam? Would you say...
(Read responses)

¿Cuándo fue usted por última vez con su doctor para el examen de "mujer sana"? Diría...

1. Within this past year (0 years to 1 year)
2. Last year (more than 1 year ago but less than 2 years ago)
3. Two years ago (more than 2 years but less than 3 years ago)
4. Three years ago (more than 3 years ago but less than 4 years ago)
5. Four years ago (more than 4 years ago but less than 5 years ago)
6. More than five years ago
78. Other (specify)
77. Don't know
88. NA = Never
99. Refused to answer

NOEXAM (OWH NEW) If GYNECOL4 > 2 then ask

22.3. Please tell me why you have not been to a doctor or health care provider for a routine well-woman exam in the past two years. (Check all that apply) (Do not read responses)

Por favor díganos, ¿por qué no ha ido al médico para un chequeo rutinario femenino?

1. Could not afford to go to the doctor
2. Insurance did not cover exam
3. I had difficulty finding a doctor
4. Doctor's office was too far away
5. Did not have child care (Did not have anyone to watch my children)
6. No doctor available after 5pm
7. I was afraid the doctor would find something wrong with me
8. I do not have a doctor
9. I do not have any transportation
10. Public transportation takes too long to reach doctor's office
11. Could not find a doctor who speaks my language
12. Could not get time off from work
13. I had a hysterectomy
14. Because I am well/healthy
15. Other (specify)
77. Don't know
99. Refused to answer

Transportation Questions

TRANS1 (OWH – NEW)

23.1 In general, how do you usually get to the doctor or clinic? Do you drive a car, ride with another person, take a taxi, take public transportation such as a bus, walk, are you taken by a community service organization, or some other way?

En general, ¿Cómo suele llegar al médico o clínica? ¿Maneja un auto, se va con otra persona, toma un taxi, toma transportación pública como un autobús, camina, la lleva una organización de servicio a la comunidad, o alguna otra manera?

1. Drive
2. Ride with other driver
3. Taxi
4. Public transportation
5. Walk
6. Taken by a community service organization
7. Other (specify)
77. Don't know/
99. Refused

TRANS2 (OWH – NEW)

23.2 Is obtaining transportation to a doctor's appointment a problem for you?

¿Es un problema para usted conseguir transportación para citas médicas?

1. Yes
2. No (Go to HADMAM)
7. Don't Know (Go to HADMAM)
9. Refused (Go to HADMAM)

TRANS3 (OWH – NEW) ask if TRANS2 = 1

23.3 What is the MAIN transportation problem you have? (Read responses)

¿Cuál es el problema PRINCIPAL de transportación que usted tiene?

1. Costs too much
Cuesta demasiado
2. There is no one to drive me
No hay nadie quien me lleve
3. I do not have access to a car
No tengo acceso a un auto
4. No public transportation
No hay transporte público
5. Public transportation does not go to doctor's office
El transporte público no va a la oficina del medico
6. Public transportation schedule is inconvenient
El horario de transporte público es inconveniente
7. No public transportation after certain hours
No hay transporte público después de ciertas horas
8. Other
77. Don't Know
99. Refused

BREAST AND CERVICAL CANCER SCREENING

The next questions are about breast and cervical cancer screening.

Las siguientes preguntas son acerca de la detección del cáncer del seno y cáncer cervical.

HADMAM (CDP-EWC; CDC-CORE) (Note: asked of all women) YES/NO.

24.1 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. Have you ever had a mammogram?

Quiero hacerle unas preguntas sobre una prueba médica que se llama mamografía. Una mamografía es una radiografía del seno para buscar el cáncer; requiere que el seno se presione entre dos placas de plástico.

¿Alguna vez le han hecho una mamografía?

1. Yes
2. No (Go to WHYNOTDB)
7. Don't know (Go to HADCBE3)
9. Refused (Go to HADCBE3)

HOWLONG2 (CDP-EWC; CDC-CORE)

HOWLONGB.

24.2 How long has it been since you had your last mammogram? (Read only if necessary)

¿Cuánto tiempo hace, desde que le hicieron su última mamografía?

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
9. Refused

WHYDONE2 (CDP:EWC)

WHYDONE.

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

¿Le hicieron su última mamografía como parte de un examen de rutina, debido a problemas de los senos, o porque ya ha tenido cáncer del seno?

1. Routine checkup
2. Breast problem other than cancer
3. Had breast cancer

7. Don't know
9. Refused

If HOWLONG2>1 and HOWLONG2 <=5 and age >= 40 continue; Else, go to HADCBE

WHYNOTDB (CDP:EWC)

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

¿Cuál fue la razón principal por la cual no se hizo una mamografía en el último año?

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
6. Other (specify)
7. Don't know
9. Refused

HADCBE (CDP-EWC)

YESNO.

24.5 A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

Un examen clínico de los senos es cuando un médico, enfermera, u otro profesional de la salud palpa los senos para determinar si hay nudos. ¿Alguna vez le han hecho un examen de los senos?

1. Yes
2. No (Go to HADPAP2)

7. Don't know (Go to HADPAP2)
9. Refused (Go to HADPAP2)

WHENCBE (CDP:EWC)

HOWLONGB.

24.6 How long has it been since your last clinical breast exam?

¿Cuánto tiempo hace desde su último examen de los senos?

(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
9. Refused

WHYCBE3 (CDP:EWC)

WHYDONE.

24.7 Was your last clinical breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

¿Le hicieron su último examen clínico de los senos, como parte de un examen de rutina, debido a problemas con los senos, o porque ya ha tenido cáncer del seno?

1. Routine checkup
2. Breast problem other than cancer
3. Had breast cancer

7. Don't know
9. Refused

HADPAP2 (CDP:EWC) Ask all women

YESNO.

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

Una prueba de Papanicolaou es un examen para el cáncer de la cerviz. ¿Alguna vez, le han hecho la prueba del Papanicolaou?

1. Yes
2. No (Go to SPECIAL1)
7. Don't know (Go to SPECIAL1)
9. Refused (Go to SPECIAL1)

WHENPAP5 (CDP:EWC)

HOWLONGB.

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

¿Cuándo le hicieron la prueba de Papanicolaou por última vez?

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
9. Refused

SPECIALIST

Sometimes a doctor refers patients to another health professional that may be better able to help with a particular health issue. These health professionals are considered to be specialists, for example an obstetrician and gynecologist, gastro-intestinal specialist, cancer specialist, heart specialist, or allergist.

A veces el médico recomienda a los pacientes a otro profesional de la salud que puede ser de más ayuda con un problema de salud en particular. Estos profesionales de la salud son considerados especialistas, por ejemplo un tocólogo, ginecólogo, gastroenterólogo (especialista en gastroenterología), especialista en cáncer, especialista del corazón, o alergista.

SPECIAL1 (OWH – NEW)

25.1 In the last two years, did a doctor or health care provider refer you to a specialist?

En los últimos dos años, ¿un doctor o proveedor de la salud la recomendó con un especialista?

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

SPECIAL2 (OWH – NEW)

25.2 In the last two years, did you want to see a specialist?

En los últimos dos años ¿quería usted ver a un especialista?

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

SPECIAL3 (OWH – NEW) ASK IF SPECIAL2=1

25.3 Were you able to get a referral?

¿Pudo usted obtener una recomendación?

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

SPECIAL4 (OWH – NEW) ask all women

25.4 Have you seen a specialist in the past two years?

¿Ha visto usted a un especialista en los últimos dos años?

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

SPECIAL5 (OWH – NEW) ask if SPECIAL4 = 1

25.5 What types of specialists did you see in the last two years? (Select all that apply)

¿Qué tipo de especialistas visito usted?

1. ObGyn (obstetrician, gynecologist)
Un tocólogo, ginecólogo
 2. GI Specialist (gastro-intestinal specialist)
Gastroenterólogo (especialista en gastroenterología)
 3. Oncologist (cancer specialist)
Oncólogo (especialista de cáncer)
 4. Cardiologist (heart specialist)
Cardiólogo (especialista del corazón)
 5. Allergist
Alergista
 6. Ear, Nose, & Throat Specialist
Especialista de los oídos, la nariz y la garganta
 7. Other (specify)
77. Don't Know
99. Refused

SPECIAL6 (OWH – NEW) ask if SPECIAL4 = 2

25.6 Why did you not see a specialist? Would you say ...

<i>¿Por qué no ha visto a un especialista? ¿Diría usted que...</i>	Yes	No	Don't Know	Refused
1. No need to see a specialist	1	2	7	9
2. There was no specialist nearby	1	2	7	9
3. Specialist did not take my insurance	1	2	7	9
4. It took too long to get an appointment	1	2	7	9
5. I did not have transportation	1	2	7	9
6. I did not have anyone to watch my kids	1	2	7	9
7. I could not get time off of work	1	2	7	9
8. I was too busy to go to appointment	1	2	7	9
9. Other (specify)	1	2	7	9

1. *No hay necesidad de ver a un especialista*
2. *No había especialistas cerca*
3. *Los especialistas no aceptaron mi seguro de salud*
4. *Tomo mucho tiempo para obtener una cita*
5. *No tenía transportación*
6. *No tenía a nadie que cuidara a mis hijos*
7. *No podía tomar tiempo libre del trabajo*
8. *Estaba muy ocupada para ir a la cita*
9. *Otra razón*

SPECIAL7 (OWH – NEW) ask if SPECIAL4 = 1

25.7 From the time you got the last specialist referral, how soon was a specialist able to see you? Would you say ...

Desde el momento que recibió la última recomendación con un especialista, ¿qué tan pronto la pudo ver un especialista?

1. Less than 1 month
Menos de un mes
2. 2-6 months
2 a 6 meses
3. 7-12 months
7 a 12 meses
4. More than 1 year
Más de un año
7. Don't Know
9. Refused

Environmental Exposure

The next questions are about women's use of products that might contain chemicals, their consumption of organic food and their awareness of using of chemically free products.

Las siguientes preguntas son hacer del uso que tiene las mujeres con los productos que pueden contener químicos, su consumo de alimentos orgánicos y su conocimiento al usar productos libres de químicos.

USEEVDY1 (OWH – NEW)

26.1 On average, how many personal care products such as shampoo, soap, hair care and make-up products, lotion, perfume, etc. do you use each day? Interviewer: This is number of products, not number of times. Probe for number of products used if respondent mentions "make-up".

En promedio, ¿Cuántos productos de cuidado personal como champú, jabón, productos para el cabello, productos de maquillaje, loción, perfume, etc. usa cada día?

Enter number _____

88. NA = <1 per day
77. Don't Know
99. Refused

USEEVDY2 (OWH – NEW)

26.2 On average, how many canned drinks like soda, juices, and energy drinks do you drink each day?

En promedio, ¿Cuántas bebidas en lata como soda, jugos, y bebidas energéticas toma cada día?

Enter number _____

77. Don't Know
88. NA = <1 per day
99. Refused

USEEVDY3 (OWH – NEW)

26.3 On average, how many canned foods like vegetables, fruit, soups, beans, and tuna fish do you eat each day?

En promedio, ¿cuántos alimentos enlatados como verduras, fruta, sopas, frijoles, y atún come cada día?

Enter number _____

- 77. Don't Know
- 88. NA = <1 per day
- 99. Refused

USEEVDY4 (OWH – NEW)

26.4 On average, how many times per day do you eat food that comes in a cardboard food storage container or is wrapped in paper? This includes any item saved directly to cardboard or paper (i.e. take-out containers).

En promedio, ¿cuántas veces al día come la comida que viene en recipientes de cartón para almacenar alimentos o que este envuelto en papel? Esto incluye cualquier alimento guardado directamente en cartón a papel por ejemplo recipientes con comida para llevar.

Enter number _____

- 77. Don't Know
- 88. NA = <1 per day
- 99. Refused

USEEVDY5 (OWH – NEW)

26.5 On average, how many times per day do you microwave food in plastic food storage containers?

En promedio, ¿cuántas veces al día calienta comida en el microondas en recipientes de plástico para almacenar comida?

Enter number _____

- 77. Don't Know
- 88. NA = <1 per day
- 99. Refused

USEEVDY6 (OWH – NEW)

26.6 On average, how many times a day do you eat any kind of meat, including beef, fish, pork, or chicken?

En promedio, ¿cuántas veces al día come de cualquier tipo de carne, incluyendo carne de res, pescado, cerdo o pollo?

Enter number _____

- 66. Respondent mentions she is vegetarian (Do not read)
- 77. Don't Know
- 88. NA = <1 per day
- 99. Refused

USEEVDY7 (OWH – NEW)

26.7 On average, how many organic foods, like fruit, vegetables, milk, eggs, bread, and meat do you eat each day?

En promedio, ¿Cuántas veces al día come alimentos orgánicos, como fruta, verduras, leche, huevos, pan, y carne?

Enter number _____

- 77. Don't Know
- 88. NA = <1 per day
- 99. Refused

USEEVDY8 (OWH – NEW)

26.8 Have you bought any products that are labeled BPA- or phthalate (THAL-ate)-free? Would you say yes, no, or you do not know what BPA or phthalate is?

¿Ha comprado algunos productos que tengan la etiqueta libre de BPA o ftalatos)? Diría usted sí, no, o no sabe que es BPA o ftalatos?

- 1. Yes
- 2. No
- 3. Doesn't know what BPA or phthalate is
- 7. Don't Know
- 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.

Las próximas preguntas se tratan de las relaciones entre parejas. Por pareja nos referimos a su esposo, actual o pasado, compañero, compañera, novio o novia. Quiero estar segura que usted sabe que su participación es completamente voluntaria y que todas sus respuestas serán confidenciales. Si hay alguna pregunta que usted no puede o no quiere contestar, por favor, dígame y pasaremos a la pregunta siguiente.

DVFEAR (OWH) (Asked of ALL Respondents)

YESNODVA.

27.1 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?

¿Le ha atemorizado a usted, su familia, o sus amigos un compañero o compañero anterior por el enojo, coraje, o amenazas en los últimos 12 meses?

- 1. Yes
- 2. No
- 3. No partner or former partner in past 12 months (Go to DVDRUASK)
- 7. Don't know (Go to DVDRUASK)
- 9. Refused (Go to DVDRUASK)

DVCNTROL (OWH)

YESNODVA.

27.2 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.

¿Le ha tratado de controlar todas o casi todas de sus actividades diarias su compañero o compañero anterior en los últimos 12 meses, por ejemplo, controlando con quien puede hablar o donde puede ir?

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

The next questions are about physical violence by intimate partners.

Las próximas preguntas son referentes a la violencia física entre parejas íntimas.

DVLASTYR (OWH/MCAH)

YESNO.

In the past 12 months has a partner or former partner: Yes No DK/NS REF

En los últimos 12 meses, ¿hubo alguna ocasión en la cual un compañero(a) o compañero(a) anterior:

27.3 Thrown something at you? <i>Le aventó algo o le tiró algo a usted?</i>	1	2	7	9	DVYRTHRW
27.4 Pushed, grabbed, shoved or slapped you? <i>Le dio un empujón, la agarró, o le dio una bofetada (cachetada)?</i>	1	2	7	9	DVYRPUSH
27.5 Kicked, bit or hit you with a fist? <i>La pateó, mordió, o le dio un puñetazo?</i>	1	2	7	9	DVYRHIT
27.6 Beaten you up or choked you? <i>La golpeó severamente o la estrangulo (atoró)?</i>	1	2	7	9	DVYRBEAT
27.7 Forced you to have sex against your will? <i>La forzó tener relaciones sexuales contra su voluntad?</i>	1	2	7	9	DVYRSEX
27.8 Threatened you with a knife or gun, or used a knife on you or fired a gun at you? <i>La amenazó con un cuchillo o revolver o usó un cuchillo o revolver (pistola) contra usted?</i>	1	2	7	9	DVYRUSE2

DVCHLD4 (OWH)

27.9. You mentioned that your partner (INSERT TEXT FROM DVLASTYR). The last time this happened, were any children present or did they overhear the incident?

Usted menciona que su compañero(a) o compañero(a) anterior (INSERT TEXT FROM DVLASTYR). ¿La última vez que sucedió esto, había niños presentes o escucharon el incidente?

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

DVRELATN (OWH)

27.10. The last time this happened, what was that person's relationship to you? [Do not read]

¿La última vez que sucedió, que era la relación entre esa persona y usted?

1. Husband
2. Former husband
3. Partner
4. Former partner
5. Boyfriend
6. Girlfriend
7. Former boyfriend
8. Former girlfriend
9. Female first date
10. Male first date
11. Male live-in partner
12. Female live-in partner
13. Former male live-in partner
14. Former female live-in partner
15. Other
77. Don't know
99. Refused

DVNOUSE (MCAH – NEW) ask if AGEBCWHS <=44

27.11 In the past 12 months, has a partner or former partner told you not to use any birth control (like the pill, shot, ring, etc.)?

En los últimos 12 meses, ¿un compañero/a o compañero/a anterior le dijo que no utilizara ningún método de anticonceptivos (como la pildora, inyección, anillo, etc.)?

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

DVCONDOM (MCAH – NEW) ask if AGEBCWHS <=44

27.12 In the past 12 months, has a partner or former partner taken off a condom while you were having sex so that you would get pregnant?

En los últimos 12 meses, ¿un compañero/a o compañero/a anterior se quitó el condón mientras estaban teniendo relaciones sexuales para que usted quedara embarazada?

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

DVPREG (MCAH – NEW) ask if AGEBCWHS <=44

27.13 In the past 12 months, has a partner or former partner tried to force or pressure you to become pregnant?

En los últimos 12 meses, ¿un compañero/a o compañero/a anterior trato de forzarla o presionarla para que usted quedara embarazada?

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

DVDRUASK (OWH NEW)

27.14. Have you ever asked for help with domestic violence issues from a doctor or health care professional?

¿Alguna vez ha pedido ayuda con problemas de violencia domestica a un médico o profesional de la salud?

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

DVDRASKU (OWH NEW)

27.15 Has a doctor or health care professional ever asked you about domestic violence?

¿Alguna vez un médico o profesional de la salud le ha preguntado acerca de la violencia domestica?

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

DVINJURY (OWH New – Asked on BRFSS by Idaho in 2010)

27.16 In the past 12 months did you experience any injury that resulted in a visit to a doctor or other health care professional?

En los últimos 12 meses, ¿ha tenido alguna herida que resulto en una visita al médico u otro profesional de la salud?

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

DVINJASK (OWH New) ask if DVINJURY = 1

27.17 At this visit did a doctor or health care professional ask you about domestic violence?

En esta visita ¿le pregunto un médico o profesional de la salud acerca de la violencia domestica?

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

DVREFERR (OWH New) ask if DVDRUASK = 1 or DVDRASKU = 1 or DVINJASK=1

27.18 What type of domestic violence referral did the doctor or health care professional give you?

¿Qué tipo de recomendación le dio el médico o profesional de la salud acerca de la violencia domestica?

1. No referral given
No le dio ninguna recomendación
2. Gave me a number to a domestic violence hotline
Me dio un número a una línea de auxilio domestico
3. Referred me to a shelter
Me recomendó a un refugio
4. Referred me to a mental health center
Me recomendó a un centro de salud mental
5. Referred me to a mental health care professional
Me recomendó a un profesional de la salud mental
6. To call the police
Llamar a la policía
7. Other (Specify)
8. Don't know/Not Sure
9. Refused

DISCRIMINATION

This next question is about events that may happen to you in your day-to-day life. The question asks about situations where you were treated unfairly.

La siguiente pregunta es acerca de los eventos que le pueden pasar en su vida día a día. La pregunta se refiere a situaciones en las que fue tratada injustamente.

DISCEVER (OWH – asked on 2009 CWHS)

28.1 Have you ever experienced discrimination because of your race or ethnicity?

¿Alguna vez ha experimentado discriminación por su raza o grupo étnico?

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

COLON CANCER SCREENING

The next questions are about colorectal cancer screening.
Las próximas preguntas son acerca de detección de cáncer colorrectal.

HADSTLHM (OWH New – Asked on BRFSS 2011) Ask only of women ≥ 50 , else go to COLONAGE

29.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

*Una prueba de sangre en la materia fecal es una prueba que a veces se hace en casa usando un equipo especial.
¿Alguna vez, ha hecho esta prueba en casa usando tal equipo?*

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

WHENSTO3 (OWH New – Asked on BRFSS 2011) ask if HADSTLHM = 1

29.2 How long has it been since you had your last blood stool test using a home kit?

¿Cuánto tiempo hace, desde la última vez que se hizo esta prueba de sangre en la materia fecal en casa usando el equipo especial?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
7. Don't know
9. Refused

HADSIG4 (OWH New – Asked on BRFSS 2011)

29.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

Una sigmoidoscopia y colonoscopia son exámenes que consisten en insertar un tubo en el recto para revisar los intestinos para señales de cáncer y otros problemas de salud. ¿Alguna vez, la han hecho uno de estos exámenes?

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

WHENSIG4 (OWH New – Asked on BRFSS 2011) ask if HADSIG4 = 1

29.4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

¿Cuánto tiempo hace desde que tuvo su última sigmoidoscopia o colonoscopia?

1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)

5. Within the past 10 years (5 years but less than 10 years ago)
6. 10 or more years ago
7. Don't know
9. Refused

If agebcwhs <50, "I would now like to ask about colorectal cancer screening."
Ahora le gustaría preguntar sobre *detección de cáncer colorrectal*

COLONAGE (CCCCP/CDS – NEW) ask all women

29.5 At what age do you think women should start getting screened for colorectal cancer?

¿A qué edad piensa usted que las mujeres deben comenzar a recibir exámenes para detectar el cáncer colorrectal?

Enter age _____
777. Don't know
999. Refused

HOWLEARN (CCCCP/CDS – NEW) ask all women

29.6 How did you learn about colorectal cancer screening? (Select all that apply)

¿Cómo se enteró acerca de la detección del cáncer colorrectal?

1. *Reminder card in mail*
Un recordatorio en el correo
2. *Doctor's office*
El consultorio del medico
3. *Television / radio / article in a magazine*
Televisión/radio/ artículo de una revista
4. *Patient education materials*
Materiales educativos para pacientes
5. *Health fair / community event*
Feria de salud/ Evento comunitario
6. *Family member / friend*
Miembro de la familia/ amistad
7. *Internet*
8. *Did not learn* (Go to PHQ1)
No se enteró
88. *Other*
77. *Don't know / not sure* (Go to PHQ1)
99. *Refused* (Go to PHQ1)

INFOHELP (CCCCP/CDS – NEW) ask if AGEBCWHS >=40

29.7 Did this information motivate you to get screened for colorectal cancer?

¿La motivo esta información para hacer los exámenes de la detección del cáncer colorrectal?

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

MENTAL HEALTH ISSUES

PHQ1 (CORE)

II.

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

En las últimas 2 semanas, ¿cuántos días ha tenido usted poco interés o placer haciendo cosas?

- ____ Enter days (1-14)
- 88 No days
- 77. Don't know
- 99. Refused

PHQ2 (CORE)

II.

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

En las últimas 2 semanas, ¿cuántos días se ha sentido triste, deprimido(a), o desesperanzado(a)?

- ____ Enter days (1-14)
- 88 No days
- 77. Don't know
- 99. Refused

ALCOHOL USE

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

Ahora, me gustaría hacerle algunas preguntas sobre el consumo de alcohol.

DRKALC (CORE)

MANYV.

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

¿Durante el mes pasado, cuántos días por semana o por mes tomó alguna bebida alcohólica, en promedio?

- ____ Enter Number 1XX per week
- ____ Enter Week or Month 2XX per month
- 888. None (Go to AODPROB)
- 777. Don't know (Go to AODPROB)
- 999. Refused (Go to AODPROB)

NALCOCC (CORE)

TYPE III.

31.2 A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the AVERAGE?

Una bebida es 1 lata o botella de cerveza, 1 vaso de vino, 1 lata o botella de un "wine cooler", 1 cóctel o 1 medida de licor o aguardiente. ¿En los días en que bebió, más o menos cuántas copas tomó, en promedio?

- ____ Enter Number of drinks (One half = .5) (verify if GT 11 or LT 0.5)
88. None
77. Don't know
99. Refused

DRINKGE4 (CORE)

TYPE III.

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

Pensando en todos tipos de bebidas alcohólicas, ¿cuántas veces durante el mes pasado tomó usted 4 o más bebidas alcohólicas en una sola ocasión?

- ____ Enter Number of times (verify if GT 15)
77. Don't know
99. Refused

DRINKNUM (CORE)

TYPE III.

31.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

Durante los últimos 30 días, ¿Cuál fue la mayor cantidad de tragos (bebidas alcohólicas) que usted bebió en cualquier ocasión?

- ____ Enter Number of drinks (verify if GT 15 or LT 0.5)
88. None
77. Don't know
99. Refused

AODPROB (ADP – NEW)

31.5 Have you ever had any problem related to your use of alcohol or other drugs? NA = Never used alcohol or drugs

¿Alguna vez ha tenido algún problema relacionada con el uso del alcohol u otras drogas?

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

AODCUT (ADP – NEW)

31.6 Has a relative, friend, doctor, or other health worker ever expressed concern about your drinking or other drug use or suggested cutting down? NA = Never used alcohol or drugs

¿Alguna vez algún familiar, amigo, medico, u otro trabajador de la salud le expresó su preocupación por su consumo de alcohol u otras drogas o le sugirió reducir el uso de ellas?

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

AODPROB2 (ADP – NEW)

31.7 Have you ever wondered if you had a drug or alcohol problem, even if you told others you did not?

¿Se ha preguntado usted misma si ha tenido un problema de drogas o alcohol, aunque otros le han dicho que no?

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

Esa fue mi última pregunta. Le agradecemos el tiempo que tomo para ayudar al estado de California desarrollar y expandir servicios y programas educativos para las mujeres. Sabemos que algunas preguntas fueron muy personales, pero por favor recuerde que sus repuestas permanecerán confidenciales. Si desea hablar con alguien acerca de estas preguntas puede llamar a personal de RAINN al 1-800-656-HOPE. Esperamos que usted se sienta bien por su contribución. Gracias.

SPANIN2

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

1. Spanish
2. English

SPANINB.