



2019

Community Health
Needs Assessment



ENLOE
MEDICAL CENTER



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MISSION, VISION & VALUES

Enloe Medical Center's Mission:

To improve the quality of your life through patient-centered care.

Enloe Medical Center's Vision:

Enloe Medical Center: The first choice for health care.

Enloe Medical Center's Core Values:

- **Focus on Patient Safety** | *We value an unwavering focus on patient safety that fosters not only technical excellence, but compassionate and safe care for the whole patient that encompasses mind, body and spirit.*
- **A Culture of Service** | *We value the ideal that everyone within the organization is a caregiver and fully engaged in creating a culture of service.*
- **Ownership and Empowerment** | *We value a work environment where caregivers take ownership of their actions and are empowered to work to their highest potential.*
- **Integrity and Transparency** | *We value sharing information and emphasizing behavior that is consistently honest and reliable.*
- **Mutual Respect** | *We value a healing environment that is built upon the respect of all individuals.*

INTRODUCTION

Enloe Medical Center is a 298-bed nonprofit 501[c]3 hospital with the mission of improving the quality of your life through patient-centered care. It:

- Is one of two Level II Trauma Centers north of Sacramento
- Houses the region's only Level II neonatal intensive care unit
- Operates the FlightCare air ambulance service

Enloe's comprehensive medical services include:

- Bariatrics
- Cardiac surgery and heart care
- Cancer care
- Maternity care and women's services
- Neurosurgery
- Orthopedics
- And total joint replacement

Caregivers are focused on engaging each other to achieve higher quality of care, reaching out to patients and families to create meaningful programs and building bridges with the community to support health and well-being. Enloe Medical Center has a 105-year legacy of caring for its community. Today, the medical center is one of only few California hospitals still locally governed. The hospital's community-based, volunteer Board of Trustees protects this local status and assures dollars earned are reinvested to improve the health of the community.

Service Area

Enloe Medical Center is located at 1531 Esplanade in Chico, Calif. Enloe's primary service area encompasses six communities consisting of nine ZIP codes in Butte County.

Enloe Medical Center Primary Service Area			
ZIP Code	Place	ZIP Code	Place
95926	Chico	95969	Paradise
95928	Chico	95954	Magalia
95973	Chico	95948	Gridley
95965	Oroville	95938	Durham
95966	Oroville		

PURPOSE & OVERVIEW OF THE CHNA

Under the Affordable Care Act, U.S. hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years.

The assessment's primary purpose is to objectively look at the current health needs of a community and the existing resources available to address those needs, then prioritize the unmet health needs and create a plan to address them. In Butte County, this has been a collaborative project, bringing together Enloe Medical Center, Adventist Health, Orchard Hospital and Butte County Public Health.

Using the community feedback and health data gathered, the resulting response and action plan will help shape programs over the next three years.

Report Adoption, Availability and Comments

Enloe Medical Center's Board of Trustees adopted this CHNA report in *November 2019*.

This report is available to the public on the hospital's website at www.enloe.org/CHNA. Comments on this report can be submitted to marketing.communications@enloe.org.

2016 CHNA RESPONSE

In 2016, Enloe Medical Center partnered with Butte County Public Health and the three other hospitals in our county to conduct a Community Health Needs Assessment. The outcome was an action plan that committed the focus of our outreach efforts on:

- Social determinants of health
- Chronic diseases
- Substance abuse and mental illness

Enloe Medical Center committed to identifying opportunities to collaborate with community partners to break down barriers associated with meeting these needs and help provide the education and tools members of our community need to be proactive in their health and lifestyle choices.

Action Plan and Results from 2016 Community Health Needs Assessment

Social Determinates of Health – The Centers for Medicare & Medicaid Services promotes the concept of an Accountable Health Community Model for addressing social needs that can improve health outcomes and reduce costs. In the coming years, Enloe Medical Center will continue fostering relationships throughout the community that support this model and promote connections between community members and essential services such as access to healthy foods, transportation, and safe living environments.

Response – Enloe’s Community Outreach Program adopted a comprehensive intervention strategy that aligns with the Healthy People 2020 social determinates of health to increase awareness and access to necessary support services through community partnerships. The Chapman Town Family Wellness Fair for students of Chapman Elementary School and their families, as well as residents of the surrounding neighborhood, brought together 34 agencies to address needs such as healthy foods, clothing, and safe housing.

Enloe Case Management offers a variety of support services to patients and families during hospital stays and upon discharge. Individuals with limited resources benefit from Case Management and the Compassion Fund set up through the Enloe Foundation. Enloe has long been a supporter of the Chico Performances Field Trip program, enriching the community with programs that support youth education and create access to underserved/at risk youth through equal opportunity programming.

Chronic Disease – The top five chronic health conditions among Butte County residents, as identified by the Center for Medicare and Medicaid Services, are:

- Hypertension (50.7%)
- Hyperlipidemia (43.9%)
- Arthritis (24.6%)
- Diabetes (23.3%)
- And ischemic heart disease (20.6%)

In addition, Butte County residents have a higher than average incidence of chronic conditions, including depression, COPD, Alzheimer’s disease/dementia, cancer and asthma. Addressing the unmet social needs adversely influencing the health of the community is one way to lower the incidence of these chronic conditions. But education

is needed to empower individuals to take charge of their health and move toward wellness.

Response – Throughout the last three years, Enloe Medical Center hosted community health education programs and provided opportunities for individuals to learn directly from caregivers in the specialty areas linked to the top identified health needs. The Healthier You Class Series brought together physicians and health care professional to address common health conditions affecting older adults, including cancer, COPD and other respiratory illnesses, arthritis, breast health, diabetes, mindfulness, and dementia and Alzheimer’s disease.

Enloe’s Facebook Live events have provided physician-community engagement through the convenience of digital media. Enloe hosts about 12 such events throughout the year and reaches approximately 4,000 viewers a month. We partnered with other programs and organizations to extend our reach and impact high-need areas, including the Alzheimer’s Association to host the “Healthy Heart. Healthy Brain” community education event, and the Total Joint Seminar addressing joint pain and arthritis.

Additionally, Enloe’s Regional Cancer Center offers several year-around classes and events to provide opportunities for members of the community to engage with physicians and other health care professional on cancer-related topics.

Substance Abuse & Mental Illness – This includes alcohol, tobacco, illicit drugs and prescription opioids, and continues to rise toward the top of pressing health needs for Butte County residents. In our region, nearly one-third of youth and adults struggle with mood disorders, such as depression, and roughly 20% of youth and adults experience a form of substance use disorder.

Response – To help address the many needs of our community related to substance abuse and mental health, Enloe has partnered with other agencies throughout the community to offer education, support and access to resources. Enloe Medical Center partnered with local programs, agencies, coalitions and task forces dedicated to addressing:

- Prescription overdose issues
- Easy-access for safe disposal of medications
- And educating youth on the consequences of flavored tobacco, vaping, e-cigarettes, and nicotine

Additionally, agencies worked collaboratively with law enforcement, treatment providers, pharmacists, educators, advocates and community members at large to provide educational opportunities promote policy changes to address contributing factors such as density of retail alcohol and tobacco establishments, public smoking (including the use of vaping devices), and substance use among youth.

To address mental health, Enloe offered educational opportunities for community members and caregivers through symposiums, community events, classes, and support groups.

DATA GATHERING

A Commitment to Our Community

The 2019 Butte County Community Health Needs Assessment (CHNA) partnership between Butte County Public Health, Enloe Medical Center, Adventist Health and Orchard Hospital began planning the CHNA presented here in the spring of 2018. Since these partners share a service area, the collaboration reduced redundancies and increased efficiencies.

However, the Camp Fire, California's most destructive wildfire, interrupted the collaboration between the fall of 2018 through the spring of 2019. The fire dramatically affected Butte County across a myriad of health care delivery system factors and community health determinants. The full impact of this natural disaster on the community's health will not be evident for some time, and the results of the current assessment do not fully address them.

Lead members of the collaborative team include:

Enloe Medical Center | Suzie Lawry-Hall, Community Outreach Coordinator
Adventist Health | Paul Sandman, Senior Community Integration Analyst Mission Integration
Orchard Hospital | Lyndi Little, Director of Physician Recruitment,
Marketing & Community Outreach
Butte County Public Health | Gene Azparren, Program Manager, Accreditation, and Sandy Henley, MS, MHPA, Public Health Epidemiologist

Community Profile

Butte County is in the northern portion of the Sacramento Valley Region of North Central California and encompasses approximately 1,677 square miles, of which 1,636 square miles are land and 41 square miles are water. According to the 2018 United States Census Data, Population State and County Population Estimates, California's population is approximately 39,825,181. Butte County is the 27th largest county with an estimated population of 231,256.

Population

Varied resources indicate the population estimates for California have increased every year since 2010. Butte County estimates have also increased every year since 2010. (See Table 1.)

	Butte County		California	
	Number	Percent	Number	Percent
2010	220,202	-	37,334,578	-
2011	220,636	0.20%	37,678,534	0.92%
2012	221,823	0.54%	38,045,271	0.97%
2013	222,541	0.32%	38,425,695	1.00%
2014	223,978	0.65%	38,756,940	0.86%
2015	224,533	0.25%	39,076,128	0.82%
2016	225,094	0.25%	39,328,337	0.65%
2017	226,661	0.70%	39,610,556	0.72%
2018	227,837	0.52%	39,825,181	0.54%

Source: State of California, Department of Finance, E-2. California County Population Estimates and Components of Change by Year – July 1, 2010–December 2018

Age and Gender

Table 2: Age distribution in Butte County, 2015-2017

	2015		2017		Trend 2015-2017
	Number	Percent	Number	Percent	
Total population	225,411		229,294		↑
Under 5 years	12,172	5.4%	12,387	5.4%	↔
5 to 9 years	15,103	6.7%	14,888	6.5%	↓
10 to 14 years	11,045	4.9%	10,780	4.7%	↓
15 to 24	41,025	18.2%	40,138	17.5%	↓
25 to 64	106,394	47.2%	109,678	47.9%	↑
65 to 84	33,586	14.9%	35,887	15.6%	↑
85 and over	5,635	2.5%	5,536	2.6%	↑

Source: U.S. Census Bureau, 2015 and 2017 American Community Survey 1-Year Estimates. Table-S0101-age and sex

Table 3: Gender distribution in Butte County, 2017

	Butte County		California	
	Number	Percent	Number	Percent
Male	113,399	49.5%	19,650,051	49.7%
Female	115,895	50.5%	19,886,602	50.3%

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates. T-S0101 - age and sex

Race and Ethnicity

Table 4: Changes in population by race and ethnicity in Butte County, 2013 and 2017

	2013 Census		2017 Census		2013-2017 Change	
	Number	Percent	Number	Percent	Change	Percent Change
White (non-Hispanic/Latino)	164,406	74.0%	165,106	72.0%	700	0.4%
Hispanic/Latino	33,642	15.1%	37,569	16.4%	3,927	11.7%
African American/Black	3,336	1.5%	4,188	1.8%	852	25.5%
American Indian/Alaska Native	1,868	0.8%	3,346	1.5%	1,478	79.1%
Asian	9,970	4.5%	11,961	5.2%	1,991	20.0%
Native Hawaiian/Pacific Islander	321	0.1%	228	0.1%	-93	-29.0%
Other race	7,491	3.4%	11,244	4.9%	3,753	50.1%
Two or more races	13,917	6.3%	12,386	5.4%	-1,531	-11.0%
Total	222,090	100.0%	229,294	100.0%	7,204	3.2%

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates. Tables B02001; B01001H; B01001I

Population with Limited English Proficiency

Most people over the age of 5 in Butte County spoke only English at home (85.7%). Of these English speakers, 15.2% were between the ages of 5 and 17, 65.1% were between the ages of 18 and 64, and 19.7% were age 65 or older. (See Table 5.)

Table 5: Changes in population by race and ethnicity in Butte County, 2013 and 2017			
	Total	People who speak only English at home	People who speak a language other than English at home
Total population, 5 years and over	212,825	182,365 (85.7%)	30,460, (14.3%)
5 to 17 years	15.5%	15.2%	17.6%
18 to 64 years	66.2%	65.1%	72.3%
65 years and over	18.3%	19.7%	10.1%

Source: 2013-2017 American Community Survey 5-Year Estimates. Table - S1603

Disability Prevalence

A higher percentage of Butte County residents ages 18 to 64 live with a disability indicated compared to the state average. (See Table 6.)

Table 6: Disability prevalence, Butte County and California, 2013- 2017						
	Ages 18-64			Ages 65 and over		
	With an independent living difficulty	With a self-care difficulty	Total population	With an independent living difficulty	With a self-care difficulty	Total population
Butte County	5.8%	2.7%	139,388	16.1%	9.8%	37,864
California	3.0%	1.6%	24,335,458	17.2%	9.9%	5,052,924

Source: 2013-2017 American Community Survey 5-Year Estimates. Table S1810

Primary and Secondary Data Sources Were Gathered

Beginning in the fall of 2018, quantitative secondary data was collected from an array of well-established sources, including the Robert Wood Johnson Foundation (RWJF), California Health Interview Survey (CHIS), Office of Statewide Health Planning and Development (OSHPD), California Department of Public Health (CDPH), and many others.

Primary health survey data was attained in the spring and summer of 2019, by conducting a sample of more than 700 Butte County residents using the well-established Behavioral Risk Factor Surveillance System (BRFSS) survey protocol and methodology. Results of the oversample for Butte County are hereafter referred to as the Behavioral Risk Factor Survey (BRFS) and treated as equivalent to state and national BRFSS results for comparisons. Qualitative focus group data with underrepresented groups and other hard-to-reach subpopulations were also conducted.

Data Collection| Behavior Risk Factor Surveillance System

Enloe Medical Center partnered with Butte County Public Health, Adventist Health and Orchard Hospital to retain the services of Issues & Answers to conduct an oversample of Butte County using the Behavior Risk Factor Survey (BRFSS). The BRFSS follows the Center for Disease Control protocol and uses the standardized core questionnaire and modules.

Respondents included in the final sample were drawn from a random sample of Butte County residents. Among the calls that were attempted, there were:

- 711 completed interviews
- 184 refusals
- 2,359 non-working or disconnected numbers
- 6,357 no answers
- 1,849 numbers that were not private residences
- 2,348 numbers and/or respondents with undetermined eligibility
- 61 households and/or respondents with physical or mental impairment
- 66 eligible respondents selected but not interviewed
- 176 households and/or eligible respondents with language barriers
- 946 households with telecommunication barriers and special technological circumstances
- 537 households on a do-not-call list
- 498 households that were out-of-sample
- 149 fax or modem lines
- 5,038 answering machines
- 68 pagers
- 28 landline numbers in the cellphone sample
- And 126 interviews that were terminated/partial completes

All the interviews were completed between April 17 and June 16, 2019, with each completed interview lasting, on average, about 35 minutes.

Because of the 2018 Camp Fire, additional steps were taken to ensure temporarily relocated residents of Paradise (area code 95965) and Magalia (area code 95954) were included and adequately represented. This was achieved through a series of screening questions asked of respondents (both landline and cellphone) who said they did not live in Butte County.

The collected BRFSS data were weighted to adjust for gender, age and race using the 2010 Butte County Census population distributions.

The full report and summary table of risk factors data from the 2019 Butte County Risk Factors Survey can be found in the Appendix.

Data Collection | Community Focus Groups

Morrison and Company, a company in Chico, was contracted to facilitate community focus groups. Representatives from Enloe Medical Center, Adventist Health, Orchard Hospital and Butte County Public Health (BCPH) organized each focus group, collaborating with existing Butte County community organizations on several occasions to host the groups in coordination with previously scheduled events or meetings. This leveraged the established relationships these groups have with the individuals they serve, facilitating active participation by community members.

Focus groups were also held at various times throughout the day to best accommodate participants' schedules. Groups ranged in size, with an average of 10 attendees per group.

In total, 12 focus groups were conducted. The participants included:

- Seniors
- College students
- Individuals receiving mental health services
- Individuals participating in programs at both the African American Family and Cultural Center and the Hmong Cultural Center
- High-school students
- Physicians
- General community members
- Veterans
- And individuals experiencing homelessness

Of the 114 participants, 88 completed a written survey utilized in data collection as displayed for the purposes of this reporting section. A series of questions were designed with input from representatives from Enloe Medical Center, Adventist Health, Orchard Hospital and Butte County Public Health, as well as the Morrison facilitator. Participants were asked questions as a group and encouraged to share their personal or anecdotal experiences (observed from friends and family) accessing health care and living healthy lives.

The full report and summary of data from the 2019 Butte County Focus Groups can be found in the Appendix.

COMMUNITY RESOURCES

Including Enloe Medical Center, there are four hospitals in Butte County, as well as several clinics and Federally Qualified Health Centers (FQHC), to serve the health care needs of our community.

Hospital	Location	Clinics & FQHCs	Location
Enloe Medical Center	Chico, CA	Ampla Health	Locations throughout Butte County
*Feather River Hospital	Paradise, CA	Butte County Public Health Clinics	Chico & Oroville, CA
Orchard Hospital	Gridley, CA	Northern Valley Indian Health	Chico, CA
Oroville Hospital	Oroville, CA	Student Health Service - CSU, Chico	Chico, CA
		VA Northern California Health Care System, Chico Outpatient Clinic	Chico, CA

* On Nov. 8, the Camp Fire closed most of Adventist Health in Paradise, Calif.

Beyond the hospitals and clinics, Butte County is home to several health services, many of which are already actively working collectively toward a healthier community. Collaborations between agencies have continued to grow. Existing workgroups addressing the top identified health needs meet regularly to assess work being done and explore ways to extend efforts to better support the needs of our region.

Community Programs & Health Services	Available Services
Aegis Treatment Centers	A multidisciplinary, outcomes-based opioid addiction treatment program
American Cancer Society	Advocacy, education, research and support for cancer
Butte County Department of Behavioral Health	Support for recovery from serious mental health and substance abuse issues
California Health Collaborative	Collaborative public health services in the areas of tobacco control, maternal and child health, breast and cervical health, youth development, nutrition and physical activity, cancer surveillance, and community wellness
California Health Care Options	Medi-Cal Managed Care support
Campus Alcohol & Drug Education Center (CADEC), CSU, Chico	Educational programs and social events to raise awareness about the dangers of alcohol and drug abuse among CSU, Chico, students
Catalyst Domestic Violence Services	Counseling and other support services for victims of domestic violence and their children
Center for Healthy Communities, CalFresh Outreach	Nutrition assistance for low-income individuals and families
Help Central, Butte 2-1-1	Free, online (or by phone) resource for referrals to low-cost and no-cost health and human services in Butte County
Northern Valley Catholic Social Service	Low-cost or free mental health, housing, vocational, and support services for individuals and families
Passages	Information and assistance for older adults and family caregivers
Peg Taylor Center for Adult Day Health Care	Personalized treatment plans, including physical, occupational and speech therapies, nutrition counseling, caregiver support, and more
Planned Parenthood	General, sexual and reproductive health care for men and women, STD testing, treatment and vaccines, and LGBT services
Skyway House	Drug rehabilitation program and substance abuse treatment center, residential care for alcohol and drug addiction, and detox center
Stonewall Alliance	Support, resources, education, and advocacy for all members of the gender and sexual minority (GSM) and ally community
UC CalFresh Nutrition Education Program	Promotion of physical activity and nutrition education for adults, youth, and families

2019 EXECUTIVE SUMMARY

The results of all three-assessment methods were reviewed for their degree of commonality. Secondary health metric data was made to align with primary health survey and qualitative focus group data, such that those health factors with the greatest alignment became evident. The health factors most substantially implicated that emerged through this process are:

- Access to care
- Mental health and substance use disorders
- Chronic disease and conditions
- Adverse Childhood Experiences (ACES) and childhood maltreatment

Access to Care: Access to health services is a leading health indicator for the Healthy People 2020 (HP-2020) national health objectives. A person’s ability to access services profoundly affects his or her health and well-being. Having a primary care provider is associated with: greater patient trust in the provider, better patient-provider communication, increased likelihood that the patient will receive appropriate care and lower mortality from all causes (i). Access to mental health and oral health care are also important, as both mental and oral health correlate strongly with physical health and well-being.

Primary Care Shortage: The Health Resources & Services Administration (HRSA) has determined that there are Primary Care Shortage Areas, Dental Care Shortage Areas, and Mental Health Shortage Areas in Butte County. While only parts of the county meet Primary Care Shortage and Dental Care Shortage Area criteria, the entire county meets Mental Health Shortage Area criteria. Population-to-provider ratios also demonstrate that Butte County has fewer primary care physicians and dental care providers per capita than the state overall. However, Butte County does have more non-physician primary care providers (e.g. physician’s assistants and nurse practitioners) and mental health care providers per population than the state overall.

Table – Access 1: Population-to-Provider Ratios: Butte County and California, 2012 & 2016

	Butte County			California		
	2012	2016	Percent Change	2012	2016	Percent Change
Primary Care Physician	1497:1	1660:1	10.9%	1294:1	1270:1	-1.9%
Other Primary Care (Non-Physician)	1241:1	1042:1	-16.0%	2406:1	1770:1	-26.4%
Dental Care	238:1	170:1	-28.6%	388:1	310:1	-20.1%

Source: 2012 and 2016 Area Health Resource Data File via County Health Rankings. Retrieved From: <http://www.countyhealthrankings.org/app/california/2019/rankings/butte/county/outcomes/overall/snapshot>

The BRFSS demonstrated slightly more than one-third (34.1%) of Butte County adult respondents do not have a personal doctor or health care provider, which is substantially above state and nationwide rates (24.5% and 22.5%, respectively.) In addition, 14.5% of Butte County respondents reported not seeing a doctor because of cost, while just 11.8% of California respondents cited cost as a barrier to seeking medical care.

Results of the focus groups showed access to care was the most important health topic across all groups, with 81% of the 88 total focus group participants ranking access to care as very important for community health in Butte County, and 40.9% ranking transportation as a substantial barrier to care for residents.

Preventative Practices: Preventive health practices are those that prevent illnesses or diseases, such as screenings and immunizations, or patient counselling to prevent illness(ii). Examples include standard immunizations; and screenings for blood pressure, cancer, cholesterol, depression, obesity, and Type 2 diabetes(iii).

In recent years, several vaccine-preventable diseases once on the verge of eradication, such as measles, have re-emerged in the United States, with outbreaks occurring throughout California, including Butte County. Likewise, sexually transmitted infections (STIs) once thought to be declining or close to eradication, such as syphilis, have shown increasing rates nationally. Many STIs are treatable, but if undetected, may continue to be transmitted. Many more are preventable through education and patient counseling.

The percentage of students having all required immunizations for enrollment in Butte County schools is slightly below the percentage of students statewide (93% vs. 96%), with more conditional entrants – students with some but not all required immunizations – attending Butte County schools than California schools overall (3.1% vs. 1.7%).

According to the BRFSS, 52.2% of Butte County respondents over the age of 65 have had a flu shot in the past year, and 71% had received pneumococcal vaccine, which is lower than the percentage statewide (76.8 %).

Likewise, 26.8% of Butte County respondents age 50 or older have been vaccinated against shingles, which was slightly less than the percentage of respondent's state and nationwide (31.1% and 28.6%, respectively).

Rates of STIs (chlamydia, gonorrhea and syphilis) for both the county and the state have demonstrated a steadily increasing trend from 2013 to 2017. Especially concerning are the increasing rates of syphilis. In Butte County, rates increased from 0.9 cases per 100,000 residents in 2013 to 33.6 in 2017, vs. 16.8 cases per 100,000 residents to 34.6 statewide during this time. While rates of congenital syphilis showed an increasing but statistically unreliable trend in Butte County, the statewide rate increased from 11.7 to 58.2, indicating that the statistically underpowered trend observed in Butte County is likely accurate. Also concerning is that a slightly lower percentage (37.9%) of Butte County BRFSS respondents reported never having an HIV test than respondents statewide (40.8%).

Pertaining to preventative practices for excessive alcohol use, 17% of Butte County BRFSS respondents reported being advised of harmful levels of drinking during a routine checkup with a health care provider, compared with 24.2% of respondents statewide, and 11.5% of Butte County respondents were advised to drink less compared with 12.5% of survey respondents statewide.

Mental Health and Substance Use Disorders: Like access to care, mental health is a leading health indicator for the HP-2020 objectives. Mental health and physical health are inextricably linked. Evidence has shown that mental health disorders – most often depression – are strongly associated with the risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease, and cancer (iv). Suicide is the 10th leading cause of death in the nation, and the national suicide rate increased by 19.5% between 2007 and 2016.

Mental Health and Substance Use Disorders |Suicide and Depressive Disorders: Suicide rates also tend to be higher in rural areas than in urban settings. Of significant concern, the suicide rate per capita in Butte County is elevated to nearly twice that of California overall (18.1 vs. 10.4 per 100,000 population), and likewise elevated above the HP-2020 objective (10.2). This is especially alarming when viewed in the context of Butte County's co-occurring elevated metrics for drug-induced deaths and excessive alcohol use, as nationally drug induced and alcohol related deaths in combination with suicide, collectively referred to as deaths of despair, have resulted in decreasing life expectancy in the United States since 2015.

Rates of depressive disorders – a strong risk factor for suicide – also appear to be elevated in Butte County. Twenty-seven percent of BRFSS respondents in Butte County indicated having been diagnosed with a depressive disorder, compared to 17% statewide and 20% nationwide. Focus groups also overwhelmingly felt mental health was a top community health priority in Butte County, with 69% of total focus group participants ranking mental health as a very important community health priority area. The finding that all of Butte County meets HRSA Mental Health Professional Shortage Area criteria highlights a disparity between the populations need for mental health services and the current capacity of the county's health care delivery system to meet this demand.

Mental Health and Substance Use Disorders |Opioid Use and Excessive Drinking: Substance use disorders are defined as both mental health disorders and chronic diseases. The American Society of Addiction Medicine defines addiction as “a primary, chronic disease of brain reward, motivation, memory and related circuitry.”

The development of substance use disorders is often preceded by substance misuse, such as taking an opioid medication other than how it was prescribed before meeting criteria for opioid use disorder, or escalating episodes of excessive alcohol consumption before meeting criteria for alcohol use disorder. Across focus groups, 50% of the 88 total participants indicated substance misuse and substance use disorders to be a top community health concern.

The ongoing opioid epidemic continues to be the leading driver of drug-induced deaths nationally. In Butte County, the age adjusted drug induced death rate continues to be significantly elevated compared to the statewide rate (30.2 vs. 12.2), with Butte County holding the fifth-highest rate out of California's 58 counties. In 2017, mortality attributed exclusively to opioids (e.g. no other class of substances detected) in Butte County was 7.6 per 100,000 population compared with a statewide rate of 5.23, and the rate of hospitalizations for opioid overdose were the highest of all California counties, with 40.3 hospitalizations due to opioids (other than heroin) per 100,000 population compared to 7.75 statewide, and a rate of 9.95 hospitalizations (due to heroin) compared to 1.78 statewide. Also, of significant concern is that, according to the California Healthy Kids Survey (CHKS), 21% percent of Butte County 11th grade students have used prescription

drugs recreationally, compared with 16% of 11th grade students statewide. Excessive alcohol consumption – which includes binge drinking (having four or more drinks for women and five or more drinks for men within about 2 hours), heavy drinking (having eight or more drinks a week for women and 15 or more drinks a week for men), and any drinking by pregnant women or those under 21 years of age, is responsible for 88,000 deaths in the United States each year.

These include 1 in 10 deaths among working-age adults (those ages 20-64), and in 2010, the estimated economic cost to the United States of excessive drinking was \$249 billion. Binge drinking accounts for over half of the deaths and three-fourths of the economic costs due to excessive drinking. The most recently available data from the CDPH Safe and Active Communities Branch demonstrates that in Butte County, rates of emergency department treatment, non-fatal hospital admissions, and deaths due to alcohol were all considerably higher than statewide rates (1,011.1 vs. 763.8 per 100,000, 306.6 vs. 143.4, and 16.2 vs. 11.9, respectively).

Likewise, 42.5% of adult California Health Interview Survey (CHIS) respondents in Butte County reported binge drinking, relative to 34.7% statewide. This discrepancy was further supported by the results of the BRFSS, with 22.1% of Butte County respondents reporting binge drinking compared with 17.6% of respondents statewide. A similarly concerning trend among adolescents was demonstrated by the California Health Kids Survey (CHKS), with 20% of Butte County 11th grade students reporting binge drinking, compared with 11% of 11th grade students statewide.

Chronic Disease and Conditions: Chronic diseases and conditions such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States, accounting for 7 out of 10 deaths annually. They are also leading drivers of the nation's \$3.3 trillion in annual health care costs, with 90% of health care dollars spent in the United States attributed to the treatment of people with chronic physical and mental health conditions (vi).

In Butte County, like the nation and the state, many of the leading causes of death are chronic conditions, including heart disease and stroke, cancers, Alzheimer's disease, chronic lower respiratory disease, chronic liver disease, and diabetes. While the mortality rate was only higher in Butte County verses statewide and national rates for some chronic diseases and conditions (cancer, Alzheimer's disease, chronic lower respiratory disease and chronic liver disease; see Table X1), all chronic conditions result in substantial portions of health care spending in Butte County.

A 2015 study estimated that over 51% of the \$1.4 billion total annual health care expenditures in Butte County could be attributed to six chronic conditions (arthritis, asthma, cardiovascular disease, diabetes, cancer and depression), while 42.% of total statewide health care expenditures could be attributed to these conditions. (See Table X2.)

Forty-eight percent of total focus group participants in Butte County indicated chronic disease and conditions to be a significant community health concern, and 45.5% indicated overweight/obesity, a predictive factor for many chronic diseases, is a top health concern. While most chronic conditions are of significant concern in Butte County, some emerged with greater emphasis. These include:

- Cancer
- Alzheimer's disease

- Asthma
- Chronic lower respiratory disease
- And chronic liver disease

Cancer: The age-adjusted death rate for cancer was significantly higher in Butte County than the statewide rate, with 162.2 and 140.2 deaths per 100,000 population, respectively. The five-year incidence rate for cancer from 2011–2015 was also elevated relative to the state rate at 452.4 and 395.2 cases per 100,000 population, respectively. These trends generally held for most forms of cancer, including lung, female breast and colorectal cancers.

The BRFs also indicated higher incident rates of cancer, with 8.4% of Butte County respondents reporting having ever been diagnosed with cancer (other than skin cancer), compared with 5.9% of survey respondents statewide.

Alzheimer's Disease: The age-adjusted death rate for Alzheimer's disease was also significantly higher in Butte County than the statewide rate, with 51.1 versus 34.2 deaths per 100,000 population, respectively.

Asthma: In Butte County, 9.7% of Medicare beneficiaries have been diagnosed with asthma, which is higher than the percentage of Medicare beneficiaries diagnosed statewide (7.5%).

Results of the CHIS also demonstrate that slightly more adults in Butte County have been diagnosed with asthma than adults statewide (15.0% vs. 14.5%), while 18.3% of Butte County BRFs respondents indicated having ever been diagnosed with asthma, relative to 14.1% of statewide respondents, and 11.8% of Butte County respondents reported currently having asthma relative to 7.9% of statewide respondents.

Chronic Lower Respiratory Disease: The age-adjusted death rate for chronic lower respiratory disease was significantly higher in Butte County than the statewide rate, with 45.8 and 32.1 deaths per 100,000 population, respectively. The BRFs also indicated higher rates of chronic obstructive pulmonary disease (COPD) – a type of chronic lower respiratory disease, with 7.1% of Butte County respondents reporting having ever been diagnosed with COPD, compared with 4.5% of survey respondents statewide.

Chronic Liver Disease: The age-adjusted death rate for chronic liver disease was significantly higher in Butte County than the statewide rate, with 18.4 and 12.2 deaths per 100,000 population, respectively.

Table X-2: Mortality Rates for Chronic Diseases and Conditions:

Age Adjusted Death Rate per 100,000	Butte County	California	*HP-2020	Rank out of 58 CA
All Causes	765.3	608.5	n/a	46
All Cancers	162.2	140.2	161.4	49
• (Lung Cancer)	(37.7)	(28.9)	(45.5)	(49)
• (Female Breast Cancer)	(21.2)	(19.1)	(20.7)	(46)
• (Prostate Cancer)	(19.4)	(19.6)	(21.8)	(24)
• (Colorectal Cancer)	(15.7)	(12.8)	(14.5)	(54)
Coronary Heart Disease	85.8	89.1	103.4	28
Alzheimer's Disease	51.1	34.2	n/a	55
Chronic Lower Respiratory Disease	45.8	32.1	n/a	42
Cerebrovascular Disease (Stroke)	39.3	35.3	34.8	39
Diabetes	18.9	20.7	n/a	26
Chronic Liver Disease and Cirrhosis	18.4	12.2	8.2	45

Adapted from: California Health Status Profiles, 2018. Available at: <https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profi.aspx#pasteds>

*Healthy People 2020 established national objectives

Table X-3: Health Care Costs of Six Chronic Conditions: (2015)

Health Care Costs	Total Health Care Costs		Total Cost of Six Chronic Conditions		Percent of Total Health Care Costs Due to Six Conditions	
Butte County	\$1,372,360,000		\$625,045,759		50.8%	
California	\$232,390,177,528		\$98,443,138,663		42.4%	
Percent of Total Health Care Costs	Arthritis	Asthma	Cardio-Vascular Disease	Diabetes	Cancer	Depression
Butte County	7.78%	4.55%	19.99%	5.27%	7.95%	5.26%
California	6.16%	4.06%	16.13%	5.59%	6.01%	4.41%

California 2015. California Department of Public Health. Sacramento. Available at: <http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1600>

Other Notable Chronic Condition: Butte County had a slightly higher age adjusted death rate than the statewide rate for stroke (39.3 vs. 35.3 per 100,000 population). Likewise, a slightly higher percentage of Butte County BRFs respondents (3.3%) reported having ever had a stroke compared to statewide respondents (2.2%).

Approximately one-third (32.2%) of Butte County respondents also reported having high blood pressure, which was slightly higher than for statewide respondents (28.4%). A 2016 UCLA Center for Health Policy Research study estimated the percent of adults in Butte County that are pre-diabetic (43%) was slightly lower than the statewide estimate (46%), and a lower percentage of Butte County CHIS respondents reported being diagnosed with diabetes than statewide respondents (7.4% vs. 9.3%). This discrepancy was also found in BRFs results (7.0% vs. 10.5%). However, a slightly higher percentage of CHIS respondents age 65 and older from Butte County were diagnosed with diabetes than the percentage of like-aged respondents statewide (23.5% vs. 21.4%).

Major risk factors for the development of chronic conditions and premature death include:

- Being overweight/obese
- Smoking tobacco products

While the percent of adult CHIS respondents who reported being overweight or obese was marginally lower in Butte County than statewide (60.3% vs. 61.5%), the percent of Butte County BRFSS respondents who indicated having no physical activity in the past 30 days was higher than the percent of statewide respondents (28.5% vs. 20.0%), and significantly more Butte County respondents indicated being current smokers than statewide respondents (20.6% vs. 11.3%).

Adverse Childhood Experiences and Childhood Maltreatment: Adverse Childhood Experiences (ACEs) are traumatic events in forms of neglect, abuse, or household challenges that occur during childhood and can negatively influence an individual's overall health and well-being throughout that person's lifespan.

Early childhood adversity has been associated with increased likelihood of risky behaviors, chronic disease, poor quality of life and decreased life expectancy(vii).

Research suggests there is close response curve for ACEs and poor health: the likelihood of adverse health outcomes increases with the number of ACEs experienced, and individuals who experience four or more ACEs are at a substantially greater risk than individuals experiencing three or fewer ACEs(viii).

A top priority of the Surgeon General of California's Office is addressing social determinants that influence early childhood development and health. Within the state's "Let's Get Healthy California" campaign, the Healthy Beginnings objectives focus on maternal and infant health, as well as child and adolescent physical, mental, and social health – for which ACEs rates are key health indicators.

Butte County has notably higher childhood maltreatment rates than California overall, including neglect and abuse allegations (74.0 vs. 54.3 per 1,000 children), substantiations (9.9 vs. 7.7) and entries into protective care (6.5 vs. 3.1). A 2014 Center for Youth Wellness report found that from 2008-2013, 76.5% Butte County residents reported having one or more ACEs, which was the highest rate of all California counties and significantly higher than for California overall (61.7%).

2019 results show nearly twice the percentage of Butte County residents as California residents reported having four or more ACEs (30.3% vs. 15.9%)(x). Similarly, results of the 2019 BRFSS demonstrated that 77% of Butte County respondents had one or more ACEs, which was considerably higher than the most recent data for statewide respondents (65.5%). Further, Butte County respondents had higher rates than statewide respondents across all ACEs categories, with the most frequent being: substance use by a household member (37.8% vs. 26.1%); parental separation or divorce (37.3% vs. 26.7%); emotional or verbal abuse (35.2% vs. 34.9%); household member with mental illness (28.4% vs. 15.0%); and witnessing domestic violence (19.3% vs. 17.5%).

CONCLUSION AND ACTION PLAN

Overall, access to health care, mental illness and substance use disorders, and chronic diseases continue to be the top health priorities in Butte County. The work already under way throughout the region is recognized as a good start. However, change in policy, system and the environment continue to be a significant need. It is the goal of Enloe Medical Center's Community Outreach Program to continue building on established relationships to raise awareness of available programs and services throughout the region and break down barriers preventing individuals from accessing programs/services to achieve wellness.

Actions Addressing Community Health Needs

Access to Care - Access to health care continues to be a concern for Butte County residents. Enloe Medical Center will continue its focus on physician recruitment, as well as outreach with health screenings and preventive education. Enloe will continue to host:

- Community health education programs, providing opportunities for individuals to learn directly from health care professionals in the specialty areas linked to the top identified health needs
- Free flu vaccination clinics in collaboration with the local health department

Mental Health and Substance Use Disorders - Mental illness and substance abuse, including alcohol, tobacco, illicit drugs and prescription opioids, continue to rise to the top of pressing health needs in Butte County. Enloe will continue to partner with local programs, agencies, coalitions and task forces dedicated to addressing these needs. Additionally, we will continue to look at internal policy, system and environmental changes to adopt for impact.

Enloe's recent hire of a substance use navigator in the Emergency Department has already proven effective in addressing substance abuse and identifying drug addiction as an illness that requires medical attention. Robotic-assisted surgery also emerged as a contributing factor in the reduction of opioid use. The minimally invasive technology means less pain and has reduced the quantity and frequency of opioids prescribed to patients.

Chronic Conditions - Butte County residents have a higher-than-average incidence of chronic conditions including depression, COPD, Alzheimer's disease/dementia, cancer and asthma. Addressing the unmet social needs adversely influencing the health of our community is one way in which we can work to lower the incidence of these chronic conditions. However, continued education - inpatient, outpatient, community and one-on-one - is needed to empower individuals to move toward wellness.

To support self-advocacy, Enloe offers a variety of classes and support groups at little or no cost to members of the community. Additionally, Enloe supports other local programs for community members, patients, and caregivers to raise awareness for these chronic and debilitating diseases.

Adverse Childhood Experiences and Childhood Maltreatment - As noted earlier, a top priority of the Surgeon General of California's Office is addressing social determinants that influence early childhood development and health. The Healthy Beginnings objectives focus on maternal and infant health, as well as child and adolescent physical, mental, and social health – for which ACEs rates are key health indicators.

Enloe Medical Center's Cuddle Care program provides a wide range of services that are supportive in postpartum settings, as well as the Special Care Nursery, in which Enloe volunteers offer loving touch for babies with Neonatal Abstinence Syndrome (NAS). Additionally, Enloe Women's Services and Enloe's Nettleton Mother & Baby Care Center implement depression screenings throughout pregnancy and postpartum to ensure the safety of both mother and baby. Through community outreach events, including Enloe's annual Community Wellness Expo and Mothers Stroll, we commit to increasing awareness and access to necessary support services through community partnerships.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and annual implementation strategies were made widely available online at www.enloe.org/CHNA. To date, no comments have been received.

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2019 Behavioral Risk Factor Survey



Butte County, CA





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In 1990, *Healthy People 2000, National Health Promotion and Disease Prevention Objectives*, was released to the public. The document outlined the U.S. government's plan to improve the health of individuals, communities, and the nation. This plan was revised in 1999 (*Healthy People 2010*,) and, subsequently, in 2010 (*Healthy People 2020*.)

Healthy People 2020 documents 10-year health objectives organized into 4 over-arching goals and 42 Focus Areas (page 4.) These Focus Areas address factors such as behavior, biology, physical environment and social environment that interact to influence health. In addition to the Focus Areas, a smaller subset of 12 indicators called Leading Health Indicators (page 5) was developed. The LHIs reflect a life stage perspective, with the intent to draw attention to both individual and societal determinants that affect the public's health and contribute to health disparities from infancy through old age. This approach recognizes that specific risk factors and determinants of health vary across the life span. Health and disease result from the accumulation, over time, of the effects of risk factors and determinants. Therefore, intervening at specific points in the life course can help reduce risk factors and promote health.

How do behaviors fit into this framework? Behaviors are individual responses or reactions to internal stimuli and external conditions. It has been estimated that behavioral and environmental factors are responsible for approximately 70% of all premature deaths in the United States. Obtaining information surrounding behaviors that put one at risk for poor health is instrumental in developing policies and interventions.

This report explores the behaviors that put Butte County residents at risk for poor health. Leading Health Indicators are presented accompanied by their *Healthy People 2020* Objective/Focus Area.



Healthy People 2020 Goals

1. Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
2. Achieve health equity, eliminate disparities, and improve the health of all groups.
3. Create social and physical environments that promote good health for all.
4. Promote quality of life, healthy development, and healthy behaviors across all life stages.

Healthy People 2020 Focus Areas

1. Access to Health Services
2. Adolescent Health
3. Arthritis, Osteoporosis, and Chronic Back Conditions
4. Blood Disorders and Blood Safety
5. Cancer
6. Chronic Kidney Disease
7. Dementias, Including Alzheimer's Disease
8. Diabetes
9. Disability and Health
10. Early and Middle Childhood
11. Educational and Community-Based Programs
12. Environmental Health
13. Family Planning
14. Food Safety
15. Genomics
16. Global Health
17. Health Communication & Health Information Technology
18. Health-Related Quality of Life & Well-Being
19. Healthcare-Associated Infections
20. Hearing and Other Sensory or Communication Disorders
21. Heart Disease and Stroke
22. HIV
23. Immunization and Infectious Diseases
24. Injury and Violence Prevention
25. Lesbian, Gay, Bisexual and Transgender Health
26. Maternal, Infant, and Child Health
27. Medical Product Safety
28. Mental Health and Mental Disorders
29. Nutrition and Weight Status
30. Occupational Safety and Health
31. Older Adults
32. Oral Health
33. Physical Activity
34. Preparedness
35. Public Health Infrastructure
36. Respiratory Diseases
37. Sexually Transmitted Diseases
38. Sleep Health
39. Social Determinants of Health
40. Substance Abuse
41. Tobacco Use
42. Vision

Healthy People 2020 Leading Health Indicators



1. Access to Health Services
2. Clinical Preventive Services
3. Environmental Quality
4. Injury and Violence
5. Maternal, Infant, and Child Health
6. Mental Health
7. Nutrition, Physical Activity, and Obesity
8. Oral Health
9. Reproductive and Sexual Health
10. Social Determinants
11. Substance Abuse
12. Tobacco

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, state-based telephone surveillance system supported by the Centers for Disease Control and Prevention (CDC.) Through a series of monthly telephone interviews, states uniformly collect data on the behaviors and conditions that place adults at risk for chronic diseases, injuries, and preventable infectious diseases that are the leading causes of illness and death in the United States. The annual California surveys follow the overall CDC telephone survey protocol for the BRFSS. California Behavioral Risk Factor Survey (BRFS) data is collected by the Public Health Survey Research program (PHSRP) of California State University, Sacramento.

In 2019, in order to obtain an estimate of the prevalence of these behaviors and conditions in Butte County, the Butte County Public Health Department partnered with Enloe Medical Center, Adventist Health Feather River Hospital and Orchard Hospital to retain the services of Issues & Answers Network, Inc. The Butte County Behavioral Risk Factor Survey also follows the CDC protocol for the BRFSS and uses the standardized core questionnaire and modules.

For the needs of the 2019 Butte County BRFSS, the interviews were administered via telephone (via landline and cell phone) to randomly selected adults from a sample of households in the County.

- ✓ The sample of landline telephone numbers was selected using a list-assisted, random-digit-dialed methodology with disproportionate stratification based on “listedness.”
- ✓ The cell phone sample included the application of Cellular Working Identification Number Service, which identified inactive telephone numbers within the cellular RDD sample. In order to improve the efficiency of the sample further and reduce the number of out-of-scope calls, a zip code matching process was also used.

Moreover, in light of the 2018 November Campfire, additional steps were taken to ensure that the temporarily relocated residents of Paradise (95965) and Magalia (95954) were included and adequately represented in the survey process. This was achieved via a series of screening questions asked of respondents (both landline and cell phone) who said they did not live in Butte County. The questions were as follows:

S4.1 Do you now live or have you lived in Butte County, California?

1. Currently live in Butte
2. Previously lived in Butte (GO TO S4.2)
3. No – never lived in Butte (THANK AND TERMINATE)

S4.2 Did you move out of Butte County due to the recent fires?

1. Yes (GO TO S4.3)
2. No (THANK AND TERMINATE)

S4.3 Is this a permanent move or a temporary move?

1. Permanent (THANK AND TERMINATE)
2. Temporary

The collected BRFSS data were weighted to adjust for gender, age, and race using the 2010 Butte County Census population distributions.



All of the respondents who were included in the final sample were drawn from a random sample of Butte County residents. Among the calls that were attempted, there were 711 completed interviews, 184 refusals, 2,359 non-working or disconnected numbers, 6,357 no answers, 1,849 numbers that were not private residences, 2,348 numbers and/or respondents with undetermined eligibility, 61 households and/or respondents with physical or mental impairment, 66 eligible respondents selected but not interviewed, 176 households and/or eligible respondents with language barriers, 946 households with telecommunication barriers and special technological circumstances, 537 households on a do-not-call list, 498 households that were out-of-sample, 149 fax or modem lines, 5,038 answering machines, 68 pagers, 28 landline numbers in the cell phone sample, and 126 interviews that were terminated/partial completes. The American Association for Public Opinion Research (AAPOR) response rate was 18.41%. The refusal rate was 1.48%.

All of the interviews were completed between April 17 and June 16, 2017, with each completed interview lasting, on average, approximately 35 minutes.

Please note that, when available, comparisons to California and national results presented in this report are based on the 2017 California and U.S. Behavioral Risk Factor Surveys (the most recent surveys released to the public.)

In a few instances, for question topics due to be released at a later time (September 2017,) older state BRFSS data (years 2008-2016) were used for comparisons. These questions are marked with asterisks.

California BRFSS data is not available for the Intimate Partner Violence topic. National BRFSS data is not available for a handful of topics including Other Tobacco Use, Marijuana Use, and Intimate Partner Violence.

Analysis of Selected Risk Factors



Summary Table: At a Glance

Factor	Butte County	California
Perceived Health Status (fair/poor)	19.0%	17.6%*
Quality of Life: Poor physical health (14+ days)	16.0%	11.1%*
Quality of Life: Poor mental health (14+ days)	18.8%	10.6%*
Disability	20.9%	21.9%*
Health Care Access: No Health Care Coverage (age 18-64)	10.8%	12.7%*
Health Care Access: No Personal Health Care Provider	34.1%	24.5%*
Health Care Access: No Health Care Access Due to Cost	14.5%	11.8%*
Health Care Access: No Routine Checkup	30.5%	32.4%*
Chronic Health Conditions: Ever told had a heart attack	3.7%	3.1%*
Chronic Health Conditions: Ever told had angina or coronary artery disease	2.8%	2.8%*
Chronic Health Conditions: Ever told had a stroke	3.3%	2.2%*
Chronic Health Conditions: Ever told had asthma	18.3%	14.1%*
Chronic Health Conditions: Still have asthma	11.8%	7.9%*
Chronic Health Conditions: Ever told had COPD	7.1%	4.5%*
Chronic Health Conditions: Ever told you had some form of arthritis	24.1%	19.4%*
Chronic Health Conditions: Ever told had a depressive disorder	27.5%	17.3%*
Chronic Health Conditions: Ever told had kidney disease	3.0%	3.3%*
Chronic Health Conditions: Ever told had skin cancer	8.5%	5.9%*
Chronic Health Conditions: Ever told had any other types of cancer	8.4%	5.9%*
Cancer Survivorship: Survivors currently receiving cancer treatment	6.8%	12.9%**
Cancer Survivorship: Survivors who participated in clinical trial	2.1%	N/A**
Cancer Survivorship: Survivors who received a survivorship care plan	76.2%^^	47.6%**
Hypertension Awareness: Ever told had high blood pressure	32.2%	28.4%*
Cholesterol Awareness: Blood cholesterol not checked within last 5 years	10.8%	12.4%*
Cholesterol Awareness: Had blood cholesterol checked and told it was high	24.0%	30.8%*

*Note: Based on 2017 BRFSS of California Residents

**Note: Based on 2009 BRFSS of California Residents

^Items marked in red are below the statewide figures and may require the County's attention. Items marked in green indicate results above the statewide figures

^^Caution: Fewer than 30 respondents



Summary Table: At a Glance

Factor	Butte County	California
Diabetes: Ever told had diabetes (excluding pregnancy-related)	7.0%	10.5%*
Tobacco Use: Current Smoker	20.6%	11.3%*
Other Tobacco Use: Have ever used chewing tobacco	28.1%	4.2%**
Other Tobacco Use: Current user of chewing tobacco	4.0%	0.6%**
Other Tobacco Use: Have ever used cigars/cigarillos	39.0%	15.2%**
Other Tobacco Use: Current user of cigars/cigarillos	4.9%	1.7%**
Other Tobacco Use: Have ever used tobacco pipe	14.8%	4.5%**
Other Tobacco Use: Current user of tobacco pipe	0.4%	0.2%**
Other Tobacco Use: Have ever used hookah water pipe	16.0%	6.3%**
Other Tobacco Use: Current user of hookah water pipe	0.0%	0.6%**
Marijuana Use: Smoked 1+ day within past 30 days	17.7%	10.5%***
Alcohol Consumption: Binge drinking	22.1%	17.6%*
Alcohol Consumption: Heavy drinking	4.2%	6.3%
Alcohol Screening & Brief Intervention: Did not discuss alcohol use with a health professional at last routine checkup	22.5%	22.1%****
Alcohol Screening & Brief Intervention: Advised about harmful drinking	17.0%	24.2%****
Alcohol Screening & Brief Intervention: Advised to reduce or quit drinking	11.5%	12.5%****
Fruit Consumption (<1 time/day)	41.9%	32.5%*
Vegetable Consumption (<1 time/day)	16.8%	21.4%*
Physical Activity: No activity during past month	28.5%	20.0%*
Seatbelt Use: Do not always use seatbelt	6.7%	2.2%*
Adult Immunization: No flu shot in past year (age 65+)	47.8%	40.7%*
Adult Immunization: Never had pneumococcal vaccination (age 65+)	29.0%	23.2%*
Adult Immunization: Never had shingles/zoster vaccination	73.2%	68.9%*
HIV/AIDS: Ever had an HIV test	37.9%	40.8%*

*Note: Based on 2017 BRFSS of California Residents

**Note: Based on 2015 BRFSS of California Residents

***Note: Based on 2016 BRFSS of California Residents

****Note: Based on 2014 BRFSS of California Residents

†Items marked in red are below the statewide figures and may require the County's attention. Items marked in green indicate results above the statewide figures



Summary Table: At a Glance

Factor	Butte County	California
Adverse Childhood Experience: Emotional/verbal abuse (more than once)	35.2%	34.9%*
Adverse Childhood Experience: Parental separation or divorce	37.3%	26.7%*
Adverse Childhood Experience: Substance abuse by household member	37.8%	26.1%*
Adverse Childhood Experience: Physical abuse (more than once)	21.0%	19.9%*
Adverse Childhood Experience: Witness to domestic violence (more than once)	19.3%	17.5%*
Adverse Childhood Experience: Household member with mental illness	28.4%	15.0%*
Adverse Childhood Experience: Sexual abuse (ever)	13.8%	11.4%*
Adverse Childhood Experience: Incarcerated household member	14.6%	6.6%*
Intimate Partner Violence: Threatened physical (past 12 months)	4.3%	N/A
Intimate Partner Violence: Completed physical (past 12 months)	3.8%	N/A
Intimate Partner Violence: Attempted control (past 12 months)	5.1%	N/A
Intimate Partner Violence: Unwanted sex (past 12 months)	0.6%	N/A

*Note: Based on combined 2008-2013 BRFSS of California Residents

^Items marked in red are below the statewide figures and may require the County's attention. Items marked in green indicate results above the statewide figures



Perceived Health Status

Healthy People 2020 objective HRQOL/WB-1: Increase the proportion of adults who self-report good or better health

A primary goal of Healthy People 2020 is to help individuals improve their quality of life. General health status is a reliable self-rated assessment of one's perceived health, which may be influenced by all aspects of life, including behaviors, environmental factors, and community. Self-rated general health status is useful in determining unmet health needs, identifying disparities among subpopulations, and characterizing the burden of chronic diseases within a population. The prevalence of self-rated fair or poor health status has been found to be higher within older age groups, females, and minorities, and has also been associated with lower socioeconomic status in the presence or absence of disease.

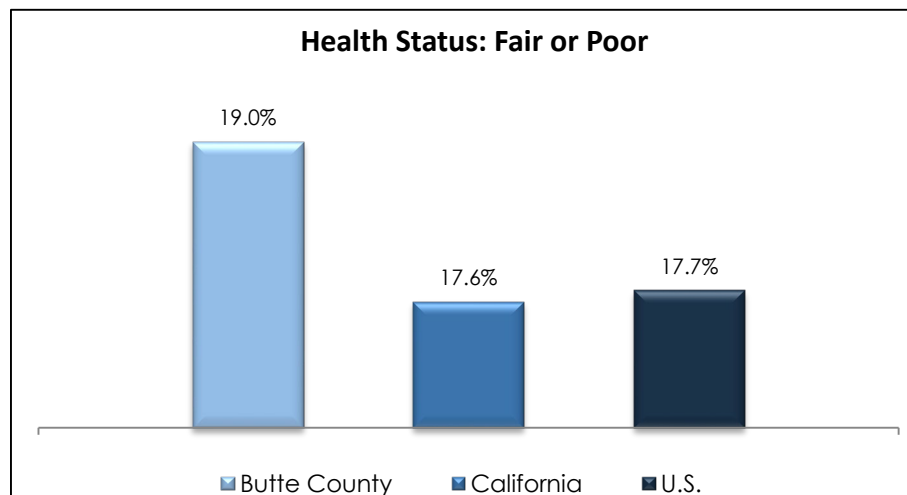
At 19%, Butte County residents are slightly more likely than Californians and Americans as a whole to report fair or poor general health (17.6% and 17.7%, respectively.)

The self-reported rate of fair/poor health is highest among residents older than 45 years of age, with over one-fifth giving this response. Additionally, non-Hispanics (20.8%), residents with less than a high school education (35.6%), and those with less than \$35,000 in an annual household income (roughly three in ten) are among the most likely to rate their health as fair or poor.

Percentage of respondents who said their health, in general, was fair or poor

Demographic Characteristics	General Health Fair or Poor
Total	19.0%
Age	
18-24	14.0%
25-34	12.3%
35-44	15.7%
45-54	20.4%
55-64	31.4%
65+	20.6%
Gender	
Male	19.7%
Female	18.4%
Race	
White	18.6%
Black**	17.2%
Hispanic	10.3%
Non-Hispanic	20.8%
Education	
< High School	35.6%
High School Grad	21.1%
Some College	19.3%
College Graduate	13.8%
Household Income	
<\$20,000	32.0%
\$20,000-\$34,999	27.6%
\$35,000-\$49,999**	10.8%
\$50,000-\$74,999	18.9%
\$75,000 or more	10.1%

Health Status: Fair or Poor



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Quality of Life

Healthy People 2020 objective HRQOL/WB-1.1: Increase the proportion of adults who self-report good or better physical health

Healthy People 2020 objective HRQOL/WB-1.2: Increase the proportion of adults who self-report good or better mental health

Health-related quality of life reflects a personal sense of physical and mental health and the ability to react to factors in the physical and social environments. The key indicator used in this analysis is the number of days in the past month that residents experienced physical or mental health problems, and in particular, whether they had experienced problems for 14 or more days within that timeframe.

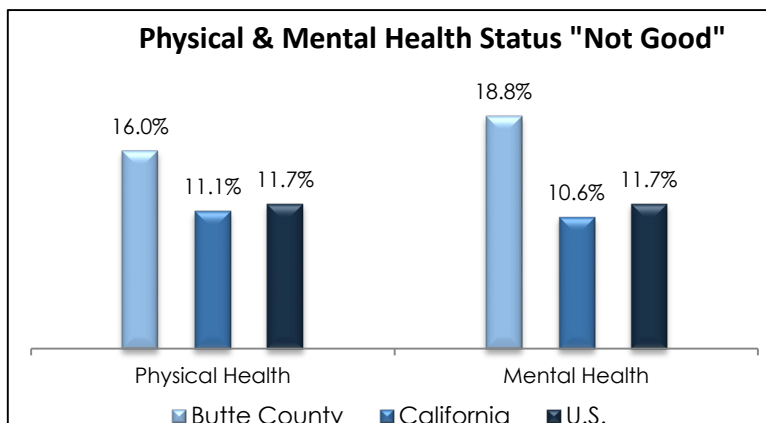
A total of 16% of Butte County residents report having 14 or more days of poor physical health, and 18.8% say the same about their mental health. Both quality of life metrics are notably above the state and U.S. figures.

Residents most likely to report poor physical health are those with less than high school education (40.6%), those with income of under \$35,000 per year (just under one-quarter), as well as those over the age of 55 (more than two in ten.)

In terms of poor mental health, its incidence is driven mostly by residents ages 25-54 (more than two in ten,) females (24.1%), Black and Hispanic residents (22.2% and 25.1%, respectively,) those without a high school diploma (33.2%), and respondents in the bottom income bracket (29.7%).

Percentage of respondents with 14 or more days of poor physical or mental health

Demographic Characteristics	Physical Health Not Good	Mental Health Not Good
Total	16.0%	18.8%
Age		
18-24	3.8%	19.0%
25-34	18.5%	24.3%
35-44	14.0%	21.3%
45-54	15.3%	26.4%
55-64	25.9%	17.2%
65+	19.6%	8.3%
Gender		
Male	14.2%	13.4%
Female	17.7%	24.1%
Race		
White	14.9%	16.7%
Black**	17.2%	22.2%
Hispanic	18.9%	25.1%
Non-Hispanic	15.8%	18.1%
Education		
< High School	40.6%	33.2%
High School Grad	11.7%	16.7%
Some College	15.9%	19.7%
College Graduate	14.2%	16.1%
Household Income		
<\$20,000	23.1%	29.7%
\$20,000-\$34,999	24.6%	11.8%
\$35,000-\$49,999**	9.5%	11.9%
\$50,000-\$74,999	13.1%	10.3%
\$75,000 or more	11.6%	14.3%



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Healthy People 2020 objective DH-13: Increase the proportion of adults with disabilities aged 18 years and older who participate in leisure, social, religious or community activities

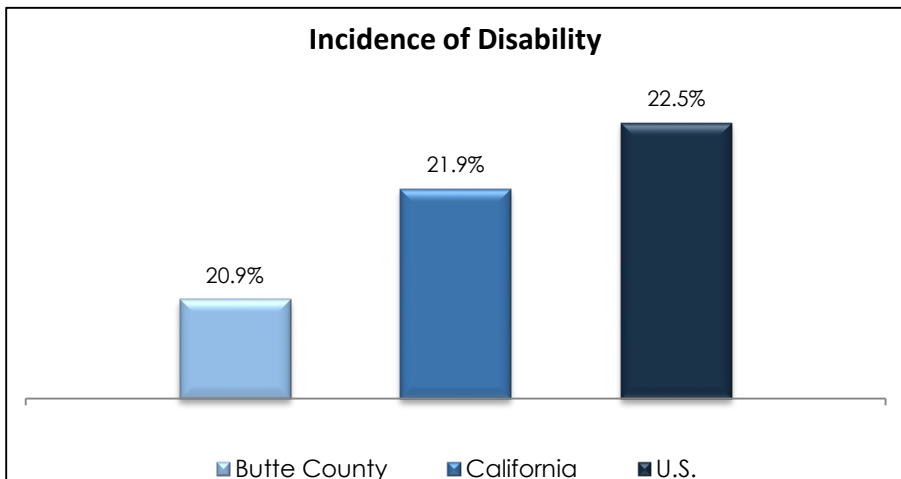
Healthy People 2020 objective DH-14: Increase the proportion of children and youth with disabilities who spend at least 80 percent of their time in regular education programs

Healthy People 2020 objective goal DH-16: Increase employment among people with disabilities

One of the Healthy People 2020 goals is to “promote the health and well-being of people with disabilities.” There are many ways in which disability can be defined, ranging from experiencing difficulty in participating in certain activities (such as lifting and carrying objects, seeing, hearing, talking, walking or climbing stairs) to having more severe disabilities that require assistance in personal care needs (i.e. bathing) or routine care needs (i.e. housework). In this report, disability is defined as being limited in any activities because of physical, mental, or emotional problems.

Approximately one-fifth (20.9%) of the Butte County adult population lives with a disability, which is essentially consistent with the state- and nationwide results (21.9% and 22.5%, respectively.)

The prevalence of disability in Butte County is highest among African Americans (64.2%) respondents in the lowest income bracket (36%) and those with less than high school education (38.1%) Moreover, residents over the age of 35 are more likely to report disability than their younger counterparts, with a peak among those age 55-64 (30.2%).



Percentage of respondents limited in activities because of physical, mental or emotional problems	
Demographic Characteristics	Disability
Total	20.9%
Age	
18-24	10.1%
25-34	19.1%
35-44	24.2%
45-54	21.2%
55-64	30.2%
65+	22.0%
Gender	
Male	22.7%
Female	19.8%
Race	
White	21.5%
Black**	64.2%
Hispanic	12.3%
Non-Hispanic	22.5%
Education	
< High School	38.1%
High School Grad	20.4%
Some College	19.2%
College Graduate	18.6%
Household Income	
<\$20,000	36.0%
\$20,000-\$34,999	15.7%
\$35,000-\$49,999**	18.9%
\$50,000-\$74,999	18.2%
\$75,000 or more	14.6%

14 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Health Care Access: No Health Care Coverage

Healthy People 2020 objective AHS-1.1: Increase the proportion of persons with medical insurance

Health insurance coverage is an important determinant of access to health care. Uninsured individuals are substantially less likely to have a usual source of health care or a recent health care visit than their insured counterparts.¹⁰ Utilization of preventive health care services, such as mammography, Pap tests, prostate exams, influenza vaccinations, and cholesterol tests, could reduce the prevalence and severity of diseases and chronic conditions in the United States. The Healthy People 2020 target for health care coverage is to have 100% insured by 2020.¹¹

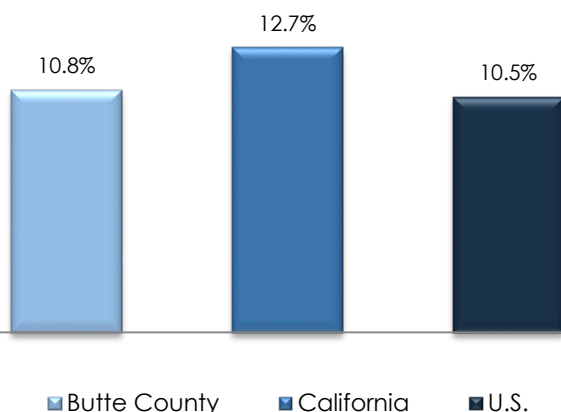
An estimated 10.8% of the Butte County residents between the ages of 18 and 64 have no health insurance coverage – a rate below the state figure (12.7%) and on par with the national score (10.5%).

Access to health care is closely related to several socio-economic factors. Specifically, at 22.6%, the Hispanic segment of Butte County residents is substantially less likely to have coverage than their non-Hispanic counterparts. Male residents are somewhat more likely than females to have no coverage. Predictably, the likelihood to be insured is directly proportional to the income and educational attainment levels. Finally, age is closely associated with health care coverage, as younger individuals are more apt to report that they do not have health insurance coverage than those age 35+.

Percentage of respondents age 18-64 who have no health care insurance coverage

Demographic Characteristics	No Health Insurance
Total	10.8%
Age	
18-24	16.2%
25-34	15.5%
35-44	7.2%
45-54	8.6%
55-64	5.7%
Gender	
Male	13.6%
Female	8.2%
Race	
White	7.3%
Black**	9.4%
Hispanic	22.6%
Non-Hispanic	8.7%
Education	
< High School	18.4%
High School Grad	13.1%
Some College	12.7%
College Graduate	5.0%
Household Income	
<\$20,000	18.6%
\$20,000-\$34,999	11.5%
\$35,000-\$49,999**	15.6%
\$50,000-\$74,999	11.7%
\$75,000 or more	1.4%

No Health Care Coverage: Adults 18-64



¹⁵ *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Health Care Access: Limited Health Care Coverage

Healthy People 2020 objective AHS-3: Increase the proportion of persons with a usual primary care provider

Healthy People 2020 objective AHS-6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines

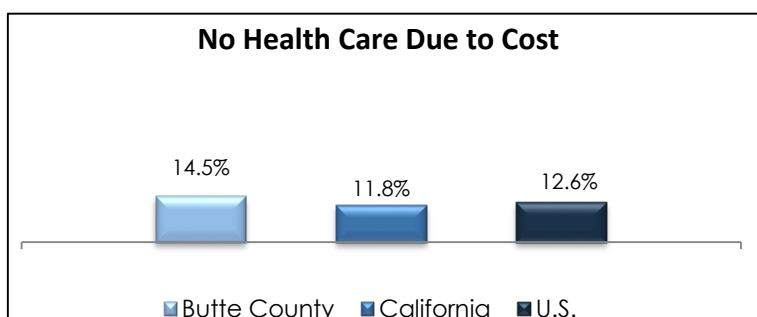
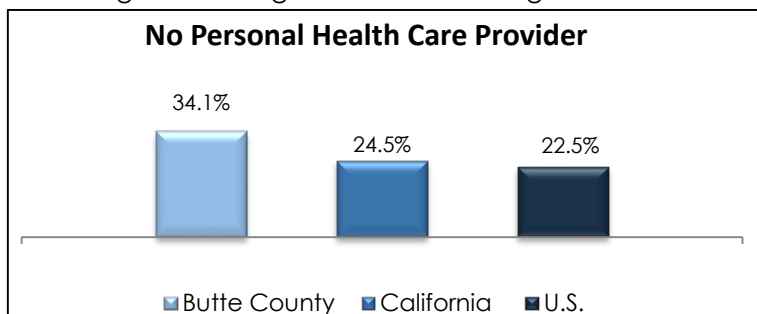
Two additional indicators that address issues related to health care access include not having a personal doctor or health care provider and having had a time during the past 12 months when health care was needed but could not be obtained because of cost.

More than one-third (34.1%) of Butte County adults do not have a personal doctor or health care provider – a figure substantially above state- and nationwide rates (24.5% and 22.5%, respectively.) Moreover, 14.5% of Butte County residents could not see a doctor because of the cost.

As in the past, men are more likely than women to have no personal health care provider (38% vs. 30.2%.) Moreover, no access to a personal provider and cost barriers are cited more often among less educated and less affluent population segments. Hispanics are the most likely cohort to report having no personal health care provider. Finally, the likelihood of having a personal provider is lowest among those under the age of 35, and the likelihood of not being able to see a doctor due to cost is highest among those under the age of 24.

Percentage of respondents with no personal health care provider and percentage of respondents who reported an instance of not obtaining care due to cost

Demographic Characteristics	No Personal Health Care Provider	No Health Care Access Due to Cost
Total	34.1%	14.5%
Age		
18-24	51.7%	23.4%
25-34	52.9%	17.9%
35-44	33.0%	16.2%
45-54	32.6%	15.7%
55-64	17.9%	8.8%
65+	17.5%	6.5%
Gender		
Male	38.0%	15.0%
Female	30.2%	13.9%
Race		
White	31.9%	12.8%
Black**	34.3%	19.2%
Hispanic	46.2%	16.6%
Non-Hispanic	31.8%	14.3%
Education		
< High School	48.1%	28.9%
High School Grad	34.6%	12.0%
Some College	38.4%	18.0%
College Graduate	26.0%	9.4%
Household Income		
<\$20,000	42.8%	18.4%
\$20,000-\$34,999	30.9%	26.9%
\$35,000-\$49,999**	23.4%	7.6%
\$50,000-\$74,999	26.0%	14.8%
\$75,000 or more	25.4%	7.6%



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Health Care Access: No Routine Checkup

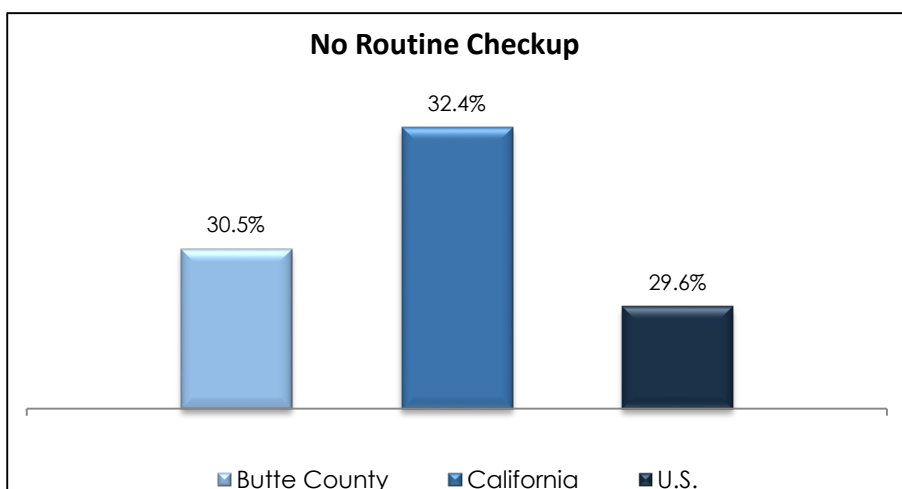
A yearly routine checkup with a health care professional provides an opportunity to raise awareness regarding adult preventive services, conduct individual risk assessments, promote informed decision-making, and potentially benefit from early detection.

Butte County residents are less likely than Californians overall to report not having a routine checkup within the past year (30.5% vs. 32.4%). The figure observed in the County is consistent with the nationwide results (29.6%).

A more in-depth analysis reveals that males are more likely to have had no checkup than females (35.3% vs. 25.9%). Moreover, African Americans (54.3%) and Hispanic residents (55.3%) are more likely to report no checkup than their Caucasian counterparts (28.2%). Finally, the likelihood of having an annual checkup increases proportionately to residents' age and income.

Percentage of respondents who had no routine checkup in the past year

Demographic Characteristics	No Routine Checkup
Total	30.5%
Age	
18-24	46.9%
25-34	48.1%
35-44	32.5%
45-54	26.2%
55-64	21.2%
65+	11.4%
Gender	
Male	35.3%
Female	25.9%
Race	
White	28.2%
Black**	54.3%
Hispanic	55.3%
Non-Hispanic	26.4%
Education	
< High School	37.5%
High School Grad	34.9%
Some College	30.8%
College Graduate	25.7%
Household Income	
<\$20,000	40.3%
\$20,000-\$34,999	37.4%
\$35,000-\$49,999**	35.4%
\$50,000-\$74,999	23.1%
\$75,000 or more	20.0%



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Chronic Health Conditions: Heart Attack

Healthy People 2020 objective HDS-1: Increase overall cardiovascular health in the U.S. population

Healthy People 2020 objective HDS-16: Increase the proportion of adults aged 20 years and older who are aware of the symptoms of and how to respond to a heart attack

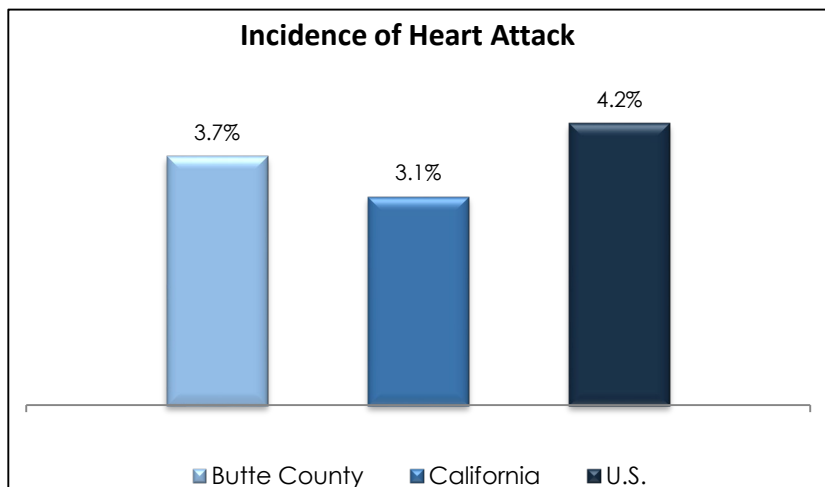
In 2015, an estimated 114,023 deaths were attributable to heart attacks in the United States. An estimated 720,000 heart attacks and 335,000 recurrent heart attacks occur yearly among U.S. adults. The cost of heart attacks was \$12.1 billion in 2013, which includes health care services, medication, and lost productivity.³³ Many risk factors for heart attack are the same as those for coronary artery disease, including high blood pressure, high cholesterol, smoking, family history of heart disease, obesity, physical inactivity, diabetes, and excessive alcohol consumption.²⁶

A total of 3.7% of Butte County residents have ever been told that they had a heart attack. This result is only marginally higher than the California figure (3.1%) and on par with the national result (4.2%.)

Unsurprisingly, the prevalence of heart attacks is highest among residents age 55+.

Percentage of respondents who were told by a doctor that they had a heart attack

Demographic Characteristics	Ever Told You Had Heart Attack
Total	3.7%
Age	
18-24	1.9%
25-34	-
35-44	1.5%
45-54	3.2%
55-64	6.4%
65+	7.4%
Gender	
Male	4.0%
Female	3.4%
Race	
White	3.9%
Black**	8.6%
Hispanic	1.0%
Non-Hispanic	4.2%
Education	
< High School	2.1%
High School Grad	3.7%
Some College	2.6%
College Graduate	5.1%
Household Income	
<\$20,000	4.8%
\$20,000-\$34,999	2.9%
\$35,000-\$49,999**	7.0%
\$50,000-\$74,999	6.4%
\$75,000 or more	1.9%



18 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Chronic Health Conditions: Heart Disease

Healthy People 2020 objective HDS-1: Increase overall cardiovascular health in the U.S. population

Healthy People 2020 objective HDS-2: Reduce coronary heart disease deaths

Heart disease and stroke are leading causes of death in the United States for both genders and across all ethnic groups. In 2017, in California, heart disease was the primary cause of death, claiming 62,797 lives.¹² Approximately 5.7 million people nationwide have heart failure, and about one-half of these individuals will die within five years of diagnosis. Cardiovascular disease costs the nation an estimated \$31 billion annually.¹³ Modifying cardiovascular disease risk factors offers the greatest potential for reducing death and disability.

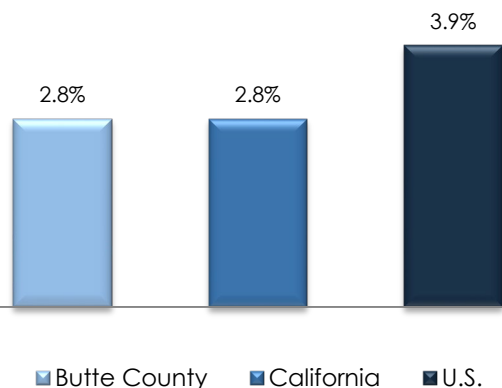
Among Butte County adults, 2.8% have been told at some point that they had angina or coronary heart disease. This figure is on par with the current state data, and below the nationwide prevalence data.

Unsurprisingly, residents over the age of 65 report a significantly higher rate of heart disease than younger individuals.

Percentage of respondents who were told by a doctor that they had angina or coronary heart disease

Demographic Characteristics	Ever Told You Have Angina or Coronary Heart Disease
Total	2.8%
Age	
18-24	-
25-34	-
35-44	3.3%
45-54	-
55-64	2.5%
65+	10.0%
Gender	
Male	3.2%
Female	2.4%
Race	
White	2.9%
Black**	8.6%
Hispanic	0.5%
Non-Hispanic	3.2%
Education	
< High School	5.0%
High School Grad	3.2%
Some College	1.1%
College Graduate	3.7%
Household Income	
<\$20,000	4.0%
\$20,000-\$34,999	-
\$35,000-\$49,999**	8.8%
\$50,000-\$74,999	5.8%
\$75,000 or more	1.1%

Incidence of Coronary Heart Disease



¹⁹ *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Chronic Health Conditions: Stroke

Healthy People 2020 objective HDS-3: Reduce stroke deaths

Healthy People 2020 objective HDS-17: Increase the proportion of adults aged 20 years and older who are aware of the symptoms and how to respond to a stroke

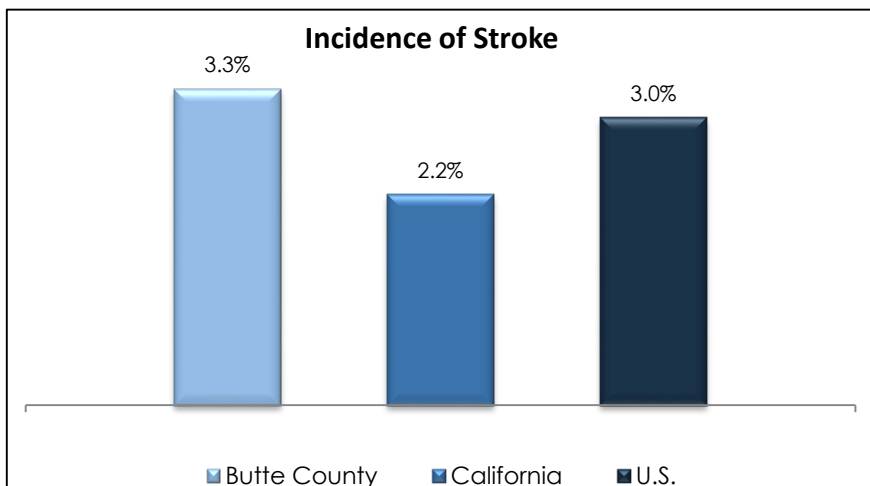
Stroke kills nearly 140,000 Americans each year – that's 1 of every 20 deaths. Stroke and Cardiovascular Heart Disease share many of the same risk factors. Although the health complications from stroke are severe, the risk of stroke can be greatly reduced by increasing physical activity, eating a balanced diet, avoiding drinking too much alcohol, and quitting smoking.¹⁴

The overall rate of stroke among Butte County adults is 3.3%. This figure is slightly above the state rate (2.2%,) but on par with the nationwide prevalence data (3.0%).

Mirroring the patterns noted for other cardiovascular conditions, stroke is most common in the oldest age cohort (65+ years olds.)

Percentage of respondents who were told by a doctor that they had a stroke

Demographic Characteristics	Ever Told You Had a Stroke
Total	3.3%
Age	
18-24	-
25-34	-
35-44	3.3%
45-54	0.9%
55-64	3.0%
65+	11.6%
Gender	
Male	3.0%
Female	3.6%
Race	
White	3.7%
Black**	-
Hispanic	2.2%
Non-Hispanic	3.6%
Education	
< High School	3.1%
High School Grad	3.4%
Some College	3.3%
College Graduate	3.3%
Household Income	
<\$20,000	5.7%
\$20,000-\$34,999	2.1%
\$35,000-\$49,999**	5.2%
\$50,000-\$74,999	1.4%
\$75,000 or more	2.2%



20 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Chronic Health Conditions: Asthma

Healthy People 2020 objective RD-1: Reduce asthma deaths

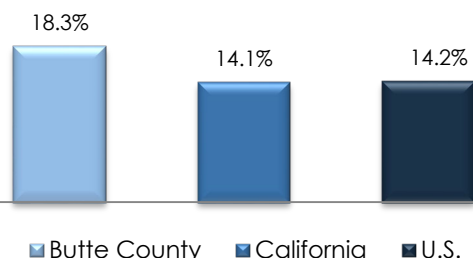
Healthy People 2020 objective RD-7: Increase the proportion of persons with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines

Asthma is a chronic inflammatory disorder of the lungs, and is characterized by wheezing, nighttime or early morning coughing, difficulty breathing, and chest tightness. Asthma attacks can be triggered by a variety of factors, such as pollution, tobacco smoke, dust mites, pets, mold, and/or respiratory infections. At present, over 25,000 Americans suffer from asthma. In 2016, the condition caused 188,968 hospitalizations, more than 1.8 million emergency department visits, and 9.8 million doctor visits.¹⁵

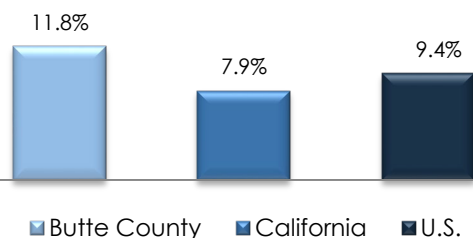
The incidence of self-reported asthma among Butte County adults is at 18.3%. This result is above the statewide and national rates (14.1% and 14.2%.) The prevalence of asthma peaks in the 25-34 age segment, as well as among females.

A total of 11.8% of Butte County residents currently have asthma – notably more than California and U.S.-wide figures (7.9% and 9.4%, respectively.) Residents most likely to still have asthma also include those ages 25-34, females, as well as those with lower income and education levels.

**Incidence of Asthma
(Ever Told Had Asthma)**



Still Have Asthma



Percentage of respondents who have ever been told by a doctor that they had asthma, and percentage of respondents who still have asthma

Demographic Characteristics	Ever Told Have Asthma	Still Have Asthma
Total	18.3%	11.8%
Age		
18-24	17.5%	15.6%
25-34	31.7%	17.2%
35-44	19.5%	7.3%
45-54	18.2%	12.4%
55-64	14.6%	12.0%
65+	11.7%	6.8%
Gender		
Male	14.3%	10.5%
Female	22.2%	13.0%
Race		
White	17.1%	10.7%
Black**	16.0%	16.0%
Hispanic	22.5%	15.4%
Non-Hispanic	18.0%	11.4%
Education		
< High School	25.9%	12.1%
High School Grad	21.0%	17.0%
Some College	18.9%	11.4%
College Graduate	14.1%	8.2%
Household Income		
<\$20,000	27.0%	19.9%
\$20,000-\$34,999	17.7%	15.9%
\$35,000-\$49,999**	28.5%	13.6%
\$50,000-\$74,999	25.7%	13.2%
\$75,000 or more	9.6%	7.3%

21 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Chronic Health Conditions: COPD, Emphysema or Bronchitis

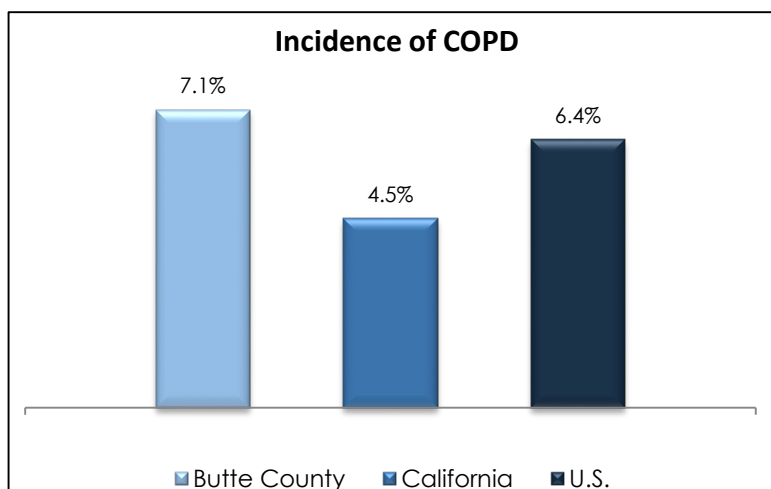
Healthy People 2020 objective RD-10: Reduce deaths from chronic obstructive pulmonary disease (COPD)

Healthy People 2020 objective RD-11: Reduce hospitalizations from chronic obstructive pulmonary disease (COPD)

People with chronic obstructive pulmonary disease (COPD) experience persistent breathing problems and low respiratory function. Three-quarters of COPD cases are linked to a history of smoking, with genetics and exposure to environmental irritants also contributing to the disease. A total of 16 million of Americans have been diagnosed with this condition, while 12 million more may have undiagnosed COPD. ²⁶

A total of 7.1% of Butte County residents has ever been told that they had COPD, emphysema, or chronic bronchitis. This figure is above the statewide data (4.5%), but only marginally higher than the national result (6.4%).

Like many other conditions, COPD is notably more prevalent among residents over the age of 55. It is also more frequent among non-Hispanic population of the County. Finally, residents with less than high school education, as well as those making under \$50,000 per year, are more apt to report this diagnosis than their more educated and more affluent counterparts.



Percentage of respondents who were told by a doctor that they had COPD, emphysema or chronic bronchitis

Demographic Characteristics	Ever Told Had COPD, Emphysema or Chronic Bronchitis
Total	7.1%
Age	
18-24	-
25-34	4.2%
35-44	4.8%
45-54	4.6%
55-64	15.9%
65+	12.9%
Gender	
Male	6.4%
Female	7.9%
Race	
White	7.4%
Black**	17.2%
Hispanic	1.0%
Non-Hispanic	8.3%
Education	
< High School	13.7%
High School Grad	7.7%
Some College	7.8%
College Graduate	4.6%
Household Income	
<\$20,000	13.3%
\$20,000-\$34,999	11.3%
\$35,000-\$49,999**	12.2%
\$50,000-\$74,999	4.4%
\$75,000 or more	4.2%

*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Chronic Health Conditions: Arthritis, Rheumatoid Arthritis, Gout, Lupus or Fibromyalgia

Healthy People 2020 objective AOCBC-1: Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis

Healthy People 2020 objective AOCBC-7: Increase the proportion of adults with doctor-diagnosed arthritis who receive health care provider counseling

Over 54 million Americans have arthritis, a condition that can cause severe, chronic joint pain. Arthritis is a leading cause of disability, and over half of people living with this condition says it interferes with their daily activities.²⁶ Arthritis can take many forms such as rheumatoid arthritis (an autoimmune disease causing painful swelling,) gout (a form of inflammatory arthritis affecting one joint at a time) fibromyalgia (a condition causing abnormal pain perception processing)³⁹ or lupus (an autoimmune disease that can damage any part of the body.)⁴⁰

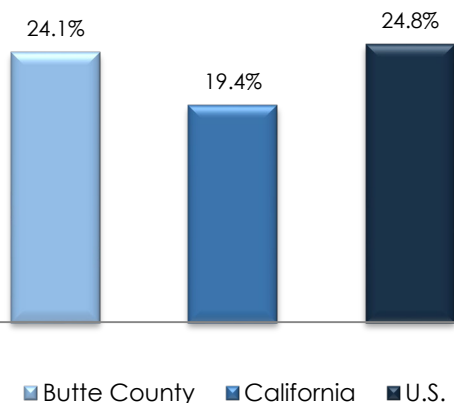
Nearly one-quarter (24.1%) of Butte County residents have been diagnosed with some form of arthritis. This result is above the statewide figure (19.4%,) and on par with the national data (24.8%).

The incidence of arthritis increases in proportion to residents' age. It is also more common among non-Hispanic respondents, and slightly more prevalent among females.

Percentage of respondents who were told by a doctor that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

Demographic Characteristics	Ever Told Had Arthritis, Rheumatoid Arthritis, Gout, Lupus or Fibromyalgia
Total	24.1%
Age	
18-24	3.8%
25-34	3.3%
35-44	14.5%
45-54	21.8%
55-64	45.2%
65+	51.4%
Gender	
Male	21.1%
Female	27.0%
Race	
White	25.5%
Black**	37.3%
Hispanic	11.2%
Non-Hispanic	26.3%
Education	
< High School	25.5%
High School Grad	24.7%
Some College	23.1%
College Graduate	24.5%
Household Income	
<\$20,000	31.9%
\$20,000-\$34,999	27.5%
\$35,000-\$49,999**	26.8%
\$50,000-\$74,999	33.5%
\$75,000 or more	23.9%

Incidence of Arthritis



23 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Chronic Health Conditions: Depressive Disorder

Healthy People 2020 objective MHMD-11: Increase depression screening by primary care workers

Healthy People 2020 objective MHMD-4: Reduce the proportion of persons who experience major depressive episodes (MDEs)

Depression is a common and treatable mental disorder characterized by changes in mood, and cognitive and physical symptoms over a period of time. It is the leading cause of disability in the U.S., associated with high societal costs and greater functional impairment than many other chronic diseases, including diabetes and arthritis.⁴¹ The most commonly diagnosed form of depression is major depressive disorder. In 2015, approximately 16.1 million Americans had experienced at least one major depressive episode in the last year.⁴²

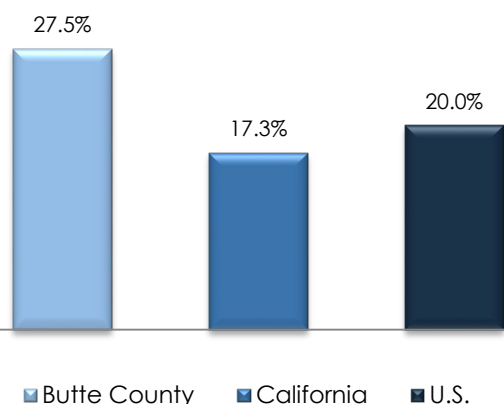
Nearly three in ten residents of Butte County (27.5%) have ever been told that they had a depressive disorder (depression, major depression, dysthymia) or minor depression. This rate is considerably above the figure observed for California as a whole (17.3%), as well as above the national data (20%).

The likelihood of this diagnosis is inversely proportional to residents' age, with younger individuals being more likely to suffer from depression than their older counterparts. Moreover, females are more apt to be depressed than males. Finally, the lower income segments (and particularly those with less than \$20,000 per year) are more likely to feel this way than their more affluent counterparts.

Percentage of respondents who were told by a doctor that they had a depressive disorder, or minor depression

Demographic Characteristics	Ever Told Had Depressive Disorder
Total	27.5%
Age	
18-24	30.2%
25-34	36.0%
35-44	35.3%
45-54	29.0%
55-64	27.1%
65+	13.2%
Gender	
Male	21.6%
Female	33.3%
Race	
White	27.0%
Black**	39.4%
Hispanic	35.7%
Non-Hispanic	26.7%
Education	
< High School	22.0%
High School Grad	29.1%
Some College	32.2%
College Graduate	22.9%
Household Income	
<\$20,000	44.1%
\$20,000-\$34,999	25.4%
\$35,000-\$49,999**	14.4%
\$50,000-\$74,999	19.4%
\$75,000 or more	20.4%

Incidence of Depressive Disorder



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Chronic Health Conditions: Kidney Disease

Healthy People 2020 objective CKD-1: Reduce the proportion of the U.S. population with chronic kidney disease

Healthy People 2020 objective CKD-7: Reduce the number of deaths among persons with chronic kidney disease

Chronic kidney disease (CKD) is a condition in which kidneys are damaged and cannot filter blood the way they should. In early stages, CKD may go undetected, and the only way to diagnose the condition is through specific blood and urine tests. Adults with diabetes, high blood pressure, heart disease, obesity, lupus, and a family history of CKD have a higher risk of developing the condition.⁴³ If untreated, the disease may progress to kidney failure – a condition currently affecting more than 661,000 Americans. Each year, kidney disease kills more people than breast and prostate cancer.⁴⁴ Eating more fruit and vegetables, staying physically active, and getting regular checkups are the best prevention methods.⁴³

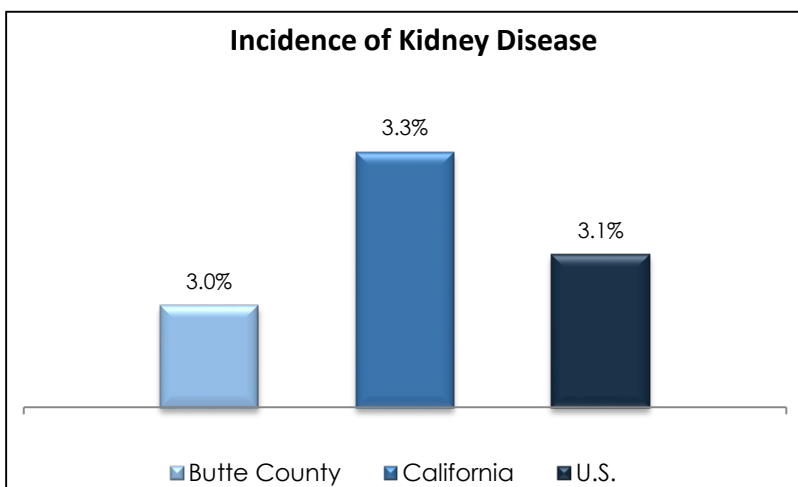
At 3%, the incidence of kidney disease in Butte County is on par with the statewide and nationwide rates (3.3% and 3.1%, respectively.)

Residents over the age of 65% are the highest risk of this condition.

Percentage of respondents who were told by a doctor that they had kidney disease

Demographic Characteristics	Ever Told Had Kidney Disease
Total	3.0%
Age	
18-24	-
25-34	-
35-44	-
45-54	3.0%
55-64	4.8%
65+	9.0%
Gender	
Male	3.1%
Female	3.0%
Race	
White	3.5%
Black**	-
Hispanic	-
Non-Hispanic	3.6%
Education	
< High School	2.7%
High School Grad	4.3%
Some College	2.9%
College Graduate	2.2%
Household Income	
<\$20,000	2.8%
\$20,000-\$34,999	5.3%
\$35,000-\$49,999**	3.6%
\$50,000-\$74,999	4.8%
\$75,000 or more	3.8%

Incidence of Kidney Disease



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Chronic Health Conditions: Skin Cancer

Healthy People 2020 objective C-8: Reduce the melanoma cancer death rate

Healthy People 2020 objective C-20: Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn

In the U.S., more than 9,500 people are diagnosed with skin cancer every day. On an annual basis, that is more than all other cancers combined.³⁵ In 2016, the melanoma type of skin cancer was the 6th most common cancer as measured by new cases nationwide. In the same year, 9,535 melanoma cases were reported in California.³⁶ The annual cost of treating skin cancers in the U.S. is estimated at \$8.1 billion.³⁵

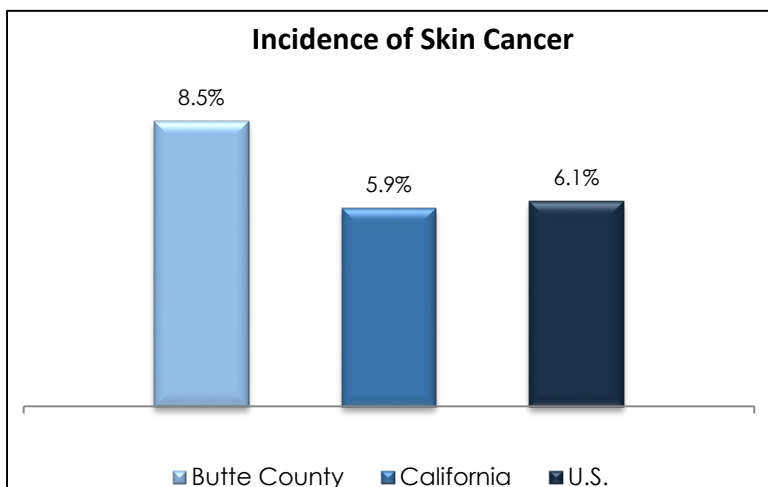
The overall rate of skin cancer among Butte County adults is 8.5%. This figure is above both the state rate (5.9%) and the national prevalence data (6.1%).

The incidence of skin cancer is directly proportional to residents' ages, with a peak in the 65+ age segment. White respondents are also notably more likely to report having skin cancer than their Hispanic counterparts.

Percentage of respondents who were told by a doctor that they had skin cancer

Demographic Characteristics	Ever Told You Had Skin Cancer
Total	8.5%
Age	
18-24	1.9%
25-34	1.5%
35-44	4.5%
45-54	5.1%
55-64	12.7%
65+	22.8%
Gender	
Male	7.5%
Female	9.5%
Race	
White	9.4%
Black**	14.6%
Hispanic	3.2%
Non-Hispanic	9.1%
Education	
< High School	5.3%
High School Grad	6.1%
Some College	9.6%
College Graduate	9.9%
Household Income	
<\$20,000	6.3%
\$20,000-\$34,999	9.1%
\$35,000-\$49,999**	17.5%
\$50,000-\$74,999	19.1%
\$75,000 or more	7.4%

Incidence of Skin Cancer



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Chronic Health Conditions: Other Types of Cancer

Healthy People 2020 objective C-1: Reduce the overall cancer death rate

Cancer is the second-leading cause of death in the United States, behind heart disease. The most common cancers in the nation – breast, prostate, lungs and bronchus, and colorectal cancer – are responsible for the most deaths. Smoking is a factor in 32% of cancer deaths, and avoiding tobacco use is the best way to reduce that rate.²⁶ In 2017, in California, cancer was the cause of 59,516 deaths.¹² The cost of cancer care is expected to increase to nearly \$158 billion by 2020.³⁷ The estimated cost of lost productivity from cancer mortality is \$146.7 billion in 2020.³⁸

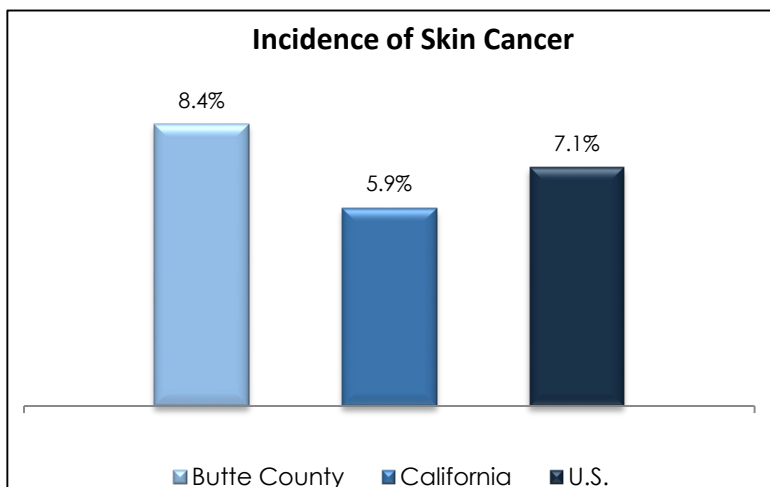
The overall rate of cancer (other than skin cancer) among Butte County adults is 8.4%. This figure is higher than the state rate (5.9%) and somewhat above the national prevalence data (7.1%).

Residents age 55+ are more likely than those younger to develop other types of cancer. Non-Hispanics are also slightly more likely to have been diagnosed with cancer than Hispanic respondents, and those in the bottom income and education brackets are somewhat more likely to have been told they had it than their more educated and more affluent counterparts.

Percentage of respondents who were told by a doctor that they had any other types of cancer

Demographic Characteristics	Ever Told Had Any Other Types of Cancer
Total	8.4%
Age	
18-24	3.5%
25-34	1.5%
35-44	8.4%
45-54	2.3%
55-64	11.9%
65+	20.4%
Gender	
Male	8.0%
Female	8.9%
Race	
White	8.3%
Black**	-
Hispanic	2.5%
Non-Hispanic	9.4%
Education	
< High School	20.4%
High School Grad	7.9%
Some College	7.2%
College Graduate	7.6%
Household Income	
<\$20,000	11.0%
\$20,000-\$34,999	8.1%
\$35,000-\$49,999**	9.1%
\$50,000-\$74,999	7.6%
\$75,000 or more	9.3%

Incidence of Skin Cancer



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Cancer Survivorship: Treatment & Clinical Trial Participation

Healthy People 2020 objective C-1: Reduce the overall cancer death rate

The term "cancer survivor" refers to any person with a history of cancer, from the time of the diagnosis through the remainder of their life. There are three phases of cancer survival: the time from diagnosis to the end of initial treatment, the transition from treatment to extended survival, and long-term survival.

Cancer treatments may include surgery, chemotherapy, radiation therapy, hormone therapy, immunotherapy, or stem cell/bone marrow transplant. Treatments may be used alone or in combination, depending on the kind and stage of cancer. Patients may also choose to join a clinical trial to help find out which treatments are safe and if they work well. In 2016, an estimated 15.5 million Americans survived cancer. Among them were 1.7 million Californians.¹⁵

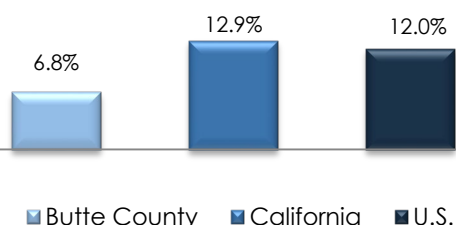
A total of 6.8% of Butte County residents are cancer survivors who are currently in treatment. This is roughly half of the percentages estimated for the state and the U.S. as a whole (12.9% and 12.0%, respectively.)

Additionally, 2.1% of those who completed treatment participated in clinical trials. This is notably less than the 7.5% noted nationwide.

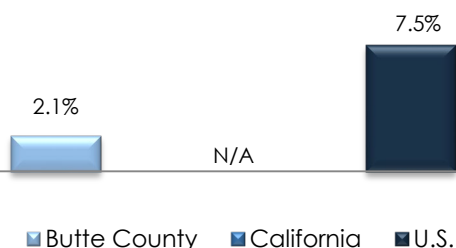
Percentage of respondents who are currently in treatment, and percentage of respondents who participated in clinical trial

Demographic Characteristics	Currently in Treatment	Participated in Clinical Trial
Total	6.8%	2.1%
Age		
18-24	**	**
25-34	**	**
35-44	**	**
45-54	**	**
55-64	12.1%**	**
65+	8.4%	4.6%**
Gender		
Male**	10.6%	2.2%
Female	4.0%	2.0%
Race		
White	6.7%	2.4%
Black**	-	-
Hispanic**	-	-
Non-Hispanic	7.5%	2.3%
Education		
< High School**	10.8%	-
High School Grad**	7.6%	2.0%
Some College**	5.4%	-
College Graduate**	6.6%	5.0%
Household Income		
<\$20,000**	11.9%	2.5%
\$20,000-\$34,999**	16.4%	-
\$35,000-\$49,999**	-	-
\$50,000-\$74,999**	4.6%	-
\$75,000 or more**	5.5%	9.7%

Cancer Survivors Currently in Treatment



Cancer Survivors in Clinical Trials



28 *Note: Comparative data is based on 2009 BRFSS of California Residents and 2009 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Cancer Survivorship: Survivorship Care Plan

Healthy People 2020 objective C-13: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis

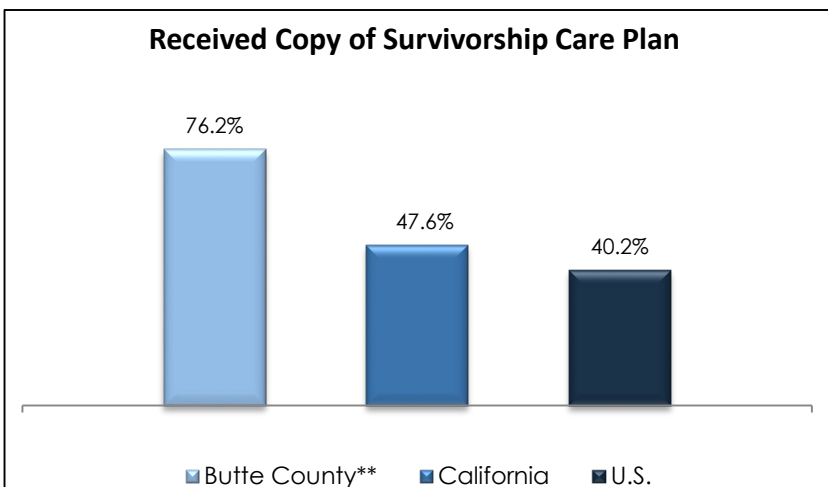
A survivorship care plan is a record of the survivor's cancer and treatment history, as well as any checkups or follow-up tests needed in the future. It may also list ideas for staying healthy. It is recommended that survivorship care plans address the chronic effects of cancer (pain, fatigue, depression/anxiety), as well as monitoring for and preventing late effects (osteoporosis, heart disease, second malignancies.) They should also explicitly identify the providers responsible for each aspect of ongoing care and provide information on resources available for psychosocial issues that may arise as a result of the prior cancer diagnosis.³²

More than three-quarters of Butte County cancer survivors received a copy of their survivorship care plan. This percentage is observably above the state- and nationwide figures (47.6% and 40.2%); however, this result needs to be treated with caution due to a very small sample size (n=14.)

Percentage of respondents who received copy of survivorship care plan

Demographic Characteristics	Received copy of survivorship care plan
Total**	76.2%
Age	
18-24**	-
25-34**	100%
35-44**	-
45-54**	100%
55-64**	80.0%
65+**	67.1%
Gender	
Male**	54.4%
Female**	87.8%
Race	
White**	75.5%
Black**	100.0%
Hispanic**	100.0%
Non-Hispanic**	75.5%
Education	
< High School**	-
High School Grad**	100.0%
Some College**	86.1%
College Graduate**	83.5%
Household Income	
<\$20,000**	100.0%
\$20,000-\$34,999**	71.5%
\$35,000-\$49,999**	72.5%
\$50,000-\$74,999**	66.5%
\$75,000 or more**	100.0%

Received Copy of Survivorship Care Plan



29 *Note: Comparative data is based on 2009 BRFSS of California Residents and 2009 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Hypertension Awareness

Healthy People 2020 objective HD S-5: Reduce the proportion of adults with hypertension

High blood pressure, also known as hypertension, is a major and modifiable risk factor for heart disease and stroke. In 2015, there were 427,631 deaths in the United States with any mention of high blood pressure, 78,862 of which were primarily attributable to high blood pressure. As of 2017, nearly half of Americans (45.6%) were estimated to have high blood pressure,³³ but because it often has no sign or symptoms, only 54% of adults with the condition have it under control.³⁴ High blood pressure is influenced by factors such as smoking, obesity, physical inactivity, poor diet, and excessive alcohol use.²⁶

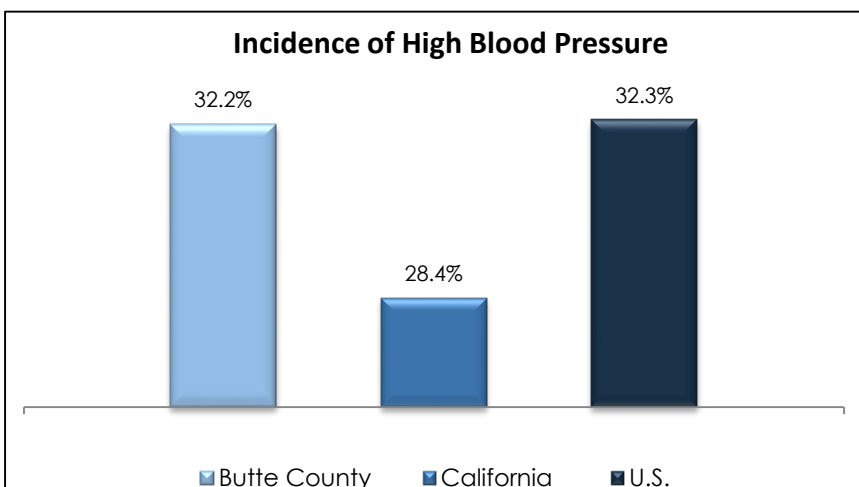
Approximately one-third of Butte County residents have ever been told by a doctor that they had high blood pressure. This is above the state figure (28.4%) and on par with the nationwide result (32.3%).

The incidence of high blood pressure increases proportionately to age and is most prevalent among African American residents.

Percentage of respondents who have ever been told by a doctor that they had high blood pressure

Demographic Characteristics	Ever Told Have High Blood Pressure
Total	32.2%
Age	
18-24	11.6%
25-34	14.8%
35-44	28.3%
45-54	32.2%
55-64	48.0%
65+	55.6%
Gender	
Male	30.6%
Female	33.8%
Race	
White	33.5%
Black**	46.9%
Hispanic	21.6%
Non-Hispanic	34.2%
Education	
< High School	32.7%
High School Grad	27.7%
Some College	31.8%
College Graduate	36.2%
Household Income	
<\$20,000	38.0%
\$20,000-\$34,999	29.1%
\$35,000-\$49,999**	34.8%
\$50,000-\$74,999	40.0%
\$75,000 or more	36.8%

Incidence of High Blood Pressure





Cholesterol Awareness

Healthy People 2020 objective HD S-6: Reduce the proportion of adults with who have had their blood cholesterol checked within the preceding 5 years

Healthy People 2020 objective HD S-7: Reduce the proportion of adults with high total blood cholesterol levels

High cholesterol is a major and modifiable risk factor for heart disease and stroke. The American Heart Association recommends adults aged 20+ have their cholesterol checked every 4-to-6 years. High cholesterol has no symptoms, but it can be detected with a simple blood test.²⁶ At present, an estimated 28.5 million Americans have high cholesterol levels.³³

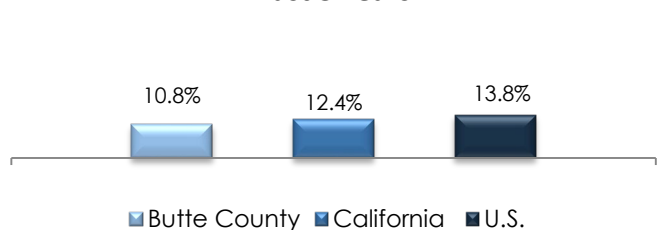
A total of 11% of Butte County residents have not had their blood cholesterol checked within the last 5 years. This result is below the figures noted for California as a whole (12.4%) and the U.S. (13.8%). Respondents most likely not to have their cholesterol checked include those with less than high school education and those with incomes below the \$35,000 threshold.

Additionally, just under one-quarter (24%) had their blood cholesterol checked and have been told that it was high. Again, this is below the state- and nationwide figures (30.8% and 33%, respectively.) High cholesterol levels are most prevalent among non-Hispanics, and increase proportionately to residents' age.

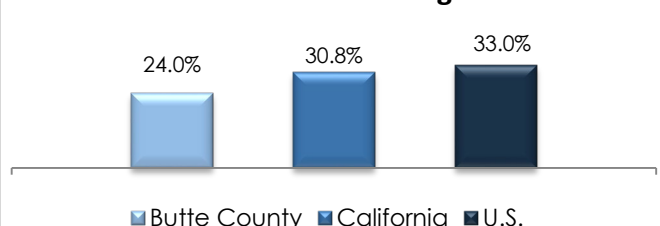
Percentage of respondents who have had blood cholesterol checked within the last 5 years, and percentage of respondents told it was high

Demographic Characteristics	Cholesterol Not Checked Within Last 5 Years	Cholesterol Checked and Told It Was High
Total	10.8%	24.0%
Age		
18-24	10.2%	2.0%
25-34	25.9%	10.3%
35-44	11.1%	18.7%
45-54	4.2%	27.5%
55-64	10.0%	36.5%
65+	4.9%	42.2%
Gender		
Male	12.3%	24.5%
Female	9.1%	23.5%
Race		
White	10.5%	25.8%
Black**	8.6%	22.9%
Hispanic	13.8%	17.1%
Non-Hispanic	10.5%	25.0%
Education		
< High School	17.0%	24.9%
High School Grad	9.5%	22.3%
Some College	10.8%	19.0%
College Graduate	10.3%	29.7%
Household Income		
<\$20,000	13.3%	26.2%
\$20,000-\$34,999	28.4%	26.5%
\$35,000-\$49,999**	5.0%	35.3%
\$50,000-\$74,999	3.7%	29.3%
\$75,000 or more	4.5%	27.6%

Cholesterol Not Checked Within Last 5 Years



Had Cholesterol Checked and Told It Was High



31 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Healthy People 2020 objective D-1: Reduce the annual number of new cases of diagnosed diabetes in the population

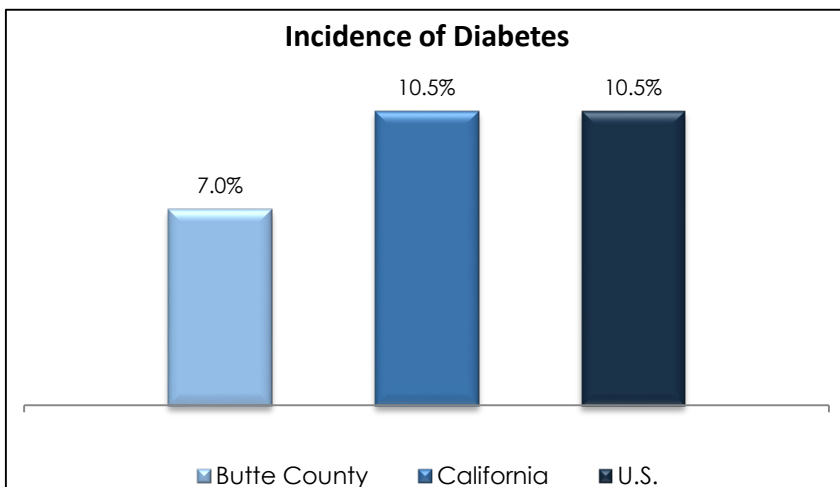
Diabetes mellitus is a chronic disease characterized by high glucose levels, owing to insufficient production of insulin by the pancreas or to a reduction in the body's ability to use insulin. In the last 20 years, the number of adults diagnosed with diabetes has more than tripled as the US population has aged and become more overweight.¹⁶ In California, diabetes was the seventh leading cause of death with 9,595 deaths in 2017.¹⁷ Obesity, physical inactivity, being 45 years or older, and/or having a family history of diabetes are just a few of the known risk factors that are associated with the development of diabetes.¹⁸

At 7.0%, the incidence of diabetes among Butte County residents is considerably lower than the state- and nationwide rates (10.5% each.)

Incidence of diabetes increases substantially with the age of residents. It is also somewhat higher among individuals with less than high school education, and among those with lower income levels (up to \$49,999 per year.)

Percentage of respondents who had ever been told by a doctor that they have diabetes (excluding gestational diabetes)

Demographic Characteristics	Ever Told You Have Diabetes
Total	7.0%
Age	
18-24	-
25-34	-
35-44	4.2%
45-54	7.1%
55-64	13.5%
65+	15.6%
Gender	
Male	6.9%
Female	7.1%
Race	
White	6.8%
Black**	13.2%
Hispanic	5.6%
Non-Hispanic	7.4%
Education	
< High School	14.2%
High School Grad	4.5%
Some College	6.6%
College Graduate	7.8%
Household Income	
<\$20,000	7.3%
\$20,000-\$34,999	15.5%
\$35,000-\$49,999**	11.9%
\$50,000-\$74,999	5.1%
\$75,000 or more	4.6%



32 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Tobacco Use

Healthy People 2020 objective TU-1: Reduce tobacco use by adults

Healthy People 2020 objective TU-14: Increase the proportion of smoke-free homes

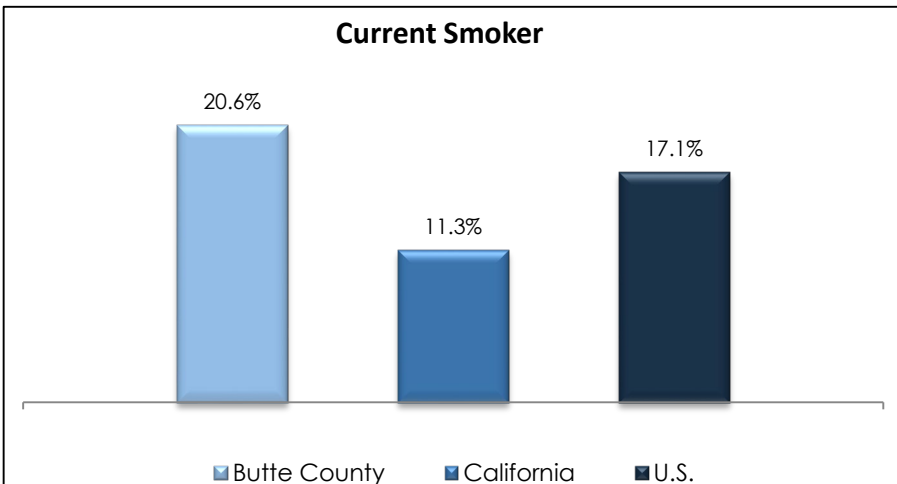
Smoking contributes to the development of many kinds of chronic conditions, including cancers, respiratory diseases, diabetes, and cardiovascular diseases. It is "the leading cause of preventable death"¹⁹ and "one of the biggest public health threats the world has ever faced, killing more than 8 million people a year."²⁰ It has been estimated that smoking costs the United States more than \$170 billion in annual medical costs and another \$156 billion in lost economic productivity,²¹ as well as over 5 million years of potential life lost each year.²² Current smoking status is defined as ever having smoked 100 cigarettes (five packs) and smoking cigarettes now, either every day or on some days.

Approximately one-fifth (20.6%) of Butte County residents are current smokers, based on the definition cited above. This figure is substantially above the state- and nationwide rates (11.3% and 17.1%).

Prevalence of smoking is least common among respondents under the age of 24 and over the age of 65, as well as college graduates. Females are also slightly less likely to be current smokers than males.

Percentage of respondents who are current smokers

Demographic Characteristics	Current Smoker
Total	20.6%
Age	
18-24	18.8%
25-34	25.9%
35-44	28.6%
45-54	22.7%
55-64	22.6%
65+	10.2%
Gender	
Male	23.1%
Female	18.2%
Race	
White	21.1%
Black**	37.3%
Hispanic	16.7%
Non-Hispanic	20.9%
Education	
< High School	30.6%
High School Grad	25.4%
Some College	23.6%
College Graduate	11.9%
Household Income	
<\$20,000	28.1%
\$20,000-\$34,999	31.7%
\$35,000-\$49,999**	5.3%
\$50,000-\$74,999	28.6%
\$75,000 or more	8.7%



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



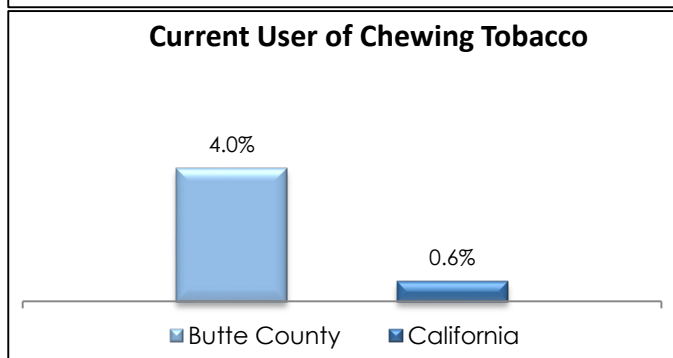
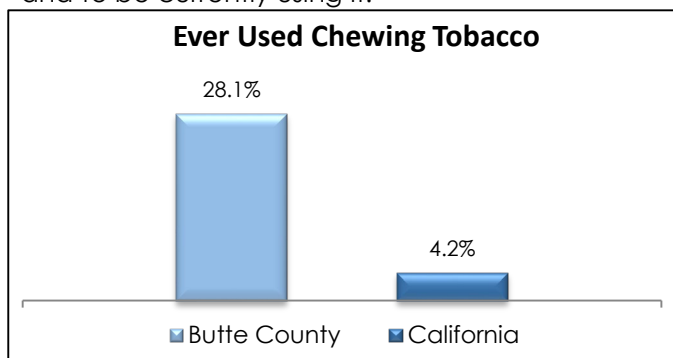
Other Tobacco Use: Chewing Tobacco

Healthy People 2020 objective TU-1.2: Reduce use of smokeless tobacco products by adults

Chewing tobacco and snuff are commonly used forms of tobacco in the United States in addition to cigarettes. Several oral health problems are associated with smokeless tobacco including receding gums, mouth sores and plaques, dental cavities and tooth abrasions.²² Smokeless tobacco is a known cause of oral cancer and oral disease, and also may increase risk of pancreatic cancers, early delivery and stillbirth, heart disease and stroke.²² Current user status is defined as having used chewing tobacco at least once during lifetime and using it on 1 or more day in the past 30 days.

Nearly three in ten residents of Butte County have ever used chewing tobacco, and a total of 4% are current users, as defined above. Both metrics are notably above statewide figures.

Males are notably more likely than females to have ever used chewing tobacco and to be current users. Likewise, residents in the top income bracket (\$75+) are more likely than their less affluent counterparts to have ever tried it and to be currently using it.



Percentage of respondents who have ever used chewing tobacco, and percentage of respondents who are current users of chewing tobacco

Demographic Characteristics	Ever Used Chewing Tobacco	Current User of Chewing Tobacco
Total	28.1%	4.0%
Age		
18-24	18.2%	2.4%
25-34	35.0%	8.9%
35-44	42.0%	7.3%
45-54	42.7%	3.2%
55-64	26.9%	3.6%
65+	10.8%	0.8%
Gender		
Male	45.7%	7.1%
Female	10.8%	1.1%
Race		
White	30.7%	4.4%
Black**	41.8%	8.6%
Hispanic	25.0%	2.2%
Non-Hispanic	27.9%	4.4%
Education		
< High School	25.4%	9.7%
High School Grad	35.1%	5.5%
Some College	28.0%	2.0%
College Graduate	23.5%	3.8%
Household Income		
<\$20,000	23.7%	3.6%
\$20,000-\$34,999	27.5%	1.5%
\$35,000-\$49,999**	14.9%	4.1%
\$50,000-\$74,999	20.1%	2.8%
\$75,000 or more	32.6%	6.5%

³⁴ *Note: Comparative data is based on 2015 BRFSS of California Residents. National comparative data is not available in this category **Caution: Fewer than 30 respondents



Other Tobacco Use: Cigars/Cigarillos

Healthy People 2020 objective TU-1.3: Reduce use of cigars, cigarillos, and little filtered cigars by adults

Healthy People 2020 objective TU-14: Increase the proportion of smoke-free homes

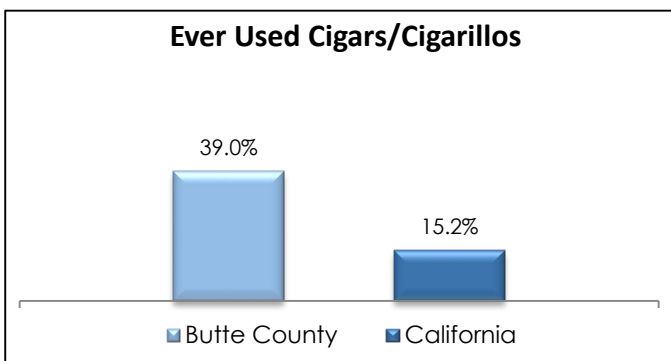
In the United States, cigarette consumption declined during 2000-2011. However, consumption of cigars more than doubled during the same period.⁴⁷ The three major types of cigars sold in the U.S. are large cigars, cigarillos and little cigars. All of them contain the same toxic and carcinogenic compounds found in cigarettes, and are associated with an increased risk for cancers of the lung, oesophagus, larynx, and oral cavity. They are also linked to gum disease and tooth loss, coronary heart disease, and lung diseases (such as emphysema and chronic bronchitis).⁴⁸ Current user status is defined as having used cigars/cigarillos at least once during lifetime and using them on 1 or more day in the past 30 days.

Approximately four in ten residents of Butte County have ever used cigars or cigarillos/little cigars, and a total of 4.9% are current users. Both metrics are notably above statewide figures. Males are more likely than females to have ever used and to be currently using cigars/cigarillos,

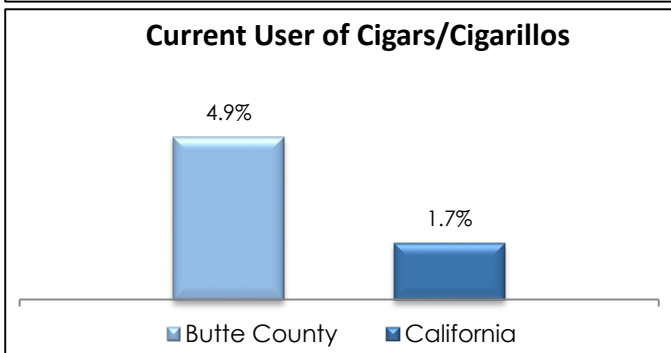
Percentage of respondents who have ever used cigars/cigarillos, and percentage of respondents who are current users of cigars/cigarillos

Demographic Characteristics	Ever Used Cigars/Cigarillos	Current User of Cigars/Cigarillos
Total	39.0%	4.9%
Age		
18-24	25.5%	5.9%
25-34	49.5%	8.1%
35-44	49.6%	8.2%
45-54	38.0%	3.3%
55-64	42.6%	4.5%
65+	34.1%	1.3%
Gender		
Male	54.2%	6.6%
Female	24.1%	3.3%
Race		
White	41.1%	4.5%
Black**	34.1%	-
Hispanic	39.2%	5.2%
Non-Hispanic	38.4%	4.9%
Education		
< High School	38.6%	9.7%
High School Grad	37.7%	6.7%
Some College	41.2%	4.5%
College Graduate	37.8%	3.0%
Household Income		
<\$20,000	34.2%	6.7%
\$20,000-\$34,999	47.8%	5.2%
\$35,000-\$49,999**	32.3%	2.1%
\$50,000-\$74,999	41.6%	10.8%
\$75,000 or more	48.4%	0.6%

Ever Used Cigars/Cigarillos



Current User of Cigars/Cigarillos



*Note: Comparative data is based on 2015 BRFSS of California Residents. National comparative data is not available in this category **Caution: Fewer than 30 respondents



Other Tobacco Use: Tobacco Pipe

Healthy People 2020 objective TU-1: Reduce tobacco use by adults

Healthy People 2020 objective TU-14: Increase the proportion of smoke-free homes

Pipe smoking consists of loose leaf tobacco that is fire-cured and burned in a traditional pipe with a bowl and a mouthpiece. Although pipe smoking has dwindled over the years, the proportion of respondents who have ever used it varies by state and ranges from 3% to 12%.⁶ Like cigarettes, pipe tobacco contains toxic chemicals that increase the risk for some cancers. Current user status is defined as having used tobacco pipe at least once during lifetime and using it on 1 or more day in the past 30 days.

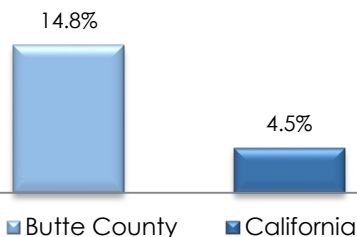
A total of 14.8% of Butte County residents have ever used a tobacco pipe – a figure much above the rate observed for California. The current use of tobacco pipes is marginal, at 0.4%; this result is consistent with the statewide result (0.2%.)

Males and white/non-Hispanic residents are most likely to have ever used, and to be currently using, tobacco pipe.

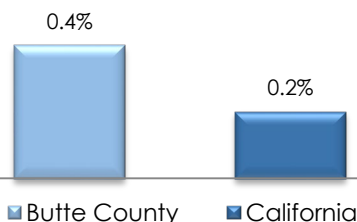
Percentage of respondents who have ever used tobacco pipe, and percentage of respondents who are current users of tobacco pipe

Demographic Characteristics	Ever Used Tobacco Pipe	Current User of Tobacco Pipe
Total	14.8%	0.4%
Age		
18-24	3.5%	-
25-34	10.8%	-
35-44	23.8%	3.3%
45-54	12.7%	-
55-64	14.7%	-
65+	24.2%	-
Gender		
Male	24.1%	0.5%
Female	5.7%	0.4%
Race		
White	15.9%	0.5%
Black**	5.3%	-
Hispanic	7.6%	-
Non-Hispanic	16.0%	0.5%
Education		
< High School	20.8%	-
High School Grad	15.4%	-
Some College	15.4%	0.7%
College Graduate	12.6%	0.6%
Household Income		
<\$20,000	18.7%	-
\$20,000-\$34,999	16.1%	-
\$35,000-\$49,999**	12.0%	-
\$50,000-\$74,999	22.6%	-
\$75,000 or more	21.1%	1.1%

Ever Used Tobacco Pipe



Current User of Tobacco Pipe



*Note: Comparative data is based on 2015 BRFSS of California Residents. National comparative data is not available in this category **Caution: Fewer than 30 respondents



Other Tobacco Use: Hookah Water Pipe

Healthy People 2020 objective TU-1: Reduce tobacco use by adults

Healthy People 2020 objective TU-14: Increase the proportion of smoke-free homes

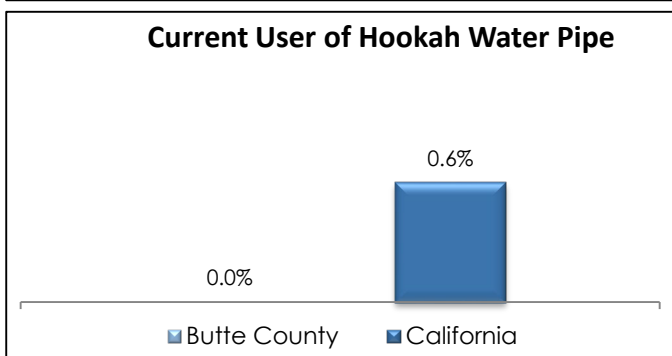
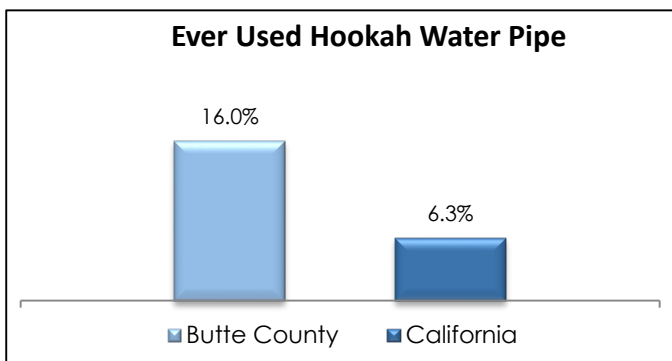
Hookahs are water pipes that are used to smoke specially made tobacco that comes in different flavors. Although many users think it is less harmful, hookah smoking has many of the same risks as cigarette smoking, including oral cancer, lung cancer, stomach cancer, cancer of the oesophagus, and reduced lung function.⁴⁹ Current user status is defined as having used hookah at least once during lifetime and using it on 1 or more day in the past 30 days.

A total of 16.0% of Butte County residents have ever used a hookah pipe – a figure much above the rate observed for California (6.3%.) However, there are no current users of hookah in the County – a result fairly consistent with the state figure of only 0.6%.

Residents age 25-44 are most likely to have ever tried hookah, and males are more likely to have done so than females. Additionally, Hispanic residents and those with some college-level work completed report having tried it more often than their counterparts.

Percentage of respondents who have ever used hookah water pipe, and percentage of respondents who are current users of hookah water pipe

Demographic Characteristics	Ever Used Hookah Water Pipe	Current User of Hookah Water Pipe
Total	16.0%	-
Age		
18-24	17.0%	-
25-34	37.4%	-
35-44	21.0%	-
45-54	6.9%	-
55-64	11.4%	-
65+	5.8%	-
Gender		
Male	20.5%	-
Female	11.6%	-
Race		
White	15.0%	-
Black**	4.6%	-
Hispanic	28.6%	-
Non-Hispanic	13.7%	-
Education		
< High School	8.4%	-
High School Grad	13.7%	-
Some College	20.0%	-
College Graduate	15.3%	-
Household Income		
<\$20,000	11.0%	-
\$20,000-\$34,999	23.7%	-
\$35,000-\$49,999**	13.1%	-
\$50,000-\$74,999	21.2%	-
\$75,000 or more	23.0%	-



*Note: Comparative data is based on 2015 BRFSS of California Residents. National comparative data is not available in this category **Caution: Fewer than 30 respondents



Marijuana Use

Healthy People 2020 objective SA-13: Reduce past-month use of illicit substances

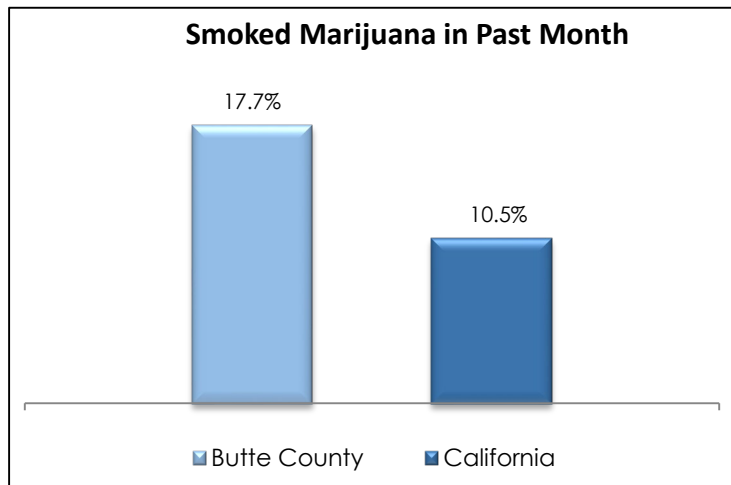
While legalized in many states, marijuana is still considered an illicit substance in others. Its use is on the rise, with 37.6 million users in the U.S. in 2016.⁵⁰ Only from 2002 to 2014, the prevalence of past month marijuana use went up by 35% among persons age 12+, with the increases being greatest among adults age 55+.⁵¹ Heavy or frequent marijuana use has a negative effect on attention, memory, and learning, and has been linked to depression and anxiety.⁵² Smoked marijuana also includes many of the same substances found in tobacco smoke, which are harmful to the lungs and cardiovascular system, and could lead to increased risk of stroke and heart disease.⁵³

A total of 17.7% of Butte County residents have smoked marijuana or hashish at least once within the past 30 days. This is notably above the figure noted for California as a state (10.5%).

This result is driven mostly by respondents in the younger age categories (up to 44 years old,) males, and Caucasians. The likelihood to report having smoked marijuana in the past month is also inversely proportional to the education level.

Percentage of respondents who smoked marijuana/hashish 1+ day within past 30 days

Demographic Characteristics	Smoked Marijuana/Hashish 1+ Day Within Past 30 Days
Total	17.7%
Age	
18-24	22.6%
25-34	22.5%
35-44	24.6%
45-54	14.6%
55-64	17.0%
65+	8.1%
Gender	
Male	22.7%
Female	12.9%
Race	
White	18.5%
Black**	5.3%
Hispanic	15.9%
Non-Hispanic	17.8%
Education	
< High School	33.1%
High School Grad	27.4%
Some College	14.2%
College Graduate	10.7%
Household Income	
<\$20,000	23.7%
\$20,000-\$34,999	15.1%
\$35,000-\$49,999**	4.8%
\$50,000-\$74,999	21.1%
\$75,000 or more	8.6%





Alcohol Consumption

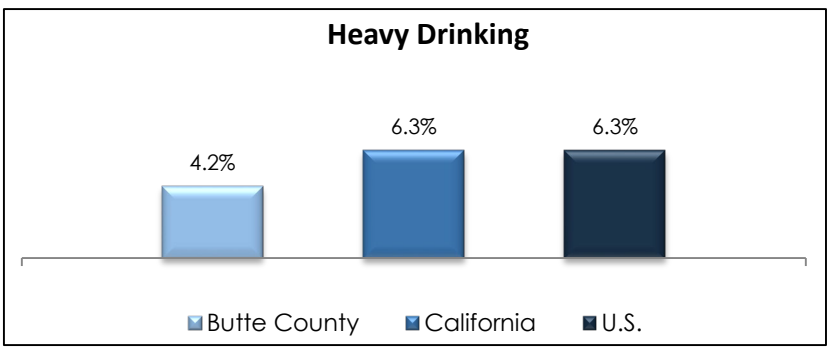
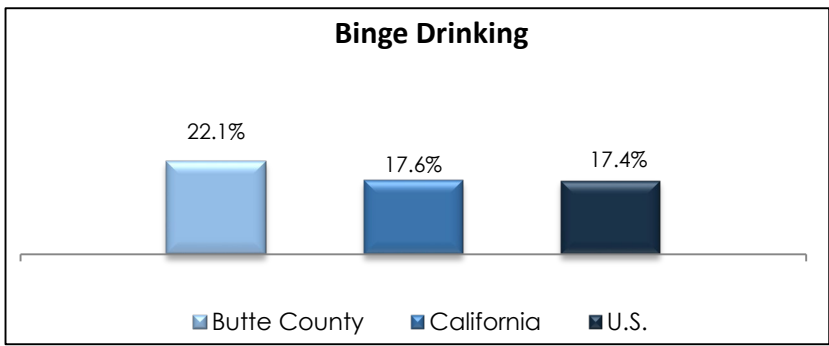
Healthy People 2020 objective SA-8.3: Reduce the proportion of persons engaging in binge drinking during the past 30 days – adults aged 18 years and older

Healthy People 2020 objective SA-15: Reduce the proportion of adults who drank excessively in the previous 30 days

Alcohol abuse has been associated with serious health problems such as cirrhosis of the liver, high blood pressure, stroke, and some types of cancer, and can increase the risk for motor vehicle accidents, injuries, violence, and suicide. In California, the percent of fatal motor vehicle crashes that involved any alcohol was 31% in 2017.²³ Binge drinking is defined as consuming five or more drinks per occasion (for men) or 4 or more drinks per occasion (for women) at least once in the past month, while heavy drinking is defined as consuming more than two alcoholic drinks per day (for men) or more than one drink per day (for women) in the past month.

At 4.2%, the rate of heavy drinking among Butte County residents is below state and nationwide levels (6.3% each.) At the same time, however, the rate of binge drinking (22.1%) exceeds the California and U.S. figures (17.6% and 17.4%, respectively). The highest rates of binge drinking are observed among respondents under the age of 54, as well as Caucasian males, and respondents without a college degree. Heavy drinking is driven by males.

Percentage of respondents reporting heavy drinking and percentage of respondents reporting binge drinking		
Demographic Characteristics	Heavy Drinking	Binge Drinking
Total	4.2%	22.1%
Age		
18-24	5.3%	30.5%
25-34	1.5%	23.9%
35-44	3.1%	36.4%
45-54	2.3%	26.7%
55-64	6.4%	14.8%
65+	5.3%	5.5%
Gender		
Male	6.3%	31.2%
Female	2.1%	13.2%
Race		
White	4.6%	23.7%
Black**	-	5.3%
Hispanic	3.9%	21.3%
Non-Hispanic	4.2%	21.5%
Education		
< High School	0.9%	31.7%
High School Grad	5.6%	25.7%
Some College	4.4%	23.7%
College Graduate	3.6%	15.8%
Household Income		
<\$20,000	5.7%	22.9%
\$20,000-\$34,999	1.0%	16.7%
\$35,000-\$49,999**	5.3%	11.1%
\$50,000-\$74,999	3.1%	20.7%
\$75,000 or more	4.0%	16.9%



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Alcohol Screening & Brief Intervention: Screened for Alcohol Consumption

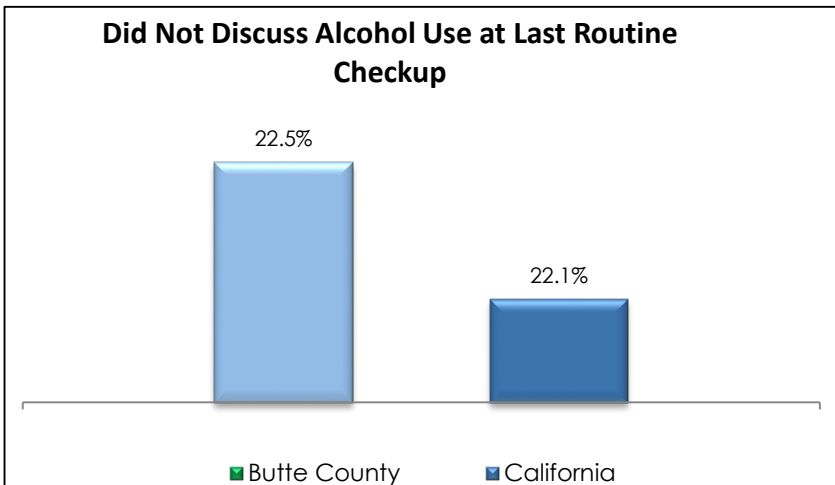
Healthy People 2020 objective SA-8.3: Increase the proportion of persons who need alcohol abuse or dependence treatment and received specialty treatment for abuse or dependence in the past year

Risky alcohol use (heavy and binge drinking) contributes to a wide range of negative health and social consequences, including motor vehicle crashes, intimate partner violence, and fetal alcohol spectrum disorders. Over time, it can result in serious medical conditions, such as hypertension, gastritis, liver disease and various cancers. Alcohol Screening & Brief Intervention (ASBI) is a preventive service like hypertension or cholesterol screening that can occur as a part of a patient's wellness visit. ASBI involves a brief set of screening questions designed to identify patients' drinking patterns, a short conversation with those who are drinking too much, and referral to treatment, as appropriate.⁵⁶

More than one-fifth (22.5%) of Butte County residents who had their routine checkup reports that they did not discuss alcohol use with their health care provider. This result is on par with California statistics (22.1%).

Older respondents (65+ years of age), as well as those with lower levels of education (high school graduate or less) are most likely to say they were not screened for alcohol consumption.

Percentage of respondents not screened for alcohol consumption at last routine checkup	
Demographic Characteristics	Not Screened for Alcohol Consumption
Total	22.5%
Age	
18-24	19.8%
25-34	29.5%
35-44	10.1%
45-54	15.2%
55-64	18.9%
65+	36.8%
Gender	
Male	21.5%
Female	23.4%
Race	
White	21.2%
Black**	33.9%
Hispanic	17.9%
Non-Hispanic	23.0%
Education	
< High School**	29.9%
High School Grad	30.6%
Some College	16.7%
College Graduate	21.2%
Household Income	
<\$20,000	22.2%
\$20,000-\$34,999	20.8%
\$35,000-\$49,999**	26.0%
\$50,000-\$74,999**	25.3%
\$75,000 or more	16.8%



*Note: Comparative data is based on 2014 BRFSS of California Residents. National comparative data is not available in this category **Caution: Fewer than 30 respondents



Alcohol Screening & Brief Intervention: Given Advice on Harmful Levels of Drinking

Healthy People 2020 objective SA-8.3: Increase the proportion of persons who need alcohol abuse or dependence treatment and received specialty treatment for abuse or dependence in the past year

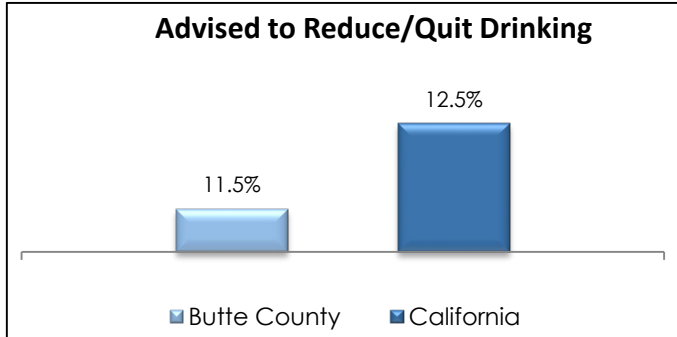
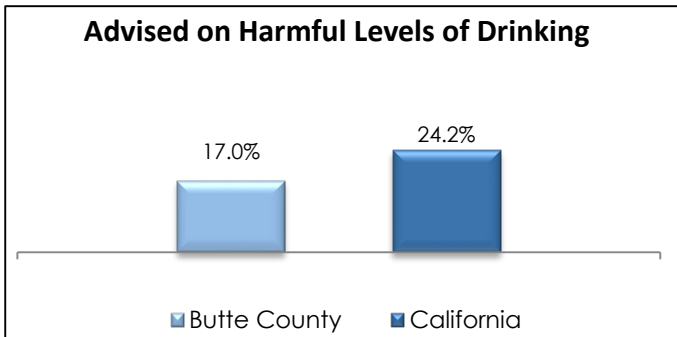
ASBI aims to increase a person's awareness of their alcohol use and motivate them to reduce risky drinking patterns and/or seek treatment.⁵⁷ A review of studies shows a reduction in alcohol consumption from 13% to 34% among those who received brief intervention.⁵⁸

A total of 17.0% of Butte County residents say they were advised on harmful levels of drinking during their routine checkup, and 11.5% were advised to drink less. Both metrics are below the statewide results (24.2% and 12.5%, respectively.)

Older residents, i.e., those age 45+ are less likely to have discussed risky levels of drinking, as are females and those in the middle income categories (\$20,000-\$74,999.)

Among those asked about drinking, respondents most likely to receive advice on limiting alcohol consumption include individuals age 35-44, males, and those in the bottom and top income brackets (under \$20,000 and over \$75,000.)

Percentage of respondents who were offered advise on harmful levels of drinking, and percentage of respondents advised to drink less		
Demographic Characteristics	Advised on Harmful Levels of Drinking	Advised to Reduce/Quit Drinking
Total	17.0%	11.5%
Age		
18-24	25.2%	10.9%
25-34	19.7%	14.0%
35-44	28.5%	18.9%
45-54	13.7%	10.9%
55-64	14.1%	6.2%
65+	7.8%	10.2%
Gender		
Male	24.4%	18.0%
Female	10.2%	5.3%
Race		
White	17.4%	10.9%
Black	31.7**	24.0%**
Hispanic	26.9%	12.7%**
Non-Hispanic	15.6%	11.5%
Education		
< High School	12.9%**	26.4%**
High School Grad	14.2%	6.4%
Some College	17.7%	9.5%
College Graduate	19.2%	14.0%
Household Income		
<\$20,000	18.3%	19.5%
\$20,000-\$34,999	4.9%	3.8%**
\$35,000-\$49,999	9.7%**	6.5%**
\$50,000-\$74,999	9.5%**	5.4%**
\$75,000 or more	19.4%	16.6%



*Note: Comparative data is based on 2014 BRFSS of California Residents. National comparative data is not available in this category **Caution: Fewer than 30 respondents



Fruit & Vegetable Consumption

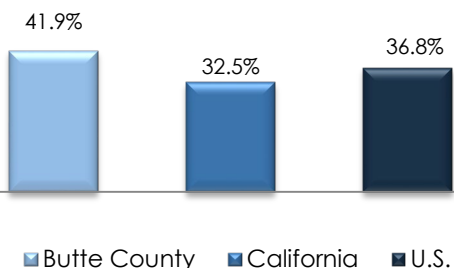
Healthy People 2020 objective NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older

Healthy People 2020 objective NWS-15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older

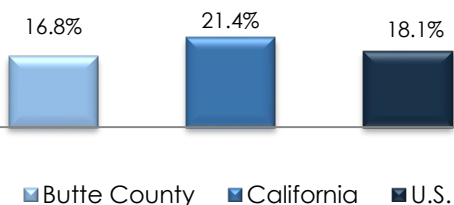
Eating a diet rich in fruits and vegetables can help reduce the risk of developing many chronic diseases, including heart disease, diabetes, some cancers and obesity.²⁴ Fruits and vegetables are also major contributors of a number of nutrients (such as potassium, dietary fiber, magnesium, as well as vitamins A, C, and K) that are currently underconsumed in the United States.²⁵ National findings indicate that, on average, adults consume 1.4 fruits per day and 1.9 vegetables per day.²⁶ Currently, only 12.2% of adults meet their daily fruit recommendation (2 cups daily), and only 9.3% meet the vegetable recommendation (2.5 cups).²⁷

More than four in ten Butte County residents (41.9%) consume fruit less than 1 time per day, and 16.8% consume vegetables less than 1 time per day. Limited fruit consumption exceeds the figures reported in state- and nationwide BRFSS studies. However, limited vegetable consumption is lower than what was reported in Michigan and the U.S. in general. The lowest fruit and vegetable consumption is reported by males, respondents with less than high school diploma, and those with incomes under \$20,000.

Fruit Consumption (<1 time/day)



Vegetable Consumption (<1 time/day)



Percentage of respondents who reported limited fruit and vegetable consumption

Demographic Characteristics	Fruits (<1 time/day)	Vegetables (<1 time/day)
Total	41.9%	16.8%
Age		
18-24	52.1%	19.1%
25-34	37.5%	21.7%
35-44	52.1%	11.1%
45-54	45.3%	12.4%
55-64	39.7%	20.4%
65+	29.6%	16.3%
Gender		
Male	48.5%	18.6%
Female	35.6%	15.1%
Race		
White	41.2%	16.4%
Black**	15.5%	8.6%
Hispanic	42.9%	18.1%
Non-Hispanic	42.2%	16.2%
Education		
< High School	61.3%	35.6%
High School Grad	42.6%	14.3%
Some College	45.0%	16.5%
College Graduate	34.0%	15.3%
Household Income		
<\$20,000	53.7%	27.0%
\$20,000-\$34,999	36.7%	19.6%
\$35,000-\$49,999**	26.9%	16.3%
\$50,000-\$74,999	37.6%	18.2%
\$75,000 or more	46.6%	14.2%

42 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Physical Activity

Healthy People 2020 objective PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity

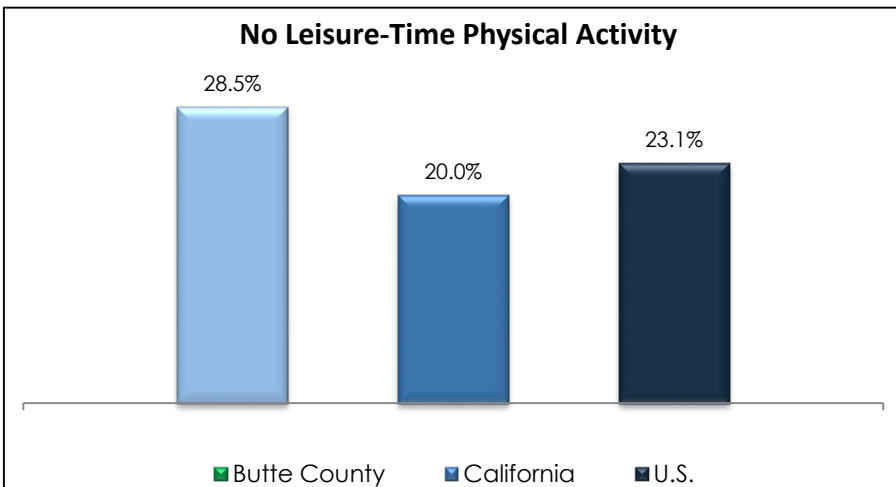
Regular physical activity has been shown to reduce the risk of premature mortality and a number of chronic diseases, such as cancer, cardiovascular disease, and diabetes. Keeping physically active not only helps maintain a healthy body weight and normal muscle strength, bone mass, and joint function, but it can also relieve symptoms of anxiety and depression, and improve sleep.²⁸ The Healthy People target for no leisure-time physical activity is set at 32.6%.

The percentage of Butte County residents who report no leisure-time physical activity stands at 28.5%, which is above the state- and nationwide rates (20% and 23.1%, respectively). The prevalence of no leisure-time activity among Butte County adults is currently 4.1 points below the 2020 target of 32.6%, indicating that this Healthy People objective can be considered met.

Leisure-time physical activity is least prevalent among those age 25-34, as well as the oldest respondent segment (age 65+.) Moreover, the likelihood of engaging in physical activity increases in proportion to respondents' income, with those making less than \$35,000 per year being most apt to report no activity.

Percentage of respondents who reported no leisure-time physical activity

Demographic Characteristics	No Physical Activity
Total	28.5%
Age	
18-24	26.3%
25-34	37.2%
35-44	20.5%
45-54	28.4%
55-64	28.2%
65+	30.9%
Gender	
Male	30.3%
Female	26.7%
Race	
White	27.9%
Black**	25.8%
Hispanic	31.8%
Non-Hispanic	27.6%
Education	
< High School	33.8%
High School Grad	28.6%
Some College	32.4%
College Graduate	23.5%
Household Income	
<\$20,000	42.7%
\$20,000-\$34,999	44.5%
\$35,000-\$49,999**	20.0%
\$50,000-\$74,999	19.9%
\$75,000 or more	16.7%



43 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Seatbelt Use

Healthy People 2020 objective IVP-13: Reduce motor vehicle crash-related deaths

Healthy People 2020 objective IVP-15: Increase use of safety belts

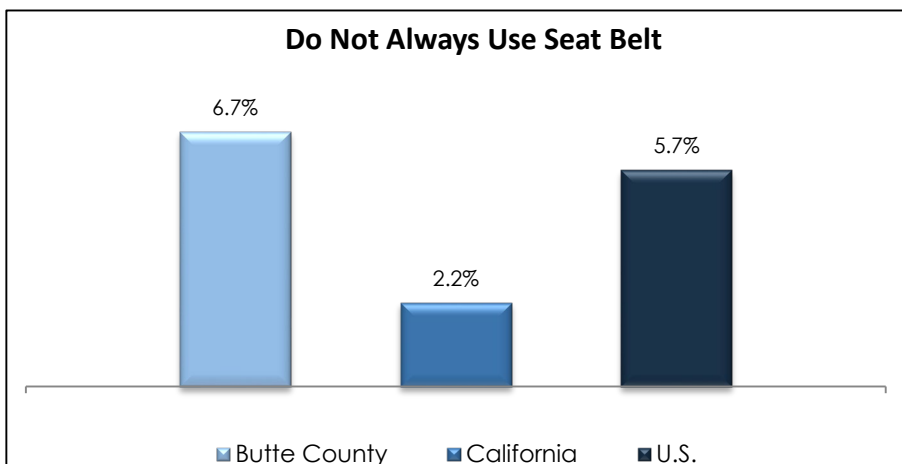
In 2017, 3,602 people died in automobile accidents in California, with an additional 14,188 people sustaining serious injuries. Among the fatalities, 600 passengers were unrestrained.²³ Seatbelt use has been proven to save lives and prevent injuries. It has been estimated that, among drivers and front seat passengers, seat belts reduce the risk of death by 45%, and cut the risk of serious injury by 50%.³⁰ With 97.8% reporting consistent seatbelt use, California is the healthiest state on this metric.

A total of 6.7% of Butte County residents do not always use a seatbelt when driving or riding in a car. This is substantially above the California-wide rate (2.2%) and somewhat below the nationwide figure (5.7%.)

The youngest respondents (18-24 years of age,) as well as males and those with less than a college degree are more likely than their counterparts to say they do not always wear a seatbelt.

Percentage of respondents who do not always use seatbelts when driving/riding in the car

Demographic Characteristics	Do Not Always Use Seatbelt
Total	6.7%
Age	
18-24	12.7%
25-34	3.3%
35-44	7.3%
45-54	2.1%
55-64	6.7%
65+	7.4%
Gender	
Male	8.6%
Female	4.8%
Race	
White	6.5%
Black**	-
Hispanic	11.2%
Non-Hispanic	5.7%
Education	
< High School	6.3%
High School Grad	9.6%
Some College	7.5%
College Graduate	3.7%
Household Income	
<\$20,000	3.9%
\$20,000-\$34,999	6.2%
\$35,000-\$49,999**	2.1%
\$50,000-\$74,999	10.4%
\$75,000 or more	5.7%



44 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Adult Immunization: Flu and Pneumonia Shots

Healthy People 2020 objective IID-12.12: Increase the percentage of noninstitutionalized adults aged 18 years and older who are vaccinated annually against seasonal influenza

Healthy People 2020 objective IID-13.1: Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease

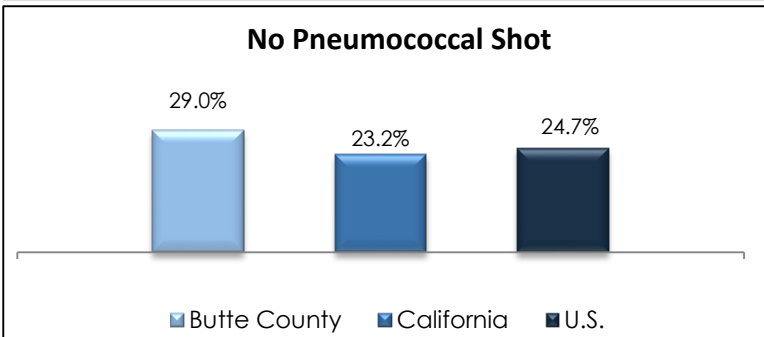
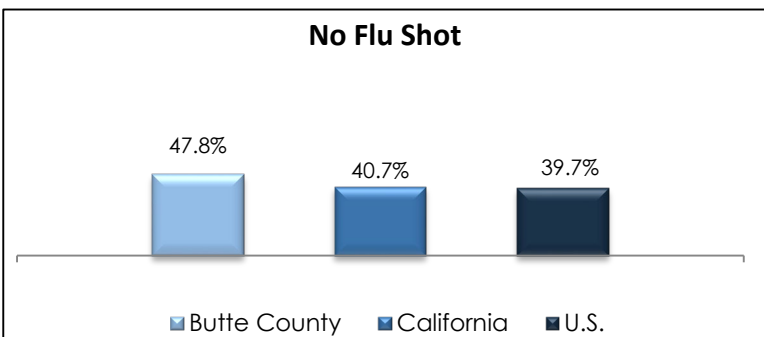
Currently, the Advisory Committee on Immunization Practices recommends immunizing adults against 15 infectious diseases, including influenza and pneumonia. However, the adult coverage rates for these vaccines remain substantially below the target levels.³¹ Influenza and pneumonia were the 8th leading cause of death in 2017 in California, attributing to over 6,300 deaths.¹² A Healthy People 2020 objective is to ensure that 70% of adults aged 18 years and older are vaccinated annually against influenza, and 90% of those aged 65+ have ever been vaccinated against pneumococcal disease.

Almost half (47.8%) of Butte County residents over the age of 65 have not had a flu shot in the past 12 months. Additionally, nearly three in ten Butte County residents (29%) have never been vaccinated against pneumonia.

Both results exceed the state and national figures.

Proportion of respondents age 65 years and older who have not had a flu shot in the past 12 months and who never had a pneumonia shot

Demographic Characteristics	No Flu Shot	Never Had Pneum. Shot
Total	47.8%	29.0%
Age		
65-74	52.0%	37.7%
75+	43.4%	20.0%
Gender		
Male	44.9%	31.7%
Female	50.4%	26.4%
Race		
White	47.9%	28.1%
Black**	46.3%	100.0%
Hispanic**	53.8%	30.7%
Non-Hispanic	47.1%	28.4%
Education		
< High School**	57.1%	40.4%
High School Grad**	41.7%	21.9%
Some College**	50.9%	31.5%
College Graduate	47.3%	28.9%
Household Income		
<\$20,000**	39.9%	34.2%
\$20,000-\$34,999**	56.3%	18.8%
\$35,000-\$49,999**	52.9%	23.2%
\$50,000-\$74,999**	53.8%	36.6%
\$75,000 or more**	45.3%	27.5%



45 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Adult Immunization: Shingles Vaccination

Healthy People 2020 objective IID-12.12: Increase the percentage of adults who are vaccinated against zoster (shingles)

A total of 1 out of every 3 people in the United States will develop shingles during their lifetime. Shingles is a painful rash that usually develops on one side of the body, often the face or torso. The rash consists of blisters that typically scab over in 7-10 days and clears up within 2-4 weeks. For 1 in 10 people, however, the nerve pain, can last for months or even years after the rash goes away. This long-lasting pain is called postherpetic neuralgia (PHN,) and is the most common complication of shingles. Other serious complications may lead to blindness, pneumonia, hearing problems, brain inflammation, or even death. The risk of getting shingles, PHN, and other complications increases with age. Therefore, it is recommended that people 50 or older get vaccinated.⁶⁴

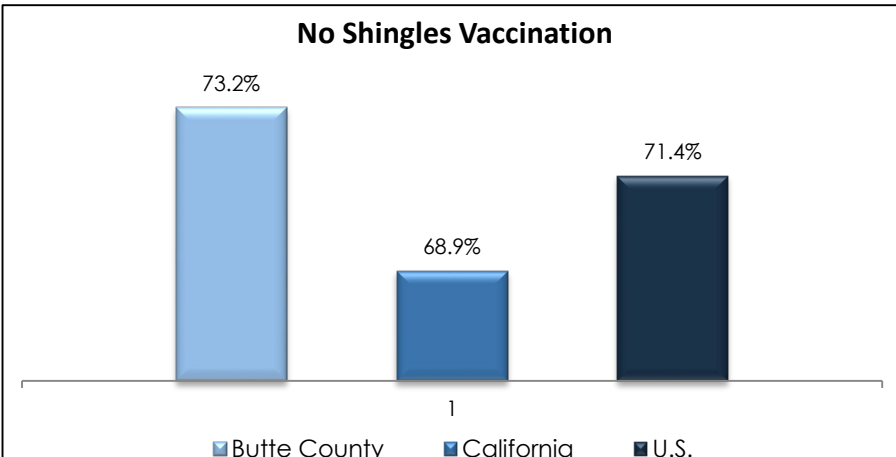
More than seven in ten Butte County residents (73.2%) age 50 or older have not been vaccinated against shingles. This result is above the state- and nationwide figures (68.9% and 71.4%, respectively.)

The likelihood of having been vaccinated increases with age and peaks in the 70+ category. It is also directly proportional to residents' level of education. Finally, those in lower income categories (under \$35,000) are somewhat less likely than their more affluent counterparts to have been vaccinated against shingles.

Percentage of respondents age 50+ who have ever had the shingles or zoster vaccine

Demographic Characteristics	Never Had Shingles Vaccination
Total	73.2%
Age	
50-59	90.1%
60-69	76.9%
70+	50.0%
Gender	
Male	74.8%
Female	71.9%
Race	
White	71.0%
Black**	100.0%
Hispanic**	78.4%
Non-Hispanic	72.7%
Education	
< High School**	83.7%
High School Grad	77.2%
Some College	74.8%
College Graduate	68.3%
Household Income	
<\$20,000	79.2%
\$20,000-\$34,999	70.9%
\$35,000-\$49,999**	64.0%
\$50,000-\$74,999	64.7%
\$75,000 or more	66.8%

No Shingles Vaccination



*Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



HIV/AIDS

Healthy People 2020 objective HIV-1: Reduce new HIV diagnoses

Healthy People 2020 objective HIV-14: Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months

Healthy People 2020 objective HIV-12: Reduce deaths from HIV infection

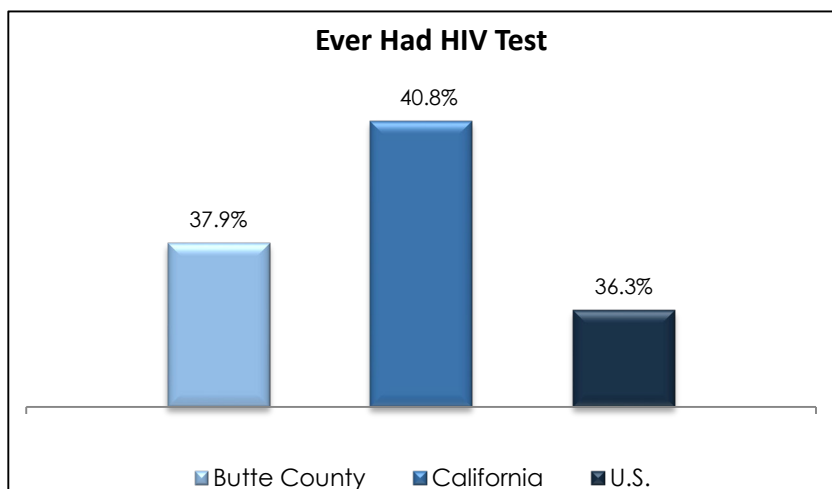
As of 2016, 132,405 people were living with diagnosed HIV infection in California.³² Early awareness of the infection through HIV testing can prevent further spread of the disease, and an early start on antiretroviral therapy can increase the lifespan and quality of life among those who are living with HIV/AIDS.

A total of 37.9% of Butte County residents has ever been tested for HIV. This percentage is below the figure noted for California as a whole (40.8%) but above the nationwide data (36.3%).

A segment analysis reveals that the youngest and oldest respondents (age 18-24 and 65+) are least likely to indicate they have ever been tested. Additionally, those in the lowest income bracket (under \$20,000) are most likely to report a prior HIV test, and females are slightly more likely to do so than males.

Percentage of respondents who have ever had an HIV test

Demographic Characteristics	Ever Tested for HIV
Total	37.9%
Age	
18-24	20.6%
25-34	49.2%
35-44	63.5%
45-54	46.4%
55-64	38.9%
65+	19.3%
Gender	
Male	34.0%
Female	41.8%
Race	
White	39.9%
Black**	52.6%
Hispanic	35.1%
Non-Hispanic	38.5%
Education	
< High School	42.5%
High School Grad	32.3%
Some College	40.1%
College Graduate	38.7%
Household Income	
<\$20,000	43.6%
\$20,000-\$34,999	34.5%
\$35,000-\$49,999**	30.4%
\$50,000-\$74,999	39.3%
\$75,000 or more	26.0%



47 *Note: Comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories) **Caution: Fewer than 30 respondents



Adverse Childhood Experience: Emotional/Verbal and Physical Abuse

Healthy People 2020 objective EMC-2.2: Increase the proportion of parents who use positive communication with their child

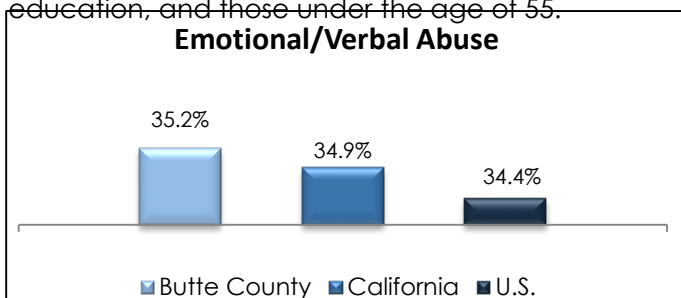
Healthy People 2020 objective IVP-38: Reduce nonfatal child mistreatment

Adverse Childhood Experiences (ACEs) is a term used to describe a range of traumatic experiences that may occur during a person's first 17 years of life, including child abuse, neglect, and other household dysfunctions. Over 60% of Californians report experiencing at least one ACE before age 18. Approximately one in four Californians reports having three or more ACEs.⁶¹ At 35%, the most common ACE among California adults is emotional (or verbal) abuse.⁶²

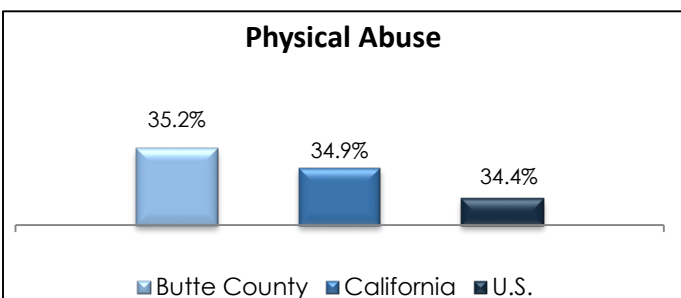
More than one-third (35.2%) of Butte County residents report having been emotionally and/or verbally abused by adults in their home before they were 18. This figure is on par with the statewide and nationwide data (34.9% and 34.4%, respectively.) Residents most likely to report emotional abuse are non-Hispanic and younger than 65+.

Additionally, just over one-fifth (21%) recalls physical abuse in their childhood – a result marginally above the California-wide rate, and higher than the national figure. This is attributable mostly to white residents with less than high school education, and those under the age of 55.

Emotional/Verbal Abuse



Physical Abuse



Percentage of respondents who were emotionally/verbally abused more than once, and percentage of respondents who were physically hurt by adults more than once (before age 18)

Demographic Characteristics	Emotional Abuse	Physical Abuse
Total	35.2%	21.0%
Age		
18-24	41.3%	27.0%
25-34	51.9%	22.9%
35-44	30.4%	22.2%
45-54	34.3%	23.2%
55-64	32.1%	19.5%
65+	23.2%	12.7%
Gender		
Male	34.4%	22.4%
Female	36.0%	19.7%
Race		
White	33.0%	17.5%
Black**	43.3%	15.8%
Hispanic	31.4%	25.6%
Non-Hispanic	36.2%	20.8%
Education		
< High School	44.1%	32.5%
High School Grad	34.7%	22.8%
Some College	36.3%	22.4%
College Graduate	32.8%	15.9%
Household Income		
<\$20,000	39.5%	26.2%
\$20,000-\$34,999	25.1%	19.3%
\$35,000-\$49,999**	30.8%	6.2%
\$50,000-\$74,999	45.8%	28.7%
\$75,000 or more	33.6%	13.3%

*Note: Comparative data is based on combined 2008-2013 BRFSS of California Residents and combined 2011-2014 BRFSS for 23 States (not all states include ACE questions) **Caution: Fewer than 30 respondents

Adverse Childhood Experience: Separation/Divorce and Incarcerated Household Member

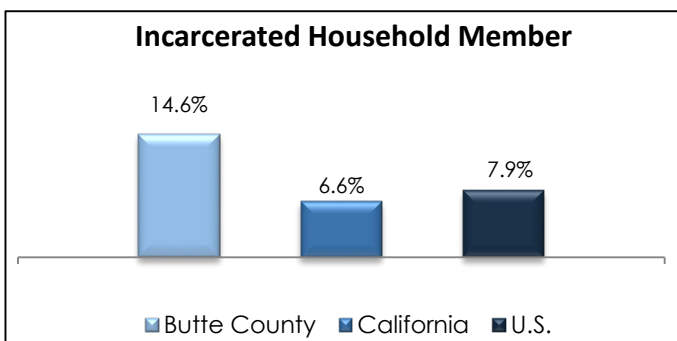
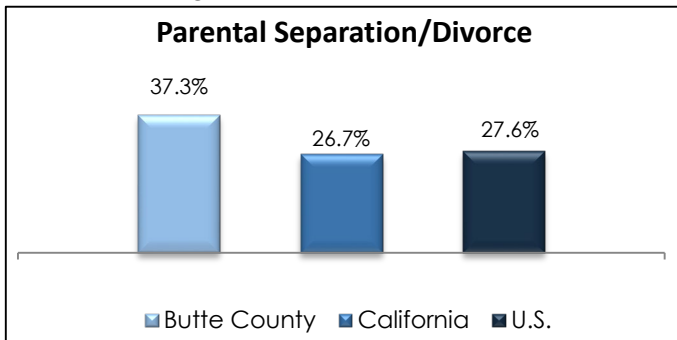


ACEs affect every community in California. Butte County is among California's counties with the highest number of ACEs; 77% of residents have 1 or more adverse childhood experiences. However, even in counties with the lowest prevalence of ACEs, 1 out of every 2 residents, or 50%, has at least one adverse experience in childhood. Parental separation or divorce is the second most prevalent ACE after emotional/verbal abuse, reported by 27% of adults.⁶²

Almost four in ten Butte County residents (37.3%) have experienced parental separation or divorce before the age of 18. This is reported notably less often by residents age 65+, and those with at least some college education.

A total of 14.6% was growing up with a household member who served time in a prison, jail, or other corrections facility. This response is given mostly by residents under the age of 44, Hispanics, and those in lower education and income brackets.

Both ACEs are observably above the state- and nationwide figures.



Percentage of respondents whose parents separated/divorced, and percentage of respondents who lived with anyone who served time in prison/jail (before age 18)

Demographic Characteristics	Parental Separation/Divorce	Incarcerated Household Member
Total	37.3%	14.6%
Age		
18-24	38.0%	23.0%
25-34	51.6%	31.9%
35-44	39.1%	18.4%
45-54	44.6%	7.4%
55-64	34.6%	6.6%
65+	21.2%	3.7%
Gender		
Male	35.7%	14.0%
Female	39.0%	15.1%
Race		
White	37.2%	13.3%
Black**	56.3%	13.9%
Hispanic	42.3%	26.6%
Non-Hispanic	36.6%	12.5%
Education		
< High School	54.0%	18.5%
High School Grad	41.1%	20.0%
Some College	39.9%	16.4%
College Graduate	28.6%	7.7%
Household Income		
<\$20,000	39.8%	14.1%
\$20,000-\$34,999	40.3%	23.8%
\$35,000-\$49,999**	27.7%	9.5%
\$50,000-\$74,999	37.7%	10.9%
\$75,000 or more	29.3%	9.0%

*Note: Comparative data is based on combined 2008-2013 BRFSS of California Residents and combined 2011-2014 BRFSS for 23 states (not all states include ACE questions) **Caution: Fewer than 30 respondents



Adverse Childhood Experience: Sexual Abuse and Witness to Domestic Violence

Healthy People 2020 objective IVP-40: Reduce sexual violence

Healthy People 2020 objective IVP-42: Reduce children's exposure to violence

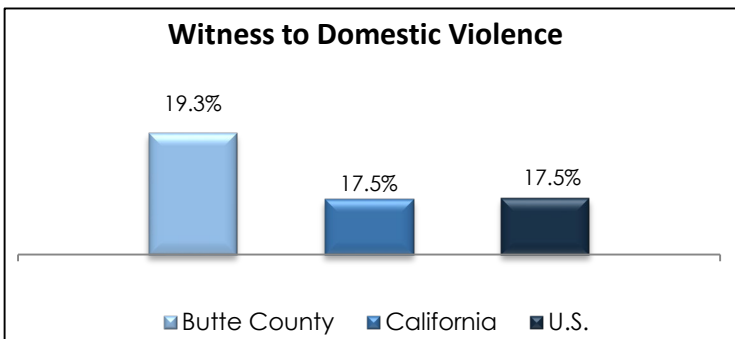
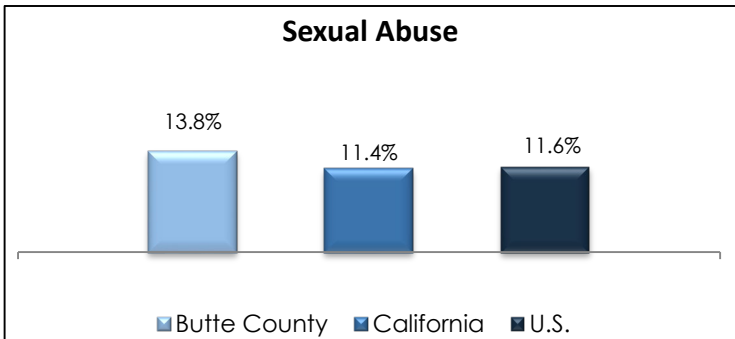
There is a strong relationship between exposure to ACEs and subsequent negative health behaviors and conditions later as adults, including smoking, unintended pregnancies, alcoholism, illicit drug use, binge drinking, depression, suicide attempts, COPD, asthma, obesity, stroke, heart disease, cancer, diabetes, kidney disease, and liver disease. ^{61, 62}

A total of 13.8% of Butte County residents have ever experienced sexual abuse as a child – a figure slightly above the state- and nationwide statistics (11.4% and 11.6%, respectively.) Females are notably more likely than males to report this ACE.

Witnessing domestic violence before the age of 18 is reported by nearly a fifth of residents (19.3%) – a result higher than the nationwide and California prevalence data (17.5% each.) The rates of this ACE are higher among residents with incomes of under \$20,000, and are decreasing with respondents' age.

Percentage of respondents who reported having ever experienced sexual abuse, and percentage of respondents who witnessed domestic violence more than once (before age 18)

Demographic Characteristics	Sexual Abuse	Witness to Domestic Violence
Total	13.8%	19.3%
Age		
18-24	13.2%	30.6%
25-34	19.1%	25.8%
35-44	8.4%	19.7%
45-54	15.3%	16.6%
55-64	16.1%	16.0%
65+	11.3%	9.4%
Gender		
Male	7.5%	20.1%
Female	20.0%	18.6%
Race		
White	12.4%	15.8%
Black**	24.3%	38.8%
Hispanic	17.1%	19.1%
Non-Hispanic	13.4%	19.9%
Education		
< High School	13.6%	31.2%
High School Grad	17.0%	13.4%
Some College	13.1%	26.4%
College Graduate	12.1%	14.4%
Household Income		
<\$20,000	16.6%	25.1%
\$20,000-\$34,999	14.9%	18.8%
\$35,000-\$49,999**	9.6%	10.2%
\$50,000-\$74,999	20.0%	11.8%
\$75,000 or more	8.7%	16.5%



*Note: Comparative data is based on combined 2008-2013 BRFSS of California Residents and combined 2011-2014 BRFSS for 23 states (not all states include ACE questions) **Caution: Fewer than 30 respondents

Adverse Childhood Experience: Substance Abuse and Household Member with Mental Illness



Substance abuse by a household member is the third most frequently reported ACE in California, as cited by 26% of adults.⁶¹

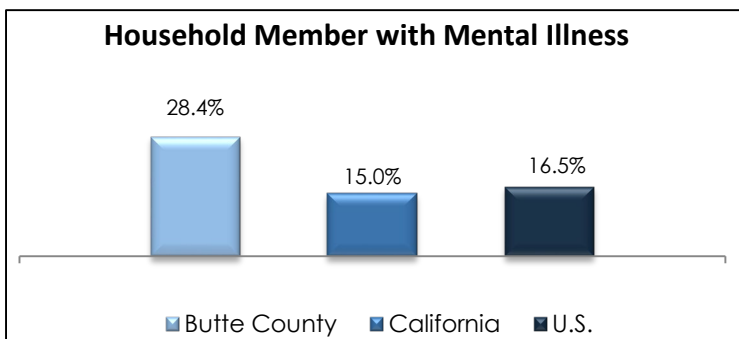
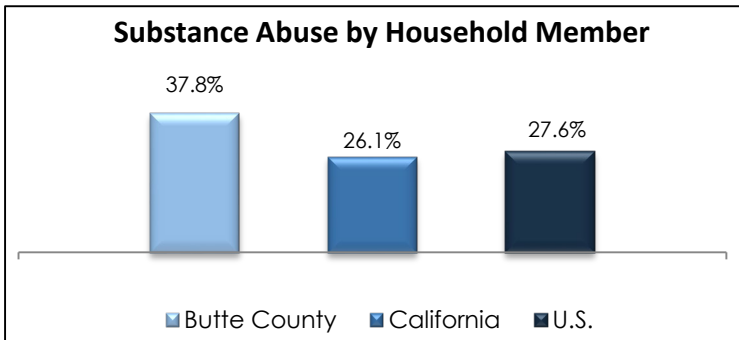
Nearly four in ten Butte County residents (37.8%) lived with a household member who had a substance abuse problem before they were 18 years old. This figure is attributable mostly to respondents who have high school education or less, and is least common among the oldest residents (65+.)

Close to three in ten (28.4%) lived with a household member who was depressed, mentally ill, or suicidal. The incidence of this adverse experience is lowest in the 65+ age category, and among males. It is also slightly more prevalent among those who completed high school or less.

Both ACEs are above the state- and nationwide levels.

Percentage of respondents who lived with anyone who was a problem drinker/alcoholic/drug user, and percentage of respondents who lived with anyone who was mentally ill (before age 18)

Demographic Characteristics	Substance Abuse	Household Member with Mental Illness
Total	37.8%	28.4%
Age		
18-24	38.7%	39.3%
25-34	53.3%	50.1%
35-44	45.9%	24.9%
45-54	40.4%	30.3%
55-64	31.2%	20.7%
65+	23.3%	9.5%
Gender		
Male	36.3%	21.9%
Female	39.2%	34.8%
Race		
White	36.7%	26.8%
Black**	42.8%	38.0%
Hispanic	36.9%	31.8%
Non-Hispanic	37.7%	27.9%
Education		
< High School	65.4%	35.1%
High School Grad	44.0%	33.7%
Some College	35.8%	27.5%
College Graduate	29.2%	23.9%
Household Income		
<\$20,000	38.3%	31.9%
\$20,000-\$34,999	42.0%	31.9%
\$35,000-\$49,999**	26.9%	19.9%
\$50,000-\$74,999	32.1%	27.7%
\$75,000 or more	32.9%	22.0%



*Note: Comparative data is based on combined 2008-2013 BRFSS of California Residents and combined 2011-2014 BRFSS for 23 states (not all states include ACE questions) **Caution: Fewer than 30 respondents



Intimate Partner Violence: Threatened and Completed Physical Violence

Healthy People 2020 objective IPV-39.1: Reduce physical violence by current or former intimate partners

Healthy People 2020 objective IPV-39.3: Reduce psychological abuse by current or former intimate partners

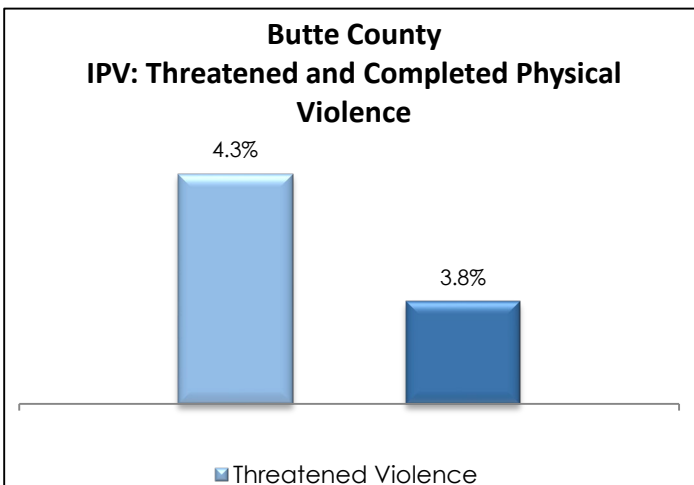
Intimate Partner Violence (IPV) is violence that occurs in a close relationship, including current or former spouses and dating partners. It includes physical violence, sexual violence, stalking, and psychological aggression. Data from CDC's National Intimate Partner and Sexual Violence Survey (NISVS) indicate that about 1 in 4 women and 1 in 10 men have experienced sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime. Additionally, over 43 million women and 38 million men experienced psychological aggression by an intimate partner.³²

Within the past year, 4.3% of Butte County residents have been frightened for the safety of themselves, their family or friends because of the threats of their partner (or a former partner.) This result was driven by women and respondents who were high school graduates or less.

The completed physical violence rate is lower, with 3.8% reporting that their partner pushed, hit, slapped, kicked, choked, or physically hurt them in any way within the past 12 months. Again, the likelihood of being physically assaulted is higher among residents with lower educational attainment (high school graduate or less.)

Proportion of respondents frightened for safety of self/family/friends because of partner's threats, and proportion of respondents assaulted by partner (past 12 months)

Demographic Characteristics	Threatened Violence	Completed Violence
Total	4.3%	3.8%
Age		
18-24	6.8%	11.6%
25-34	-	-
35-44**	12.8%	6.4%
45-54	5.9%	4.0%
55-64	2.2%	1.1%
65+	-	-
Gender		
Male	1.0%	2.9%
Female	7.0%	4.5%
Race		
White	3.6%	3.0%
Black**	-	-
Hispanic**	16.2%	9.7%
Non-Hispanic	2.5%	3.0%
Education		
< High School**	14.7%	15.1%
High School Grad	6.6%	9.5%
Some College	0.9%	-
College Graduate	4.1%	0.6%
Household Income		
<\$20,000	4.2%	2.7%
\$20,000-\$34,999**	4.6%	4.6%
\$35,000-\$49,999**	-	-
\$50,000-\$74,999**	2.1%	-
\$75,000 or more**	2.3%	2.3%



*Note: No comparative BRFSS data (California or national) is available for this category **Caution: Fewer than 30 respondents



Intimate Partner Violence: Attempted Control and Unwanted Sex

Healthy People 2020 objective IPV-39.2: Reduce sexual violence by current or former intimate partners

Healthy People 2020 objective IPV-39.3: Reduce psychological abuse by current or former intimate partners

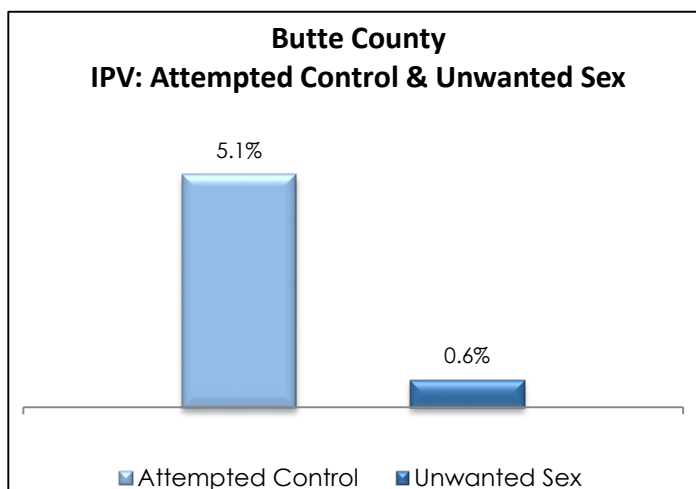
Intimate Partner Violence (IPV) has been shown to have serious health consequences for both women and men, including poor general health, depressive symptoms, substance abuse, and elevated rates of chronic diseases.⁶⁰

A total of 5.1% of Butte County residents has/had a partner (or former partner) who tried to control most or all of their daily activities. This appears to be more prevalent among respondents who are high school graduates or less.

Only 0.6% of residents report having been forced into unwanted sexual activity within the past year after they told their partner (or former partner) that they did not want it.

Proportion of respondents whose partner tried to control their daily activities, and proportion of respondents sexually assaulted by partner (past 12 months)

Demographic Characteristics	Attempted Control	Unwanted Sex
Total	5.1%	0.6%
Age		
18-24	11.6%	-
25-34	3.7%	-
35-44**	10.0%	3.5%
45-54	4.0%	-
55-64	2.2%	-
65+	0.6%	0.5%
Gender		
Male	4.4%	-
Female	5.8%	1.1%
Race		
White	4.6%	0.7%
Black**	-	-
Hispanic**	13.4%	3.7%
Non-Hispanic	4.0%	0.1%
Education		
< High School**	5.8%	-
High School Grad	12.7%	-
Some College	1.8%	0.3%
College Graduate	1.5%	1.5%
Household Income		
<\$20,000	5.0%	0.5%
\$20,000-\$34,999**	2.9%	-
\$35,000-\$49,999**	-	-
\$50,000-\$74,999**	-	-
\$75,000 or more**	1.3%	-



*Note: No comparative BRFSS data (California or national) is available for this category **Caution: Fewer than 30 respondents

Demographics



The following is a comparison of the demographic characteristics of the Butte County BRFSS respondents to those of the state and national BRFSS participants.

Demographic Characteristics	Butte County	California	U.S.
Age			
18-24	18.4%	12.6%	12.6%
25-34	15.2%	19.0%	17.0%
35-44	13.3%	17.3%	16.1%
45-54	16.5%	17.0%	16.4%
55-64	16.5%	15.8%	16.9%
65+	19.3%	18.3%	21.0%
Gender			
Male	49.5%	49.2%	48.7%
Female	50.5%	50.8%	51.3%
Race			
White	72.7%	40.7%	72.3%
Black	1.2%	5.4%	6.3%
Hispanic	13.8%	35.1%	8.3%
American Indian or Alaskan Native	4.3%	0.6%	1.0%
Asian	2.2%	15.3%	2.3%
Native Hawaiian or Other Pacific Islander	0.2%	0.2%	0.0%
Other race	1.2%	1.2%	0.0%
Multiracial, non-Hispanic	3.5%	1.5%	1.3%
Education			
< High School	7.0%	17.7%	11.5%
High School Grad	25.7%	21.9%	28.8%
Some Post High School / Some College	33.9%	31.8%	31.8%
College Graduate	33.2%	28.7%	26.0%

*Note: The comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories)

Demographics – cont'd.



Demographic Characteristics	Butte County	California	U.S.
Household Income			
<\$15,000	14.3%	14.9%	9.1%
\$15,000-\$24,999	9.9%	13.2%	16.5%
\$25,000-\$34,999	6.0%	9.3%	10.5%
\$35,000-\$49,999	5.4%	10.8%	14.2%
\$50,000 or more	25.2%	51.8%	49.0%
Employment Status			
Employed	44.9%	47.3%	49.2%
Self-employed	8.7%	10.4%	8.9%
No work < year	1.8%	3.3%	2.7%
No work > year	2.6%	2.8%	2.5%
Homemaker	3.8%	7.9%	5.6%
Student	8.6%	6.5%	5.4%
Retired	18.1%	16.2%	18.8%
Unable to work	10.2%	5.6%	6.5%
Marital Status			
Married	39.2%	49.5%	51.4%
Divorced	14.7%	9.2%	11.5%
Widowed	8.4%	5.8%	6.9%
Separated	1.2%	3.1%	2.2%
Never married	31.8%	26.0%	23.8%
Partnered	3.9%	6.4%	4.7%

*Note: The comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories)

Demographics – cont'd.



Demographic Characteristics	Butte County	California	U.S.
Number of Children Under 18 Years of Age in Household			
5+ children	1.2%	0.9%	1.0%
4 children	1.1%	1.9%	2.0%
3 children	3.7%	6.4%	5.5%
2 children	9.9%	13.7%	12.5%
1 child	12.8%	16.5%	14.5%
None	57.1%	60.6%	64.4%
Home Ownership			
Own	50.2%	57.0%	69.4%
Rent	37.0%	37.8%	24.7%
Other	10.5%	5.3%	5.9%
Veteran Status			
Served on Active Duty in the US Armed Forces	10.7%	8.2%	11.4%
Never served on Active Duty in the US Armed Forces	89.3%	91.8%	88.6%
Internet Use			
Used Internet in Past 30 Days	87.9%	85.1%	85.0%
Did Not Use Internet in Past 30 Days	11.6%	14.9%	15.0%

*Note: The comparative data is based on 2017 BRFSS of California Residents and 2017 Nationwide BRFSS (States, DC and Territories)



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Issues & Answers Network, Inc.
5151 Bonney Road
Virginia Beach, Virginia 23462
(757) 456-1100

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CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2017
Track I
In Collaboration with The Center for Disease Control and Prevention's
Behavioral Risk Factor Surveillance System

Merged English/Spanish Version

MARCH 2017

Questions about the survey should be directed to:

Sandy Kwong, M.P.H.
Research Scientist Supervisor
California Cancer Registry
Chronic Disease Surveillance and Research Branch
California Department of Public Health
1631 Alhambra Blvd., Suite 200 | Sacramento, CA 95816
sandy.kwong@cdph.ca.gov

**Behavioral Risk Factor Surveillance System
2017 State Questionnaire
Track I**

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- Introduction and Screening Questions for Landline -

INTROQ

INTRO1 (NO SELECTED RESPONDENT)

Hello, I'm (interviewer name) calling for the California Department of Public Health with the assistance of the Centers for Disease Control and Prevention.

Hola soy _____ y estoy llamando del Departamento de Salud Pública de California con la asistencia de los Centros para el Control y Prevención de Enfermedades.

ENTER 1 TO CONTINUE

CHKPHON

Is this (XXX)-XXX-XXXX ?

¿Es este (XXX)-XXX-XXXX ?

1. YES
2. NO

GO TO PRIVRES
GO TO WRONGNUM

WRONGNUM IF WRONG NUMBER DIALED

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

Muchas gracias, pero creo que marque el numero equivocado. Es posible que su numero pueda ser marcado en el futuro.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE. THEN DIAL THE NUMBER AGAIN **GO TO INTROQST**

PRIVRES

Is this a private residence?

¿Es esta una residencia privada?

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET IS CONSIDERED LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 CONSECUTIVE DAYS CONCURRENT WITH THE INTERVIEW INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

READ ONLY WHEN NECESSARY:

ENGLISH:

By private residence, we mean someplace like a house or apartment.

Por residencia privada nos referimos aun lugar como una casa o apartamento.

1. YES
2. NO, CONTINUE
3. NO, BUSINESS PHONE ONLY

GO TO IS_CELL
GO TO COLLEGE
GO TO LLNOTPR

ASK IF PRIVRES NOT EQUAL 1

COLLEGE

Do you live in college housing?

¿Vive en una vivienda universitaria?

INTERVIEWER NOTE: READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

Por vivienda de colegio, queremos decir dormitorio, estudiante o visitante de vivienda de facultad u otros arreglos de vivienda proporcionados por un colegio o Universidad.

1. Yes

2. No

GO TO IS_CELL

GO TO NONRES

NONRES

IF NON-RESIDENTIAL NUMBER

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

Gracias pero solo estamos entrevistando personas que viven en residencias privadas o viviendas del colegio.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4500

IS_CELL

CELL PHONE

Is this a cell phone?

¿Es este un celular?

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION.

INTERVIEWER NOTE:

TELEPHONE SERVICE OVER THE INTERNET IS CONSIDERED LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.)

READ ONLY WHEN NECESSARY:

ENGLISH:

By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

Por teléfono celular nos referimos a un teléfono que es móvil y utilizable fuera de su vecindario.

No debe confundirse con un teléfono inalámbrico, que es simplemente una extensión sin cable del teléfono de su hogar.

1. NO

2. YES

GO TO INCALI

LLNOTPR

IF NON-RESIDENTIAL NUMBER

Thank you very much, but we are only interviewing persons on residential phone lines at this time.

Muchas gracias, pero por el momento solo estamos haciendo la encuesta en telefonos residenciales.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4450

INCALI

CONFIRM STATE OF RESIDENCE OF RESPONDENT

Do you currently live in California?

¿Vive actualmente en California?

- 1. YES
- 2. NO

GO TO RUADULT

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 CONSECUTIVE DAYS CONCURRENT WITH THE INTERVIEW INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

LLNotST

Thank you very much, but we are only interviewing persons who live in the state of California at this time.

Gracias pero solo estamos entrevistando a personas que viven en el estado California.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

STOP. DISPOS = 4100

ASK IF PRIVRES =1

RUADULT

Are you 18 years of age or older?

¿Tiene usted 18 años de edad o más?

INTERVIEWER NOTE: IF NO ADULTS, PLEASE ASK IF THERE ARE ANY ADULTS IN THE HOUSEHOLD. IF NOT, PLEASE SCHEDULE AN INDEFINITE CALLBACK

- 1. Yes We're doing a study of the health practices of California residents. Your number has been chosen randomly to represent 2,500 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important issues facing Californians today.

Estamos haciendo un estudio especial relacionado con las prácticas de salud de los residentes en California. Su número ha sido seleccionado al azar para representar a 2,500 hogares en California. Nos gustaría hacerle algunas preguntas sobre enfermedades del corazón, cáncer, diabetes, productos de tabaco y otros temas de salud que les afectan a los habitantes del estado hoy en día.

GO TO NUMADULT1

- 2. IF No SAY:

Thank you for your cooperation, but we are only interviewing ADULTS age 18 and older at this time.

Gracias por su cooperacion pero solo estamos entrevistando adultos de 18 años o mas en este momento.

GO TO LLNOADLT

LLNOADLT

NO ADULT USES PHONE IN COLLEGE HOUSING

Thank you very much, but we are only interviewing persons aged 18 or older at this time.

Gracias por su cooperacion pero solo estamos entrevistando adultos de 18 años o mas en este momento.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4700

NUMADULT1

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college. How many members of your household, including yourself, are 18 years of age or older?

Necesito seleccionar al azar a un adulto que viva en su hogar para ser entrevistado. Excluyendo los adultos que viven fuera de casa, como estudiantes en la universidad, ¿cuántos miembros de su hogar, incluyéndose a usted, tienen 18 años de edad o más?

INTERVIEWER NOTE: IF COLLEGE HOUSING WAS YES, NUMBER OF ADULTS IS AUTOMATICALLY '1'.

___ ENTER THE NUMBER OF ADULTS

IF (ANS = 1) GO TO ONEADULT
ELSE GO TO NUMMEN1

Ask if NUMADULT GT 1

NUMMEN1

IF (MenAns = False)

How many of these adults are men? / ¿Cuántos son hombres?

IF (MenAns = True)

You said there are ___ **adults in your household. / Usted dijo que hay** ___ **adultos en su hogar.**

How many of these adults are men? / ¿Cuántos son hombres?

___ ENTER THE NUMBER OF MEN (0-9)

IF (ANS > ADULTS) GO TO WRONGTOT
IF (ANS = ADULTS) GO TO SELECTED

NUMWOMEN1

(CALCULATE FROM NUMADULT – NUMMEN)

IF (WomenAns = False)

So the number of adult women in the household is ___ .

Is that correct?

Así que el número de mujeres adultas en el hogar es ___ .

¿Es correcto?

IF (WomenAns = True)

You said there are ___ **adults in your household. / Usted dijo que hay** ___ **adultos en su hogar.**

Including ___ **adult men and** ___ **adult women. Incluyendo # hombre(s) adulto(s) y # mujer (es) adulta(s)**

Is that correct? ¿Es correcto?

1. YES, NUMBER OF ADULT WOMEN IS CORRECT

2. NO, CHANGE NUMBER OF ADULTS

TOTADULT = NUMMEN1 + NUMWOMEN1

IF (TOTADULT < > NUMADULT1) GO TO WRONGTOT
ELSE GO TO SELECTED

WRONGTOT

TOTAL ADULTS IS INCONSISTENT

I'm sorry, something is not right.

NUMBER OF MEN - XX

NUMBER OF WOMEN - + XX

NUMBER OF ADULTS – XX

1. CORRECT THE NUMBER OF MEN
2. CORRECT THE NUMBER OF WOMEN
3. CORRECT THE NUMBER OF ADULTS

IF (ANS = 1) GO TO NUMMEN1
 IF (ANS = 2) GO TO NUMWOMEN1
 IF (ANS = 3) GO TO NUMADULT1

Ask if NUMADULT GT 1

SELECTED

INTERVIEWER NOTE: YOU CANNOT ENTER CTRL+END ON THIS SCREEN.

The person in your household I need to speak with is the _____.

La persona con quien necesito hablar es _____

Are you the (SELECTED)?

¿Me permite hablar con (SELECTED)?

1. YES
2. NO

GO TO SEX1
 GO TO GETADULT

ASK IF ADULT = 1

ONEADULT

Are you the adult?

¿Es usted el adulto?

If 'yes'...

Then you are the person I need to speak with. (Ask gender if necessary).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

1. MALE RESPONDENT
2. FEMALE RESPONDENT
- NO, PLEASE SCHEDULE A CALLBACK

GO TO SEX1
 GO TO SEX1

GETADULT

May I speak with him/her?

ASK FOR THE ADULT

¿Me permite hablar con el/la?

1. YES, SELECTED ADULT IS COMING TO THE PHONE
2. NO, SCHEDULE A CALLBACK (HIT CTRL+END)

NEWADULT

NEW ADULT TO SPEAK WITH

Hello, I'm _____ from the California Department of Public Health and the Centers for Disease Control and Prevention. We're doing a special study of California residents regarding their health practices and day-to-day living habits to guide state and federal health policies. You have been randomly chosen to represent 5,000 people in California.

Hola, me llamo _____ y estoy llamando del Departamento de Salud Publica de California y de los Centros para el Control y Prevención de Enfermedades. Estamos haciendo un estudio especial, de los residentes de California, relacionado con sus practicas de salud y los habitos de sus vidas cotidianas para guiar las pólizas de salud del estado y federales. Usted ha sido seleccionado(a) al azar para representar a 5,000 personas en California.

1. PERSON INTERESTED, CONTINUE
2. PERSON IS NOT INTERESTED CODE THE APPROPRIATE REFUSAL (HIT F3).

SEX1 (CDC-CORE)

INTERVIEWER NOTE: CONFIRM SEX OF SELECTED RESPONDENT.

YOU MUST ASK:

What sex were you assigned at birth, on your original birth certificate?

¿Qué sexo le asignaron al nacer, en su certificado de nacimiento original?

1. MALE RESPONDENT
2. FEMALE REPENDENT

FOR CALLING BACK PEOPLE (HIT F2 FOR RESTART)

INTRO2 (RESPONDENT IS SELECTED)

Can I speak to the _____ We're gathering information on the health of California residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

Puedo hablar con el/la _____ Estamos recogiendo información sobre la salud de los residentes de California. Usted ha sido elegido al azar para ser entrevistado, y me gustaría hacerle preguntas sobre la salud de usted y sus prácticas de salud.

INTERVIEWER NOTE:

ON A RESTART JUST HIT ENTER TO CONTINUE

TO SCHEDULE A CALLBACK (HIT F3)

- Introduction and Screening Questions for CELL -

INTROQST

Hello, I'm _____ calling for the California Department of Public Health with the assistance of the Centers for Disease Control and Prevention.

Hola soy _____ y estoy llamando del Departamento de Salud Pública de California con la asistencia de los Centros para el Control y Prevención de Enfermedades.

RUSAFE

YESNO.

Is this a safe time to talk with you?

¿Es este un momento seguro para hablar con usted?

1. Yes
2. No

GO TO CHKPHON

If 'NO', Thank you very much. We will call you back at a more convenient time. **SET APPT**

*Si 'NO', Muchas gracias. Le llamaremos en un momento más conveniente. **SET APPT***

CHKPHON

YESNO.

Is this XXX-XXX-XXXX?

¿Es este XXX-XXX-XXXX?

1. Yes

2. No

GO TO WRONGNUM

WRONGNUM IF WRONG NUMBER DIALED

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

Muchas gracias, pero creo que marque el numero equivocado. Es posible que su numero pueda ser marcado en el futuro.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE. THEN DIAL THE NUMBER AGAIN

IS_CELL

YESNO.

Is this a cell phone?

¿Es este un celular?

READ ONLY IF NECESSARY: By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.

Por teléfono celular nos referimos a un teléfono que es móvil y utilizable fuera de su vecindario.

- 1. Yes
- 2. No

GO TO CADULT
GO TO NOTCELL

NOTCELL

NOT CELL

Thank you very much, but we are only interviewing cell phones at this time.

Muchas gracias, pero solamente estamos entrevistando a persona con teléfono celular en este tiempo.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4460

CADULT

Are you 18 years of age or older?

¿Tiene por lo menos 18 años de edad o mas?

- 1. Yes
- 2. No

- 7. DON'T KNOW
- 9. REFUSED

GO TO PRIVRES
GO TO CELLNOT18

GO TO CELLNOT18
GO TO CELLNOT18

CELLNOT18

Thank you very much, but we are only interviewing persons aged 18 or older at this time.

Gracias por su coperacion pero solo estamos entrevistando adultos de 18 años o mas en este momento.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4700

PRIVRES

YESNO.

Do you live in a private residence?

¿Vive en una residencia privada?

READ IF NECESSARY: By private residence, we mean someplace like a house or apartment.

/ Por residencia privada nos referimos aun lugar como una casa o apartamento.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 CONSECUTIVE DAYS CONCURRENT WITH THE INTERVIEW INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 1. Yes
- 2. No

GO TO CSTATE
GO TO COLLEGE

ASK IF PRIVRES NOT EQUAL 1

COLLEGE

Do you live in college housing?

¿Usted vive en vivienda de colegio?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university

Por vivienda de colegio, queremos decir dormitorio, estudiante o visitante de vivienda de facultad u otros arreglos de vivienda proporcionados por un colegio o Universidad.

- 1. Yes
- 2. No

GO TO CSTATE

NONRES

IF NON-RESIDENTIAL NUMBER

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

Gracias pero solo estamos entrevistando personas que viven en residencias privadas o viviendas del colegio.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4500

CSTATE

YESNO.

Do you currently live in California?

¿Vive usted en California?

- 1. Yes
- 2. No

GO TO LANDLINE
GO TO RSPSTATE

RSPSTATE

In what state do you currently live?

¿En qué estado vive usted?

_____ ENTER STATE FIPS CODE

LANDLINE

YESNO.

Do you also have a landline telephone in your home that is used to make and receive calls?

¿Tiene usted también un teléfono fijo en su casa que se utilice para hacer y recibir llamadas?

READ ONLY IF NECESSARY: By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls. Please include landline phones used both for business and personal use.

READ ONLY IF NECESSARY: Por teléfono fijo, nos referimos a un teléfono 'regular' en su casa que se usa para hacer o recibir llamadas. Favor de incluir teléfonos fijos utilizados para negocios y uso personal.

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK, AND OTHER HOME-BASED PHONE SERVICES).

1. Yes
2. No

HHADULT (CDC-CORE)

How many members of your household, including yourself, are 18 years of age or older?

¿Cuántos miembros de su hogar incluyéndose a usted, tienen 18 años de edad o más?

INTERVIEWER NOTE: IF COLLEGE HOUSING WAS YES, NUMBER OF ADULTS IS AUTOMATICALLY '1'.

ENTER THE NUMBER OF ADULTS (1-18)

_____ Number of Adults

99. REFUSED

SEX1 (CDC-CORE)

INTERVIEWER NOTE: CONFIRM SEX OF SELECTED RESPONDENT.

YOU MUST ASK:

What sex were you assigned at birth, on your original birth certificate?

¿Qué sexo le asignaron al nacer, en su certificado de nacimiento original?

1. MALE RESPONDENT
2. FEMALE REPENDENT

INTROSCR INTRODUCTION SCRIPT LEADING INTO INTERVIEW

Great. You're the person I need to speak with.

Your participation in this voluntary health survey will contribute valuable information used by state and federal health policy makers. We will not collect any information that can identify you.

There is no risk to you. All information you give us will be confidential. If there is a question you cannot or do not wish to answer, please tell me and we can skip it. If you have any questions, I will provide a telephone number for you to call to get more information. (1-800-321-2194).

While supervisory staff may monitor this interview for quality control purposes, all information obtained in this study will be confidential.

Su participación en esta encuesta es voluntaria y contribuye información valiosa usada por los que hacen pólizas de salud en el estado y nación. No le haré preguntas que puedan identificarlo (la).

No hay ningún riesgo para usted. Toda la información que usted nos dé, será estrictamente confidencial.

Si hay alguna pregunta que usted no desee contestar, por favor dígame y podemos continuar.

Si usted tiene alguna pregunta acerca de la encuesta, que yo no pueda contestar, le daré un número de teléfono sin costo, al que usted pueda llamar para obtener más información. 1-800-321-2194.

Mientras una supervisora pueda escuchar esta encuesta para el control de calidad, toda la información obtenida en este estudio será confidencial.

1. PERSON INTERESTED, CONTINUE GO TO GENHLTH
2. PERSON IS NOT INTERESTED. PLEASE CODE APPROPRIATE REFUSAL (SOFT vs. HARD). F3

NONQAL

ERROR: RESPONDENT DOES NOT QUALIFY

INTERVIEWER NOTE: Should have. Quotas are incorrect

INTERVIEWER NOTE: Please Alert Your Supervisor Immediately!!!!!! The quotas set for this study are incorrect.

Schedule a callback, and code this attempt as a null attempt. F3

Section 1: Health Status

GENHLTH (CDC-CORE)

HEALTH.

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

Primero, quiero hacerle algunas preguntas acerca de su salud.

1.1 Would you say that in general your health is

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

1. Excellent/ *Excelente*
2. Very good/ *Muy buena*
3. Good/ *Buena*
4. Fair, or / *Regular*
5. Poor? / *Delicada*

77. DON'T KNOW/ NOT SURE
99. REFUSED

Section 2: Healthy Days – Health-Related Quality of Life

PHYSHLTH (CDC-CORE)

TYPE VII.

2.1 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 estuvo bien?

___ ENTER NUMBER OF DAYS

88. NONE
77. DON'T KNOW/ NOT SURE
99. REFUSED

MENTHLTH (CDC-CORE)

TYPE VII.

2.2 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 estuvo bien?

__ ENTER NUMBER OF DAYS

- 88. NONE
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

IF PHYSHLTH >= 1 or MENTHLTH >= 1 then GO TO POORHLTH, ELSE GO TO HAVEPLN3

POORHLTH (CDC-CORE)

TYPE VII.

2.3 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/ NOT SURE
- 99. REFUSED

Section 3: Health Care Access

HAVEPLN3 (CDC-CORE)

YESNO.

3.1 These next few questions are about your access to medical care. Please be assured that I am not trying to sell you insurance coverage. Do you have ANY kind of health care coverage including health insurance, prepaid plans such as HMOs (Health Maintenance Organizations) or government plans such as Medicare or the Indian Health Service?

Las próximas preguntas se refieren al acceso que usted tiene al cuidado médico. Por favor este tranquilo(a) que no estoy tratando de venderle seguro médico. ¿Tiene usted alguna cobertura de salud, incluyendo seguro de salud, planes pre-pagados tales como los de HMO (organizaciones para el mantenimiento de la salud), o planes del gobierno como Medicare o el servicio de salud indio?

- 1. YES
- 2. NO

- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

TYPPLAN (CAL-CORE)

TYPPLAN.

3.2 What is the PRIMARY source of your health care coverage? Is it...

¿Cuál es la fuente principal de su cobertura de atención médica? Lo es....

INTERVIEWER NOTE: PRESS F5 FOR ADDITIONAL INFORMATION
INTERVIEWER NOTE: SHOULD THE RESPONDENT INDICATE THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (COVERED CALIFORNIA), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (MEDI-CAL)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), TYPE 02, IF MEDICAID TYPE 04.

1. A plan purchased through an employer or union (includes plans purchased through another person's employer) / *Su empleador (o el empleador de otra persona, como su esposo(a) o sus padres)*
2. A plan that you or another family member buys on your own / *Un plan que usted u otra persona pagan por su cuenta*
3. Medicare / *Medicare*
4. Medicaid or other state program / *Medicaid o otro programa del estado (Medi-Cal)*
5. TRICARE (formerly CHAMPUS), VA, or Military / *Las fuerzas armadas, CHAMPUS, o la administración de Veteranos*
6. Alaska Native, Indian Health Service, Tribal Health Services / *El servicio de salud indio*
7. Some other source / *Otra fuente aparte de las que mencione*
8. None (no coverage)/ *Ninguna (no cobertura)*

77. DON'T KNOW/ NOT SURE

99. REFUSED

PERSDOC (CDC-CORE)

PERSDOC.

3.3 Do you have one person you think of as your personal doctor or health care provider?

¿Hay una persona quien usted considera ser su médico personal o proveedor de su cuidado médico?

INTERVIEWER NOTE: PROBE: IF NO, ASK "Is there more than one or is there "no" person who you think of as your personal doctor or healthcare provider?"

INTERVIEWER NOTE: PROBE: IF NO, ASK: "hay más de una persona o no hay ninguna persona?"

1. Yes, only one / *Sí, solo uno (DO NOT PROBE)*
2. More than one / *Más de uno*
3. (PROBE) No

77. DON'T KNOW / NOT SURE

99. REFUSED

NOMED (CDC-CORE)

YESNO.

3.4 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

¿Hubo algún momento en los últimos 12 meses en que necesitó consultar a un médico, pero no pudo hacerlo debido al costo?

1. YES
2. NO

77. DON'T KNOW/ NOT SURE

99. REFUSED

CHECKUP2 (CDC-CORE)

HOWLONG.

3.5 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

¿Cómo cuánto tiempo tiene, desde la última vez que fue al médico, para hacerse un chequeo de rutina? Un chequeo de rutina es un examen físico general, NO un examen realizado para una lesión específica NI enfermedad o afección (enfermedad) específica.

READ ONLY IF NECESSARY:

1. Within the past year (anytime less than 12 months ago)
En el último año
2. Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años
3. Within the past 5 years (2 years but less than 5 years ago)
En los últimos 5 años
4. 5 or more years ago
5 años o más
88. Never
Nunca

77. DON'T KNOW / NOT SURE
99. REFUSED

Section 4: Hypertension awareness

BPHIGH2 (CDC-CORE)

YES/NO.

- 4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?**

¿ALGUNA VEZ le ha dicho un doctor (médico), una enfermera u otro profesional de la salud que usted tiene la presión (de la sangre) alta?

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

Por “otro profesional de la salud” nos referimos a una enfermera especializada, un asistente de médico o algún otro profesional de la salud con licencia para ejercer.

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

¿Fue esto solo cuando estaba embarazada?

1. YES/ *SÍ*
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **GO TO CHOLCHK1**
SÍ, PERO MUJER DIJO SÓLO DURANTE EL EMBARAZO
3. NO **GO TO CHOLCHK1**
4. TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE **GO TO CHOLCHK1**
LE AN DICHO QUE ESTA AL LÍMITE ALTO O AL BORDE DE LA HIPERTENSIÓN

7. DON'T KNOW/ NOT SURE **GO TO CHOLCHK1**
9. REFUSED **GO TO CHOLCHK1**

BPMED (CDC-CORE)

YES/NO.

- 4.2 Are you currently taking medicine for your high blood pressure?**

¿Actualmente toma algún medicamento para controlar la presión (de la sangre) alta?

1. YES
2. NO

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

BPSALT (CA-CDPP)

YNNA.

4.3 (Are you) cutting down on salt (to help lower or control your high blood pressure)?

¿(Está) consumiendo menos sal (para ayudar a reducir, o controlar, su hipertensión arterial)?

- 1. YES
- 2. NO
- 3. DO NOT USE SALT *NO USA LA SAL*

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

Section 5: Cholesterol Awareness

CHOLCHK1 (CDC-CORE)

HOWLNGI.

5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

El colesterol en la sangre es una sustancia grasosa que se encuentra en la sangre. ¿Cuánto tiempo hace desde la última vez que le midieron el colesterol en la sangre?

Read only if necessary:

- 1. Never / Nunca **GO TO HEART2**
- 2. Within the past year (anytime less than 12 months ago)
En el último año (hace menos de 12 meses)
- 3. Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años (hace 1 año pero menos de 2)
- 4. Within the past 5 years (2 years but less than 5 years ago)
En los últimos 5 años (hace 2 años pero menos de 5)
- 5. 5 or more years ago
Hace 5 años o más

Do not read:

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED **GO TO HEART2**

TOLDHI (CDC-CORE)

YESNO.

5.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

¿ALGUNA VEZ le ha dicho un médico, una enfermera, u otro profesional de la salud que su nivel de colesterol en la sangre es alto?

- 1. YES
- 2. NO **GO TO HEART2**

- 7. DON'T KNOW/ NOT SURE **GO TO HEART2**
- 9. REFUSED **GO TO HEART2**

CHOLMEDS (CDC-CORE) NEW 2017

YESNO.

5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

¿Actualmente está tomando medicamentos recetados por un médico u otro profesional de la salud para su colesterol en la sangre?

- 1. YES
- 2. NO

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

Section 6: Chronic Health Conditions

HEART2 (CDC-CORE)

YESNO.

6.1 Now I would like to ask you some questions about general health conditions.

Ahora me gustaría hacerle algunas preguntas acerca de condiciones generales de salud.

Has a doctor, nurse, or other health professional ever told you that you had any of the following?

For each, tell me 'Yes', 'No' or you're 'Not sure'.

¿Alguna vez le ha dicho un médico, enfermera u otro profesional de la salud que tenía alguno de los siguientes?

Para cada pregunta, responda "Sí", "No", o "No estoy seguro/a".

(Ever told) told you that you had a heart attack, also called a myocardial infarction (MY-o-card-ee-al in-FARK-shun)?

¿(Alguna vez le ha dicho) que usted tuvo un ataque cardíaco, también llamado infarto de miocardio?

READ ONLY IF NECESSARY: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed professional.

LEER SOLO SI ES NECESARIO: por "otros profesionales de la salud" nos referimos a una enfermera, un médico de asistente, o algún otro profesional con licencia.

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ANGINA (CDC-CORE)

YESNO.

6.2 (Ever told) you that you had angina (anne - J - EYE- nah) or coronary heart disease?

¿(Alguna vez le ha dicho) que usted tuvo angina (anne - J - EYE- nah) de pecho o una enfermedad coronaria del corazón?

- 1. YES
- 2. NO

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

STROKE2 (CDC-CORE)

YESNO.

6.3 (Ever told) you that you had a stroke?

¿(Alguna vez le ha dicho) que usted tuvo una embolia?

- 1. YES
- 2. NO

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

ASTHEVE3 (CDC-CORE)

YESNO.

6.4 (Ever told) you that you had asthma?

¿(Alguna vez le ha dicho) que usted tuvo asma?

- 1. YES
- 2. NO

GO TO SKCANC

- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

GO TO SKCANC
GO TO SKCANC

ASTHNOW (CDC-CORE)

YESNO.

6.5 Do you still have asthma?

¿Todavía tiene usted asma?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

SKCANC (CDC-CORE)

YESNO.

6.6 (Ever told) you that had skin cancer?

¿(Alguna vez le ha dicho) que usted tuvo cáncer en la piel?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

OTHCANC (CDC-CORE)

YESNO.

6.7 (Ever told) you that you had any other types of cancer?

¿(Alguna vez le ha dicho) que usted tuvo cualquier otro tipo de cáncer?

INTERVIEWER NOTE: *Includes basal (Bay-Sul) and squamous (Sqwa-muss) cell cancers.*
INTERVIEWER NOTE: *Incluye cáncer basal y cánceres de células escamosas.*

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

COPDEVER (CDC-CORE)

YES/NO.

6.8 (Ever told) you that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?

¿(Alguna vez le ha dicho) que usted tuvo una enfermedad pulmonar obstructiva crónica, EPOC (también llamada COPD por sus siglas en inglés), de enfisema, o de bronquitis crónica?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ARTHRITD (CDC-CORE)

YES/NO.

6.9 (Ever told) you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (FI – bro – my – al – jah)?

¿(Alguna vez le ha dicho) que usted tiene algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia (fibrómī'alj (ē) ə)?

Arthritis diagnoses include: rheumatism, polymyalgia rheumatica, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa.

Los diagnósticos de artritis incluyen: *reumatismo, polimialgia reumática, osteoartritis (no osteoporosis), tendinitis, bursitis, juanete, codo de tenista, síndrome del túnel carpiano, síndrome del túnel tarsal, infección conjunta, síndrome de Reiter, espondilitis anquilosante; espondilosis, síndrome de manguito rotador, enfermedad de tejido conectivo, esclerodermia, polimiositis, síndrome de Raynaud, vasculitis (arteritis de células gigantes, púrpura de Henoch-Schoenlein, Wegener Granulomatosis de, poliarteritis nodosa.*

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

DEPRESS1 (CDC-CORE)

YES/NO.

6.10 (Ever told) you that you have a depressive disorder (including depression, major depression, dysthymia), or minor depression?

¿(Alguna vez le ha dicho) que usted tiene una enfermedad depresiva (incluyendo depresión, depresión mayor, distimia, o depresión leve)?

- 1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

KIDNEY (CDC-CORE)

YES/NO.

6.11 (Ever told) you that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence (IN-CON-TIN-ANTS).

¿(Alguna vez le ha dicho) que usted tuvo una enfermedad renal (de los riñones)? NO incluya piedras en el riñón, infección en la vejiga (vesícula) ni incontinencia (IN-CON-TIN-ENS-IYA).

INTERVIEWER NOTE: Incontinence is not being able to control urine flow
La incontinencia es no poder controlar el fluido de la orina.

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

DIABCOR3 (CDC-CORE)

DIABCDC.

Next I would like to ask you about diabetes, sometimes called sugar diabetes.

Ahora, me gustaría preguntarle acerca de la diabetes, a veces llamada azúcar en la sangre.

6.12 Has a doctor, or nurse or other health professional ever told you that you have diabetes? (IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE "PRE-DIABETES" CODE 4).

Ahora, me gustaría preguntarle acerca de la diabetes, a veces llamada azúcar en la sangre. ¿Alguna vez le ha dicho un doctor (médico) que tiene diabetes?

IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"

"¿Fue esto únicamente cuando estaba embarazada?"

1. YES/ SÍ

GO TO DIABAGE

2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY/ SÍ, PERO MUJER DIJO SÓLO DURANTE EL EMBARAZO (GESTATIONAL DIABETES)

IF (RespGend = 1) GO TO DIAFEMALE

GO TO LIMITJN2

3. NO

4. NO, PRE-DIABETES OR BORDERLINE DIABETES/ NO, AL PREDIABETES O AL BORDE DE LA DIABETES

GO TO LIMITJN2

77. DON'T KNOW / NOT SURE

GO TO LIMITJN2

99. REFUSED

GO TO LIMITJN2

DIAFEMALE

RESPGEND = 1/ MALE

INTERVIEWER NOTE: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE? THE RESPONDENT SELECTED WAS THE (SELECTED MALE ADULT)

IS THE PREVIOUS ANSWER CORRECT?

1. YES, CORRECT AS IS
2. NO, RE-ASK QUESTION DIABCOR3

IF (ANS = 1) GO TO LIMITJN2
IF (ANS = 2) GO TO DIABCOR3

DIABAGE

TYPE I.

6.13 How old were you when you were told you have diabetes?

¿A qué edad le dijeron que tenía diabetes?

__ __ CODE AGE IN YEARS [97 = 97 AND OLDER]
777. DON'T KNOW / NOT SURE
999. REFUSED

Section 7: Arthritis Burden

ASK IF ARTHRITD=YES, OTHERWISE SKIP TO AGE B

Next, I will ask you about your arthritis.

Ahora le voy a hacer preguntas sobre la artritis.

LIMITJN2 (CDC-CORE)

YESNO.

7.1 Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

La artritis puede causar síntomas como dolor o como rigidez en o alrededor de las coyunturas.

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

¿Actualmente está usted limitado/a en cualquier manera en alguna de sus actividades usuales a causa de la artritis o síntomas de las coyunturas?

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Por favor, responda a esta pregunta, basada en su experiencia actual, independientemente de si usted está tomando cualquier medicamento o tratamiento".

Ask all respondents regardless of employment status

ARTHWRK2 (CDC-CORE)

YESNO.

7.2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

En esta próxima pregunta nos referimos al trabajo por pago, ¿Actualmente, le afecta la artritis o los síntomas de las coyunturas si usted trabaja, el tipo de trabajo que usted hace, o la cantidad de trabajo que usted hace?

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

INTERVIEWER: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES."

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "*Por favor responda a la pregunta con base en su experiencia actual, sin considerar si está tomando algún medicamento o si sigue un tratamiento*".

ARTHPLAY (CDC-CORE)

HOWMUCH.

7.3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? Would you say...

En los últimos 30 días, ¿hasta qué punto interfirió su artritis o síntomas de las coyunturas con sus actividades sociales normales, tales como ir de compras, ir al cine, o ir a reuniones religiosas o sociales? Diría usted...

Please read [1-3]:

1. A lot/ Mucho
2. A little/ Un poco
3. Not at all/ Nada

Do not read:

7. DON'T KNOW/ NOT SURE
9. REFUSED

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "*Por favor responda a la pregunta con base en su experiencia actual, sin considerar si está tomando algún medicamento o si sigue un tratamiento*".

ARTHPAIN (CDC-CORE)

TYPE I.

7.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

Por favor, piense en los últimos 30 días, teniendo en cuenta todo su dolor en las coyunturas y si usted ha tomado o no medicamentos. En una escala de 0 (Cero) a 10 (Diez) donde el 0 representa nada de dolor, y el 10 representa el peor dolor o molestia posible. DURANTE LOS ÚLTIMOS 30 DÍAS, ¿en promedio qué tan grave fue su dolor en las coyunturas?

_ _ ENTER NUMBER (0-10)

77. DON'T KNOW / NOT SURE
99. REFUSED

Section 8: Demographics

AGEB (CDC-CORE)

8.1 What is your age?

¿Cuántos años tiene usted?

_ _ ENTER AGE IN YEARS (RANGE: 18 – 150)

7. DON'T KNOW/ NOT SURE
9. REFUSED

HISP4 (CDC-CORE)

YESNO.

8.2 Are you Hispanic, Latino/a, or of Spanish origin?

¿Es usted hispano(a), latino(a) o de origen español?

1. YES
2. NO

GO TO ORACE3A

77. DON'T KNOW / NOT SURE
99. REFUSED

GO TO ORACE3A
GO TO ORACE3A

HISPMEX (CDC-CORE)

YESNO.

8.3 Are you...

Mexican, Mexican American, or Chicano/a?

¿Es usted... Mexicano/a, Mexicano-Americano, Chicano/a?

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

HISPPR (CDC-CORE)

YESNO.

8.4 Are you... Puerto Rican?/

¿Es usted... Puertorriqueño/a?

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

HISPCUB (CDC-CORE)

YESNO.

8.5 Are you...Cuban?

¿Es usted... Cubano?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Ask if said yes to HISP4

HISPOTH (CDC-CORE)

YESNO.

8.6 Are you...Another Hispanic, Latino/a, or of Spanish origin?

¿Es usted... De otro origen latino, hispano o español?

- 1. YES (Specify) / Sí (Especifique)
- 2. NO

- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

ORACE3A (CDC-CORE)

MRACE.

8.7 Which one or more of the following would you say is your race? Would you say: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Other?

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

- | | |
|-------------------------------------|----------------------|
| 1. White (Caucasian) | ORACE3A_1 |
| 2. Black or African American | ORACE3A_2 |
| 3. American Indian or Alaska Native | ORACE3A_3 |
| 4. Asian | ORACE3A_4 |
| 5. Pacific Islander | ORACE3A_5 |
| 6. Other: (specify) | ORACE3A_6, ORACE3ATX |

- 77. DON'T KNOW/ NOT SURE
 - 99. REFUSED
- IF (ANS > 6) GO TO MARTIAL**

IF (ORACE3A = 4) SKP ORACE2AB

If (ORACE3A = 5) SKP ORACE2AB

IF ((ORACE3A = 1) & (ORACE3A = 2 | ORACE3A = 3 |ORACE3A = 6)) GO TO ORACE4A

IF ((ORACE3A = 2) & (ORACE3A = 3 | ORACE3A = 6)) GO TO ORACE4A

IF ((ORACE3A = 5) & (ORACE3A = 6)) GO TO ORACE4A

SKP MARTIAL

ORACE2AB (CDC-CORE)

ORACE2AB.

8.8 If orace4<3.and.orace4<>4.and.orace4>0, ask “Even though you indicated Asian or Pacific Islander as one of your races, but not the race that BEST represents yourself, we need to know

if you are Chinese, Japanese, Korean, Filipino or Other?", else ask "Are you Chinese, Japanese, Korean, Filipino or Other?"

"Aunque indicó asiático/a o de las Islas del Pacífico como una de sus razas, pero no es la raza que mejor representa a sí mismo, necesitamos saber si es chino/a, Japonés, Coreano/a, Filipino/a o de otro/a?"

1. Chinese
2. Japanese
3. Korean
4. Filipino
5. Vietnamese
6. Cambodian
7. Laotian
8. Asian Indian
9. Indonesian
10. Native Hawaiian
11. Samoan
12. Pakistani
13. Saipanese
14. Fijian
15. Guamanian or Chamorro
16. Other: (specify) <ORACE2ABTXT>

777. DON'T KNOW / NOT SURE

999. REFUSED

IF ((ORACE3A = 4) & (ORACE3A = 1 | ORACE3A = 2 | ORACE3A = 3 | ORACE3A = 5 | ORACE3A = 6)) GO TO ORACE4A

IF ((ORACE3A = 5) & (ORACE3A = 1 | ORACE3A = 2 | ORACE3A = 3 | ORACE3A = 4 | ORACE3A = 6))GO TO ORACE4A

GO TO MARITAL

ORACE4A (CDC-CORE)

ORACEB.

8.9 You indicated that you are more than one race. Which one of these groups would you say best represents your race? Would you say...

Usted ha indicado que es más de una raza. ¿Cuál de estos grupos, diría usted mejor representa su raza? ¿Diría... Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), nativo(a) de Alaska (Aleut), u Otra?

INTERVIEWER: PLEASE READ OPTIONS

INTERVIEWER: IF YOU NEED TO GO BACK USE F6

INTERVIEWER: IF THEY WILL NOT CHOOSE A RACE THEN SELECT DON'T KNOW OR REFUSED BASED ON THEIR RESPONSE

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian
5. Pacific Islander
6. Other (Specify) <ORACE4ATX>

77. DON'T KNOW/ NOT SURE
99. REFUSED

MARITAL (CDC-CORE)

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

MARITAL.

¿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

77. DON'T KNOW / NOT SURE
99. REFUSED

SXORIEN2 (CA - CORE)

8.11 The next two questions are about sexual orientation and gender identity.

Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: 1. Heterosexual, that is, straight; 2. Homosexual, that is gay or lesbian; 3. Bisexual, or 4. Other?

SXORIENB.

Las dos preguntas siguientes son sobre la orientación sexual y la identidad de género. Recuerde que todas sus respuestas son confidenciales y no tiene que contestar ninguna pregunta que usted no quiera. ¿Se considera usted ser... 1. heterosexual, 2. homosexual o sea gay o lesbiana, 3. bisexual u 4. otra?

IF NEEDED SAY: Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay (and Lesbian) people have sex with or are primarily attracted to people of the same sex, and bisexuals have sex with or are attracted to people of both sexes.

IF NEEDED SAY: *Le explico que la gente heterosexual tiene sexo con, o son principalmente atraídos por personas del sexo opuesto, gays (y lesbianas) son personas que tienen sexo con o son principalmente atraídas por personas del mismo sexo, y bisexuales tienen sexo con o son atraídos por personas de ambos sexos.*

IN HELP SCREEN: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in California.

Hacemos esta pregunta para comprender mejor las necesidades de salud y atención médica de las personas con diferentes orientaciones sexuales. Investigaciones han mostrado que algunos miembros de la comunidad de minoría sexual tienen factores de riesgo importantes para la salud, como fumar. Estamos juntando información sobre orientación sexual para saber si esto es cierto en California.

1. HETEROSEXUAL, THAT IS, STRAIGHT/ HETEROSEXUAL
2. HOMOSEXUAL, THAT IS GAY OR LESBIAN / HOMOSEXUAL , O SEA GAY O LESBIANA
3. BISEXUAL / BISEXUAL

4. OTHER (SPECIFY:) / OTRA (ESPECIFIQUE)

77. DON'T KNOW / NOT SURE

99. REFUSED

TRNSGNDR (CA-CORE)

TRNS.

8.12 Do you consider yourself to be transgender?

Se considera usted ser transexual?

IF YES, ASK Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?

Se considera usted ser 1. hombre a mujer, 2. mujer a hombre, o 3. Sexo no declarado (definido)?

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE "YES" TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.

1. Yes, Transgender, male-to-female ?/ *Si, transexual, hombre a mujer*
2. Yes, Transgender, female to male/ *Si, transexual, mujer a hombre*
3. Yes, Transgender, gender nonconforming/ *Si, transexual, sexo no declarado (definido)*
4. NO

77. Don't know/not sure

99. Refused

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

Algunas personas se describen a sí mismos como transexuales cuando experimentan una identidad diferente de su sexo al nacer. Por ejemplo, una persona nace en un cuerpo masculino, pero se siente femenina o vive como mujer sería transexual. Algunas personas transexuales cambian su apariencia física para que coincida con su identidad interna. Algunas personas transgénero toman hormonas y algunas tienen cirugía. Una persona transexual puede ser de cualquier orientación sexual – heterosexual (derecho), homosexual, lesbiana o bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Algunas personas ven a sí mismos como sexo no declarado (definido) cuando no se identifican sólo como hombre o como mujer.

EDUCA (CDC-CORE)

EDUCAA.

8.13 What is the highest grade or year of school you completed?

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

READ ONLY IF NECESSARY:

1. Eighth grade or less
Octavo grado o menos
2. Some high school (grades 9-11)
Un poco de escuela secundaria(grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
Grado 12 o certificado GED (High school graduate)
4. Some technical school
Un poco de escuela técnica
5. Technical School Graduate
Graduado de escuela técnica
6. Some College
Un poco de Universidad
7. College graduate
Grado de universidad
8. Post graduate or professional degree
Título profesional o posgraduado
88. Did not attend school (Never attended school or only kindergarten)
No atendio la escuela

77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

OWNHOME (CDC-CORE)

8.14 Do you own or rent your home?

RENT.

¿Es usted dueño (a) o alquila (renta) su casa?

INTERVIEWER IF ASKED: "Other arrangement" may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time / the majority of the year.

"Otro acuerdo" puede incluir hogar de grupo, quedándose con amigos o familiares sin pagar alquiler. Hogar es definido como la residencia principal que usted ocupa la mayoría del tiempo.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time/the majority of the year. We ask this question in order to compare health indicators among people with different housing situations.

Hogar es definido como la residencia principal que usted ocupa la mayoría del tiempo. Hacemos esta pregunta para comparar indicadores de salud entre personas con distintas situaciones de vivienda.

1. OWN / DUEÑO (A) SU CASA
2. RENT / ALQUILA (RENTA) SU CASA
3. OTHER ARRANGEMENT / OTRO ACUERDO

77. DON'T KNOW/NOT SURE
99. REFUSED

CACOUNTY (CDC-CORE)

8.15 What county do you live in?

COUNTYA.

¿En qué condado vive usted?

- | | | |
|----------------------------|---------------------|--------------------------------------|
| 001. ALAMEDA | 041. MARIN | 081. SAN MATEO |
| 003. ALPINE | 043. MARIPOSA | 083. SANTA BARBARA |
| 005. AMADOR | 045. MENDOCINO | 085. SANTA CLARA |
| 007. BUTTE | 047. MERCED | 087. SANTA CRUZ |
| 009. CALAVERAS | 049. MODOC | 089. SHASTA |
| 011. COLUSA | 051. MONO | 091. SIERRA |
| 013. CONTRA COSTA | 053. MONTEREY | 093. SISKIYOU |
| 015. DEL NORTE | 055. NAPA | 095. SOLANO |
| 017. EL DORADO | 057. NEVADA | 097. SONOMA |
| 019. FRESNO | 059. ORANGE | 099. STANISLAUS |
| 021. GLENN | 061. PLACER | 101. SUTTER |
| 023. HUMBOLDT | 063. PLUMAS | 103. TEHAMA |
| 025. IMPERIAL | 065. RIVERSIDE | 105. TRINITY |
| 027. INYO | 067. SACRAMENTO | 107. TULARE |
| 029. KERN | 069. SAN BENITO | 109. TUOLUMNE |
| 031. KINGS | 071. SAN BERNARDINO | 111. VENTURA |
| 033. LAKE | 073. SAN DIEGO | 113. YOLO |
| 035. LASSEN | 075. SAN FRANCISCO | 115. YUBA |
| 037. LOS ANGELES | 077. SAN JOAQUIN | 116. Other (CELL only) (888 for CDC) |
| 039. MADERA | 079. SAN L OBISPO | |
| 777. DON'T KNOW / NOT SURE | | |
| 999. REFUSED | | |

IF ANS=59 ASK, OTHERWISE SKP TO ZIPCODE2

COUNTY0TH (CDC-CORE)

8.16 What county do you live in?

ZIPCODE17 (CDC-CORE)

8.17 What is the ZIP Code where you currently live?

¿Cuál es el código postal dónde actualmente vive?

_____ ENTER THE FIVE DIGIT NUMBER

777777. DON'T KNOW/ NOT SURE

999999. REFUSED

NUMHOLD2 (CDC-CORE) (LANDLINE ONLY)

YES/NO.

8.18 Do you have more than one telephone number in your household?

Do not include cell phones or numbers that are only used by a computer or fax machine.

¿Tiene usted más de un número de teléfono en el hogar? No incluya los teléfonos celulares ni los números que sólo sean usados por una computadora o un fax.

1. YES

2. NO

GO TO CELL

77. DON'T KNOW / NOT SURE

99. REFUSED

HELPTXT:

The reason we ask these questions is because we randomly select CA phone numbers to call. It is important for us to know how likely each person is to be selected. For example, someone with 3 phones is more likely to be randomly selected than someone with one phone.

La razón por la cual hacemos estas preguntas es porque escogemos números de teléfono de CA para llamar al azar. Es importante para nosotros saber la probabilidad de cómo cada persona debe ser seleccionada. Por ejemplo, alguien con 3 teléfonos es más probable que sea seleccionado al azar que alguien con un teléfono.

NUMPHON4 (CDC-CORE) (LANDLINE ONLY)

8.19 How many of these phone numbers are residential numbers?

Cuántos de estos números de teléfono son números residenciales?

_____ ENTER NUMBER OF RESIDENTIAL NUMBERS (6=6 OR MORE)

77. DON'T KNOW/ NOT SURE

99. REFUSED

HELPTXT:

The reason we ask these questions is because we randomly select CA phone numbers to call. It is important for us to know how likely each person is to be selected. For example, someone with 3 phones is more likely to be randomly selected than someone with one phone.

La razón por la cual hacemos estas preguntas es porque escogemos números de teléfono de CA para llamar al azar. Es importante para nosotros saber la probabilidad de cómo cada persona debe ser seleccionada. Por ejemplo, alguien con 3 teléfonos es más probable que sea seleccionado al azar que alguien con un teléfono.

CELL17 (CDC-CORE) (LANDLINE ONLY)

YES/NO.

8.20 Including phones for business and personal use, do you have a cell phone for personal use?

Incluyendo teléfonos para uso personal y comercial (negocio), ¿Tiene un teléfono celular para uso personal?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

HELPTXT:

The reason we ask these questions is because we randomly select CA phone numbers to call. It is important for us to know how likely each person is to be selected. For example, someone with 3 phones is more likely to be randomly selected than someone with one phone.

La razón por la cual hacemos estas preguntas es porque escogemos números de teléfono de CA para llamar al azar. Es importante para nosotros saber la probabilidad de cómo cada persona debe ser seleccionada. Por ejemplo, alguien con 3 teléfonos es más probable que sea seleccionado al azar que alguien con un teléfono.

MILITAR2 (CDC-CORE)**YESNO.****8.21 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?***¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los estados Unidos, ya sea en el ejército normal, en la Guardia Nacional o en la Unidad de Reserva?*

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

Servicio activo no incluye entrenamiento para las reservas o la Guardia Nacional, pero SI incluye activación, por ejemplo, para la Guerra de Golfo Pérsico.

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

EMPLOY2 (CDC-CORE)**EMPLOYA.****8.22 Are you currently: Employed for wages, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, a Homemaker, a Student, Retired, or Unable to work?***¿Actualmente: Trabaja con sueldo, trabaja por cuenta propia, ha estado sin trabajo por más de 1 año, ha estado sin trabajo por menos de 1 año, es amo/a de casa, es estudiante, está jubilado/a, o no puede trabajar?*INTERVIEWER NOTE: **IF MORE THAN ONE SAY, Select the category which best describes you.***Seleccione la categoría que mejor le describa.*

1. EMPLOYED FOR WAGES / TRABAJA CON SUELDO

2. SELF-EMPLOYED / TRABAJA POR CUENTA PROPIA

3. OUT OF WORK FOR MORE THAN 1 YEAR / HA ESTADO SIN TRABAJO POR MÁS DE 1 AÑO

4. OUT OF WORK FOR LESS THAN 1 YEAR / HA ESTADO SIN TRABAJO POR MENOS DE 1 AÑO

5. HOMEMAKER / ES AMO/A DE CASA

6. STUDENT / ES ESTUDIANTE

7. RETIRED / ESTÁ JUBILADO/A

8. UNABLE TO WORK / NO PUEDE TRABAJAR

99. REFUSED

CHILD18 (CDC-CORE)**TYPE VII.****8.23 How many children less than 18 years of age live in your household?***¿Cuántos niños MENORES de 18 años de edad, viven en su hogar?*

HHSIZE = (NUMADULT1 + NUMCHILD)

__ ENTER NUMBER OF CHILDREN (RANGE: 0 – 9)

IF (ANS = 77 | ANS = 0 | ANS = 99) GO TO **INCOM02**

77. DON'T KNOW / NOT SURE
99. REFUSED

GO TO INCOM02
GO TO INCOM02

CHILDAGE (CA-CORE)

TYPE VII.

8.24 (If CHILD18=1, ask:) How old is the child?

¿Qué edad tiene el niño (a)?

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

¿Qué edad tienen los niños? Empezando con el más pequeño...

INTERVIEWER NOTE: ROUND UP TO WHOLE YEARS. FOR EXAMPLE, RECORD LESS THAN 1 YEAR OLD AS 1 YEAR.

RANGE: 1 – 17

PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS IN THE ORDER OF THEIR BIRTH

- | | |
|-----------------------------------|--------|
| ___ 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 / NOT SURE
99. REFUSED

Ask if CHILDAGE=1 or 2 (all children between 0 and <3 years)

ONEMONTH (CA-CORE)

TYPE VII.

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

¿Cuántos meses de edad tiene el niño (a) que tiene 2 años o menos?

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

Cuántos meses de edad tienen los niños que tienen 2 años o menos? Empezando con el más pequeño...

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
___ Months of ninth youngest child	ONEMONT9

77. DON'T KNOW / NOT SURE
99. REFUSED

HHSIZE (CA-CORE)*** Calculated variable do not ask ***

Household size.

HHSIZE = NUMADULT1 + CHILDREN (**LANDLINE ONLY**)
HHSIZE = HHADULT + CHILDREN (**CELL ONLY**)

INCOM02 (CDC-CORE)

INCOMED.

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

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

INTERVIEWER NOTE: Income information is very important because some of the programs we plan from the data we collect will be for people in certain income level groups. Furthermore, people's chances of illness or injury may vary according to their income and their ability to access health services. Your answer may help us learn how we can lower people's chances of becoming ill.
La información de ingresos es muy importante debido a que algunos de los programas que planeamos son de los datos que coleccionamos, y será para la gente en ciertos grupos de nivel de ingresos. Por otra parte, las posibilidades de lesión o enfermedad puede variar de acuerdo a sus ingresos y su capacidad para acceder a los servicios de salud. Las respuestas de la encuesta pueden ayudarnos aprender cómo podemos reducir las posibilidades de enfermedad.

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 greater

77. DON'T KNOW / NOT SURE
99. REFUSED

IF (HHSIZE = 1 & INCOM02 = 2) GO TO HH1IN2
IF (HHSIZE = 1 & INCOM02 = 3) GO TO HH1IN3
IF (HHSIZE = 1 & INCOM02 = 4) GO TO HH1IN41
IF (HHSIZE = 1 & INCOM02 = 5) GO TO HH1IN5
IF (HHSIZE = 2 & INCOM02 = 3) GO TO HH2IN3
IF (HHSIZE = 2 & INCOM02 = 4) GO TO HH2IN4
IF (HHSIZE = 2 & INCOM02 = 5) GO TO HH2IN51
IF (HHSIZE = 2 & INCOM02 = 6) GO TO HH2IN6
IF (HHSIZE = 3 & INCOM02 = 3) GO TO HH3IN4
IF (HHSIZE = 3 & INCOM02 = 5) GO TO HH3IN5
IF (HHSIZE = 3 & INCOM02 = 6) GO TO HH3IN61
IF (HHSIZE = 3 & INCOM02 = 7) GO TO HH3IN7

IF (HHSIZE = 4 & INCOM02 = 4) GO TO HH4IN4
 IF (HHSIZE = 4 & INCOM02 = 5) GO TO HH4IN5
 IF (HHSIZE = 4 & INCOM02 = 6) GO TO HH4IN61
 IF (HHSIZE = 4 & INCOM02 = 7) GO TO HH4IN7
 IF (HHSIZE = 5 & INCOM02 = 5) GO TO HH5IN5
 IF (HHSIZE = 5 & INCOM02 = 6) GO TO HH5IN6
 IF (HHSIZE = 5 & INCOM02 = 7) GO TO HH5IN71
 IF (HHSIZE = 6 & INCOM02 = 5) GO TO HH6IN5
 IF (HHSIZE = 6 & INCOM02 = 6) GO TO HH6IN6
 IF (HHSIZE = 6 & INCOM02 = 7) GO TO HH6IN71
 IF (HHSIZE = 6 & INCOM02 = 8) GO TO HH6IN8
 IF (HHSIZE = 7 & INCOM02 = 6) GO TO HH7IN61
 IF (HHSIZE = 7 & INCOM02 = 7) GO TO HH7IN71
 IF (HHSIZE = 7 & INCOM02 = 8) GO TO HH7IN8
 IF (HHSIZE = 8 & INCOM02 = 6) GO TO HH8IN6
 IF (HHSIZE = 8 & INCOM02 = 7) GO TO HH8IN7
 IF (HHSIZE = 8 & INCOM02 = 8) GO TO HH8IN81
 IF (HHSIZE = 8 & INCOM02 = 9) GO TO HH8IN9
 IF (HHSIZE = 9 & INCOM02 = 6) GO TO HH9IN6
 IF (HHSIZE = 9 & INCOM02 = 7) GO TO HH9IN7
 IF (HHSIZE = 9 & INCOM02 = 8) GO TO HH9IN81
 IF (HHSIZE = 9 & INCOM02 = 9) GO TO HH9IN9
 IF (HHSIZE = 10 & INCOM02 = 6) GO TO HH10IN6
 IF (HHSIZE = 10 & INCOM02 = 7) GO TO HH10IN7
 IF (HHSIZE = 10 & INCOM02 = 8) GO TO HH10IN81
 IF (HHSIZE = 10 & INCOM02 = 9) GO TO HH10IN9
 IF (HHSIZE = 11 & INCOM02 = 7) GO TO HH11IN71
 IF (HHSIZE = 11 & INCOM02 = 8) GO TO HH11IN8
 IF (HHSIZE = 11 & INCOM02 = 9) GO TO HH11IN9
 IF (HHSIZE = 11 & INCOM02 = 10) GO TO HH11IN10
 IF (HHSIZE = 12 & INCOM02 = 7) GO TO HH12IN7
 IF (HHSIZE = 12 & INCOM02 = 8) GO TO HH12IN8
 IF (HHSIZE = 12 & INCOM02 = 9) GO TO HH12IN91
 IF (HHSIZE = 12 & INCOM02 = 10) GO TO HH12IN10
 IF (HHSIZE = 13 & INCOM02 = 7) GO TO HH13IN7
 IF (HHSIZE = 13 & INCOM02 = 8) GO TO HH13IN8
 IF (HHSIZE = 13 & INCOM02 = 9) GO TO HH13IN91
 IF (HHSIZE = 13 & INCOM02 = 10) GO TO HH13IN10

GO TO INTERNET

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 THRESH02.

THRESH00, THRESH01, THRESH02... (CA-CORE)

YESNO.

8.27 Is your annual household income from all sources less than _____? (Table look up for income and household size) (This is an income threshold used for statistical purposes.)

¿ Es su ingreso familiar anual menos de: _____ \$?

- 1. YES
- 2. NO
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

INCOM02	=	1	2	3	4	5	6	7	8	9	10
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100-125k	125k+
HHSIZE=	1		\$11,880	\$15,800	\$21,978 / \$23,760	\$29,700					
(Household Size)	2			\$16,020	\$21,307	\$29,637 / \$32,040	\$40,050				
	3				\$20,160	\$26,813	\$37,296 / \$40,320	\$50,400			
	4				\$24,300	\$32,319	\$44,955 / \$48,600	\$60,750			
	5					\$28,440	\$37,825	\$52,614 / \$56,880 / \$71,100			
	6					\$32,580	\$43,331	\$60,273 / \$65,160	\$81,450		
	7						\$36,730 / \$48,851	\$67,951 / \$73,460	\$91,825		
	8						\$40,890	\$54,384	\$75,647 / \$81,780	\$102,225	
	9						\$45,050	\$59,917	\$83,343 / \$90,100	\$112,625	
	10						\$49,210	\$65,449	\$91,039 / \$98,420	\$123,025	
	11							\$53,370 / \$70,982	\$98,735	\$106,740	\$133,425
	12							\$57,530	\$76,515	\$106,431 / \$115,060	\$143,825
	13							\$61,690	\$82,048	\$114,127 / \$123,380	\$154,225

(100%, 133%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Vol. 81, No. 15, January 25, 2016, pp. 4036-4037.)

INTERNET (CDC-CORE)

YES/NO.

8.28 Have you used the internet in the past 30 days?

¿Ha usado el Internet en los últimos 30 días?

- 1. YES
- 2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

WEIGHT (CDC-CORE)

8.29 About how much do you weigh without shoes?

¿Cómo cuánto pesa usted sin zapatos?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN FRACTIONS, ASK WHICH WHOLE NUMBER IT IS CLOSEST TO. IF RESPONDENT STILL GIVES A FRACTION, ROUND FRACTIONS UP. IF RESPONDENT ANSWERS IN METRICS, USE CONVERSION TABLE.

___ ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) Range: 50 – 650
(verify all answers)

777. DON'T KNOW / NOT SURE
999. REFUSED

HEIGHT (CDC-CORE)

8.30 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. IF RESPONDENT ANSWERS IN METRICS, USE CONVERSION TABLE.

___ ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509)
(verify all answers)

777. DON'T KNOW / NOT SURE
999. REFUSED

Section 9: Preconception Health/ Family Planning

IF AGE_B >= 50 OR IF SEX₁=1 GO TO DEAF, AGE_B=45-49 GO TO PREG4549, OTHERWISE IF SEX₁=2 AND AGE_B<=44 CONTINUE

PREGNANT (CDC-CORE)

YES/NO.

10.1 To your knowledge, are you now pregnant?

¿Que usted sepa, está embarazada?

- 1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

PREG4549 (CDC-CORE)

YES/NO.

10.1A To your knowledge, are you now pregnant?

¿Que usted sepa, está embarazada?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

IF PREGNANT=1 OR PREG4549=1 GO TO DEAF

PFPPRVN17 (CDC-OPTIONAL MODULE)

BCNTRL.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Las siguientes preguntas son sobre sus pensamientos y experiencias con la planificación familiar. Por favor, recuerde que todas sus respuestas serán confidenciales.

10.2 Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

¿Usted o su pareja hicieron algo la última vez que tuvieron relaciones sexuales para evitar que usted quedara embarazada?

1. Yes/ Sí

2. No

3. No partner/not sexually active/ No tiene pareja/no tiene actividad sexual

4. Same sex partner/ No sabe/No está segura

5. Has had a hysterectomy/ Ha tenido una histerectomía

GO TO NOBCUSE6

GO TO DEAF

GO TO DEAF

GO TO DEAF

77. DON'T KNOW / NOT SURE

99. REFUSED

GO TO NOBCUSE6

GO TO NOBCUSE6

TYP CNTR7 (CDC-OPTIONAL MODULE)

TYP CNTR7.

9.3 What did you or your partner do the last time you had sex to keep you from getting pregnant?

¿La última vez que tuvieron relaciones sexuales, ¿qué hicieron usted o su esposo/pareja para evitar un embarazo?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

Si la encuesta indica MÁS DE UN método anticonceptivo, anote el que aparezca primero en la lista.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."

Si la encuestada indica usar “condones”, pregúntele si son “condones de mujer” o “condones de hombre”.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL (LE-VO-NOR-GES-TREL) IUD” OR “COPPER-BEARING IUD.”

Si la encuestada indica usar “DIU” (dispositivo intrauterino), pregunte para saber si es “DIU de levonorgestrel” o “DIU de alambre de cobre”.

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Si la encuestada responde “otro método”, pídale que especifique y asegúrese de que la respuesta no corresponda a alguna otra categoría. Si la respuesta corresponde a otra categoría, márkelo adecuadamente.

Read only if necessary:

01 Female sterilization (ex. Tubal ligation, Essure, Adiana)	GO TO DEAF
02 Male sterilization (vasectomy)	GO TO DEAF
03 Contraceptive implant (ex. Implanon)	GO TO DEAF
04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)	GO TO DEAF
05 Copper-bearing IUD (ex. ParaGard)	GO TO DEAF
06 IUD, type unknown	GO TO DEAF
07 Shots (ex. Depo-Provera)	GO TO DEAF
08 Birth control pills, any kind	GO TO DEAF
09 Contraceptive patch (ex. Ortho Evra)	GO TO DEAF
10 Contraceptive ring (ex. NuvaRing)	GO TO DEAF
11 Male condoms	GO TO DEAF
12 Diaphragm, cervical cap, sponge	GO TO DEAF
13 Female condoms	GO TO DEAF
14 Not having sex at certain times (rhythm or natural family planning)	GO TO DEAF
15 Withdrawal (or pulling out)	GO TO DEAF
16 Foam, jelly, film, or cream	GO TO DEAF
17 Emergency contraception (morning after pill)	GO TO DEAF
18 Other method (TYPCNTROTH)	GO TO DEAF
77 DON'T KNOW / NOT SURE	
99 REFUSED	

01. Esterilización femenina (p. ej., ligadura de trompas, Essure, Adiana)
02. Esterilización masculina (vasectomía)
03. Implante anticonceptivo (p. ej., Implanon)
04. DIU de Levonorgestrel (LNG) u hormonal (como Mirena)
05. DIU de cobre (como ParaGard)
06. DIU, de tipo desconocido
07. Inyecciones (como Depo-Provera)
08. Pastillas anticonceptivas de cualquier tipo
09. Parche anticonceptivo (como Ortho Evra)
10. Anillo anticonceptivo (como NuvaRing)
11. Condones de hombre
12. Diafragma, capuchón cervical, esponja
13. Condones de mujer
14. No tiene relaciones sexuales en ciertos días (método de ritmo o método anticonceptivo)

- natural)*
15. Retiro antes de la eyaculación (eyacula afuera)
 16. Espuma, gel, película o crema anticonceptiva
 17. Anticonceptivos de emergencia (pastilla de la "mañana siguiente")
 18. Otro método

77. NO SABE/NO ESTÁ SEGURA
99. SE NIEGA A CONTESTAR

NOBCUSE6 (CDC-OPTIONAL MODULE)

BCWHYNTD.

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

Algunos de los motivos que puede haber tenido usted para no hacer nada para evitar un embarazo la última vez que tuvieron relaciones sexuales pueden ser: desear un embarazo, no tener dinero para comprar un método anticonceptivo o pensar que no puede quedar embarazada.

9.4 What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

¿La última vez que tuvieron relaciones sexuales, ¿cuál fue el motivo principal de que usted no hiciera nada para evitar un embarazo?

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Si la encuestada responde "otro motivo", pídale que especifique y asegúrese de que la respuesta no corresponda a alguna otra categoría. Si la respuesta corresponde a otra categoría, márkuelo adecuadamente.

Read only if necessary:

- | | |
|--|------------|
| 01 You didn't think you were going to have sex/no regular partner | GO TO DEAF |
| 02 You just didn't think about it | GO TO DEAF |
| 03 Don't care if you get pregnant | GO TO DEAF |
| 04 You want a pregnancy | GO TO DEAF |
| 05 You or your partner don't want to use birth control | GO TO DEAF |
| 06 You or your partner don't like birth control/side effects | GO TO DEAF |
| 07 You couldn't pay for birth control | GO TO DEAF |
| 08 You had a problem getting birth control when you needed it | GO TO DEAF |
| 09 Religious reasons | GO TO DEAF |
| 10 Lapse in use of a method | GO TO DEAF |
| 11 Don't think you or your partner can get pregnant (infertile or too old) | GO TO DEAF |
| 12 You had tubes tied (sterilization) | GO TO DEAF |
| 13 You had a hysterectomy | GO TO DEAF |
| 14 Your partner had a vasectomy (sterilization) | GO TO DEAF |
| 15 You are currently breast-feeding | GO TO DEAF |
| 16 You just had a baby/postpartum | GO TO DEAF |
| 17 You are pregnant now | GO TO DEAF |
| 18 Same sex partner | GO TO DEAF |
| 19 Other reasons | GO TO DEAF |

77 DON'T KNOW / NOT SURE

99 REFUSED

- 01 No pensaba que iba a tener una relación sexual/no tiene una pareja fija
- 02 Simplemente no pensó que podía quedar embarazada
- 03 No le importaba quedar embarazada
- 04 Quería quedar embarazada
- 05 Usted o su pareja no quieren usar métodos anticonceptivos
- 06 A usted o a su pareja no les gustan los métodos anticonceptivos o sus efectos secundarios
- 07 No tuvo dinero para comprar un método anticonceptivo
- 08 Tuvo problemas para conseguir un método anticonceptivo cuando lo necesitó
- 09 Motivos religiosos
- 10 Interrumpió brevemente el uso de un método anticonceptivo
- 11 No cree que usted o su pareja puedan tener hijos (infértil o edad avanzada)
- 12 Le ligaron las trompas (esterilización)
- 13 Le hicieron una histerectomía
- 14 Su pareja tuvo una vasectomía (esterilización)
- 15 Está amamantando actualmente
- 16 Acababa de tener un bebé/posparto
- 17 Está embarazada actualmente
- 18 Pareja del mismo sexo
- 19 Otro motivo

77 NO SABE/NO ESTÁ SEGURA
99 SE NIEGA A CONTESTAR

Section 10: Disability

The following questions are about health problems or impairments you may have.

Las siguientes preguntas son acerca de problemas de salud o discapacidades que usted pueda tener.

DEAF (CDC-CORE-asked in 2009)

YES/NO.

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

Algunas personas sordas o que tienen dificultades para oír pueden o no pueden utilizar el equipo para comunicarse por teléfono.

10.1 Are you deaf or do you have serious difficulty hearing?

¿Es usted sordo/a o tiene seria dificultad para oír?

- 1. YES
- 2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

BLIND (CDC-CORE)

YES/NO.

10.2 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

¿Está usted ciego/a o tiene serias dificultades para ver, incluso cuando usa gafas (lentes)?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

REMEM2 (CDC-CORE)

YESNO.

10.3 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Debido a una condición física, mental o emocional, ¿tiene serias dificultades para concentrarse, recordar, o tomar decisiones?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

DIFFWALK (CDC-CORE)

YESNO.

10.4 Do you have serious difficulty walking or climbing stairs?

¿Tiene seria dificultad para caminar o subir escaleras?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

DIFDRES2 (CDC-CORE)

YESNO.

10.5 Do you have difficulty dressing or bathing?

¿Tiene dificultad para vestirse o bañarse?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

DIFFERND (CDC-CORE asked in 2009 Track 1 as CA-ODH)

YESNO.

10.6 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Debido a una condición física, mental, o emocional, ¿tiene dificultad para hacer mandados solo/a como ir al doctor o ir de compras?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Section 11: Tobacco Use

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

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

SMOKE100 (CDC-CORE)

YESNO.

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

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

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."

NOTA PARA EL ENTREVISTADOR: "Por cigarrillos, no incluya cigarrillos electrónicos (e-cigarettes, NJOY, Bluetip), cigarrillos de hierbas, cigarros, puros, puritos, pipas, bidis, kreteks, pipas de agua (narguiles) ni marihuana".

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

1. YES

2. NO

GO TO USENOW3

77. DON'T KNOW / NOT SURE

GO TO USENOW3

99. REFUSED

GO TO USENOW3

SMKEVDA2 (CDC-CORE)

EVDAY.

11.2 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 / *TODOS LOS DÍAS*

GO TO USENOW3

2. SOME DAYS / *ALGUNOS DÍAS*

GO TO USENOW3

3. NOT AT ALL / *NINGÚN DÍA*

77. DON'T KNOW / NOT SURE

99. REFUSED

LASTSMK2 (CDC-CORE)

SMOKREGB.

11.3 How long has it been since you last smoked a cigarette, even one or two puffs?

¿Cuánto tiempo hace desde la última vez que fumo un cigarrillo, aunque haya sido solo uno o dos soplos?

1. Within the past month / *Dentro del mes pasado* (less than 1 month ago)

2. Within the past 3 months / *Dentro de los pasados 3 meses* (1 month but less than 3 months ago)

3. Within the past 6 months / *Dentro de los pasados 6 meses* (3 months but less than 6 months ago)

4. Within the past year / *Dentro del año pasado* (6 months but less than 1 year ago)

5. Within the past 5 years / *Dentro de los pasados 5 años* (1 year but less than 5 years ago)

6. Within the past 10 years / *Dentro de los pasados 10 años* (5 years but less than 10 years ago)

7. 10 years or more / 10 años o más
8. Never smoked regularly / No ha fumado cigarillos regularmente

77. DON'T KNOW / NOT SURE
99. REFUSED

USENOW3 (CDC-CORE)

EVDAY.

11.4 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

¿Actualmente, usa usted el tabaco de mascar, el rape o snus todos los días, algunos días o nunca?

INTERVIEWER NOTE: SNUS (RHYMES WITH GOOSE)/SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

SNUS (RHYMES WITH "GOOSE.") SNUS (TABACO SUECO) ES UN TABACO HÚMEDO SIN HUMO, POR LO GENERAL SE VENDE EN BOLSAS PEQUEÑAS QUE SE COLOCAN BAJO EL LABIO CONTRA LA ENCÍA.

1. EVERYDAY
2. SOME DAYS
3. NOT AT ALL

77. DON'T KNOW
99. REFUSED

IF SMOKE 100 > 1 GO TO ECIGUSE
IF SMKEVDA2 > 2 GO TO ECIGUSE

Section 12: Quitting

QUIT1DY3 (CDC-CORE)

YESNO.

12.1 During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?

Durante los últimos 12 meses, ¿ha parado de fumar por un día o más porque estaba tratando de dejar de fumar?

INTERVIEWER NOTE: SEE F5 HELP FOR PROBES AND ADDITIONAL INFORMATION

HELPTXT: Asks whether the respondent has stopped smoking in the past 12 months because they were trying to quit. It is asked only of persons who indicate that they smoke every day or some days. If respondents say that they went without smoking for more than 1 day, but indicate that this is part of their normal smoking pattern, probe by asking:

ENGLISH PROBE:

'So, would you say that you have stopped smoking for one day or longer during the past 12 months, because you were trying to quit smoking?'

SPANISH PROBE:

Diría usted que ha parado de fumar por un día o más durante los últimos 12 meses, porque estaba tratando de dejar de fumar?

Emphasize 'quit' so that the respondent understands that we are asking about intentional quitting, not just failure to light up.

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ASK IF QUIT1DY3=1, ELSE GO TO QUITTIME

NOSMK (NOSMKDY, NOSMKWK, NOSMKMO) (CA-TCP)

TYPE V.

12.2 I'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

Me gustaría preguntarle sobre el último intento que usted hizo para dejar de fumar. Durante ese intento, ¿cuánto tiempo duró sin fumar un cigarrillo?

INTERVIEWER NOTE: ONE YEAR = 12 MONTHS

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

HELPTXT: Asked only of respondents who report that they have made at least one quit attempt in the past 12 months. The "last attempt" is the most recent attempt. Options not chosen should be entered as " not applicable". For example, if the respondent says "3 months", the interviewer should enter 3 months, " TIME FRAME DOES NOT APPLY" for weeks and " TIME FRAME DOES NOT APPLY" for days.

- ___ MONTHS NOSMKMO
- ___ WEEKS NOSMKWK
- ___ DAYS NOSMKDY

- 000. TIME FRAME DOES NOT APPLY
- 777. DON'T KNOW / NOT SURE FOR THAT TIME FRAME
- 999. REFUSED FOR THAT TIME FRAME
- 888. NEVER MADE A QUIT ATTEMPT

IF NOSMK =777 or 999 SKP TO RETSITUA or IF NOSMK =888 SKP QUITTIME, ELSE CONTINUE

QUITHELP (CA-TCP)

QUITHELP.

12.3 In the last quit attempt you made, did you?

¿En el último intento que hizo para dejar de fumar, usted?

INTERVIEWER: IF THEY DID NOT USE ANY OF THESE ONLY SELECT 88

- 1. Use medication, like Chantix or Zyban
Usó los medicamentos como Chantix o Zyban
- 2. Use Nicotine patches, nicotine gum or nicotine lozenges
Usó Parches de nicotina, chicle de nicotina o pastillas de nicotina
- 3. Use counseling advice
Usó el apoyo de un consejero
- 4. Use any self-help materials
Usó algunos materiales de autoayuda

- 88. NONE OF THESE
- 77. DON'T KNOW/NOT SURE

99. REFUSED

RETSITUA (CA-TCP)

RETSITUA.

12.4 In what situation did you return to smoking?

¿ Debido a que situación volvió usted a fumar?

INTERVIEWER: DO NOT READ. PROBE FOR MOST IMPORTANT REASON

- 1. A stressful situation
- 2. A death or tragedy
- 3. Where alcohol was served
- 4. Because of marital problems
- 5. In a social situation
- 6. The aroma of cigarette smoke
- 7. Because you were irritable due to smoking withdrawal
- 8. While driving
- 9. For enjoyment
- 10. OTHER ____ (specify) ____ <RETURTXT>

77. DON'T KNOW
99. REFUSED

ASK IF SMKEVDA2 <=2

QUITTIME (CA-TCP)

QUIT.

12.5 Do you plan to quit smoking cigarettes for good...?

¿Planea usted dejar de fumar cigarrillos para siempre?

- 1. In the next 30 days/ 1. *En los próximos 30 días*
- 2. In the next 3 months/ 2. *En los próximos 3 meses*
- 3. In the next 6 months / 3. *En los próximos 6 meses*
- 4. In the next year / 4. *En el próximo año*
- 5. Do not have a plan to quit / 5. *No tiene planeado (pensado) dejar de fumar*

77. DON'T KNOW / NOT SURE
99. REFUSED

ASK IF SMKEVDA<=2

MDSEE2 (CA-TCP)

YESNO.

12.6 Did you see your doctor or other health provider in the past 12 months?

¿Ha visitado a su doctor (médico) u otro profesional de la salud en los últimos 12 meses?

- 1. YES
- 2. NO

GO TO ECIGUSE

77. DON'T KNOW
99. REFUSED

GO TO ECIGUSE
GO TO ECIGUSE

MDSTOP2 (CA-TCP)

YESNO.

12.7 In the last 12 months did your doctor or other health care provider advise you to stop smoking?

¿En los últimos 12 meses, le aconsejó su doctor (médico) u otro profesional de la salud que debe dejar

de fumar?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Section 13: E-Cigarettes

The next questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for “marijuana.”

Las preguntas siguientes son sobre los cigarrillos electrónicos y otros productos electrónicos de 'vapear'. Estos productos típicamente contienen nicotina, sabores y otros ingredientes. No incluya productos que se usen sólo para 'marihuana'.

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

ECIGUSE (CDC-CORE)

YES/NO.

13.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

¿Alguna vez ha utilizado un cigarrillo electrónico u otros productos de 'vapor' electrónicos, aunque haiga sido sólo una vez, en toda su vida?

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Los cigarrillos electrónicos (e-cigarettes) y otros productos electrónicos de 'vapor' incluyen hookahs (pipas de agua) electrónicas (narguiles- electrónicas), plumas (bolígrafos) de vapor, cigarros- electrónicos y otros. Estos productos son con pilas y por lo general contienen nicotina y sabores como fruta, menta o caramelos.

- 1. YES
- 2. NO

GO TO DRNKALC2

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

GO TO DRNKALC2

GO TO DRNKALC2

ECIGEVDA (CDC-CORE)

EVDAY.

13.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

¿Usa ahora usted los cigarrillos electrónicos u otros productos de 'vapor' electrónicos todos los días, algunos días, o nunca?

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Los cigarrillos electrónicos (e-cigarettes) y otros productos electrónicos de 'vapor' incluyen hookahs (pipas de agua) electrónicas (narguiles- electrónicas), plumas (bolígrafos) de vapor, cigarros- electrónicos y otros. Estos productos son con pilas y por lo general contienen nicotina y sabores como fruta, menta o caramelos.

1. EVERYDAY
2. SOME DAYS
3. NOT AT ALL

77. DON'T KNOW
99. REFUSED

WHYECIGA (CA-TCP)

YN.

13.3 What best describes your reasons for using e-cigarettes? (ALLOW MULTIPLE RESPONSES)

¿Qué describe mejor sus razones para usar los cigarrillos electrónicos?

1. No lingering odor/ *Ningún olor persistente*
 2. Helps me concentrate/stay alert/ *Le ayuda a concentrarse / permanecer alerta*
 3. Used to quit cigarettes (or other tobacco products)/ *Lo utiliza para dejar de fumar cigarrillos (u otros productos de tabaco)*
 4. Used to cut down on cigarettes/ *Lo utiliza para reducir los cigarrillos*
 5. E-cigarettes come in many flavors/ *Los Cigarrillos electrónicos vienen en muchos sabores*
 6. Used in places where cigarettes are not allowed/ *Lo utiliza en lugares donde no se permiten cigarrillos*
 7. E-cigarettes are cheaper than cigarettes/ *Los Cigarrillos electrónicos son más baratos que los cigarrillos*
 8. E-cigarettes are healthier than cigarettes/ *Los Cigarrillos electrónicos son más saludables que los cigarrillos*
 9. Curiosity; just to try it/ *Por curiosidad; sólo para probarlo*
 10. Other (specify) / *Otro (Especifiqué)*
-
77. DON'T KNOW/NOT SURE
 99. REFUSED

Section 14: Alcohol Consumption

DRNKALC2 (CDC CORE)

TYPE II.

14.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage, such as beer, wine, a malt beverage, or liquor?

En los últimos 30 días, ¿en cuántos días por semana o por mes bebió usted por lo menos un trago de cualquier bebida alcohólica, tales como cerveza, vino, una bebida de malta o licor?

101-107 = DAYS PER WEEK
201-231 = DAYS IN PAST 30

____ ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS

888. NONE / *NINGUNA BEBIDA EN LOS ÚLTIMOS 30 DÍAS*
777. DON'T KNOW / NOT SURE
999. REFUSED

GO TO FRUIT17
GO TO FRUIT17
GO TO FRUIT17

NALCOCC3 (CDC CORE)**TYPE I.**

14.2 One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Un trago es equivalente a una cerveza de 12 onzas (350 ml), a una copa de vino de 5 onzas (150 ml) o a una medida de licor. Durante los últimos 30 días, en los días en que bebió, aproximadamente cuántos tragos bebió en promedio?

INTERVIEWER NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

____ ENTER NUMBER OF DRINKS (ONE HALF= .5) (VERIFY ALL ANSWERS)

77. DON'T KNOW / NOT SURE

99. REFUSED

DRNKGE5B (CDC CORE)**TYPE I.**

14.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if SEX1=1 "5 or more" If SEX1=2 "4 or more") drinks on an occasion?

Considerando todo tipo de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días, bebió {if(SEX1=1,"5 o más","4 o más")} en una sola ocasión?

____ ENTER NUMBER OF TIMES (VERIFY ALL ANSWERS)

88. NONE

77. DON'T KNOW / NOT SURE

99. REFUSED

DRINKNUM (CDC- CORE)**TYPE VII.**

14.4 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 ALL ANSWERS)

77. DON'T KNOW / NOT SURE

99. REFUSED

Section 15: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Ahora piense en los alimentos que comió o bebió durante el mes pasado, es decir, los últimos 30 días, incluyendo comidas y meriendas (aperitivos).

INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT

FOOD ITEM EACH DAY DURING THE PAST MONTH.

FRUIT17 (CDC-CORE)

TYPE XIX.

15.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

Sin incluir jugos, ¿con qué frecuencia comió fruta? Usted me puede decir en veces por día, por semana o veces por mes.

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?"*

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': Include fresh, frozen or canned fruit. Do not include dried fruits. / *Incluya frutas frescas, congeladas o enlatadas. No incluya frutas secas.*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

-- DAYS
-- WEEKS
-- MONTHS

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

JUICE17 (CDC-CORE)

TYPE XIX.

15.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

Sin incluir las bebidas con sabor a fruta o jugos de frutas con azúcar agregada, ¿con qué frecuencia bebió jugo de frutas 100% como jugo de manzana o naranja?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?"*

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "Do not include fruit-flavored drinks with added sugar like cranberry cocktail, hi-c, lemonade, kool-aid, gatorade, tampico, and sunny delight. Include only 100% pure juices or 100% juice blends." / *"No incluya bebidas con sabores de frutas con azúcar (agregado) como cóctel de arándano, hi-c, limonada, kool-aid, gatorade, tampico y sunny delight. Incluya sólo jugos 100% puros o mezclas de 100% jugo."*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

-- DAYS
-- WEEKS
-- MONTHS

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW

999. REFUSED

VEGGRE17 (CDC-CORE)

TYPE XIX.

15.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

¿Con qué frecuencia comió una ensalada de hojas verdes o de lechuga, con o sin otras verduras?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?*

READ IF RESPONDENT ASKS ABOUT SPINACH: "Include spinach salads." / *"Incluya ensaladas de espinaca"*.

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ DAYS
__ WEEKS
__ MONTHS

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

POTATO17 (CDC-CORE)

TYPE XIX.

15.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

¿Con qué frecuencia comió cualquier tipo de papas fritas, incluyendo papas fritas (French fries), papas fritas caseras (echas en casa) o hash browns (papa rayada frita)?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?*

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "Do not include potato chips." / *"No incluya papitas fritas"*.

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ DAYS
__ WEEKS
__ MONTHS

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

OTHTATO17 (CDC-CORE)

TYPE XIX.

15.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

¿Con qué frecuencia comió algún otro tipo de papas, o camotes (batatas, yams) como papas al horno, hervidas, en puré o ensalada de papa?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?*

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes." / *"Incluya todo tipo de papas menos las fritas. Incluya las papas gratinadas, o festoneadas".*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

-- DAYS
-- WEEKS
-- MONTHS

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

OTHRVE17 (CDC-CORE)

TYPE XIX.

15.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?

No incluya las ensaladas de lechuga y papas, ¿con qué frecuencia comió otras verduras?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?*

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice." / *"incluya tomates, ejotes, zanahorias, maíz, col, retoños de frijol, berza, y brócoli. Incluya vegetales crudos, cocidos, enlatados o congelados. No incluya arroz".*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

-- DAYS
-- WEEKS
-- MONTHS

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

Section 16: Exercise (Physical Activity)

EXERANY1 (CDC-CORE)

YESNO.

16.1 The next questions are about exercise, physical and recreational activities other than your regular job.

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A “REGULAR JOB DUTY” OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND THE MOST TIME DOING IN A REGULAR MONTH.

Las próximas preguntas son acerca del ejercicio, actividades recreativas y físicas aparte de su trabajo usual.

Durante los últimos 30 días, aparte de su trabajo usual, ¿participó usted en algunas actividades físicas o ejercicios tales como correr, calistenia, golf, jardinería, o camino para hacer ejercicio?

1. YES

2. NO

GO TO STRENGTH

77. DON'T KNOW / NOT SURE

GO TO STRENGTH

99. REFUSED

GO TO STRENGTH

EXERACT3 (CDC-CORE)

16.2 What type of physical activity or exercise did you spend the most time doing during the past month?

¿Qué clase de actividad física o ejercicio paso la mayoría de su tiempo haciendo durante el mes pasado?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS “OTHER “.

__ (Specify)

[See Physical Activity Coding List]

EXER30TH

77. DON'T KNOW / NOT SURE

GO TO STRENGTH

99. REFUSED

GO TO STRENGTH

EXEROFT1 (CDC-CORE)

TYPE III.

16.3 How many times per week or per month did you take part in this activity during the past month?

¿Cuántas veces a la semana o al mes tomo usted parte en esta actividad durante el mes pasado?

__ TIMES PER WEEK (EWKS1)

__ TIMES PER MONTH (EMONS1)

000. TIME FRAME DOES NOT APPLY

777. DON'T KNOW / NOT SURE

999. REFUSED

EXERHMM1 (CDC-CORE)

TYPE XI.

16.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Quando tomó parte en esta actividad, ¿cuántos minutos u horas se mantuvo haciéndolo usualmente?

__ HOURS (EHOURS1)

__ MINUTES (EMIUNTS1)

000. TIME FRAME DOES NOT APPLY

7777. DON'T KNOW / NOT SURE

9999. REFUSED

EXERACT4 (CDC-CORE)

16.5 What other type of physical activity gave you the next most exercise during the past month?

¿Qué otro tipo de actividad física le dio a usted el segundo nivel más alto de ejercicio, durante el mes pasado?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

__ (SPECIFY)

[SEE PHYSICAL ACTIVITY CODING LIST]

EXER40TH

88. NO OTHER ACTIVITY

GO TO STRENGTH

77. DON'T KNOW / NOT SURE

GO TO STRENGTH

99. REFUSED

GO TO STRENGTH

EXEROFT2 (CDC-CORE)

TYPE III.

16.6 How many times per week or per month did you take part in this activity during the past month?

¿Cuántas veces a la semana o al mes tomo usted parte en esta actividad durante el mes pasado?

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

__ TIMES PER WEEK (EWKS2)

__ TIMES PER MONTH (EMONS2)

777. DON'T KNOW / NOT SURE

999. REFUSED

EXERHMM2 (CDC-CORE)

TYPE XI.

16.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Cuando tomó parte en esta actividad, ¿cuántos minutos u horas se mantuvo haciéndolo usualmente?

__ HOURS (EHOURS2)

__ MINUTES (EMIUNTS2)

000. TIME FRAME DOES NOT APPLY

7777. DON'T KNOW / NOT SURE

9999. REFUSED

STRENGTH (CDC-CORE)

TYPE II.

16.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

Durante el mes pasado, ¿cuántas veces a la semana o al mes realizó actividades físicas o ejercicios para FORTALECER sus músculos? [NO cuente los ejercicios aeróbicos como caminar, correr o andar en bicicleta.] Cuente las actividades en las que usó su propio peso corporal, como yoga, abdominales o lagartijas y aquellas en las que usó máquinas de pesas, pesas sueltas o bandas elásticas.

-- TIMES PER WEEK (STRWKS)
-- TIMES PER MONTH (STRMONS)

000. TIME FRAME DOES NOT APPLY
888. NOT APPLICABLE (NEVER)
777. DON'T KNOW / NOT SURE
999. REFUSED

Section 17: Seatbelt Use

SEATBELT (CDC-CORE)

SEATBELT.

17.1 How often do you use seat belts when you drive or ride in a car? Would you say...

¿Qué tan seguido usa usted cinturones de seguridad cuando maneja (conduce) o pasea en un carro (automóvil)? Diría usted...

1. Always
Siempre
2. Nearly always
Casi siempre
3. Sometimes
A veces
4. Seldom
Rara vez
5. Never
Nunca

88. NOT APPLICABLE (Never drive or ride in a car)
77. DON'T KNOW/ NOT SURE
99. REFUSED

Section 18: Immunizations

FLUSHOT6 (CDC-CORE)

YES/NO.

18.1 Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Ahora le preguntaré sobre la influenza estacional (de temporada). Hay dos maneras de conseguir la vacuna contra la gripe estacional, una es una vacuna inyectada en el brazo y la otra es un espray en la nariz llamado FluMist. Durante los últimos 12 meses, ¿ha tenido ya sea una vacuna contra la gripe estacional o la vacuna estacional en forma de espray en la nariz?

READ ONLY IF NECESSARY: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

LEER SÓLO SI ES NECESARIO: Una nueva vacuna antigripal salió en el 2011 se inyecta la vacuna en la piel con una aguja muy pequeña. Se llama Fluzone intradérmica. Vacuna. También se considera una vacuna antigripal.

- 1. YES
- 2. NO

GO TO PNEUMVC3

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

GO TO PNEUMVC3
GO TO PNEUMVC3

FLSHTWH3 (CDC-CORE)

TYPE1.

18.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

¿Durante qué mes y año recibió usted su más reciente inyección contra la influenza estacional inyectada en el brazo o la vacuna estacional en forma de espray en la nariz?

__ / ____ MONTH / YEAR

- 77 / 7777 DON'T KNOW / NOT SURE
- 99 / 9999 REFUSED

FLUPLAC5 (CDC- OPTIONAL MODULE- CA IMMUN)

FLUPLACF.

18.3 At what kind of place did you get your last flu shot/vaccine?

¿En qué tipo de lugar recibió la vacuna contra la gripe?

INTERVIEWER NOTE: Probe "don't know" with "How would you describe the place where you went to get your most recent flu vaccine?"

Si responden "no sabe" preguntar "¿Cómo describiría el lugar donde fue usted a conseguir su vacuna contra la gripe más reciente?"

Please read only if necessary:

Léale solo si es necesario:

- 1. A doctor's office or health maintenance organization (HMO)/Un consultorio médico o una organización para el mantenimiento de la salud (HMO, por sus siglas en inglés)
- 2. A health department/El Departamento de salud pública
- 3. Another type of clinic or health center (Example: community health center)/ Otro tipo de clínica o centro médico (Ejemplo: centro médico de la comunidad)
- 4. A senior center, recreation, or community center/Un centro de la tercera edad, recreación, o centro comunitario
- 5. A store (Examples: supermarket, drugstore)/Una tienda (Ejemplos: supermercado, farmacia)
- 6. A hospital (Example: inpatient)/Un hospital (Ejemplo: pacientes hospitalizados)
- 7. An emergency room/Una sala de emergencias
- 8. Workplace/Lugar de trabajo
- 9. Some other kind of place (specify)/ Algún otro tipo de lugar (especifique)
- 10. (Do not read) Received vaccination in Canada/Mexico/(NO LEER) HAN RECIBIDO VACUNAS EN CANADÁ/MÉXICO
- 11. A school/Una escuela

- 777. DON'T KNOW / NOT SURE/NO Sé/NO ESTOY SEGURA(O)
- 999. REFUSED/SE NIEGA A CONTESTAR

PNEUMVC3 (CDC-CORE)**YESNO.**

18.4 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

Una inyección contra la pulmonía o vacuna neumocócica es usualmente administrada solamente una o dos veces en la vida de una persona y es diferente a la inyección contra la influenza (gripe). ¿Alguna vez le han puesto la inyección contra la pulmonía?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ASK IF AGE >=50

SHINGLES17 (CDC-CORE)**YESNO.**

The next question is about the Shingles vaccine.

La siguiente pregunta es acerca de la vacuna contra shingles (la culebrilla).

18.5 Have you ever had the shingles or zoster vaccine?

¿Alguna vez ha tenido usted la vacuna contra Shingles (la culebrilla) o herpes zóster?

READ IF NECESSARY: Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

Shingles (La culebrilla) es causada por el virus de la varicela. Es un brote de sarpullido o ampollas en la piel que puede acompañarse de dolor intenso. Desde mayo del 2006 existe una vacuna contra shingles (la culebrilla): se llama Zostavax®, vacuna contra el herpes zóster o vacuna contra Shingles (la culebrilla).

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

TETNUS14 (CDC- OPTIONAL MODULE- CA IMMUN)**TDAP.**

Next I will ask about the tetanus diphtheria vaccine.

A continuación, le voy a preguntar sobre la vacuna contra el tétano y la difteria

18.6 Since 2005, have you had a tetanus shot?

Desde el 2005, ¿se ha puesto una vacuna contra el étano?

If yes, ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

¿Fue la Tdap, la vacuna contra el tétano que también incluye la vacuna contra la tosferina (pertussis)?

1. Yes, received Tdap / *Sí, recibió la Tdap*
2. Yes, received tetanus shot, but not Tdap / *Sí, recibió la vacuna contra el tétano, pero no la Tdap*
3. Yes, received tetanus shot but not sure what type / *Sí, recibió la vacuna contra el tétano, pero no está seguro(a) qué tipo*
4. No, did not receive any tetanus since 2005 / *No, no ha recibido ninguna vacuna del tétano desde el 2005*

77. DON'T KNOW/NOT SURE

99. REFUSED

Section 19: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask about testing, we will not ask you about the results of any test you may have had.

Las siguientes preguntas se refieren al problema nacional de salud del VIH, el virus que causa el SIDA. Por favor recuerde que sus respuestas son estrictamente confidenciales y que no necesita contestar todas las preguntas si no lo desea. Aunque, le preguntaremos si se ha realizado exámenes, no le preguntaremos sobre los resultados de ninguno de ellos.

AIDSTST8 (CDC-CORE)

YES/NO.

19.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid (saliva) from your mouth.

¿Alguna vez se ha hecho la prueba de VIH? No cuenta las pruebas que le hayan realizado al donar sangre. Incluye las pruebas de fluidos (saliva) de su boca.

1. Yes

2. No

GO TO EXPWHERE

77. DON'T KNOW / NOT SURE

99. REFUSED

GO TO EXPWHERE

GO TO EXPWHERE

TSTDATE (CDC-CORE)

TSTDATE.

19.2 Not including blood donations, in what month and year was your last HIV test? (Include saliva tests).

Sin incluir las donaciones de sangre, ¿en qué mes y año fue su última prueba del VIH?

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985 CODE "DON'T KNOW." CODE 4 DIGIT YEAR.

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY, 1985 CODE '777777' = DON'T KNOW/NOT SURE

INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS '77' AND THE LAST FOUR DIGITS FOR THE YEAR. - EX. 772000.

ENTER MONTH AND YEAR (MMYYYY)
(FOR EXAMPLE: JUNE OF 2013 = 062013)

___/___ ENTER MONTH AND YEAR (TSTDT_M/TSTD_Y)

777777. DON'T KNOW / NOT SURE

999999. REFUSED

EXPWHERE17 (CDC-CORE)

YES/NO.

19.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Voy a leerle una lista. Cuando termine, por favor dígame si alguna de estas situaciones le aplica a usted. No me tiene que decir cuál.

You have injected any drug other than those prescribed for you in the past year.

Se inyectó cualquier otro medicamento aparte de aquellos recetados para usted en el último año.

You have been treated for a sexually transmitted disease or STD in the past year.

Usted ha sido tratado para una enfermedad de transmisión sexual o ETS (enfermedad venérea) en el último año.

You have given or received money or drugs in exchange for sex in the past year.

Ha dado o recibió dinero o drogas a cambio de sexo en el último año

You had anal sex without a condom in the past year.

Tuvo sexo anal sin condón en el último año.

You had four or more sex partners in the past year.

Tuvo cuatro o más parejas sexuales en el último año.

Do any of these situations apply to you?

¿Alguna de estas situaciones le aplica a usted?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

Section 20: Childhood Lead Poisoning Prevention

Now, I would like to ask you some questions about health, housing, the place where you live, and about health care.

Ahora, me gustaría hacerle algunas preguntas acerca de la salud, la vivienda, el lugar donde vive y sobre el cuidado de la salud.

LEAD1 (CA-LEAD PROGRAM)—Ask all respondents

YES/NO.

20.1 Thinking about the house or building you live in. Was it built before 1978?

Pensando en la casa o edificio donde vive usted. ¿Fue construida antes de 1978?

1. YES

2. NO

GO TO LEADR

77. DON'T KNOW/NOT SURE

GO TO LEADR

99. REFUSED

GO TO LEADR

Ask only of those answering LEAD1 as "Yes."

LEADCHP1 (CA-LEAD PROGRAM)

YES/NO.

20.2 Does the place you live in have peeling or chipped paint?

¿Tiene su hogar pintura que se está despegando o pelando?

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

Ask only of those answering LEAD1 as "Yes."

LEADREN4 (CA-LEAD PROGRAM)

YES/NO.

20.3 Has the place you live in been remodeled, renovated, repaired, painted, or had work done on it in the last 12 months?

¿El lugar donde vive usted ha sido remodelado, renovado, reparado, pintado, o le han hecho trabajo en los últimos 12 meses?

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

Ask all respondents

LEADR (CA-LEAD PROGRAM)

20.4 Compared to other population groups, what is the likelihood that African Americans, Latinos, and recent immigrants are at risk for lead poisoning?

En comparación con otros grupos de la población, ¿cuál es la probabilidad de que los afroamericanos, los latinos y los inmigrantes recientes están en riesgo de envenenamiento por plomo?

1. More Likely / Es más probable
2. Equally Likely / Igual de probable
3. Less Likely / Menos probable

77. DON'T KNOW/NOT SURE
99. REFUSED

Ask all respondents

LEADI (CA-LEAD PROGRAM)

20.5 Compared to higher-income families, what is the likelihood that low-income families in government-assisted programs are at risk for lead poisoning?

¿Comparado con familias de ingresos más altos, cuál es la probabilidad que las familias de bajos ingresos en los programas de asistencia del gobierno están en riesgo de envenenamiento por plomo?

1. More Likely / Es más probable
2. Equally Likely / Igual de probable
3. Less Likely / Menos probable

77. DON'T KNOW/NOT SURE

99. REFUSED

Ask all respondents

LEADTHR--(CA-LEAD PROGRAM)

TRUEFALSE.

20.6 Children cannot get lead in their bodies from using traditional or herbal remedies. Is this statement true or false?

*Los niños no pueden obtener plomo en sus cuerpos por usar remedios de hierbas o tradicionales.
¿Es esta declaración cierta o falsa?*

- 1. TRUE
- 2. FALSE

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

HELPTXT: FALSE, Children can have lead in their bodies from using IMPORTED traditional or herbal remedies.

FALSO, Los niños pueden tener plomo en sus cuerpos por usar remedios tradicionales o hierbas importadas.

Ask all respondents

LEADC--(CA-LEAD PROGRAM)

TRUEFALSE.

20.7 Children can get lead in their bodies from eating foods like Mexican grasshoppers or Chapulines. Is this statement true or false?

*Los niños pueden obtener plomo en sus cuerpos por comer alimentos como saltamontes (Mexicanos) o Chapulines.
(¿Es esta declaración cierta o falsa?)*

- 1. TRUE
- 2. FALSE

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

HELPTXT: TRUE, Children can have lead in their bodies from eating IMPORTED foods like Mexican grasshoppers or Chapulines.

H: CIERTO, Los niños pueden tener plomo en sus cuerpos por comer alimentos IMPORTADOS como saltamontes (mexicanos) o Chapulines.

Ask all respondents

LEADTC--(CA-LEAD PROGRAM)

TRUEFALSE.

20.8 Children can get lead in their bodies from eating foods with brightly colored spices like turmeric or chili. Is this statement true or false?

Los niños pueden obtener plomo en sus cuerpos por comer alimentos con especias de colores brillantes como cúrcuma o Chile. (¿Es esta declaración cierta o falsa?)

- 1. TRUE
- 2. FALSE

77. DON'T KNOW/NOT SURE
99. REFUSED

HELPTXT: TRUE, Children can have lead in their bodies from eating IMPORTED foods with brightly colored spices like turmeric or chili.

H: CIERTO, Los niños pueden tener plomo en sus cuerpos por comer alimentos IMPORTADOS con especias de colores brillantes como cúrcuma o Chile.

Ask all respondents

LEADSKS--(CA-LEAD PROGRAM)

TRUEFALSE.

20.9 Children can get lead in their bodies from touching or using some powders or cosmetics like surma, kohl or sindoor. Is this statement true or false?

Los niños pueden obtener plomo en sus cuerpos por tocar o usar algunos polvos o cosméticos como el kohl, surma o sindoor. ¿Es esta declaración cierta o falsa?

1. TRUE
2. FALSE

77. DON'T KNOW/NOT SURE
99. REFUSED

HELPTXT: TRUE, Children can have lead in their bodies from touching or using some IMPORTED powders or cosmetics like surma, kohl or sindoor.

H: CIERTO, Los niños pueden tener plomo en sus cuerpos por tocar o usar algunos polvos IMPORTADOS o cosméticos como surma, kohl o sindoor.

Ask all respondents

LEADH2OP--(CA-LEAD PROGRAM—New Question)

TRUE.

20.10 Lead in a child's blood can come from tap water passing through plumbing.

El plomo en la sangre de un niño puede venir del agua de la llave que pasa a través de la plomería.

1. TRUE
2. FALSE

77. DON'T KNOW/NOT SURE
99. REFUSED

HELPTXT: TRUE, Anyone can have lead in their blood from using tap water passing through plumbing.

H: CIERTO, Cualquiera puede tener plomo en la sangre por usar agua de la llave que pasa a través de las tuberías.

Ask all respondents

LEADA—(CA-LEAD PROGRAM—New Question)

YESNO.

20.11 Do you live near processing factories, plants, battery recycling facilities or other industrial sources of lead in air?

¿Vive usted cerca de fábricas, plantas, instalaciones de reciclaje de baterías u otras fuentes industriales de proceso (procesamiento) de plomo en el aire?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Ask all respondents

LEADLP—(CA-LEAD PROGRAM—New Question)

YESNO.

20.12 Have you heard of city or county Childhood Lead Poisoning Prevention Programs?

¿Ha oído hablar de los programas de Prevención de Envenenamiento por Plomo Infantil en la ciudad o el condado?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ASK ONLY RESPONDENTS WITH CHILDREN, OTHERWISE GO TO SODAPOP

LEADH20S--(CA-LEAD PROGRAM—New Question)

YESNO.

20.13 Do you know if your child's childcare, pre-school, or elementary school has tested for lead in its water supply?

¿Sabe usted si la guardería, la escuela preescolar o la escuela primaria de su hijo/a han hecho pruebas para el plomo en su agua?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

INTERVIEWER NOTE: In the event that child does not attend childcare, pre-school or elementary school, enter no.

LPPS1 (CA-LEAD PROGRAM)

YESNO.

20.14 Has your child's childcare, pre-school, or elementary school given you information or talked to you about preventing childhood lead poisoning?

Alguna vez le han dado información o han hablado con usted acerca de la prevención del envenenamiento infantil por plomo en la guardería, el preescolar o la escuela primaria de su hijo/a?

- 1. YES
- 2. NO
- 3. NO CHILD IN THOSE GRADES

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

INTERVIEWER NOTE: Elementary school is defined as up to grade 6. / *La escuela primaria se define hasta el sexto (6) grado.*

INTERVIEWER NOTE: IN THE EVENT THAT CHILD DOES NOT ATTEND CHILDCARE, PRE-SCHOOL OR

ELEMENTARY SCHOOL, ENTER NO.

Ask this about the children in the household in this order: 2 year-old, 1 year-old, 3 year-old, 4 year-old, 5 year-old, but only ask once.) If NO children under age 6 years, GO TO SODAPOP CAREKIDD (CA-LEAD PROGRAM) YES/NO.

20.15 Did you personally take the **-year-old to a regular medical checkup during the past twelve months?

*¿Usted personalmente llevo al niño/a de ** - años de edad, para un chequeo médico regular durante los últimos doce meses?*

1. YES

2. NO

GO TO SODAPOP

77. DON'T KNOW/NOT SURE

99. REFUSED

GO TO SODAPOP

GO TO SODAPOP

The last question, LEADTST3, IS to be asked only of respondents with a child living in the household < 6 years of age AND only if the respondent reported that they personally took the child to their checkup

LEADTST3 (CA-LEAD PROGRAM)

YES/NO.

20.16 Has your **-year-old child ever had a blood lead test?

*¿Alguna vez ha tenido su hijo(a) de *** años una prueba de plomo en la sangre?*

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

Section 21: Sugary Beverages/Fast Food/Menu Labeling

Now I would like to ask you some questions about sugary beverages.

Ahora me gustaría hacerle algunas preguntas sobre bebidas endulzadas.

SODAPOP (CA-NEOP)

TYPE XIX.

21.1 During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

¿Durante los últimos 30 días, con qué frecuencia tomo refrescos regulares o sodas que contienen azúcar? No incluya los refrescos de dieta.

__ TIMES PER DAY

__ TIMES PER WEEK

__ TIMES PER MONTH

000. LESS THAN ONCE A MONTH

555. NOT APPLICABLE (NEVER)

777. DON'T KNOW / NOT SURE

999. REFUSED

SWTDRINK (CA-NEOP)**TYPE XIX.**

21.2 During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade or Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

¿Durante los últimos 30 días, con que frecuencia tomo bebidas de fruta endulzadas con azúcar (como Kool aid y limonada), té dulce y bebidas energéticas (como Gatorade y Red Bull)? No incluya jugo 100% de fruta, bebidas dietéticas o bebidas endulzadas artificialmente.

- __ TIMES PER DAY
- __ TIMES PER WEEK
- __ TIMES PER MONTH

- 000. LESS THAN ONCE A MONTH
- 555. NOT APPLICABLE (NEVER)
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

Section 22: Marijuna Use

Now I would like to ask you a few questions about marijuana use.

Ahora me gustaría hacerle algunas preguntas sobre el uso de la marihuana.

MARIJANA (CDC OPTIONAL MODULE CA-DHCS)**TYPE I.**

22.1 During the past 30 days, on how many days did you use marijuana or hashish?

Durante los últimos 30 días, cuántos días ¿ha usado marihuana o hachís?

_____ 1-30 NUMBER OF DAYS

- 77. DON'T KNOW / NOT SURE
- 88. NONE (ZERO DAYS)
- 99. REFUSED

IF RESPONSE =1 to 30, 77 ASK USEMRJNA17, OTHERWISE SKIP TO ASBIDRNK

USEMRJNA17 (CDC OPTIONAL MODULE CA-DHCS)**MUSE.**

22.2 During the past 30 days, what was the primary mode you used marijuana? Please select one. Did you....

Durante los últimos 30 días, ¿cuál fue el modo principal que utilizó la marihuana? Por favor seleccione uno. ¿Usted la ...

INTERVIEWER NOTE: Use clarification in parentheses if needed.

PLEASE SELECT ONE

1. Smoke it? (for example: in a joint, bong, pipe, or blunt)
Fumó? (por ejemplo: en cigarro, bong (pipa de agua), pipa, o en un puro)
2. Eat it? (for example, in brownies, cakes, cookies, or candy)
Comió? (por ejemplo, en brownies, pasteles, galletas o dulces)
3. Drink it? (for example, in tea, cola, alcohol)
Bebió? (por ejemplo, en el té, bebidas de cola, o alcohol)
4. Vaporize it? (for example in an e-cigarette-like vaporizer or another vaporizing device)

Vaporizo? (Por ejemplo en un vaporizador parecido a un cigarrillo electrónico u otro aparato (dispositivo) de vaporización)

- 5. Dab it? (for example, using waxes or concentrates)
Unto? (por ejemplo, el uso de ceras o concentrados)
- 6. Use it some other way?
La utilizó de algún otro modo?

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

MARIJMED (CA-TCP NEW 2017)

MARIJMED.

22.3 When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction? (such as: excitement, to “fit in” with a group, increased awareness, to forget worries, for fun at a social gathering).

¿Cuándo usó la marihuana o hachís durante los últimos 30 días, fue por razones médicas para tratar o disminuir los síntomas de una condición de la salud, o fue sin razón (motivo) médica para obtener placer o satisfacción? (Tales como: excitación (emoción), 'quedar bien' con un grupo, aumentar la conciencia, olvidar las preocupaciones, o diversión en una reunión social).

Read if necessary:

- 1. Only for medical reasons to treat or decrease symptoms of a health condition / *Sólo por razones médicas para tratar o disminuir los síntomas de una condición de salud*
- 2. Only for non-medical purposes to get pleasure or satisfaction / *Sólo para fines de obtener placer o satisfacción sin motivos médicos*
- 3. Both medical and non-medical reasons / *Por las dos razones médicas y no médicas*

Do not read:

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Section 23: Alcohol Screening and Brief Intervention (ASBI)

IF CHECKUP2 = 1, OR 2 ASK ASBIDRNK, ELSE GO TO TYPEWORK

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

Durante los chequeos de rutina, los proveedores de atención médica pueden preguntarle acerca de comportamientos como el consumo de alcohol: si usted toma o no. Queremos conocer las preguntas que le hicieron.

ASBIDRNK (CDC-OPTIONAL MODULE)

YESNO.

23.1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

Anteriormente, usted me dijo que su último chequeo de rutina fue [dentro del último año/dentro de los 2 últimos años]. En ese chequeo, ¿se le preguntó personalmente o en un formulario si usted bebe alcohol?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ASBIMUCH (CDC-OPTIONAL MODULE)**YESNO.****23.2 Did the health care provider ask you in person or on a form how much you drink?**

¿El proveedor de atención médica le preguntó personalmente o en un formulario qué cantidad de alcohol bebe?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ASBIOCCA (CDC-OPTIONAL MODULE)**YESNO.****23.3 Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?**

¿El proveedor de atención médica le preguntó específicamente si toma [5 FOR MEN /4 FOR WOMEN] bebidas alcohólicas o más en una ocasión?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ASBIADVC (CDC-OPTIONAL MODULE)**YESNO.****23.4 Were you offered advice about what level of drinking is harmful or risky for your health?**

¿Le dieron consejos acerca de qué cantidad de bebidas alcohólicas es dañino o riesgoso para su salud?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 88. SKIP PATTERN ERROR DATA NOT COLLECTED WHEN SHOULD HAVE BEEN QUARTER 1 ONLY
- 99. REFUSED

IF ASBIDRNK, ASBIMUCH, OR ASBIOCCA = 1 (YES) CONTINUE TO ASBILESS, ELSE GO TO TYPEWORK

ASBILESS (CDC-OPTIONAL MODULE)**YESNO.****23.5 Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?**

Los proveedores de atención médica también pueden aconsejarles a los pacientes que tomen menos por varias razones. En su último chequeo de rutina, se le aconsejó reducir la cantidad de alcohol que toma o que deje de tomar?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE

99. REFUSED

Section 24: Industry and Occupation

Now I am going to ask you about your work.

Ahora voy a preguntarle sobre su trabajo.

IF EMPLOY2 =1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK, IF EMPLOY2=4 ASK
TYPEWRK2, ALL ELSE SKIP TO HAVEGUN2
TYPEWORK (CDC OPTIONAL MODULE -CA-OHB)

24.1 What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic)

¿Qué tipo de trabajo realiza usted? (por ejemplo, enfermera titulada, personal de limpieza, cajero, mecánico de automóviles)

ENTER RESPONSE _____

77. DON'T KNOW / NOT SURE
99. REFUSED

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK "What is your job title?"
IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, "What is your main job?"

IF EMPLOY2 =4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK
TYPEWRK2 (CDC OPTIONAL MODULE-CA-OHB)

24.2 What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)

¿Cuál fue el título de su trabajo? (por ejemplo, enfermera titulada, personal de limpieza, cajero, mecánico de automóviles)

ENTER RESPONSE _____

77. DON'T KNOW / NOT SURE
99. REFUSED

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK "What was your job title?"
¿Cuál es su profesión (título de su trabajo)?

IF RESPONDENT HAD MORE THAN ONE JOB THEN ASK, "What was your main job?"
¿Cuál es su trabajo principal?

IF EMPLOY2 =1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) OR 4 (OUT OF WORK FOR
LESS THAN 1 YEAR) ASK
TYPEINDS (CDC OPTIONAL MODULE-CA-OHB)

24.3 What kind of business or industry do (did) you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

¿En qué tipo de negocio o industria trabaja (o ha trabajado)? (por ejemplo, hospital, escuela primaria, fabricación de ropa, restaurante)

ENTER RESPONSE _____

77. DON'T KNOW / NOT SURE

99. REFUSED

IF EMPLOY2 =1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) OR 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK, ELSE SKIP TO HAVEGUN2

WRKRHURT17 (CA-OHB)

YES/NO.

24.4 During the past 12 months, were you injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional?

Durante los últimos 12 meses, ¿se lesionó seriamente en su trabajo que tuvo que recibir tratamiento médico de un doctor, enfermera u otro profesional de la salud?

1. YES

2. NO

GO TO HAVEGUN2

77. DON'T KNOW/ NOT SURE

GO TO HAVEGUN2

99. REFUSED

GO TO HAVEGUN2

WRKTXPAY17 (CA-OHB)

WRKTXPAY17.

24.5 For your most recent work-related injury, who paid for your medical expenses?

Para su más reciente lesión relacionada con el trabajo, ¿ quién pagó sus gastos médicos?

1. Workers' compensation / *Compensación de trabajadores*

2. You or your family's own health insurance plan, or other health insurance coverage plan (includes Medicare and MediCal) / *Su propio plan de seguro medico o de su familia u otro plan de cobertura de seguro médico (incluye Medicare y MediCal)*

3. You or your family's out of pocket / *Pagó de su propio bolsillo o del de su familia*

4. Your employer WITHOUT a workers' compensation claim / *Su empleador SIN un reclamo de compensación para trabajadores*

5. Other source (specify) – not Medicare or MediCal / *Otra fuente (especificar) – Que no sea Medicare o MediCal----* OTHER SPECIFY (WRKTXPAY17_O1)

6. Who will pay is still in process or not resolved / *Quién pagará está en proceso todavía o no está resuelto*

88. No one paid, no treatment / *Nadie pagó, ningún tratamiento*

77. DON'T KNOW/ NOT SURE

99. REFUSED

Section 25: Firearm Safety

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

Las siguientes preguntas son sobre la seguridad y las armas de fuego. Algunas personas tienen armas para fines recreativos como la cacería o para tirar (disparar) como deporte (tiro al blanco). La gente también guarda las armas en el hogar para la protección. Por favor incluya armas de fuego tales como pistolas, revólveres, escopetas y rifles; Pero no incluya las armas de balines (Armas de aire comprimido) o las armas que no

disparan.

HAVEGUN2 (CDC OPTIONAL MODULE SACB-FUSION CENTER)

YES/NO.

25.1 Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.

¿Hay alguna arma de fuego dentro o alrededor de su casa ahora? Incluya aquellos guardados en un garaje, área de almacén exterior, automóvil, camión u otro vehículo motorizado.

1. YES

2. NO

3. REFUSED TO CONTINUE WITH GUN MODULE

GO TO WEAR1

GO TO WEAR1

7. DON'T KNOW/NOT SURE

9. REFUSED

GO TO WEAR1

GO TO WEAR1

LOADED7 (CDC OPTIONAL MODULE SACB-FUSION CENTER)

YES/NO.

25.2 Are any of these firearms now loaded?

¿Alguna de estas armas están cargadas ahora?

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

GO TO WEAR1

GO TO WEAR1

GO TO WEAR1

LOCKED7 (CDC OPTIONAL MODULE SACB-FUSION CENTER)

YES/NO.

25.3 Are any of these loaded firearms also unlocked?

¿Alguna de estas armas cargadas también están sin seguro?

READ IF NECESSARY: By “unlocked” we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. We don't count a safety as a lock.

Por "abierto" queremos decir que usted no necesita una llave o una combinación o una mano/huella digital para obtener la pistola o para dispararla. No contamos el seguro (del arma) como un candado.

1. YES

2. NO

7. DON'T KNOW/NOT SURE

9. REFUSED

Section 26: Wearable Fitness

Wearable devices include wrist bands, biometric clothing, apps, or other devices used to monitor your general health, nutrition, sleep, or physical activity. Online apps may include sites that allow you to store and track daily activity levels or nutrition. Do not include devices prescribed by your healthcare provider, or devices that monitor specific health conditions (such as pacemakers, rehabilitation devices or implanted devices).

Los aparatos portátiles incluyen pulseras, ropa biométrica, aplicaciones u otros aparatos utilizados para monitorear su salud general, la nutrición, el sueño o la actividad física. Las aplicaciones en línea pueden incluir sitios que le permiten almacenar y estar al corriente de los niveles de actividad diaria o la nutrición. No incluya aparatos recetados por su médico, o aparatos que monitorean las condiciones de salud específicas (Como un marcapasos, dispositivos para la rehabilitación o aparatos implantados).

WEAR1 (CDC PILOT)

YES/NO.

26.1 Do you track your nutrition, sleep, or physical activity using a wearable device or a mobile application (such as Fitbit, Samsung Gear Fit, Apple fitness app or other consumer application)?

¿Mantiene un registro (historial) de su nutrición, sueño o de su actividad física usando un aparato portátil o una aplicación móvil (Como Fitbit, Samsung Gear Fit, una aplicación de fitness de Apple u otra aplicación para el consumidor)?

- 1. YES
- 2. NO

GO TO SMOKENUM

- 7. DON'T KNOW
- 9. REFUSED

GO TO SMOKENUM
GO TO SMOKENUM

WEAR2 (CDC PILOT)

WEAR2.

26.2 What types of health information do you track using your mobile app or wearable device?

¿Qué tipo de información de salud sigue (vigila) usando su aplicación móvil o aparato portátil?

SELECT ALL THAT APPLY

- 1. Physical activity / *Actividad física*
- 2. Nutrition/ calories / *Nutrición/ calorías*
- 3. Sleep / *Dormir*
- 4. Chronic indicator (blood sugar, blood pressure) / *Indicador crónico (azúcar en la sangre, presión arterial)*
- 5. Other / *Otro*

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WEAR3 (CDC PILOT)

WEAR3.

26.3 How often do you enter information on your mobile app or wearable device?

¿Con qué frecuencia ingresa (anota) usted información en su aplicación móvil o aparato portátil?

READ IF NECESSARY:

- 1. It is automatically entered by the app / *Es automáticamente anotado por la aplicación*
- 2. Multiple times per day / *Varias veces al día*
- 3. Daily / *Diario*
- 4. At least once per week / *Al menos una vez por semana*
- 5. At least once per month / *Por lo menos una vez al mes*
- 6. Less frequently than once per month / *Menos de una vez al mes*

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WEAR4 (CDC PILOT)

YES/NO.

26.4 Would you be willing to share information stored on your mobile device or app for use in public health research?

¿Estaría usted dispuesto a compartir información guardada (almacenada) en su aparato (dispositivo) móvil o aplicación para utilizarla en estudios de la salud pública?

- 1. YES
- 2. NO

- 7. DON'T KNOW
- 9. REFUSED

Section 27: Current Cigarette Use

Earlier we asked you about your lifetime cigarette use, we have a few more questions about cigarettes and other tobacco products.

Anteriormente le preguntamos sobre su consumo de cigarrillos durante toda su vida, tenemos unas preguntas más sobre cigarrillos y otros productos de tabaco.

IF SMOKE100 >1, SKP TO EVEROTP, OTHERWISE ASK IF SMKEVDA2 = 1

SMOKENUM (CA-TCP)

TYPE V.

27.1 On the average, about how many cigarettes a day do you now smoke?

¿En promedio, cuántos cigarrillos fuma usted al día actualmente?

(1 PACK = 20 CIGARETTES)

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

HELPTXT: This question is asked of everyday smokers only. Be aware that respondents will sometimes give a number of packs per day rather than a number of cigarettes. Verify that low numbers "1", "2", "3" are actually the number of cigarettes smoked per day and not packs per day. Convert number of packs to number of cigarettes before entering the code (multiply number of packs times 20). If the respondent has difficulty giving a number because he or she doesn't smoke regularly or doesn't smoke every day, enter the code for "don't smoke regularly".

____	ENTER NUMBER OF CIGARETTES	(VERIFY IF GT 70)	GO TO SMKWHOLE
888.	NOT APPLICABLE (NEVER SMOKED REGULARLY)/ NO FUMA REGULARMENTE		GO TO SMK30DAY
777.	DON'T KNOW / NOT SURE		GO TO SMK30DAY
999.	REFUSED		GO TO SMK30DAY

ASK IF SMKEVDA2 = 2 OR (SMKEVDA2 = 1 & SMOKENUM = 777, 888, 999) OR (SMKEVDA2 = 3 AND LASTSMK2 <= 4)

SMK30DAY (CA-TCP)

TYPE I.

27.2 On how many of the past 30 days did you smoke cigarettes?

¿En cuántos de los últimos 30 días fumó usted cigarrillos?

HELPTTEXT: Asks respondents to indicate on how many of the last 30 days they have smoked cigarettes. If they say "every day", code "30". This allows us to identify and differentiate among various kinds of irregular smokers.

__ ENTER NUMBER OF DAYS

30. EVERY DAY

88. NOT APPLICABLE (NONE) / NO APLICABLE (NINGUNO) **GO TO SMKWHOLE**

77. DON'T KNOW / NOT SURE

99. REFUSED

SMK30NUM (CA-TCP)

TYPE I.

27.3 During the past thirty days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?

Durante los últimos 30 días, en los días que fumó, ¿cómo cuántos cigarrillos fumó por día?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

HELPTTEXT: Asks someday smokers and those who indicated they don't smoke but who smoked during the past 30 days to indicate how many cigarettes they smoked on average on the days that they smoked cigarettes during the past 30 days. Be aware that respondents will sometimes give a number of packs per day rather than number of cigarettes. Verify that low numbers "1", "2", "3" are actually the number of cigarettes smoked per day and not packs per day. Convert number of packs to number of cigarettes before entering the code (multiply number of packs by 20).

___ ENTER NUMBER OF CIGARETTES (VERIFY IF GT 70)

888. DON'T SMOKE REGULARLY

777. DON'T KNOW / NOT SURE

999. REFUSED

ASK IF SMOKE100=1

SMKWHOLE (CA-TCP)

TYPE I.

27.4 About how old were you when you smoked your first whole cigarette?

Aproximadamente, ¿cuántos años tenía cuando comenzó a fumar cigarrillos con regularidad?

___ ENTER AGE IN YEARS

777. DON'T KNOW / NOT SURE

999. REFUSED

IF (SMKEVDA2 = 3 & LASTSMK4 > 4) GO TO EVEROTP

Ask if (SMKEVDA2 <= 2) or (SMKEVDA=3 AND LASTSMK2 <=4)

SMK12AGO (CA-TCP)

YESNO.

27.5 Were you smoking at all around this time 12 months ago?

¿Estaba usted fumando alrededor de esta temporada hace 12 meses?

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

HELPTTEXT: Asks respondents to report whether they were smoking around this time 12 months ago. Any

smoking should be given a "yes" code, even if the smoking was irregular or the person had cut back on the number of cigarettes smoked. This question is asked only of persons who report being current smokers or who have smoked at all in the past 30 days.

- 1. YES
- 2. NO

GO TO SMKWAKE

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

GO TO SMKWAKE
GO TO SMKWAKE

SMK12DL2 (CA-TCP)

EVDAY.

27.6 Were you smoking cigarettes every day or some days?

¿Fumaba cigarrillos todos los días o solamente en algunos días?

- 1. EVERY DAY
- 2. SOME DAYS

- 7. DON'T KNOW
- 9. REFUSED

IF (SMKEVDA2 = 3) GO TO EVEROTP

SMKWAKE (CA-TCP)

TYPE XXV.

27.7 How soon after you awake in the morning do you usually smoke your first cigarette?

¿Al despertarse por la mañana, cuánto tiempo pasa usualmente, antes de que fume su primer cigarrillo?

INTERVIEWER: ENTER ZERO IF TIME FRAME DOES NOT APPLY

____ HOURS (SMKWHR)
____ MINUTES (SMKWMIN)

- 8888. IMMEDIATELY
- 7777. DON'T KNOW
- 9999. REFUSED

SMO30MEN (CA-TCP)

YESNO.

27.8 During the past 30 days were the cigarettes that you usually smoked menthol?

Durante los últimos 30 días, ¿fueron los cigarrillos que usted usualmente fumo de mentol?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Section 28: Other tobacco use

ASK EVERYONE

Now I'm going to ask you a few questions about other tobacco use throughout your life time.

Ahora voy a hacerle unas preguntas sobre otro uso de tabaco durante toda su vida.

EVEROTP (CA-TCP NEW 2017)

YESNO.

28.1 In your entire life, which of the following tobacco products have you ever used, even just one time?

En toda su vida, ¿cuál de los siguientes productos de tabaco ha usado, incluso los que uso sólo una vez?

CHEWING TOBACCO TABACO DE MASCAR	(CHEWEVER1)	YES	NO	DK	REF
BIG CIGARS PUROS GRANDES	(CIGAREVER)	YES	NO	DK	REF
CIGARILLOS OR LITTLE CIGARS CIGARRILLOS O PUROS PEQUEÑOS	(CIGRILLSEVER)	YES	NO	DK	REF
TOBACCO PIPE PIPA DE TABACO	(PIPEEVER)	YES	NO	DK	REF
HOOKAH WATER PIPE PIPA DE AGUA (HOOKAH)	(HOOKAKEVER)	YES	NO	DK	REF

INTERVIEWER NOTE:

A hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose used to smoke tobacco.

Some of the other names it is known by are shisha (see-shaw), narghile (nawr-gee-leh, "g" sound as in "go"), argileh (are-gee-leh, "g: sound as in "go"), hubble-bubble (hah-bol bah-bol), and goza (go-zah).

Una hookah (narguila) es una pipa de agua con una cámara de humo, un tazón, un tubo y una manguera que se utiliza para fumar tabaco. Algunos de los otros nombres se conoce como shisha (see -shaw), narguila (nawr-gee-leh, g suena como en go argileh (are-gee-leh, suena como en go), hubble-bubble (hah-bol bah-bol), y goza (Go-zah).

ASK IF CHEWEVER1=1, OTHERWISE SKIP TO CIGAR30

USESNU (CA-TCP)

TYPE I.

28.2 During the past 30 days, how many days did you use chewing tobacco, snuff, or snus?

Durante los últimos 30 días, cuántos días ¿ha usado tabaco de mascar, rapé o snus?

___ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK IF CIGAREVER=1, OTHERWISE SKIP TO CIGRILLO

CIGAR30 (CA-TCP)

TYPE I.

28.3 During the past 30 days, how many days did you smoke big cigars?

Durante los últimos 30 días, ¿cuántos días fumó usted puros grandes?

___ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK IF CIGARILLOEVER=1, OTHERWISE SKIP TO PIPE30

CIGRILLO (CA-TCP)

TYPE I.

28.4 During the past 30 days, how many days did you smoke cigarillos and little cigars?

Durante los últimos 30 días, ¿cuántos días fumó usted cigarillos, o puros pequeños?

____ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK IF PIPEEVER=1, OTHERWISE SKIP TO HOOKAH2

PIPE30 (CA-TCP)

TYPE I.

28.5 During the past 30 days, how many days did you smoke a tobacco pipe?

Durante los últimos 30 días ¿cuántos días usted fumó una pipa de tabaco?

____ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK IF HOOKAHEVER=1, OTHERWISE SKIP TO FLAVTOB

HOOKAH2 (CA-TCP)

TYPE I.

28.6 During the past 30 days, how many days did you use a hookah water pipe?

Durante los últimos 30 días, ¿Cuántos días ha utilizado usted una pipa de agua narguilo?

INTERVIEWER NOTE:

A hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose used to smoke tobacco.

some of the other names it is known by are shisha (see-shaw),

narghile (nawr-gee-leh, "g" sound as in "go"),

argileh (are-gee-leh, "g: sound as in "go"),

hubble-bubble (hah-bol bah-bol), and goza (go-zah).

Una hookah (narguila) es una pipa de agua con una cámara de humo, un tazón, un tubo y una manguera que se utiliza para fumar tabaco. Algunos de los otros nombres se conoce como shisha (see -shaw), narguila (nawr-gee-leh, g suena como en go argileh (are-gee-leh, suena como en go), hubble-bubble (hah-bol bah-bol), y goza (Go-zah).

____ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK EVERYONE

FLAVTOB (CA-TCP)

YESNO.

Now I am going to ask you about flavored tobacco products.

Ahora voy a preguntarle acerca de los productos de tabaco con sabor.

28.7 In the past 30 days, which of the following tobacco products have you used in flavors such as

mint, fruit, candy, or wine (choose all that apply)?

¿En los últimos 30 días, cuáles de los siguientes productos de tabaco ha utilizado usted con sabor como menta, frutas, caramelo, o vino (choose all that apply)?

- | | | |
|--|-----|------------------|
| 1. Chew / Tabaco de Mascar | Y/N | FLAVCHW3 |
| 2. Cigars/ Puros | Y/N | FLAVCGR3 |
| 3. Cigarrillos/ Cigarritos | Y/N | FLAVCGL3 |
| 4. Flavored hookah / Pipa turca (hookah) de agua con sabor? | Y/N | FLAVHKH3 |
| 5. Flavored e-cigarettes / Cigarrillos electrónicos con sabor? | Y/N | FLAVECIG3 |
| 77. DON'T KNOW / NOT SURE | | |
| 99. REFUSED | | |

ASK CIGARETTE SMOKERS OR EVER USED OTHER TOBACCO PRODUCTS:

SMOKE100 =1, OR FLAVCHW3, FLAVCGR3, FLAVCGL3, FLAVHKH3, FLAVECIG3=1, OR CHEWEVER, CIGAREVER, CIGRILLSEVER, PIPEEVER, HOOKAHEVER=1 ASK FIRSTTOB, OTHERWISE CONTINUE TO SHSEXPOS

FIRSTTOB (CA-TCP NEW 2017)

YESNO.

28.8 When you first started using tobacco products such as cigarettes, e-cigarettes or vaping products, cigars, cigarillos, did you start with flavored tobacco products that taste like menthol, mint, clove, spice, fruit, chocolate, alcoholic drinks, candy or other sweets?

¿Cuando empezó por primera vez a usar productos de tabaco, como cigarillos(cigarros), cigarrillos electrónicos o productos de vapear, puros, cigarritos, empezó con productos de sabores que saben a mentol, menta, clavo de olor, especias, frutas, chocolate, bebidas alcohólicas, caramelos u otros Dulces?

- | | |
|----------------|-----------------------|
| 1. YES | |
| 2. NO | GO TO SHSEXPOS |
| 77. DON'T KNOW | GO TO SHSEXPOS |
| 99. REFUSED | GO TO SHSEXPOS |

FLAVSTART (CA-TCP 2017)

FLAVSTART.

28.9 Which flavored tobacco product did you start with?

¿Con cuál(cuáles) producto(s) de tabaco con sabor comenzó?

PICK ONLY ONE

1. Cigarettes / Cigarrillos(Cigarros)
 2. E-cigarettes or vaping products / Cigarrillos electrónicos o productos de vapear
 3. Cigars / Puros
 4. Cigarillos / Cigarrillos
 5. Chew / Tabaco de mascar
 6. Hookah / Pipa de agua(Hookah)
77. DON'T KNOW
99. REFUSED

Section 29: Secondhand smoke

Now, I would like to ask you a few questions about your household.

Ahora me gustaría hacerle algunas preguntas acerca de su hogar.

SHSEXPOS (CA-TCP)

YESNO.

29.1 In the last two weeks, have you ever been exposed to secondhand smoke in California?

En las últimas dos semanas, alguna vez ha estado expuesto al humo de segunda mano en California?

1. YES
2. NO

77. DON'T KNOW/ NOT SURE
99. REFUSED

IF (SHSEXPOS > 1) & (EMPLOY2 < 3) GO TO OUTWORK

IF (SHSEXPOS > 1) & (EMPLOY2 > 2) GO TO SMKELSEN1

SHSWHERETOB (CA-TCP)

WHEREXPB.

29.2 Where were you in California the last time this happened?

¿Dónde estaba usted en California la última vez que sucedió esto?

INTERVIEWER NOTE: DO NOT READ IN HELP TEXT: CLICK ON THE BOX NEXT TO THE MOST RELATED/SIMILAR OPTION

RESPONDENT MUST PROVIDE ONLY ONE LOCATION BASED ON THE LAST EVENT OF TOBACCO SECOND HAND SMOKE.

1. HOME / CASA
 2. WORKPLACE / TRABAJO
 3. RESTAURANT / RESTAURANTE
 4. RESTAURANT BAR / RESTAURANTE BAR
 5. BAR OR TAVERN / BAR O TABERNA
 6. POOL HALL / SALÓN DE BILLAR
 7. SHOPPING MALL OR STORES / CENTRO COMERCIAL O EN TIENDAS
 8. HOSPITAL, CLINIC, HEALTH OR DENTAL FACILITY / HOSPITAL, CLÍNICA DENTAL O DE LA SALUD
 9. PARK, BEACH, PLAYGROUND, OUTDOOR RECREATION / PARQUE, PLAYA, PARQUE INFANTIL, RECREACIÓN AL AIRE LIBRE
 10. COMMUNITY EVENT, FAIR, FARMER'S MARKET / EVENTO DE LA COMUNIDAD, FERIA, MERCADO DEL AGRICULTOR
 11. SPORTS EVENT, STADIUM / EVENTO DEPORTIVO, ESTADIO
 12. OTHER PERSON'S HOME / CASA DE OTRA PERSONA
 13. AUTOMOBILE / AUTOMÓVIL
 14. GAME ROOM, CASINO, BINGO HALL / SALA DE JUEGOS, CASINO, SALA DE BINGO
 15. PARTY, WEDDING, SOCIAL EVENT, RENTED HALL / FIESTA, UNA BODA, UN EVENTO SOCIAL, ALQUILÓ EL SALÓN
 16. SERVICE AREA(BUS/CAB STAND, ATM, TICKET LINE) / ÁREA DE SERVICIO (PARADA DE AUTOBÚS/TAXI, ATM, LÍNEA DE BOLETOS
 17. SIDEWALKS / ACERAS
 18. OTHER (SPECIFY) _____
77. DON'T KNOW/NOT SURE
 99. REFUSED

OUTWORK (CA-TCP)**YES/NO.****29.3 Do you currently work outside your home?***¿Actualmente, trabaja usted fuera de casa?*

- 1. YES
- 2. NO

GO TO WORKEXP

- 77. DON'T KNOW
- 99. REFUSED

**GO TO WORKEXP
GO TO WORKEXP****INDOORS (CA-TCP)****INDOORS.****29.4 Do you work primarily indoors or outdoors?***¿Trabaja usted principalmente bajo techo o al aire libre?*

- 1. INDOORS
- 2. OUTDOORS

- 77. DON'T KNOW
- 99. REFUSED

IF EMPLOY2=1 or EMPLOY2=2 THEN ASK, OTHERWISE SKIP TO SMKELSEN1**WORKEXP (CA-TCP NEW 2017)****YES/NO.****29.5 In the last two weeks, have you ever been exposed to the following in your work place?***En las últimas dos semanas, ¿alguna vez ha sido expuesto a lo siguiente en su lugar de trabajo?*

- 1. Tobacco secondhand smoke (YES/NO)
Al humo de Tabaco de segunda mano

TOBSHS

- 2. Vaping aerosol (YES/NO)
Al vapor de vapear

VAPESHHS**HELP SCREEN FOR VAPING AEROSOL:****The aerosol of e-cigarettes (also referred to as vapor) is the emission that is exhaled by the user of an e-cigarette. Similar to smoke when it is exhaled by a cigarette smoker.***El aerosol de cigarrillos electrónicos (también conocido como vapor) es la emisión que es exhalada por el usuario de un cigarrillo electrónico. Similar al humo cuando es exhalado por un fumador de cigarrillos.*

- 3. Marijuana secondhand smoke (YES/NO)
Al humo de marihuana de segunda mano

MARJSHS

- 77. DON'T KNOW
- 99. REFUSED

IF NUMADULT=1 & NUMCHILD=0, SKP HOMETOB**SMKELSEN1 (CA-TCP MODIFIED)****TYPE I.****29.6 How many household members currently smoke cigarettes, not including you?***¿Cuántos miembros del hogar actualmente fuman cigarrillos, sin contar (Incluir) a usted?*

INTERVIEWER: Do not include the respondent.

__ _ ENTER NUMBER

77. DON'T KNOW

99. REFUSED

HOMETOB (CA-TCP NEW 2017)

HHRULESB.

29.7 For tobacco products that are burned, such as cigarettes, cigars, pipes which statement best describes the rules about smoking a tobacco product inside your home?

Para los productos de tabaco que se queman, como cigarrillos, puros, pipas, ¿cuál declaración describe mejor las reglas sobre fumar un producto de tabaco dentro de su hogar?

1. It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
3. It is allowed anywhere and at any time inside my home / *Es permitido en todas partes y en cualquier momento dentro de mi casa*

77. DON'T KNOW

99. REFUSED

HOMEVAPE (CA-TCP NEW 2017)

HHRULESB.

29.8 Which statement best describes the rules about vaping inside your home?

¿Cuál declaración describe mejor las reglas sobre vapear dentro de su hogar?

1. It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
3. It is allowed anywhere and at any time inside my home / *Es permitido en todas partes y en cualquier momento dentro de mi casa*

77. DON'T KNOW

99. REFUSED

HOMEMJ (CA-TCP NEW 2017)

HHRULESB.

29.9 Which statement best describes the rules about smoking or vaping marijuana or hashish inside your home?

¿Qué declaración mejor describe las reglas sobre fumar o vapear marihuana o hachís dentro de su hogar?

1. It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
3. It is allowed anywhere and at any time inside my home / *Es permitido en todas partes y en cualquier momento dentro de mi casa*

77. DON'T KNOW

99. REFUSED

HOUSTYPE (CA-TCP)

HOUSTYPE.

29.10 Which best describes the building you live in?

¿Cuál de estas describe mejor el edificio o el lugar donde vive usted?

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

HELPTXT: This question is asked of all respondents. The question is meant to determine the type of building the respondent considers to be his or her primary residence.

- 1. A mobile home
Una casa móvil
 - 2. A house that is not attached to any other house
Una casa que no está conectada a ninguna otra vivienda.
 - 3. A house that is attached to one or more houses
Una casa conectada a otra, o a varias más.
 - 4. An apartment or condominium in a complex with 15 or fewer units
Un apartamento o unidad en condominio en una unidad de apartamentos de 15 unidades, o menos
 - 5. An apartment or condominium in a complex with 16 or more units
Un apartamento o unidad en condominio en una unidad de apartamentos de 16 unidades, o más
 - 6. An RV, Boat, or other (includes dormitory)
Un vehículo recreativo, barco, u otro (incluye dormitorio)
77. DON'T KNOW / NOT SURE
99. REFUSED

EXPHRS (CA-TCP)

TYPE XXVI.

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

¿Durante la semana pasada, por aproximadamente cuántas horas o minutos se expuso al humo de tabaco de otra gente, en todos ambientes?

EXAMPLE: FOR 30 MINUTES ENTER 0030. FOR 9 HOURS AND 30 MINUTES ENTER 0930

- __ __ __ ENTER RESPONSE
8888. NONE AT ALL

7777. DON'T KNOW
9999. REFUSED

EXPEHRS (CA-TCP)

TYPE XXVI.

29.12 In the past week, about how many minutes or hours were you exposed to other people's vaping aerosol in all environments?

En la semana pasada, ¿cuántos minutos o horas estuvo expuesto al vapear de aerosol de otras personas en todos los ambientes?

EXAMPLE: FOR 30 MINUTES ENTER 0030. FOR 10 HOURS AND 30 MINUTES ENTER 1030

____ ENTER RESPONSE
8888. NONE AT ALL

7777. DON'T KNOW
9999. REFUSED

MAREXP (CA-TCP)

TYPE XXVI.

29.13 In the past week, about how many minutes or hours were you exposed to other people's marijuana secondhand smoke in all environments?

¿La semana pasada, como cuántos minutos u horas fue expuesto al humo de marihuana de otras personas en todo tipo de ambientes?

EXAMPLE: FOR 30 MINUTES ENTER 30. FOR 10 HOURS AND 30 MINUTES ENTER 1030

____ ENTER RESPONSE
8888. NONE AT ALL

7777. DON'T KNOW
9999. REFUSED

Section 30: Adverse Childhood Experience

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. At the end of this section, if you would like, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question that you do not want to answer.

Me gustaría hacerle algunas preguntas acerca de eventos que sucedieron durante su niñez. Esta información nos permitirá comprender mejor problemas que pueden ocurrir temprano en la vida, y pueden ayudar á otros en el futuro. Este es un tema sensitivo. Algunas personas pueden sentirse incómodas con estas preguntas. Recuerde que su número de teléfono ha sido escogido al azar y sus respuestas son estrictamente confidenciales. Al terminar esta sección, si usted gusta, le daré números telefónicos de organizaciones que le pueden dar información y referencia para estos asuntos. Por favor tenga en mente que me puede pedir que pasemos alguna pregunta que usted no quiera contestar. Todas las preguntas se refieren al período de tiempo ANTES de cumplir 18 años de la edad.

ACEDEPRS (SACB)

YESNO.

30.1 Looking back at your childhood, before age 18, did you live with anyone who was depressed, mentally ill, or suicidal?

En sus años de infancia, antes de cumplir los 18 ¿Vivió con alguna persona que padeciera de depresión, enfermedad mental, o que quería suicidarse?

1. YES
2. NO

7. DON'T KNOW/ NOT SURE
9. REFUSED
88. REFUSED MODULE

SKP DVFEAR3

ACEALC (SACB)**YES/NO.****30.2 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) did you live with anyone who was a problem drinker or alcoholic?**

(En sus años de infancia, antes de cumplir los 18), ¿vivió con alguna persona que bebía mucho, o que era alcohólica?

- 1. YES
- 2. NO

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

ACEDRGS (SACB)**YES/NO.****30.3 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) did you live with anyone who used street drugs or who abused prescription medications?**

(EN SUS AÑOS DE INFANCIA, ANTES DE CUMPLIR LOS 18), ¿Vivió con alguna persona que usaba drogas ilegales o que abusaba de los medicamentos recetados?

- 1. YES
- 2. NO

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

ACEJAIL2 (SACB)**YES/NO.****30.4 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility?**

(En sus años de infancia, antes de cumplir los 18,) ¿Vivió con alguna persona que paso tiempo o fue sentenciado/a a cumplir condena en una cárcel, prisión u otra institución correccional?

- 1. YES
- 2. NO

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

ACEDVRCE (SACB)**YES/NO.****30.5 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) were your parents ever separated or divorced?**

(En sus años de infancia, antes de cumplir los 18,) en alguna vez se an separaron o divorciaron sus padres?

- 1. YES
- 2. NO
- 3. PARENTS NOT MARRIED

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

ACEADLHT (SACB)**OFTENC.**

30.6 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) how often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Would you say...

(En sus años de infancia, antes de cumplir los 18,) ¿Con que frecuencia sus padres o los adultos en su casa se dieron una bofetada (cachetada), golpes, patadas, puñetazos o palizas el uno al otro? Diría usted...

1. Never
2. Once
3. More than once

7. DON'T KNOW/ NOT SURE
9. REFUSED

ACEHTKDS (SACB)**OFTENC.**

30.7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say...

Antes de cumplir los 18, ¿con que frecuencia ¿le dieron algún golpe, paliza, patada o le hicieron algún daño físico su padre, madre o alguno de los adultos de su hogar? Sin incluir alguna nalgada que le dieran alguna vez. Diría usted...

1. Never
2. Once
3. More than once

7. DON'T KNOW/ NOT SURE
9. REFUSED

ACEINSLT(SACB)**OFTENC.**

30.8 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) how often did a parent or adult in your home ever swear at you, insult you, or put you down? Would you say...

(En sus años de infancia, antes de cumplir los 18,) ¿con que frecuencia alguno de sus padres o de los adultos de su hogar le dijo a usted alguna vez una palabrota, le insultó, o le menospreció? Diría usted...

1. Never
2. Once
3. More than once

7. DON'T KNOW/ NOT SURE
9. REFUSED

ACETCHU (SACB)**OFTENC.**

30.9 (LOOKING BACK AT YOUR CHILDHOOD, BEFORE AGE 18) how often did anyone at least 5 years older than you or an adult, ever touch you sexually, OR ever try to make you touch them sexually OR force you to have sex? Would you say...

(En sus años de infancia, antes de cumplir los 18,) ¿Con que frecuencia alguien por lo menos cinco años mayor que usted o un adulto le tocó en forma sexual o intentaron de hacerle tocarlos sexualmente o lo/la forzaron a tener relaciones sexuales? Diría usted...

1. Never
2. Once
3. More than once

7. DON'T KNOW/ NOT SURE
9. REFUSED

Section 31: Intimate Partner Violence

ASK EVERYONE

The next questions are about relationships with intimate partners. By partner I mean current or former husband, wife, 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 siguientes preguntas son acerca de las relaciones con parejas íntimas. Por pareja (íntima) me refiero a esposo actual o anterior, esposa, compañero/a, novio o novia. Quiero estar seguro/a de que usted sabe que su participación es totalmente voluntaria y que todas las respuestas que usted proporcione se mantendrán confidenciales. Si hay una pregunta que no pueda o no quiera contestar, por favor dígame y pasaré a la siguiente pregunta.

DVFEAR3 (MCAH-MODIFIED FROM 2013)

FEAR.

31.1 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?

¿En los últimos 12 meses, ha tenido miedo por la seguridad de usted, su familia o amigos debido a la ira (rabia) o amenazas de una pareja o ex pareja?

1. YES
2. NO
3. NO PARTNER OR FORMER PARTNER IN PAST 12 MONTHS

7. DON'T KNOW
9. REFUSED

SKP TSSSINTRO

DVCNTROL (MCAH)

YESNO.

31.2 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.

¿En cualquier momento durante los últimos 12 meses, alguna pareja o ex pareja intentó controlar la mayoría o todas sus actividades diarias? Por ejemplo, controlando con quién puede hablar o a donde puede ir.

1. YES
2. NO

7. DON'T KNOW/ NOT SURE
9. REFUSED

DVABUSE (MCAH-NEW 2017)

FEAR.

31.3 In the past 12 months, has a partner or former partner pushed, hit, slapped, kicked, choked, or physically hurt you in any way?

¿En los últimos 12 meses, alguna pareja o ex pareja le ha empujado, golpeado, abofeteado, pateado, estrangulado o lastimado físicamente de cualquier manera?

1. YES
2. NO

7. DON'T KNOW/ NOT SURE
9. REFUSED

DVTOUCH (MCAH-NEW 2017)

FEAR.

31.4 In the past 12 months, did your current or former partner force you into any type of unwanted sexual activity after you said or showed that you did not want them to?

¿En los últimos 12 meses, su pareja actual o anterior le forzó a cualquier tipo de actividad sexual no deseada después de haber dicho o demostrado que no quería que lo hicieran?

1. YES
2. NO

7. DON'T KNOW/ NOT SURE
9. REFUSED

ASK IF DVABUSE=1 or DVTOUCH=1, OTHERWISE SKP DVBC

DVCHILD (MCAH-NEW 2017)

YESNO.

31.5 You mentioned that your partner (INSERT TEXT FROM Q3 or Q4) The last time this happened, were any children present or did they overhear the incident?

La última vez que ocurrió esto, ¿hubo niños presentes o escucharon el incidente?

1. YES
2. NO

7. DON'T KNOW/ NOT SURE
9. REFUSED

ASK IF SEX=2 AND AGE<=55, OTHERWISE SKP TSSSXINTRO

DVBC (MCAH-NEW 2017)

FEAR.

31.6 At any time during the past 12 months, has a partner or former partner tried to force or pressure you to become pregnant? For example, by taking off a condom while you were having sex, telling you not to use birth control, or tampering with your birth control (like the pill, shot, ring, etc.).

¿En algún momento durante los últimos 12 meses, alguna pareja o ex pareja trató de forzarle o presionarle para quedar embarazada? Por ejemplo, quitarse el condón mientras estaba teniendo relaciones sexuales, diciéndole que no use anticonceptivos, o manipuló su control de la natalidad (como la píldora, inyección, el anillo, etc.).

1. YES
2. NO

7. DON'T KNOW/ NOT SURE
9. REFUSED

Section 32: Sexual Violence

ASK EVERYONE

Now I'd like to ask you some questions about unwanted sexual experiences with anyone, not just intimate partners. This information will allow us to better understand the problem of violence and unwanted sexual contact and help others in the future. 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. At the end of this section, I will give you a phone numbers for an organization that can provide information and referral for these issues.

Ahora me gustaría hacerle algunas preguntas sobre experiencias sexuales no deseadas con alguien, no solo con parejas íntimas. Esta información nos permitirá comprender mejor el problema de la violencia y contacto sexual no deseado y ayudar a otros en el futuro. Quiero estar seguro/a de que usted sabe que su participación es totalmente voluntaria y que todas las respuestas que proporcione se mantendrán confidenciales. Si hay una pregunta que usted no pueda o no quiera contestar, por favor dígame y pasaré a la siguiente pregunta. Al final de esta sección, le daré un número de teléfono para una organización que pueda proporcionar información y referencias para estos temas.

TSSSXEVER (CA-SACB NEW 2017)

YESNOF.

32.1 Has anyone, not just an intimate partner, EVER forced you into unwanted sexual activity after you said or showed that you didn't want them to without your consent? (This includes any type of unwanted sexual activity, not just penetration.)

*¿Alguna vez alguien, no sólo su pareja íntima, le forzó a una actividad sexual no deseada después de haber dicho o demostrado que no quería hacerlo sin su consentimiento?
(Esto incluye cualquier tipo de actividad sexual no deseada, no sólo penetración.)*

- 1. YES
- 2. NO

GO TO CLOSING STATEMENT

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED
- 88. REFUSED MODULE

GO TO CLOSING STATEMENT
GO TO CLOSING STATEMENT
GO TO CLOSING STATEMENT

TSSSX17 (CA-SACB NEW 2017)

YESNO.

32.2 Has this happened to you in the last 12 months? (Has anyone forced you into unwanted sexual activity after you said or showed that you didn't want them to without your consent?)

¿Le ha ocurrido esto a usted en los últimos 12 meses? (¿Le ha forzado (obligado) alguien a una actividad sexual no deseada después de haber dicho o demostrado que no quería hacerlo sin su consentimiento?)

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Closing Statement: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673). Would you like me to repeat this number?

Nos damos cuenta de que este tema puede traer experiencias pasadas de las que algunas personas pueden desear hablar. Si usted o alguien que usted conoce le gustaría hablar con un consejero capacitado, llame al 1-800-656-HOPE (4673). ¿Quiere que le repita este número?

Section 33: Random Child Selection

*If CHILD18 = 0 or CHILD18 = REFUSED, GO TO Section 30: Childhood Asthma; Else continue
IF CHILD18 > 1, one child is randomly selected*

Previously you indicated there are children in the household. I have some additional questions about one specific child. The child I will be referring to is the **-year/month old. All the questions about children will be about that child.

*Anteriormente usted indico que hay niños niño menor 17 años viviendo en el hogar. Tengo unas preguntas adicionales sobre uno de los niños en particular. El niño al que me refiero es el de **-año(s)/mes(es) de edad. Todas las preguntas acerca de los niños serán acerca del ** - años de edad*

CH_BORN (EHIB/CDC OPTIONAL MODULE)

TYPE I.

33.1 In what month and year was this child born?

¿En qué mes y año nació el niño(a)?

INTERVIEWER: IF DON'T KNOW ENTER 77 FOR MONTH 7777 FOR YEAR
IF REFUSED ENTER 99 FOR MONTH AND 9999 FOR YEAR

___/___ ENTER MONTH/YEAR

77. DON'T KNOW/ NOT SURE (Probe by repeating the question)
99. REFUSED

CH_SEL (CDC OPTIONAL MODULE)

BOYGIRL.

33.2 Is the child a boy or a girl?

¿Es un niño o una niña?

1. Boy / UN NIÑO
2. Girl / UNA NIÑA?

77. DON'T KNOW/ NOT SURE
99. REFUSED

CH_HISP2 (CDC OPTIONAL MODULE)

YESNO.

33.3 Is this child Hispanic, Latino/a or of Spanish origin?

¿Es el niño(a) Hispano(a), Latino(a) o de origen español?

1. YES
2. NO

GO TO CH_RACE3A

77. DON'T KNOW/ NOT SURE
99. REFUSED

GO TO CH_RACE3A
GO TO CH_RACE3A

CH_HMEX (CDC OPTIONAL MODULE)

YESNO.

Are they...

33.4 Mexican, Mexican American, or Chicano/a?

¿Es el niño(a)... Mexicano, mexicanoamericano, chicano?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

CH_HPR (CDC OPTIONAL MODULE)

YESNO.

33.5 Puerto Rican?

¿Es el niño(a) Puertorriqueño?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

CH_HCUB (CDC OPTIONAL MODULE)

YESNO.

33.6 Cuban?

¿Es el niño(a) Cubano?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

CH_HOTH (CDC OPTIONAL MODULE)

YESNO.

33.7 Another Hispanic, Latino/a, or Spanish origin?

¿Es el niño(a) De otro origen latino, hispano o español?"

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

CH_RACE3A (CDC OPTIONAL MODULE)**YESNO.****33.8 Which one or more of the following would you say is the race of this child? Would you say...**

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

- | | |
|-------------------------------------|----------|
| 1. White | CH_RAC_A |
| 2. Black or African American | CH_RAC_B |
| 3. American Indian or Alaska Native | CH_RAC_E |
| 4. Asian | CH_RAC_C |
| 5. Pacific Islander | CH_RAC_D |
| 6. Other (Specify) | CH_RAC_F |

77. DON'T KNOW/ NOT SURE

99. REFUSED

IF (ANS > 6) GO TO CH_REL

IF (CH_RACE3A = 4 | CH_RACE3A = 5) GO TO CH_RA2AB

IF ((CH_RACE3A = 1) & (CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A

IF ((CH_RACE3A = 2) & (CH_RACE3A = 3 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A

IF ((CH_RACE3A = 5) & (CH_RACE3A = 6)) GO TO CH_RACE4A

IF (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 6) GO TO CH_REL

*If CH_RACE3A= 4 or 5 then ask CH_RA2AB, else GO TO CH_REL***CH_RA2AB (CDC-OPTIONAL)****ORACE2AB.****33.9 Is the **- year/month old child Chinese, Japanese, Korean, Filipino or Other?**

¿Es usted Chino(a), Japonés(a), Coreano(a), Filipino(a) u otro?

1. Chinese
2. Japanese
3. Korean
4. Filipino
5. Vietnamese
6. Cambodian
7. Laotian
8. East Indian
9. Indonesian
10. Native Hawaiian
11. Samoan
12. Pakistani
13. Saipanese
14. Fijian
15. Guamanian or Chamorro
16. Other: (specify)

77. DON'T KNOW/ NOT SURE

99. REFUSED

IF ((CH_RACE3A = 3) & (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A

IF ((CH_RACE3A = 4) & (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A
GO TO CH_REL

If more than one response to CH_RACE3, continue. Otherwise, GO TO CH_REL.

CH_RACE4A (CDC OPTIONAL MODULE)

33.10 Which one of these groups would you say best represents the child's race?

¿Cuál de estos grupos, diría usted mejor representa la raza del niño(a)? ¿Diría...Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), nativo de Alaska (Aleut), u Otra?

INTERVIEWER: PLEASE READ OPTIONS

INTERVIEWER: IF YOU NEED TO GO BACK USE F6

INTERVIEWER: IF THEY WILL NOT CHOOSE A RACE THEN SELECT DON'T KNOW OR REFUSED BASED ON THEIR RESPONSE

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian
5. Pacific Islander
6. Other

77. DON'T KNOW / NOT SURE
99. REFUSED

CH_REL (CDC OPTIONAL MODULE)

CH_REL.

33.11 How are you related to the child?

¿Cómo está usted relacionado (a) (parentesco) con el niño(a)? Diría usted...

PLEASE READ:

1. Parent (include biologic, step, or adoptive parent) / *Padre (incluye biológico, padastro o padre adoptivo)*
2. Grandparent / *Abuelo*
3. Foster parent or guardian / *Padre de crianza o tutor*
4. Sibling (include biologic, step, and adoptive sibling) / *Hermano/a (incluye biológico, hermanastro o hermano adoptivo)*
5. Other relative / *Otra relación*
6. Not related in any way / *Ninguna relación*

77. DON'T KNOW/ NOT SURE
99. REFUSED

Section 34: Childhood Asthma Prevalence

This module will only be implemented in households with children (<18 years old).

CHLDAST2 (EHIB/CDC OPTIONAL MODULE)

YES/NO.

34.1 Has a doctor, nurse or other health professional EVER said that the child had asthma?

¿En alguna ocasión, algún médico u otro profesional de la salud le informaron que el niño(a) tenía asma?

- 1. YES
- 2. NO

GO TO ASTHLOGIC

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

GO TO ASTHLOGIC
GO TO ASTHLOGIC

CHLDASTB (EHIB/CDC OPTIONAL MODULE)

YESNO.

34.2 Does the child still have asthma?

¿Tiene todavía el niño(a) asma?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Section 35: Closing

If ASTHEVE3=1 or CHLDAST2 =1 continue

ADLTCALL (CDC-ASTHMA CALL BACK)

YESNO.

35.1 Do you think you would be willing to do a follow-up to this survey in the next two weeks, asking about your experience with asthma?

Cree que en algún momento en el futuro, ¿estaría usted dispuesto(a) en hacer una encuesta que sigue a esta y le preguntaremos sobre la experiencia de su asma?

- 1. YES
- 2. NO

GO TO ADLTNAME
GO TO PANEL

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

CHLDCALL (CDC-ASTHMA CALL BACK)

YESNO.

35.2 Do you think you would be willing to do a follow-up to this survey in the next two weeks, asking about your child's experience with asthma?

Cree que en en algún momento en el futuro, ¿estaría usted dispuesto(a) en hacer una encuesta que sigue a esta y que pregunta sobre la experiencia de el asma de su niño(a) su asma?

- 1. YES
- 2. NO

GO TO ADLTNAME
GO TO PANEL

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Ask if said yes to ADLTCALL or CHLDCALL

ADLTNAME (CDC-ASTHMA CALL BACK)

35.3 Whom should we ask for when we call back?

¿Por quién debemos preguntar cuando volvamos a llamar?

INTERVIEWER NOTE: It would be best to have a name or nickname or initials.

ENTER NAME_____

IF ASTHCB = 1 GO TO CBTIME

Ask if said yes to CHLDCALL

CHLDNAME (CDC-ASTHMA CALL BACK)

35.4 What is the child's name for when we callback?

¿Cuál es el nombre de el niño/niña para cuando regresemos la llamada?

INTERVIEWER NOTE: We need the name, initials or nickname./ *Es necesario el nombre, iniciales o alias.*

ENTER NAME_____

GO TO MOSTKNOW

MOSTKNOW

35.5 Are you the parent or guardian in the household who knows the most about (CHLDNAME)'s asthma?

¿Es usted el padre o guardian en este hogar que sabe lo mas sobre el asma de (CHLDNAME)

1. YES

2. NO

GO TO CBTIME

GO TO OTHNAME

77. DON'T KNOW / NOT SURE

99. REFUSED

OTHNAME

OPENEND.

35.6 You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

Dijo que alguien mas esta mas informado sobre el asma del niño/a. Podria, por favor, darme el primer nombre, iniciales o apodo de este adulto para saber con quien hablar cuando regresemos esta llamada con respeto a este niño/a.

ENTER FIRST NAME, INITIALS OR NICKNAME:

CBTIME (CDC-ASTHMA CALL BACK)

35.7 What is a good time to call you back? For example, evenings, days or weekends?

¿Cual hora seria mejor para regresar esta llamada? Tal como, durante las noches, durante los días o durante los fines de semana?

ENTER TIME_____

Closing statement:

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

Esa fue mi última pregunta. Las repuestas de todos, serán combinadas para obtener información sobre las prácticas de salud de la gente en este estado. Muchísimas gracias por su tiempo y cooperación.

SPANIN2

SPANINB.

TO INTERVIEWER: Was this interview completed in English or Spanish?

1. Spanish
2. English

CALIFORNIA BEHAVIORAL RISK FACTOR SURVEY, 2017
Track II
In Collaboration with The Center for Disease Control and Prevention's
Behavioral Risk Factor Surveillance System

Merged English/Spanish Version

JAN 2017

Questions about the survey should be directed to:

Sandy Kwong, M.P.H.
Research Scientist Supervisor
California Cancer Registry
Chronic Disease Surveillance and Research Branch
California Department of Public Health
1631 Alhambra Blvd., Suite 200 | Sacramento, CA 95816
sandy.kwong@cdph.ca.gov

**Behavioral Risk Factor Surveillance System
2017 State Questionnaire
Track II**

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- Introduction and Screening Questions for Landline -

INTROQ

INTRO1 (NO SELECTED RESPONDENT)

Hello, I'm (interviewer name) calling for the California Department of Public Health with the assistance of the Centers for Disease Control and Prevention.

Hola soy _____ y estoy llamando del Departamento de Salud Pública de California con la asistencia de los Centros para el Control y Prevención de Enfermedades.

ENTER 1 TO CONTINUE

CHKPHON

Is this (XXX)-XXX-XXXX ?

¿Es este (XXX)-XXX-XXXX ?

1. YES
2. NO

GO TO PRIVRES
GO TO WRONGNUM

WRONGNUM IF WRONG NUMBER DIALED

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

Muchas gracias, pero creo que marque el numero equivocado. Es posible que su numero pueda ser marcado en el futuro.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE. THEN DIAL THE NUMBER AGAIN **GO TO INTROQST**

PRIVRES

Is this a private residence?

¿Es esta una residencia privada?

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET IS CONSIDERED LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 CONSECUTIVE DAYS CONCURRENT WITH THE INTERVIEW INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

READ ONLY WHEN NECESSARY:

ENGLISH:

By private residence, we mean someplace like a house or apartment.

Por residencia privada nos referimos aun lugar como una casa o apartamento.

1. YES
2. NO, CONTINUE
3. NO, BUSINESS PHONE ONLY

GO TO IS_CELL
GO TO COLLEGE
GO TO LLNOTPR

ASK IF PRIVRES NOT EQUAL 1

COLLEGE

Do you live in college housing?

¿Vive en una vivienda universitaria?

INTERVIEWER NOTE: READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university"

Por vivienda de colegio, queremos decir dormitorio, estudiante o visitante de vivienda de facultad u otros arreglos de vivienda proporcionados por un colegio o Universidad.

- 1. Yes
- 2. No

GO TO IS_CELL
GO TO NONRES

NONRES

IF NON-RESIDENTIAL NUMBER

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

Gracias pero solo estamos entrevistando personas que viven en residencias privadas o viviendas del colegio.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4500

IS_CELL

CELL PHONE

Is this a cell phone?

¿Es este un celular?

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION.

INTERVIEWER NOTE:

TELEPHONE SERVICE OVER THE INTERNET IS CONSIDERED LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.)

READ ONLY WHEN NECESSARY:

ENGLISH:

By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood. It is not to be confused with a cordless phone which is simply a wireless extension of your home phone.

Por teléfono celular nos referimos a un teléfono que es móvil y utilizable fuera de su vecindario.

No debe confundirse con un teléfono inalámbrico, que es simplemente una extensión sin cable del teléfono de su hogar.

- 1. NO
- 2. YES

GO TO INCALI

LLNOTPR

IF NON-RESIDENTIAL NUMBER

Thank you very much, but we are only interviewing persons on residential phone lines at this time.

Muchas gracias, pero por el momento solo estamos haciendo la encuesta en telefonos residenciales.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4450

INCALI**CONFIRM STATE OF RESIDENCE OF RESPONDENT****Do you currently live in California?***¿Vive actualmente en California?*

1. YES
2. NO

GO TO RUADULT

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 CONSECUTIVE DAYS CONCURRENT WITH THE INTERVIEW INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

LLNotST

Thank you very much, but we are only interviewing persons who live in the state of California at this time.

Gracias pero solo estamos entrevistando a personas que viven en el estado California.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

STOP. DISPOS = 4100**ASK IF PRIVRES =1****RUADULT****Are you 18 years of age or older?***¿Tiene usted 18 años de edad o más?*

INTERVIEWER NOTE: IF NO ADULTS, PLEASE ASK IF THERE ARE ANY ADULTS IN THE HOUSEHOLD. IF NOT, PLEASE SCHEDULE AN INDEFINITE CALLBACK

1. Yes We're doing a study of the health practices of California residents. Your number has been chosen randomly to represent 2,500 California households. We'd like to ask some questions about heart disease, cancer, diabetes, tobacco products and other important issues facing Californians today.

Estamos haciendo un estudio especial relacionado con las prácticas de salud de los residentes en California. Su número ha sido seleccionado al azar para representar a 2,500 hogares en California. Nos gustaría hacerle algunas preguntas sobre enfermedades del corazón, cáncer, diabetes, productos de tabaco y otros temas de salud que les afectan a los habitantes del estado hoy en día.

GO TO NUMADULT1

2. IF No SAY:

Thank you for your cooperation, but we are only interviewing ADULTS age 18 and older at this time.

Gracias por su cooperacion pero solo estamos entrevistando adultos de 18 años o mas en este momento.

GO TO LLNOADLT**LLNOADLT****NO ADULT USES PHONE IN COLLEGE HOUSING**

Thank you very much, but we are only interviewing persons aged 18 or older at this time.

Gracias por su cooperacion pero solo estamos entrevistando adultos de 18 años o mas en este momento.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

ENDQUEST. DISPOS = 4700

NUMADULT1

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college. How many members of your household, including yourself, are 18 years of age or older?

Necesito seleccionar al azar a un adulto que viva en su hogar para ser entrevistado. Excluyendo los adultos que viven fuera de casa, como estudiantes en la universidad, ¿cuántos miembros de su hogar, incluyéndose a usted, tienen 18 años de edad o más?

INTERVIEWER NOTE: IF COLLEGE HOUSING WAS YES, NUMBER OF ADULTS IS AUTOMATICALLY '1'.

___ ENTER THE NUMBER OF ADULTS

IF (ANS = 1) GO TO ONEADULT
ELSE GO TO NUMMEN1

Ask if NUMADULT GT 1

NUMMEN1

IF (MenAns = False)

How many of these adults are men? / ¿Cuántos son hombres?

IF (MenAns = True)

You said there are ___ **adults in your household. / Usted dijo que hay** ___ **adultos en su hogar.**

How many of these adults are men? / ¿Cuántos son hombres?

___ ENTER THE NUMBER OF MEN (0-9)

IF (ANS > ADULTS) GO TO WRONGTOT
IF (ANS = ADULTS) GO TO SELECTED

NUMWOMEN1

(CALCULATE FROM NUMADULT – NUMMEN)

IF (WomenAns = False)

So the number of adult women in the household is ___ .

Is that correct?

Así que el número de mujeres adultas en el hogar es ___ .

¿Es correcto?

IF (WomenAns = True)

You said there are ___ **adults in your household. / Usted dijo que hay** ___ **adultos en su hogar.**

Including ___ **adult men and** ___ **adult women. Incluyendo # hombre(s) adulto(s) y # mujer (es) adulta(s)**

Is that correct? ¿Es correcto?

1. YES, NUMBER OF ADULT WOMEN IS CORRECT

2. NO, CHANGE NUMBER OF ADULTS

TOTADULT = NUMMEN1 + NUMWOMEN1

IF (TOTADULT < > NUMADULT1) GO TO WRONGTOT
ELSE GO TO SELECTED

WRONGTOT

TOTAL ADULTS IS INCONSISTENT

I'm sorry, something is not right.

NUMBER OF MEN - XX

NUMBER OF WOMEN - + XX

NUMBER OF ADULTS – XX

1. CORRECT THE NUMBER OF MEN
2. CORRECT THE NUMBER OF WOMEN
3. CORRECT THE NUMBER OF ADULTS

IF (ANS = 1) GO TO NUMMEN1
 IF (ANS = 2) GO TO NUMWOMEN1
 IF (ANS = 3) GO TO NUMADULT1

Ask if NUMADULT GT 1

SELECTED

INTERVIEWER NOTE: YOU CANNOT ENTER CTRL+END ON THIS SCREEN.

The person in your household I need to speak with is the _____.

La persona con quien necesito hablar es _____

Are you the (SELECTED)?

¿Me permite hablar con (SELECTED)?

1. YES
2. NO

GO TO SEX1
 GO TO GETADULT

ASK IF ADULT = 1

ONEADULT

Are you the adult?

¿Es usted el adulto?

If 'yes'...

Then you are the person I need to speak with. (Ask gender if necessary).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

1. MALE RESPONDENT
2. FEMALE RESPONDENT
- NO, PLEASE SCHEDULE A CALLBACK

GO TO SEX1
 GO TO SEX1

GETADULT

May I speak with him/her?

ASK FOR THE ADULT

¿Me permite hablar con el/la?

1. YES, SELECTED ADULT IS COMING TO THE PHONE
2. NO, SCHEDULE A CALLBACK (HIT CTRL+END)

NEWADULT

NEW ADULT TO SPEAK WITH

Hello, I'm _____ from the California Department of Public Health and the Centers for Disease Control and Prevention. We're doing a special study of California residents regarding their health practices and day-to-day living habits to guide state and federal health policies. You have been randomly chosen to represent 5,000 people in California.

Hola, me llamo _____ y estoy llamando del Departamento de Salud Publica de California y de los Centros para el Control y Prevención de Enfermedades. Estamos haciendo un estudio especial, de los residentes de California, relacionado con sus practicas de salud y los habitos de sus vidas cotidianas para guiar las pólizas de salud del estado y federales. Usted ha sido seleccionado(a) al azar para representar a 5,000 personas en California.

1. PERSON INTERESTED, CONTINUE
2. PERSON IS NOT INTERESTED CODE THE APPROPRIATE REFUSAL (HIT F3).

SEX1 (CDC-CORE)

INTERVIEWER NOTE: CONFIRM SEX OF SELECTED RESPONDENT.

YOU MUST ASK:

What sex were you assigned at birth, on your original birth certificate?

¿Qué sexo le asignaron al nacer, en su certificado de nacimiento original?

1. MALE RESPONDENT
2. FEMALE REPENDENT

FOR CALLING BACK PEOPLE (HIT F2 FOR RESTART)

INTRO2 (RESPONDENT IS SELECTED)

Can I speak to the _____ We're gathering information on the health of California residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

Puedo hablar con el/la _____ Estamos recogiendo información sobre la salud de los residentes de California. Usted ha sido elegido al azar para ser entrevistado, y me gustaría hacerle preguntas sobre la salud de usted y sus prácticas de salud.

INTERVIEWER NOTE:

ON A RESTART JUST HIT ENTER TO CONTINUE
TO SCHEDULE A CALLBACK (HIT F3)

- Introduction and Screening Questions for CELL -

INTROQST

Hello, I'm _____ calling for the California Department of Public Health with the assistance of the Centers for Disease Control and Prevention.

Hola soy _____ y estoy llamando del Departamento de Salud Pública de California con la asistencia de los Centros para el Control y Prevención de Enfermedades.

RUSAFE

YESNO.

Is this a safe time to talk with you?

¿Es este un momento seguro para hablar con usted?

1. Yes
2. No

GO TO CHKPHON

If 'NO', Thank you very much. We will call you back at a more convenient time. **SET APPT**

*Si 'NO', Muchas gracias. Le llamaremos en un momento más conveniente. **SET APPT***

CHKPHON

YESNO.

Is this XXX-XXX-XXXX?

¿Es este XXX-XXX-XXXX?

1. Yes
2. No

GO TO WRONGNUM

WRONGNUM IF WRONG NUMBER DIALED

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

Muchas gracias, pero creo que marque el numero equivocado. Es posible que su numero pueda ser marcado en el futuro.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE. THEN DIAL THE NUMBER AGAIN

IS_CELL

YESNO.

Is this a cell phone?

¿Es este un celular?

READ ONLY IF NECESSARY: By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.

Por teléfono celular nos referimos a un teléfono que es móvil y utilizable fuera de su vecindario.

1. Yes
2. No

GO TO CADULT
GO TO NOTCELL

NOTCELL

NOT CELL

Thank you very much, but we are only interviewing cell phones at this time.

Muchas gracias, pero solamente estamos entrevistando a persona con teléfono celular en este tiempo.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4460

CADULT

Are you 18 years of age or older?

¿Tiene por lo menos 18 años de edad o mas?

1. Yes
2. No

GO TO PRIVRES
GO TO CELLNOT18

7. DON'T KNOW
9. REFUSED

GO TO CELLNOT18
GO TO CELLNOT18

CELLNOT18

Thank you very much, but we are only interviewing persons aged 18 or older at this time.

Gracias por su cooperacion pero solo estamos entrevistando adultos de 18 años o mas en este momento.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4700

PRIVRES

YESNO.

Do you live in a private residence?

¿Vive en una residencia privada?

READ IF NECESSARY: By private residence, we mean someplace like a house or apartment.

I Por residencia privada nos referimos aun lugar como una casa o apartamento.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 CONSECUTIVE DAYS CONCURRENT WITH THE INTERVIEW INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 1. Yes
- 2. No

GO TO CSTATE
GO TO COLLEGE

ASK IF PRIVRES NOT EQUAL 1

COLLEGE

Do you live in college housing?

¿Usted vive en vivienda de colegio?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangements provided by a college or university

Por vivienda de colegio, queremos decir dormitorio, estudiante o visitante de vivienda de facultad u otros arreglos de vivienda proporcionados por un colegio o Universidad.

- 1. Yes
- 2. No

GO TO CSTATE

NONRES

IF NON-RESIDENTIAL NUMBER

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

Gracias pero solo estamos entrevistando personas que viven en residencias privadas o viviendas del colegio.

INTERVIEWER NOTE: PRESS '1' TO CONTINUE.

DISPOS = 4500

CSTATE

YESNO.

Do you currently live in California?

¿Vive usted en California?

- 1. Yes
- 2. No

GO TO LANDLINE
GO TO RSPSTATE

RSPSTATE

In what state do you currently live?

¿En qué estado vive usted?

_____ ENTER STATE FIPS CODE

LANDLINE

YESNO.

Do you also have a landline telephone in your home that is used to make and receive calls?

¿Tiene usted también un teléfono fijo en su casa que se utilice para hacer y recibir llamadas?

READ ONLY IF NECESSARY: By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls. Please include landline phones used both for business and personal use.

READ ONLY IF NECESSARY: Por teléfono fijo, nos referimos a un teléfono 'regular' en su casa que se usa para hacer o recibir llamadas. Favor de incluir teléfonos fijos utilizados para negocios y uso personal.

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK, AND OTHER HOME-BASED PHONE SERVICES).

1. Yes
2. No

HHADULT (CDC-CORE)

How many members of your household, including yourself, are 18 years of age or older?

¿Cuántos miembros de su hogar incluyéndose a usted, tienen 18 años de edad o más?

INTERVIEWER NOTE: IF COLLEGE HOUSING WAS YES, NUMBER OF ADULTS IS AUTOMATICALLY '1'.

ENTER THE NUMBER OF ADULTS (1-18)

_____ Number of Adults

99. REFUSED

SEX1 (CDC-CORE)

INTERVIEWER NOTE: CONFIRM SEX OF SELECTED RESPONDENT.

YOU MUST ASK:

What sex were you assigned at birth, on your original birth certificate?

¿Qué sexo le asignaron al nacer, en su certificado de nacimiento original?

1. MALE RESPONDENT
2. FEMALE REPENDENT

INTROSCR INTRODUCTION SCRIPT LEADING INTO INTERVIEW

Great. You're the person I need to speak with.

Your participation in this voluntary health survey will contribute valuable information used by state and federal health policy makers. We will not collect any information that can identify you. There is no risk to you. All information you give us will be confidential. If there is a question you cannot or do not wish to answer, please tell me and we can skip it. If you have any questions, I will provide a telephone number for you to call to get more information. (1-800-321-2194).

While supervisory staff may monitor this interview for quality control purposes, all information obtained in this study will be confidential.

Su participación en esta encuesta es voluntaria y contribuye información valiosa usada por los que hacen pólizas de salud en el estado y nación. No le haré preguntas que puedan identificarlo (la). No hay ningún riesgo para usted. Toda la información que usted nos dé, será estrictamente confidencial. Si hay alguna pregunta que usted no desee contestar, por favor dígamelo y podemos continuar. Si usted tiene alguna pregunta acerca de la encuesta, que yo no pueda contestar, le daré un número de teléfono sin costo, al que usted pueda llamar para obtener más información. 1-800-321-2194.

Mientras una supervisora pueda escuchar esta encuesta para el control de calidad, toda la información obtenida en este estudio será confidencial.

1. PERSON INTERESTED, CONTINUE GO TO GENHLTH
2. PERSON IS NOT INTERESTED. PLEASE CODE APPROPRIATE REFUSAL (SOFT vs. HARD). F3

NONQAL

ERROR: RESPONDENT DOES NOT QUALIFY

INTERVIEWER NOTE: Should have. Quotas are incorrect

INTERVIEWER NOTE: Please Alert Your Supervisor Immediately!!!! The quotas set for this study are incorrect.

Schedule a callback, and code this attempt as a null attempt.

F3

Section 1: Health Status

GENHLTH (CDC-CORE)

HEALTH.

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

Primero, quiero hacerle algunas preguntas acerca de su salud.

1.1 Would you say that in general your health is

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

1. Excellent/ *Excelente*
2. Very good/ *Muy buena*
3. Good/ *Buena*
4. Fair, or / *Regular*
5. Poor? / *Delicada*

77. DON'T KNOW/ NOT SURE
99. REFUSED

Section 2: Healthy Days – Health-Related Quality of Life

PHYSHLTH (CDC-CORE)

TYPE VII.

2.1 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 estuvo bien?

__ Enter Number of days

88. NONE
77. DON'T KNOW / NOT SURE
99. REFUSED

MENTHLTH (CDC-CORE)

TYPE VII.

2.2 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 estuvo bien?

__ ENTER NUMBER OF DAYS

- 88. NONE
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

IF PHYSHLTH >= 1 or MENTHLTH >= 1 then GO TO POORHLTH, ELSE GO TO HAVEPLN3

POORHLTH (CDC-CORE)

TYPE VII.

2.3 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/ NOT SURE
- 99. REFUSED

Section 3: Health Care Access

HAVEPLN3 (CDC-CORE)

YESNO.

3.1 These next few questions are about your access to medical care. Please be assured that I am not trying to sell you insurance coverage. Do you have any kind of health care coverage including health insurance, prepaid plans such as HMOs (Health Maintenance Organizations) or government plans such as Medicare or the Indian Health Service?

Las próximas preguntas se refieren al acceso que usted tiene al cuidado médico. Por favor este tranquilo(a) que no estoy tratando de venderle seguro médico. ¿Tiene usted alguna cobertura de salud, incluyendo seguro de salud, planes pre-pagados tales como los de HMO (organizaciones para el mantenimiento de la salud), o planes del gobierno como Medicare o el servicio de salud indio?

- 1. Yes
- 2. No

- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

TYPPLAN (CAL-CORE)

TYPPLAN.

3.2 What is the PRIMARY source of your health care coverage? Is it...

¿Cuál es la fuente principal de su cobertura de atención médica? Lo es....

INTERVIEWER NOTE: PRESS F5 FOR ADDITIONAL INFORMATION
INTERVIEWER NOTE: SHOULD THE RESPONDENT INDICATE THAT THEY PURCHASED HEALTH INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE (COVERED CALIFORNIA), ASK IF IT WAS A PRIVATE HEALTH INSURANCE PLAN PURCHASED ON THEIR OWN OR BY A FAMILY MEMBER (PRIVATE) OR IF THEY RECEIVED MEDICAID (MEDI-CAL)? IF PURCHASED ON THEIR OWN (OR BY A FAMILY MEMBER), TYPE 02, IF MEDICAID TYPE 04.

1. A plan purchased through an employer or union (includes plans purchased through another person's employer) / *Su empleador (o el empleador de otra persona, como su esposo(a) o sus padres)*
2. A plan that you or another family member buys on your own / *Un plan que usted u otra persona pagan por su cuenta*
3. Medicare / *Medicare*
4. Medicaid or other state program / *Medicaid o otro programa del estado (Medi-Cal)*
5. TRICARE (formerly CHAMPUS), VA, or Military / *Las fuerzas armadas, CHAMPUS, o la administración de Veteranos*
6. Alaska Native, Indian Health Service, Tribal Health Services / *El servicio de salud indio*
7. Some other source / *Otra fuente aparte de las que mencione*
8. None (no coverage)/ *Ninguna (no cobertura)*

77. DON'T KNOW/ NOT SURE

99. REFUSED

PERSDOC (CDC-CORE)

PERSDOC.

3.3 Do you have one person you think of as your personal doctor or health care provider?

¿Hay una persona quien usted considera ser su médico personal o proveedor de su cuidado médico?

INTERVIEWER NOTE: PROBE: IF NO, ASK "Is there more than one or is there "no" person who you think of as your personal doctor or healthcare provider?"

INTERVIEWER NOTE: PROBE: IF NO, ASK: "hay más de una persona o no hay ninguna persona?"

1. Yes, only one / *Sí, solo uno (DO NOT PROBE)*
2. More than one / *Más de uno*
3. (PROBE) No

77. DON'T KNOW / NOT SURE

99. REFUSED

NOMED (CDC-CORE)

YESNO.

3.4 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

¿Hubo algún momento en los últimos 12 meses en que necesitó consultar a un médico, pero no pudo hacerlo debido al costo?

1. Yes
2. No

77. DON'T KNOW/ NOT SURE

99. REFUSED

CHECKUP2 (CDC-CORE)

HOWLONG.

3.5 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

¿Cómo cuánto tiempo tiene, desde la última vez que fue al médico, para hacerse un chequeo de rutina? Un chequeo de rutina es un examen físico general, NO un examen realizado para una lesión específica NI enfermedad o afección (enfermedad) específica.

READ ONLY IF NECESSARY:

1. Within the past year (anytime less than 12 months ago)
En el último año
2. Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años
3. Within the past 5 years (2 years but less than 5 years ago)
En los últimos 5 años
4. 5 or more years ago
5 años o más
88. Never
Nunca
77. DON'T KNOW / NOT SURE
99. REFUSED

Section 4: Hypertension awareness

BPHIGH2 (CDC-CORE)

YES/NO.

- 4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?**

¿ALGUNA VEZ le ha dicho un doctor (médico), una enfermera u otro profesional de la salud que usted tiene la presión (de la sangre) alta?

READ ONLY IF NECESSARY: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

Por “otro profesional de la salud” nos referimos a una enfermera especializada, un asistente de médico o algún otro profesional de la salud con licencia para ejercer.

IF “YES” AND RESPONDENT IS FEMALE, ASK: “Was this only when you were pregnant?”

¿Fue esto solo cuando estaba embarazada?

1. YES/ *SÍ*
2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY **GO TO CHOLCHK1**
SÍ, PERO MUJER DIJO SÓLO DURANTE EL EMBARAZO
3. NO **GO TO CHOLCHK1**
4. TOLD BORDERLINE HIGH OR PRE-HYPERTENSIVE **GO TO CHOLCHK1**
LE AN DICHO QUE ESTA AL LÍMITE ALTO O AL BORDE DE LA HIPERTENSIÓN
7. DON'T KNOW/ NOT SURE **GO TO CHOLCHK1**
9. REFUSED **GO TO CHOLCHK1**

BPMED (CDC-CORE)

YES/NO.

- 4.2 Are you currently taking medicine for your high blood pressure?**

¿Actualmente toma algún medicamento para controlar la presión (de la sangre) alta?

(94)

1. YES
2. NO
7. DON'T KNOW / NOT SURE

9. REFUSED

Section 5: Cholesterol Awareness

CHOLCHK1 (CDC-CORE)

HOWLNGI.

5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

El colesterol en la sangre es una sustancia grasosa que se encuentra en la sangre. ¿Cuánto tiempo hace desde la última vez que le midieron el colesterol en la sangre?

Read only if necessary:

- 1. Never / Nunca **GO TO HEART2**
- 2. Within the past year (anytime less than 12 months ago)
En el último año (hace menos de 12 meses)
- 3. Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años (hace 1 año pero menos de 2)
- 4. Within the past 5 years (2 years but less than 5 years ago)
En los últimos 5 años (hace 2 años pero menos de 5)
- 5. 5 or more years ago
Hace 5 años o más

Do not read:

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED **GO TO HEART2**

TOLDHI (CDC-CORE)

YESNO.

5.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

¿ALGUNA VEZ le ha dicho un médico, una enfermera, u otro profesional de la salud que su nivel de colesterol en la sangre es alto?

- 1. YES
- 2. NO **GO TO HEART2**
- 7. DON'T KNOW/ NOT SURE **GO TO HEART2**
- 9. REFUSED **GO TO HEART2**

CHOLMEDS (CDC-CORE) NEW 2017

YESNO.

5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

¿Actualmente está tomando medicamentos recetados por un médico u otro profesional de la salud para su colesterol en la sangre?

- 1. YES
- 2. NO
- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

Section 6: Chronic Health Conditions

HEART2 (CDC-CORE)

YES/NO.

6.1 Now I would like to ask you some questions about general health conditions.

Ahora me gustaría hacerle algunas preguntas acerca de condiciones generales de salud.

Has a doctor, nurse, or other health professional ever told you that you had any of the following?

For each, tell me 'Yes', 'No' or you're 'Not sure'.

¿Alguna vez le ha dicho un médico, enfermera u otro profesional de la salud que tenía alguno de los siguientes?

Para cada pregunta, responda "Sí", "No", o "No estoy seguro/a".

(Ever told) told you that you had a heart attack, also called a myocardial infarction (MY-o-card-ee-al in-FARK-shun)?

¿(Alguna vez le ha dicho) que usted tuvo un ataque cardíaco, también llamado infarto de miocardio?

READ ONLY IF NECESSARY: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed professional.

LEER SOLO SI ES NECESARIO: por "otros profesionales de la salud" nos referimos a una enfermera, un médico de asistente, o algún otro profesional con licencia.

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

ANGINA (CDC-CORE)

YES/NO.

6.2 (Ever told) you that you had angina (anne - J - EYE- nah) or coronary heart disease?

¿(Alguna vez le ha dicho) que usted tuvo angina (anne - J - EYE- nah) de pecho o una enfermedad coronaria del corazón?

1. YES

2. NO

7. DON'T KNOW / NOT SURE

9. REFUSED

STROKE2 (CDC-CORE)

YES/NO.

6.3 (Ever told) you that you had a stroke?

¿(Alguna vez le ha dicho) que usted tuvo una embolia?

1. YES

2. NO

7. DON'T KNOW / NOT SURE

9. REFUSED

ASTHEVE3 (CDC-CORE)

YESNO.

6.4 (Ever told) you that you had asthma?

¿(Alguna vez le ha dicho) que usted tuvo asma?

- 1. YES
- 2. NO

GO TO SKCANC

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

GO TO SKCANC
GO TO SKCANC

ASTHNOW (CDC-CORE)

YESNO.

6.5 Do you still have asthma?

¿Todavía tiene usted asma?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

SKCANC (CDC-CORE)

YESNO.

6.6 (Ever told) you that had skin cancer?

¿(Alguna vez le ha dicho) que usted tuvo cáncer en la piel?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

OTHCANC (CDC-CORE)

YESNO.

6.7 (Ever told) you that you had any other types of cancer?

¿(Alguna vez le ha dicho) que usted tuvo cualquier otro tipo de cáncer?

INTERVIEWER NOTE: *Includes basal (Bay-Sul) and squamous (Sqwa-muss) cell cancers.*

INTERVIEWER NOTE: *Incluye cáncer basal y cánceres de células escamosas.*

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

COPDEVER (CDC-CORE)

YESNO.

6.8 (Ever told) you that you have Chronic Obstructive Pulmonary Disease or COPD, emphysema, or chronic bronchitis?

¿(Alguna vez le ha dicho) que usted tuvo una enfermedad pulmonar obstructiva crónica, EPOC (también llamada COPD por sus siglas en inglés), de enfisema, o de bronquitis crónico?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ARTHRITID (CDC-CORE)

YES/NO.

6.9 (Ever told) you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia (FI – bro – my – al – jah)?

¿(Alguna vez le ha dicho) que usted tiene algún tipo de artritis, artritis reumatoide, gota, lupus o fibromialgia (fibrōmī' alj (ē) ə)?

Arthritis diagnoses include: rheumatism, polymyalgia rheumatica, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa.

Los diagnósticos de artritis incluyen: *reumatismo, polimialgia reumática, osteoartritis (no osteoporosis), tendinitis, bursitis, juanete, codo de tenista, síndrome del túnel carpiano, síndrome del túnel tarsal, infección conjunta, síndrome de Reiter, espondilitis anquilosante; espondilosis, síndrome de manguito rotador, enfermedad de tejido conectivo, esclerodermia, polimiositis, síndrome de Raynaud, vasculitis (arteritis de células gigantes, púrpura de Henoch-Schoenlein, Wegener Granulomatosis de, poliarteritis nodosa.*

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

DEPRESS1 (CDC-CORE)

YES/NO.

6.10 (Ever told) you that you have a depressive disorder (including depression, major depression, dysthymia), or minor depression?

¿(Alguna vez le ha dicho) que usted tiene una enfermedad depresiva (incluyendo depresión, depresión mayor, distimia, o depresión leve)?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

KIDNEY (CDC-CORE)

YES/NO.

6.11 (Ever told) you that you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence (IN-CON-TIN-ANTS).

¿(Alguna vez le ha dicho) que usted tuvo una enfermedad renal (de los riñones)? NO incluya piedras en el riñón, infección en la vejiga (vesícula) ni incontinencia (IN-CON-TIN-ENS-IYA).

INTERVIEWER NOTE: Incontinence is not being able to control urine flow
La incontinencia es no poder controlar el fluido de la orina.

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

DIABCOR3 (CDC-CORE)

DIABCDC.

Next I would like to ask you about diabetes, sometimes called sugar diabetes.

Ahora, me gustaría preguntarle acerca de la diabetes, a veces llamada azúcar en la sangre.

6.12 Has a doctor, or nurse or other health professional ever told you that you have diabetes? (IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE "PRE-DIABETES" CODE 4).

Ahora, me gustaría preguntarle acerca de la diabetes, a veces llamada azúcar en la sangre. ¿Alguna vez le ha dicho un doctor (médico) que tiene diabetes?

IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"
"¿Fue esto únicamente cuando estaba embarazada?"

- 1. YES/ *SÍ* GO TO DIABAGE
- 2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY/ *SÍ, PERO MUJER DIJO SÓLO DURANTE EL EMBARAZO (GESTATIONAL DIABETES)* IF (RespGend = 1) GO TO DIAFEMALE
GO TO LIMITJN2
- 3. NO GO TO LIMITJN2
- 4. NO, PRE-DIABETES OR BORDERLINE DIABETES/ *NO, AL PREDIABETES O AL BORDE DE LA DIABETES* GO TO PREDMBGT
- 77. DON'T KNOW / NOT SURE GO TO LIMITJN2
- 99. REFUSED GO TO LIMITJN2

DIAFEMALE

RESPGEND = 1/ MALE

INTERVIEWER NOTE: YOU RECORDED THAT THE RESPONDENT WAS TOLD BY A DOCTOR DURING PREGNANCY THAT SHE HAD DIABETES. ARE YOU SURE? THE RESPONDENT SELECTED WAS THE (SELECTED MALE ADULT)

IS THE PREVIOUS ANSWER CORRECT?

- 1. YES, CORRECT AS IS GO TO LIMITJN2
- 2. NO, RE-ASK QUESTION DIABCOR3 GO TO DIABCOR3

DIABAGE

TYPE I.

6.13 How old were you when you were told you have diabetes?

¿A qué edad le dijeron que tenía diabetes?

- __ _ CODE AGE IN YEARS [97 = 97 AND OLDER]
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

ASK IF (DIABCOR3 = 4) OTHERWISE SKP DIABINS

PREDMBGT (CA-DBCP-PRE-DIABETES MODULE)

YESNO.

6.14 Have you had a test for high blood sugar or diabetes within the past three years?

¿Ha tenido una prueba de azúcar en la sangre o diabetes en los últimos tres años?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

PREDIAB2 (CA-DBCP-PRE-DIABETES MODULE modified response code in 2014)

YESNO.

6.15 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

¿Alguna vez le ha dicho un médico u otro profesional de la salud que usted tiene pre-diabetes o al borde de la diabetes?

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

1. YES

2. YES, DURING PREGNANCY

3. NO

7. DON'T KNOW / NOT SURE

9. REFUSED

NOTE: Only asked of those not responding "Yes" (code = 1) to DIABCOR3.

Section 7: Diabetes

DIABINS (CA-DBCP-DIABETES MODULE)

YESNO.

7.1 Are you now taking insulin?

¿En la actualidad, está usted tomando insulina?

1. YES

2. NO

9. REFUSED

CHKGLU (CA-DBCP-DIABETES MODULE)

TYPE XIX.

7.2 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

¿Aproximadamente, qué seguido revisa su sangre para determinar el nivel de glucosa o azúcar? Incluya las veces que la examina un pariente o amigo, pero no incluya las veces que la examina un profesional de la salud.

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

1xx = times per day (verify if GT 105)
2xx = times per week (verify if GT 235)
3xx = times per month
4xx = times per year
888 = Never

777 = DON'T KNOW/ NOT SURE
999 = REFUSED

CHKSORE2 (CA-DBCP-DIABETES MODULE)

TYPE I.

7.3 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

¿Qué seguido se revisa los pies para determinar si tiene algunas heridas o irritaciones? Incluya cuando se los revisa un amigo o miembro de la familia, pero no incluya cuando se los revisa un profesional de la salud.

INTERVIEWER NOTE: ENTER QUANTITY PER DAY, WEEK, OR MONTH

INTERVIEWER: IF NO FEET PLEASE ENTER 555 AND SELECT NO FEET

1xx = times per day (verify if GT 105)
2xx = times per week (verify if GT 235)
3xx = times per month
4xx = times per year
555 = No Feet
888 = Never

777 = DON'T KNOW/ NOT SURE
999 = REFUSED

DIABDOC2 (CA-DBCP-DIABETES MODULE)

TYPE I.

7.4 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

¿Cómo cuántas veces en los últimos 12 meses, ha visitado a un médico, enfermera, u otro profesional de salud, para su diabetes?

___ number of times (verify if GT 12)
88. None

77. DON'T KNOW / NOT SURE
99. REFUSED

DIABDOC3 (CA-DBCP-DIABETES MODULE)

TYPE I.

7.5 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

La prueba para la hemoglobina 'A uno C' mide el nivel promedio de azúcar en la sangre durante los últimos 3 meses. ¿Cómo cuántas veces en los últimos 12 meses le ha revisado un médico, enfermera u otro profesional de la salud, su hemoglobina 'A uno C'?

_____ number of times (verify if GT DIABDOC2)

88. None

98. Never heard of "A one C" test

77. DON'T KNOW / NOT SURE

99. REFUSED

SKIP IF CHKSORE2 = 555 "NO FEET"

CHKSORE (CA-DBCP-DIABETES MODULE)

TYPE I.

7.6 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

¿Cómo cuántas veces, en los últimos 12 meses, le revisó los pies un profesional de la salud, para detectar heridas o irritaciones?

_____ number of times (verify if GT DIABDOC2)

88. None

77. DON'T KNOW / NOT SURE

99. REFUSED

VISCHK2 (CA- DBCP-DIABETES MODULE)

VISCHKB.

7.7 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

¿Cuándo fue la última vez que le hicieron un examen de los ojos, en la cual le dilataron las pupilas? Esto le hubiera causado sensibilidad temporal a la luz brillante.

1. Within the past month (ANYTIME LESS THAN 1 MONTH AGO)

Dentro del mes pasado (en cualquier momento menos de 1 mes)

2. Within the past year (1 MONTH BUT LESS THAN 12 MONTHS AGO)

En el último año (Dentro de 1 mes pero menos de 12 meses)

3. Within the past 2 years (1 YEAR BUT LESS THAN 2 YEARS AGO)

En los últimos 2 años (1 año pero menos de 2 años)

4. More than 2 years ago

Hace más de 2 años

7. DON'T KNOW / NOT SURE

8. NEVER

9. REFUSED

RETINHAD (CA-DBCP-DIABETES MODULE)

YESNO.

7.8 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

¿Alguna vez le ha dicho un doctor, que la diabetes le ha afectado sus ojos o que usted tenía retinopatía?

1. YES

2. NO

7. DON'T KNOW/ NOT SURE

9. REFUSED

DIABCRSE (CA-DBCP-DIABETES MODULE)

YESNO.

7.9 Have you ever taken a course or class in how to manage your diabetes yourself?

¿Alguna vez, ha tomado usted algún curso o alguna clase, para saber como usted mismo(a) puede controlar su diabetes?

1. YES

2. NO

7. DON'T KNOW/ NOT SURE

9. REFUSED

Section 8: Arthritis Burden

ASK IF ARTHRITD=YES, OTHERWISE SKIP TO AGE8

Next, I will ask you about your arthritis.

Ahora le voy a hacer preguntas sobre la artritis.

LIMITJN2 (CDC-CORE)

YESNO.

8.1 Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

La artritis puede causar síntomas como dolor o como rigidez en o alrededor de las coyunturas.

Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

¿Actualmente está usted limitado/a en cualquier manera en alguna de sus actividades usuales a causa de la artritis o síntomas de las coyunturas?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Por favor, responda a esta pregunta, basada en su experiencia actual, independientemente de si usted está tomando cualquier medicamento o tratamiento".

Ask all respondents regardless of employment status

ARTHWRK2 (CDC-CORE)

YESNO.

8.2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

En esta próxima pregunta nos referimos al trabajo por pago, ¿Actualmente, le afecta la artritis o los síntomas de las coyunturas si usted trabaja, el tipo de trabajo que usted hace, o la cantidad de trabajo que usted hace?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

INTERVIEWER: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES."

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "*Por favor responda a la pregunta con base en su experiencia actual, sin considerar si está tomando algún medicamento o si sigue un tratamiento*".

ARTHPLAY (CDC-CORE)

HOWMUCH.

8.3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? Would you say...

En los últimos 30 días, ¿hasta qué punto interfirió su artritis o síntomas de las coyunturas con sus actividades sociales normales, tales como ir de compras, ir al cine, o ir a reuniones religiosas o sociales? Diría usted...

Please read [1-3]:

1. A lot/ Mucho
2. A little/ Un poco
3. Not at all/ Nada

Do not read:

7. DON'T KNOW/ NOT SURE
9. REFUSED

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN SAY: "*Por favor responda a la pregunta con base en su experiencia actual, sin considerar si está tomando algún medicamento o si sigue un tratamiento*".

ARTHPAIN (CDC-CORE)

TYPE I.

8.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

Por favor, piense en los últimos 30 días, teniendo en cuenta todo su dolor en las coyunturas y si usted ha tomado o no medicamentos. En una escala de 0 (Cero) a 10 (Diez) donde el 0 representa nada de dolor, y el 10 representa el peor dolor o molestia posible. DURANTE LOS ÚLTIMOS 30 DÍAS, ¿en promedio qué tan grave fue su dolor en las coyunturas?

_ _ ENTER NUMBER (0-10)

77. DON'T KNOW / NOT SURE

99. REFUSED

ARTHTDY2 (CA-CAPP)

ARTHTDY.

8.5 Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY?

Pensando en su artritis o los síntomas de las articulaciones, ¿cuál de las siguientes opciones le describe mejor? ¿Diría...

READ RESPONSES 1- 4

1. I can do everything I would like to do;

Puedo hacer todo lo que quiero hacer

2. I can do most things I would like to do;

Puedo hacer la mayoría de las cosas que quiero hacer

3. I can do some things I would like to do;

Puedo hacer algunas cosas que quiero hacer

4. I can hardly do anything I would like to do.

Apenas puedo hacer las cosas que quiero hacer

7. DON'T KNOW/NOT SURE

9. REFUSED

ARTHWGHT (CA-CAPP)

YESNO.

8.6 Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

¿Le ha sugerido ALGUNA vez algún médico o profesional de la salud que bajara de peso para aliviar los síntomas de su artritis, o la molestia que siente en las coyunturas?

1. YES

2. NO

7. DON'T KNOW/ NOT SURE

9. REFUSED

ARTHPA (CA-CAPP)

YESNO.

8.7 Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?

¿Le ha sugerido ALGUNA vez algún médico o profesional de la salud alguna actividad física o ejercicio para aliviar los síntomas de su artritis, o la molestia que siente en las coyunturas?

INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS AN INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

1. YES

2. NO

7. DON'T KNOW/ NOT SURE

9. REFUSED

ARTHED (CA-CAPP)

YESNO.

8.8 Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

¿Ha tomado ALGUNA vez un curso o clase relacionada con la artritis, o las molestias que siente en las coyunturas?

- 1. YES
- 2. NO

- 7. DON'T KNOW/ NOT SURE
- 9. REFUSED

Section 9: Demographics

AGEB (CDC-CORE)

9.1 What is your age?

¿Cuántos años tiene usted?

__ ENTER AGE IN YEARS (RANGE: 18 – 150)

- 7. DON'T KNOW / NOT SURE
- 9. REFUSED

HISP4 (CDC-CORE)

YESNO.

9.2 Are you Hispanic, Latino/a, or of Spanish origin?

¿Es usted hispano(a), latino(a) o de origen español ?

- 1. YES
- 2. NO

GO TO ORACE3A

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

GO TO ORACE3A
GO TO ORACE3A

HISPMEX (CDC-CORE)

YESNO.

9.3 Are you...

Mexican, Mexican American, or Chicano/a?

¿Es usted... Mexicano/a, Mexicano-Americano, Chicano/a?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE

99. REFUSED

HISPPR (CDC-CORE)

YESNO.

9.4 Are you... Puerto Rican?

¿Es usted... Puertorriqueño/a?

- 1. YES
- 2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

HISPCUB (CDC-CORE)

YESNO.

9.5 Are you...Cuban?

¿Es usted... Cubano?

- 1. YES
- 2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

HISPOTH (CDC-CORE)

YESNO.

9.6 Are you...Another Hispanic, Latino/a, or of Spanish origin?

¿Es usted... De otro origen latino, hispano o español?

- 1. YES (Specify) / Sí (Especifique)
- 2. NO

77. DON'T KNOW/ NOT SURE
99. REFUSED

ORACE3A (CDC-CORE)

MRACE.

9.7 Which one or more of the following would you say is your race? Would you say: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Other?

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

- 1. White (Caucasian)
- 2. Black or African American
- 3. American Indian or Alaska Native
- 4. Asian
- 5. Pacific Islander
- 6. Other: (specify)

- ORACE3A_1
- ORACE3A_2
- ORACE3A_3
- ORACE3A_4
- ORACE3A_5
- ORACE3A_6, ORACE3ATX

77. DON'T KNOW/ NOT SURE
99. REFUSED

IF (ANS > 6) GO TO MARTIAL

IF (ORACE3A = 4) SKP ORACE2AB

If (ORACE3A = 5) SKP ORACE2AB

IF ((ORACE3A = 1) & (ORACE3A = 2 | ORACE3A = 3 | ORACE3A = 6)) GO TO ORACE4A

IF ((ORACE3A = 2) & (ORACE3A = 3 | ORACE3A = 6)) GO TO ORACE4A

IF ((ORACE3A = 5) & (ORACE3A = 6)) GO TO ORACE4A

SKP MARTIAL

If more than one response to ORACE3 then GO TO ORACE4, else GO TO ORACE2AB

ORACE2AB (CDC-CORE)

ORACE2AB.

9.8 If $orace4 < 3$ and $orace4 < 4$ and $orace4 > 0$, ask “Even though you indicated Asian or Pacific Islander as one of your races, but not the race that BEST represents yourself, we need to know if you are Chinese, Japanese, Korean, Filipino or Other?”, else ask “Are you Chinese, Japanese, Korean, Filipino or Other?”

“Aunque indicó asiático/a o de las Islas del Pacífico como una de sus razas, pero no es la raza que mejor representa a sí mismo, necesitamos saber si es chino/a, Japonés, Coreano/a, Filipino/a o de otro/a?”

1. Chinese
2. Japanese
3. Korean
4. Filipino
5. Vietnamese
6. Cambodian
7. Laotian
8. Asian Indian
9. Indonesian
10. Native Hawaiian
11. Samoan
12. Pakistani
13. Saipanese
14. Fijian
15. Guamanian or Chamorro
16. Other: (specify) <ORACE2ABTXT>

777. DON'T KNOW / NOT SURE

999. REFUSED

IF ((ORACE3A = 4) & (ORACE3A = 1 | ORACE3A = 2 | ORACE3A = 3 | ORACE3A = 5 | ORACE3A = 6)) GO TO ORACE4A

IF ((ORACE3A = 5) & (ORACE3A = 1 | ORACE3A = 2 | ORACE3A = 3 | ORACE3A = 4 | ORACE3A = 6))GO TO ORACE4A

GO TO MARITAL

ORACE4A (CDC-CORE)

ORACEB.

9.9 You indicated that you are more than one race. Which one of these groups would you say best represents your race? Would you say...

Usted ha indicado que es más de una raza. ¿Cuál de estos grupos, diría usted mejor representa su raza? ¿Diría... Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), nativo(a) de Alaska (Aleut), u Otra?

INTERVIEWER: PLEASE READ OPTIONS

INTERVIEWER: IF YOU NEED TO GO BACK USE F6

INTERVIEWER: IF THEY WILL NOT CHOOSE A RACE THEN SELECT DON'T KNOW OR REFUSED BASED ON THEIR RESPONSE

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian
5. Pacific Islander
6. Other (Specify) <ORACE4ATX>

77. DON'T KNOW / NOT SURE

99. REFUSED

MARITAL (CDC-CORE)

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

MARITAL.

¿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

77. DON'T KNOW / NOT SURE

99. REFUSED

SXORIEN2 (CA - CORE)

9.11 The next two questions are about sexual orientation and gender identity.

Remember, your answers are confidential and you don't have to answer any question you don't want to. Do you consider yourself to be: 1. Heterosexual, that is, straight; 2. Homosexual, that is gay or lesbian; 3. Bisexual, or 4. Other?

SXORIENB.

Las dos preguntas siguientes son sobre la orientación sexual y la identidad de género.

Recuerde que todas sus respuestas son confidenciales y no tiene que contestar ninguna pregunta que usted no quiera. ¿Se considera usted ser... 1. heterosexual, 2. homosexual o sea gay o lesbiana, 3. bisexual u 4. otra?

IF NEEDED SAY: Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay (and Lesbian) people have sex with or are primarily attracted to people of the same sex, and bisexuals have sex with or are attracted to people of both sexes.

IF NEEDED SAY: *Le explico que la gente heterosexual tiene sexo con, o son principalmente atraídos por personas del sexo opuesto, gays (y lesbianas) son personas que tienen sexo con o son principalmente atraídas por personas del mismo sexo, y bisexuales tienen sexo con o son atraídos por personas de ambos sexos.*

IN HELP SCREEN: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in California.

Hacemos esta pregunta para comprender mejor las necesidades de salud y atención médica de las personas con diferentes orientaciones sexuales. Investigaciones han mostrado que algunos miembros de la comunidad de minoría sexual tienen factores de riesgo importantes para la salud, como fumar. Estamos juntando información sobre orientación sexual para saber si esto es cierto en California.

1. HETEROSEXUAL, THAT IS, STRAIGHT/ *HETEROSEXUAL*
 2. HOMOSEXUAL, THAT IS GAY OR LESBIAN / *HOMOSEXUAL* , O SEA GAY O LESBIANA
 3. BISEXUAL / *BISEXUAL*
 4. OTHER (SPECIFY:) / *OTRA (ESPECIFIQUE)*
-
77. DON'T KNOW / NOT SURE
 99. REFUSED

TRNSGNDR (CDC-OPTIONAL MODULE)

TRNS.

9.12 Do you consider yourself to be transgender?

Se considera usted ser transexual?

IF YES, ASK Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?

Se considera usted ser 1. hombre a mujer, 2. mujer a hombre, o 3. Sexo no declarado (definido)?

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE “YES” TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.

1. Yes, Transgender, male-to-female ?/ *Si, transexual, hombre a mujer*
 2. Yes, Transgender, female to male/ *Si, transexual, mujer a hombre*
 3. Yes, Transgender, gender nonconforming/ *Si, transexual, sexo no declarado (definido)*
 4. NO
-
77. Don't know/not sure
 99. Refused

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

Algunas personas se describen a sí mismos como transexuales cuando experimentan una identidad diferente de su sexo al nacer. Por ejemplo, una persona nace en un cuerpo masculino, pero se siente femenina o vive como mujer sería transexual. Algunas personas transexuales cambian su apariencia física para que coincida con su identidad interna. Algunas personas transéxuales toman hormonas y algunas tienen cirugía. Una persona transexual puede ser de cualquier orientación sexual – heterosexual (derecho), homosexual, lesbiana o bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Algunas personas ven a sí mismos como sexo no declarado (definido) cuando no se identifican sólo como hombre o como mujer.

EDUCA (CDC-CORE)

EDUCAA.

9.13 What is the highest grade or year of school you completed?

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

READ ONLY IF NECESSARY:

1. Eighth grade or less
Octavo grado o menos
2. Some high school (grades 9-11)
Un poco de escuela secundaria(grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
Grado 12 o certificado GED (High school graduate)
4. Some technical school
Un poco de escuela técnica
5. Technical School Graduate
Graduado de escuela técnica
6. Some College
Un poco de Universidad
7. College graduate
Grado de universidad
8. Post graduate or professional degree
Título profesional o posgraduado
88. Did not attend school (Never attended school or only kindergarten)
No atendió la escuela
77. DON'T KNOW/DON'T KNOW/NO SÉ/NO ESTOY SEGURA(O)
99. REFUSED/SE NIEGA A CONTESTAR

OWNHOME (CDC-CORE)

9.14 Do you own or rent your home?

RENT.

¿Es usted dueño (a) o alquila (renta) su casa?

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time / the majority of the year.

"Otro acuerdo" puede incluir hogar de grupo, quedándose con amigos o familiares sin pagar alquiler. Hogar es definido como la residencia principal que usted ocupa la mayoría del tiempo.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time/the majority of the year. We ask this question in order to compare health indicators among people with different housing situations.

NOTA PARA EL ENCUESTADOR: Hogar es definido como la residencia principal que usted ocupa la mayoría del tiempo. Hacemos esta pregunta para comparar indicadores de salud entre personas con distintas situaciones de vivienda.

1. OWN / DUEÑO (A) SU CASA
2. RENT / ALQUILA (RENTA) SU CASA
3. OTHER ARRANGEMENT / OTRO ACUERDO

77. DON'T KNOW/NOT SURE
99. REFUSED

CACOUNTY (CDC-CORE)

9.15 What county do you live in?

¿En qué condado vive usted?

- | | | |
|----------------------------|---------------------|--------------------------------------|
| 001. ALAMEDA | 041. MARIN | 081. SAN MATEO |
| 003. ALPINE | 043. MARIPOSA | 083. SANTA BARBARA |
| 005. AMADOR | 045. MENDOCINO | 085. SANTA CLARA |
| 007. BUTTE | 047. MERCED | 087. SANTA CRUZ |
| 009. CALAVERAS | 049. MODOC | 089. SHASTA |
| 011. COLUSA | 051. MONO | 091. SIERRA |
| 013. CONTRA COSTA | 053. MONTEREY | 093. SISKIYOU |
| 015. DEL NORTE | 055. NAPA | 095. SOLANO |
| 017. EL DORADO | 057. NEVADA | 097. SONOMA |
| 019. FRESNO | 059. ORANGE | 099. STANISLAUS |
| 021. GLENN | 061. PLACER | 101. SUTTER |
| 023. HUMBOLDT | 063. PLUMAS | 103. TEHAMA |
| 025. IMPERIAL | 065. RIVERSIDE | 105. TRINITY |
| 027. INYO | 067. SACRAMENTO | 107. TULARE |
| 029. KERN | 069. SAN BENITO | 109. TUOLUMNE |
| 031. KINGS | 071. SAN BERNARDINO | 111. VENTURA |
| 033. LAKE | 073. SAN DIEGO | 113. YOLO |
| 035. LASSEN | 075. SAN FRANCISCO | 115. YUBA |
| 037. LOS ANGELES | 077. SAN JOAQUIN | 116. Other (CELL only) (888 for CDC) |
| 039. MADERA | 079. SAN L OBISPO | |
| 777. DON'T KNOW / NOT SURE | | |
| 999. REFUSED | | |

IF ANS=59 ASK, OTHERWISE SKP TO ZIPCODE2

COUNTYOTH (CDC-CORE)

9.16 What county do you live in?

ZIPCODE17 (CDC-CORE)

9.17 What is the ZIP Code where you currently live?

¿Cuál es el código postal dónde actualmente vive?

_____ ENTER THE FIVE DIGIT NUMBER

777777. DON'T KNOW/ NOT SURE
999999. REFUSED

NUMHOLD2 (CDC-CORE) (LANDLINE ONLY)

YES/NO.

**9.18 Do you have more than one telephone number in your household?
Do not include cell phones or numbers that are only used by a computer or fax machine.**

¿Tiene usted más de un número de teléfono en el hogar? No incluya los teléfonos celulares ni los números que sólo sean usados por una computadora o un fax.

- 1. YES
- 2. NO

GO TO CELL

77. DON'T KNOW / NOT SURE
99. REFUSED

HELPTTEXT:

The reason we ask these questions is because we randomly select CA phone numbers to call. It is important for us to know how likely each person is to be selected. For example, someone with 3 phones is more likely to be randomly selected than someone with one phone.

La razón por la cual hacemos estas preguntas es porque escogemos números de teléfono de CA para llamar al azar. Es importante para nosotros saber la probabilidad de cómo cada persona debe ser seleccionada. Por ejemplo, alguien con 3 teléfonos es más probable que sea seleccionado al azar que alguien con un teléfono.

NUMPHON4 (CDC-CORE) (LANDLINE ONLY)

9.19 How many of these phone numbers are residential numbers?

Cuántos de estos números de teléfono son números residenciales?

_____ ENTER NUMBER OF RESIDENTIAL NUMBERS (6=6 OR MORE)

77. DON'T KNOW/ NOT SURE
99. REFUSED

HELPTTEXT:

The reason we ask these questions is because we randomly select CA phone numbers to call. It is important for us to know how likely each person is to be selected. For example, someone with 3 phones is more likely to be randomly selected than someone with one phone.

La razón por la cual hacemos estas preguntas es porque escogemos números de teléfono de CA para llamar al azar. Es importante para nosotros saber la probabilidad de cómo cada persona debe ser seleccionada. Por ejemplo, alguien con 3 teléfonos es más probable que sea seleccionado al azar que alguien con un teléfono.

CELL17 (CDC-CORE) (LANDLINE ONLY)

YES/NO.

9.20 Including phones for business and personal use, do you have a cell phone for personal use?

*Incluyendo teléfonos para uso personal y comercial (negocio),
¿Tiene un teléfono celular para uso personal?*

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

HELPTXT:

The reason we ask these questions is because we randomly select CA phone numbers to call. It is important for us to know how likely each person is to be selected. For example, someone with 3 phones is more likely to be randomly selected than someone with one phone.

La razón por la cual hacemos estas preguntas es porque escogemos números de teléfono de CA para llamar al azar. Es importante para nosotros saber la probabilidad de cómo cada persona debe ser seleccionada. Por ejemplo, alguien con 3 teléfonos es más probable que sea seleccionado

MILITAR2 (CDC-CORE)

YESNO.

9.21 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los estados Unidos, ya sea en el ejército normal, en la Guardia Nacional o en la Unidad de Reserva?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

Servicio activo no incluye entrenamiento para las reservas o la Guardia Nacional, pero SI incluye activación, por ejemplo, para la Guerra de Golfo Pérsico.

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

EMPLOY2 (CDC-CORE)

EMPLOYA.

9.22 Are you currently: Employed for wages, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, a Homemaker, a Student, Retired, or Unable to work?

¿Actualmente: Trabaja con sueldo, trabaja por cuenta propia, ha estado sin trabajo por más de 1 año, ha estado sin trabajo por menos de 1 año, es amo/a de casa, es estudiante, está jubilado/a, o no puede trabajar?

INTERVIEWER NOTE: **IF MORE THAN ONE SAY, Select the category which best describes you.**

Seleccione la categoría que mejor le describa.

1. EMPLOYED FOR WAGES / TRABAJA CON SUELDO
2. SELF-EMPLOYED / TRABAJA POR CUENTA PROPIA
3. OUT OF WORK FOR MORE THAN 1 YEAR / HA ESTADO SIN TRABAJO POR MÁS DE 1 AÑO
4. OUT OF WORK FOR LESS THAN 1 YEAR / HA ESTADO SIN TRABAJO POR MENOS DE 1 AÑO
5. HOMEMAKER / ES AMO/A DE CASA

- 6. STUDENT / ES ESTUDIANTE
- 7. RETIRED / ESTÁ JUBILADO/A
- 8. UNABLE TO WORK / NO PUEDE TRABAJAR

99. REFUSED

CHILD18 (CDC-CORE)

TYPE VII.

9.23 How many children less than 18 years of age live in your household?

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

HHSIZE = (NUMADULT1 + NUMCHILD)

__ ENTER NUMBER OF CHILDREN (RANGE: 0 – 9)

IF (ANS = 77 | ANS = 0 | ANS = 99) GO TO **INCOM02**

77. DON'T KNOW / NOT SURE

GO TO **INCOM02**

99. REFUSED

GO TO **INCOM02**

CHILDAGE (CA-CORE)

TYPE VII.

9.24 (If CHILD18=1, ask:) How old is the child?

¿Qué edad tiene el niño (a)?

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

¿Qué edad tienen los niños? Empezando con el más pequeño...

INTERVIEWER NOTE: ROUND UP TO WHOLE YEARS. FOR EXAMPLE, RECORD LESS THAN 1 YEAR OLD AS 1 YEAR.

RANGE: 1 – 17

PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS IN THE ORDER OF THEIR BIRTH

- | | |
|----------------------------------|--------|
| __ 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 / NOT SURE

99. REFUSED

Ask if CHILDAGE=1 or 2 (all children between 0 and <3 years)

ONEMONTH (CA-CORE)

TYPE VII.

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

¿Cuántos meses de edad tiene el niño (a) que tiene 2 años o menos?

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

Cuántos meses de edad tienen los niños que tienen 2 años o menos? Empezando con el más pequeño...

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
___ Months of ninth youngest child	ONEMONT9

77. DON'T KNOW / NOT SURE
99. REFUSED

HHSIZE (CA-CORE)*** Calculated variable do not ask ***

Household size.

HHSIZE = NUMADULT1 + CHILDREN (LANDLINE ONLY)

HHSIZE = HHADULT + CHILDREN (CELL ONLY)

INCOM02 (CDC-CA-CORE)

INCOMED.

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

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

INTERVIEWER NOTE: Income information is very important because some of the programs we plan from the data we collect will be for people in certain income level groups. Furthermore, people's chances of illness or injury may vary according to their income and their ability to access health services. Your answer may help us learn how we can lower people's chances of becoming ill.

La información de ingresos es muy importante debido a que algunos de los programas que planeamos son de los datos que coleccionamos, y será para la gente en ciertos grupos de nivel de ingresos. Por otra parte, las posibilidades de lesión o enfermedad puede variar de acuerdo a sus ingresos y su capacidad para acceder a los servicios de salud. Las respuestas dela encuesta pueden ayudarnos aprender cómo podemos reducir las posibilidades de enfermedad.

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 greater

77. DON'T KNOW / NOT SURE
99. REFUSED

IF (HHSIZE = 1 & INCOM02 = 2) GO TO HH1IN2
IF (HHSIZE = 1 & INCOM02 = 3) GO TO HH1IN3
IF (HHSIZE = 1 & INCOM02 = 4) GO TO HH1IN41
IF (HHSIZE = 1 & INCOM02 = 5) GO TO HH1IN5
IF (HHSIZE = 2 & INCOM02 = 3) GO TO HH2IN3
IF (HHSIZE = 2 & INCOM02 = 4) GO TO HH2IN4
IF (HHSIZE = 2 & INCOM02 = 5) GO TO HH2IN51
IF (HHSIZE = 2 & INCOM02 = 6) GO TO HH2IN6
IF (HHSIZE = 3 & INCOM02 = 3) GO TO HH3IN4
IF (HHSIZE = 3 & INCOM02 = 5) GO TO HH3IN5
IF (HHSIZE = 3 & INCOM02 = 6) GO TO HH3IN61
IF (HHSIZE = 3 & INCOM02 = 7) GO TO HH3IN7
IF (HHSIZE = 4 & INCOM02 = 4) GO TO HH4IN4
IF (HHSIZE = 4 & INCOM02 = 5) GO TO HH4IN5
IF (HHSIZE = 4 & INCOM02 = 6) GO TO HH4IN61
IF (HHSIZE = 4 & INCOM02 = 7) GO TO HH4IN7
IF (HHSIZE = 5 & INCOM02 = 5) GO TO HH5IN5
IF (HHSIZE = 5 & INCOM02 = 6) GO TO HH5IN6
IF (HHSIZE = 5 & INCOM02 = 7) GO TO HH5IN71
IF (HHSIZE = 6 & INCOM02 = 5) GO TO HH6IN5
IF (HHSIZE = 6 & INCOM02 = 6) GO TO HH6IN6
IF (HHSIZE = 6 & INCOM02 = 7) GO TO HH6IN71
IF (HHSIZE = 6 & INCOM02 = 8) GO TO HH6IN8
IF (HHSIZE = 7 & INCOM02 = 6) GO TO HH7IN61
IF (HHSIZE = 7 & INCOM02 = 7) GO TO HH7IN71
IF (HHSIZE = 7 & INCOM02 = 8) GO TO HH7IN8
IF (HHSIZE = 8 & INCOM02 = 6) GO TO HH8IN6
IF (HHSIZE = 8 & INCOM02 = 7) GO TO HH8IN71
IF (HHSIZE = 8 & INCOM02 = 8) GO TO HH8IN8
IF (HHSIZE = 8 & INCOM02 = 9) GO TO HH8IN9
IF (HHSIZE = 9 & INCOM02 = 6) GO TO HH9IN6
IF (HHSIZE = 9 & INCOM02 = 7) GO TO HH9IN7
IF (HHSIZE = 9 & INCOM02 = 8) GO TO HH9IN81
IF (HHSIZE = 9 & INCOM02 = 9) GO TO HH9IN9
IF (HHSIZE = 10 & INCOM02 = 6) GO TO HH10IN6
IF (HHSIZE = 10 & INCOM02 = 7) GO TO HH10IN7
IF (HHSIZE = 10 & INCOM02 = 8) GO TO HH10IN81
IF (HHSIZE = 10 & INCOM02 = 9) GO TO HH10IN9
IF (HHSIZE = 11 & INCOM02 = 7) GO TO HH11IN71
IF (HHSIZE = 11 & INCOM02 = 8) GO TO HH11IN8
IF (HHSIZE = 11 & INCOM02 = 9) GO TO HH11IN9
IF (HHSIZE = 11 & INCOM02 = 10) GO TO HH11IN10
IF (HHSIZE = 12 & INCOM02 = 7) GO TO HH12IN7
IF (HHSIZE = 12 & INCOM02 = 8) GO TO HH12IN8
IF (HHSIZE = 12 & INCOM02 = 9) GO TO HH12IN91
IF (HHSIZE = 12 & INCOM02 = 10) GO TO HH12IN10
IF (HHSIZE = 13 & INCOM02 = 7) GO TO HH13IN7
IF (HHSIZE = 13 & INCOM02 = 8) GO TO HH13IN8
IF (HHSIZE = 13 & INCOM02 = 9) GO TO HH13IN91
IF (HHSIZE = 13 & INCOM02 = 10) GO TO HH13IN10

GO TO INTERNET

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 THRESH02.

THRESH00, THRESH01, THRESH02... (CA-CORE)

YES/NO.

9.27 Is your annual household income from all sources less than _____? (Table look up for income and household size) (This is an income threshold used for statistical purposes.)

¿ Es su ingreso familiar anual menos de: _____ \$?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

INCOMO 2	=	1	2	3	4	5	6	7	8	9	10
		<10k	10-15k	15-20k	20-25k	25-35k	35-50k	50-75k	75-100k	100-125k	125k+
HHSIZE=	1		\$11,880	\$15,800	\$21,978 / \$23,760	\$29,700					
(Househ old Size)	2			\$16,020	\$21,307	\$29,637 / \$32,040	\$40,050				
	3				\$20,160	\$26,813	\$37,296 / \$40,320	\$50,400			
	4				\$24,300	\$32,319	\$44,955 / \$48,600	\$60,750			
	5					\$28,440	\$37,825	\$52,614 / \$56,880 / \$71,100			
	6					\$32,580	\$43,331	\$60,273 / \$65,160	\$81,450		
	7						\$36,730 / \$48,851	\$67,951 / \$73,460	\$91,825		
	8						\$40,890	\$54,384	\$75,647 / \$81,780	\$102,225	
	9						\$45,050	\$59,917	\$83,343 / \$90,100	\$112,625	
	10						\$49,210	\$65,449	\$91,039 / \$98,420	\$123,025	
	11							\$53,370 / \$70,982	\$98,735	\$106,740	\$133,425
	12							\$57,530	\$76,515	\$106,431 / \$115,060	\$143,825
	13							\$61,690	\$82,048	\$114,127 / \$123,380	\$154,225

(100%, 133%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Vol. 81, No. 15, January 25, 2016, pp. 4036-4037.)

INTERNET (CDC-CORE)

YES/NO.

9.28 Have you used the internet in the past 30 days?

¿Ha usado el Internet en los últimos 30 días?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

WEIGHT (CDC-CORE)

9.29 About how much do you weigh without shoes?

¿Cómo cuánto pesa usted sin zapatos?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN FRACTIONS, ASK WHICH WHOLE NUMBER IT IS CLOSEST TO. IF RESPONDENT STILL GIVES A FRACTION, ROUND FRACTIONS UP. IF RESPONDENT ANSWERS IN METRICS, USE CONVERSION TABLE.

___ ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) Range: 50 – 650
(verify all answers)

- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

HEIGHT (CDC-CORE)

9.30 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. IF RESPONDENT ANSWERS IN METRICS, USE CONVERSION TABLE.

___ ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509)
(verify all answers)

- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

Section 10: Preconception Health/ Family Planning

Ask if AGE<50 IF (AGE >= 50) GO TO DEAF (PROGRAMMING IS <=49 FOR PFPPRVN1)

PREGNANT (CDC-CORE)

YES/NO.

10.1 To your knowledge, are you now pregnant?

¿Que usted sepa, está embarazada?

- 1. YES
- 2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

IF PREGNANT=1 GO TO DEAF

PFPPRVN17 (CDC-OPTIONAL MODULE)

BCNTRL.

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Las siguientes preguntas son sobre sus pensamientos y experiencias con la planificación familiar. Por favor, recuerde que todas sus respuestas serán confidenciales.

10.2 Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

¿Usted o su pareja hicieron algo la última vez que tuvieron relaciones sexuales para evitar que usted quedara embarazada?

- 1. Yes/ Sí
- 2. No
- 3. No partner/not sexually active/ *No tiene pareja/no tiene actividad sexual*
- 4. Same sex partner/ *No sabe/No está segura*
- 5. Has had a hysterectomy/ *Ha tenido una histerectomía*

GO TO NOBCUSE6
GO TO DEAF
GO TO DEAF
GO TO DEAF

77. DON'T KNOW / NOT SURE
99. REFUSED

GO TO NOBCUSE6
GO TO NOBCUSE6

TYP CNTR7 (CDC-OPTIONAL MODULE)

TYP CNTR7.

10.3 What did you or your partner do the last time you had sex to keep you from getting pregnant?

¿La última vez que tuvieron relaciones sexuales, ¿qué hicieron usted o su esposo/pareja para evitar un embarazo?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

Si la encuesta indica MÁS DE UN método anticonceptivo, anote el que aparezca primero en la lista.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."

Si la encuesta indica usar "condones", pregúntele si son "condones de mujer" o "condones de hombre".

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL (LE-VO-NOR-GES-TREL) IUD" OR "COPPER-BEARING IUD."

Si la encuesta indica usar "DIU" (dispositivo intrauterino), pregunte para saber si es "DIU de levonorgestrel" o "DIU de alambre de cobre".

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Si la encuesta responde "otro método", pídale que especifique y asegúrese de que la respuesta no

corresponda a alguna otra categoría. Si la respuesta corresponde a otra categoría, márkelo adecuadamente.

Read only if necessary:

- | | |
|--|------------|
| 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) | GO TO DEAF |
| 02 Male sterilization (vasectomy) | GO TO DEAF |
| 03 Contraceptive implant (ex. Implanon) | GO TO DEAF |
| 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena) | GO TO DEAF |
| 05 Copper-bearing IUD (ex. ParaGard) | GO TO DEAF |
| 06 IUD, type unknown | GO TO DEAF |
| 07 Shots (ex. Depo-Provera) | GO TO DEAF |
| 08 Birth control pills, any kind | GO TO DEAF |
| 09 Contraceptive patch (ex. Ortho Evra) | GO TO DEAF |
| 10 Contraceptive ring (ex. NuvaRing) | GO TO DEAF |
| 11 Male condoms | GO TO DEAF |
| 12 Diaphragm, cervical cap, sponge | GO TO DEAF |
| 13 Female condoms | GO TO DEAF |
| 14 Not having sex at certain times (rhythm or natural family planning) | GO TO DEAF |
| 15 Withdrawal (or pulling out) | GO TO DEAF |
| 16 Foam, jelly, film, or cream | GO TO DEAF |
| 17 Emergency contraception (morning after pill) | GO TO DEAF |
| 18 Other method | GO TO DEAF |

77 DON'T KNOW / NOT SURE

99 REFUSED

01. Esterilización femenina (p. ej., ligadura de trompas, Essure, Adiana)
02. Esterilización masculina (vasectomía)
03. Implante anticonceptivo (p. ej., Implanon)
04. DIU de Levonorgestrel (LNG) u hormonal (como Mirena)
05. DIU de cobre (como ParaGard)
06. DIU, de tipo desconocido
07. Inyecciones (como Depo-Provera)
08. Pastillas anticonceptivas de cualquier tipo
09. Parche anticonceptivo (como Ortho Evra)
10. Anillo anticonceptivo (como NuvaRing)
11. Condones de hombre
12. Diafragma, capuchón cervical, esponja
13. Condones de mujer
14. No tiene relaciones sexuales en ciertos días (método de ritmo o método anticonceptivo natural)
15. Retiro antes de la eyaculación (eyacula afuera)
16. Espuma, gel, película o crema anticonceptiva
17. Anticonceptivos de emergencia (pastilla de la "mañana siguiente")
18. Otro método

77. NO SABE/NO ESTÁ SEGURA

99. SE NIEGA A CONTESTAR

NOBCUSE6 (CDC-OPTIONAL MODULE)

BCWHYNTD.

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

Algunos de los motivos que puede haber tenido usted para no hacer nada para evitar un embarazo la última vez que tuvieron relaciones sexuales pueden ser: desear un embarazo, no tener dinero para comprar un método anticonceptivo o pensar que no puede quedar embarazada.

10.4 What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

¿La última vez que tuvieron relaciones sexuales, ¿cuál fue el motivo principal de que usted no hiciera nada para evitar un embarazo?

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Si la encuestada responde “otro motivo”, pídale que especifique y asegúrese de que la respuesta no corresponda a alguna otra categoría. Si la respuesta corresponde a otra categoría, márkuelo adecuadamente.

Read only if necessary:

- | | |
|--|------------|
| 01 You didn't think you were going to have sex/no regular partner | GO TO DEAF |
| 02 You just didn't think about it | GO TO DEAF |
| 03 Don't care if you get pregnant | GO TO DEAF |
| 04 You want a pregnancy | GO TO DEAF |
| 05 You or your partner don't want to use birth control | GO TO DEAF |
| 06 You or your partner don't like birth control/side effects | GO TO DEAF |
| 07 You couldn't pay for birth control | GO TO DEAF |
| 08 You had a problem getting birth control when you needed it | GO TO DEAF |
| 09 Religious reasons | GO TO DEAF |
| 10 Lapse in use of a method | GO TO DEAF |
| 11 Don't think you or your partner can get pregnant (infertile or too old) | GO TO DEAF |
| 12 You had tubes tied (sterilization) | GO TO DEAF |
| 13 You had a hysterectomy | GO TO DEAF |
| 14 Your partner had a vasectomy (sterilization) | GO TO DEAF |
| 15 You are currently breast-feeding | GO TO DEAF |
| 16 You just had a baby/postpartum | GO TO DEAF |
| 17 You are pregnant now | GO TO DEAF |
| 18 Same sex partner | GO TO DEAF |
| 19 Other reasons | GO TO DEAF |

77 DON'T KNOW / NOT SURE

99 REFUSED

- 01 No pensaba que iba a tener una relación sexual/no tiene una pareja fija*
- 02 Simplemente no pensó que podía quedar embarazada*
- 03 No le importaba quedar embarazada*
- 04 Quería quedar embarazada*
- 05 Usted o su pareja no quieren usar métodos anticonceptivos*
- 06 A usted o a su pareja no les gustan los métodos anticonceptivos o sus efectos secundarios*
- 07 No tuvo dinero para comprar un método anticonceptivo*
- 08 Tuvo problemas para conseguir un método anticonceptivo cuando lo necesitó*
- 09 Motivos religiosos*
- 10 Interrumpió brevemente el uso de un método anticonceptivo*
- 11 No cree que usted o su pareja puedan tener hijos (infértil o edad avanzada)*
- 12 Le ligaron las trompas (esterilización)*

- 13 Le hicieron una histerectomía
- 14 Su pareja tuvo una vasectomía (esterilización)
- 15 Está amamantando actualmente
- 16 Acababa de tener un bebé/posparto
- 17 Está embarazada actualmente
- 18 Pareja del mismo sexo
- 19 Otro motivo

77 NO SABE/NO ESTÁ SEGURA
 99 SE NIEGA A CONTESTAR

Section 11: Disability

The following questions are about health problems or impairments you may have.
Las siguientes preguntas son acerca de problemas de salud o discapacidades que usted pueda tener.

DEAF (CDC-CORE-asked in 2009) YES/NO.
Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.
Algunas personas sordas o que tienen dificultades para oír pueden o no pueden utilizar el equipo para comunicarse por teléfono.

11.1 Are you deaf or do you have serious difficulty hearing?

¿Es usted sordo/a o tiene seria dificultad para oír?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

BLIND (CDC-CORE) YES/NO.
11.2 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

¿Está usted ciego/a o tiene serias dificultades para ver, incluso cuando usa gafas (lentes)?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

REMEM2 (CDC-CORE) YES/NO.
11.3 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Debido a una condición física, mental o emocional, ¿tiene serias dificultades para concentrarse, recordar, o tomar decisiones?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE

99. REFUSED

DIFFWALK (CDC-CORE)

YESNO.

11.4 Do you have serious difficulty walking or climbing stairs?

¿Tiene seria dificultad para caminar o subir escaleras?

- 1. YES
- 2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

DIFDRES2 (CDC-CORE)

YESNO.

11.5 Do you have difficulty dressing or bathing?

¿Tiene dificultad para vestirse o bañarse?

- 1. YES
- 2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

DIFFERND (CDC-CORE asked in 2009 Track 1 as CA-ODH)

YESNO.

11.6 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Debido a una condición física, mental, o emocional, ¿tiene dificultad para hacer mandados solo/a como ir al doctor o ir de compras?

- 1. YES
- 2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

Section 12: Tobacco Use

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

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

SMOKE100 (CDC-CORE)

YESNO.

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

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

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarrillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."

NOTA PARA EL ENTREVISTADOR: "Por cigarrillos, no incluya cigarrillos electrónicos (e-cigarettes, NJOY, Bluetip), cigarrillos de hierbas, cigarros, puros, puritos, pipas, bidis, kreteks, pipas de agua (narguiles) ni marihuana".

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. YES
- 2. NO

GO TO USENOW3

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

GO TO USENOW3
GO TO USENOW3

SMKEVDA2 (CDC-CORE)

EVDAY.

12.2 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 / *TODOS LOS DÍAS*
- 2. SOME DAYS / *ALGUNOS DÍAS*
- 3. NOT AT ALL / *NINGÚN DÍA*

GO TO USENOW3

GO TO USENOW3

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

LASTSMK2 (CDC-CORE)

SMOKREGB.

12.3 How long has it been since you last smoked a cigarette, even one or two puffs?

¿Cuánto tiempo hace desde la última vez que fumo un cigarrillo, aunque haya sido solo uno o dos soplos?

- 1. Within the past month / *Dentro del mes pasado (less than 1 month ago)*
- 2. Within the past 3 months / *Dentro de los pasados 3 meses (1 month but less than 3 months ago)*
- 3. Within the past 6 months / *Dentro de los pasados 6 meses (3 months but less than 6 months ago)*
- 4. Within the past year / *Dentro del año pasado (6 months but less than 1 year ago)*
- 5. Within the past 5 years / *Dentro de los pasados 5 años (1 year but less than 5 years ago)*
- 6. Within the past 10 years / *Dentro de los pasados 10 años (5 years but less than 10 years ago)*
- 7. 10 years or more / *10 años o más*
- 8. Never smoked regularly / *No ha fumado cigarrillos regularmente*

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

USENOW3 (CDC-CORE)

EVDAY.

12.4 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

¿Actualmente, usa usted el tabaco de mascar, el rape o snus todos los días, algunos días o nunca?

INTERVIEWER NOTE: SNUS (RHYMES WITH GOOSE)/SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

SNUS (RHYMES WITH "GOOSE.") SNUS (TABACO SUECO) ES UN TABACO HÚMEDO SIN HUMO, POR LO GENERAL SE VENDE EN BOLSAS PEQUEÑAS QUE SE COLOCAN BAJO EL LABIO CONTRA LA ENCÍA.

1. EVERYDAY
2. SOME DAYS
3. NOT AT ALL

77. DON'T KNOW
99. REFUSED

IF SMOKE 100 > 1 GO TO ECIGUSE
IF SMKEVDA2 > 2 GO TO ECIGUSE

Section 13: Quitting

QUIT1DY3 (CDC-CORE)

YESNO.

13.1 During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?

Durante los últimos 12 meses, ¿ha parado de fumar por un día o más porque estaba tratando de dejar de fumar?

INTERVIEWER NOTE: SEE F5 HELP FOR PROBES AND ADDITIONAL INFORMATION

HELPTXT: Asks whether the respondent has stopped smoking in the past 12 months because they were trying to quit. It is asked only of persons who indicate that they smoke every day or some days. If respondents say that they went without smoking for more than 1 day, but indicate that this is part of their normal smoking pattern, probe by asking:

ENGLISH PROBE:

'So, would you say that you have stopped smoking for one day or longer during the past 12 months, because you were trying to quit smoking?'

SPANISH PROBE:

Diria usted que ha parado de fumar por un día o más durante los últimos 12 meses, porque estaba tratando de dejar de fumar?

Emphasize 'quit' so that the respondent understands that we are asking about intentional quitting, not just failure to light up.

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

ASK IF QUIT1DY3=1, ELSE GO TO QUITTIME

NOSMK (NOSMKDY, NOSMKWK, NOSMKMO) (CA-TCP)

TYPE V.

13.2 I'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

Me gustaría preguntarle sobre el último intento que usted hizo para dejar de fumar. Durante ese intento, ¿cuánto tiempo duró sin fumar un cigarrillo?

INTERVIEWER NOTE: ONE YEAR = 12 MONTHS

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

HELPTXT: Asked only of respondents who report that they have made at least one quit attempt in the past 12 months. The "last attempt" is the most recent attempt. Options not chosen should be entered as " not applicable". For example, if the respondent says "3 months", the interviewer should enter 3 months, " TIME FRAME DOES NOT APPLY" for weeks and " TIME FRAME DOES NOT APPLY" for days.

___ MONTHS NOSMKMO
___ WEEKS NOSMKWK
___ DAYS NOSMKDY

000. TIME FRAME DOES NOT APPLY
777. DON'T KNOW / NOT SURE FOR THAT TIME FRAME
999. REFUSED FOR THAT TIME FRAME
888. NEVER MADE A QUIT ATTEMPT

IF NOSMK =777 or 999 SKP TO RETSITUA or IF NOSMK =888 SKP QUITTIME, ELSE CONTINUE

QUITHELP (CA-TCP)

QUITHELP.

13.3 In the last quit attempt you made, did you?

¿En el último intento que hizo para dejar de fumar, usted?

INTERVIEWER: IF THEY DID NOT USE ANY OF THESE ONLY SELECT 88

1. Use medication, like Chantix or Zyban
Usó los medicamentos como Chantix o Zyban
2. Use Nicotine patches, nicotine gum or nicotine lozenges
Usó Parches de nicotina, chicle de nicotina o pastillas de nicotina
3. Use counseling advice
Usó el apoyo de un consejero
4. Use any self-help materials
Usó algunos materiales de autoayuda

88. NONE OF THESE
77. DON'T KNOW/NOT SURE
99. REFUSED

RETSITUA (CA-TCP)

RETSITUA.

13.4 In what situation did you return to smoking?

¿ Debido a que situación volvió usted a fumar?

INTERVIEWER: DO NOT READ. PROBE FOR MOST IMPORTANT REASON

1. A stressful situation
2. A death or tragedy
3. Where alcohol was served
4. Because of marital problems
5. In a social situation
6. The aroma of cigarette smoke
7. Because you were irritable due to smoking withdrawal
8. While driving
9. For enjoyment
10. OTHER _____ (specify) <RETURTXT>

77. DON'T KNOW
99. REFUSED

ASK IF SMKEVDA2 <=2

QUITTIME (CA-TCP)

QUIT.

13.5 Do you plan to quit smoking cigarettes for good...?

¿Planea usted dejar de fumar cigarrillos para siempre?

1. In the next 30 days/ 1. *En los próximos 30 días*
2. In the next 3 months/ 2. *En los próximos 3 meses*
3. In the next 6 months / 3. *En los próximos 6 meses*
4. In the next year / 4. *En el próximo año*
5. Do not have a plan to quit / 5. *No tiene planeado (pensado) dejar de fumar*

77. DON'T KNOW / NOT SURE
99. REFUSED

ASK IF SMKEVDA<=2

MDSEE2 (CA-TCP)

YESNO.

13.6 Did you see your doctor or other health provider in the past 12 months?

¿Ha visitado a su doctor (médico) u otro profesional de la salud en los últimos 12 meses?

1. YES
2. NO

GO TO ECIGUSE

77. DON'T KNOW
99. REFUSED

GO TO ECIGUSE
GO TO ECIGUSE

MDSTOP2 (CA-TCP)

YESNO.

13.7 In the last 12 months did your doctor or other health care provider advise you to stop smoking?

¿En los últimos 12 meses, le aconsejó su doctor (médico) u otro profesional de la salud que debe dejar de fumar?

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

Section 14: E-Cigarettes

The next questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for “marijuana.”

Las preguntas siguientes son sobre los cigarrillos electrónicos y otros productos electrónicos de 'vapear'. Estos productos típicamente contienen nicotina, sabores y otros ingredientes. No incluya productos que se usen sólo para 'marihuana'.

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

ECIGUSE (CDC-CORE)

YES/NO.

14.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

¿Alguna vez ha utilizado un cigarrillo electrónico u otros productos de 'vapor' electrónicos, aunque haiga sido sólo una vez, en toda su vida?

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Los cigarrillos electrónicos (e-cigarettes) y otros productos electrónicos de 'vapor' incluyen hookahs (pipas de agua) electrónicas (narguiles- electrónicas), plumas (bolígrafos) de vapor, cigarros- electrónicos y otros. Estos productos son con pilas y por lo general contienen nicotina y sabores como fruta, menta o caramelos.

1. YES

2. NO

GO TO DRNKALC2

77. DON'T KNOW / NOT SURE

GO TO DRNKALC2

99. REFUSED

GO TO DRNKALC2

ECIGEVDA (CDC-CORE)

EVDAY.

14.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

¿Usa ahora usted los cigarrillos electrónicos u otros productos de 'vapor' electrónicos todos los días, algunos días, o nunca?

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

Los cigarrillos electrónicos (e-cigarettes) y otros productos electrónicos de 'vapor' incluyen hookahs (pipas de agua) electrónicas (narguiles- electrónicas), plumas (bolígrafos) de vapor, cigarros- electrónicos y otros. Estos productos son con pilas y por lo general contienen nicotina y sabores como fruta, menta o caramelos.

1. EVERYDAY

2. SOME DAYS

3. NOT AT ALL

77. DON'T KNOW

99. REFUSED

WHYECIGA (CA-TCP)

YN.

14.3 What best describes your reasons for using e-cigarettes? (ALLOW MULTIPLE RESPONSES)

¿Qué describe mejor sus razones para usar los cigarrillos electrónicos?

1. No lingering odor/ Ningún olor persistente

2. Helps me concentrate/stay alert/ Le ayuda a concentrarse / permanecer alerta

3. Used to quit cigarettes (or other tobacco products)/ *Lo utiliza para dejar de fumar cigarrillos (u otros productos de tabaco)*
4. Used to cut down on cigarettes/ *Lo utiliza para reducir los cigarrillos*
5. E-cigarettes come in many flavors/ *Los Cigarrillos electrónicos vienen en muchos sabores*
6. Used in places where cigarettes are not allowed/ *Lo utiliza en lugares donde no se permiten cigarrillos*
7. E-cigarettes are cheaper than cigarettes/ *Los Cigarrillos electrónicos son más baratos que los cigarrillos*
8. E-cigarettes are healthier than cigarettes/ *Los Cigarrillos electrónicos son más saludables que los cigarrillos*
9. Curiosity; just to try it/ *Por curiosidad; sólo para probarlo*
10. Other (specify) / *Otro (Especifiqué)*

77. DON'T KNOW/NOT SURE
99. REFUSED

Section 15: Alcohol Consumption

DRNKALC2 (CDC CORE)

TYPE II.

15.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage, such as beer, wine, a malt beverage, or liquor?

En los últimos 30 días, ¿en cuántos días por semana o por mes bebió usted por lo menos un trago de cualquier bebida alcohólica, tales como cerveza, vino, una bebida de malta o licor?

101-107 = DAYS PER WEEK
201-231 = DAYS IN PAST 30

____ ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS

888. NONE / *NINGUNA BEBIDA EN LOS ÚLTIMOS 30 DÍAS*
777. DON'T KNOW / NOT SURE
999. REFUSED

GO TO FRUIT17
GO TO FRUIT17
GO TO FRUIT17

NALCOCC3 (CDC CORE)

TYPE I.

15.2 One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Un trago es equivalente a una cerveza de 12 onzas (350 ml), a una copa de vino de 5 onzas (150 ml) o a una medida de licor. Durante los últimos 30 días, en los días en que bebió, aproximadamente cuántos tragos bebió en promedio?

INTERVIEWER NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

____ ENTER NUMBER OF DRINKS (ONE HALF= .5) (VERIFY ALL ANSWERS)

77. DON'T KNOW / NOT SURE
99. REFUSED

DRNKGE5B (CDC CORE)

TYPE I.

15.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have (if SEX1=1 "5 or more" If SEX1=2 "4 or more") drinks on an occasion?

Considerando todo tipo de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días, bebió {if(SEX1=1, "5 o más", "4 o más")} en una sola ocasión?

___ ENTER NUMBER OF TIMES (VERIFY ALL ANSWERS)

88. NONE

77. DON'T KNOW / NOT SURE

99. REFUSED

DRINKNUM (CDC- CORE)

TYPE VII.

15.4 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 ALL ANSWERS)

77. DON'T KNOW / NOT SURE

99. REFUSED

Section 16: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Ahora piense en los alimentos que comió o bebió durante el mes pasado, es decir, los últimos 30 días, incluyendo comidas y meriendas (aperitivos).

INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

FRUIT17 (CDC-CORE)

TYPE XIX.

16.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

Sin incluir jugos, ¿con qué frecuencia comió fruta? Usted me puede decir en veces por día, por semana o veces por mes.

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?"/¿Fue eso por día, por semana o por mes?"

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': Include fresh, frozen or canned fruit. Do not include dried fruits. / *Incluya frutas frescas, congeladas o enlatadas. No incluya frutas secas.*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

__ _ DAYS

-- WEEKS
-- MONTHS

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

JUICE17 (CDC-CORE)

TYPE XIX.

16.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

Sin incluir las bebidas con sabor a fruta o jugos de frutas con azúcar agregada, ¿con qué frecuencia bebió jugo de frutas 100% como jugo de manzana o naranja?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?"/¿Fue eso por día, por semana o por mes?"

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "Do not include fruit-flavored drinks with added sugar like cranberry cocktail, hi-c, lemonade, kool-aid, gatorade, tampico, and sunny delight. Include only 100% pure juices or 100% juice blends." / "No incluya bebidas con sabores de frutas con azúcar (agregado) como cóctel de arándano, hi-c, limonada, kool-aid, gatorade, tampico y sunny delight. Incluya sólo jugos 100% puros o mezclas de 100% jugo."

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

-- DAYS
-- WEEKS
-- MONTHS

300. LESS THAN ONCE A MONTH
555. NEVER
777. DON'T KNOW
999. REFUSED

VEGGRE17 (CDC-CORE)

TYPE XIX.

16.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

¿Con qué frecuencia comió una ensalada de hojas verdes o de lechuga, con o sin otras verduras?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?"/¿Fue eso por día, por semana o por mes?"

READ IF RESPONDENT ASKS ABOUT SPINACH: "Include spinach salads." / "Incluya ensaladas de espinaca".

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

-- DAYS
-- WEEKS
-- MONTHS

- 300. LESS THAN ONCE A MONTH
- 555. NEVER
- 777. DON'T KNOW
- 999. REFUSED

POTATO17 (CDC-CORE)

TYPE XIX.

16.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

¿Con qué frecuencia comió cualquier tipo de papas fritas, incluyendo papas fritas (French fries), papas fritas caseras (echas en casa) o hash browns (papa rayada frita)?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.
IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?*

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "Do not include potato chips." / *"No incluya papitas fritas".*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

- DAYS
- WEEKS
- MONTHS

- 300. LESS THAN ONCE A MONTH
- 555. NEVER
- 777. DON'T KNOW
- 999. REFUSED

OTHTATO17 (CDC-CORE)

TYPE XIX.

16.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

¿Con qué frecuencia comió algún otro tipo de papas, o camotes (batatas, yams) como papas al horno, hervidas, en puré o ensalada de papa?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.
IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?*

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes." / *"Incluya todo tipo de papas menos las fritas. Incluya las papas gratinadas, o festoneadas".*

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

- DAYS
- WEEKS
- MONTHS

- 300. LESS THAN ONCE A MONTH
- 555. NEVER
- 777. DON'T KNOW

999. REFUSED

OTHRVE17 (CDC-CORE)

TYPE XIX.

16.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?

No incluya las ensaladas de lechuga y papas, ¿con qué frecuencia comió otras verduras?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?" / *¿Fue eso por día, por semana o por mes?"*

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice." / *"incluya tomates, ejotes, zanahorias, maíz, col, retoños de frijol, berza, y brócoli. Incluya vegetales crudos, cocidos, enlatados o congelados. No incluya arroz"*.

INTERVIEWER: ENTER NUMBER THEN SELECT UNIT OF TIME

- DAYS
- WEEKS
- MONTHS

- 300. LESS THAN ONCE A MONTH
- 555. NEVER
- 777. DON'T KNOW
- 999. REFUSED

Section 17: Exercise (Physical Activity)

EXERANY1 (CDC-CORE)

YES/NO.

17.1 The next questions are about exercise, physical and recreational activities other than your regular job.

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A "REGULAR JOB DUTY" OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND THE MOST TIME DOING IN A REGULAR MONTH.

Las próximas preguntas son acerca del ejercicio, actividades recreativas y físicas aparte de su trabajo usual.

Durante los últimos 30 días, aparte de su trabajo usual, ¿participó usted en algunas actividades físicas o ejercicios tales como correr, calistenia, golf, jardinería, o camino para hacer ejercicio?

- 1. YES
- 2. NO

GO TO STRENGTH

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

GO TO STRENGTH
GO TO STRENGTH

EXERACT3 (CDC-CORE)

17.2 What type of physical activity or exercise did you spend the most time doing during the past

month?

¿Qué clase de actividad física o ejercicio paso la mayoría de su tiempo haciendo durante el mes pasado?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".

__ (Specify)	[See Physical Activity Coding List]	EXER30TH
77. DON'T KNOW / NOT SURE		GO TO STRENGTH
99. REFUSED		GO TO STRENGTH

EXEROFT1 (CDC-CORE)

TYPE III.

17.3 How many times per week or per month did you take part in this activity during the past month?

¿Cuántas veces a la semana o al mes tomo usted parte en esta actividad durante el mes pasado?

__ TIMES PER WEEK (EWKS1)
__ TIMES PER MONTH (EMONS1)

000. TIME FRAME DOES NOT APPLY
777. DON'T KNOW / NOT SURE
999. REFUSED

EXERHMM1 (CDC-CORE)

TYPE XI.

17.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Quando tomó parte en esta actividad, ¿cuántos minutos u horas se mantuvo haciéndolo usualmente?

__ HOURS (EHOURS1)
__ MINUTES (EMIUNTS1)

000. TIME FRAME DOES NOT APPLY
7777. DON'T KNOW / NOT SURE
9999. REFUSED

EXERACT4 (CDC-CORE)

17.5 What other type of physical activity gave you the next most exercise during the past month?

¿Qué otro tipo de actividad física le dio a usted el segundo nivel más alto de ejercicio, durante el mes pasado?

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

__ (SPECIFY)	[SEE PHYSICAL ACTIVITY CODING LIST]	EXER40TH
88. NO OTHER ACTIVITY		GO TO STRENGTH
77. DON'T KNOW / NOT SURE		GO TO STRENGTH
99. REFUSED		GO TO STRENGTH

EXEROFT2 (CDC-CORE)

TYPE III.

17.6 How many times per week or per month did you take part in this activity during the past month?

¿Cuántas veces a la semana o al mes tomo usted parte en esta actividad durante el mes pasado?

INTERVIEWER: ENTER 0 IF TIME FRAME DOES NOT APPLY

__ TIMES PER WEEK (EWKS2)
__ TIMES PER MONTH (EMONS2)

777. DON'T KNOW / NOT SURE
999. REFUSED

EXERHMM2 (CDC-CORE)

TYPE XI.

17.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Quando tomó parte en esta actividad, ¿cuántos minutos u horas se mantuvo haciéndolo usualmente?

__ HOURS (EHOURS2)
__ MINUTES (EMIUNTS2)

000. TIME FRAME DOES NOT APPLY
7777. DON'T KNOW / NOT SURE
9999. REFUSED

STRENGTH (CDC-CORE)

TYPE II.

17.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

Durante el mes pasado, ¿cuántas veces a la semana o al mes realizó actividades físicas o ejercicios para FORTALECER sus músculos? [NO cuente los ejercicios aeróbicos como caminar, correr o andar en bicicleta.] Cuente las actividades en las que usó su propio peso corporal, como yoga, abdominales o lagartijas y aquellas en las que usó máquinas de pesas, pesas sueltas o bandas elásticas.

__ TIMES PER WEEK (STRWKS)
__ TIMES PER MONTH (STRMONS)

000. TIME FRAME DOES NOT APPLY
888. NOT APPLICABLE (NEVER)
777. DON'T KNOW / NOT SURE
999. REFUSED

Section 18: Seatbelt Use

SEATBELT (CDC-CORE)

SEATBELT.

18.1 How often do you use seat belts when you drive or ride in a car? Would you say...

¿Qué tan seguido usa usted cinturones de seguridad cuando maneja (conduce) o pasea en un carro (automóvil)? Diría usted...

1. Always

- Siempre
- 2. Nearly always
Casi siempre
- 3. Sometimes
A veces
- 4. Seldom
Rara vez
- 5. Never
Nunca

- 88. NOT APPLICABLE (Never drive or ride in a car)
- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

Section 19: Immunizations

FLUSHOT6 (CDC-CORE)

YES/NO.

19.1 Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Ahora le preguntaré sobre la influenza estacional (de temporada). Hay dos maneras de conseguir la vacuna contra la gripe estacional, una es una vacuna inyectada en el brazo y la otra es un espray en la nariz llamado FluMist. Durante los últimos 12 meses, ¿ha tenido ya sea una vacuna contra la gripe estacional o la vacuna estacional en forma de espray en la nariz?

READ ONLY IF NECESSARY: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

LEER SÓLO SI ES NECESARIO: Una nueva vacuna antigripal salió en el 2011 se inyecta la vacuna en la piel con una aguja muy pequeña. Se llama Fluzone intradérmica. Vacuna. También se considera una vacuna antigripal.

- 1. YES
- 2. NO

GO TO PNEUMVC3

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**GO TO PNEUMVC3
GO TO PNEUMVC3**

FLSHTWH3 (CDC-CORE)

TYPE1.

19.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

¿Durante qué mes y año recibió usted su más reciente inyección contra la influenza estacional inyectada en el brazo o la vacuna estacional en forma de espray en la nariz?

__ / ____ MONTH / YEAR

- 77 / 7777 DON'T KNOW / NOT SURE
- 99 / 9999 REFUSED

FLUPLAC5 (CDC- OPTIONAL MODULE- CA IMMUN)

FLUPLACF.

19.3 At what kind of place did you get your last flu shot/vaccine?

¿En qué tipo de lugar recibió la vacuna contra la gripe?

INTERVIEWER NOTE: Probe “don’t know” with “How would you describe the place where you went to get your most recent flu vaccine?”

Si responden "no sabe" preguntar "¿Cómo describiría el lugar donde fue usted a conseguir su vacuna contra la gripe más reciente?"

Please read only if necessary:

Léale solo si es necesario:

1. A doctor's office or health maintenance organization (HMO)/Un consultorio médico o una organización para el mantenimiento de la salud (HMO, por sus siglas en inglés)
2. A health department/El Departamento de salud pública
3. Another type of clinic or health center (Example: community health center)/ Otro tipo de clínica o centro médico (Ejemplo: centro médico de la comunidad)
4. A senior center, recreation, or community center/Un centro de la tercera edad, recreación, o centro comunitario
5. A store (Examples: supermarket, drugstore)/Una tienda (Ejemplos: supermercado, farmacia)
6. A hospital (Example: inpatient)/Un hospital (Ejemplo: pacientes hospitalizados)
7. An emergency room/Una sala de emergencias
8. Workplace/Lugar de trabajo
9. Some other kind of place (specify)/ Algún otro tipo de lugar (especifique)
10. (Do not read) Received vaccination in Canada/Mexico/(NO LEER) HAN RECIBIDO VACUNAS EN CANADÁ/MÉXICO
11. A school/Una escuela

777. DON'T KNOW / NOT SURE/NO SÉ/NO ESTOY SEGURA(O)

999. REFUSED/SE NIEGA A CONTESTAR

PNEUMVC3 (CDC-CORE)

YES/NO.

19.4 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

Una inyección contra la pulmonía o vacuna neumocócica es usualmente administrada solamente una o dos veces en la vida de una persona y es diferente a la inyección contra la influenza (gripe). ¿Alguna vez le han puesto la inyección contra la pulmonía?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK IF AGE >=50

SHINGLES17 (CDC-CORE)

YES/NO.

The next question is about the Shingles vaccine.

La siguiente pregunta es acerca de la vacuna contra shingles (la culebrilla).

19.5 Have you ever had the shingles or zoster vaccine?

¿ Alguna vez ha tenido usted la vacuna contra Shingles (la culebrilla) o herpes zóster?

READ IF NECESSARY: Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

Shingles (La culebrilla) es causada por el virus de la varicela. Es un brote de sarpullido o ampollas en la piel que puede acompañarse de dolor intenso. Desde mayo del 2006 existe una vacuna contra shingles (la culebrilla): se llama Zostavax®, vacuna contra el herpes zóster o vacuna contra Shingles (la culebrilla).

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Section 20: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask about testing, we will not ask you about the results of any test you may have had.

Las siguientes preguntas se refieren al problema nacional de salud del VIH, el virus que causa el SIDA. Por favor recuerde que sus repuestas son estrictamente confidenciales y que no necesita contestar todas las preguntas si no lo desea. Aunque, le preguntaremos si se ha realizado exámenes, no le preguntaremos sobre los resultados de ninguno de ellos.

AIDSTST8 (CDC-CORE)

YES/NO.

20.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid (saliva) from your mouth.

¿Alguna vez se ha hecho la prueba de VIH? No cuenta las pruebas que le hayan realizado al donar sangre. Incluya las pruebas de fluidos (saliva) de su boca.

- 1. YES
- 2. NO

GO TO EXPWHERE

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

**GO TO EXPWHERE
GO TO EXPWHERE**

TSTDATE (CDC-CORE)

TSTDATE.

20.2 Not including blood donations, in what month and year was your last HIV test? (Include saliva tests).

Sin incluir las donaciones de sangre, ¿en qué mes y año fue su última prueba del VIH?

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985 CODE "DON'T KNOW."CODE 4 DIGIT YEAR.

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY, 1985 CODE '777777' = DON'T KNOW/NOT SURE

INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS '77' AND THE LAST FOUR DIGITS FOR THE YEAR. - EX. 772000.

ENTER MONTH AND YEAR (MMYYYY)
(FOR EXAMPLE: JUNE OF 2013 = 062013)

___/___ ENTER MONTH AND YEAR (TSTDT_M/TSTD_Y)

777777. DON'T KNOW / NOT SURE
999999. REFUSED

EXPWHERE17 (CDC-CORE)

YES/NO.

20.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

Voy a leerle una lista. Cuando termine, por favor dígame si alguna de estas situaciones le aplica a usted. No me tiene que decir cuál.

You have injected any drug other than those prescribed for you in the past year.

Se inyectó cualquier otro medicamento aparte de aquellos recetados para usted en el último año.

You have been treated for a sexually transmitted disease or STD in the past year.

Usted ha sido tratado para una enfermedad de transmisión sexual o ETS (enfermedad venérea) en el último año.

You have given or received money or drugs in exchange for sex in the past year.

Ha dado o recibió dinero o drogas a cambio de sexo en el último año

You had anal sex without a condom in the past year.

Tuvo sexo anal sin condón en el último año.

You had four or more sex partners in the past year.

Tuvo cuatro o más parejas sexuales en el último año.

Do any of these situations apply to you?

¿Alguna de estas situaciones le aplica a usted?

1. YES

2. NO

77. DON'T KNOW / NOT SURE

99. REFUSED

Section 21: Sugary Beverages/Fast Food/Menu Labeling

Now I would like to ask you some questions about sugary beverages.

Ahora me gustaría hacerle algunas preguntas sobre bebidas endulzadas.

SODAPOP (CA-NEOP)

TYPE XIX.

21.1 During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

¿Durante los últimos 30 días, con qué frecuencia tomo refrescos regulares o sodas que contienen azúcar? No incluya los refrescos de dieta.

- TIMES PER DAY
- TIMES PER WEEK
- TIMES PER MONTH

- 000. LESS THAN ONCE A MONTH
- 555. NOT APPLICABLE (NEVER)
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

SWTDRINK (CA-NEOP)

TYPE XIX.

21.2 During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade or Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

¿Durante los últimos 30 días, con que frecuencia tomo bebidas de fruta endulzadas con azúcar (como Kool aid y limonada), té dulce y bebidas energéticas (como Gatorade y Red Bull)? No incluya jugo 100% de fruta, bebidas dietéticas o bebidas endulzadas artificialmente.

- TIMES PER DAY
- TIMES PER WEEK
- TIMES PER MONTH

- 000. LESS THAN ONCE A MONTH
- 555. NOT APPLICABLE (NEVER)
- 777. DON'T KNOW / NOT SURE
- 999. REFUSED

Section 22: Marijuana Use

Now I would like to ask you a few questions about marijuana use.

Ahora me gustaría hacerle algunas preguntas sobre el uso de la marihuana.

MARIJANA (CDC OPTIONAL MODULE CA-DHCS)

TYPE I.

22.1 During the past 30 days, on how many days did you use marijuana or hashish?

Durante los últimos 30 días, cuántos días ¿ha usado marihuana o hachís?

_____ 1-30 NUMBER OF DAYS

- 77. DON'T KNOW / NOT SURE
- 88. NONE (ZERO DAYS)
- 99. REFUSED

IF RESPONSE =1 to 30, 77 ASK USEMRJNA17, OTHERWISE SKIP TO ASBIDRNK

USEMRJNA17 (CDC OPTIONAL MODULE CA-DHCS)

MUSE.

22.2 During the past 30 days, what was the primary mode you used marijuana? Please select one. Did you....

Durante los últimos 30 días, ¿cuál fue el modo principal que utilizó la marihuana? Por favor seleccione uno. ¿Usted la ...

INTERVIEWER NOTE: Use clarification in parentheses if needed.

PLEASE SELECT ONE

1. Smoke it? (for example: in a joint, bong, pipe, or blunt)
Fumó? (por ejemplo: en cigarro, bong (pipa de agua), pipa, o en un puro)
2. Eat it? (for example, in brownies, cakes, cookies, or candy)
Comió? (por ejemplo, en brownies, pasteles, galletas o dulces)
3. Drink it? (for example, in tea, cola, alcohol)
Bebió? (por ejemplo, en el té, bebidas de cola, o alcohol)
4. Vaporize it? (for example in an e-cigarette-like vaporizer or another vaporizing device)
Vaporizó? (Por ejemplo en un vaporizador parecido a un cigarrillo electrónico u otro aparato (dispositivo) de vaporización)
5. Dab it? (for example, using waxes or concentrates)
Unto? (por ejemplo, el uso de ceras o concentrados)
6. Use it some other way?
La utilizó de algún otro modo?

77. DON'T KNOW / NOT SURE
99. REFUSED

MARIJMED (CA-TCP NEW 2017)

MARIJMED.

22.3 When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction? (such as: excitement, to “fit in” with a group, increased awareness, to forget worries, for fun at a social gathering).

¿Cuándo usó la marihuana o hachís durante los últimos 30 días, fue por razones médicas para tratar o disminuir los síntomas de una condición de la salud, o fue sin razón (motivo) médica para obtener placer o satisfacción? (Tales como: excitación (emoción), 'quedar bien' con un grupo, aumentar la conciencia, olvidar las preocupaciones, o diversión en una reunión social).

Read if necessary:

1. Only for medical reasons to treat or decrease symptoms of a health condition / *Sólo por razones médicas para tratar o disminuir los síntomas de una condición de salud*
2. Only for non-medical purposes to get pleasure or satisfaction / *Sólo para fines de obtener placer o satisfacción sin motivos médicos*
3. Both medical and non-medical reasons / *Por las dos razones médicas y no médicas*

Do not read:

7. DON'T KNOW/NOT SURE
9. REFUSED

Section 23: Alcohol Screening and Brief Intervention (ASBI)

IF CHECKUP2 = 1, OR 2 ASK ASBIDRNK, ELSE GO TO TYPEWORK

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

Durante los chequeos de rutina, los proveedores de atención médica pueden preguntarle acerca de comportamientos como el consumo de alcohol: si usted toma o no. Queremos conocer las preguntas que le hicieron.

ASBIDRNK (CDC-OPTIONAL MODULE)

YESNO.

23.1 You told me earlier that your last routine checkup was [within the past year/within the past 2

years]. At that checkup, were you asked in person or on a form if you drink alcohol?

Anteriormente, usted me dijo que su último chequeo de rutina fue [dentro del último año/dentro de los 2 últimos años]. En ese chequeo, ¿se le preguntó personalmente o en un formulario si usted bebe alcohol?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ASBIMUCH (CDC-OPTIONAL MODULE)

YESNO.

23.2 Did the health care provider ask you in person or on a form how much you drink?

¿El proveedor de atención médica le preguntó personalmente o en un formulario qué cantidad de alcohol bebe?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ASBIOCCA (CDC-OPTIONAL MODULE)

YESNO.

23.3 Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

¿El proveedor de atención médica le preguntó específicamente si toma [5 FOR MEN /4 FOR WOMEN] bebidas alcohólicas o más en una ocasión?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

IF ASBIDRNK, ASBIMUCH, OR ASBIOCCA = 1 (YES) CONTINUE TO ASBIADVC, ELSE GO TO CANCDIFF

ASBIADVC (CDC-OPTIONAL MODULE)

YESNO.

23.4 Were you offered advice about what level of drinking is harmful or risky for your health?

¿Le dieron consejos acerca de qué cantidad de bebidas alcohólicas es dañino o riesgosa para su salud?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

ASBILESS (CDC-OPTIONAL MODULE)

YESNO.

23.5 Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

Los proveedores de atención médica también pueden aconsejarles a los pacientes que tomen menos por varias razones. En su último chequeo de rutina, se le aconsejó reducir la cantidad de alcohol que toma o que deje de tomar?

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

Section 24: Cancer Survivorship

ASK IF OTHCANC OR SKCANC = 1; ELSE GO TO WEAR1

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

Usted nos dijo que había tenido cáncer. Me gustaría hacerle algunas preguntas más sobre esta enfermedad.

CANCDIFF (CA-CCCP)

CANC.

24.1 How many different types of cancer have you had?

¿Cuántos distintos tipos de cáncer ha tenido?

READ ONLY IF NECESSARY:

1. Only one / Solo uno
2. Two / Dos
3. Three or more / Tres o más

77. DON'T KNOW/ NOT SURE
99. REFUSED

CANCAGE (CA-CCCP)

TYPE VIII.

24.2 At what age were you told that you had cancer?

¿A qué edad le dijeron que tenía cáncer?

If CANCDIFF = 2 (Two) or 3 (Three or more), ASK: "At what age were you first diagnosed with cancer?"

¿A qué edad fue diagnosticado/a por primera vez con el cáncer?'

___ AGE IN YEARS (97 = 97 AND OLDER)

777. DON'T KNOW / NOT SURE
999. REFUSED

INTERVIEWER NOTE: THIS QUESTION REFERS TO THE FIRST TIME THEY WERE TOLD ABOUT THEIR FIRST CANCER.

CANCTYPE (CA-CCCP)

CANCER.

If SKCANC = 1 (Yes) and CANCDIFF = 1 (Only one): ASK “Was it “Melanoma” or “other skin cancer”?”

INTERVIEWER NOTE: CODE 21 IF “MELANOMA” OR 22 IF “OTHER SKIN CANCER”.

24.3 What type of cancer was it?

¿Qué tipo de cáncer era?

IF TWO OR THREE TYPES ASK: “With your most recent diagnoses of cancer, what type of cancer was it?”

Con su más reciente diagnóstico de cáncer, ¿qué tipo de cáncer era?

INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E., NAME OF CANCER) [1-28]:

INTERVIEWER NOTE: IF RESPONDENT SAYS ‘VAGINAL CANCER’ PROBE TO SEE IF IT IS OVARIAN, CERVICAL, UTERUS, OR VAGINAL’

INTERVIEWER NOTE: IF RESPONDENT SAYS ‘PENAL CANCER’ PROBE TO SEE IF IT IS TESTICULAR OR PROSTATE CANCER

Breast

0 1 Breast cancer

Female reproductive (Gynecologic)

0 2 Cervical cancer (cancer of the cervix)

0 3 Endometrial cancer (cancer of the uterus)

0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

0 5 Head and neck cancer

0 6 Oral cancer

0 7 Pharyngeal (throat) cancer

0 8 Thyroid

0 9 Larynx (30 in programming)

Gastrointestinal

1 0 Colon (intestine) cancer (09 in programming)

1 1 Esophageal (esophagus) (10 in programming)

1 2 Liver cancer (11 in programming)

1 3 Pancreatic (pancreas) cancer (12 in programming)

1 4 Rectal (rectum) cancer (13 in programming)

1 5 Stomach (14 in programming)

Leukemia/Lymphoma (lymph nodes and bone marrow)

1 6 Hodgkin's Lymphoma (Hodgkin's disease) (15 in programming)

1 7 Leukemia (blood) cancer (16 in programming)

1 8 Non-Hodgkin's Lymphoma (17 in programming)

Male reproductive

1 9 Prostate cancer (18 in programming)

2 0 Testicular cancer (19 in programming)

Skin

2 1 Melanoma (20 in programming)

2 2 Other skin cancer (21 in programming)

Thoracic

2 3 Heart (22 in programming)

2 4 Lung (23 in programming)

Urinary cancer:

- 2 5 Bladder cancer (24 in programming)
- 2 6 Renal (kidney) cancer (25 in programming)

Others

- 2 7 Bone (26 in programming)
- 2 8 Brain (27 in programming)
- 2 9 Neuroblastoma (28 in programming)
- 3 0 Other (Specify) (29 in programming)

IF (ANS = 29) GO TO CANCTYPOTH

Do not read:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

ELSE GO TO SURVIVE1

CANCTYPOTH (CA-CCCP)

What type of cancer was it?

¿Qué tipo de cáncer era?

___ OPEN ENDED ANSWER

SURVIVE1 (CA-CCCP) (new modified response categories 2017)

SURVIVE1A.

24.4 Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

En la actualidad, ¿está recibiendo tratamiento para el cáncer? Por tratamiento, queremos decir cirugía, terapia mediante radiación, quimioterapia inyectada, o pastillas de quimioterapia?

- 1. Yes / Sí
- 2. No, I've completed treatment / No, ya he completado tratamiento
- 3. No, I've refused treatment / No, he negado tratamiento
- 4. No, I haven't started treatment / No, he empesado tratamiento
- 5. Treatment was not needed / El tratamiento no era necesario

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

SURVIVE2 (CA-CCCP)

TYPEDOC.

24.5 What type of doctor provides the majority of your health care?

¿Qué tipo de médico se encarga mayormente de atender su salud?

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)."

- 1. Cancer Surgeon / Cirujano de cáncer
- 2. Family Practitioner / Médico familiar
- 3. General Surgeon / Cirujano general
- 4. Gynecologic Oncologist / Ginecólogo oncólogo
- 5. General Practitioner, Internist / Médico general, Internista
- 6. Plastic Surgeon, Reconstructive Surgeon / Cirujano plástico, Cirujano reconstructivo
- 7. Medical Oncologist / Médico oncólogo
- 8. Radiation Oncologist / Oncólogo de radiación
- 9. Urologist / Urólogo

10. Other (specify) / Otro (especifique)

Do not read:

77. DON'T KNOW/ NOT SURE

99. REFUSED

Ask if SURVIVE1 =1, 2, 77, OR 99

SURVIVE8 (CA-CCCP)

YES/NO.

24.6 Did you participate in a clinical trial as part of your cancer treatment?

¿Participó en algún estudio clínico como parte de su tratamiento para el cáncer?

1. Yes

2. No

77. DON'T KNOW/ NOT SURE

99. REFUSED

SURVPLN1 (CA-CCCP)

YES/NO.

24.7 Was a survivorship care plan ever created for you?

¿Fue un plan de cuidados de supervivencia creado para usted?

INTERVIEWER NOTE: PLEASE EXPLAIN EXACTLY WHAT A SURVIVORSHIP CARE PLAN IS : A survivorship care plan is a written document that often, but not always, includes the following information regarding care after cancer treatment is complete: treatment summary; surveillance plan; preventive care; and symptoms to report.

Un plan de cuidados de supervivencia es un documento escrito que frecuentemente, pero no siempre, contiene la siguiente información de cuidado después, de tratamiento de cáncer: resumen de tratamiento, plan de vigilancia, cuidado preventivo, y síntomas reportables.

1. Yes

2. No

GO TO SURVIVE9

77. DON'T KNOW / NOT SURE

99. REFUSED

GO TO SURVIVE9

GO TO SURVIVE9

SURVPLN2 (CA-CCCP)

YES/NO.

24.8 Did any healthcare professional ever discuss your survivorship care plan with you?

¿Alguna vez algún profesional de la salud ha hablado con usted de su plan de cuidados de supervivencia?

1. Yes

2. No

77. DON'T KNOW / NOT SURE

99. REFUSED

SURVPLN3 (CA-CCCP)

YES/NO.

24.9 Did you ever receive a copy of your survivorship care plan?

¿Alguna vez recibió una copia de su plan de cuidados de supervivencia?

INTERVIEWER NOTE: PLEASE EXPLAIN EXACTLY WHAT A “COPY” OF THE SURVIVORSHIP CARE PLAN CAN BE: a hardcopy written document, a survivorship plan sent by postal service, fax or email, or directions to a website containing the survivorship care plan.

Una copia escrita, un plan de cuidados de supervivencia enviado por el correo postal, fax o correo electrónico, o direcciones a un sitio de internet conteniendo el plan de cuidados de supervivencia.

- 1. Yes
- 2. No

77. DON'T KNOW / NOT SURE
99. REFUSED

SURVPLN4 (CA-CCCP)

YES/NO.

24.10 Did your Family Practitioner/Primary Care Provider ever receive a copy of your survivorship care plan?

¿Recibió alguna vez su médico de familia/proveedor de atención médica una copia de su plan de cuidados de supervivencia?

- 1. Yes
- 2. No

GO TO SURVIVE9

77. DON'T KNOW / NOT SURE
99. REFUSED

GO TO SURVIVE9
GO TO SURVIVE9

SURVPLN5 (CA-CCCP)

YES/NO.

24.11 Did your Family Practitioner/Primary Care Provider ever discuss your survivorship care plan with you?

¿Alguna vez su médico de familia/proveedor de atención médica ha hablado con usted de su plan de cuidados de supervivencia?

- 1. Yes
- 2. No

77. DON'T KNOW / NOT SURE
99. REFUSED

SURVIVE9 (CA-CCCP)

YES/NO.

24.12 Do you currently have physical pain caused by your cancer or cancer treatment?

¿En la actualidad padece algún dolor físico causado por el cáncer o el tratamiento?

- 1. Yes
- 2. No

GO TO SURVIVE6

77. DON'T KNOW/ NOT SURE
99. REFUSED

GO TO SURVIVE6
GO TO SURVIVE6

Ask if SURVIVE9=1

SURVIV10A (CA-CCCP)

SURVIV10.

24.13 Is your pain currently under control?

¿Está su dolor controlado en la actualidad?

PLEASE READ:

1. Yes, with medication (or treatment) / *Sí, con medicamento (o tratamiento)*
2. Yes, without medication (or treatment) / *Sí, sin medicamento (o tratamiento)*
3. No, with medication (or treatment) / *No, con medicamento (o tratamiento)*
4. No, without medication (or treatment) / *No, sin medicamento (o tratamiento)*

77. DON'T KNOW/ NOT SURE

99. REFUSED

Ask if SURVIVE1 =1, 2, 77, OR 99

SURVIVE6 (CA-CCCP)

YES/NO.

24.14 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

Quando le dieron su diagnóstico de cáncer más reciente, ¿tenía algún seguro de salud que le pagaba todos o parte de sus gastos del tratamiento para el cáncer?

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

NOTA PARA ENTREVISTADOR: "seguro de salud" también incluye Medicare, Medicaid, u otros tipos de programas de salud estatales.

1. Yes

2. No

77. DON'T KNOW/ NOT SURE

99. REFUSED

SURVIVE7 (CA-CCCP)

YES/NO.

24.15 Were you ever denied health insurance or life insurance coverage because of your cancer?

¿Alguna vez le han negado seguro médico o seguro de vida debido a su cáncer?

1. Yes

2. No

77. DON'T KNOW/ NOT SURE

99. REFUSED

Section 25: Wearable Fitness

Wearable devices include wrist bands, biometric clothing, apps, or other devices used to monitor your general health, nutrition, sleep, or physical activity. Online apps may include sites that allow you to store and track daily activity levels or nutrition. Do not include devices prescribed by your healthcare provider, or devices that monitor specific health conditions (such as pacemakers, rehabilitation devices or implanted devices).

Los aparatos portátiles incluyen pulseras, ropa biométrica, aplicaciones u otros aparatos utilizados para monitorear su salud general, la nutrición, el sueño o la actividad física. Las aplicaciones en línea pueden incluir sitios que le permiten almacenar y estar al corriente de los niveles de actividad diaria o la nutrición. No incluya aparatos recetados por su médico, o aparatos que monitorean las condiciones de salud específicas

(Como un marcapasos, dispositivos para la rehabilitación o aparatos implantados).

WEAR1 (CDC OPTIONAL MODULE)

YES/NO.

25.1 Do you track your nutrition, sleep, or physical activity using a wearable device or a mobile application (such as Fitbit, Samsung Gear Fit, Apple fitness app or other consumer application)?

¿Mantiene un registro (historial) de su nutrición, sueño o de su actividad física usando un aparato portátil o una aplicación móvil (Como Fitbit, Samsung Gear Fit, una aplicación de fitness de Apple u otra aplicación para el consumidor)?

- 1. Yes
- 2. No

GO TO SMOKENUM

- 7. DON'T KNOW
- 9. REFUSED

GO TO SMOKENUM
GO TO SMOKENUM

WEAR2 (CDC OPTIONAL MODULE)

WEAR2.

25.2 What types of health information do you track using your mobile app or wearable device?

¿Qué tipo de información de salud sigue (vigila) usando su aplicación móvil o aparato portátil?

SELECT ALL THAT APPLY:

- 1. Physical activity / *Actividad física*
- 2. Nutrition/ calories / *Nutrición/ calorías*
- 3. Sleep / *Dormir*
- 4. Chronic indicator (blood sugar, blood pressure) / *Indicador crónico (azúcar en la sangre, presión arterial)*
- 5. Other / *Otro*

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WEAR3 (CDC OPTIONAL MODULE)

WEAR3.

25.3 How often do you enter information on your mobile app or wearable device?

¿Con qué frecuencia ingresa (anota) usted información en su aplicación móvil o aparato portátil?

READ OPTIONS IF NECESSARY:

- 1. It is automatically entered by the app / *Es automáticamente anotado por la aplicación*
- 2. Multiple times per day / *Varias veces al día*
- 3. Daily / *Diario*
- 4. At least once per week / *Al menos una vez por semana*
- 5. At least once per month / *Por lo menos una vez al mes*
- 6. Less frequently than once per month / *Menos de una vez al mes*

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WEAR4 (CDC OPTIONAL MODULE)

YES/NO.

25.4 Would you be willing to share information stored on your mobile device or app for use in public health research?

¿Estaría usted dispuesto a compartir información guardada (almacenada) en su aparato (dispositivo)

móvil o aplicación para utilizarla en estudios de la salud pública?

1. Yes
2. No

7. DON'T KNOW
9. REFUSED

Section 26: Current Cigarette Use

Earlier we asked you about your lifetime cigarette use, we have a few more questions about cigarettes and other tobacco products.

Anteriormente le preguntamos sobre su consumo de cigarrillos durante toda su vida, tenemos unas preguntas más sobre cigarrillos y otros productos de tabaco.

IF SMOKE100 >1, SKP TO EVEROTP, OTHERWISE ASK IF SMKEVDA2 = 1

SMOKENUM (CA-TCP)

TYPE V.

26.1 On the average, about how many cigarettes a day do you now smoke?

¿En promedio, cuántos cigarrillos fuma usted al día actualmente?

(1 PACK = 20 CIGARETTES)

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

HELPTXT: This question is asked of everyday smokers only. Be aware that respondents will sometimes give a number of packs per day rather than a number of cigarettes. Verify that low numbers "1", "2", "3" are actually the number of cigarettes smoked per day and not packs per day. Convert number of packs to number of cigarettes before entering the code (multiply number of packs times 20). If the respondent has difficulty giving a number because he or she doesn't smoke regularly or doesn't smoke every day, enter the code for "don't smoke regularly".

____ ENTER NUMBER OF CIGARETTES (VERIFY IF GT 70) GO TO SMKWHOLE

888. NOT APPLICABLE (NEVER SMOKED REGULARLY)/ NO FUMA REGULARMENTE
GO TO SMK30DAY
777. DON'T KNOW / NOT SURE GO TO SMK30DAY
999. REFUSED GO TO SMK30DAY

ASK IF SMKEVDA2 = 2 OR (SMKEVDA2 = 1 & SMOKENUM = 777, 888, 999) OR (SMKEVDA2 = 3 AND LASTSMK2 <= 4)

SMK30DAY (CA-TCP)

TYPE I.

26.2 On how many of the past 30 days did you smoke cigarettes?

¿En cuántos de los últimos 30 días fumó usted cigarrillos?

HELPTXT: Asks respondents to indicate on how many of the last 30 days they have smoked cigarettes. If they say "every day", code "30". This allows us to identify and differentiate among various kinds of irregular smokers.

__ ENTER NUMBER OF DAYS
30. EVERY DAY
88. NOT APPLICABLE (NONE) / NO APLICABLE (NINGUNO) GO TO SMKWHOLE

77. DON'T KNOW / NOT SURE
99. REFUSED

SMK30NUM (CA-TCP)

TYPE I.

26.3 During the past thirty days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?

Durante los últimos 30 días, en los días que fumó, ¿cómo cuántos cigarrillos fumó por día?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

HELPTTEXT: Asks someday smokers and those who indicated they don't smoke but who smoked during the past 30 days to indicate how many cigarettes they smoked on average on the days that they smoked cigarettes during the past 30 days. Be aware that respondents will sometimes give a number of packs per day rather than number of cigarettes. Verify that low numbers "1", "2", "3" are actually the number of cigarettes smoked per day and not packs per day. Convert number of packs to number of cigarettes before entering the code (multiply number of packs by 20).

____ ENTER NUMBER OF CIGARETTES (VERIFY IF GT 70)
888. DON'T SMOKE REGULARLY

777. DON'T KNOW / NOT SURE
999. REFUSED

ASK IF SMOKE100=1

SMKWHOLE (CA-TCP)

TYPE I.

26.4 About how old were you when you smoked your first whole cigarette?

Aproximadamente, ¿cuántos años tenía cuando comenzó a fumar cigarrillos con regularidad?

____ ENTER AGE IN YEARS

777. DON'T KNOW / NOT SURE
999. REFUSED

IF (SMKEVDA2 = 3) & (LASTSMK4 > 4) GO TO EVEROTP

Ask if SMKEVDA2 <= 3 or LASTSMK2 <=4

SMK12AGO (CA-TCP)

YESNO.

26.5 Were you smoking at all around this time 12 months ago?

¿Estaba usted fumando alrededor de esta temporada hace 12 meses?

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

HELPTTEXT: Asks respondents to report whether they were smoking around this time 12 months ago. Any smoking should be given a "yes" code, even if the smoking was irregular or the person had cut back on the number of cigarettes smoked. This question is asked only of persons who report being current smokers or who have smoked at all in the past 30 days.

- 1. YES
- 2. NO

GO TO SMKWAKE

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

GO TO SMKWAKE
GO TO SMKWAKE

SMK12DL2 (CA-TCP)

EVDAY.

26.6 Were you smoking cigarettes every day or some days?

¿Fumaba cigarrillos todos los días o solamente en algunos días?

- 1. EVERY DAY
- 2. SOME DAYS

- 7. DON'T KNOW
- 9. REFUSED

IF (SMKEVDA2 = 3) GO TO EVEROTP

SMKWAKE (CA-TCP)

TYPE XXV.

26.7 How soon after you awake in the morning do you usually smoke your first cigarette?

¿Al despertarse por la mañana, cuánto tiempo pasa usualmente, antes de que fume su primer cigarrillo?

INTERVIEWER: ENTER ZERO IF TIME FRAME DOES NOT APPLY

____ HOURS (SMKWHR)
____ MINUTES (SMKWMIN)

- 8888. IMMEDIATELY
- 7777. DON'T KNOW
- 9999. REFUSED

SMO30MEN (CA-TCP)

YESNO.

26.8 During the past 30 days were the cigarettes that you usually smoked menthol?

Durante los últimos 30 días, ¿fueron los cigarrillos que usted usualmente fumo de mentol?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Section 27: Cigarette Purchases

ASK IF AGE_B ≤ 20 AND SMKEVDA₂ ≤ 2, OTHERWISE CONTINUE

WHOBUY (CA-TCP-NEW 2017)

WHOBUY.

27.1 How do you obtain your cigarettes?

¿Cómo obtiene sus cigarrillos(cigarros)?

- 1. Purchase cigarettes yourself / *Compra los cigarrillos (cigarros) usted mismo*
- 2. Ask someone to purchase for you / *Le pide a alguien que los compre para usted*

77. DON'T KNOW / NOT SURE
99. REFUSED

ASK IF SMKEVDA <=2, OTHERWISE SKIP TO EVEROTP

WHEREBUY17 (CA-TCP)

WHEREBUY17.

27.2 Where do you usually buy your cigarettes? Do you buy them...

¿Usualmente, donde compra sus cigarrillos(cigarros)? Los compra en...

1. Gas station or convenience store / *Gasolineras o tienda de conveniencia*
2. Grocery store / *Tienda de comestibles*
3. Drugstore or pharmacy / *Farmacia*
4. Internet / *Internet*
5. Liquor store / *Licorería*
6. Restaurant, deli, or donut shop / *Restaurante, deli, o tienda de donuts*
7. Tobacco or vape shop / *Tienda de tabaco o de vapear*
8. OTHER (specify) <BUYTXT>

77. DON'T KNOW
99. REFUSED

SMKBRAN2 (CA-TCP)

SMKBRAND.

27.3 What brand do you usually smoke?

¿Qué marca fuma usted usualmente?

READ ONLY IF NECESSARY

- | | | |
|----------------------|------------------------------------|----------------|
| 1. Benson and Hedges | 9. More | 77. DON'T KNOW |
| 2. Camel | 10. Newport | |
| 3. Carlton | 11. Pall Mal | 99. REFUSED |
| 4. Generic | 12. Salem | |
| 5. Kent | 13. Vantage | |
| 6. Kool | 14. Virginia Slims | |
| 7. Marlboro | 15. Winston | |
| 8. Merit | 91. OTHER _____ (specify) <SMKTXT> | |

PRICE (CA-TCP)

TYPE VII.

27.4 How much do you usually pay for a pack of cigarettes?

¿Cuánto paga usualmente por una cajetilla de cigarrillos?

EXAMPLE: FOR \$2.00 ENTER 200
FOR \$1.75 ENTER 175
FOR \$0.95 ENTER 95

__ _ _ ENTER RESPONSE

777. DON'T KNOW
999. REFUSED

BUYDOWN (CA-TCP)

YESNO.

27.5 The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1

free, 2 for 1, or any other special promotions?

La última vez que compró usted cigarrillos, ¿tomo ventaja de los cupones, rebajas, compró uno y obtuvo uno gratis, o compró dos por el precio de uno, o usó alguna otra oferta especial?

- 1. Yes
- 2. No

- 77. DON'T KNOW
- 99. REFUSED

Section 28: Other tobacco use

ASK EVERYONE

Now I'm going to ask you a few questions about other tobacco use throughout your life time.

Ahora voy a hacerle unas preguntas sobre otro uso de tabaco durante toda su vida.

EVEROTP (CA-TCP NEW 2017)

YESNO.

28.1 In your entire life, which of the following tobacco products have you ever used, even just one time?

En toda su vida, cuál de los siguientes productos de tabaco ha usado, incluso los que uso sólo una vez?

CHEWING TOBACCO	(CHEWEVER1)	YES	NO	DK	REF
<i>TABACO DE MASCAR</i>					
BIG CIGARS	(CIGAREVER)	YES	NO	DK	REF
<i>PUROS GRANDES</i>					
CIGARILLOS OR LITTLE CIGARS	(CIGRILLSEVER)	YES	NO	DK	REF
<i>CIGARRILLOS O PUROS PEQUEÑOS</i>					
TOBACCO PIPE	(PIPEEVER)	YES	NO	DK	REF
<i>PIPA DE TABACO</i>					
HOOKAH WATER PIPE	(HOOKAKEVER)	YES	NO	DK	REF
<i>PIPA DE AGUA (HOOKAH)</i>					

INTERVIEWER NOTE:

A hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose used to smoke tobacco.

Some of the other names it is known by are shisha (see-shaw), narghile (nawr-gee-leh, "g" sound as in "go"), argileh (are-gee-leh, "g: sound as in "go"), hubble-bubble (hah-bol bah-bol), and goza (go-zah).

Una hookah (narguila) es una pipa de agua con una cámara de humo, un tazón, un tubo y una manguera que se utiliza para fumar tabaco. Algunos de los otros nombres se conoce como shisha (see -shaw), narguila (nawr-gee-leh, g suena como en go argileh (are-gee-leh, suena como en go), hubble-bubble (hah-bol bah-bol), y goza (Go-zah).

ASK IF CHEWEVER1=1, OTHERWISE SKIP TO CIGAR30

USESNU (CA-TCP)

TYPE I.

28.2 During the past 30 days, how many days did you use chewing tobacco, snuff, or snus?

Durante los últimos 30 días, cuántos días ¿ha usado tabaco de mascar, rapé o snus?

____ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK IF CIGAREVER=1, OTHERWISE SKIP TO CIGRILLO

CIGAR30 (CA-TCP)

TYPE I.

28.3 During the past 30 days, how many days did you smoke big cigars?

Durante los últimos 30 días, ¿cuántos días fumó usted puros grandes?

____ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK IF CIGARILLOEVER=1, OTHERWISE SKIP TO PIPE30

CIGRILLO (CA-TCP)

TYPE I.

28.4 During the past 30 days, how many days did you smoke cigarillos and little cigars?

Durante los últimos 30 días, ¿cuántos días fumó usted cigarillos, o puros pequeños?

____ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK IF PIPEEVER=1, OTHERWISE SKIP TO HOOKAH2

PIPE30 (CA-TCP)

TYPE I.

28.5 During the past 30 days, how many days did you smoke a tobacco pipe?

Durante los últimos 30 días ¿cuántos días usted fumó una pipa de tabaco?

____ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE

99. REFUSED

ASK IF HOOKAHEVER=1, OTHERWISE SKIP TO FLAVTOB

HOOKAH2 (CA-TCP)

TYPE I.

28.6 During the past 30 days, how many days did you use a hookah water pipe?

Durante los últimos 30 días, ¿Cuántos días ha utilizado usted una pipa de agua narguilo?

INTERVIEWER NOTE:

A hookah is a water pipe with a smoke chamber, a bowl, a pipe and a hose used to smoke tobacco. Some of the other names it is known by are shisha (see-shaw), narghile (nawr-gee-leh, "g" sound as in "go"), argileh (are-gee-leh, "g: sound as in "go"), hubble-bubble (hah-bol bah-bol), and goza (go-zah).

INTERVIEWER NOTE:

Una hookah (narguila) es una pipa de agua con una cámara de humo, un tazón, un tubo y una manguera que se utiliza para fumar tabaco. Algunos de los otros nombres se conoce como shisha (see -shaw), narguila

(nawr-gee-leh, g suena como en go argileh (are-gee-leh, suena como en go), hubble-bubble (hah-bol bah-bol), y goza (Go-zah).

____ ENTER NUMBER OF DAYS [0 - 30]

77. DON'T KNOW / NOT SURE
99. REFUSED

ASK EVERYONE

FLAVTOB (CA-TCP) YES/NO.

Now I am going to ask you about flavored tobacco products.

Ahora voy a preguntarle acerca de los productos de tabaco con sabor.

28.7 In the past 30 days, which of the following tobacco products have you used in flavors such as mint, fruit, candy, or wine (choose all that apply)?

¿En los últimos 30 días, cuáles de los siguientes productos de tabaco ha utilizado usted con sabor como menta, frutas, caramelo, o vino (choose all that apply)?

- | | | |
|--|-----|------------------|
| 1. Chew / Tabaco de Mascar | Y/N | FLAVCHW3 |
| 2. Cigars/ Puros | Y/N | FLAVCGR3 |
| 3. Cigarrillos/ Cigarritos | Y/N | FLAVCGL3 |
| 4. Flavored hookah / Pipa turca (hookah) de agua con sabor? | Y/N | FLAVHKH3 |
| 5. Flavored e-cigarettes / Cigarrillos electrónicos con sabor? | Y/N | FLAVECIG3 |

77. DON'T KNOW / NOT SURE
99. REFUSED

ASK CIGARETTE SMOKERS OR EVER USED OTHER TOBACCO PRODUCTS:

SMOKE100 =1, OR USESNUS <=2, OR FLAVCHW3, FLAVCGR3, FLAVCGL3, FLAVHKH3, FLAVECIG3=1, OR CHEWEVER, CIGAREVER, CIGRILLSEVER, PIPEEVER, HOOKAHEVER=1 ASK FIRSTTOB, OTHERWISE CONTINUE TO ECIGUSE

FIRSTTOB (CA-TCP NEW 2017) YES/NO.

28.8 When you first started using tobacco products such as cigarettes, e-cigarettes or vaping products, cigars, cigarillos, did you start with flavored tobacco products that taste like menthol, mint, clove, spice, fruit, chocolate, alcoholic drinks, candy or other sweets?

¿Cuando empezó por primera vez a usar productos de tabaco, como cigarillos(cigarros), cigarrillos electrónicos o productos de vapear, puros, cigarritos, empezó con productos de sabores que saben a mentol, menta, clavo de olor, especias, frutas, chocolate, bebidas alcohólicas, caramelos u otros Dulces?

- 1. YES
- 2. NO

GO TO SHSEXPOS

77. DON'T KNOW
99. REFUSED

**GO TO SHSEXPOS
GO TO SHSEXPOS**

FLAVSTART (CA-TCP 2017)

FLAVSTART.

28.9 Which flavored tobacco product did you start with?

¿Con cuál(cuáles) producto(s) de tabaco con sabor comenzó?

PICK ONLY ONE

1. Cigarettes / *Cigarrillos*(*Cigarros*)
2. E-cigarettes or vaping products / *Cigarrillos electrónicos o productos de vapear*
3. Cigars / *Puros*
4. Cigarillos / *Cigarrillos*
5. Chew / *Tabaco de mascar*
6. Hookah / *Pipa de agua*(*Hookah*)

77. DON'T KNOW

99. REFUSED

Section 29: Secondhand smoke

SHSEXPOS (CA-TCP)

YES/NO.

29.1 In the last two weeks, have you ever been exposed to secondhand smoke in California?

En las últimas dos semanas, alguna vez ha estado expuesto al humo de segunda mano en California?

1. YES

2. NO

77. DON'T KNOW/ NOT SURE

99. REFUSED

IF (SHSEXPOS > 1) & (EMPLOY2 < 3) GO TO OUTWORK

IF (SHSEXPOS > 1) & (EMPLOY2 > 2) GO TO SMKELSEN1

SHSWHERETOB (CA-TCP)

WHEREXPB.

29.2 Where were you in California the last time this happened?

¿Dónde estaba usted en California la última vez que sucedió esto?

INTERVIEWER NOTE: DO NOT READ IN HELP TEXT: CLICK ON THE BOX NEXT TO THE MOST RELATED/SIMILAR OPTION

RESPONDENT MUST PROVIDE ONLY ONE LOCATION BASED ON THE LAST EVENT OF TOBACCO SECOND HAND SMOKE.

1. HOME / *CASA*
2. WORKPLACE / *TRABAJO*
3. RESTAURANT / *RESTAURANTE*
4. RESTAURANT BAR / *RESTAURANTE BAR*
5. BAR OR TAVERN / *BAR O TABERNA*
6. POOL HALL / *SALÓN DE BILLAR*
7. SHOPPING MALL OR STORES / *CENTRO COMERCIAL O EN TIENDAS*
8. HOSPITAL, CLINIC, HEALTH OR DENTAL FACILITY / *HOSPITAL, CLÍNICA DENTAL O DE LA SALUD*
9. PARK, BEACH, PLAYGROUND, OUTDOOR RECREATION / *PARQUE, PLAYA, PARQUE INFANTIL, RECREACIÓN AL AIRE LIBRE*
10. COMMUNITY EVENT, FAIR, FARMER'S MARKET / *EVENTO DE LA COMUNIDAD, FERIA, MERCADO DEL AGRICULTOR*
11. SPORTS EVENT, STADIUM / *EVENTO DEPORTIVO, ESTADIO*
12. OTHER PERSON'S HOME / *CASA DE OTRA PERSONA*
13. AUTOMOBILE / *AUTOMÓVIL*
14. GAME ROOM, CASINO, BINGO HALL / *SALA DE JUEGOS, CASINO, SALA DE BINGO*

- 15. PARTY, WEDDING, SOCIAL EVENT, RENTED HALL / FIESTA, UNA BODA, UN EVENTO SOCIAL, ALQUILÓ EL SALÓN
- 16. SERVICE AREA(BUS/CAB STAND, ATM, TICKET LINE) / ÁREA DE SERVICIO (PARADA DE AUTOBÚS/TAXI, ATM, LÍNEA DE BOLETOS
- 17. SIDEWALKS / ACERAS
- 18. OTHER (SPECIFY) _____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

OUTWORK (CA-TCP)

YESNO.

29.3 Do you currently work outside your home?

¿Actualmente, trabaja usted fuera de casa?

- 1. YES
- 2. NO

GO TO WORKEXP

- 77. DON'T KNOW
- 99. REFUSED

**GO TO WORKEXP
GO TO WORKEXP**

INDOORS (CA-TCP)

INDOORS.

29.4 Do you work primarily indoors or outdoors?

¿Trabaja usted principalmente bajo techo o al aire libre?

- 1. INDOORS
- 2. OUTDOORS

- 77. DON'T KNOW
- 99. REFUSED

IF EMPLOY2=1 or EMPLOY2=2 THEN ASK, OTHERWISE SKIP TO SMKELSEN1

WORKEXP (CA-TCP NEW 2017)

YESNO.

29.5 In the last two weeks, have you ever been exposed to the following in your work place?

En las últimas dos semanas, ¿alguna vez ha sido expuesto a lo siguiente en su lugar de trabajo?

- 1. Tobacco secondhand smoke (YES/NO)
Al humo de Tabaco de segunda mano

TOBSHS

- 2. Vaping aerosol (YES/NO)
Al vapor de vapear

VAPESHHS

HELP SCREEN FOR VAPING AEROSOL

The aerosol of e-cigarettes (also referred to as vapor) is the emission that is exhaled by the user of an e-cigarette. Similar to smoke when it is exhaled by a cigarette smoker.

El aerosol de cigarrillos electrónicos (también conocido como vapor) es la emisión que es exhalada por el usuario de un cigarrillo electrónico. Similar al humo cuando es exhalado por un fumador de cigarrillos.

- 3. Marijuana secondhand smoke (YES/NO)
Al humo de marihuana de segunda mano

MARJSHS

77. DON'T KNOW
99. REFUSED

SMKELSEN1 (CA-TCP MODIFIED)

TYPE I.

29.6 How many household members currently smoke cigarettes, not including you?

¿Cuántos miembros del hogar actualmente fuman cigarrillos, sin contar (Incluir) a usted?

INTERVIEWER: Do not include the respondent.

-- ENTER NUMBER

77. DON'T KNOW
99. REFUSED

HOMETOB (CA-TCP NEW 2017)

HHRULESB.

29.7 For tobacco products that are burned, such as cigarettes, cigars, pipes which statement best describes the rules about smoking a tobacco product inside your home?

Para los productos de tabaco que se queman, como cigarrillos, puros, pipas, ¿cuál declaración describe mejor las reglas sobre fumar un producto de tabaco dentro de su hogar?

1. It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
3. It is allowed anywhere and at any time inside my home / *Es permitido en todas partes y en cualquier momento dentro de mi casa*

77. DON'T KNOW
99. REFUSED

HOMEVAPE (CA-TCP NEW 2017)

HHRULESB.

29.8 Which statement best describes the rules about vaping inside your home?

¿Cuál declaración describe mejor las reglas sobre vapear dentro de su hogar?

1. It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
3. It is allowed anywhere and at any time inside my home / *Es permitido en todas partes y en cualquier momento dentro de mi casa*

77. DON'T KNOW
99. REFUSED

HOMEMJ (CA-TCP NEW 2017)

HHRULESB.

29.9 Which statement best describes the rules about smoking or vaping marijuana or hashish inside your home?

¿Qué declaración mejor describe las reglas sobre fumar o vapear marihuana o hachís dentro de su hogar?

1. It is not allowed anywhere or at any time inside my home / *No está permitido en ningún lugar o en cualquier momento dentro de mi casa*
2. It is allowed in some places or at sometimes inside my home / *Es permitido en algunos lugares o a veces dentro de mi casa*
3. It is allowed anywhere and at any time inside my home / *Es permitido en todas partes y en cualquier momento dentro de mi casa*

77. DON'T KNOW
99. REFUSED

HOUSTYPE (CA-TCP)

HOUSTYPE.

29.10 Which best describes the building you live in?

¿Cuál de estas describe mejor el edificio o el lugar donde vive usted?

INTERVIEWER NOTE: SEE F5 HELP FOR ADDITIONAL INFORMATION

HELPTXT: This question is asked of all respondents. The question is meant to determine the type of building the respondent considers to be his or her primary residence.

1. A mobile home
Una casa móvil
2. A house that is not attached to any other house
Una casa que no está conectada a ninguna otra vivienda.
3. A house that is attached to one or more houses
Una casa conectada a otra, o a varias más.
4. An apartment or condominium in a complex with 15 or fewer units
Un apartamento o unidad en condominio en una unidad de apartamentos de 15 unidades, o menos
5. An apartment or condominium in a complex with 16 or more units
Un apartamento o unidad en condominio en una unidad de apartamentos de 16 unidades, o más
6. An RV, Boat, or other (includes dormitory)
Un vehículo recreativo, barco, u otro (incluye dormitorio)

77. DON'T KNOW / NOT SURE
99. REFUSED

EXPHRS (CA-TCP)

TYPE XXVI.

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

¿Durante la semana pasada, por aproximadamente cuántas horas o minutos se expuso al humo de tabaco de otra gente, en todos ambientes?

EXAMPLE: FOR 30 MINUTES ENTER 0030. FOR 9 HOURS AND 30 MINUTES ENTER 0930

__ _ _ _ ENTER RESPONSE
8888. NONE AT ALL

7777. DON'T KNOW
9999. REFUSED

EXPEHRS (CA-TCP)**TYPE XXVI.****29.12 In the past week, about how many minutes or hours were you exposed to other people's vaping aerosol in all environments?***¿Durante la semana pasada, por aproximadamente cuántas horas o minutos se expuso al humo o vapor de cigarrillos electrónicos de otra gente, en todos ambientes?*

EXAMPLE: FOR 30 MINUTES ENTER 30. FOR 10 HOURS AND 30 MINUTES ENTER 1030

____ ENTER RESPONSE

8888. NONE AT ALL

7777. DON'T KNOW

9999. REFUSED

MAREXP (CA-TCP)**TYPE XXVI.****29.13 In the past week, about how many minutes or hours were you exposed to other people's marijuana secondhand smoke in all environments?***¿La semana pasada, como cuántos minutos u horas fue expuesto al humo de marihuana de otras personas en todo tipo de ambientes?*

EXAMPLE: FOR 30 MINUTES ENTER 30. FOR 10 HOURS AND 30 MINUTES ENTER 1030

____ ENTER RESPONSE

8888. NONE AT ALL

7777. DON'T KNOW

9999. REFUSED

Section 30: Bar and Casino**SMKFREE2 (CA-TCP MODIFIED)****SMKFREE2.****30.1 During the past 12 months, the last time you went to a bar, tavern or nightclub including those that are attached to a restaurant, hotel or card club, in California, was it smoke-free or vape-free?***¿Durante los últimos 12 meses, la última vez que fue a un bar, una taberna, o club nocturno, incluyendo esos adjuntos a algún restaurante, hotel, o salón de naipes (cartas) en California, estaba libre del humo de cigarrillos o vaporizadores (cigarrillos-electrónicos)?*

1. No, I did not go to a bar, tavern or nightclub in the past 12 months
No, no fui a un bar, taberna o club nocturno en los últimos 12 meses
2. Yes, it was smoke-free and vape free
Sí, era libre de humo y libre de vapor
3. Yes, it was smoke-free only
Sí, era sólo libre de humo
4. No, it is neither smoke-free nor vape-free
No, no es libre de humo ni de vapor

77. DON'T KNOW

99. REFUSED

CASNOSMK (CA-TCP)**CASNOSMK.**

30.2 If smoking were prohibited in California’s Indian Casinos, would this make you more likely to visit them, less likely to visit them, or would it make no difference to you?

Si el fumar fuera prohibido en los casinos Indios (Indian casinos) en California, ¿haría esto más probable, menos probable de que usted visitara los casinos, o no haría ninguna diferencia?

- 1. MORE LIKELY
- 2. LESS LIKELY
- 3. NO DIFFERENCE
- 4. NO OPINION

- 77. DON'T KNOW
- 99. REFUSED

Section 31: Media Exposure

ASKED OF ALL RESPONDENTS

ANTITOB (CA-TCP)

YESNO.

31.1 Within the last 30 days, have you seen or heard any anti-tobacco messages?

¿En los últimos 30 días, ha visto u oído cualquier mensaje en contra del tabaco?

- 1. Yes
- 2. No

GO TO MORETAX

- 77. DON'T KNOW
- 99. REFUSED

GO TO MORETAX
GO TO MORETAX

HADS (CA-TCP MODIFIED)

31.2 Did you see or hear any anti-tobacco message on:

YESNO.

¿Ha visto u oído algún mensaje en contra del tabaco en ...

SELECT ALL THAT APPLY:

- 1. Social Media (examples: Facebook, Snapchat, YouTube)
Medios de Comunicación Social (ejemplos: Facebook, Snapchat, YouTube)
- 2. TV
La tele
- 3. Radio
La radio
- 4. Magazines
La revista
- 5. Gas stations or convenience stores
Gas stations or convenience stores
- 6. Vape or tobacco shops
Tiendas de vapor (Vape) o tabaco
- 7. OTHER (specify other source) <HOTHTXT / HADS_O1>
Algún otro lugar (specify other source)

88. I HAVEN'T SEEN ADS AGAINST TOBACCO IN THE LAST 30 DAYS IN ANY OF THESE PLACES./ NO HE VISTO ANUNCIOS CONTRA EL TABACO EN LOS ÚLTIMOS 30 DÍAS EN NINGUNO DE ESTOS SITIOS.

77. DON'T KNOW
99. REFUSED

Section 32: Taxes

ASKED OF ALL RESPONDENTS

MORETAX (CA-TCP)

MORETAXB.

32.1 How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other health care programs? Please tell me the highest tax you are willing to support? (Read all the following)

¿Cuántos impuestos adicionales estaría usted dispuesto apoyar sobre una cajetilla de cigarrillos si todo el dinero juntado sería usado para financiar programas dirigidos a prevenir que los jóvenes empiecen a fumar, y otros programas de salud pública? ¿Apoyaría usted un aumento de impuesto de...?

INTERVIEWER NOTE: IF THEY SAY ANY AMOUNT FROM \$3.01 TO INFINITY JUST CLICK OPTION 8

READ ALL THE FOLLOWING

1. \$.25 a pack / \$.25 por cajetilla
2. \$.50 a pack / \$.50 por cajetilla
3. \$.75 a pack / \$.75 por cajetilla
4. \$1.00 a pack / 1.00 por cajetilla
5. \$1.50 a pack / \$1.50 por cajetilla
6. \$2.00 a pack / \$2.00 por cajetilla
7. \$3.00 a pack / \$3.00 por cajetilla
8. More than \$3.00 / Más de \$3.00 por cajetilla
9. No tax increase, or / No aumento de impuestos
10. Some other amount (specify) / Alguna otra cantidad (specify) <MORETXOT>

77. DON'T KNOW
99. REFUSED

Section 33: Random Child Selection

*If CHILD18 = 0 or CHILD18 = REFUSED, GO TO Section 30: Childhood Asthma; Else continue
IF CHILD18 > 1, one child is randomly selected*

Previously you indicated there are children in the household. I have some additional questions about one specific child. The child I will be referring to is the **-year/month old. All the questions about children will be about that child.

*Anteriormente usted indico que hay niños niño menor 17 años viviendo en el hogar. Tengo unas preguntas adicionales sobre uno de los niños en particular. El niño al que me refiero es el de **-año(s)/mes(es) de edad. Todas las preguntas acerca de los niños serán acerca del ** - años de edad*

CH_BORN (EHIB/CDC OPTIONAL MODULE)

TYPE I.

33.1 In what month and year was this child born?

¿En qué mes y año nació el niño(a)?

INTERVIEWER: IF DON'T KNOW ENTER 77 FOR MONTH 7777 FOR YEAR

IF REFUSED ENTER 99 FOR MONTH AND 9999 FOR YEAR

__/__ ENTER MONTH/YEAR

77. DON'T KNOW/ NOT SURE (Probe by repeating the question)

99. REFUSED

CH_SEL (CDC OPTIONAL MODULE)

BOYGIRL.

33.2 Is the *- year/month old child a boy or a girl?

*¿Es el niño de *-año(s)/mes(es) un niño o una niña?*

1. Boy / UN NIÑO
2. Girl / UNA NIÑA?

77. DON'T KNOW/ NOT SURE

99. REFUSED

CH_HISP2 (CDC OPTIONAL MODULE)

YESNO.

33.3 Is this child Hispanic, Latino/a or of Spanish origin?

¿Es el niño(a) Hispano(a), Latino(a) o de origen español?

1. Yes
 2. No
77. DON'T KNOW/ NOT SURE
99. REFUSED

GO TO CH_RACE3A
GO TO CH_RACE3A
GO TO CH_RACE3A

CH_HMEX (CDC OPTIONAL MODULE)

YESNO.

Are they...

33.4 Mexican, Mexican American, or Chicano/a?

¿Es el niño(a)... Mexicano, mexicanoamericano, chicano?

1. YES
 2. NO
77. DON'T KNOW / NOT SURE
99. REFUSED

CH_HPR (CDC OPTIONAL MODULE)

YESNO.

33.5 Puerto Rican?

¿Es el niño(a) Puertorriqueño?

1. YES
 2. NO
77. DON'T KNOW / NOT SURE
99. REFUSED

CH_HCUB (CDC OPTIONAL MODULE)

YESNO.

33.6 Cuban?

¿Es el niño(a) Cubano?

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

CH_HOTH (CDC OPTIONAL MODULE)

YESNO.

33.7 Another Hispanic, Latino/a, or Spanish origin?

¿Es el niño(a) De otro origen latino, hispano o español?"

- 1. YES
- 2. NO

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

CH_RACE3A (CDC OPTIONAL MODULE)

YESNO.

33.8 Which one or more of the following would you say is the race of this child? Would you say...

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

- 1. White
- 2. Black or African American
- 3. American Indian or Alaska Native
- 4. Asian
- 5. Pacific Islander
- 6. Other (Specify)

- CH_RAC_A
- CH_RAC_B
- CH_RAC_E
- CH_RAC_C
- CH_RAC_D
- CH_RAC_F

- 77. DON'T KNOW/ NOT SURE
- 99. REFUSED

IF (ANS > 6) GO TO CH_REL

IF (CH_RACE3A = 4 | CH_RACE3A = 5) GO TO CH_RA2AB

IF ((CH_RACE3A = 1) & (CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A

IF ((CH_RACE3A = 2) & (CH_RACE3A = 3 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A

IF ((CH_RACE3A = 5) & (CH_RACE3A = 6)) GO TO CH_RACE4A

IF (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 6) GO TO CH_REL

If CH_RACE3A= 4 or 5 then ask CH_RA2AB, else GO TO CH_REL

CH_RA2AB (CA-CORE)

ORACE2AB.

33.9 Is the *- year/month old child Chinese, Japanese, Korean, Filipino or Other?

¿Es usted Chino(a), Japonés(a), Coreano(a), Filipino(a) u otro?

1. Chinese
2. Japanese
3. Korean
4. Filipino
5. Vietnamese
6. Cambodian
7. Laotian
8. East Indian
9. Indonesian
10. Native Hawaiian
11. Samoan
12. Pakistani
13. Saipanese
14. Fijian
15. Guamanian or Chamorro
16. Other: (specify)

77. DON'T KNOW/ NOT SURE
99. REFUSED

IF ((CH_RACE3A = 3) & (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 4 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A
 IF ((CH_RACE3A = 4) & (CH_RACE3A = 1 | CH_RACE3A = 2 | CH_RACE3A = 3 | CH_RACE3A = 5 | CH_RACE3A = 6)) GO TO CH_RACE4A
 GO TO CH_REL

If more than one response to CH_RACE3, continue. Otherwise, GO TO CH_REL.

CH_RACE4A (CDC OPTIONAL MODULE)

33.10 Which one of these groups would you say best represents the child's race?

¿Cuál de estos grupos, diría usted mejor representa la raza del niño(a)? ¿Diría...Blanco(a), Negro(a), Asiático(a), nativo de Hawái o de las Islas del Pacífico, Indio(a) Americano(a), nativo de Alaska (Aleut), u Otra?

INTERVIEWER: PLEASE READ OPTIONS

INTERVIEWER: IF YOU NEED TO GO BACK USE F6

INTERVIEWER: IF THEY WILL NOT CHOOSE A RACE THEN SELECT DON'T KNOW OR REFUSED BASED ON THEIR RESPONSE

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian
5. Pacific Islander
6. Other

77. DON'T KNOW / NOT SURE
99. REFUSED

CH_REL (CDC OPTIONAL MODULE)

CH_REL.

33.11 How are you related to the child?

¿Cómo está usted relacionado (a) (parentesco) con el niño(a)? Diría usted...

PLEASE READ:

1. Parent (include biologic, step, or adoptive parent) / Padre (incluye biológico, padrastro o padre adoptivo)
 2. Grandparent / Abuelo
 3. Foster parent or guardian / Padre de crianza o tutor
 4. Sibling (include biologic, step, and adoptive sibling) / Hermano/a (incluye biológico, hermanastro o hermano adoptivo)
 5. Other relative / Otra relación
 6. Not related in any way / Ninguna relación
77. DON'T KNOW/ NOT SURE
99. REFUSED

Section 34: Childhood Asthma Prevalence

This module will only be implemented in households with children (<18 years old).

CHLDAST2 (EHIB/CDC OPTIONAL MODULE)

YESNO.

34.1 Has a doctor, nurse or other health professional EVER said that the child had asthma?

¿En alguna ocasión, algún médico u otro profesional de la salud le informaron que el niño(a) tenía asma?

1. YES
2. NO

GO TO ASTHLOGIC

77. DON'T KNOW / NOT SURE
99. REFUSED

**GO TO ASTHLOGIC
GO TO ASTHLOGIC**

CHLDASTB (EHIB/CDC OPTIONAL MODULE)

YESNO.

34.2 Does the child still have asthma?

¿Tiene todavía el niño(a) asma?

1. YES
2. NO

77. DON'T KNOW / NOT SURE
99. REFUSED

Section 35: Closing

If ASTHEVE3=1 or CHLDAST2 =1 continue

ADLTCALL (CDC-ASTHMA CALL BACK)

YESNO.

35.1 Do you think you would be willing to do a follow-up to this survey in the next two weeks, asking about your experience with asthma?

Cree que en algún momento en el futuro, ¿estaría usted dispuesto(a) en hacer una encuesta que sigue a esta y le preguntaremos sobre la experiencia de su asma?

- 1. YES
- 2. NO

GO TO ADLTNAME
GO TO PANEL

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

CHLDCALL (CDC-ASTHMA CALL BACK)

YES/NO.

35.2 Do you think you would be willing to do a follow-up to this survey in the next two weeks, asking about your child's experience with asthma?

Cree que en algún momento en el futuro, ¿estaría usted dispuesto(a) en hacer una encuesta que sigue a esta y que pregunta sobre la experiencia de el asma de su niño(a) su asma?

- 1. YES
- 2. NO

GO TO ADLTNAME
GO TO PANEL

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

Ask if said yes to ADLTCALL or CHLDCALL

ADLTNAME (CDC-ASTHMA CALL BACK)

35.3 Whom should we ask for when we call back?

¿Por quién debemos preguntar cuando volvamos a llamar?

INTERVIEWER NOTE: It would be best to have a name or nickname or initials.

ENTER NAME _____

IF ASTHCB = 1 GO TO CBTIME

Ask if said yes to CHLDCALL

CHLDNAME (CDC-ASTHMA CALL BACK)

35.4 What is the child's name for when we callback?

¿Cuál es el nombre de el niño/niña para cuando regresemos la llamada?

INTERVIEWER NOTE: We need the name, initials or nickname./ *Es necesario el nombre, iniciales o alias.*

ENTER NAME _____

GO TO MOSTKNOW

MOSTKNOW

35.5 Are you the parent or guardian in the household who knows the most about (CHLDNAME)'s asthma?

¿Es usted el padre o guardían en este hogar que sabe lo mas sobre el asma de (CHLDNAME)

- 1. YES
- 2. NO

GO TO CBTIME
GO TO OTHNAME

- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

OTHNAME

OPENEND.

35.6 You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.

Dijo que alguien mas esta mas informado sobre el asma del niño/a. Podria, por favor, darme el primer nombre, iniciales o apodo de este adulto para saber con quien hablar cuando regresemos esta llamada con respeto a este niño/a.

ENTER FIRST NAME, INITIALS OR NICKNAME:

CBTIME (CDC-ASTHMA CALL BACK)

35.7 What is a good time to call you back? For example, evenings, days or weekends?

¿Cual hora seria mejor para regresar esta llamada? Tal como, durante las noches, durante los días o durante los fines de semana?

ENTER TIME_____

Closing statement:

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

Esa fue mi última pregunta. Las repuestas de todos, serán combinadas para obtener información sobre las prácticas de salud de la gente en este estado. Muchísimas gracias por su tiempo y cooperación.

SPANIN2

SPANINB.

TO INTERVIEWER: Was this interview completed in English or Spanish?

1. Spanish
2. English



COMMUNITY NEEDS HEALTH ASSESSMENT FOCUS GROUP SUMMARY

JUNE 2019

COMPLETED BY:



MORRISON

Overview of Report

In an effort to gather valuable insights from community members to inform the Community Health Needs Assessment, Morrison was engaged by the County of Butte to facilitate community focus groups.

Representatives from Enloe Medical Center, Adventist Health Feather River, Orchard Hospital, and Butte County Public Health organized each focus group, collaborating with existing Butte County community organizations on several occasions to host focus groups in coordination with already scheduled events or meetings. This leveraged the established relationships these groups have with the individuals they serve, facilitating active participation by community members.

Focus groups were often held at the regular meeting locations for the community organizations to best encourage public participation. Focus groups were also held at various times in the day to best accommodate the schedules of participants. The focus groups ranged in size, with an average of 10 attendees per focus group.

In total, 12 focus groups reaching 114 participants were conducted representing a broad spectrum of community members. Participation was received from seniors, college students, individuals receiving mental health services, individuals participating in programs at both the African American Family and Cultural Center and the Hmong Cultural Center, high-school students, physicians, general community members, veterans, individuals suffering from homelessness, and individuals from Paradise facing the aftermath of the devastating Camp Fire.

A series of questions were designed with input from representatives from Enloe Medical Center, Adventist Health Feather River, Orchard Hospital, and Butte County Public Health, as well as the Morrison facilitator. Participants were asked the questions as a group and encouraged to share their own personal experiences or anecdotal experiences observed from friends and family in accessing health care and living healthy lives.

The following is a summarized collection of the responses received across all focus groups, under each question posed to the focus groups. These responses have been organized under the dominant themes expressed throughout the focus groups. Responses have been edited and condensed for clarity, but not for accuracy. Some comments were omitted due to lack of relevance to Community Health Needs Assessment and topic areas.

In some instances, general facilitator observations are provided as relevant to provide additional context for the comments received.

General Health

What are some of the challenges and barriers you or someone you know face to stay healthy?

Exercise

Finding time to exercise daily

Lack of access to a gym

Transitioning from an active duty service to a less forced regimen

Cost of gym memberships

Very few gym options and those that are available have high fees

Bike paths in Chico do not seem safe to access

Downtown Chico parks & bike paths do not feel safe to access

Hard to stay in shape or find the time to exercise and make healthy choices

Difficult to find childcare to allow for regular exercise

Unwillingness to exercise

Lack of gym or outdoor recreation facilities (including sidewalks for walking) in Paradise, following Camp Fire

Diet

Maintaining a healthy diet

Healthy food options are not readily available

Convenience of fast food options that may not be as healthy

Lack of consumption of vegetables

Reduction or elimination of high school nutrition classes

Not enough community engagement to access available resources (e.g. community gardens; programs promoting nutrition)

Time management challenges, with little time eat in the morning or choosing a fast option that may not be as healthy.

Cost of on-campus food at California State University, Chico (CSU, Chico)

Lack of grocery stores in Paradise, given impacts of Camp Fire

Students not having input into the food that parents prepare

Cost of healthy food options

Accessibility to healthy food options in communities outside Chico (Gridley, Biggs, etc.)

Lack of providers or challenges in health care services

Lack of health care providers in all Butte County communities

Lack of dental care providers

Lack of health care services for individuals without health insurance

Lack of emergency services in Paradise

Lack of specialists

Lack of dental and optometry care for individuals with Medi-Cal benefits

Inability to schedule timely appointments with providers

Inability to receive glasses due to lack of coverage

Costly medications

Local primary care physicians are not taking new patients
Patient encounter time is very short due to overloaded schedules of providers
Lack of nursing homes, compounded by the loss of facilities in the Camp Fire
Enloe Medical Center billing process – high charges
Nursing homes are expensive and crowded
Accessing medication is a long process requiring multiple appointments and monitoring dosage levels
Lack of alternative and complimentary health & wellness insurance coverage (e.g. massage, chiropractic, acupuncture)

General comments

Inadequate transportation for low-income individuals needing to access health care
Rural nature of county; long distances for services
Inadequate bathrooms and clean water for individuals struggling with homelessness
School nurses are not available at times needed and provide little support
Individuals use Enloe Medical Center emergency room to access primary care, creating overcrowding
Access is difficult when health care providers do not speak the same language as patients
A lack of education among older generations on healthy lifestyle choices

Facilitator observations

The lack of providers in Butte County was the dominant theme for this question, reflected across all focus groups. Another predominant challenge expressed across focus groups was access to gym facilities and/or the costs of gym memberships.

The lack of nursing homes was a dominant point of conversation in the senior group, many of whom are caretakers for their elderly parents. The impacts of the Camp Fire have only exacerbated a lack of nursing home facilities, according to focus group participants, and several participants commented that they had to relocate their family members to nursing homes out of the area.

What are the programs and resources in the community that are successful in helping the general population stay healthy?

Exercise

Chico Area Recreation District (CARD) programs, specifically including water aerobics; stretching and tone classes; youth programs.
Youth exercise opportunities and programs – CARD, Girls on the Run, youth soccer, basketball camps; affiliated transportation pools for students/youth sports
Walking
Bidwell Park
Bike paths in Chico
Enloe Medical Center's Walk with a Doc program
Local hiking groups
Organized school sports

Diet

Fresh food access through farmers' markets

Free lunch programs at schools, with a variety of food choices, including salads.

Reasonable food prices

WIC benefits are accepted at farmers' markets

CalFresh benefits

WIC education programs

First 5 Butte County Children and Families Commission cooking classes

CalFresh & Expanded Food and Nutrition Education Program (EFNEP) nutrition programs at Skyway House, providing hands-on cooking classes, and education on shopping for and preparing healthy meals, including education how to read food labels.

Organizations, programs, or health care service providers

Support groups provided at the Iverson Health Center

Shalom Free Clinic services

Chico State Student Health Center

Meals on Wheels

Programs with sliding scale costs for services

Summer lunch program for students

Doctors, mental specialists, optometrists that take Medi-Cal

Butte County Behavioral Health, particularly services provided in Oroville

Oroville Hospital patient care, including spiritual support

American Heart Association events

CA Health Collaborative programs

Gridley High School health pathways program

Smoke Free North State

Grief counseling resources (especially in wake of Camp Fire)

Hmong Cultural Center programs to take elderly community members out for activities and grocery shopping.

Osher Lifelong Learning Institute (OLLI) classes

Enloe Medical Center classes and workshops

Enloe Medical Center drive-thru flu shot clinics

Gateway Science Museum

Chico Children's Museum

Dental Health

What are some of the challenges and barriers you or someone you know face when accessing dental care?

Dental care providers

Lack of dental care providers

Lack of providers that accept Medi-Cal

Lack of providers that accept certain private insurance

Parental/guardian neglect of dental care

Lack of pediatric dentists who will see children under three years old

Lack of dentists in communities outside of Chico (Gridley, Oroville, Paradise)
Lack of school clinics
Six-month wait times for appointments
Lack of Saturday or evening hours for appointments; business hour appointments make it difficult to schedule appointments and results in lost wages for patients.
Poor experiences with Western Dental
Some providers enforce strict rules on cancellations, stifling future willingness to access dental care
Lack of orthodontists/access to Orthodontic Care

Insurance

Insurance does not cover certain services
Lack of dental insurance options
Insurance coverage promotes pulling teeth as opposed to preventive care
Difficulty finding providers to accept insurance
Difficulty accessing services through Veterans Affairs – dental issues need to be extreme to receive services and long wait times for dental care can make issues more severe by the time treatment is received.
Dental insurance premiums are rising, creating difficulties in providing insurance options for employees
Ampla Heath provides dental care, but extractions must be done out of county (Marysville)
Difficulty scheduling appointments – long wait times for an appointment
Medi-Cal coverage only would take a patient over 21 if it was a dental emergency.
High cost of dental insurance
Some providers require paying cash upfront to pay for services
Dental care not included in regular health care benefits.

Cost of dental care services

High cost for dental care services

General barriers

Discomfort
Fear of pain
Lack of fluoridation in water throughout Butte County
Lack of prioritizing dental care until it is a problem

Facilitator observations:

The need for high quality dental care services in Butte County was the dominant theme for this question, reflected across all focus groups. The observation that insurance companies only cover teeth pulling (as opposed to preventative care or root canals/fillings) was repeated in several focus groups. One health care provider noted that dental care is such a challenge in Butte County that he has had to schedule teeth to be pulled before performing unrelated surgeries, due to the risk of infection from untreated dental issues.

What are the programs and resources in the community that are successful in helping people get dental care or learn about taking care of their teeth?

Dental care providers and services

Kremer Dental – annual event that offers free services to veterans
Northern Valley Indian Health – low-cost services
CalVet Veteran Services Stand Downs
Veterans Affairs dental services
Ampla Health accepts insurance beyond Medicare
Mobile dental unit
Hoyjberg Orthodontics
OLLI classes
Wilson Elementary School dental program – providers came to school to teach dental care and fill cavities
Adopt a School Program; Brush Ins in School System
Head Start (via Public Health’s Women Infants & Children’s Program (WIC)) Fluoride Varnish (however, limited to children under five years old)

Insurance

Medi-Cal covers services

Self-Care

Taking personal responsibility for preventative care
Destigmatizing the experience
Providing and receiving referrals from trusted source

Access to Health Care

What are some of the challenges and barriers you or someone you know face when accessing health care?

Insurance

Level and type of insurance coverage can prevent individuals from accessing care they need or want.
Certain providers unwilling to provide services to patients with Medi-Cal insurance
Ineligibility for some insurance due to income restrictions
Dental providers do not take certain insurance
Enloe Medical Center may not take Anthem Blue Cross insurance
VA insurance eligibility window – five years after getting off of active duty/honorable discharged
Payment systems incentivize treatment in late stage/ high acuity care levels and focus on symptoms not root causes
Individuals on a fixed income may not qualify for Medi-Cal insurance but still cannot afford services
High costs of insurance coverage and premiums
Gap between individuals with good insurance coverage and individuals with Medi-Cal insurance

Access to providers

Lack of primary care providers
Lack of access to mental health providers
Long wait times to gain appointments
Experiencing appointment wait-times of two months
Long process of receiving care
Multiple appointments/referrals to receive specialist services
Trial and error to find a provider to receive needed services – need to invest a lot of personal time and money
Takes time and effort to find a provider (especially when in a vulnerable state)
Difficulty in awareness of which providers are accepting patients, what insurance they accept, etc.
Lack of pediatricians
Lack of specialty care
Lack of specialists
Lack of cardiologists and neurologists
Difficulty accessing school nurse
Time-consuming process to set an appointment, visit doctor, etc.
Limited times that providers can see patients; lack of weekend or evening appointments.
Lack of access
Lack of outreach to non-English speaking populations
Lack of outreach to individuals with low technology literacy/use
Lack of access to medications
Lack of transparent process in providing patient care.

Cost

Costs of health care services vary depending on location
Lack of medical reimbursements to doctors; restructuring of fee system (facility, technical, provider) results in higher costs to patients.
Lack of cost-effective primary care

Transportation

Butte County B-Line lacks reliability
Transportation for seniors limited – an Uber-like service catering to the needs of seniors would be effective.

Facilitator observations:

The lack of providers in Butte County was the dominant theme for this question, reflected across all focus groups. This extended to a lack of providers accepting certain insurance options as well.

What are the programs and resources in the community that are successful in helping people access to health care?

Insurance

ChampVA (supplement); takes care of dependents (considered 100% disabled)
Employer-provided insurance

Organizations, programs, or health care service providers

CalFresh – access to healthy food

Every Woman Counts – breast cancer diagnostic /screening services for low women lacking adequate insurance coverage

WIC

CalVet – counseling & medical services

Harvest of the Month education in schools (“Carrot Lady” bringing a new fruit or vegetable to school every month in middle school)

Individual/group therapy for military stress and sexual trauma therapy

Butte 211

Gridley Ampla Health

Enloe Medical Center Emergency Room

Peg Taylor Center, Chico – helps participants access medical, social services

Passages – CSU, Chico

- Helps individuals apply for and educate about Medicare
- Specializes in helping older adults

Chico Adult Center

- Consultants help participants access services needed

MSP Program

Trauma Informed Care/Trauma Informed Trainings

Paradise Hospice

High school biology class bringing medical professionals to discuss careers.

Alternative medicine

- Acupuncture & acupressure
- Massages, etc.

Enloe Home Health and Hospice

Tribal Health

Mental Health

What are some of the challenges and barriers you or someone you know face when dealing with mental health issues?

Lack of providers or challenges in provider services

Shortage of psychiatrists and counselors

Long wait times to schedule appointments

Lack of providers (specifically psychiatrists)

Lack of availability in hours for California State University, Chico therapists

Limited access to counseling

- Long wait times (difficult in times of crisis or emergency)

Butte County Behavioral Health only provides services for moderately to severely ill

- Limited or no psychiatric help once stable and out of program

Long process to receive care

Difficult to find counselor for only talk therapy

Lack of early intervention systems
Lack of support groups
Lack of reliable school psychologist
Lack of welcoming staff at existing facilities
Lack of availability of quality resources and programs
Lack of family therapists in Gridley – patients must travel out of town for access to mental health care.

Medication

Medications are presented by providers as only option for care
Difficult to access non-generic medication, even with doctor referral
Side effects of medications
Medication pushed as only solution

Stigma/Awareness

Stigma of mental health illness

- Individual may be uncomfortable talking about experience for a while
- Seen as weakness

Lack of awareness of programs and resources availability
Individuals don't feel comfortable or connected to providers because of different demographics
Lack of proactivity/ownership from veterans to access/use the resources available
Individuals are reactive, rather than proactive about mental health
Fragmented mental health & social services delivery system
Lack of feeling respected by providers
Distrust comes from fear of judgment based gender, income, race
Lack of acceptance of mental health issues
Lack of adequate public education on maternal health and wellness and education for expecting mothers during pregnancy
Lack of understanding that mental health services can be accessed for preventive care and not only treatment
Fear of loss of ability to own firearms
Fear of punishment if services are accessed

Insurance and Cost

Therapy is expensive even with insurance
No psychiatrist in Butte County accepts Medi-Cal

Transportation

Lack of transportation to facilities providing mental health services
Ampla Health refers patients to Yuba City, with transportation from Chico posing an issue

General Comments

Homelessness makes mental health issues difficult to treat
Feeling that being diagnosed as a 5150 is the only way to receive services
Increased post-traumatic stress disorder triggers following Camp Fire.
Lack of services for refugees/immigrants

- Need healthy ways to cope with cultural change or new environment
- Need to pry to have individuals share

Generation gap in mental health awareness can lead to unawareness of red flags

Prevalence of misdiagnosis – mental illness diagnosed as behavioral/medical condition

Veterans may be triggered to fight or flight

Feeling that individuals must hurt themselves or someone else before services are provided

What are the programs and resources in the community that are successful in helping people with mental health issues?

Organizations, programs, or health care service providers

Chico Veteran Center

Upward Bound Program at CSU, Chico

VFW

Butte County Behavioral Health

Ampla Health

Veteran education support team at Chico State

Butte College Veterans Service Office

Iverson Center

- Case managers that make time for patients
- Monthly activities
- Diagnosis, support groups for individuals struggling anxiety, depression, or schizophrenia or moms
- 12-step programs
- Community space that is open and welcoming
- Stress relief – dance, art groups

Agnes Opioid

Oroville dual support group

Grandparent Support Group – Chico

African American Family & Cultural Center – programs and an on-site clinician who can provide referrals

Hmong Cultural Center

- Supporter of well-being and mental health
- Program offers transportation and translation (at appointments)
- Helps elders get out of house and be active

Support groups for Camp Fire displaced individuals and workers

World Café YWAM Chico (a Chico youth program; children from Gridley attend)

Church support groups

Telehealth becoming more available

Physical Activity

Listening to music

Walks

Substance Use and Misuse – Drugs, Alcohol, Smoking

What are some of the challenges and barriers you or someone you know face when dealing with drugs, alcohol, and smoking?

Addiction/Lack of understanding of addiction

Difficult to quit smoking cigarettes.

Loneliness may drive veterans to drugs

Life becomes unmanageable when addicted

Addiction can lead to paranoia, anxiety, depression which makes it difficult to deal with life issues

Fear of stigma of addiction

Lack of understanding of addiction

Individuals reluctant/stubborn to change

Lack of awareness/knowledge on addiction in Butte County

Difficulty in conveying to individuals that they have a problem until they have a life-conveying event (e.g. natural disaster)

Access to care lies within the individual

- Individual needs to make first step to access services
- Individuals need to want to be helped

Vaping is observed as a healthy alternative to smoking/drugs, but is not.

Reporting Addiction

Prevalence of dishonesty during VA screening process because fear of being judged or punished

Perception of addiction as a weakness

Fear reporting addiction will affect future job endeavors

Lack of welcoming and safe VA screening process

Mental Health

Opioids/alcohol addiction can be fueled by mental health issues among veterans

Individuals may self-medicate because resources aren't readily available when wanted (long waits)

Lack of dual diagnosis programs that address both mental & addiction issues

Access

Ease of access to drugs

Ease of access to cheap alcohol through prevalence of bars

Drugs are marketed as glamorous in media

Flavored tobacco is prevalent, easy to access

General comments

Parents that use and/or grow marijuana in home, constant exposure of children

Different generations have varied responses to drug acceptance

Marijuana legalization in California has changed attitudes toward marijuana use

Military culture has higher prevalence of drug usage as coping mechanism while on service

- Habits carry over after off-duty too

- Don't think about the later consequences

Exposure to second hand smoke of cigarettes and marijuana.\

Lack of treatment options for women vs. men

Lack of programs that advocate for women

Addiction treatment system is broken; lack of focus on reunification; broken families/households

School administration ambivalent to addressing drug use

Lack of comfort in asking school officials for help in addressing addiction.

What are the programs and resources in the community that are successful in helping prevent or treat drug and alcohol abuse and tobacco use?

Organizations, programs, or health care service providers

Vet Center

CSU Chico

- Good mentorship program

Iverson Center

- Peer support
- AA meetings
- White cards
 - Mental illness awareness

Dual diagnosis programs

Alcoholics Anonymous, Narcotics Anonymous

Butte County Behavioral Health Substance Abuse and Treatment Program

Iris House

North Valley Harm Reduction Naloxone Training

Skyway House

Torres Shelter

California Department of Public Health programs

TUPE (Tobacco Use Prevention Education, Life Skills Training)

No Butts, cessation groups

Butte County Public Health – sessions to educate community about drugs and well-being

Feather River smoking cessation program

Northern Valley Indian Health

Smoke-Free CA

Daxit Program

- Help with addiction and mental issues
- Gives residence to stay
- Help with meetings and support groups (e.g. Alcoholics Anonymous, NA)

Chico Rescue Mission – faith-based recovery

Faith-based recovery (e.g. Jesus Center, Torres Shelter)

Drug Court is effective

Needle exchange program

Pharmacy drug takeback programs (unused, expired drugs)

Chantix (medication to help people stop smoking)

Support from teachers

Preventative Practices – Screening, Vaccinations, and Injury Prevention

What are some of the challenges and barriers you or someone you know face to obtain required screenings and vaccinations and to prevent injuries?

Lack of financial resources

Individuals with low-incomes or those struggling with homelessness cannot access medication due to cost of copayments

Lack of income to pay for needed vaccinations

Obtaining second opinions from doctors is expensive

Lack of education/reliable information

Anti-vaccination supporters impact willingness of individuals to seek vaccinations for themselves/children

Poor screening and education on adult asthma

Too much information available, which paralyzes any action on screenings/vaccinations

Difficult to understand and make an informed decision so individuals choose to wait until something bad happens, rather than preventative care.

Lack of knowledge on where to get screened.

Lack of awareness of screenings needed

No challenges if veteran, because vaccinations are required and provided

Distrust of science/physicians

Misconceptions that vaccines are part of big pharma and doctors promote vaccines for financial gain

General distrust

Prevalence of cultural barriers – older generations will rely on herbal medicine instead of physician care

General comments

Providers are limited in the vaccinations they can provide, as insurance will not provide reimbursements for certain vaccines.

Individuals fear finding out bad news so avoid screenings

Individuals get ill after immunizations so avoid vaccinations

What are the programs and resources in the community that are successful in helping people obtain screenings and vaccinations and prevent injuries?

Organizations, programs, or health care service providers

Butte County Public Health Clinic

Enloe Medical Center – free flu shots

Free clinics (e.g. Ampla Health, Butte County Public Health)

CA Careforce

Car Seat Classes

Doctors without Borders

NV Catholic Social Services (for teen moms)

Enloe Medical Center Emergency Room

VA Clinic

Mothers Strong

Shalom Free Clinic – offers wound care

Jesus Center

Young Lives (for teen moms)

Pharmacies (e.g. CVS; Walgreens)

Butte County Public Health Mobile Medical Unit

Bicycle Safety/ Bike Rodeos

Hmong doctor

- More familiar face for elders
- No language barrier

Butte County Public Health

- Free flu vaccinations during flu or new school season (just need certain paperwork)
- Collaboration with Hmong Cultural Center
- Provide immunization proof and hold immunization records
- Provide other vaccines
- Offer free immunizations if public health concern (MMR)

Butte College Student Clinic

Health fair

Food bank truck providing HIV testing

Northern Valley Indian Health

Butte Baby Steps

Orchard Hospital – free flu shot and TB screening for high-school students; breast cancer screenings.

Terraces - active community

- Exercise classes (yoga, Tai-chi)
- Programs
- Support groups
- Transportation (buses that need to be scheduled)

Church support groups

Community education

Community outreach on Facebook

- California Department of Public Health
- Butte County Public Health
- Enloe Medical Center

OLLI classes

Educational posters at high school educating students on measles vaccine.

Overweight and Obesity – Physical Activity and Healthy Eating

What are some of the challenges and barriers you or someone you know face when dealing with overweight and obesity?

Diet

Lack of portion control/distortion
Prevalence of fast food
Lack of healthy food options provided by schools
Parents lack of cooking/serving healthy food options
Open high school campuses allow for more fast food consumption

Lack of personal motivation/time

Lack of motivation to be healthy or maintain healthy behaviors
More interest in phones, not enough time being active
No time to exercise or be active
Laziness
Individuals preferring a motorized wheelchair to walking
Lack of time as a mother with full-time work
Lack of time

Recreation programs/centers

Lack of recreation programs/centers
Lack of affordable gym memberships
Lack of affordable adult recreation center
Lack of a community pool that is available year-round
Lack of availability of hours for CARD pool
Lack of a YMCA
Budget and programing cuts to physical education in schools
Limited options for gyms in Gridley
Lack of weight room access at high school gym; open just for sports teams.

Safety

Bike paths in Chico are unsafe
Lack of walkability of Oroville

- Too many loose dogs
- Dangerous neighborhoods

Lack of financial resources

Cost of healthy food options
Expensive to cook healthy
Lack if senior discount program
Healthy food is more expensive
Lack of affordability of health gyms

General comments

Difficult to exercise with mental illness/injuries

Side effect of mental health medication stifle physical activity and promote weight gain

Fear that social services/benefits will be rescinded if seen as being active

Mental illness can impact level of physical activity

Mental illness can promote eating disorders/unhealthy eating habits

Limited healthy food options that kids will want to eat

High school sports are only available to skilled athletes. Sports should offer tiers or levels to allow people of all physical fitness levels to participate.

What are the programs and resources in the community that are successful in helping people with overweight and obesity through increasing physical activity and focusing on healthy eating?

Organizations, programs, or health care service providers

VA Healthcare

Oroville Hospital

- Offers three month access to gym after delivering a child, however most mothers are still recovering within those first 3 months after giving birth

Community education

PBS information programs

Supplemental Nutrition Assistance Program (SNAP)

WebMD

Religion

Exercise

Bike trails (with comment that they are dangerous)

Chico State WREC Center

Chico Running Club

Iverson Center Classes

- Yoga
- Dance
- Welcoming space
- Mediation
- Gardening

Chico Area Recreation District

- Summer camps
- Sports and activities

Dance venues

Enloe Walk with a Doc

Chico VELO

Prevalence of bike lanes in Chico

Prevalence of 5k runs in Chico

Pokemon GO

GRUB – CSA Boxes

Chasing after children
In-Motion – water therapy classes
Wild Cat Food Pantry (CSU, Chico)
Recreation pool at Bidwell Junior High School (only summer availability)
Availability of parks

- One Mile pool
- Bidwell Park
- Playgrounds

Availability of Lindo Channel
Bike paths
Girls on the Run

Diet

Tailgate Giveaway/food bank truck
African American Family & Cultural Center – community garden, and one healthy meal served a week at center
School lunches
Father's House food giveaways
CalFresh
WIC
UC CalFresh/EFNEP

Chronic Diseases – Asthma, Diabetes, Heart Disease, Stroke, Liver Disease, etc.

What are some of the challenges and barriers you or someone you know face when dealing with chronic diseases?

Lack of providers/services

Lack of epilepsy services/support
Lack of diabetes services/support

- Classes are ill-attended
- Availability is lacking
 - Type 1 - 2x/month
 - Type 2 - 1x/month
- Poor location

Lack of care at GI clinic
Lack of resources for Parkinson's/Multiple Sclerosis
Lack of pediatric specialty services
Lack of specialists in Gridley.
Ampla Health no longer accepting new patients for pain management.
Long wait times to access providers
Long process

- Cannot see a specialist until you see primary physician

- Have to wait a long time to get to specialist

Lack of availability of providers

Lack of pain management services

Medication/Treatment

Difficult and expensive to receive an MRI (related to epilepsy)

MRIs not covered by insurance

Difficult process to have medication refilled refills

Lack of options if medication is lost – will get response that it’s “too soon” for refill

Expensive to receive care or medication

Prevalence of side effects of being on multiple medications

Dislike in taking medication

- Belief that more harm than benefit will be happen

Expensive prescription drugs

Lack Of education/understanding

Lack of insight of all underlying causes of chronic diseases

Lack of understanding of disease process

- Will understand the disease but not the causes, short/long-term effects

Lack of understanding/comprehension of preventative care

- Lack of understating that some medications can help prevent certain conditions, will wait until symptoms are extreme to take action

Lack of education on diabetes or other chronic diseases stemming from leading unhealthy lives

Diet

Quality of school lunches is poor

Difficult in shifting healthy eating behavior of older generation

Lack of willingness to avoid unhealthy food options

General comments

VA doesn’t want to recognize illnesses

Wildfires – very toxic acute air exposure, water quality, long term risk unknown

Treatment options are available, however individuals on Medi-Cal/Medicaid do not qualify for “good” options

Limited access to treat because too sick or lack of transportation

Prevalence of a providers providing a pre-diagnosis because of race/ethnicity

Lack of history

Lack of exercise

Lack of knowledge of family history of health conditions (specific comment at Hmong Cultural Center); leads to current generation not knowing complete medical history

What are the programs and resources in the community that are successful in helping people prevent or care for their chronic diseases?

Organizations, programs, or health care service providers

Vet Center

Butte College Veteran Service Office

American Lung Association – smoking cessation programs and classes

Iversen Center

Medi-Cal or CMSP (CA Health)

CA First5

- Health living for kids

Logisticare

Support groups

Oroville Hospital

Women doctors

Support groups that help with chronic diseases

Though unsure of program, there is a prevalence of high school athletes with inhalers to treat asthma, so a program must be available.

Technology:

Wearable tech (e.g. Apple watch, FitBit)

- Standing/breathing reminders

Fitness/activity tracker

General comments

Suboxone treatment

Transportation

What are some of the challenges and barriers you or someone you know face to access transportation?

Reliability/Quality

Lack of paratransit

Limited bus services in Paradise and Magalia are limited

Difficulty in elderly people traveling from Gridley, Paradise, Oroville to Chico for medical services

Bus system

- Does not run on Sunday
- Long waits because times are not frequent enough
- Lack of frequent stops
- Bus stops are far from each other

Long process to get to/from appointment

Lack of trust of Uber

Lack of services provide individuals transportation to pharmacy, to grocery shop, etc.

Affordability

Expensive options for transportation

Cost of gas

Cars are expensive to have

- Insurance rates
- Ticket prices
- Registration

Accessibility

Lyft, Uber require technology and debit/credit card

Lack of crosswalk on road in front of Iverson for safety

Lack of cars due to life circumstances, age.

Elderly individuals may not have access to Uber/Lyft

Elderly individuals suffer from lack of vision more frequently, impairing driving

Lack of driver's license due to life circumstance.

Lack of driver's education programs at high school, stifling drivers

General comments

Individuals who do have access to paratransit/MediTrans need to schedule five days in advance

Lack of transportation to doctor's offices

What are the programs and resources in the community that are successful in helping people access needed transportation?

Organizations, programs, or health care service providers

VA shuttles

Shriners programs

Redding Shuttle

VA shuttles to Mather Clinic

Jesus Center offers free bus passes

MediTrans

Para-transit

B-Line

- New routes are more connected, better now
- Free bus passes for those who can't afford

Taxi – when situation is explained to driver, they will some times offer free rides

Butte 211 – transportation to medical apt

Assisted living facility vans

Lyft/Uber

Hospital buses

Yellow cab

Hmong Cultural Center

- Provides transportation to medical appointments, grocery stores, school
- Sign up and need to set appointment

- Will also provide translation services

MediCal

- Offers transportation (but difficult to set appointments)

Enloe Flight Care

Ampla Health bus

- Free services if given a week's notice (could also be barrier in urgent situations or emergencies)

Chico bike paths

- Magnolia - bike path and street leads directly to Enloe Medical Center
- Bike path to airport and restaurant (takes 2 hours for exercise and food)

ART or Lighthouse – nonprofit organizations

Enloe Medical Center hotel vouchers (may no longer offer this service)

- Offers transportation for their clients

VA mileage reimbursements (however limited income eligibility required)



MORRISON

PRESENTED BY:

Toni Scott

Principal

530-809-4672

tscott@morrisonco.net

Agency/Participant Information (Please Complete for Each Focus Group Facilitated)

Date:

Facilitator:

Agency:

Location of Group:

Description of Group (e.g., parent group):

Language of Focus Group:

Number of participants: _____ Males _____ Females

Number of Gift Cards Distributed (if applicable):

Age Range (provide description based on observation only):

Race/ethnicity (provide description based on observation only):

Special Notes/Comments:

Focus Group Introduction Script

Introduce self. I am here today on behalf of Enloe Medical Center, Adventist Feather River Hospital, Orchard Hospital, and Butte County Public Health. These agencies are working together to develop a health needs assessment for our community. The information that is gathered here today will provide the partnership with useful information as they consider priorities for current and future services and programs.

Whatever you say during this focus group session will remain confidential. Your name will not be used or associated with any comments that are made. Your participation in this group is entirely voluntary. You may get up and leave at any time. I will be available after the group to answer any questions that you may have about the process or procedures associated with this focus group.

There are no expectations about what is going to be said here today. There are no right or wrong answers. Please feel free to express your opinions on the topics we discuss.

General Health

Tell me about some of the challenges and barriers you or someone you know face to stay healthy.

What are the programs and resources in the community that are successful in helping the general population stay healthy?

Dental Health

Tell me about some of the challenges and barriers you or someone you know face when accessing dental care.

What are the programs and resources in the community that are successful in helping people get dental care or learn about taking care of their teeth?

Access to Health Care

Tell me about some of the challenges and barriers you or someone you know may face when dealing with accessing health care.

What are the programs and resources in the community that are successful in helping people access to health care?

Mental Health

Tell me about some of the challenges and barriers you or someone you know may face when dealing with mental health issues.

What are the programs and resources in the community that are successful in helping people with mental health issues?

Substance Use and Misuse – Drugs/Alcohol/Smoking

Tell me about some of the challenges and barriers you or someone you know may face when dealing with drugs, alcohol, and smoking.

What are the programs and resources in the community that are successful in helping people prevent or treat drug and alcohol abuse and tobacco use?

Preventive Practices – Screenings, Vaccinations, Injury Prevention

Tell me about some of the challenges and barriers you or someone you know may face to obtain required screenings and vaccinations and prevent injuries.

What are the programs and resources in the community that are successful in helping people obtain screenings and vaccinations and prevent injuries?

Overweight and Obesity – Physical Activity and Healthy Eating

Tell me about some of the challenges and barriers you or someone you know face when dealing with overweight and obesity.

What are the programs and resources in the community that are successful in helping people with overweight and obesity through increasing physical activity and focusing on healthy eating?

Chronic Diseases – Asthma, Diabetes, Heart Disease, Stroke, Liver Disease, etc.

Tell me about some of the challenges and barriers you or someone you know face when dealing with chronic diseases.

What are the programs and resources in the community that are successful in helping people prevent or care for their chronic diseases?

Transportation

Tell me about some of the challenges and barriers you or someone you know face to access transportation.

What are the programs and resources in the community that are successful in helping people access needed transportation?

Note to facilitator: once needs have been discussed ask participants to prioritize the needs based on importance.

I would like to ask you to prioritize the health needs we discussed by asking you to indicate the level of importance you feel each health need is in the community

Important: this is a personal perception of how important an issue is in the community. This might be an issue that is getting worse or needs immediate attention.

Limit time to do this to 2-3 minutes.

Conclusion

Before I dismiss the group I want to ask you if you have any other comments you want to share?

Thank you for your time and your willingness to share your thoughts and opinions. Your responses have been very helpful. Thank You.

**2019 Community Health Needs Prioritization
Focus Group**

How important are these health needs listed below? Additional health issues/needs that were not discussed can be written in the empty spaces provided.

Health Needs	Not Important	Somewhat Important	Important	Very Important
General Health				
Dental Health				
Access to Health Care				
Mental Health				
Substance Use and Misuse				
Preventative Practices				
Overweight and Obesity				
Chronic Diseases				
Transportation				

Note to facilitator

Make copies of this table and distribute to each participant to complete the prioritization process.

Overall Summary

Initial sort	Topic	Not Important	Somewhat Important	Important	Very Important	Total
3	Access to Care	0	8	30	284	322
4	Mental Health	0	12	48	256	316
1	General Health	0	12	80	216	308
2	Dental Health	0	20	80	204	304
6	Preventative Practices	0	18	108	164	290
7	Overweight and Obesity	6	18	99	160	283
8	Chronic Diseases	1	30	75	176	282
5	Substance Abuse and Misuse	4	16	81	176	277
9	Transportation	5	32	90	144	271

Community Health Needs Assessment Underway

Participate in our Important Survey

Enloe Medical Center, Adventist Health, Orchard Hospital and Butte County Public Health want to know about Butte County's general health. That's why they're partnering on a Community Health Needs Assessment (CHNA). This report will objectively look at the current health needs of the community and identify available resources to address those needs.

To get started, the organizations are working with [Issues & Answers](#), a trusted research firm to collect data for the assessment. Representatives from Issues & Answers will call members of the community in the coming months, asking them to participate in a survey for this important project.

If you receive a call, please consider participating. Your feedback will help identify programs and services that are important to improve the well-being of our community. Survey interviewers will not make sales pitches, and your answers will be kept confidential and anonymous. Your household will never be identified in any reports.

If you receive a call at a time when you're unable to chat, please give the interviewer a time to call back, so you can provide your valuable insight.

Focus Group-OLLI

OLLI students are invited to participate in a guided discussion to address the current health needs of the community on Tuesday, April 9th from 3-4:30pm at Enloe Conference Center.

Have Questions?

If you have any questions or want more information about the CHNA, contact Suzie Lawry-Hall, Enloe's community outreach coordinator, at suzie.lawryhall@enloe.org.

BUTTE COUNTY HEALTH NEEDS SURVEY

Your voice matters in improving the health and well-being of our community.

Calls Coming

Answer Your Phone!

Results impact decisions that affect your health.

Supported by Enloe Medical Center, Adventist Health, Orchard Hospital and Butte County Public Health. Visit www.enloe.org/chna for more information.

CHNA social media posts



Date & Time: Saturday, April 13, at 4:55 p.m.

Post: #ButteCounty #health needs survey underway! #Enloe Medical Center, #AdventistHealth, #OrchardHospital and #ButteCountyPublicHealth are conducting a Community Health Needs Assessment (CHNA). To gather information, we'll be making calls. Please consider participating if we reach out to you. Learn more: www.enloe.org/chna #CHNA2019

Date & Time: Monday, April 22, at 4:55 p.m.

Post: Calls coming! Remember, #Enloe, #AdventistHealth, #OrchardHospital and #ButteCountyPublicHealth are conducting a Community Health Needs Assessment (CHNA) to look at the health needs of our community. Please consider participating if we reach out to you. Learn more: www.enloe.org/chna #CHNA2019 #ButteCounty



Date & Time: Friday, May 10, at 4:55 p.m.



Post: Help us improve the well-being of our community! #Enloe is partnering with #AdventistHealth, #OrchardHospital and #ButteCountyPublicHealth to conduct a Community #Health Needs Assessment (CHNA). Please consider participating in this survey if we reach out to you. Learn more: www.enloe.org/chna #CHNA2019 #ButteCounty

Date & Time: Wednesday, May 22, at 4:55 p.m.

Your voice matters! #Enloe, #AdventistHealth, #OrchardHospital and #ButteCountyPublicHealth are conducting a Community Health Needs Assessment (CHNA). If you receive a call, please consider participating in this survey. The results will impact decisions that affect your #health. Learn more: www.enloe.org/chna #CHNA2019 #ButteCounty





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