

Female Questionnaire/English Version

Participant ID# _____

Interviewer _____

Date _____

**California Hired Farm Worker Health Survey
Female Physical Exam Questionnaire
English Version**

**A Project of the California Institute for Rural Studies
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Female Questionnaire/English Version

Section O) Health Habits

[*Interviewer Introduction:*] The next few questions regard your use of cigarettes and alcohol such as beer, wine, wine coolers, cocktails, or liquor such as whiskey, vodka, rum or gin—all kinds of beverages people drink on special occasions, with a meal, or when relaxing. If you do not understand a question, please tell me. All of your answers are completely confidential.

Smoking

O1) Have you smoked at least 100 cigarettes in your entire life?

- Yes
- No [*Skip to O5*]
- Doesn't Know [*Skip to O5*]
- Not Answered [*Skip to O5*]

IF YES

O2) About how old were you when you started smoking fairly regularly?

- Never smoked regularly [*Skip to O5*]
- Years Old: _____
- Doesn't Know [*Skip to O5*]
- Not Answered [*Skip to O5*]

O3) When did you last smoke cigarettes?

_____/_____
Month Year

O4) On average, about how many cigarettes did/do you smoke a day? [1 pack = 20 cigarettes]

- Cigarettes per day ___/___
- Doesn't Know
- Not Answered

Alcohol Consumption

O5) In the last month, how many days per week or per month did you drink any alcoholic beverages, on average?

- Days per week: _____
- Days per month: _____
- None [*Skip to Next Section*]
- Doesn't Know [*Skip to Next Section*]
- Not Answered [*Skip to Next Section*]

O6) A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank/drink, about how many drinks did/do you drink on average?

- Number of drinks: _____
- Doesn't Know
- Not Answered

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Section R) Use of Drugs

[Interviewer Introduction:] Now I would like to ask you some questions about your use of drugs. If you do not understand a question, please tell me. Remember all of your questions are confidential.

R1) Have you ever tried or used drugs?

- Yes
- No [*Skip to Next Section*]
- Doesn't Know [*Skip to Next Section*]
- Not Answered [*Skip to Next Section*]

IF YES

R2) When was the last time you used or tried drugs?

- Yesterday
- A few days ago
- Last week
- Last Month
- A few Months ago
- Last Year
- A few years ago
- Several years ago
- Other: _____
- Doesn't Know
- Not Answered

R3) What type of drugs have you tried or used?

[*Read list. Check all that apply.*]

- Marijuana
- Methamphetamine/Speed/Crank
- Cocaine
- Heroin
- Morphine
- LSD
- Other: _____
- Doesn't Know
- Not Answered

R4) The last time you tried or used drugs, what type(s) of drug did you use? [*Read list. Check all that apply.*]

- Marijuana
- Methamphetamine/Speed/Crank
- Cocaine
- Heroin
- Morphine
- LSD
- Other: _____
- Doesn't Know
- Not Answered

R5) Have you ever tried or used intravenous drugs?

- Yes
- No [*Skip to Next Section*]
- Doesn't Know [*Skip to Next Section*]
- Not Answered [*Skip to Next Section*]

IF YES

R6) Have you ever shared needles with someone?

- Yes
- No
- Doesn't Know
- Not Answered

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Section M) Reproductive Health

[Interviewer Introduction:] We would like to know some information about your reproductive health. The following questions are related to your reproductive history. If you do not understand a question, please tell me. All of your answers are confidential.

M3) How old were you when you had your first menstrual period?

- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- Other _____
- Doesn't Know
- Not Answered

M4) Do you still have menstrual periods?

- Yes [Skip to M7]
- No
- Doesn't Know [Skip to M7]
- Not Answered [Skip to M7]

IF NO

M5) Why did your periods stop?

- Surgery
- Medication
- Radiation
- Menopause
- Pregnancy
- Doesn't Know
- Not Answered

M6) When did your periods stop?

- When: _____
- Doesn't Know
- Not Answered

M7) In the past year, what was the usual length of your menstrual cycles? That is, how many days were there from the first day of one menstrual period to the first day of bleeding for the next period? [Do not accept answers <10 days; repeat question, if necessary]

- Number of days: _____
- Doesn't Know
- Not Answered

M7b) What do you do if you have problems with your menstrual cycle?

- Take medicine (specify) _____
- Herbs (specify) _____
- Clinic/Doctor
- Other
- Nothing
- I don't have problems

M8) How many times total have you been pregnant (even if only for a short time)? [Include all live births, stillbirths, miscarriages, and abortions.]

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 10 or more, number: _____
- 0 [Skip to the Next Section]
- Doesn't Know [Skip to the Next Section]
- Not Answered [Skip to the Next Section]

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M9) How many live births have you had in total?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 10 or more, number: _____
- 0 [Skip to M12]
- Doesn't Know [Skip to M12]
- Not Answered [Skip to M12]

M9b) Have you had pregnancies in which the infant/child died, or was stillborn?

- Yes: Number _____
- No [Skip to M10]
- Doesn't Know [Skip to M10]
- Not Answered [Skip to M10]

M9c) What was the cause?

- Miscarriage
- Abortion
- Stillborn
- Other
- Doesn't Know
- Not Answered

M10) How many pregnancies resulted in a normal baby without abnormalities?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 10 or more, number: _____
- 0
- Doesn't Know
- Not Answered

M11) How many pregnancies resulted in a baby with abnormalities?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 10 or more, number: _____
- 0
- Doesn't Know
- Not Answered

M12) How many deliveries have you had at home?

- Number: _____
- Doesn't Know
- Not Answered

M13) How many deliveries have you had at a hospital or clinic?

- Number: _____
- Doesn't Know
- Not Answered

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M14) How many deliveries have you had in the U.S.?

- Number: _____ [*If 0, Skip to M15*]
- Doesn't Know [*Skip to M15*]
- Not Answered [*Skip to M15*]

M14b) With your last child born here, did you receive prenatal care from a doctor or clinic?

- Yes
- No [*Skip to M14e*]
- Doesn't Know [*Skip to M15*]
- Not Answered [*Skip to M15*]

M14c) Where?

- Local Area
- Other _____
- Not Answered

M14d) In what month of your pregnancy did you seek prenatal care?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Doesn't Know
- Not Answered

IF NO PRENATAL CARE ASK:

M14e) Did you go to a midwife or someone who is not a doctor?

- Yes
- No
- Not Answered

M15) How many deliveries have you had in your home country?

- Number: _____
- Doesn't Know
- Not Answered

M16) Have you had children who have died after being born?

- Yes:
 - How many children? _____
 - Age(s)? _____
 - In Mexico, U.S. or other country? _____
- No
- Not Answered

M17) Do you think that the mother and child benefit from prenatal care?

- Yes
- No
- Doesn't Know
- Not Answered

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Section Q) Sexual Activity

[Interviewer Introduction:] Now I would like to ask you a few questions about your sexual history. If you are uncomfortable with any question, please tell me, and I will stop. If you do not understand a question, please tell me. All of your answers are confidential.

Q1) In the last five years, how many sexual partners have you had?

- Number of Partners: _____
- Doesn't Know
- Not Answered

Q2) How old were you when you first had sexual intercourse?

- Age: _____
- Doesn't Know
- Not Answered

Q3) Have you ever engaged in sexual intercourse with someone who used intravenous drugs?

- Yes
- No
- Doesn't Know
- Not Answered

Q4a) Has a doctor ever told you that have a sexually transmitted disease?

- Yes
- No [Skip to Q9]
- Doesn't Know [Skip to Q9]
- Not Answered [Skip to Q9]

IF YES

Q5) What kind of sexually transmitted disease did you have?

- Disease: _____
- Doesn't Know
- Not Answered

Q6) Do you still have this sexually transmitted disease?

- Yes
- No
- Doesn't Know
- Not Answered

Q7) Did you receive or are you receiving medical treatment for this sexually transmitted disease?

- Yes
- No
- Doesn't Know
- Not Answered

Q8) Who provided or is providing the medical treatment?

- Local clinic
- Local hospital
- Emergency room
- Private doctor
- Pharmacy
- Treatment in home country
- Other: _____
- Doesn't Know
- Not Answered

Q9) Has a doctor ever told you that you have AIDS or HIV?

- Yes
- No [Skip to Q18]
- Doesn't Know [Skip to Q18]
- Not Answered [Skip to Q18]

IF YES

Q10) Which?

- AIDS
- HIV
- Doesn't Know
- Not Answered

Q11) Since when have you had AIDS or HIV?

- Since [Approximately]: _____
- Doesn't Know
- Not Answered

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Q12) Are you receiving treatment for the AIDS or the HIV?

- Yes
- No
- Doesn't Know
- Not Answered

Q13) Who provided or is providing the medical treatment?

- Local clinic
- Local hospital
- Emergency room
- Private doctor
- Pharmacy
- Treatment in home country
- Other: _____
- Doesn't Know
- Not Answered

Q18) When you have intercourse, do you use something to protect yourself from disease?

- Yes [Skip to Q20]
- No
- Doesn't Know [Skip to Q21]
- Not Answered [Skip to Q21]

IF NO

Q19) Why don't you use protection?

- I don't like it
- Very expensive
- My partner doesn't like it
- Married/In a permanent relationship
- Other: _____
- Doesn't Know

IF YES

Q20) What type of protection?

- Condoms
- Creams
- Other: _____
- Doesn't Know
- Not Answered

Q21) When you have intercourse do you use something to prevent yourself from becoming pregnant?

- Yes
- No [Skip to Q23]
- Doesn't Know [Skip to the next section]
- Not Answered [Skip to the next section]

IF YES

Q22) What type of contraceptive do you use?

[Mark all that apply]

- Condoms
- Creams
- Pills
- Diaphragm
- Foam
- Tubal ligation
- Norplant
- Vasectomy
- Sponge
- Suppository
- Rhythm method
- Abstinence
- Other: _____
- Not Applicable
- Doesn't Know
- Not Answered

IF NO

Q23) Why don't you use birth control?

- I don't want to
- I don't like it
- Very expensive
- My partner doesn't like it
- Other: _____
- Doesn't Know
- Not Answered

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Section P) Threats and Violence

[Interviewer Introduction:] Now I am going to ask a few questions related to threats and violence. If this is uncomfortable for you, please tell me, and I will stop. If you do not understand a question, please tell me. All of your answers will be kept confidential.

During the last twelve months. . . .

P1) Have you ever felt threatened in your workplace?

- Yes
- No [Skip to P3]
- Doesn't Know [Skip to P3]
- Not Answered [Skip to P3]

P2) By Whom?:

- Co-worker
- Foreman
- Farmer
- Labor contractor
- Other: _____
- Doesn't Know
- Not Answered

[Please tell me about that incident.]

During the last twelve months. . . .

P3) Have you been the victim of any act of violence such as being hit, slapped, pushed, shoved, punched, threatened with a weapon, assaulted, or robbed?

- Yes
- No [Skip to Next Section]
- Doesn't Know [Skip to Next Section]
- Not Answered [Skip to Next Section]

[Please tell me about that incident.]

P4) Where?:

- At Work
- At Home
- Other place: _____
- Doesn't Know
- Not Answered

P5) By Whom?:

- Co-worker
- Relative/Family Member
- Other: _____
- Doesn't Know
- Not Answered

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Section S) Mental or Psychological Illnesses

[Interviewer Introduction:] Now I am going to ask you some questions about mental and psychological illnesses that can affect people. If a question is unclear, please tell me. Remember all of your answers are confidential.

S1) Has a doctor ever told you that you have any of the following illnesses? [Read the options. Mark all of those that apply.]

- Depression
- Schizophrenia
- Mania
- Other: _____
- No [Skip to S4]
- Doesn't Know [Skip to S4]
- Not Answered [Skip to S4]

IF YES

S2) Did you receive or are you receiving treatment for this/these illness/illnesses?

- Yes
- No [Skip to S4]
- Doesn't Know [Skip to S4]
- Not Answered [Skip to S4]

IF YES

S3) Who provided or is providing the medical treatment?

- Local clinic
- Local hospital
- Emergency room
- Private doctor
- Pharmacy
- Treatment in home country
- Other: _____
- Doesn't Know
- Not Answered

S4) In the last 12 months, have you had thoughts of suicide?

- Yes
- No [Skip to next Section]
- Doesn't Know [Skip to next Section]
- Not Answered [Skip to next Section]

S5) Are you still having them?

- Yes
- No
- Doesn't Know
- Not Answered

S6) How long have you had (did you have) these thoughts?

- Less than a month
- 1 Month to 2 Months
- 3 Months to 6 Months
- More than 6 Months
- Doesn't Know
- Not Answered

S7) Did you receive treatment?

- Yes
- No [Skip to next Section]
- Doesn't Know [Skip to next Section]
- Not Answered [Skip to next Section]

IF YES

S8) Who provided the treatment?

- Local clinic
- Local hospital
- Emergency room
- Private doctor
- Pharmacy
- Treatment in home country
- Other: _____
- Doesn't Know
- Not Answered

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S9) Where did you go for the treatment?

- Local area [*County of Survey*]
- Other area in California
- Other state in U.S.A.
- Mexico
- Other: _____
- Doesn't Know
- Not Answered

S10) How much did the treatment cost you?

- Free
- \$1-\$50
- \$51-\$100
- \$101-\$200
- \$201-\$500
- \$501-\$1000
- \$1,001-\$2,000
- \$2,001-\$10,000
- \$10,001-\$20,000
- \$20,001-\$50,000
- \$50,000+
- Doesn't Know
- Not Answered

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Section T) Workers' Compensation and Workplace Safety

[Interviewer Introduction:] Now I am going to ask you some questions about safety in your agricultural workplace. If you do not understand a question please tell me. All of your answers are confidential.

T1) In the last 12 months, have you consumed alcohol, such as beer or wine, while doing hired farm work?

- Yes
- No [Skip to T4]
- Doesn't Know [Skip to T4]
- Not Answered [Skip to T4]

IF YES

T2) Did you bring the alcohol to work yourself or did someone else provide it?

- Yourself
- Someone else [Explain:] _____

- Doesn't Know
- Not Answered

T3) The last time you drank alcohol while doing hired farm work, how many drinks did you have?

- Quantity: _____
- Doesn't Know
- Not Answered

T4) Have you ever felt that you couldn't speak about an injury on the job?

- Yes
- No [Skip to T5]
- Doesn't Know [Skip to T5]
- Not Answered [Skip to T5]

[Please tell me about that incident.]

T5) Have you ever had any workers' compensation injuries?

- Yes
- No [Skip to T13]
- Doesn't Know [Skip to T13]
- Not Answered [Skip to T13]

IF YES

T6) When was the most recent?

- Date: ____/____/____
Month Day Year
- Doesn't Know
- Not Answered

T7) What type of injury did you have? [Most recent injury.]

- Type of injury: _____

- Doesn't Know
- Not Answered

T8) Who provided the treatment for this injury?

[Most recent injury.]

- Local clinic
- Local hospital
- Emergency room
- Private doctor
- Pharmacy
- Treatment in home country
- Other: _____
- Doesn't Know
- Not Answered

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T9) Was the treatment adequate for the injury you suffered? *[Most recent injury.]*

- Yes
- No
- Doesn't Know
- Not Answered

T10) Did you receive a weekly check or settlement as a result of this injury? *[Most recent injury.]*

- Yes
- No *[Skip to T13]*
- Doesn't Know *[Skip to T13]*
- Not Answered *[Skip to T13]*

T11) How much compensation did you receive for your injury? *[Total of settlement or weekly payments for most recent injury.]*

- Total amount: _____
- Doesn't Know
- Not Answered

T12) Was the compensation sufficient for the type of injury you suffered? *[Most recent injury.]*

- Yes
- No
- Doesn't Know
- Not Answered

T13d) In your experience as a farm worker, what would you say is the biggest problem that farm workers are faced with?

- Biggest Problem:

- There are no problems
- Doesn't Know
- Not Answered

T13a) During your current or last job in agriculture, Did you use "Raiteros" to go to and come home from work? *[Raiteros are persons who use their vehicles to make a profit from other people, they can be acquaintances or friends from work, contractors or bosses]*

- Yes
- No *[Skip to T14]*
- Doesn't Know *[Skip to T14]*
- Not Answered *[Skip to T14]*

IF YES

T13b1) Did these vehicles have seat belts For Everyone?

- Yes, always
- Frequently, but not always
- Rarely, infrequently
- No *[Skip to T14]*
- Doesn't Know *[Skip to T14]*
- Not Answered *[Skip to T14]*

IF YES

T13c) Do you/did you use the seatbelts?

- Yes, always
- Sometimes
- Rarely
- No
- Doesn't Know
- Not Answered

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T14) Do you have adequate, safe childcare for your children while doing farm work?

- Yes
- No
- Doesn't Know
- Not Answered

T15) Where do you leave (with whom) your children when you go to work?

- With a babysitter
- With family
- With friends
- Daycare center
- With the older children
- Bring them to work
- Alone in the house
- Doesn't Know
- Not Answered