

Male Questionnaire/English Version

Participant ID# _____

Interviewer _____

Date _____

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

**A Project of the California Institute for Rural Studies
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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 about how many drinks did you have on average?

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

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Section R) Use of Drugs

[Interviewer Introduction:] Now I am going to ask you some questions about your use of drugs. If you do not understand a question, please tell me. Remember all of your answers 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(s) 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 P) Threats and Violence

[Please tell me about that incident.]

[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 P6]
Doesn't Know [Skip to P6]
Not Answered [Skip to P6]

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

P6) When you drink alcohol do you feel like fighting or hitting someone?

- Yes
No
Doesn't Know
Not Answered

P7) During the last three times that you drank alcohol, did you hit or fight with someone?

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

P8) With who?

- friend
Unknown person
Wife/girlfriend
Other
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, with how people have you had sexual relations with?

- 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

Q4) Have you ever had sexual intercourse with a sex worker/prostitute?

- Yes
- No [Skip to Q7]
- Doesn't Know [Skip to Q7]
- Not Answered [Skip to Q7]

IF YES

Q5) How many times have you had sex with a prostitute/sex worker?

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

Q6) When was the last time you had sex with a prostitute/sex worker?

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

Q7b) Have you ever had sexual relations with men?

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

Q8a) Has a doctor ever told you that you had a sexually transmitted disease?

- Yes
- No [Skip to Q13]
- Doesn't Know [Skip to Q13]
- Not Answered [Skip to Q13]

IF YES

Q9) What type of sexually transmitted disease did you have?

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

Q10) Do you still have this sexually transmitted disease?

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

Q11) Did you receive or are you receiving medical treatment for this sexually transmitted disease?

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

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Q12) 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

Q13) 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

Q14) Which?

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

Q15) Since when have you had AIDS or HIV?

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

Q16) Are you receiving treatment for the AIDS or the HIV?

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

Q17) 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 sexual relations do you use anything to protect yourself from diseases?

- 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
- Don't know how to use
- My partner doesn't like it
- Married/In a permanent relationship
- Other: _____
- Doesn't Know
- Not Answered

IF YES

Q20) What type of protection do you use?

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

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Q21) When you have sexual relations, do you use anything that prevents your wife/girlfriend/partner from becoming pregnant?

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

IF YES

Q22) What type of contraceptive do you use?

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

IF NO

Q23) Why don't you use contraception?

- It is the responsibility of the woman
- I don't like it
- Very expensive
- My partner doesn't like it
- 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]

IF YES

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.]

Blank lines for writing answers to T1 and T2.

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:

Blank lines for writing answers to T6 and T7.

- 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 [*End of Questions*]
- Doesn't Know [*End of Questions*]
- Not Answered [*End of Questions*]

IF YES

T13b1) Did these vehicles have seat belts for everyone?

- Yes, always
- Frequently, but not always
- Rarely, infrequently
- No [*End of Questions*]
- Doesn't Know [*End of Questions*]
- Not Answered [*End of Questions*]

IF YES

T13c) Do you/did you use the seatbelts?

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