



## CHIS 2017 Adult Questionnaire August 13, 2018

Adult Respondents Age 18 and Older

### Collaborating Agencies:

- *UCLA Center for Health Policy Research*
- *California Department of Health Care Services*
- *California Department of Public Health*

### Contact:

#### **California Health Interview Survey**

UCLA Center for Health Policy Research  
10960 Wilshire Blvd, Suite 1550  
Los Angeles, CA 90024  
Telephone: (866) 275-2447  
Fax: (310) 794-2686  
Web: [www.chis.ucla.edu](http://www.chis.ucla.edu)

## TABLE OF CONTENTS

<b>SECTION A - DEMOGRAPHIC INFORMATION, PART I .....</b>	<b>6</b>
Age .....	6
Gender .....	8
Ethnicity .....	8
Race .....	9
Marital Status .....	14
<b>SECTION B - HEALTH CONDITIONS .....</b>	<b>15</b>
General Health .....	15
Asthma .....	15
Diabetes .....	22
Hypertension .....	25
Heart Disease .....	25
<b>SECTION C – HEALTH BEHAVIORS .....</b>	<b>27</b>
Walking for Transportation and Leisure .....	27
Dietary Intake .....	28
Access to Fresh and Affordable Foods .....	32
Cigarette Use .....	32
E-Cigarette Use .....	35
Marijuana Use .....	36
Opioid Use .....	39
<b>SECTION D – GENERAL HEALTH, DISABILITY, AND SEXUAL HEALTH .....</b>	<b>41</b>
Height and Weight .....	41
Disability .....	41
Sexual Partners .....	42
Registered Domestic Partner .....	43
Gender Identity .....	43
Pre-Exposure Prophylaxis .....	45
HIV Testing .....	46
<b>SECTION E – WOMEN’S HEALTH .....</b>	<b>47</b>
Pregnancy Status .....	47
Postpartum Care .....	47
<b>SECTION F – MENTAL HEALTH .....</b>	<b>49</b>
K6 Mental Health Assessment .....	49
Repeated K6 .....	50
Sheehan Scale .....	52
Access & Utilization .....	54
Stigma .....	56
Three-Item Loneliness Scale .....	56

**SECTION G – DEMOGRAPHIC INFORMATION, PART II ..... 58**

Country of Birth (Self, Parents).....	58
Japanese-American Generational Status.....	60
Language Spoken at Home.....	61
Additional Language Use .....	61
Citizenship and Immigration .....	62
Spouse/Partner.....	63
Living with Parents.....	64
Educational Attainment.....	67
Veteran Status .....	69
Employment.....	70
Employment (Spouse/Partner) .....	72

**SECTION H – HEALTH INSURANCE ..... 74**

Usual Source of Care .....	74
Emergency Room Visits .....	74
Medicare Coverage .....	75
Medi-Cal Coverage.....	81
Private Coverage.....	82
Employer Offer of Health Insurance .....	86
AMPUS/CHAMP-VA, TRICARE, VA Coverage .....	87
Spouse's Insurance Coverage Type & Eligibility.....	91
High Deductible Health Plans.....	103
Coverage over Past 12 Months .....	104
Hospitalizations.....	114
Partial Scope Medi-Cal.....	114
Medical Debt.....	114

**SECTION I – CHILD AND ADOLESCENT INSURANCE .....117**

Child's Health Insurance.....	117
Medi-Cal Coverage (Child).....	118
Employer-Based Coverage (Child).....	119
CHAMPUS/CHAMP-VA, TRICARE, VA Coverage (Child).....	122
Managed-Care Plan Characteristics (Child).....	124
High Deductible Health Plans (Child) .....	127
Reasons for Lack of Coverage (Child) .....	128
Coverage over Past 12 Months (Child) .....	128
Teen's Health Insurance.....	130
Medi-Cal Coverage (Teen).....	132
Employer-Based Coverage (Teen).....	133
CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen).....	135
AIM, MRMIP, Family PACT, Healthy Kids, Other.....	136
Other Coverage (Teen) .....	136

Managed-Care Plan Characteristics (Teen).....	139
High Deductible Health Plans (Teen) .....	142
Reasons for Lack of Coverage (Teen) .....	143
Coverage over Past 12 months (Teen) .....	143
Country of Birth (Parents).....	146
Citizenship and Immigration (Parents) .....	147
<b>SECTION J – HEALTH CARE UTILIZATION AND ACCESS .....</b>	<b>149</b>
Visits to medical doctor.....	149
Personal Doctor .....	150
Care Coordination.....	151
Tele-Medical Care .....	151
Communication Problems with a Doctor .....	151
Change of Usual Source of Care.....	153
Delays in Care .....	154
Access to Specialist and General Doctors .....	156
Family Planning .....	157
Dental Health .....	159
<b>Section DM: Discrimination.....</b>	<b>161</b>
<b>Section K: Employment, Income, Poverty Status, Food Security .....</b>	<b>163</b>
Hours Worked.....	163
Income Last Month .....	164
Annual Household Income .....	165
Number of Persons Supported .....	167
Availability of Food in Household .....	168
Hunger .....	169
<b>SECTION L – PUBLIC PROGRAM PARTICIPATION.....</b>	<b>170</b>
Food Stamps .....	170
Supplemental Security Income.....	171
WIC.....	171
Assets .....	172
Child Support.....	174
Worker's Compensation .....	176
Social Security/Pension Payments.....	177
Reasons for Non-Participation in Medi-Cal .....	178
WIC Participation.....	180
<b>SECTION M – HOUSING AND SOCIAL COHESION.....</b>	<b>187</b>
Housing.....	187
Social Cohesion.....	189
Safety.....	190
Civic Engagement.....	190

Philanthropic Contributions.....	190
<b>SECTION P – VOTER ENGAGEMENT .....</b>	<b>192</b>
Voter Engagement.....	192
<b>Section S: Suicide Ideation and Attempts.....</b>	<b>194</b>
<b>SECTION N – DEMOGRAPHIC INFORMATION, PART III AND CLOSING .....</b>	<b>196</b>
County of Residence .....	196
Address Confirmation, Cross Streets, Zip Code .....	197
Cell Phone Use.....	199
<b>FOLLOW – UP SURVEY PERMISSION.....</b>	<b>201</b>

NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2017 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

**SECTION A - DEMOGRAPHIC INFORMATION, PART I**

**PROGRAMMING NOTE QA17\_A1:**  
**SET AADATE = CURRENT DATE (YYYYMMDD)**

**'QA17\_A1'** [AA1] -

What is your date of birth?

[AA1MON] -

MONTH \_\_\_\_\_ [RANGE: 1-12]

- ☐ 01 JANUARY
- ☐ 02 FEBRUARY
- ☐ 03 MARCH
- ☐ 04 APRIL
- ☐ 05 MAY
- ☐ 06 JUNE
- ☐ 07 JULY
- ☐ 08 AUGUST
- ☐ 09 SEPTEMBER
- ☐ 10 OCTOBER
- ☐ 11 NOVEMBER
- ☐ 12 DECEMBER

[AA1DAY] -

DAY \_\_\_\_\_ [RANGE: 1-31]

[AA1YR] -

YEAR \_\_\_\_\_ [RANGE: 1907-2000]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_A1 :**  
**IF QA17\_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA17\_A1 ;**  
**ELSE GO TO QA17\_A6**

**'QA17\_A2'** [AA1A] -

What month and year were you born?

[AA1AMON] -

MONTH \_\_\_\_\_ [RANGE: 1-12]

- ☐ 01 JANUARY
- ☐ 02 FEBRUARY
- ☐ 03 MARCH
- ☐ 04 APRIL
- ☐ 05 MAY
- ☐ 06 JUNE
- ☐ 07 JULY
- ☐ 08 AUGUST
- ☐ 09 SEPTEMBER
- ☐ 10 OCTOBER
- ☐ 11 NOVEMBER
- ☐ 12 DECEMBER

[AA1AYR] -

YEAR \_\_\_\_\_ [RANGE: 1904-2000]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_A4:**  
**IF QA17\_A1 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA17\_A4;**  
**ELSE GO TO QA17\_A6**

**'QA17\_A4'** [AA2] -

What is your age, please?

\_\_\_\_\_ YEARS OF AGE [RANGE: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_A5:****IF QA17\_A4 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA17\_A5;  
ELSE GO TO QA17\_A6****'QA17\_A5' [AA2A] -**

Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

- ☐ 01 BETWEEN 18 AND 29\_
- ☐ 02 BETWEEN 30 AND 39
- ☐ 03 BETWEEN 40 AND 44
- ☐ 04 BETWEEN 45 AND 49
- ☐ 05 BETWEEN 50 AND 64
- ☐ 06 65 OR OLDER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST NOTE QA17\_A5: AAGE ENUM.AGE****CALCULATE VALUE OF AAGE BASED ON QA17\_A1, QA17\_A2, OR QA17\_A4  
TO USE IN ALL AGE-RELATED QUESTIONS;****IF QA17\_A1, QA17\_A2, OR QA17\_A4= -7 OR -8 (REF/DK), THEN USE QA17\_A5;  
ELSE USE ENUM.AGE****'QA17\_A6' [AA3] -**

Are you male or female?

- ☐ 01 MALE
- ☐ 02 FEMALE
- ☐ -7 REFUSED

**'QA17\_A7' [AA4] -**

Are you Latino or Hispanic?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_A9'**



**'QA17\_A8' [AA5] -**

And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

**[IF NECESSARY, GIVE MORE EXAMPLES]**

**[CODE ALL THAT APPLY]**

- ☐ 01 MEXICAN/MEXICAN AMERICAN/CHICANO
- ☐ 04 SALVADORAN
- ☐ 05 GUATEMALAN
- ☐ 06 COSTA RICAN
- ☐ 07 HONDURAN
- ☐ 08 NICARAGUAN
- ☐ 09 PANAMANIAN
- ☐ 10 PUERTO RICAN
- ☐ 11 CUBAN
- ☐ 12 SPANISH-AMERICAN (FROM SPAIN)
- ☐ 91 OTHER LATINO (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_A9:**

**IF QA17\_A7 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";**

**IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR AA5A , CONTINUE WITH**

**PROGRAMMING NOTE QA17\_A10;**

**ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES**

**'QA17\_A9' [AA5A] -**

{You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

**[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]**

**[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]**

**[CODE ALL THAT APPLY]**

- ☐ 01 WHITE
- ☐ 02 BLACK OR AFRICAN AMERICAN
- ☐ 03 ASIAN
- ☐ 04 AMERICAN INDIAN OR ALASKA NATIVE
- ☐ 05 OTHER PACIFIC ISLANDER
- ☐ 06 NATIVE HAWAIIAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)

**If AA5A=1 Or 2, go to 'PN\_QA17\_A15'**

**If AA5A=3, go to 'PN\_QA17\_A13'**

**If AA5A=5, go to 'QA17\_A14'**

**If AA5A=6, go to 'QA17\_A17'**

**PROGRAMMING NOTE QA17\_A10:****IF QA17\_A9 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA17\_A10;****ELSE GO TO PROGRAMMING NOTE QA17\_A13****'QA17\_A10' [AA5B] -**

You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

**[CODE ALL THAT APPLY]**

- ☐ 01 APACHE
- ☐ 02 BLACKFOOT/BLACKFEET
- ☐ 03 CHEROKEE
- ☐ 04 CHOCTAW
- ☐ 05 MEXICAN AMERICAN INDIAN
- ☐ 06 NAVAJO
- ☐ 07 POMO
- ☐ 08 PUEBLO
- ☐ 09 SIOUX
- ☐ 10 YAQUI
- ☐ 91 OTHER TRIBE (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_A11' [AA5C] -**

Are you an enrolled member in a federally or state recognized tribe?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_A13'**

Which tribe are you enrolled in?

- ☐ 01 APACHE
- ☐ 02 BLACKFEET
- ☐ 03 CHEROKEE
- ☐ 04 CHOCTAW
- ☐ 05 NAVAJO
- ☐ 06 POMO
- ☐ 07 PUEBLO
- ☐ 08 SIOUX
- ☐ 09 YAQUI
- ☐ 10 OTHER

APACHE

- ☐ 1 Mescalero Apache, NM
- ☐ 2 \_APACHE (NOT SPECIFIED)\_
- ☐ 3 \_OTHER APACHE (SPECIFY: )

BLACKFEET

- ☐ 4 BLACKFOOT/BLACKFEET

CHEROKEE

- ☐ 5 WESTERN CHEROKEE
- ☐ 6 CHEROKEE (NOT SPECIFIED)
- ☐ 7 OTHER CHEROKEE (SPECIFY: \_\_\_\_\_)

CHOCTAW

- ☐ 08 CHOCTAW OKLAHOMA
- ☐ 09 CHOCTAW (NOT SPECIFIED)
- ☐ 10 OTHER CHOCTAW (SPECIFY: \_\_\_\_\_)

NAVAJO

- ☐ 11 NAVAJO (NOT SPECIFIED)

POMO

- ☐ 12 HOPLAND BAND, HOPLAND RANCHERIA
- ☐ 13 SHERWOOD VALLEY RANCHERIA
- ☐ 14 POMO (NOT SPECIFIED)
- ☐ 15 OTHER POMO (SPECIFY: \_\_\_\_\_)

PUEBLO

- ☐ 16 HOPI
- ☐ 17 Ysleta del Sur Pueblo of Texas
- ☐ 18 PUEBLO (NOT SPECIFIED)
- ☐ 19 OTHER PUEBLO (SPECIFY: \_\_\_\_\_)

SIOUX

- ☐ 20 OGLALA/PINE RIDGE SIOUX
- ☐ 21 SIOUX (NOT SPECIFIED)
- ☐ 22 OTHER SIOUX (SPECIFY: \_\_\_\_\_)

## YAQUI

- ☐ 23 PASCUA YAQUI TRIBE OF ARIZONA
- ☐ 24 YAQUI (NOT SPECIFIED)
- ☐ 25 OTHER YAQUI (SPECIFY: \_\_\_\_\_)

## OTHER

- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_A13:**

**IF QA17\_A9 = 3 (ASIAN) CONTINUE WITH QA17\_A13;  
ELSE GO TO PROGRAMMING NOTE QA17\_A14**

**'QA17\_A13'** [AA5E] -

You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them

**[CODE ALL THAT APPLY]**

- ☐ 01 BANGLADESHI
- ☐ 02 BURMESE
- ☐ 03 CAMBODIAN
- ☐ 04 CHINESE
- ☐ 05 FILIPINO
- ☐ 06 HMONG
- ☐ 07 INDIAN (INDIA)
- ☐ 08 INDONESIAN
- ☐ 09 JAPANESE
- ☐ 10 KOREAN
- ☐ 11 LAOTIAN
- ☐ 12 MALAYSIAN
- ☐ 13 PAKISTANI
- ☐ 14 SRI LANKAN
- ☐ 15 TAIWANESE
- ☐ 16 THAI
- ☐ 17 VIETNAMESE
- ☐ 91 OTHER ASIAN (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_A14 :**

**IF QA17\_A9 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA17\_A14;  
ELSE GO TO PROGRAMMING NOTE QA17\_A15**

**'QA17\_A14'** [AA5E1] –

You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

**[CODE ALL THAT APPLY]**

- ☐ 01 SAMOAN/AMERICAN SAMOAN\_
- ☐ 02 GUAMANIAN
- ☐ 03 TONGAN
- ☐ 04 FIJIAN
- ☐ 91 OTHER PACIFIC ISLANDER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_A15:**

IF QA17\_A7 = 1 (LATINO) AND [QA17\_A9 = 6 (NATIVE HAWAIIAN) OR QA17\_A9 = 5 (OTHER PACIFIC ISLANDER) OR QA17\_A9 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA17\_A9 = 3 (ASIAN) OR QA17\_A9 = 2 (BLACK/AFRICAN AMERICAN) OR QA17\_A9 = 1 (WHITE) OR QA17\_A9 = 91 (OTHER)], CONTINUE WITH QA17\_A15;  
 ELSE IF THERE WERE MULTIPLE RESPONSES TO QA17\_A9, QA17\_A13, OR QA17\_A14 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QA17\_A15;  
 ELSE SKIP TO QA17\_A17

**'QA17\_A15' [AA5G] -**

You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

Do you identify with any one race in particular?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'QA17\_A17'

**PROGRAMMING NOTE FOR QA17\_A16:**

IF QA17\_A7 = 1 (YES, LATINO) AND QA17\_A8 ≠ -7 OR -8, DO NOT DISPLAY QA17\_A16 = 14 (LATINO);  
 IF QA17\_A9 = 5 (YES, OTHER PACIFIC ISLANDER) AND QA17\_A14 = 1 TO 4 OR 91, DO NOT DISPLAY QA17\_A16 = 17 (OTHER PACIFIC ISLANDER);  
 IF QA17\_A9 = 3 AND QA17\_A13 = 1 TO 17 OR 91, DO NOT DISPLAY QA17\_A16 = 19 (ASIAN)

**'QA17\_A16' [AA5F] -**

Which do you most identify with?

**[INTERVIEWER NOTE: IF R UNABLE TO CHOOSE ONE, OFFER "BOTH/ALL/MULTIRACIAL"]**

- ☐ 01 MEXICAN/MEXICAN AMERICAN/CHICANO
- ☐ 04 SALVADORAN
- ☐ 05 GUATEMALAN
- ☐ 06 COSTA RICAN
- ☐ 07 HONDURAN
- ☐ 08 NICARAGUAN
- ☐ 09 PANAMANIAN
- ☐ 10 PUERTO RICAN
- ☐ 11 CUBAN
- ☐ 12 SPANISH-AMERICAN (FROM SPAIN)
- ☐ 13 LATINO, OTHER SPECIFY
- ☐ 14 LATINO
- ☐ 16 NATIVE HAWAIIAN
- ☐ 17 OTHER PACIFIC ISLANDER
- ☐ 18 AMERICAN INDIAN OR ALASKA NATIVE
- ☐ 19 ASIAN
- ☐ 20 BLACK OR AFRICAN AMERICAN
- ☐ 21 WHITE
- ☐ 22 RACE, OTHER SPECIFY
- ☐ 30 BANGLADESHI
- ☐ 31 BURMESE
- ☐ 32 CAMBODIAN
- ☐ 33 CHINESE
- ☐ 34 FILIPINO
- ☐ 35 HMONG
- ☐ 36 INDIAN (INDIA)
- ☐ 37 INDONESIAN

- ☐ 38 JAPANESE
- ☐ 39 KOREAN
- ☐ 40 LAOTIAN
- ☐ 41 MALAYSIAN
- ☐ 42 PAKISTANI
- ☐ 43 SRI LANKAN
- ☐ 44 TAIWANESE
- ☐ 45 THAI
- ☐ 46 VIETNAMESE
- ☐ 49 ASIAN, OTHER SPECIFY
- ☐ 50 SAMOAN/AMERICAN SAMOAN
- ☐ 51 GUAMANIAN
- ☐ 52 TONGAN
- ☐ 53 FIJIAN
- ☐ 55 PACIFIC ISLANDER, OTHER SPECIFY
- ☐ 90 BOTH/ALL/MULTIRACIAL
- ☐ 95 NONE OF THESE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_A17' [AH43] -**

Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

**[IF R MENTIONS MORE THAN ONE, CODE THE LOWEST NUMBER THAT APPLIES]**

- ☐ 01 MARRIED
- ☐ 02 LIVING WITH PARTNER
- ☐ 03 WIDOWED
- ☐ 04 DIVORCED
- ☐ 05 SEPARATED
- ☐ 06 NEVER MARRIED
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

## SECTION B - HEALTH CONDITIONS

**'QA17\_B1'** [AB1] –

These next questions are about your health.

Would you say that in general your health is excellent, very good, good, fair, or poor?

- ☐ 01 EXCELLENT
- ☐ 02 VERY GOOD
- ☐ 03 GOOD
- ☐ 04 FAIR
- ☐ 05 POOR
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B2'** [AB17B] -

Has a doctor ever told you that you have asthma?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_B18'**

**'QA17\_B3'** [AB40] -

Do you still have asthma?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B4'** [AB41] -

During the past 12 months, have you had an episode of asthma or an asthma attack?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B5:**

**IF [QA17\_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA17\_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA17\_B9;  
ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO QA17\_B6;  
ELSE CONTINUE WITH QA17\_B5**

**'QA17\_B5' [AB19] -**

During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

- ☐ 01 Not at all,
- ☐ 02 Less than every month,
- ☐ 03 Every month,
- ☐ 04 Every week, or
- ☐ 05 Every day?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B6' [AH13A] -**

During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_B8'**

**'QA17\_B7' [AB106] -**

Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

**[INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DOESN'T HAVE A DOCTOR
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B8:**

**IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO QA17\_B9;**

**'QA17\_B8' [AH15A] -**

During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



'QA17\_B9' [AB18] -

Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor

**[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B10:**

**IF QA17\_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA17\_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA17\_B14;**

**ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO QA17\_B11;**

**ELSE CONTINUE WITH QA17\_B10**

'QA17\_B10' [AB66] -

During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

- ☐ 01 Not at all,
- ☐ 02 Less than every month,
- ☐ 03 Every month,
- ☐ 04 Every week, or
- ☐ 05 Every day?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_B11' [AB67] -

During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_B13'**

'QA17\_B12' [AB107] -

Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

**[INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DOESN'T HAVE A DOCTOR
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B13:****IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO QA17\_B14;****'QA17\_B13'** [AB80] -During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B14:****IF AAGE > 69 OR QA17\_A5 = 6 (65 OR OLDER) GO TO QA17\_B15 ;  
ELSE CONTINUE WITH QA17\_B14****'QA17\_B14'** [AB42] -

During the past 12 months, how many days of work did you miss due to asthma?

**[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]**

\_\_\_\_\_ DAYS (0 - 365)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B15'** [AB43] -

Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_B17'****'QA17\_B16'** [AB98] -

Do you have a written or printed copy of this plan

**[IF NEEDED, SAY: "This can be an electronic or hard copy."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B17:****IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO QA17\_B18;****'QA17\_B17'** [AB108] -

How confident are you that you can control and manage your asthma? Would you say you are...

- ☐ 01 Very confident,
- ☐ 02 Somewhat confident,
- ☐ 03 Not too confident, or
- ☐ 04 Not at all confident?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B18:****IF QA17\_B2 = 1, THEN SKIP TO QA17\_B20;****ELSE IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE;****ELSE SKIP TO QA17\_B20;****'QA17\_B18'** [AB128] -

During the past 12 months, have you had symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm when you DID NOT have a cold or respiratory infection?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_B20'****'QA17\_B19'** [AB129] -

How often did you have those symptoms? Would you say...

- ☐ 01 NOT AT ALL
- ☐ 02 Once or twice in the past 12 months
- ☐ 03 Every couple of months
- ☐ 04 Every month, or
- ☐ 05 Every week?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B20:**

**IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE WITH QA17\_B20;  
ELSE SKIP TO QA17\_B29;**

**'QA17\_B20'** [AB130] -

During the past 12 months, have you been bothered by sneezing or a runny or blocked nose when you DID NOT have a cold or the flu?

**[IF R MENTIONS ALLERGY, CODED 'YES']**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_B22'**

**'QA17\_B21'** [AB131] -

How often did you have those symptoms? Would you say...

- ☐ 01 NOT AT ALL
- ☐ 02 Once or twice in the past 12 months
- ☐ 03 Every couple of months
- ☐ 04 Every month, or
- ☐ 05 Every week?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B22'** [AB132] -

During the past 12 months, have you been bothered by watery, itchy, or burning eyes when you DID NOT have a cold or the flu?

**[IF R MENTIONS ALLERGY, CODED 'YES']**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_B23'**

**'QA17\_B22'** [AB133] -

How often did you have those symptoms? Would you say...

- ☐ 01 NOT AT ALL
- ☐ 02 Once or twice in the past 12 months
- ☐ 03 Every couple of months
- ☐ 04 Every month, or
- ☐ 05 Every week?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B23'** [AB134] -

How concerned are you with the air quality in your neighborhood? Would you say...

- ☐ 01 It is not a concern
- ☐ 02 A moderate concern
- ☐ 03 A significant concern
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B24'** [AB135] -

Please rate the air quality in your neighborhood? Would you say...

- ☐ 01 Excellent
- ☐ 02 Very good
- ☐ 03 Good
- ☐ 04 Fair, or
- ☐ 05 Poor
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B25'** [AB136] -

In the past 12 months, have you had an illness or symptoms that you think was caused by pollution in the air outdoors?

**[IF NEEDED, SAY: Things like dust, smog, automobile exhaust, and chemicals can cause outdoor air pollution].**

**[NOTE: IF RESPONDENT HAD EXPERIENCE AN ILLNESS OR SYMPTOMS WITHIN THE PAST 12 MONTHS THAT WAS CAUSED BY SOMETHING IN THE AIR HE OR SHE ENCOUNTERED MORE THAN 12 MONTHS AGO, THEN CODE 'YES']**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B26'** [AB137] -

The next questions are about the outdoor air quality and how it affects your activities.

Please think of the past 12 months. How many times did you reduce or change your outdoor activity levels because you thought the air quality was bad or was affecting how well you felt? Would you say...

**[IF NEEDED: For example, avoiding outdoor exercise or strenuous outdoor activity.]**

- ☐ 01 None
- ☐ 02 1 to 3 times,
- ☐ 03 4 to 6 times, or
- ☐ 04 More than 6 times?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B27'** [AB138] -

Information on air quality that may be distributed to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_B29'****'QA17\_B28'** [AB139] -

Did you reduce or change your outdoor activity level based on the air quality index or air quality alerts?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B30:****IF QA17\_A6 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";  
ELSE BEGIN DISPLAY WITH "Has"****'QA17\_B29'** [AB22] -

{Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

- ☐ 02 NO
- ☐ 03 BORDERLINE OR PRE-DIABETES
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 3, go to 'QA17\_B38'****PROGRAMMING NOTE QA17\_B31:****IF QA17\_A6 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";  
ELSE BEGIN DISPLAY WITH "Has"****'QA17\_B30'** [AB99] -

{Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B32:****IF QA17\_B30= 1 THEN CONTINUE WITH QA17\_B32;  
ELSE SKIP TO PROGRAMMING NOTE QA17\_B39****'QA17\_B31'** [AB23] -

How old were you when a doctor first told you that you have diabetes?

\_\_\_\_\_ AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B32'** [AB51] -

Were you told that you had Type 1 or Type 2 diabetes?

**[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."]**

- ☐ 01 TYPE 1
- ☐ 02 TYPE 2
- ☐ 91 ANOTHER TYPE (Specify: \_\_\_\_\_)
- ☐ 04 DOUBLE DIABETES (TYPE 1 AND TYPE 2)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B33'** [AB24] -

Are you now taking insulin?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B34'** [AB25] -

Do you now take diabetic pills to lower your blood sugar?

**[IF NEEDED, SAY: "These are sometimes called oral agents or oral hypoglycemic agents."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B35'** [AB28] -

About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

\_\_\_\_\_ NUMBER OF TIMES [HR: 0-52; SR: 0-25]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B36'** [AB63] -

When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

- ☐ 01 WITHIN THE PAST MONTH
- ☐ 02 WITHIN THE PAST YEAR (1-12 MONTHS AGO)
- ☐ 03 WITHIN THE PAST 2 YEARS (1-2 YEARS AGO)
- ☐ 04 2 OR MORE YEARS AGO
- ☐ 05 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B37'** [AB112] -

Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B38'** [AB114] -

How confident are you that you can control and manage your diabetes? Would you say you are...

- ☐ 01 Very confident,
- ☐ 02 Somewhat confident,
- ☐ 03 Not too confident, or
- ☐ 04 Not at all confident?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**PROGRAMMING NOTE QA17\_B39:**  
**IF QA17\_A6 = 2 (FEMALE) CONTINUE WITH QA17\_B39;**  
**ELSE GO TO QA17\_B40**

**'QA17\_B39'** [AB81] -

Has a doctor ever told you that you had diabetes only during pregnancy

**[IF NEEDED, SAY: "This is also known as gestational diabetes."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 BORDERLINE GESTATIONAL DIABETES
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B40'** [AB29] -

Has a doctor ever told you that you have high blood pressure?

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 HIGH NORMAL/BORDERLINE/PRE-HYPERTENSION
- ☐ 4 REFUSED
- ☐ 5 DON'T KNOW

**If = 2, 3, -7, -8, go to 'QA17\_B42'**

**'QA17\_B41'** [AB30] -

Are you now taking any medications to control your high blood pressure?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B42'** [AB34] -

Has a doctor ever told you that you have any kind of heart disease?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to QA17\_C7**

**'QA17\_B43'** [AB52] -

Has a doctor ever told you that you have heart failure or congestive heart failure?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_B44'** [AB118] -

Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to QA17\_C7**

## SECTION C – HEALTH BEHAVIORS

**‘QA17\_C1’ [AD37W] -**

The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise

During the past 7 days, did you walk to get some place that took you at least 10 minutes?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 UNABLE TO WALK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to ‘QA17\_C4’**

**If = 3, go to ‘QA17\_C8’**

**‘QA17\_C2’ [AD38W] -**

In the past 7 days, how many times did you do that

**[IF NEEDED, SAY: “Walk for at least 10 minutes to get some place.”]**

\_\_\_\_\_ times per week [HR: 0 - 999]

**If AD38W = 0, go to ‘QA17\_C4’**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = -7, -8, go to ‘QA17\_C4’**

**PROGRAMMING NOTE QA17\_C3:**

**IF QA17\_C2 = 1 DISPLAY “How long did that walk take”;**

**IF QA17\_C2 > 1 DISPLAY “On average, how long did those walks take”**

**‘QA17\_C3’ [AD39W] -**

{How long did that walk take/On average, how long did those walks take}?

\_\_\_\_\_ MINUTES PER WALK

\_\_\_\_\_ HOURS PER DAY

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_C4:****IF AD37W = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for transportation."****'QA17\_C4' [AD40W] -**

Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_C7'****'QA17\_C5' [AD41W] -**

In the past 7 days, how many times did you do that?

**[IF NEEDED, SAY: "Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog."]**

\_\_\_\_\_ times per week [HR: 0 - 180]

**If =0 , go to 'QA17\_C7'**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = -7, -8, go to 'QA17\_C7'****PROGRAMMING NOTE QA17\_C6:****IF QA17\_C5 = 1 DISPLAY "How long did that walk take";****IF QA17\_C5 > 1 DISPLAY "On average, how long did those walks take"****'QA17\_C6' [AD42W] -**

{How long did that walk take/On average, how long did those walks take}?

\_\_\_\_\_ MINUTES PER DAY

\_\_\_\_\_ HOURS PER DAY

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C7' [AC100] -**

The next question is about your overall exercise. Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

In the past 7 days, on how many days did you exercise for at least 20 minutes at a time?

\_\_\_\_\_ DAYS PER WEEK

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C8' [AE2] -**

Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month.

**[IF NEEDED, SAY: "Your best guess is fine."] [IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]**

\_\_\_\_\_TIMES

**[CAT\_AE2] -**

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C9' [AE3] -**

[During the past month,] how many times did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

**[IF NEEDED, SAY: "You can tell me per day, per week, or month"]**

**[IF RESPONDENT ASKS, SAY: "Do not include potato chips."]**

**[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK "Was that per day, week, or month?"]**

\_\_\_\_\_TIMES

**[CAT\_AE3] -**

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C10'** [AE5] -

During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.

**[IF NEEDED SAY: "You can tell me per day, per week, or month"]**

**[IF NEEDED, SAY: "Your best guess is fine."]**

**[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]**

\_\_\_\_\_TIMES

[CAT\_AE5] -

\_\_\_\_\_PER MONTH

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_C11:**

**IF QA17\_C9 >0 (ATE FRIED POTATOES) THEN DISPLAY "Do not include fried potatoes."  
ELSE DO NOT DISPLAY**

**'QA17\_C11'** [AE7] -

[During the past month,] how many times did you eat any other vegetables like green salad, green beans, or potatoes? {Do not include fried potatoes.}

**[IF NEEDED, SAY: "You can tell me per day, per week, or month"]**

**[IF STRONGLY NEEDED, SAY: "Such as tomatoes, carrots, onions, or broccoli."][ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "Rice is not a vegetable."]**

\_\_\_\_\_TIMES

[CAT\_AE7] -

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_C12' [AC11] -

During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas. Your best guess is fine."]

[CAT\_AC11] -

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_C13' [AC46] -

During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

[IF NEEDED, SAY: "You can tell me per day, per week, or month"] [IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]

**[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]**

\_\_\_\_\_ TIMES

[CAT\_AC46] -

- ☐ 01 PER DAY [HR: 0-20; SR: 0-9]
- ☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
- ☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_C14' [AC47] -

Yesterday, how many glasses of water did you drink at work, home, and everywhere else? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.

[IF NEEDED SAY: "Include tap water, like from a sink, faucet, fountain, or pitcher, and bottled water like Aquafina®. Do not include flavored sweetened water."]

[IF NEEDED, SAY: Count one cup or 8 ounces as one glass.]

\_\_\_\_\_ Glasses [HR: 0-20; SR: 0-15]

[CAT\_AC47] -

- ☐ 99 LESS THAN 1 GLASS (e.g., SIPS FROM A FOUNTAIN)
- ☐ 00 NONE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_C15' [AC42] -

How often can you find fresh fruits and vegetables in your neighborhood? Would you say...

- ☐ 01 Never,
- ☐ 02 Sometimes,
- ☐ 03 Usually, or
- ☐ 04 Always?
- ☐ 05 DOESN'T EAT F & V
- ☐ 06 DOESN'T SHOP FOR F&V
- ☐ 07 DOESN'T SHOP IN HIS/HER NEIGHBORHOOD\_
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_C16:**

**IF AC42 = 2, 3, OR 4, THEN CONTINUE WITH QA17\_C16;**

**ELSE GO TO PROGRAMMING NOTE QA17\_C17**

'QA17\_C16' [AC44] -

How often are they affordable? Would you say...

**[IF NEEDED, SAY: "How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say..."]**

- ☐ 01 Never
- ☐ 02 Sometimes\_
- ☐ 03 Usually, or
- ☐ 04 Always?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_C17' [AE15] -

Now, I am going to ask about various health behaviors.

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, go to 'QA17\_C26'**



**'QA17\_C17'** [AE15A] -

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

- ☐ 01 EVERY DAY
- ☐ 02 SOME DAYS
- ☐ 03 NOT AT ALL
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, go to 'QA17\_C19'**

**If =3, -7, -8, go to 'QA17\_C26'**

**'QA17\_C18'** [AD32] -

On average, how many cigarettes do you now smoke a day

**[INTERVIEWER NOTE: IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]**

\_\_\_\_\_ NUMBER OF CIGARETTES [HR: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = -7, -8, go to 'QA17\_C20'**

**PROGRAMMING NOTE QA17\_C20:****IF AE15A = 2 (SMOKE SOME DAYS), CONTINUE WITH QA17\_C20;  
ELSE GO TO PN\_QA17\_C21****'QA17\_C19' [AE16] -**

In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

**[IF NEEDED, SAY: "On the days you smoked." AND IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]**

\_\_\_\_\_ NUMBER OF CIGARETTES [HR: 0-120]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_C21:****IF QA17\_C18 = 1 (SMOKE EVERY DAY) OR QA17\_C18= 2 (SMOKE SOME DAYS), CONTINUE WITH QA17\_C21;  
ELSE GO TO PN QA17\_C27****'QA17\_C20' [AC49] -**

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C21' [AC50] -**

Are you thinking about quitting smoking in the next six months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C22' [AC104] -**

In the past 12 months, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C23' [AC75B] -**

In the past 12 months did you

Call a telephone quitting helpline?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_C25:**

**IF QA17\_C18 = 1 (EVERY DAY) OR QA17\_C18 = 2 (SOME DAYS), CONTINUE WITH AC77 ;  
ELSE IF QA17\_C18 =3 (NOT AT ALL), SKIP TO PN QA17\_C27**

**'QA17\_C24' [AC77] -**

In the past 12 months, did a doctor or other health professional advise you to quit smoking?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C25' [AC78] -**

In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C26' [AC81B] -**

Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?

**[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VAPE OR VAPING.]**

**[IF NEEDED, SAY: "Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_C29'**

**'QA17\_C27' [AC82B] -**

During the past 30 days, on how many days did you use electronic cigarettes?

\_\_\_\_ NUMBER OF DAYS [HR: 0 - 30]

**If = 0, go to 'QA17\_C29'**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = -7, -8, go to 'QA17\_C29'**

**'QA17\_C28'** [AC83B] -

What best describes your reasons for using e-cigarettes

**[CODE ALL THAT APPLY]**

- ☐ 01 QUIT SMOKING
- ☐ 02 REPLACE SMOKING
- ☐ 03 CUT DOWN OR REDUCE SMOKING
- ☐ 04 USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED
- ☐ 05 CURIOSITY, JUST TRY IT
- ☐ 06 NO LINGERING ODOR
- ☐ 07 HELPS ME CONCENTRATE/STAY ALERT
- ☐ 08 COME IN MANY FLAVORS
- ☐ 09 LESS EXPENSIVE
- ☐ 10 HEALTHIER THAN CIGARETTES
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C29'** [AC115] -

The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking.

Have you ever, even once, tried marijuana or hashish in any form?

**[IF NEEDED: THC is the active ingredient in marijuana.]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to QA17\_C42****'QA17\_C30'** [AC116] -

How long has it been since you last used marijuana or hashish in any form?

**[CAT\_AC116]** -

- ☐ 01 DAYS [HR: 0-365]
- ☐ 02 MONTHS [HR: 0-12]
- ☐ 03 YEARS [0-99]
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_C32:****IF AGE >25, THEN GO TO QA17\_C43;****IF QA17\_C31 >=30 DAYS OR >1 MONTH, THEN GO TO QA17\_C43;****ELSE CONTINUE WITH QA17\_C32;****'QA17\_C31'** [AC117] -

During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

- ☐ 01 0 DAYS
- ☐ 02 1-2 DAYS
- ☐ 03 3-5 DAYS
- ☐ 04 6-9 DAYS
- ☐ 05 10-19 DAYS
- ☐ 06 20-29 DAYS
- ☐ 07 30 DAYS OR MORE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to QA17\_C42****'QA17\_C32'** [AC118] -

How often have you used tobacco when you have also been using marijuana? Would you say...

- ☐ 01 Usually
- ☐ 02 Sometimes
- ☐ 03 Never
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C33'** [AC119] -

During the past 30 days, how did you use marijuana? Did you...

Smoke it in a joint, bong, or pipe?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C34'** [AC120] -

During the past 30 days, how did you use marijuana? Did you...

Smoke part or all of a cigar with marijuana in it, which is sometimes called a blunt?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C35'** [AC121] -

[During the past 30 days, how did you use marijuana?] Did you...

Eat it?

**[IF NEEDED SAY: For example, in brownies, cakes, cookies or candy]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C36'** [AC122] -

[During the past 30 days, how did you use marijuana?] Did you...

Drink it?

**[IF NEEDED SAY: For example, in tea, cola, alcohol or other drinks]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C37'** [AC123] -

[During the past 30 days, how did you use marijuana?] Did you...

Vaporize it?

**[IF NEEDED SAY: For example, in an e-cigarette type vaporizer]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C38'** [AC124] -

[During the past 30 days, how did you use marijuana?] Did you...

Dab it?

**[IF NEEDED SAY: For example, using butane hash oil, wax or concentrates]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C39'** [AC125] -

[During the past 30 days, how did you use marijuana?] Did you...

Use it some other way?

- ☐ 01 YES ( SPECIFY\_\_\_\_\_)
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C40'** [AC126] -

Was **any** of your marijuana use in the past month recommended by a doctor or other health care provider?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, go to QA17\_C42**

**'QA17\_C41'** [AC127] -

Was **all** of your marijuana use in the past month recommended by a doctor or other health care provider?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C42'** [AC128] -

Have you used heroin in the past 12 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C43'** [AC129] -

In the past 12 months, did you use any prescription pain killer in a way that did not follow your doctor's directions? Examples include Vicodin, OxyContin, Norco, Hydrocodone, Percocet and Methadone.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to AE17**

**'QA17\_C44'** [AC130] -

How many of these prescription pain killers are you taking?

- ☐ 00 0
- ☐ 01 1
- ☐ 02 2
- ☐ 03 3
- ☐ 04 More than 3
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C45'** [AC131] -

Did you get the prescription(s) from one doctor or from more than one doctor?

- ☐ 01 ONE DOCTOR
- ☐ 02 MORE THAN ONE DOCTOR
- ☐ 03 I DIDN'T GET IT FROM A DOCTOR
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to AC133****'QA17\_C46'** [AC132] -

Did you sign a contract with your doctor regarding these medicines?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_C47'** [AC133] -

What condition or conditions are you taking the medicine for?

**[CHECK ALL THAT APPLY]**

- ☐ 01 DENTAL WORK/DENTAL PAIN
- ☐ 02 SURGERY, NOT ACCIDENT-RELATED
- ☐ 03 RECENT INJURY
- ☐ 04 CHRONIC PAIN, REGARDLESS OF CAUSE
- ☐ 91 OTHER (SPECIFY:\_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**SECTION D – GENERAL HEALTH, DISABILITY, AND SEXUAL HEALTH****‘QA17\_D1’ [AE17] -**

These next questions are about your height and weight. How tall are you without shoes?

**[IF NEEDED, SAY: “About how tall?”]**

\_\_\_\_\_ FEET

\_\_\_\_\_ INCHES

\_\_\_\_\_ METERS

\_\_\_\_\_ CENTIMETERS

- ☐ -7 REFUSED  
☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_D2:**

**IF QA17\_A6 = 2 (FEMALE) AND [AAGE < 50 OR QA17\_A5 < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how";  
ELSE DISPLAY "How"**

**‘QA17\_D2’ [AE18] -**

{When not pregnant, how/How} much do you weigh without shoes?

**[IF NEEDED, SAY: “About how much?”]**

\_\_\_\_\_ POUNDS

\_\_\_\_\_ KILOGRAMS

- ☐ -7 REFUSED  
☐ -8 DON'T KNOW

**‘QA17\_D3’ [AD50] -**

Are you blind or deaf, or do you have a severe vision or hearing problem?

- ☐ 01 YES  
☐ 02 NO  
☐ -7 REFUSED  
☐ -8 DON'T KNOW

**If = 2, -7, -8, go to ‘QA17\_D5’**

**‘QA17\_D4’ [AL8] -**

Are you legally blind?

- ☐ 01 YES  
☐ 02 NO  
☐ -7 REFUSED  
☐ -8 DON'T KNOW

'QA17\_D5' [AD43B] -

We are asking a few questions about people's sexual experiences. All answers will be kept private.

In the past 12 months, how many sexual partners have you had?

\_\_\_\_\_ NUMBER OF PARTNERS [HR: 0 - 999, SR: 0 - 20]

If  $\geq 0$ , go to 'QA17\_D7'

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = -7, go to 'QA17\_D7'

'QA17\_D6' [AD44B] -

Can you give me your best guess?

**[IF R PROVIDES EXACT NUMBER, ENTER AS GIVEN. OTHERWISE CODE INTO CATEGORIES PROVIDED]**

\_\_\_\_\_ NUMBER OF PARTNERS [HR: 0 - 999, SR: 0 - 20]

[CAT\_AD44B] -

- ☐ 01 0 PARTNERS
- ☐ 02 1 PARTNER
- ☐ 03 2-3 PARTNERS
- ☐ 04 4-5 PARTNERS
- ☐ 05 6-10 PARTNERS
- ☐ 06 MORE THAN 10 PARTNERS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_D7:**

**IF QA17\_D5 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 = 0, GO TO PROGRAMMING NOTE QA17\_D8;**

**ELSE CONTINUE WITH QA17\_D7;**

**IF QA17\_D5 OR QA17\_D6 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";**

**ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"**

'QA17\_D7' [AD45B] -

{Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

- ☐ 01 MALE
- ☐ 02 FEMALE
- ☐ 03 BOTH MALE AND FEMALE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_D8:****IF QA17\_A6 = 1 (MALE), DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;****ELSE IF QA17\_A6=2 (FEMALE), DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN****'QA17\_D8' [AD46B] -**

Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?

**[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."]**

- ☐ 01 STRAIGHT OR HETEROSEXUAL
- ☐ 02 GAY, LESBIAN, OR HOMOSEXUAL
- ☐ 03 BISEXUAL
- ☐ 04 NOT SEXUAL/CELIBATE/NONE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_D9:****IF [QA17\_A6 = 1 (MALE) AND QA17\_D7 = 1 (MALE)] OR [QA17\_A6 = 2 (FEMALE) AND QA17\_D7 = 2 (FEMALE)] OR [QA17\_D7 = 3, -7, OR -8] OR [IF QA17\_D8 ≠ 1] CONTINUE WITH QA17\_D9; ELSE GO TO QA17\_D11****'QA17\_D9' [AD60B] -**

Are you legally married to someone of the same sex?

**[INTERVIEWER NOTE: DO NOT INCLUDE LEGAL DOMESTIC PARTNERSHIP. INCLUDE LEGAL SAME SEX MARRIAGES PERFORMED IN CALIFORNIA AND OTHER STATES.]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_D11'****'QA17\_D10' [AD61B] -**

Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_D11' [AD65A] -**

On your original birth certificate, was your sex assigned as male or female?

- ☐ 01 MALE
- ☐ 02 FEMALE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_D12'** [AD66B] -

Do you currently describe yourself as male, female, or transgender?

- ☐ 01 MALE
- ☐ 02 FEMALE
- ☐ 03 TRANSGENDER
- ☐ 04 NONE OF THESE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, go to 'PN\_QA17\_D14'**

**If = -7, -8, go to 'QA17\_D15'**

**PROGRAMMING NOTE QA17\_D13:**

**IF QA17\_D12 = 4 THEN CONTINUE WITH QA17\_D13 ;**

**ELSE SKIP TO QA17\_D14**

**'QA17\_D13'** [AD67B] -

What is your current gender identity?

- ☐ -1 SPECIFY: (\_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_B14 :**

**IF [QA17\_D11 = 1 (MALE) AND QA17\_D12 = 1 (MALE)] OR [QA17\_D11 = 2 (FEMALE) AND QA17\_D12 = 2 (FEMALE)] THEN SKIP TO AD79 ;**

**ELSE CONTINUE WITH QA17\_D14;**

**DISPLAYS;**

**IF [QA17\_D11 = 1 (MALE) AND AD66 = 2 (FEMALE), THEN DISPLAY {male} and {female};**

**IF [QA17\_D11 = 1 (MALE) AND AD66 = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};**

**'QA17\_D14'** [AD68B] -

Just to confirm, you were assigned {INSERT RESPONSE FROM AD65A} at birth and now describe yourself as {INSERT RESPONSE FROM AD66 OR AD67B}. Is that correct?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, Go back to 'QA17\_D12'**

**PROGRAMMING NOTE QA17\_D15;****IF [QA17\_A6 = 1 OR AD65A = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND QA17\_D7 = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH QA17\_D15;****ELSE IF (QA17\_A6 = 1 AND QA17\_D11 = 2) OR (QA17\_A6 = 1 = 2 AND QA17\_D11 = 1), THEN CONTINUE WITH QA17\_D15;****ELSE IF QA17\_A6 = 1 AND QA17\_D8 = 2 OR 3, THEN CONTINUE WITH QA17\_D15;****ELSE SKIP TO QA17\_D19;****‘QA17\_D15’ [AD79] -**

People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.

At any time in the past 30 days, have you taken PrEP or Truvada®?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to ‘QA17\_D19’**

**‘QA17\_D16’ [AD80] -**

In the past 12 months, have you taken any PrEP or Truvada®?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to ‘QA17\_D19’**

**‘QA17\_D17’ [AD81] -**

Have you ever taken any PrEP or Truvada®?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to ‘QA17\_D19’**

**‘QA17\_D18’ [AD82] -**

Before today, have you ever heard of PrEP or Truvada®?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_D19'** [AD83] -

Have you ever been tested for HIV, the virus that causes AIDS?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_D21'**

**'QA17\_D20'** [AD84] -

For your most recent HIV test, were you offered the test or did you ask for the test?

- ☐ 01 I WAS OFFERED THE TEST
- ☐ 02 I ASKED FOR THE TEST
- ☐ 03 I DON'T REMEMBER
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, 91, -7, -8, go to PN\_QA17\_E1**

**'QA17\_D21'** [AD85] -

Were you ever offered an HIV test?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

## SECTION E – WOMEN’S HEALTH

**PROGRAMMING NOTE QA17\_E1:****IF QA17\_A6 = 1 (MALE), THEN GO TO QA17\_E9;****IF AGE > 45, THEN GO TO QA17\_E9;****DISPLAYS:****IF [AD65 = 2 OR AD65A = 2 (FEMALE) AND AD66 = 2 (FEMALE)], DISPLAY “These next questions are about women’s health.”;****IF [AD65 = 2 OR AD65A = 2 (FEMALE) AND AD66 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON’T KNOW)], DISPLAY “These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.”****‘QA17\_E1’ [AD13] -**

{These next questions are about women’s health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}

To your knowledge, are you now pregnant?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**‘QA17\_E2’ [AE96] -**

In the past 12 months, did you deliver a baby?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, 3, 4, go to 'Section F\_Mental Health'**

**‘QA17\_E3’ [AE97] -**

In the 8 weeks after your baby was born, did you see a doctor or other health care provider?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**IF AE97 =1 go to QA17\_E8**

**‘QA17\_E4’ [AE98] -**

Did your doctor tell you to have a follow up visit after the birth of your baby?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E5'** [AE99] -

Did you try to get an appointment?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E6'** [AE100] -

Did you have a way to get to your appointment?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E7'** [AE101] -

What is the main reason you did not see the doctor?

- ☐ 01 I FELT WELL/ I DIDN'T THINK I NEEDED IT
- ☐ 02 INSURANCE PROBLEMS
- ☐ 03 COULDN'T GET AN APPOINTMENT WITHIN 8 WEEKS
- ☐ 04 TOO BUSY/TIME GOT AWAY FROM ME
- ☐ 05 HAD A VISIT MORE THAN 8 WEEKS POSTPARTUM
- ☐ 06 NO TRANSPORTATION
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E8'** [AE102] -

Did that doctor or other health care provider ask you about whether or not you were feeling sad or depressed?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



## SECTION F – MENTAL HEALTH

**'QA17\_E9'** [AJ29] -

The next questions are about how you have been feeling during the past 30 days.

About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E10'** [AJ30] -

During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E11'** [AJ31] -

During the past 30 days, about how often did you feel restless or fidgety?

**[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]**

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E12'** [AJ32] -

How often did you feel so depressed that nothing could cheer you up?

**[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]**

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E13'** [AJ33] -

During the past 30 days, about how often did you feel that everything was an effort?

**[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]**

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E14'** [AJ34] -

During the past 30 days, about how often did you feel worthless?

**[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]**

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E15'** [AF62] -

Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_E16:****IF QA17\_E15 = 1 THEN CONTINUE WITH QA17\_E16;****ELSE SKIP TO PROGRAMMING NOTE QA17\_E22 intro****'QA17\_E16'** [AF63] -

The next questions are about the one month in the past 12 months when you were at your worst emotionally. During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E17'** [AF64] -

During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E18'** [AF65] -

How often did you feel restless or fidgety?

**[IF NEEDED, SAY: "All of the time, most of the time, some of the time, little of the time, or none of the time?"]**

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E19'** [AF66] -

How often did you feel so depressed that nothing could cheer you up?

**[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]**

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E20'** [AF67] -

How often did you feel that everything was an effort?

**[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]**

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_E21' [AF68] -

How often did you feel worthless?

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]

- ☐ 01 ALL
- ☐ 02 MOST
- ☐ 03 SOME
- ☐ 04 A LITTLE
- ☐ 05 NONE / NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

[PN\_SS\_INTRO] -

```
IF QA17_E9- QA17_E14> 0 THEN,
IF QA17_E9- QA17_E14= 1 THEN QA17_E9_R- QA17_E14_R = 4;
ELSE IF QA17_E9-AJ34 = 2 THEN QA17_E9_R- QA17_E14_R = 3;
ELSE IF QA17_E9-AJ34 = 3 THEN QA17_E9_R- QA17_E14_R = 2;
ELSE IF QA17_E9-AJ34 = 4 THEN QA17_E9_R- QA17_E14_R = 1;
ELSE IF QA17_E9-AJ34 = 5 THEN QA17_E9_R- QA17_E14_R = 0;
ELSE QA17_E9_R-AJ34-R = QA17_E9- QA17_E14;
```

```
IF AF63-AF68 > 0 THEN,
IF AF63-AF68 = 1 THEN QA17_E16_R- QA17_E21_R = 4;
ELSE IF QA17_E16- QA17_E21= 2 THEN QA17_E16_R- QA17_E21_R = 3;
ELSE IF QA17_E16- QA17_E21= 3 THEN QA17_E16_R- QA17_E21_R = 2;
ELSE IF QA17_E16- QA17_E21= 4 THEN QA17_E16_R- QA17_E21_R = 1;
ELSE IF QA17_E16- QA17_E21= 5 THEN QA17_E16_R- QA17_E21_R = 0;
ELSE QA17_E16_R- QA17_E21_R = QA17_E16- QA17_E21;
```

```
IF (QA17_E9_R - QA17_E14_R) >= 0 (NON-MISSING) THEN DO;
IF (QA17_E9_R + QA17_E10_R + QA17_E11_R + QA17_E12_R + QA17_E13_R + QA17_E14_R) > 8 OR
(QA17_E16_R + QA17_E17_R + QA17_E18_R + QA17_E19_R + QA17_E20_R + QA17_E21_R) > 8, THEN
CONTINUE WITH AF69B INTRO;
```

```
IF (QA17_E16R - AF68_R) 7 OR
(QA17_E16_R + QA17_E17_R + QA17_E18_R + QA17_E19_R + QA17_E20_R + QA17_E21_R) > 7, THEN
CONTINUE WITH QA17_E22 INTRO;
```

```
IF QA17_E15 = 1 THEN DISPLAY "again, please";
ELSE SKIP TO QA17_E27;
```

Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

**PROGRAMMING NOTE QA17\_E22:**  
**IF AGE > 70 GO TO QA17\_E23;**  
**ELSE CONTINUE WITH QA17\_E22**

**'QA17\_E22'** [AF69B] -

Did your emotions interfere a lot, some, or not at all with your performance at work?

- ☐ 01 A LOT
- ☐ 02 SOME
- ☐ 03 NOT AT ALL
- ☐ 04 DOES NOT WORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E23'** [AF70B] -

Did your emotions interfere a lot, some, or not at all with your household chores?

- ☐ 01 A LOT
- ☐ 02 SOME
- ☐ 03 NOT AT ALL
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E24'** [AF71B] -

Did your emotions interfere a lot, some, or not at all with your social life?

- ☐ 01 A LOT
- ☐ 02 SOME
- ☐ 03 NOT AT ALL
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E25'** [AF72B] -

Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

- ☐ 01 A LOT
- ☐ 02 SOME
- ☐ 03 NOT AT ALL
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E26'** [AF73B] -

Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

\_\_\_\_\_ NUMBER OF DAYS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E27' [AF81] -**

Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_E29'**

**'QA17\_E28' [AJ1] -**

Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DON'T HAVE INSURANCE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E29' [AF74] -**

In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E30' [AF75] -**

In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, **OR** your use of alcohol or drugs?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_E31:**

**IF QA17\_E29 = 1 OR QA17\_E30 = 1 THEN CONTINUE WITH QA17\_E31;  
ELSE SKIP TO QA17\_E36**

**'QA17\_E31' [AF76] -**

Did you seek help for your mental or emotional health **OR** for an alcohol or drug problem?

- ☐ 01 MENTAL-EMOTIONAL HEALTH
- ☐ 02 ALCOHOL-DRUG PROBLEM
- ☐ 03 BOTH MENTAL & ALCOHOL-DRUG
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_E32:****IF QA17\_E31 = 1, display: "mental or emotional health";****IF QA17\_E31 = 2, display: "use of alcohol or drugs";****IF QA17\_E31 = 3, display: "mental or emotional health and your use of alcohol or drugs";****ELSE SKIP TO QA17\_E33****'QA17\_E32' [AF77] -**

In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

\_\_\_\_\_ NUMBER OF VISITS [HR: 0 - 365, SR: 0 - 52]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E33' [AF78] -**

Are you still receiving treatment for these problems from one or more of these providers?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'QA17\_E36'**

**'QA17\_E34' [AF79] -**

Did you complete the recommended full course of treatment?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'QA17\_E36'**

**'QA17\_E35' [AF80] -**

What is the MAIN REASON you are no longer receiving treatment?

- ☐ 01 GOT BETTER/NO LONGER NEEDED
- ☐ 02 NOT GETTING BETTER
- ☐ 03 WANTED TO HANDLE PROBLEM ON OWN
- ☐ 04 HAD BAD EXPERIENCES WITH TREATMENT
- ☐ 05 LACK OF TIME/TRANSPORTATION
- ☐ 06 TOO EXPENSIVE
- ☐ 07 INSURANCE DOES NOT COVER
- ☐ 08 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E36'** [AJ5] -

During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMING NOTE QA17\_E37:**

**IF QA17\_E27 = 1 AND (QA17\_E29 ≠ 1 AND QA17\_E30 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)  
CONTINUE WITH QA17\_E37;  
ELSE SKIP TO PN\_ QA17\_E41**

**'QA17\_E37'** [AF82] -

Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional.

You were concerned about the cost of treatment.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E38'** [AF83] -

You did not feel comfortable talking with a professional about your personal problems.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E39'** [AF84] -

You were concerned about what would happen if someone found out you had a problem.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E40'** [AF85] -

You had a hard time getting an appointment.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**PROGRAMMING NOTE QA17\_E41:****IF QA17\_A13 = 9 (JAPANESE) OR QA17\_A16= 38 (JAPANESE), THEN CONTINUE WITH QA17\_E41;  
ELSE GO TO SECTION G;****'QA17\_E41' [AF107] -**

The next questions are about how you feel about different aspects of your life. For each one, please tell me how often you feel that way.

First, how often do you feel that you lack companionship? Is it...

- ☐ 01 Hardly ever
- ☐ 02 Some of the time, or
- ☐ 03 Often?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E42' [AF108] -**

How often do you feel left out? Is it...

- ☐ 01 Hardly ever
- ☐ 02 Some of the time, or
- ☐ 03 Often?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_E43' [AF109] -**

How often do you feel isolated from others? Is it...

- ☐ 01 Hardly ever
- ☐ 02 Some of the time, or
- ☐ 03 Often?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

## SECTION G – DEMOGRAPHIC INFORMATION, PART II

‘QA17\_G1’ [AH33] -

Now a few more questions about your background.

In what country were you born?

**[SELECT FROM MOST LIKELY COUNTRIES]**

- ☐ 01 UNITED STATES
- ☐ 02 AMERICAN SAMOA
- ☐ 03 CANADA
- ☐ 04 CHINA
- ☐ 05 EL SALVADOR
- ☐ 06 ENGLAND
- ☐ 07 FRANCE
- ☐ 08 GERMANY
- ☐ 09 GUAM
- ☐ 10 GUATEMALA
- ☐ 11 HUNGARY
- ☐ 12 INDIA
- ☐ 13 IRAN
- ☐ 14 IRELAND
- ☐ 15 ITALY
- ☐ 16 JAPAN
- ☐ 17 KOREA
- ☐ 18 MEXICO
- ☐ 19 PHILIPPINES
- ☐ 20 POLAND
- ☐ 21 PORTUGAL
- ☐ 22 PUERTO RICO
- ☐ 23 RUSSIA
- ☐ 24 TAIWAN
- ☐ 25 VIETNAM
- ☐ 26 VIRGIN ISLANDS
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G2:****IF QA17\_G1 ≠ 1 (NOT BORN IN US) GO TO QA17\_G4;****ELSE IF QA17\_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA17\_G2****'QA17\_G2' [AH34] -**

In what country was your mother born?

**[SELECT FROM MOST LIKELY COUNTRIES]****[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]**

- ☐ 01 UNITED STATES
- ☐ 02 AMERICAN SAMOA
- ☐ 03 CANADA
- ☐ 04 CHINA
- ☐ 05 EL SALVADOR
- ☐ 06 ENGLAND
- ☐ 07 FRANCE
- ☐ 08 GERMANY
- ☐ 09 GUAM
- ☐ 10 GUATEMALA
- ☐ 11 HUNGARY
- ☐ 12 INDIA
- ☐ 13 IRAN
- ☐ 14 IRELAND
- ☐ 15 ITALY
- ☐ 16 JAPAN
- ☐ 17 KOREA
- ☐ 18 MEXICO
- ☐ 19 PHILIPPINES
- ☐ 20 POLAND
- ☐ 21 PORTUGAL
- ☐ 22 PUERTO RICO
- ☐ 23 RUSSIA
- ☐ 24 TAIWAN
- ☐ 25 VIETNAM
- ☐ 26 VIRGIN ISLANDS
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_G3' [AH35] -**

In what country was your father born?

**[SELECT FROM MOST LIKELY COUNTRIES]****[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]**

- ☐ 01 UNITED STATES
- ☐ 02 AMERICAN SAMOA
- ☐ 03 CANADA
- ☐ 04 CHINA
- ☐ 05 EL SALVADOR
- ☐ 06 ENGLAND
- ☐ 07 FRANCE
- ☐ 08 GERMANY
- ☐ 09 GUAM
- ☐ 10 GUATEMALA
- ☐ 11 HUNGARY
- ☐ 12 INDIA
- ☐ 13 IRAN
- ☐ 14 IRELAND
- ☐ 15 ITALY
- ☐ 16 JAPAN
- ☐ 17 KOREA
- ☐ 18 MEXICO
- ☐ 19 PHILIPPINES
- ☐ 20 POLAND
- ☐ 21 PORTUGAL
- ☐ 22 PUERTO RICO
- ☐ 23 RUSSIA
- ☐ 24 TAIWAN
- ☐ 25 VIETNAM
- ☐ 26 VIRGIN ISLANDS
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G4:**

**IF QA17\_A13 ≠ 9 (NOT JAPANESE) AND QA17\_A16 ≠ 38 (NOT JAPANESE), THEN SKIP TO QA17\_G7;  
ELSE IF QA17\_G1 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)  
AND [AAGE ≤ 70 OR QA17\_A5 = 6 ], SKIP TO QA17\_G6;**

**'QA17\_G4' [AG25] -**

You said you are of Japanese heritage, did you or your Japanese ancestors immigrate to the US after 1945?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_G6'**

**'QA17\_G5'** [AG26] -

Which generation of Japanese immigrant are you?

- ☐ 01 1ST GENERATION (ISSEI)
- ☐ 02 2ND GENERATION (NISEI)
- ☐ 03 3RD GENERATION (SANSEI)
- ☐ 04 4TH GENERATION (YONSEI)
- ☐ 05 5TH GENERATION (GOSEI)
- ☐ 91 OTHER SPECIFY: (\_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, 4, 5, 6, 7, 8, go to 'QA17\_G7'**

**'QA17\_G6'** [AG27] -

[You said you were of Japanese heritage,] which generation of Japanese immigrant are you?

- ☐ 01 1ST GENERATION (ISSEI)
- ☐ 02 2ND GENERATION (NISEI)
- ☐ 03 3RD GENERATION (SANSEI)
- ☐ 91 OTHER SPECIFY: (\_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_G7'** [AH36] -

What languages do you speak at home?

**[CODE ALL THAT APPLY.]**

**[PROBE: "Any others?"]**

- ☐ 01 ENGLISH
- ☐ 02 SPANISH
- ☐ 03 CANTONESE
- ☐ 04 VIETNAMESE
- ☐ 05 TAGALOG
- ☐ 06 MANDARIN
- ☐ 07 KOREAN
- ☐ 08 ASIAN INDIAN LANGUAGES
- ☐ 09 RUSSIAN
- ☐ 91 OTHER 1 (SPECIFY: \_\_\_\_\_)
- ☐ 92 OTHER 2 (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G8:**

**IF QA17\_G7 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE QA17\_G9;**

**IF INTERVIEW CONDUCTED IN ENGLISH AND QA17\_G7 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH AH37 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";**

**ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA17\_G8.**

**SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA17\_G8 WAS ASKED**

**'QA17\_G8' [AH37] -**

{Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...

- ☐ 01 Very well,
- ☐ 02 Well,
- ☐ 03 Not well, or
- ☐ 04 Not at all?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G9:**

**IF QA17\_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE QA17\_G12**

**ELSE CONTINUE WITH QA17\_G9**

**'QA17\_G9' [AH39] -**

The next questions are about citizenship and immigration.

Are you a citizen of the United States?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 APPLICATION PENDING
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_G11'**

**'QA17\_G10' [AH40] -**

Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

**[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 APPLICATION PENDING
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_G11' [AH41] -

About how many years have you lived in the United States?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

\_\_\_\_\_ NUMBER OF YEARS

[AH41Y] -

\_\_\_\_\_ YEAR (FIRST CAME TO LIVE IN U.S.)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G12:**

**IF [QA17\_A17 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA17\_G12;**

**IF QA17\_A17= 1, THEN DISPLAY "spouse";**

**IF QA17\_A17= 2 OR QA17\_D9 = 1 OR QA17\_D10 = 1, THEN DISPLAY "partner";**

**ELSE GO TO PROGRAMMING NOTE QA17\_G14**

'QA17\_G12' [AH44] -

Is your {spouse/partner} also living in your household?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_G13' [SC11A] -

May I have your {spouse/partner}'s first name, age, and gender?

**[ENTER SPOUSE'S/PARTNER'S NAME, AGE, AND SEX]**

[TEXT\_NAME\_SC11A] -

SPOUSE/PARTNER NAME \_\_\_\_\_

SPOUSE/PARTNER AGE \_\_\_\_\_

[TEXT\_SEX\_SC11A] -

SPOUSE/PARTNER SEX \_\_\_\_\_

**PROGRAMMING NOTE QA17\_G14:**

IF [AAGE < 30 OR QA17\_A5 = 1 (AGE 18-29)] AND [QA17\_G12 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR QA17\_A17 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH QA17\_G14;  
ELSE GO TO PROGRAMMING NOTE QA17\_G25

**'QA17\_G14'** [AH43A] -

Are you now living with either of your parents?

**[INTERVIEWER NOTE: IF R MENTIONS IN-LAWS, CODE AS YES]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_G15'** [SC13A1] -

{Let's start with the oldest} What is {the child's/this child's/the next child's} first name or initials?

Name/ Initials given (SPECIFY) \_\_\_\_\_

- ☐ -7 REFUSED

**'QA17\_G16'** [SC13A2] -

What is {the child's/this child's} age?

- ☐ -7 REFUSED

**PROGRAMMING NOTE QA17\_G17:**

IF KIDCNT =1 INSERT "the child's"  
IF KIDCNT >1 INSERT "this child's"

**'QA17\_G17'** [GENDER6] -

What is {the child's/this child's} gender?

- ☐ 1 MALE
- ☐ 2 FEMALE
- ☐ 3 REFUSED



**PROGRAMMING NOTE QA17\_G18:**

**IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK QA17\_G18 FOR EACH ROSTER MEMBER WITHOUT AN AGE**

**NOTE QA17\_G18 IS PART OF THE CHILD ROSTER**

**(IF QA17\_G16 =9. ASK QA17\_G18 IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)**

**(IF QA17\_G15 =9 AND QA17\_G16 =9 INSERT "the child"**

**AND DO NOT DISPLAY CHILD NAME/SEX)**

**'QA17\_G18'** [SC15A4] -

Is {CHILD NAME/ the child} (READ LIST. ENTER ONE ONLY)

- ☐ 01 0 to 5 years old, or
- ☐ 02 6 to 11 years old, or
- ☐ 03 12 to 17 years old?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G19:**

**IF KIDCNT =1 INSERT "the child"**

**IF KIDCNT >1 INSERT "all the children"**

**'QA17\_G19'** [SC14B4] -

Are you the parent or legal guardian of (the child/all the children) in your household?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G20**

**ASK SC14B3 FOR EACH CHILD IN ROSTER**

**'QA17\_G20'** [SC14B] -

Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G21:**

**IF NAME GIVEN AT SC11A INSERT QA17\_G13NAME**

**ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)IF KIDCNT =1 INSERT "the child"**

**IF KIDCNT >1 INSERT "all the children"**

**'QA17\_G21'** [SC14C1] -

Is {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

- ☐ 1 YES
- ☐ 2 NO
- ☐ 3 REFUSED
- ☐ 4 DON'T KNOW

**POST NOTE QA17\_G21: IF SC14C1 -1 AUTO POPULATE SC14C2 AS 'YES' FOR ALL CHILDREN IN HH**

**PROGRAMMING NOTE QA17\_G22: IF QA17\_G21 =2  
ASK QA17\_G21FOR EACH CHILD IN THE ROSTER**

**'QA17\_G22' [SC14C2] -**

Is (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G23:  
IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK QA17\_G23FOR EACH ROSTER MEMBER WITHOUT AN AGE**

**NOTE: QA17\_G23IS PART OF THE CHILD ROSTER**

**PROGRAMMING NOTE N4:**  
**IF SC14B=1 THEN**  
**CHILD1CNT = COUNT OF CHILDREN IN SC14B AGED 0 TO 5 YRS**  
**CHILD2CNT = COUNT OF CHILDREN IN SC14B AGED 6 TO 11 YRS**  
**TEENCNT = COUNT OF CHILDREN IN SC14B AGED 12 TO 17 YRS**  
**# Child selection from only those with SC14A=1 or SC14B=1**  
**IF CHILD2CNT=0,**  
**IF CHILD1CNT=1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],**  
**ELSE IF CHILD1CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT**  
**ELSE IF CHILD1CNT=0,**  
**IF CHILD2CNT=1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD],**  
**ELSE IF CHILD2CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT**  
**ELSE,**  
**FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 / (2 × CHILD1CNT + CHILD2CNT)**  
**FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = 1 / (2 × CHILD1CNT + CHILD2CNT)**  
**SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB**  
**# Teen selection from only those with SC14A=1 or SC14B=1**  
**IF TEENCNT=1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN] ,**  
**ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT**

**[SELECT\_KID\_TEEN1] -**

**'QA17\_G24' [SC13A] -**

I have recorded {NUMBER}{child/children} under 18 in the household. Have we missed any children under 18 who usually live here but are temporarily away?

- ☐ 1 No, no one missed
- ☐ 2 Yes

**If = 2, Go back to 'SC13A\_Loop1'**

**POST NOTE QA17\_G24:**  
**DO CHILD AND TEEN SELECTION BASED ON CRITERIA**  
**CHILD\_INDEX HOLDS THE VALUE OF THE SELECTED CHILD**  
**TEEN\_INDEX HOLDS THE VALUE OF THE SELECTED TEEN**  
**SET\_CHILD IS SET TO 1 IF A CHILD IS SELECTED**  
**SET\_TEEN IS SET TO 1 IF A TEEN IS SELECTED**

**PROGRAMMING NOTE QA17\_G25:**  
**ANY CHILDREN IN SC13A ARE AGE 13 OR LESS, CONTINUE WITH QA17\_G25;**  
**ELSE GO TO QA17\_G27;**  
**IF ANY CHILD IN ROSTER QA17\_G24 < 14 AND ≥ 14 DISPLAY “for any children under age 14”;**  
**IF QA17\_A17 = 1 (MARRIED) AND QA17\_G12 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your spouse”;**  
**ELSE IF QA17\_G12 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your partner”;**  
**ELSE DISPLAY “you”**

**‘QA17\_G25’ [AH44A] –**

In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

**[IF NEEDED, SAY: “This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.”]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to ‘QA17\_G27’**

**‘QA17\_G26’ [AH44B] -**

In the past month, how much did you pay for all child care arrangements and programs?

**[IF NEEDED, SAY: “If it is easier for you, you can tell me what you paid in a typical week last month. You or any other adult in your household.”]**

**[AH44BM] -**

\$\_\_\_\_\_ AMOUNT LAST MONTH [HR: 0-8,000]

**[AH44BW] -**

\$\_\_\_\_\_ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]

- ☐ 03 NO PAYMENT IN LAST MONTH OR WEEK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_G27'** [AH47] -

What is the highest grade of education you have completed and received credit for?

- ☐ 30 NO FORMAL EDUCATION
- ☐ 02 GRADE SCHOOL
- ☐ 03 HIGH SCHOOL OR EQUIVALENT
- ☐ 04 4-YEAR COLLEGE OR UNIVERSITY
- ☐ 05 GRADUATE OR PROFESSIONAL SCHOOL
- ☐ 06 2-YEAR JUNIOR OR COMMUNITY COLLEGE
- ☐ 07 VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW (OUT OF RANGE)

## GRADE

- ☐ 1 1ST GRADE
- ☐ 2 2ND GRADE
- ☐ 3 3RD GRADE
- ☐ 4 4TH GRADE
- ☐ 5 5TH GRADE
- ☐ 6 6TH GRADE
- ☐ 7 7TH GRADE
- ☐ 8 8TH GRADE

## HIGH

- ☐ 09 9TH GRADE
- ☐ 10 10TH GRADE
- ☐ 11 11TH GRADE
- ☐ 12 12TH GRADE

## COLLEGE

- ☐ 13 1ST YEAR (FRESHMAN)
- ☐ 14 2ND YEAR (SOPHOMORE)
- ☐ 15 3RD YEAR (JUNIOR)
- ☐ 16 4TH YEAR (SENIOR) (BA/BS)
- ☐ 17 5TH YEAR

## GRADUATE

- ☐ 18 1ST YEAR GRAD OR PROF SCHOOL
- ☐ 19 2ND YEAR GRAD OR PROF SCHOOL (MA/MS)
- ☐ 20 3RD YEAR GRAD OR PROF SCHOOL
- ☐ 21 MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)

## COMMUNITY

- ☐ 22 1ST YEAR
- ☐ 23 2ND YEAR (AA/AS)

## BUSINESS

- ☐ 24 1ST YEAR
- ☐ 25 2ND YEAR
- ☐ 26 MORE THAN 2 YEARS

**'QA17\_G28'** [AG22] -

Did you ever serve on active duty in the Armed Forces of the United States?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_G30'**

**'QA17\_G29'** [AG23] -

When did you serve?

FROM \_\_\_\_\_

TO \_\_\_\_\_

OR

[CHECK ALL THAT APPLY]

- ☐ 01 WORLD WAR II (SEPT 1940 TO JULY 1947)
- ☐ 02 KOREAN WAR (JUNE 1950 TO JAN 1955)
- ☐ 03 VIETNAM WAR (AUG 1964 TO APRIL 1975)
- ☐ 04 GULF WAR/OPERATION DESERT STORM (1990 TO 1991)
- ☐ 05 AFGHANISTAN/ OPERATION ENDURING FREEDOM (2001 TO PRESENT)
- ☐ 06 IRAQ WAR / OPERATION IRAQI FREEDOM (2003 TO PRESENT)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

[AG24] -

Altogether, how long did you serve?

[AG24Y] -

\_\_\_\_\_ YEARS

[AG24M] -

\_\_\_\_\_ MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_G30'** [AK1] -

Which of the following were you doing last week?

- ☐ 01 Working at a job or business,
- ☐ 02 With a job or business but not at work,
- ☐ 03 Looking for work, or
- ☐ 04 Not working at a job or business?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'PN\_QA17\_G34'**

**'QA17\_G31'** [AK2] -

What is the main reason you did not work last week?

**[IF NEEDED, SAY: "Main reason is the most important reason."]**

- ☐ 01 TAKING CARE OF HOUSE OR FAMILY
- ☐ 02 ON PLANNED VACATION
- ☐ 03 COULDN'T FIND A JOB
- ☐ 04 GOING TO SCHOOL/STUDENT
- ☐ 05 RETIRED
- ☐ 06 DISABLED
- ☐ 07 UNABLE TO WORK TEMPORARILY
- ☐ 08 ON LAYOFF OR STRIKE
- ☐ 09 ON FAMILY OR MATERNITY LEAVE
- ☐ 10 OFF SEASON
- ☐ 11 SICK
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 5, 6, go to 'QA17\_G33'**

**'QA17\_G32'** [AG10] -

Do you usually work?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 LOOKING FOR WORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G33:**

**IF [AAGE = -7 OR -8 OR AAGE < 65] AND [QA17\_G32= 2 (DOES NOT USUALLY WORK) OR QA17\_G31 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA17\_G33;  
ELSE GO TO PROGRAMMING NOTE QA17\_G34**

**'QA17\_G33'** [AL22] -

Are you receiving Social Security Disability Insurance or SSDI?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, -7, -8, go to 'PN\_QA17\_G38'**

**PROGRAMMING NOTE QA17\_G34:**

**IF QA17\_G30 = 1, 2, -7, OR -8 (working, with job, DK, or RF) OR QA17\_G32 = 1 (usually works), CONTINUE WITH QA17\_G34;  
ELSE GO TO PROGRAMMING NOTE QA17\_G38**

**'QA17\_G34' [AK4] -**

On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

**[IF NEEDED, SAY: "Where did you work most hours?"]**

- ☐ 01 PRIVATE COMPANY NON-PROFIT ORGANIZATION, FOUNDATION
- ☐ 02 GOVERNMENT
- ☐ 03 SELF-EMPLOYED
- ☐ 04 FAMILY BUSINESS OR FARM
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G35:**

**IF QA17\_G34 = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)";  
ELSE DISPLAY "What kind of business or industry is this?" AND "[IF NEEDED, SAY: "What do they make or do at this business?"]"**

**'QA17\_G35' [AK5] -**

{What kind of agency or department is this? / What kind of business or industry is this?}

**{[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]**

**[IF NEEDED, SAY: "What do they make or do at this business?"]}**

**[INTERVIEWER: ENTER DESCRIPTION]**

**[TEXT\_SPE\_AK5] -**

\_\_\_\_\_ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS  
OR INDUSTRY)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**‘QA17\_G36’ [AK6] -**

What is the main kind of work you do?

**[MAIN JOB = WHERE WORKS MOST HOURS.]**

**[INTERVIEWER: ENTER DESCRIPTION]**

**[OCC\_AK6] -**

\_\_\_\_\_ (OCCUPATION)

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_G37:**

**IF QA17\_G34 = 2 (GOVERNMENT EMPLOYEE), CODE QA17\_G37 = 8 AND GO TO QA17\_G38;**

**IF QA17\_G34 = 3 (SELF-EMPLOYED), CONTINUE WITH AK8 AND DISPLAY "Including yourself, about" and "you"; ELSE CONTINUE WITH AK8 AND DISPLAY "About" and "your employer";**

**‘QA17\_G37’ [AK8] -**

{Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

**[IF NEEDED, SAY: “Your best guess is fine.”]**

- ☐ 01 1 OR 2
- ☐ 02 3-9
- ☐ 03 10-24
- ☐ 04 25-50
- ☐ 05 51-100
- ☐ 06 101-200
- ☐ 07 201-999
- ☐ 08 1,000 OR MORE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE AG8 :**

**IF QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1, CONTINUE WITH AG8 ;**

**IF QA17\_A17 = 1, THEN DISPLAY “spouse”;**

**ELSE IF QA17\_D9 = 1 OR QA17\_D10 = 1, THEN DISPLAY “partner”;**

**ELSE GO TO QA17\_H1**

**‘QA17\_G38’ [AG8] –**

Which of the following was your {spouse/partner} doing last week?

- ☐ 01 Working at a job or business,
- ☐ 02 With a job or business but not at work,
- ☐ 03 Looking for work, or
- ☐ 04 Not working at a job or business?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**'QA17\_G39'** [AG11] -

Does your {spouse/partner} usually work?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 LOOKING FOR WORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_G40'** [AG9] -On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

- ☐ 01 PRIVATE COMPANY NON-PROFIT ORGANIZATION, FOUNDATION
- ☐ 02 GOVERNMENT
- ☐ 03 SELF-EMPLOYED
- ☐ 04 FAMILY BUSINESS OR FARM
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

## SECTION H – HEALTH INSURANCE

**'QA17\_H1' [AH1] -**

The next topics are about health insurance and health care.

Is there a place that you usually go to when you are sick or need advice about your health?

**[INTERVIEWER NOTE: CIRCLE "3" OR "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DOCTOR/MY DOCTOR
- ☐ 04 KAISER
- ☐ 05 MORE THAN ONE PLACE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_H3'**

**PROGRAMMING NOTE QA17\_H2:**

**IF QA17\_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";**  
**ELSE IF QA17\_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";**  
**ELSE IF QA17\_H1 = 4 (KAISER) CIRCLE "1" FOR QA17\_H2 AND GO TO QA17\_H3**

**'QA17\_H2' [AH3] -**

{What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

- ☐ 01 DOCTOR'S OFFICE/KAISER/OTHER HMO
- ☐ 02 CLINIC/HEALTH CENTER/HOSPITAL CLINIC
- ☐ 03 EMERGENCY ROOM
- ☐ 91 SOME OTHER PLACE (SPECIFY: \_\_\_\_\_)
- ☐ 92 NO ONE PLACE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H3:**

**IF QA17\_B6 = 1 OR QA17\_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR SKIP TO QA17\_H4;**  
**ELSE CONTINUE WITH QA17\_H3**

**'QA17\_H3' [AH12] -**

During the past 12 months, did you visit a hospital emergency room for your own health?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_H5'**

**PROGRAMMING NOTE QA17\_H4:**

**IF QA17\_B6 = 1 OR QA17\_B11 = 1 (YES, R VISITED ER FOR ASTHMA), THEN DISPLAY “During the past 12 month, how many times did you visit a hospital emergency room for your own health?”;  
ELSE DISPLAY “How many times did you do that?”**

**‘QA17\_H4’ [AH95] -**

{During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that?}

**[IF NEEDED, SAY: “During the past 12 months, how many times did you visit a hospital emergency room for your own health?”]**

\_\_\_\_\_ NUMBER OF TIMES [HR: 0 - 200]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**‘QA17\_H5’ [AI1] -**

MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?

**[INTERVIEWER NOTE: INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE ORIGINAL MEDICARE PLAN.]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_H8'**

**If = -7, -8, go to 'QA17\_H16'**

**POST-NOTE AI1 :**

**IF QA17\_H5= 1, SET ARM CARE = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA17\_H6:**

**IF [AAGE > 64 OR QA17\_A5= 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA17\_H5 = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA17\_H6;  
ELSE GO TO PROGRAMMING NOTE QA17\_H8**

**‘QA17\_H6’ [AI2] -**

Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

- ☐ 01 CORRECT, NOT COVERED BY MEDICARE
- ☐ 02 NOT CORRECT, R IS COVERED BY MEDICARE
- ☐ 93 AGE IS INCORRECT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'PN\_QA17\_H16'**

**If = 2, go to 'PN\_QA17\_H8'**

**POST-NOTE QA17\_H6:**

**IF QA17\_H6=2, SET ARM CARE = 1 AND SET ARINSURE = 1**

**'QA17\_H7' [A13] -**

What is your age, please?

[A13Y] -

\_\_\_\_\_ YEARS OF AGE [HR: 18-105]

**If >=0 , go to 'PN\_QA17\_H16'**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = -7, -8, go to 'PN\_QA17\_H16'**

**POST NOTE QA17\_H7: AIDATE  
SET AIDATE = CURRENT DATE (YYYYMMDD);  
SET AAGE = QA17\_H7;  
IF AAGE < 18, CODE AS IA AND TERMINATE**

**PROGRAMMING NOTE QA17\_H8:  
IF ARMCARE = 1, CONTINUE WITH QA17\_H8;  
ELSE GO TO PROGRAMMING NOTE QA17\_H16**

**'QA17\_H8' [AH123] -**

Is this a MediCARE Advantage Plan?

**[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_H11'**

**POST-NOTE QA17\_H8;  
IF QA17\_H8 = 1, SET ARMADV= 1**

**'QA17\_H9' [AH124] -**

Is your MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?

**[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]**

**[IF NEEDED, SAY: "PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]**

**[IF NEEDED, SAY: "Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE."]**

**[INTERVIEWER NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" CODE "1" (HMO).]**

**[INTERVIEWER NOTE: CIRCLE "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]**

- ☐ 01 HMO (HEALTH MAINTENANCE ORGANIZATION)
- ☐ 02 PPO (PREFERRED PROVIDER ORGANIZATION)
- ☐ 03 PFFS (PRIVATE FEE FOR SERVICE)
- ☐ 04 SNP (SPECIAL NEEDS PLAN)
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H10' [AH125] -**

What is the name of your MediCARE plan?

**[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]**

- ☐ 01 ACCESS SENIOR HEALTHCARE
- ☐ 02 AETNA
- ☐ 03 AETNA GOLDEN MEDICARE
- ☐ 04 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 05 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 07 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 08 ASPIRE HEALTH PLAN
- ☐ 09 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS' INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN
- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP

- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN
- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JP AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK
- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE
- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE
- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA
- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES
- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN
- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_H10:**  
**ALL ANSWERS GO TO PROGRAMMING NOTE QA17\_H12;**  
**IF QA17\_H10= 93, 87, OR 89 THEN ARMILIT = 1**

**'QA17\_H11' [AI4] -**

Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

**[IF NEEDED, SAY: "These are policies that cover health care costs not covered by MediCARE alone."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_H16'**

**POST-NOTE FOR QA17\_H11:  
IF AI4 = 1, SET ARSUPP = 1**

**PROGRAMMING NOTE QA17\_H12:  
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE AI6 ;  
DISPLAYS;  
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";  
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";**

**'QA17\_H12' [AH126] -**

For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

**[IF NEEDED, SAY: "AARP stands for the American Association of Retired Persons."]**

- ☐ 01 DIRECTLY
- ☐ 02 CURRENT EMPLOYER
- ☐ 03 FORMER EMPLOYER
- ☐ 04 UNION
- ☐ 05 FAMILY BUSINESS
- ☐ 06 AARP
- ☐ 07 SPOUSE'S EMPLOYER
- ☐ 08 SPOUSE'S UNION
- ☐ 09 PROFESSIONAL/FRATERNAL ORGANIZATION
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H13'** [AH53] -

Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

**[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]**

**[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]**

**[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H14'** [AH54] -

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_H16'**

**'QA17\_H15'** [AH55] -

Who is that?

**[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?"]**

**[CODE ALL THAT APPLY]**

**[PROBE: "Any others?"]**

- ☐ 01 CURRENT EMPLOYER
- ☐ 02 FORMER EMPLOYER
- ☐ 03 UNION
- ☐ 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- ☐ 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- ☐ 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- ☐ 07 MEDICAID/MEDI-CAL ASSISTANCE
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_H15:  
IF AH55 = 7, SET ARMCAL = 1;**



**PROGRAMMING NOTE QA17\_H16:**

**IF ARMCAL = 1, DISPLAY "Is it correct that you are";  
ELSE DISPLAY "Are you"**

**'QA17\_H16' [A16] -**

{Is it correct that you are/Are you} covered by Medi-CAL?

**[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_H16:**

**IF A16 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;  
IF ARMCAL = 1 AND QA17\_H16 = 2, SET ARMCAL = 0**

**PROGRAMMING NOTE QA17\_H17:**

**IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other";  
ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";  
ELSE DISPLAY "a"**

**'QA17\_H17' [A18] -**

{Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about},  
Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

**[IF NEEDED, SAY: "...either through your own or someone else's employment?"]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_H17:**

**IF QA17\_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA17\_H18:**

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH QA17\_H18;  
ELSE GO TO PROGRAMMING NOTE QA17\_H20**

**'QA17\_H18' [AI11] -**

Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

**[IF NEEDED, SAY: "Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you 'extra cash' if you are in a hospital."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_H20'**

**POST-NOTE FOR QA17\_H18:**

**IF QA17\_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA17\_H19:**

**IF ARDIRECT = 1, THEN CONTINUE WITH QA17\_H19;  
ELSE GO TO PROGRAMMING NOTE QA17\_H20**

**'QA17\_H19' [AH104] -**

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

- ☐ 01 INSURANCE COMPANY OR HMO
- ☐ 02 COVERED CALIFORNIA
- ☐ 92 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_H19:**

**IF AH104 = 2, THEN SET ARHBEX = 1**

**PROGRAMMING NOTE FOR QA17\_H20:**

**IF QA17\_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA17\_H18 = 1 (PURCHASED OWN COVERAGE),  
CONTINUE WITH QA17\_H20;  
ELSE GO TO PROGRAMMING NOTE QA17\_H22**

**'QA17\_H20' [A19] -**

Was this plan obtained in your own name or in the name of someone else?

**[IF NEEDED, SAY: "Even someone who does not live in this household."]**

- ☐ 01 IN OWN NAME
- ☐ 02 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'PN\_QA17\_H22'**

**POST-NOTE FOR QA17\_H20:**

**IF QA17\_H17 = 1 AND QA17\_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;**

**IF QA17\_H17 = 1 AND QA17\_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;**

**IF QA17\_H18 = 1 AND QA17\_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;**

**IF QA17\_H18 = 1 AND QA17\_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1**

**PROGRAMMING NOTE QA17\_H21:**

**IF QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 OR IF AH43A = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR QA17\_A5 = 1 (BETWEEN 18 AND 29)], CONTINUE WITH QA17\_H21;  
ELSE GO TO PROGRAMMING NOTE AH105 ;**

**IF QA17\_A17 = 1, THEN DISPLAY "spouse's name";**

**IF QA17\_A17 ≠ 1 AND (QA17\_D9 = 1 OR QA17\_D10 = 1), THEN DISPLAY "partner's name";**

**IF QA17\_A17 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";**

**'QA17\_H21' [A19A] -**

Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

- ☐ 01 IN SPOUSE'S/PARTNER'S NAME
- ☐ 02 IN PARENT'S NAME
- ☐ 03 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_H21:**

**IF QA17\_H17 = 1 AND QA17\_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1;**

**IF AH104 = 2 AND QA17\_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1;**

**IF QA17\_H17 = 1 AND QA17\_H21 = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;**

**IF QA17\_H18 = 1 AND QA17\_H21 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP = 1;**

**IF QA17\_H18 = 1 AND QA17\_H21 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0**

**PROGRAMMING NOTE QA17\_H22:**

**IF QA17\_H17 = 1 (EMPLOYER-BASED COVERAGE) AND QA17\_G37 =< 5 (FIRM SIZE <=100), CONTINUE WITH QA17\_H22 AND DISPLAY;**

**IF AREMPOWN = 1 THEN DISPLAY {you};**

**IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};**

**ELSE GO TO PROGRAMMING NOTE QA17\_H23;**

**'QA17\_H22'** [AH105] -

How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

**[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]**

- ☐ 01 EMPLOYER
- ☐ 02 UNION
- ☐ 03 SHOP / COVERED CALIFORNIA
- ☐ 92 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_H22:**

**IF QA17\_H22= 3, THEN SET ARHBEX = 1**

**PROGRAMMING NOTE QA17\_H23**

**IF ARHBEX = 1, THEN CONTINUE WITH QA17\_H23;**

**ELSE GO TO PROGRAMMING NOTE QA17\_H25;**

**'QA17\_H23'** [AH106] -

Was this a bronze, silver, gold or platinum plan?

- ☐ 01 BRONZE
- ☐ 02 SILVER
- ☐ 03 GOLD
- ☐ 04 PLATINUM
- ☐ 05 MEDI-CAL / MEDICAID
- ☐ 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- ☐ 92 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H24:**

**IF QA17\_H22= 3, THEN GO TO QA17\_H25;**

**ELSE CONTINUE WITH QA17\_H24;**

**'QA17\_H24'** [AH107] -

Was there a subsidy or discount on the premium for this plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H25:**

**IF QA17\_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA17\_H18 = 1 (PURCHASED OWN COVERAGE),  
CONTINUE WITH QA17\_H25;  
ELSE GO TO PROGRAMMING NOTE QA17\_H30**

**'QA17\_H25' [AH57] -**

Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

**[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."]**

**[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]**

**[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'PN\_QA17\_H22'**

**'QA17\_H26' [AH128] -**

How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.

**[IF NEEDED, SAY: Do not include the cost of any co-pays or deductibles you or your family may have had to pay]**

**[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."]**

**[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]**

**[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]**

\_\_\_\_\_ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H27' [AH58] -**

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'PN\_QA17\_H22'**

**PROGRAMMING NOTE QA17\_H28:**

**IF QA17\_H25 = 2 THEN DISPLAY “Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization”;**  
**ELSE DISPLAY “Who is that”**

**‘QA17\_H28’ [AH56] -**

{Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that?}

**[IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]**

**[CODE ALL THAT APPLY]**

**[PROBE: “Any others?”]**

- ☐ 01 CURRENT EMPLOYER
- ☐ 02 FORMER EMPLOYER
- ☐ 03 UNION
- ☐ 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- ☐ 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- ☐ 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- ☐ 07 MEDICAID/MEDI-CAL ASSISTANCE
- ☐ 09 MEDICARE
- ☐ 11 COVERED CALIFORNIA
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H28:**

**IF AH56 = 1, 2, OR 3, THEN SET AREMPOWN = 1;**  
**IF AH56 = 4 OR 5, THEN SET AREMPSP = 1;**  
**IF AH56 = 6, THEN SET AROTHER = 1;**  
**IF AH56 = 9, SET ARM CARE = 1 AND SET ARDIRECT = 0;**  
**IF AH56 = 7, SET ARM CAL = 1 AND SET ARDIRECT = 0;**  
**IF AH56 = 11, SET ARHBEX = 1;**  
**IF AH56 = 91, THEN SET AROTHER = 1**

**‘QA17\_H29’ [AH129] -**

How much do they contribute to your plan each month?

\_\_\_\_\_ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H30:**

**IF [QA17\_G30 = 1 OR 2 (R WORKED LAST WEEK) OR QA17\_G32 = 1 (R USUALLY WORKS)] AND QA17\_G34 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH QA17\_H30;  
ELSE GO TO PROGRAMMING NOTE QA17\_H34**

**'QA17\_H30'** [A113] -

Does your employer offer health insurance to any of its employees?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_H34'**

**'QA17\_H31'** [A114] -

Are you eligible to be in this plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, go to 'QA17\_H33'**

**If = -7, go to 'PN\_QA17\_H34'**

**'QA17\_H32'** [A115] -

What is the one main reason why you aren't in this plan?

- ☐ 01 COVERED BY ANOTHER PLAN
- ☐ 02 TOO EXPENSIVE
- ☐ 03 DIDN'T LIKE PLAN OFFERED
- ☐ 04 DON'T NEED OR BELIEVE IN HEALTH INSURANCE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, 4, 91, -7, -8, go to 'PN\_QA17\_H34'**

**'QA17\_H33'** [A115A] -

What is the one main reason why you are not eligible for this plan?

- ☐ 01 HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED
- ☐ 02 CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN
- ☐ 03 DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H34:**

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),  
CONTINUE WITH QA17\_H34;  
ELSE GO TO PN QA17\_H35**

**'QA17\_H34'** [A16] -

Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H34:**

**IF A16 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA17\_H35:**

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY  
PLAN) CONTINUE WITH QA17\_H35;  
ELSE GO TO PROGRAMMING NOTE QA17\_H36**

**'QA17\_H35'** [A17] -

Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, Healthy Kids, or something else?

**[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H35:**

**IF A17 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA17\_H36:**

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY  
PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA17\_H36;  
ELSE GO TO PROGRAMMING NOTE QA17\_H40**

**'QA17\_H36'** [A18] -

Do you have any health insurance coverage through a plan that I missed?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_H40'**



**‘QA17\_H37’ [A119] -**

What type of health insurance do you have?

**[CODE ALL THAT APPLY.]**

**[PROBE: "Any others?"]**

**[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?”]**

- ☐ 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION
- ☐ 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 04 MEDICARE
- ☐ 05 MEDI-CAL
- ☐ 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- ☐ 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- ☐ 10 COVERED CALIFORNIA
- ☐ 11 SHOP THROUGH COVERED CALIFORNIA
- ☐ 91 OTHER GOVERNMENT HEALTH PLAN
- ☐ 92 OTHER NON-GOVERNMENT HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H37:**

IF QA17\_H37 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;  
 IF QA17\_H37 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;  
 IF QA17\_H37 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;  
 IF QA17\_H37 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;  
 IF QA17\_H37 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;  
 IF QA17\_H37 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;  
 IF QA17\_H37 = 8, SET ARIHS = 1;  
 IF QA17\_H37 = 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH = 1;  
 IF QA17\_H37 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;  
 IF QA17\_H37 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;  
 IF QA17\_H37 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA17\_H38:**

IF A119 = 1, 2, OR 3 CONTINUE WITH QA17\_H38;  
 ELSE GO TO PROGRAMMING NOTE A QA17\_H40I20

**‘QA17\_H38’ [AH59] -**

Was this plan obtained in your own name or in the name of someone else?

**[PROBE: “Even someone who does not live in this household?”]**

- ☐ 01 IN OWN NAME
- ☐ 02 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'PN\_QA17\_H40'**

**POST-NOTE QA17\_H38:**

IF (QA17\_H37 = 1 OR 2 OR KAI19 = 11) AND QA17\_H38 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;  
 IF (QA17\_H37 = 3 OR 10) AND QA17\_H38 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;  
 IF (QA17\_H37 = 1 OR 2) AND (QA17\_H38 = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;  
 IF QA17\_H37 = 1 AND (QA17\_H38 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA17\_H39:**

IF QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 OR IF QA17\_G14 = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH QA17\_H39;  
 ELSE GO TO PROGRAMMING NOTE QA17\_H40;  
 IF QA17\_A17 = 1 THEN DISPLAY "spouse's name";  
 IF QA17\_A17 ≠ 1 AND (QA17\_D9 = 1 OR QA17\_D10 = 1), THEN DISPLAY "partner's name";  
 IF QA17\_G14 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA17\_H39' [AH60] –

Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

- ☐ 01 IN SPOUSE'S/PARTNER'S NAME
- ☐ 02 IN PARENT'S NAME
- ☐ 03 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H39:**

IF QA17\_H39 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;  
 IF QA17\_H39 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

**PROGRAMMING NOTE QA17\_H40:**

IF ARIHS ≠ 1 AND QA17\_A9= 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA17\_H40;  
 ELSE GO TO PROGRAMMING NOTE QA17\_H41 intro

'QA17\_H40' [AI20] -

Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H40:**

IF AI20 = 1, SET ARIHS = 1

**PROGRAMMING NOTE QA17\_H41 intro :**  
**IF [QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1] AND QA17\_G12 = 1**  
**(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro ;**  
**IF QA17\_A17 = 1, THEN DISPLAY “spouse”;**  
**ELSE IF QA17\_D9 = 1 OR QA17\_D10 = 1, THEN DISPLAY “partner”;**  
**ELSE GO TO PROGRAMMING NOTE QA17\_H61**

**'QA17\_H41' [AI37intro] -**

These next questions are about the type of health insurance your {spouse/partner} may have.

**PROGRAMMING NOTE QA17\_H41:**  
**IF SPOUSE 65 OR OLDER THEN**  
**IF ARM CARE ≠ 1, CONTINUE WITH QA17\_H41 WITHOUT DISPLAY**  
**ELSE IF ARM CARE = 1, CONTINUE WITH QA17\_H41 AND DISPLAY “You said that you are covered by**  
**Medicare.” AND “also”;**  
**ELSE GO TO PROGRAMMING NOTE QA17\_H44**

**'QA17\_H41' [AI37] -**

{You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H41:**  
**IF QA17\_H41 = 1, SET SPM CARE = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA17\_H42:**  
**IF SPM CARE ≠ 1 AND ARM ADV ≠ 1, SKIP TO PROGRAMMING NOTE QA17\_H43;**  
  
**DISPLAYS;**  
**IF SPM CARE = 1 AND ARM ADV ≠ 1, CONTINUE WITH AH127 WITHOUT DISPLAY;**  
**ELSE IF SPM CARE = 1 AND ARM ADV = 1, CONTINUE WITH AH127 AND DISPLAY “You said that you**  
**have a Medicare Advantage plan.” AND “also”;**  
**IF QA17\_A17 = 1 (MARRIED) THEN DISPLAY “spouse’s”;**  
**ELSE IF QA17\_D9 = 1 OR QA17\_D10 = 1 THEN DISPLAY “partner’s”;**

**'QA17\_H42' [AH127] -**

{You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

**[IF NEEDED, SAY: “MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage.”]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H42:**  
**IF AH127 = 1, THEN SET SPM ADV = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA17\_H43:**

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE AI38 ;  
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA17\_H43 WITHOUT DISPLAY;  
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH QA17\_H43 AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”;  
IF QA17\_A17 = 1 (MARRIED), THEN DISPLAY “spouse”;  
ELSE IF QA17\_D9 = 1 OR QA17\_D10 = 1 THEN DISPLAY “partner”;  
ELSE GO TO PROGRAMMING NOTE QA17\_H44

**‘QA17\_H43’ [AI37A] -**

{You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H43:**

IF AI37A = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

**PROGRAMMING NOTE QA17\_H44:**

IF ARMCAL = 1, CONTINUE WITH QA17\_H44;  
DISPLAY “also” IF ARMCARE = 1;  
ELSE GO TO PROGRAMMING NOTE QA17\_H45

**‘QA17\_H44’ [AI38] -**

You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H44:**

IF AI38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

**PROGRAMMING NOTE QA17\_H45:**

IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA17\_H45;  
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY “also”;  
ELSE GO TO PROGRAMMING NOTE QA17\_H46

**‘QA17\_H45’ [AI40] -**

You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, go to 'PN\_QA17\_H48'

**POST-NOTE QA17\_H45:****IF QA17\_H45 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;****PROGRAMMING NOTE QA17\_H46:****IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH QA17\_H46;****IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA17\_H47****‘QA17\_H46’ [AH108] -**

You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

**[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'PN\_QA17\_H48'****POST-NOTE QA17\_H46:****IF AH108 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;****PROGRAMMING NOTE QA17\_H47:****IF QA17\_G38 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA17\_G39 = 1 (USUALLY WORKS), CONTINUE WITH QA17\_H47;****IF AREMPSP = 1 AND QA17\_A17 = 1, DISPLAY “You said you have insurance from your spouse’s employer or union.”;****ELSE IF AREMPSP = 1 AND (QA17\_D9 = 1 OR QA17\_D10 = 1), THEN DISPLAY “You said you have insurance from your partner’s employer or union.”;****IF SPINSURE = 1, THEN DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA17\_H48****‘QA17\_H47’ [AI40A] -**

{You said you have insurance from your spouse’s employer or union./You said you have insurance from your partner’s employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H47:****IF AI40A = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA17\_H48:**

**IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA17\_H48;  
IF ARM CARE = 1 OR ARM CAL = 1 OR AREMPOWN = 1, DISPLAY “also”;  
ELSE GO TO PROGRAMMING NOTE QA17\_H49**

**‘QA17\_H48’ [AI41] -**

You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H48:**

**IF AI41 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

**PROGRAMMING NOTE QA17\_H49:**

**IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH QA17\_H49;  
IF ARM CARE = 1 OR ARM CAL = 1 OR AREMPOWN = 1, DISPLAY “also”;  
ELSE GO TO PROGRAMMING NOTE QA17\_H50**

**‘QA17\_H49’ [AH109] -**

You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H49:**

**IF AH109 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;**

**PROGRAMMING NOTE QA17\_H50:**

**IF ARMILIT = 1, CONTINUE WITH QA17\_H50;  
IF ARM CARE = 1 OR ARM CAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY “also”;  
ELSE GO TO PROGRAMMING NOTE QA17\_H51**

**‘QA17\_H50’ [AI42] -**

You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H50:**

**IF AI QA17\_H50 42 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;**

**PROGRAMMING NOTE QA17\_H51:****IF AROTHGOV = 1, CONTINUE WITH QA17\_H51;****IF QA17\_H38 = 91, THEN DISPLAY “some government health plan”:****IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY “also”;****ELSE GO TO PROGRAMMING NOTE QA17\_H52****‘QA17\_H51’ [AI42A] -**

You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H51:****IF AI42A = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1****PROGRAMMING NOTE QA17\_H52:****IF SPINSURE ≠ 1, DISPLAY “any”;****ELSE DISPLAY “through any other source”****‘QA17\_H52’ [AI46] -**

Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, go to 'PN\_QA17\_H54'****If = -7, -8, go to 'PN\_QA17\_H58'**

**'QA17\_H53' [AI47] -**

What type of health insurance does {he/she} have?

**[CODE ALL THAT APPLY.]**

**[PROBE: "Any others?"]**

**[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]**

**[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]**

- ☐ 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- ☐ 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 04 MEDICARE
- ☐ 05 MEDI-CAL
- ☐ 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- ☐ 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- ☐ 10 COVERED CALIFORNIA
- ☐ 11 SHOP THROUGH COVERED CALIFORNIA
- ☐ 91 OTHER GOVERNMENT HEALTH PLAN
- ☐ 92 OTHER NON-GOVERNMENT HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H53:**

IF QA17\_H53 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;  
 IF QA17\_H53 = 2, SET SPEMOTH = 1 AND SET SPINSURE = 1;  
 IF QA17\_H53 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;  
 IF QA17\_H53 = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;  
 IF QA17\_H53 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;  
 IF AI QA17\_H53 47 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;  
 IF QA17\_H53 = 8, SET SPIHS = 1;  
 IF QA17\_H53 = 10, SET SPHBEX = 1 AND SPDIRECT = 1 AND SPINSURE = 1 AND SPDIROTH = 1;  
 IF QA17\_H53 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;  
 IF QA17\_H53 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;  
 IF QA17\_H53 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

**PROGRAMMING NOTE QA17\_H54:**

IF SPINSURE ≠ 1, CONTINUE WITH QA17\_H54;  
 ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA17\_H56;  
 ELSE GO TO PROGRAMMING NOTE QA17\_H58

**'QA17\_H54' [AI48] -**

You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'PN\_QA17\_H58'**



'QA17\_H55' [A149] -

What type of health insurance does {he/she} have?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]

- ☐ 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- ☐ 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 04 MEDICARE
- ☐ 05 MEDI-CAL
- ☐ 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- ☐ 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- ☐ 10 COVERED CALIFORNIA
- ☐ 11 SHOP THROUGH COVERED CALIFORNIA
- ☐ 91 OTHER GOVERNMENT HEALTH PLAN
- ☐ 92 OTHER NON-GOVERNMENT HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_H55:**

IF QA17\_H55 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF QA17\_H55 = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF QA17\_H55 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF QA17\_H55 = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;

IF QA17\_H55 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;

IF QA17\_H55 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF QA17\_H55 = 8, SET SPIHS = 1;

IF QA17\_H55 = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;

IF QA17\_H55 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;

IF QA17\_H55 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

IF QA17\_H55 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA17\_H56:**

IF QA17\_H53 = (1, 2, 3, 10, 11) OR QA17\_H55 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QA17\_H56;

IF QA17\_A17 = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF QA17\_D9 = 1 OR QA17\_D10 = 1 THEN DISPLAY "partner's";

ELSE SKIP TO PROGRAMMING NOTE QA17\_H58

'QA17\_H56' [AH62] -

Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

[IF NEEDED, SAY: "Even someone who does not live in this household."]

- ☐ 01 IN SPOUSE'S/PARTNER'S NAME
- ☐ 02 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, go to 'PN\_QA17\_H58'

**POST-NOTE QA17\_H56:**

IF QA17\_H56 = 1 AND [QA17\_H53 = (1 OR 2) OR QA17\_H55 = (1 OR 2)], SET SPEMPOW = 1 AND SPEMPOT = 0;

IF QA17\_H56 = 1 AND [QA17\_H53 = 3 OR QA17\_H55 = 3], SET KSPDIROW = 1;

IF QA17\_H56 = 1 AND [QA17\_H53 = 10 OR QA17\_H55 = 10], SET SPHBEX = 1 AND SPDIROW = 1;

IF QA17\_H56 = 1 AND [QA17\_H53 = 11 OR QA17\_H55 = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

**'QA17\_H57'** [AH63] -

Is the plan in your name, parent's name, or someone else's name?

- ☐ 01 IN ADULT RESPONDENT'S NAME
- ☐ 02 IN ADULT RESPONDENT'S PARENT'S NAME
- ☐ 03 IN SOMEONE ELSE'S NAME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST NOTE QA17\_H57:**

IF QA17\_H57 = 1 AND [QA17\_H53 = (1 OR 2) OR QA17\_H55 = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;

IF QA17\_H57 = 1 AND [QA17\_H53 = 3 OR QA17\_H55 = 3], SET SPDIPAR = 1 AND ARSAMES = 1;

IF QA17\_H57 = 1 AND [QA17\_H53 = 10 OR QA17\_H55 = 10], SET SPHBEX = 1 AND SPDIPAR = 1 AND ARSAMES = 1;

IF QA17\_H57 = 1 AND [QA17\_H53 = 11 OR QA17\_H55 = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;

IF QA17\_H57 = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

**PROGRAMMING NOTE QA17\_H58:**

IF SPEMPOW = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA17\_H61;

ELSE IF [(AG8=1 OR 2) OR (AG11=1)] AND AG9#3 CONTINUE WITH QA17\_H58;

IF QA17\_A17 = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"

ELSE GO TO PROGRAMMING NOTE QA17\_H61

**'QA17\_H58'** [AI43] -

Does your {spouse's/partner's} employer offer health insurance to any of its employees?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_H61'**

**'QA17\_H59'** [AI44] -

Is {he/she} eligible to be in this plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, go to 'QA17\_H60'**

**If = -7, -8, go to 'PN\_QA17\_H61'**

**'QA17\_H60'** [AI45] -

What is the ONE main reason why {he/she} isn't in this plan?

- ☐ 01 COVERED BY ANOTHER PLAN
- ☐ 02 TOO EXPENSIVE
- ☐ 03 DOESN'T LIKE PLAN OFFERED
- ☐ 04 DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, 4, 91, -7, -8, go to 'PN\_QA17\_H61'****'QA17\_H60'** [AI45A] -

What is the one main reason why {he/she} is not eligible for this plan?

- ☐ 01 HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED
- ☐ 02 CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN
- ☐ 03 DOESN'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H61 :**

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN QA17\_H64;

IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO QA17\_H83;

ELSE CONTINUE WITH QA17\_H61 DISPLAY;

IF [QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “other” ;

IF [QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL” ;

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “other” ;

[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL” ;

IF [QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY “Next, I have some questions about your own main health plan.”; AND “ “;

IF [QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan.” AND “Medi-Cal”;

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY “ “,

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY “Medi-Cal”;

ELSE DISPLAY, “Is your health plan an HMO?”

**‘QA17\_H61’ [A122C] -**

{Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.}

Is your {Medi-Cal/other} health plan an HMO?

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it’s an emergency.”]

[IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO.”]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, go to ‘PN\_QA17\_H63’

**PROGRAMMING NOTE QA17\_H62:**  
**IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO QA17\_H63;**  
**ELSE CONTINUE WITH QA17\_H62;**

**'QA17\_H62' [AH122] -**

Is your health plan a PPO or EPO?

**[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]**

**[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider.]**

**[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]**

- ☐ 01 PPO
- ☐ 02 EPO
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H63:**  
**IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH QA17\_H63 AND DISPLAY "your main";**  
**IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH QA17\_H63 AND DISPLAY "this"**

**'QA17\_H63' [AI22A] -**

What is the name of {your main/this} health plan?

**[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]**

- ☐ 01 ACCESS SENIOR HEALTHCARE
- ☐ 02 AETNA
- ☐ 03 AETNA GOLDEN MEDICARE
- ☐ 04 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 05 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 07 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 08 ASPIRE HEALTH PLAN
- ☐ 09 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS' INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN

- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP
- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN
- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JP AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK
- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE
- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE
- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA
- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES
- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN
- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST NOTE QA17\_H63:**

**IF QA17\_H63 = 93, 87, OR 89 THEN SET ARMILIT=1**

**PROGRAMMING NOTE QA17\_H64:**

**IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR AROTHER ≠ 1) AND QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “Next I have some questions about your own main health plan.”**

**‘QA17\_H64’ [A125] -**

{Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H65:**

**IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH QA17\_H65;  
ELSE GO TO QA17\_H70**

**‘QA17\_H65’ [AH71] -**

Does your health plan have a deductible that is more than \$1,000?

**[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN I GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**‘QA17\_H66’ [AH72] -**

Does your health plan have a deductible **for all covered persons** that is more than \$2,000?

**[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN I GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H67:**

**IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH QA17\_H67;  
ELSE CONTINUE WITH QA17\_H70**

**'QA17\_H67'** [AH73B] -

Do you have a special account or fund you can use to pay for medical expenses?

**[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement**

**Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_H70'**

**'QA17\_H68'** [AH130] -

Do you have money in this account?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_H70'**

**'QA17\_H69'** [AH131] -

How much money do you have in this account? Your best guess is fine.

\_\_\_\_\_ (AMOUNT) [HR: 0 -9997]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H70'** [AI31] -

Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, go to 'QA17\_H72'**

**If = -7, go to 'QA17\_H78'**

**If = -8, go to 'QA17\_H73'**



**'QA17\_H71'** [AH132] -

How long have you had your current health insurance?

**[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]**

[AH132M] -

\_\_\_\_\_ NUMBER OF MONTHS

**If >=0, go to 'QA17\_H76'**

[AH132Y] -

\_\_\_\_\_ NUMBER OF YEARS

**If >=0, go to 'QA17\_H76'**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If =-7, -8,, go to 'QA17\_H76'**

**'QA17\_H72'** [AH133] -

Out of the last 12 months, howmany months did you have your current health insurance plan?

**[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]**

\_\_\_\_\_ NUMBER OF MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H73'** [AI32] -

During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If =2, -7, -8, go to 'QA17\_H76'**

**'QA17\_H74'** [A133] -

Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

**[CODE ALL THAT APPLY]****[PROBE: "Any others?"]**

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H75:****IF MORE THAN ONE RESPONSE FROM QA17\_H74, THEN CONTINUE WITH QA17\_H75;  
ELSE CONTINUE WITH QA17\_H76****'QA17\_H75'** [AH134] -

Prior to your current plan, which health insurance did you have?

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H76:****IF QA17\_H73 ≠ 1 OR QA17\_H70 = 1, THEN CONTINUE WITH QA17\_H76;  
ELSE CONTINUE WITH QA17\_H77****'QA17\_H76'** [AH135] -

Prior to your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ 95 NO OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAM NOTE QA17\_H77:**

IF QA17\_H76 = 95, THEN SKIP TO AH137, ELSE CONTINUE WITH QA17\_H77  
IF ONLY ONE RESPONSE FROM QA17\_H74 THEN DISPLAY THAT RESPONSE  
ELSE IF QA17\_H75 >0 DISPLAY RESPONSE FROM QA17\_H75  
ELSE IF QA17\_H76 >0 DISPLAY RESPONSE FROM QA17\_H76

**'QA17\_H77'** [AH136] -

How long did you have the plan from {AH134/AH135/AI33}?

**[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]**

[AH136M] -

\_\_\_\_\_ NUMBER OF MONTHS

[AH136Y] -

\_\_\_\_\_ NUMBER OF YEARS

**If >=0, go to 'QA17\_H78'**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H78'** [AH137] -

During the past 12 months, did you change your health insurance plan?

**[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H79:**

IF QA17\_H70 = 2, -7, -8 OR QA17\_H73 = 1, -7, -8 THEN CONTINUE,  
ELSE SKIP TO QA17\_H80

**'QA17\_H79'** [AI34] -

During the past 12 months, was there any time when you had no health insurance at all?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE AI35:****IF QA17\_H79=1 OR QA17\_H73 =2, THEN CONTINUE WITH AI35, ELSE SKIP TO PN QA17\_H89.****'QA17\_H80' [AI35] -**

For how many months of the past 12 months did you have no health insurance at all?

**[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]**

\_\_\_\_\_ NUMBER OF MONTHS [HR: 0-11]

**If = 0, go to 'PN\_QA17\_H89'**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = -7, -8, go to 'PN\_QA17\_H89'****'QA17\_H81' [AI36] -**

What is the ONE MAIN reason why you did not have any health insurance during those months?

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H82' [AH74] -**

During the time that you were uninsured, did you try to find health insurance on your own?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, -7, -8, go to 'PN\_QA17\_H89'****'QA17\_H83' [AI24] -**

What is the ONE MAIN reason why you do not have any health insurance?

**[IF R SAYS NO NEED, PROBE WHY]**

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H84' [AH75] -**

During the time that you have been uninsured, have you tried to find health insurance on your own?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H85' [AI27] -**

Were you covered by health insurance at any time during the past 12 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_H87'**

**'QA17\_H86' [AI28] -**

How long has it been since you last had health insurance?

- ☐ 01 MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO
- ☐ 02 MORE THAN 3 YEARS AGO
- ☐ 03 NEVER HAD HEALTH INSURANCE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H87' [AI29] -**

For how many months out of the last 12 months did you have health insurance?

**[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]**

\_\_\_\_\_ MONTHS [HR: 0-12]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H88' [AI30] -**

During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

**[CODE ALL THAT APPLY]**

**[PROBE: "Any others?"]**

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER OR UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H89:**

**IF ARINSURE ≠ 1 OR QA17\_H73 = 2 OR ARDIRECT = 1 OR QA17\_H88 = (5, 6) OR QA17\_H74 = (5, 6) OR ARHBEX = 1 OR SPHBEX = 1; THEN CONTINUE WITH QA17\_H89;  
ELSE GO TO PROGRAMMING NOTE QA17\_H106**

**'QA17\_H89'** [AH103h] -

In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_H106'**

**'QA17\_H90'** [AH110h] -

Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

- ☐ 01 DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR
- ☐ 02 THROUGH COVERED CALIFORNIA, OR
- ☐ 03 BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = -7, -8, go to 'QA17\_H93'**

**PROGRAMMING NOTE QA17\_H91:**

**IF QA17\_H90 = 1; THEN CONTINUE WITH QA17\_H91;**

**IF QA17\_H90 = 3; THEN CONTINUE WITH QA17\_H91 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."**

**ELSE GO TO PROGRAMMING NOTE QA17\_H95;**

**'QA17\_H91'** [AH98h] -

{First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}How difficult was it to find a plan with the coverage you needed? Was it...

- ☐ 01 Very difficult,
- ☐ 02 Somewhat difficult,
- ☐ 03 Not too difficult, or
- ☐ 04 Not at all difficult?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H92'** [AH99h] -

How difficult was it to find a plan you could afford? Was it...

- ☐ 01 Very difficult,
- ☐ 02 Somewhat difficult,
- ☐ 03 Not too difficult, or
- ☐ 04 Not at all difficult?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_H93' [AH100h] -

Did anyone help you find a health plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'PN\_QA17\_H96'

'QA17\_H94' [AH101h] -

Who helped you?

- ☐ 01 BROKER
- ☐ 02 FAMILY MEMBER/FRIEND
- ☐ 03 INTERNET
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H95:**

**IF QA17\_H94 = 2; THEN CONTINUE WITH QA17\_H95;**

**IF QA17\_H94 = 3; THEN CONTINUE WITH QA17\_H95 AND DISPLAY "Now, think about your experience with Covered California."**

**ELSE GO TO PROGRAMMING NOTE QA17\_H99;**

'QA17\_H95' [AH111h] -

{Now, think about your experience with Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

- ☐ 01 Very difficult,
- ☐ 02 Somewhat difficult,
- ☐ 03 Not too difficult, or
- ☐ 04 Not at all difficult?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_H96' [AH112h] -

How difficult was it to find a plan you could afford? Was it...

- ☐ 01 Very difficult,
- ☐ 02 Somewhat difficult,
- ☐ 03 Not too difficult, or
- ☐ 04 Not at all difficult?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_H97' [AH113h] -

Did anyone help you find a health plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'QA17\_H99'

**'QA17\_H98'** [AH114h] -

Who helped you?

- ☐ 01 BROKER
- ☐ 02 FAMILY MEMBER / FRIEND
- ☐ 03 INTERNET
- ☐ 04 CERTIFIED ENROLLMENT COUNSELOR
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H99'** [AH115h] -

Did you have all the information you felt you needed to make a good decision on a health plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H100:****IF QA17\_G8 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA17\_H100;  
ELSE GO TO QA17\_H101;****'QA17\_H100'** [AH116h] -

Were you able to get information about your health plan options in your language?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H101'** [AH117h] -

Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H102'** [AH118h] -

Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H103'** [AH119h] -

Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**'QA17\_H104'** [AH120h] -

Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

- ☐ 01 VERY IMPORTANT
- ☐ 02 SOMEWHAT IMPORTANT
- ☐ 03 NOT IMPORTANT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H105:**

```
IF AH106 = 1 THEN DISPLAY "Bronze"  
ELSE IF QA17_H23 = 2 THEN DISPLAY "Silver"  
ELSE IF QA17_H23 = 3 THEN DISPLAY "Gold"  
ELSE IF QA17_H23 = 4 THEN DISPLAY "Platinum"  
ELSE IF QA17_H23 = 6 THEN DISPLAY "Minimum coverage"  
ELSE DISPLAY " ";
```

**'QA17\_H105'** [AH121h] -

Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

- ☐ 01 COST
- ☐ 02 SPECIFIC DOCTOR
- ☐ 03 SPECIFIC HOSPITAL
- ☐ 04 CHOICE OF DOCTORS IN NETWORK
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H106:**

```
IF ARINSURE = 1, CONTINUE WITH QA17_H106;  
ELSE SKIP TO QA17_H107;
```

**'QA17\_H106'** [AH139] -

Overall, how satisfied are you with your current health insurance plan? Are you...

- ☐ 01 Very satisfied
- ☐ 02 Somewhat satisfied
- ☐ 03 Somewhat dissatisfied, or
- ☐ 04 Very dissatisfied?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H107:**

**IF QA17\_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA17\_B13 = 1 (HOSPITALIZED FOR ASTHMA) THEN GO TO PROGRAMMING NOTE QA17\_H108;  
ELSE CONTINUE WITH QA17\_H107**

**'QA17\_H107'** [AH14] -

During the past 12 months, were you a patient in a hospital overnight or longer?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_H109'**

**PROGRAMMING NOTE QA17\_H108:**

**IF ARINSURE ≠ 1 OR QA17\_H80 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA17\_H108 AND IF AH15=1 OR AB80 =1 display "Previously you mentioned you were a patient in a hospital overnight or longer" ;  
ELSE GO TO PROGRAMMING NOTE QA17\_H109**

**'QA17\_H108'** [AH76] -

Was any of that hospital care paid for by Medi-Cal?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_H109 :**

**[IF ARINSURE ≠ 1 OR QA17\_H80 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA17\_A6 =2 (FEMALE) AND QA17\_E1 =1 (PREGNANT) OR SC14A =1 , THEN CONTINUE WITH QA17\_H109 ;  
ELSE GO TO NEXT SECTION**

**'QA17\_H109'** [AH77] -

During the last 12 months, did you get prenatal care that you didn't have to pay for?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_H111'-'QA17\_H110' [AH78] -**

Was it paid for by Medi-Cal?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAM NOTE QA17\_H111:****IF ARMCAL =1 OR ARINSURE ≠ 1, SKIP TO QA17\_H113****ELSE IF QA17\_H73 = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your spouse's current health plan", AND CONTINUE WITH QA17\_H111****'QA17\_H111' [AH79] -**

{The following questions are about your current health plan.}

While you've had your current health plan, have you reached the limit of what your insurance company would pay for?

**[IF NEEDED, SAY: "EVER for your current health plan."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_H113'****'QA17\_H112' [AH80] -**

Did this happen in the past 12 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H113' [AH81] -**

During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?

**[IF NEEDED, SAY: "Dental bills should be included."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to PN\_QA17\_I1****'QA17\_H114' [AH83] -**

What is the total amount of medical bills?

**[IF NEEDED, SAY: "The bills can be from earlier years as well as this year."]**

- ☐ 01 LESS THAN \$1,000
- ☐ 02 \$1,000 TO LESS THAN \$2,000
- ☐ 03 \$2,000 TO LESS THAN \$4,000
- ☐ 04 \$4,000 TO LESS THAN \$8,000
- ☐ 05 \$8,000 OR MORE
- ☐ 06 NONE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H115'** [AH84] -

Were you or your family member uninsured at the time care was provided?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS AND ONE PERSON UNINSURED AND THE OTHER INSURED
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H116'** [AH85] -

Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_H117'** [AH86] -

Because of these medical bills, did you take on credit card debt?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

## SECTION I – CHILD AND ADOLESCENT INSURANCE

**PROGRAMMING NOTE QA17\_I1 :**  
**IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA17\_I37 TO ASK ABOUT SELECTED ADOLESCENT;**  
**IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA17\_I2 ;**  
**ELSE CONTINUE WITH QA17\_I1**

**'QA17\_I1' [CF10A] -**

These next questions are about health insurance (CHILD) may have.

Does (CHILD) have the same insurance as you?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_I19'**

**POST-NOTE QA17\_I1 :**  
**IF QA17\_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA17\_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA17\_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA17\_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA17\_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA17\_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA17\_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA17\_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA17\_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
  
**IF QA17\_I1 = 1 AND AROther = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**  
**IF QA17\_I1 = 1 AND ARIHS = 1, SET CHIHS = 1**  
**IF QA17\_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;**

**PROGRAMMING NOTE QA17\_I2 :**

**IF SPINSURE ≠ 1, THEN SKIP TO QA17\_I3 ;**  
**ELSE IF QA17\_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA17\_I3 ;**  
**ELSE CONTINUE WITH QA17\_I2**

**'QA17\_I2' [MA1] -**

Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_I19'**

**IF QA17\_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**  
**IF QA17\_I2 = 1 AND SPIHS = 1, SET CHIHS = 1**  
**IF QA17\_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**  
**IF QA17\_I2 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1**

**IF QA17\_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**  
**IF QA17\_I2 = 1 AND SPENPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**  
**IF QA17\_I2 = 1 AND SPENPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**  
**IF QA17\_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**  
**IF QA17\_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**  
**IF QA17\_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**

**POST-NOTE QA17\_I2 :**

**IF QA17\_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**  
**IF QA17\_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**  
**IF QA17\_I2 = 1 AND SPENPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;**

**'QA17\_I3' [CF1] -**

Is {he/she} currently covered by Medi-CAL?

**[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE CF1 :**

**IF CF1 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1**

**'QA17\_I4' [CF3] -**

Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

**[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_I6'**

**POST-NOTE QA17\_I4 :**  
**IF QA17\_I4 = 1, SET CHEMP = 1 AND CHINSURE = 1**

**'QA17\_I5' [AI90] -**

Is this plan through an employer, through a union, or through Covered California's SHOP program?

**[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]**

- ☐ 01 EMPLOYER
- ☐ 02 UNION
- ☐ 03 SHOP / COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_I5 :**  
**IF QA17\_I5 = 3, THEN SET CHHBEX = 1**

**PROGRAM NOTE QA17\_I6 :**  
**IF CHINSURE = 1 THEN GO TO QA17\_I8 ;**  
**ELSE CONTINUE WITH QA17\_I6**

**'QA17\_I6' [CF4] -**

Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

**[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_I13'**

**POST-NOTE QA17\_I6 :**  
**IF QA17\_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1**

**PROGRAMMING NOTE QA17\_I7 :**  
**IF CHDIRECT = 1, THEN CONTINUE WITH QA17\_I7 ;**  
**ELSE GO TO PROGRAMMING NOTE QA17\_I8**

**'QA17\_I7' [AI91] -**

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

- ☐ 01 INSURANCE COMPANY OR HMO
- ☐ 02 COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_I7 :**  
**IF QA17\_I7 = 2, THEN SET CHHBEX = 1**

**PROGRAMMING NOTE QA17\_I8**  
**IF CHHBEX = 1, THEN CONTINUE WITH QA17\_I8 ;**  
**ELSE GO TO PROGRAMMING NOTE QA17\_I10 ;**

**'QA17\_I8' [AI92] -**

Was this a bronze, silver, gold or platinum plan?

- ☐ 01 BRONZE
- ☐ 02 SILVER
- ☐ 03 GOLD
- ☐ 04 PLATINUM
- ☐ 05 MEDI-CAL / MEDICAID
- ☐ 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I9**  
**IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA17\_I9 ;**  
**ELSE GO TO PROGRAMMING NOTE QA17\_I10 ;**

**'QA17\_I9' [AI93] -**

Was there a subsidy or discount on the premium for this plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**PROGRAMMING NOTE QA17\_I10 :**

**IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),  
CONTINUE WITH QA17\_I10 ;  
ELSE GO TO QA17\_I13**

**'QA17\_I10' [A154] -**

Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

**[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]**

**[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]**

**[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_I11' [A150] -**

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_I13'**

**'QA17\_I12' [A151] -**

Who else pays all or some portion of the cost for (CHILD)'s health plan?

**[CODE ALL THAT APPLY.]**

- ☐ 01 CURRENT EMPLOYER
- ☐ 02 FORMER EMPLOYER
- ☐ 03 UNION
- ☐ 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- ☐ 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- ☐ 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- ☐ 07 MEDICAID/MEDI-CAL ASSISTANCE
- ☐ 10 COVERED CALIFORNIA
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_I12 :**

**IF QA17\_I12 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;**

**IF QA17\_I12 = 7, SET CHMCAL = 1**

**IF QA17\_I12 = 10, SET CHHBEX = 1;**

**PROGRAMMING NOTE QA17\_I13 :**  
**IF CHINSURE = 1, GO TO PN QA17\_I19 ;**  
**ELSE CONTINUE WITH QA17\_I13**

**'QA17\_I13'** [CF6] -

Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'PN\_QA17\_I19'**

**POST-NOTE QA17\_I13 :**  
**IF QA17\_I13 = 1, SET CHMILIT = 1 AND CHINSURE = 1**

**'QA17\_I14'** [CF7] -

Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else?

**[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]**

- ☐ 01 AIM
- ☐ 02 MISTER MIP/MRMIP
- ☐ 03 HEALTHY KIDS
- ☐ 04 NO OTHER PLAN
- ☐ 91 SOMETHING ELSE (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, 91, go to 'PN\_QA17\_I19'**

**POST-NOTE QA17\_I14 :**  
**IF QA17\_I14 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1**

**'QA17\_I15'** [CF8] -

Does {he/she} have any health insurance coverage through a plan that I missed?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_I18A'**

**'QA17\_I16' [CF9] -**

What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

**[CIRCLE ALL THAT APPLY.]**

**[PROBE: "Any others?"]**

- ☐ 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- ☐ 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 04 MEDICARE
- ☐ 05 MEDI-CAL
- ☐ 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- ☐ 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC
- ☐ 10 COVERED CALIFORNIA
- ☐ 11 SHOP THROUGH COVERED CALIFORNIA
- ☐ 91 OTHER GOVERNMENT HEALTH PLAN
- ☐ 92 OTHER NON-GOVERNMENT HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_I16 :**

IF QA17\_I16 = 1, SET CHEMP = 1 AND CHINSURE = 1  
 IF QA17\_I16 = 2, SET CHEMP = 1 AND CHINSURE = 1  
 IF QA17\_I16 = 3, SET CHDIRECT = 1 AND CHINSURE = 1  
 IF QA17\_I16 = 4, SET CHMCARE = 1 AND CHINSURE = 1  
 IF QA17\_I16 = 5, SET CHMCAL = 1 AND CHINSURE = 1  
 IF QA17\_I16 = 7, SET CHMILIT = 1 AND CHINSURE = 1  
 IF QA17\_I16 = 8, SET CHIHS = 1  
 IF QA17\_I16 = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;  
 IF QA17\_I16 = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;  
 IF QA17\_I16 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1  
 IF QA17\_I16 = 92, SET CHOTHER = 1 AND CHINSURE = 1  
 IF QA17\_I16 = -7 OR -8, SET CHINSURE = 1

**PROGRAMMING NOTE CF9VER :**

IF QA17\_I16 = 4 (CHILD HAS MEDICARE), CONTINUE WITH CF9VER ;  
 ELSE SKIP TO PROGRAMMING NOTE QA17\_I18

**'QA17\_I17' [CF9VER] -**

Just to verify, you said that (CHILD) gets health insurance through Medicare?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I18 :**  
**IF CHINSURE # 1 CONTINUE WITH QA17\_I18 ;**  
**ELSE GO TO QA17\_I19 ;**

**'QA17\_I18' [CF1A] -**

What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?

- ☐ 01 PAPERWORK TOO DIFFICULT
- ☐ 02 DIDN'T KNOW IF ELIGIBLE
- ☐ 03 INCOME TOO HIGH, NOT ELIGIBLE
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 OTHER NOT ELIGIBLE
- ☐ 06 DON'T BELIEVE IN HEALTH INSURANCE
- ☐ 07 DON'T NEED IT BECAUSE HEALTHY
- ☐ 08 ALREADY HAVE INSURANCE
- ☐ 09 DIDN'T KNOW IT EXISTED
- ☐ 10 DON'T LIKE / WANT WELFARE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I19 :**  
**IF QA17\_I1 = 1 AND ARMCARE = 1 AND QA17\_H9 = 1, THEN QA17\_I19 = QA17\_H9 AND QA17\_I21 = QA17\_H10 AND SKIP TO QA17\_I22 ;**  
**ELSE IF QA17\_I1 = 1, THEN QA17\_I19 = QA17\_H61 AND QA17\_I21 = QA17\_H63 AND QA17\_I22 = QA17\_H64 AND GO TO PN QA17\_H111 ;**  
**ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA17\_I19 ;**  
**ELSE GO TO PN QA17\_H111**

**'QA17\_I19' [MA3] -**

Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

**[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_I21'**

**PROGRAMMING NOTE QA17\_I20 :**  
**IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA17\_I21 ;**  
**ELSE CONTINUE WITH QA17\_I20 ;**

**'QA17\_I20' [A1115] -**

Is (CHILD)'s health plan a PPO or EPO?

**[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]**

**[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]**

**[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]**

- ☐ 01 PPO
- ☐ 02 EPO
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_I21' [MA2] -**

What is the name of (CHILD)'s main health plan?

**[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]**

- ☐ 01 ACCESS SENIOR HEALTHCARE
- ☐ 02 AETNA
- ☐ 03 AETNA GOLDEN MEDICARE
- ☐ 04 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 05 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 07 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 08 ASPIRE HEALTH PLAN
- ☐ 09 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS' INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN
- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP
- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN

- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JP AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK
- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE
- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE
- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA
- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES
- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN
- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST NOTE QA17\_I21 :**

**IF QA17\_I21 = 93, 87, OR 89 THEN SET CHMILIT=1**

**'QA17\_I22' [CF14] -**

Is (CHILD) covered for prescription drugs?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE FOR QA17\_H111 :**  
**IF (ARINSURE ≠ 1 OR QA17\_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN**  
**CONTINUE WITH QA17\_H111 ;**  
**ELSE SKIP TO PROGRAMMING NOTE QA17\_I26**

**'QA17\_I23' [A179] -**

Does (CHILD)'s health plan have a deductible that is more than \$1,000?

**[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_I24' [A180] -**

Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

**[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I25 :**  
**IF (QA17\_H111 = 1 OR 3) OR (QA17\_I24 = 1 OR 3), CONTINUE WITH QA17\_I25 ;**  
**ELSE SKIP TO PROGRAMMING NOTE QA17\_I26**

**'QA17\_I25' [A181] -**

Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

**[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I26:**  
**IF CHINSURE = 1, GO TO CF24 ;**  
**ELSE CONTINUE WITH QA17\_I26**

**'QA17\_I26'** [CF18] -

What is the one main reason (CHILD) does not have any health insurance?

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_I27'** [CF20] -

Was (CHILD) covered by health insurance at any time during the past 12 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_I28'** [CF21] -

How long has it been since (CHILD) last had health insurance?

- ☐ 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- ☐ 02 MORE THAN 3 YEARS AGO
- ☐ 03 NEVER HAD HEALTH INSURANCE COVERAGE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, -7, -8, go to 'PN\_QA17\_I37'**

**'QA17\_I29'** [CF22] -

For how many of the last 12 months did {he/she} have health insurance?

**[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]**

\_\_\_\_\_ MONTHS [HR: 0-12]\_

**If = 0, go to 'PN\_QA17\_I37'**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**'QA17\_I30'** [CF23] -

During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

**[CIRCLE ALL THAT APPLY]**

**[PROBE: "Any others?"]**

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If =1, 3, 5, 6, 91, -7, -8, go to 'PN\_QA17\_I37'**

**'QA17\_I31'** [CF24] -

Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 3, go to 'PN\_QA17\_I37'**

**'QA17\_I32'** [CF25] -

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_I34'**

**'QA17\_I33'** [CF26] -

Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

**[CODE ALL THAT APPLY.]****[PROBE: "Any others?"]**

- ☐ 01 MEDI-CAL
- ☐ 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_I34'** [CF27] -

During the past 12 months, was there any time when {he/she} had no health insurance at all?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_I37'****'QA17\_I35'** [CF28] -

For how many of the past 12 months did {he/she} have no health insurance?

**[IF < 1 MONTH, ENTER "1"]**

\_\_\_\_\_ MONTHS [RANGE: 1-12]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_I36'** [CF29] -

What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

**[IF R SAYS, "No need," PROBE WHY]**

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I37 :**  
**IF NO TEEN SELECTED, GO TO PN QA17\_I72 ;**  
**IF ARINSURE = 1, CONTINUE WITH QA17\_I37 ;**  
**IF ARINSURE ≠ 1, GO TO PN QA17\_I38 ;**  
**ELSE CONTINUE WITH QA17\_I37**

**'QA17\_I37' [IA10A] -**

These next questions are about health insurance (TEEN) may have. Does (TEEN) have the same insurance as you?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_I54'**

**POST-NOTE QA17\_I37 :**  
**IF QA17\_I37 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;**  
**IF QA17\_I37 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;**  
**IF QA17\_I37 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**  
**IF QA17\_I37 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**  
**IF QA17\_I37 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**  
**IF QA17\_I37 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;**  
**IF QA17\_I37 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;**  
**IF QA17\_I37 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;**  
**IF QA17\_I37 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;**  
**IF QA17\_I37 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;**  
**IF QA17\_I37 = 1 AND ARIHS = 1, SET TEIHS = 1**  
**IF QA17\_I37 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;**

**PROGRAMMING NOTE QA17\_I38 :**  
**IF SPINSURE ≠ 1 THEN SKIP TO MA6 ;**  
**ELSE IF QA17\_I37 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE MA6 ;**  
**ELSE CONTINUE WITH QA17\_I38**

**'QA17\_I38' [MA5] -**

Does (TEEN) have the same insurance as your spouse?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_I54'**

**POST-NOTE QA17\_I38 :**

IF QA17\_I38 = 1 AND SPM CARE = 1, SET TEM CARE = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPM CAL = 1, SET TEM CAL = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPIHS = 1, SET TEIHS = 1  
 IF QA17\_I38 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;  
 IF QA17\_I38 = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND SPSAMETE = 1

**PROGRAMMING NOTE MA6 :**

IF TEINSURE ≠ 1, THEN SKIP TO QA17\_I39 ;  
 ELSE IF (QA17\_I37 = 2 AND ARSAMECH = 1) OR (QA17\_I38 = 2 AND SPSAMECH = 1), THEN SKIP TO QA17\_I39 ;  
 ELSE CONTINUE WITH MA6 ;

‘QA17\_I39’ [MA6] -

Does (TEEN) have the same insurance as (CHILD)?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE MA6 :**

IF MA6 = 1 AND CHM CARE = 1, SET TEM CARE = 1 AND SET TEINSURE = 1;  
 IF MA6 = 1 AND CHM CAL = 1, SET TEM CAL = 1 AND SET TEINSURE = 1;  
 IF MA6 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
 IF MA6 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;  
 IF MA6 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;  
 IF MA6 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;  
 IF MA6 = 1 AND CHIHS = 1, SET TEIHS = 1;  
 IF MA6 = 1 AND CHOTHER = 1, SET TEOTHER = 1;  
 IF MA6 = 1 AND CHHBEX = 1, SET TEHBEX = 1

‘QA17\_I40’ [IA1] –

Is {he/she} currently covered by Medi-CAL?

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_I39 :**

IF QA17\_I39 = 1, SET TEM CAL = 1 AND SET TEINSURE = 1

**'QA17\_I41' [IA3] -**

Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

**[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_I42'**

**POST-NOTE QA17\_I40 :  
IF QA17\_I40 = 1, SET TEEMP = 1 AND SET TEINSURE = 1**

**'QA17\_I42' [AI94] -**

Is this plan through an employer, through a union, or through Covered California's SHOP program?

**[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]**

- ☐ 01 EMPLOYER
- ☐ 02 UNION
- ☐ 03 SHOP / COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_I41 :  
IF QA17\_I41 = 3, THEN SET TEHBEX = 1**

**PROGRAMMING NOTE QA17\_I42 :  
IF TEINSURE = 1 THEN GO TO QA17\_I43 ;  
ELSE CONTINUE WITH QA17\_I42**

**'QA17\_I43' [IA4] -**

Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

**[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_I49'**

**POST-NOTE QA17\_I42 :  
IF QA17\_I42 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1**

**PROGRAMMING NOTE QA17\_I43 :**  
**IF TEDIRECT = 1, THEN CONTINUE WITH QA17\_I43 ;**  
**ELSE GO TO PROGRAMMING NOTE QA17\_I44**

**'QA17\_I44'** [AI95] -

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

- ☐ 01 INSURANCE COMPANY OR HMO
- ☐ 02 COVERED CALIFORNIA
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE FOR QA17\_I43 :**  
**IF QA17\_I43 = 2, THEN SET TEHBEX = 1**

**PROGRAMMING NOTE QA17\_I44**  
**IF TEHBEX = 1, THEN CONTINUE WITH QA17\_I44 ;**  
**ELSE GO TO PROGRAMMING NOTE QA17\_I46 ;**

**'QA17\_I45'** [AI96] -

Was this a bronze, silver, gold or platinum plan?

- ☐ 01 BRONZE
- ☐ 02 SILVER
- ☐ 03 GOLD
- ☐ 04 PLATINUM
- ☐ 05 MEDI-CAL / MEDICAID
- ☐ 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I45**  
**IF QA17\_I41 = 3, THEN GO TO PN QA17\_I46 ;**  
**ELSE CONTINUE WITH QA17\_I45 ;**

**'QA17\_I46'** [AI97] -

Was there a subsidy or discount on the premium for this plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I46 :**

**IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),  
CONTINUE WITH QA17\_I46 ;  
ELSE GO TO PROGRAMMING NOTE QA17\_I49**

**'QA17\_I47' [A155] -**

Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

**[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]**

**[IF NEEDED, SAY: A deductible is the amount you pay for medical care before your health plan starts paying."]**

**[IF NEEDED, SAY: Premium is the monthly charge for the cost of your health insurance plan."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_I48' [A152] -**

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_I49'**

**'QA17\_I49' [A153] -**

Who else pays all or some portion of the cost for (TEEN)'s health plan?

**[CODE ALL THAT APPLY.]**

- ☐ 01 CURRENT EMPLOYER
- ☐ 02 FORMER EMPLOYER
- ☐ 03 UNION
- ☐ 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- ☐ 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- ☐ 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- ☐ 07 MEDICAID/MEDI-CAL ASSISTANCE
- ☐ 10 COVERED CALIFORNIA
- ☐ 91 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_I48 :**

**IF QA17\_I48 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;**

**IF QA17\_I48 = 7, SET TEMCAL = 1;**

**IF QA17\_I48 = 10, SET TEHBEX =1;**

**PROGRAMMING NOTE QA17\_I49 :**  
**IF TEINSURE = 1, GO TO PROGRAMMING NOTE IA1A ;**  
**ELSE CONTINUE WITH QA17\_I49**

**'QA17\_I50' [IA6] -**

Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'PN\_QA17\_I54'**

**POST-NOTE QA17\_I49 :**  
**IF QA17\_I49 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1**

**'QA17\_I51' [IA7] -**

Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?

**[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]**

- ☐ 01 AIM
- ☐ 02 MISTER MIP/MRMIP
- ☐ 03 Family PACT
- ☐ 04 HEALTHY KIDS
- ☐ 05 NO OTHER PLAN
- ☐ 91 SOMETHING ELSE (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, 4, 91, go to 'PN\_QA17\_I54'**

**POST-NOTE QA17\_I50 :**  
**IF QA17\_I50 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1**

**'QA17\_I52' [IA8] -**

Does {he/she} have any health insurance coverage through a plan that I missed?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_I54'**



**'QA17\_I53' [IA9] -**

What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

**[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]**

**[CIRCLE ALL THAT APPLY]**

**[PROBE: "Any others?"]**

- ☐ 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- ☐ 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- ☐ 04 MEDICARE
- ☐ 05 MEDI-CAL
- ☐ 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- ☐ 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC
- ☐ 10 COVERED CALIFORNIA
- ☐ 11 SHOP THROUGH COVERED CALIFORNIA
- ☐ 91 OTHER GOVERNMENT HEALTH PLAN
- ☐ 92 OTHER NON-GOVERNMENT HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST-NOTE QA17\_I53 :**

IF QA17\_I52= 1, SET TEEMP = 1 AND TEINSURE = 1;  
 IF QA17\_I52= 2, SET TEEMP = 1 AND TEINSURE = 1;  
 IF QA17\_I52 = 3, SET TEDIRECT = 1 AND TEINSURE = 1;  
 IF QA17\_I52 = 4, SET TEMCARE = 1 AND TEINSURE = 1;  
 IF QA17\_I52 = 5, SET TEMCAL = 1 AND TEINSURE = 1;  
 IF QA17\_I52 = 7, SET TEMILIT = 1 AND TEINSURE = 1;  
 IF QA17\_I52 = 8 , SET TEIHS = 1;  
 IF QA17\_I52 = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;  
 IF QA17\_I52 = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;  
 IF QA17\_I52 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;  
 IF QA17\_I52 = 92, SET TEOTHER = 1 AND TEINSURE = 1;  
 IF QA17\_I52 = -7 OR -8, SET TEINSURE = 1

**PROGRAMMING NOTE QA17\_I54:**

**IF QA17\_I52 = 4 (TEEN HAS MEDICARE), CONTINUE WITH IA9VER ;  
ELSE SKIP TO PROGRAMMING NOTE IA1A**

**'QA17\_I54' [IA9VER] -**

Just to verify, you said that (TEEN) gets health insurance through Medicare?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I55:**

**IF TEINSURE ≠ 1 CONTINUE WITH IA1A ;  
ELSE GO TO QA17\_I54 ;**

**'QA17\_I55' [IA1A] -**

What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

- ☐ 01 PAPERWORK TOO DIFFICULT
- ☐ 02 DIDN'T KNOW IF ELIGIBLE
- ☐ 03 INCOME TOO HIGH, NOT ELIGIBLE
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 OTHER NOT ELIGIBLE
- ☐ 06 DON'T BELIEVE IN HEALTH INSURANCE
- ☐ 07 DON'T NEED IT BECAUSE HEALTHY
- ☐ 08 ALREADY HAVE INSURANCE
- ☐ 09 DIDN'T KNOW IT EXISTED
- ☐ 10 DON'T LIKE / WANT WELFARE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I56 :**

IF QA17\_I37 = 1 AND ARMCARE = 1 AND QA17\_H9 = 1, THEN QA17\_I54 = QA17\_H9 AND QA17\_I56 = QA17\_H10 AND SKIP TO QA17\_I57 ;  
 ELSE IF QA17\_I37 = 1, THEN QA17\_I54 = QA17\_H61 AND QA17\_I56 = QA17\_H63 AND QA17\_I57 = QA17\_H64 AND GO TO PN QA17\_I58 ;  
 ELSE IF MA6 = 1, THEN QA17\_I54 = QA17\_I19 AND QA17\_I56 = QA17\_I21 AND QA17\_I57 = QA17\_I22 AND GO TO PN QA17\_I58 ;  
 ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA17\_I56 ;  
 ELSE GO TO PROGRAMMING NOTE QA17\_I58

**'QA17\_I56' [MA8] -**

Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

**[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she/} goes outside the network, generally it will not be paid unless it's an emergency."]**

**[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]**

**[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_I58'**

**PROGRAMMING NOTE QA17\_I57 :**

IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA17\_I56 ;  
 ELSE CONTINUE WITH QA17\_I55 ;

**'QA17\_I57' [AI116] -**

Is (TEEN)'s health plan a PPO or EPO?

**[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]**

**[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]**

**[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]**

- ☐ 01 PPO
- ☐ 02 EPO
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_I58' [MA7] -

What is the name of (TEEN)'s main health plan?

- ☐ 01 ACCESS SENIOR HEALTHCARE
- ☐ 02 AETNA
- ☐ 03 AETNA GOLDEN MEDICARE
- ☐ 04 AIDS HEALTHCARE FOUNDATION, LA
- ☐ 05 ALAMEDA ALLIANCE FOR HEALTH
- ☐ 83 ALTAMED HEALTH SERVICES
- ☐ 07 ANTHEM BLUE CROSS OF CALIFORNIA
- ☐ 08 ASPIRE HEALTH PLAN
- ☐ 09 BLUE CROSS CALIFORNIACARE
- ☐ 79 BLUE CROSS SENIOR SECURE
- ☐ 11 BLUE SHIELD 65 PLUS
- ☐ 12 BLUE SHIELD OF CALIFORNIA
- ☐ 13 BRAND NEW DAY (UNIVERSAL CARE)
- ☐ 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- ☐ 15 CALIFORNIAKIDS (CALKIDS)
- ☐ 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- ☐ 17 CALVIVA HEALTH
- ☐ 18 CARE 1ST HEALTH PLAN
- ☐ 19 CAREMORE HEALTH PLAN
- ☐ 21 CENTER FOR ELDERS' INDEPENDENCE
- ☐ 80 CEN CAL HEALTH
- ☐ 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- ☐ 23 CENTRAL HEALTH PLAN
- ☐ 24 CHINESE COMMUNITY HEALTH PLAN
- ☐ 25 CHOICE PHYSICIANS NETWORK
- ☐ 26 CIGNA HEALTHCARE
- ☐ 27 CITIZENS CHOICE HEALTHPLAN
- ☐ 28 COMMUNITY CARE HEALTH PLAN
- ☐ 29 COMMUNITY HEALTH GROUP
- ☐ 81 CONTRA COSTA HEALTH PLAN
- ☐ 31 DAVITA HEALTHCARE PARTNERS PLAN
- ☐ 32 EASY CHOICE HEALTH PLAN
- ☐ 33 EPIC HEALTH PLAN
- ☐ 34 GEM CARE HEALTH PLAN
- ☐ 35 GOLD COAST HEALTH PLAN
- ☐ 36 GOLDEN STATE MEDICARE HEALTH PLAN
- ☐ 38 HEALTH NET
- ☐ 39 HEALTH NET SENIORITY PLUS
- ☐ 40 HEALTH PLAN OF SAN JOAQUIN
- ☐ 41 HEALTH PLAN SAN JOE AUTHORITY
- ☐ 42 HERITAGE PROVIDER NETWORK
- ☐ 43 HUMANA GOLD PLUS
- ☐ 44 HUMANA HEALTH PLAN
- ☐ 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- ☐ 46 INTER VALLEY HEALTH PLAN
- ☐ 82 HEALTH ADVANTAGE
- ☐ 47 KAISER PERMANENTE
- ☐ 48 KAISER PERMANENTE SENIOR ADVANTAGE
- ☐ 49 KERN FAMILY HEALTH CARE
- ☐ 50 L.A. CARE HEALTH PLAN
- ☐ 51 MD CARE
- ☐ 54 MOLINA HEALTHCARE OF CALIFORNIA
- ☐ 55 MONARCH HEALTH PLAN
- ☐ 56 ON LOK SENIOR HEALTH SERVICES
- ☐ 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- ☐ 58 PIH HEALTH CARE SOLUTIONS
- ☐ 59 PREMIER HEALTH PLAN SERVICES
- ☐ 60 PRIMECARE MEDICAL NETWORK
- ☐ 61 PROVIDENCE HEALTH NETWORK
- ☐ 68 SCRIPPS HEALTH PLAN SERVICES
- ☐ 69 SEASIDE HEALTH PLAN
- ☐ 84 SAN FRANCISCO HEALTH PLAN

- ☐ 90 SANTA CLARA FAMILY HEALTH PLAN
- ☐ 86 SAN MATEO HEALTH COMMISION
- ☐ 88 SANTA BARBARA
- ☐ 92 SATELLITE HEALTH PLAN
- ☐ 67 SCAN HEALTH PLAN
- ☐ 70 SHARP HEALTH PLAN
- ☐ 71 SUTTER HEALTH PLAN
- ☐ 72 SUTTER SENIOR CARE
- ☐ 73 UNITED HEALTHCARE
- ☐ 74 UNITED HEALTHCARE SECURE HORIZON
- ☐ 75 UNIVERSITY HEALTHCARE ADVANTAGE
- ☐ 76 VALLEY HEALTH PLAN
- ☐ 77 VENTURA COUNTY HEALTH CARE PLAN
- ☐ 78 WESTERN HEALTH ADVANTAGE
- ☐ 93 CHAMPUS/CHAMP-VA
- ☐ 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- ☐ 89 VA HEALTH CARE SERVICES
- ☐ 52 MEDI-CAL
- ☐ 53 MEDICARE
- ☐ 85 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**POST NOTE QA17\_I58 :**

**IF QA17\_I56 = 93, 87, OR 89 THEN SET TEMILIT=1**

**'QA17\_I59' [IA14] -**

Is (TEEN) covered for prescription drugs?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE FOR QA17\_I60 :**

**IF [(ARINSURE ≠ 1 OR QA17\_I37 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN  
CONTINUE WITH QA17\_I60 ;  
ELSE SKIP TO PN QA17\_I63**

**'QA17\_I60' [AI82] -**

Does (TEEN)'s health plan have a deductible that is more than \$1,000?

**[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_I61' [AI83] -**

Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

**[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 YES, ONLY WHEN GO OUT OF NETWORK
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I62 :**

**IF (QA17\_I58 = 1 OR 3) OR (QA17\_I59 = 1 OR 3), CONTINUE WITH QA17\_I62 ;  
ELSE SKIP TO PROGRAMMING NOTE QA17\_I63**

**'QA17\_I62' [AI84] -**

Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

**[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I63 :**  
**IF TEINSURE = 1, GO TO QA17\_I68;**  
**ELSE CONTINUE WITH QA17\_I63**

**'QA17\_I63' [IA18] -**

What is the one main reason (TEEN) does not have any health insurance?

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_I64' [IA20] -**

Was (TEEN) covered by health insurance at any time during the past 12 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_I66'**

**'QA17\_I65' [IA21] -**

How long has it been since (TEEN) last had health insurance?

- ☐ 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- ☐ 02 MORE THAN 3 YEARS AGO
- ☐ 03 NEVER HAD HEALTH INSURANCE COVERAGE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, -7, -8, go to 'PN\_QA17\_I74'**

**'QA17\_I66' [IA22] -**

For how many of the last 12 months did {he/she} have health insurance?

**[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]**

\_\_\_\_\_ MONTHS [HR: 0-12]

**If = 0 , go to 'PN\_QA17\_I74'**

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 0 , go to 'PN\_QA17\_I74'**

**'QA17\_I67'** [IA23] -

During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

**[CODE ALL THAT APPLY.]**

**[PROBE: "Any others?"]**

- ☐ 01 MEDI-CAL
- ☐ 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 3, 5, 6, 91, -7, -8, go to 'PN\_QA17\_I74'**

**'QA17\_I68'** [IA24] -

Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'PN\_QA17\_I74'**

**'QA17\_I69'** [IA25] -

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_I71'**

**'QA17\_I70'** [IA26] -

Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

**[CODE ALL THAT APPLY.]**

**[PROBE: "Any others?"]**

- ☐ 01 MEDI-CAL
- ☐ 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- ☐ 05 PURCHASED DIRECTLY
- ☐ 06 COVERED CALIFORNIA
- ☐ 91 OTHER HEALTH PLAN
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



'QA17\_I71' [IA27] -

During the past 12 months, was there any time when {he/she} had no health insurance at all?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'PN\_QA17\_I74'

'QA17\_I72' [IA28] -

For how many of the past 12 months did {he/she} have no health insurance?

[IF < 1 MONTH, ENTER "1"]

\_\_\_\_\_ MONTHS [RANGE: 1-12]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_I73' [IA29] -

What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

[IF R SAYS, "No need," PROBE WHY]

- ☐ 01 CAN'T AFFORD/TOO EXPENSIVE
- ☐ 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- ☐ 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- ☐ 05 FAMILY SITUATION CHANGED
- ☐ 06 DON'T BELIEVE IN INSURANCE
- ☐ 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- ☐ 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I74 :****IF NO TEEN SELECTED, GO TO SECTION J;****IF QA17\_A6 = 1 (R IS MALE), DISPLAY "mother";****IF QA17\_A6 = 2 (R IS FEMALE), DISPLAY "father";****IF QA17\_A6 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother" ELSE IF DISPLAY "other parent"****'QA17\_I74' [A156] -**

In what country was (TEEN)'s {mother/father} born?

**[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]**

- ☐ 01 UNITED STATES
- ☐ 02 AMERICAN SAMOA
- ☐ 03 CANADA
- ☐ 04 CHINA
- ☐ 05 EL SALVADOR
- ☐ 06 ENGLAND
- ☐ 07 FRANCE
- ☐ 08 GERMANY
- ☐ 09 GUAM
- ☐ 10 GUATEMALA
- ☐ 11 HUNGARY
- ☐ 12 INDIA
- ☐ 13 IRAN
- ☐ 14 IRELAND
- ☐ 15 ITALY
- ☐ 16 JAPAN
- ☐ 17 KOREA
- ☐ 18 MEXICO
- ☐ 19 PHILIPPINES
- ☐ 20 POLAND
- ☐ 21 PORTUGAL
- ☐ 22 PUERTO RICO
- ☐ 23 RUSSIA
- ☐ 24 TAIWAN
- ☐ 25 VIETNAM
- ☐ 26 VIRGIN ISLANDS
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I75 :****IF QA17\_I74 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;****ELSE CONTINUE WITH QA17\_I75 ;****IF QA17\_A6 = 1 (R IS MALE), DISPLAY "mother";****IF QA17\_A6 = 2 (R IS FEMALE), DISPLAY "father"****IF QA17\_A6 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother" ELSE IF DISPLAY "other parent"****'QA17\_I75' [A157] -**

Does (TEEN)'s {mother/father} now live in the U.S.?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 MOTHER/FATHER DECEASED
- ☐ 04 MOTHER/FATHER NEVER LIVED IN US
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_I76:****IF QA17\_A6 = 1 (R IS MALE), DISPLAY "mother";****IF QA17\_A6 = 2 (R IS FEMALE), DISPLAY "father";****IF QA17\_A6 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother" ELSE IF DISPLAY "other parent"****IF QA17\_I75 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";****ELSE DISPLAY "Is"****'QA17\_I76' [A158] -**

{Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 APPLICATION PENDING
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE 'QA17\_I75' :**

IF QA17\_I76 =1 SKIP TO PN\_ QA17\_I78

IF QA17\_A6 = 1 (R IS MALE), DISPLAY "mother";

IF QA17\_A6 = 2 (R IS FEMALE), DISPLAY "father";

IF QA17\_A6 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother" ELSE IF DISPLAY "other parent"

IF QA17\_I75 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";

ELSE DISPLAY "Is"

**'QA17\_I75' [AI59] -**

{Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?

**[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 APPLICATION PENDING
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE AI60 :**

IF QA17\_A6 = 1 (R IS MALE), DISPLAY "mother";

IF QA17\_A6 = 2 (R IS FEMALE), DISPLAY "father"

**'QA17\_I76' [AI60] -**

About how many years has (TEEN)'s {mother/father} lived in the United States?

\_\_\_\_\_ NUMBER OF YEARS

\_\_\_\_\_ YEAR FIRST CAME AND LIVE IN U.S.

- ☐ 01 NUMBER OF YEARS
- ☐ 02 YEAR FIRST CAME TO LIVE IN US
- ☐ 03 MOTHER/FATHER DECEASED
- ☐ 04 MOTHER/FATHER NEVER LIVED IN US
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

## SECTION J – HEALTH CARE UTILIZATION AND ACCESS

**PROGRAMMING NOTE AH5 :**

**IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “Now, I’d like to ask about the health care YOU receive”;**

**ELSE BEGIN QUESTION WITH “During the past 12 months, how many times have you seen a medical doctor”**

‘QA17\_J1’ [AH5] -

{Now, I’d like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?

\_\_\_\_\_ TIMES [HR: 0-365]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J2 :**

**IF QA17\_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA17\_J2 ;**

**ELSE GO TO PROGRAMMING NOTE QA17\_J3**

‘QA17\_J2’ [AH6] -

About how long has it been since you last saw a doctor about your own health?

- ☐ 00 ONE YEAR AGO OR LESS
- ☐ 01 MORE THAN 1 UP TO 2 YEARS AGO
- ☐ 02 MORE THAN 2 UP TO 5 YEARS AGO
- ☐ 03 MORE THAN 5 YEARS AGO
- ☐ 04 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J3 :**

**IF QA17\_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA17\_J4 ;**

**ELSE CONTINUE WITH QA17\_J3**

‘QA17\_J3’ [AJ114] -

About how long has it been since you last saw a doctor or medical provider for a routine check-up?

**[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]**

- ☐ 00 ONE YEAR AGO OR LESS
- ☐ 01 MORE THAN 1 UP TO 2 YEARS AGO
- ☐ 02 MORE THAN 2 UP TO 5 YEARS AGO
- ☐ 03 MORE THAN 5 YEARS AGO
- ☐ 04 NEVER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J4 :**

**IF QA17\_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA17\_J4 ;  
ELSE GO TO PROGRAMMING NOTE QA17\_J5**

**'QA17\_J4' [AJ77] -**

Do you have a personal doctor or medical provider who is your main provider?

**[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J5:**

**IF ARINSURE =1 OR QA17\_H1 = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH QA17\_J5  
ELSE GO TO PROGRAMMING NOTE QA17\_J7  
IF QA17\_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";  
ELSE DISPLAY "a";**

**'QA17\_J5' [AJ102] -**

In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

**[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**IF = 2, -7, -8 go to 'PN\_QA17\_J7'**

**'QA17\_J6' [AJ103] -**

How often were you able to get an appointment within two days? Would you say...

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J7:**

**IF QA17\_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA17\_J4 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(AB40 = 1 OR AB41 = 1 (HAS ASTHMA)) OR AB22 = 1 (HAS DIABETES) OR AB34 = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH QA17\_J7;  
ELSE GO TO QA17\_J8**

**'QA17\_J7' [AJ80] -**

Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J8' [AJ152] -**

During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

**[IF NEEDED, SAY: "Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_J10'**

**'QA17\_J9' [AJ153] -**

Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?

**[CODE ALL THAT APPLY]**

**[PROBE: "Any others?"]**

- ☐ 01 SKIN PROBLEM
- ☐ 02 EYE PROBLEM
- ☐ 03 MENTAL OR EMOTIONAL HEALTH PROBLEM
- ☐ 91 OTHER HEALTH PROBLEM (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J10 :**

**IF QA17\_J1 > 0 OR AH6 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO),  
CONTINUE WITH AJ8 ;  
ELSE GO TO PROGRAMMING NOTE QA17\_J15**

**'QA17\_J10' [AJ8B] -**

The last time you saw a doctor, did you have a hard time understanding the doctor?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_J12'**

**If = -7, -8, go to 'PN\_QA17\_J15'**

**PROGRAMMING NOTE QA17\_J11 :**

**IF QA17\_J10 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT  
CONDUCTED IN ENGLISH OR QA17\_G7 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)],  
CONTINUE WITH QA17\_J11 ;  
SET QA17\_J11ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA17\_J11 WAS ASKED;  
ELSE SKIP TO PROGRAMMING NOTE QA17\_J15**

**'QA17\_J11' [AJ50] -**

In what language did the doctor speak to you?

- ☐ 01 ENGLISH
- ☐ 02 SPANISH
- ☐ 03 CANTONESE
- ☐ 04 VIETNAMESE
- ☐ 05 TAGALOG
- ☐ 06 MANDARIN
- ☐ 07 KOREAN
- ☐ 08 ASIAN INDIAN LANGUAGES
- ☐ 09 RUSSIAN
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_J13 '**

**If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, go to 'PN\_QA17\_J15'**

**'QA17\_J12' [AJ9] -**

Was this because you and the doctor spoke different languages?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



'QA17\_J13' [AJ10] -

Did you need someone to help you understand the doctor?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'PN\_QA17\_J15'

'QA17\_J14' [AJ11] -

Who was this person who helped you understand the doctor?

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

- ☐ 01 MINOR CHILD (UNDER AGE 18)
- ☐ 02 AN ADULT FAMILY MEMBER OR FRIEND OF MINE
- ☐ 03 NON-MEDICAL OFFICE STAFF
- ☐ 04 MEDICAL STAFF INCLUDING NURSES/DOCTORS
- ☐ 05 PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)
- ☐ 06 OTHER (PATIENTS, SOMEONE ELSE)
- ☐ 07 DID NOT HAVE SOMEONE TO HELP
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J15 :**

**IF AH37 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA17\_J15 ;  
ELSE GO TO PROGRAMMING NOTE QA17\_J16**

'QA17\_J15' [AJ105] -

In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J16 :**

**IF [ARINSURE = 1 OR AI27 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)]  
AND QA17\_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA17\_J16 ;  
ELSE GO TO QA17\_H16**

'QA17\_J16' [AJ106] -

In the past 12 months, did you change where you usually go for health care?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'QA17\_J18'

'QA17\_J17' [AJ107] -

Did you have to change because of your health insurance plan?

[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_J18' [AH16] -

During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'QA17\_J22'

'QA17\_J19' [AJ19] -

Was cost or lack of insurance a reason why you delayed or did not get the prescription?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J44:**  
**IF ARINSURE = 1, THEN CONTINUE WITH QA17\_J44;**  
**ELSE GO TO QA17\_J22**

'QA17\_J20' [AJ176] -

Did you delay or not get a medicine while you had your current insurance plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_J21' [AH22] -

During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'QA17\_J27'

**'QA17\_J22'** [AJ129] -

Did you get the care eventually?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J23'** [AJ20] -

Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_J25'****'QA17\_J24'** [AJ130] -Was that the main reason?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'QA17\_J27'****'QA17\_J25'** [AJ131] -What was the one main reason why you delayed getting the care you felt you needed?

- ☐ 01 COULDN'T GET APPOINTMENT
- ☐ 02 MY INSURANCE NOT ACCEPTED
- ☐ 03 INSURANCE DID NOT COVER
- ☐ 04 LANGUAGE PROBLEMS
- ☐ 05 TRANSPORTATION PROBLEMS
- ☐ 06 HOURS NOT CONVENIENT
- ☐ 07 NO CHILD CARE FOR CHILDREN AT HOME
- ☐ 08 FORGOT OR LOST REFERRAL
- ☐ 09 I DIDN'T HAVE TIME
- ☐ 10 COULDN'T AFFORD/COST TOO MUCH
- ☐ 11 NO INSURANCE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J46a:****IF ARINSURE = 1, THEN CONTINUE WITH QA17\_J46a;  
ELSE GO TO QA17\_H77****'QA17\_J26'** [AJ177] -

Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J27'** [AJ136] -

The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J28 :**

**IF QA17\_J27 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA17\_J28 ;  
ELSE GO TO QA17\_J31**

**'QA17\_J28'** [AJ137] -

During the past 12 months, did you have any trouble finding a medical specialist who would see you?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J29'** [AJ138] -

During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J30 :**

**IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA17\_J30 ;  
ELSE SKIP TO QA17\_J31**

**'QA17\_J30'** [AJ139] -

During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J31'** [AJ133] -

Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_J32' [AJ134] -

During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J33 :**  
**IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA17\_J33 ;**  
**ELSE SKIP TO QA17\_J34**

'QA17\_J33' [AJ135] -

During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J34:**  
**IF AGE > 49 YEARS GO TO QA17\_J43;**  
**ELSE IF QA17\_A6 = 1 THEN GO TO QA17\_J39;**  
**ELSE CONTINUE WITH QA17\_J34**

'QA17\_J34' [AJ169] -

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

- ☐ 01 You do not plan to get pregnant within the next 12 months,
- ☐ 02 You are not sexually active
- ☐ 03 You are planning to get pregnant within the next 12 months, or
- ☐ 04 You are currently pregnant?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J35:**  
**IF QA17\_E1 = 1 (PREGNANT), GO TO QA17\_J43;**  
**IF QA17\_A6 = 2 (FEMALE) AND AD46 = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO QA17\_J43; IF**  
**QA17\_J34= 2, 4 (NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO QA17\_J39;**  
**ELSE CONTINUE WITH QA17\_J35**

'QA17\_J35' [AF40] -

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

**[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NO MALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, 3, -7, -8, go to 'QA17\_J39'**

**PROGRAMMING NOTE QA17\_J36:****IF QA17\_J35 = 2(NO) OR -7 (REF) OR -8 (DK), GO TO QA17\_J37;  
ELSE CONTINUE WITH QA17\_J36****'QA17\_J36'** [AJ154] -

Which birth control method or methods are you using?

**[CODE ALL THAT APPLY] [PROBE: "Any others?"]**

- ☐ 01 TUBAL LIGATION (TUBES TIED OR CUT)
- ☐ 02 VASECTOMY (MALE STERILIZATION)
- ☐ 03 IUD (MIRENA, PARAGARD)
- ☐ 04 IMPLANT (IMPLANON, NEXPLANON)
- ☐ 05 BIRTH CONTROL PILLS
- ☐ 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- ☐ 07 CONDOMS (MALE)
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J37'** [AJ170] -

What is the MAIN reason you are NOT currently using birth control?

- ☐ 01 TRYING TO GET PREGNANT/WANT A BABY
- ☐ 02 HAVEN'T FOUND A METHOD I LIKE
- ☐ 03 COST
- ☐ 04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- ☐ 05 NO TRANSPORTATION
- ☐ 06 DON'T KNOW WHERE TO GET IT
- ☐ 07 DON'T BELIEVE IN BIRTH CONTROL
- ☐ 08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- ☐ 09 PARTNER WON'T LET ME
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J38'** [AJ171] -

Has a doctor, medical provider, or family planning counselor ever talked to you about an IUD or an implant (that thing in your arm)?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NO MALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J39:****IF QA17\_A6=2 (FEMALE) THEN GO TO QA17\_J43;  
ELSE IF QA17\_A6=1 (MALE) CONTINUE WITH QA17\_J39;****'QA17\_J39'** [AJ144] -

During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J40'** [AJ172] -

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NO FEMALE SEXUAL PARTNER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J41:**

**IF QA17\_J40 = 2 (NO) or 3 (NO FEMALE PARTNER) THEN GO TO QA17\_J42;  
ELSE CONTINUE WITH QA17\_J41;**

**'QA17\_J41'** [AJ174] -

Which birth control method or methods are you using?

**[CODE ALL THAT APPLY]**

**[PROBE: "Any others?"]**

- ☐ 03 IUD (MIRENA, PARAGARD)
- ☐ 04 IMPLANT (IMPLANON, NEXPLANON)
- ☐ 05 BIRTH CONTROL PILLS
- ☐ 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- ☐ 07 CONDOMS (MALE)
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J42:**

**IF QA17\_J40=2 (NO), CONTINUE WITH QA17\_J42;  
ELSE GO TO QA17\_J43;**

**'QA17\_J42'** [AJ175] -

What is the MAIN reason you are NOT currently using birth control?

- ☐ 01 TRYING TO GET PREGNANT/WANT A BABY
- ☐ 02 HAVEN'T FOUND A METHOD I LIKE
- ☐ 03 COST
- ☐ 04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- ☐ 05 NO TRANSPORTATION
- ☐ 06 DON'T KNOW WHERE TO GET IT
- ☐ 07 DON'T BELIEVE IN BIRTH CONTROL
- ☐ 08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- ☐ 09 PARTNER WON'T LET ME
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 0, -7, -8, go to 'QA17\_J45'**

**'QA17\_J43'** [AG1] -

These next questions are about dental health. About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

- ☐ 00 HAVE NEVER VISIT
- ☐ 01 6 MONTHS AGO OR LESS
- ☐ 02 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- ☐ 03 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- ☐ 04 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- ☐ 05 MORE THAN 5 YEARS AGO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J44'** [AJ167] -

Was it for a routine checkup or cleaning, or was it for a specific problem?

- ☐ 01 ROUTINE CHECKUP OR CLEANING
- ☐ 02 SPECIFIC PROBLEM
- ☐ 03 BOTH
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J45'** [AG3] -

Do you now have any type of insurance that pays for part or all of your dental care?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J46'** [AJ168] -

How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

- ☐ 01 EXCELLENT
- ☐ 02 VERY GOOD
- ☐ 03 GOOD
- ☐ 04 FAIR
- ☐ 05 POOR
- ☐ 06 HAS NO NATURAL TEETH
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



## Section DM: Discrimination

'QA17\_J47' [DMC8] -

These next questions are about things that have happened to you while receiving medical care.

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'QA17\_J49'

'QA17\_J48' [DMC9] -

Think about the last time this happened. How long ago was that?

- ☐ 01 A YEAR AGO OR LESS
- ☐ 02 MORE THAN 1 UP TO 2 YEARS AGO
- ☐ 03 MORE THAN 2 UP TO 3 YEARS AGO
- ☐ 04 MORE THAN 3 UP TO 5 YEARS AGO
- ☐ 05 MORE THAN 5 UP TO 10 YEARS AGO
- ☐ 06 MORE THAN 10 UP TO 20 YEARS AGO
- ☐ 07 MORE THAN 20 YEARS AGO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_J49' [DMC3] -

Over your entire lifetime, how often have you been treated unfairly when getting medical care? Would you say...

- ☐ 01 Never,
- ☐ 02 Rarely,
- ☐ 03 Sometimes, or
- ☐ 04 Often?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, -7, -8, go to 'QA17\_K1'

'QA17\_J50' [DMC6B] -

Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...

- ☐ 01 Your ancestry or national origin
- ☐ 02 Because of your gender or sex
- ☐ 03 Because of your race or skin color
- ☐ 04 Because of your age, or
- ☐ 05 Because of the way you speak English, or
- ☐ 06 For some other reason? (Specify: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_J51'** [DMC7] -

Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

- ☐ 01 Not at all stressful
- ☐ 02 A little stressful
- ☐ 03 Somewhat stressful, or
- ☐ 04 Extremely stressful?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

## Section K: Employment, Income, Poverty Status, Food Security

**PROGRAMMING NOTE QA17\_K1 :**

IF QA17\_G30 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR AG10 = 1 (R USUALLY WORKS) CONTINUE WITH QA17\_K1 ;  
ELSE GO TO PROGRAMMING NOTE QA17\_K4

**'QA17\_K1'** [AK3] -

The next questions are about your employment.

How many hours per week do you usually work at all jobs or businesses?

**[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]**

\_\_\_\_\_ HOURS [HR: 0-95]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_K2'** [AK7] -

How long have you worked at your main job?

**[IF NEEDED, SAY: "That is, for your current employer."]**

**[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]**

[AK7M] -

\_\_\_\_\_ MONTHS [HR: 0-12]

[AK7Y] -

\_\_\_\_\_ YEARS [HR: 0-50]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_J44 :**

**IF QA17\_G30 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA17\_G32 = 1 (USUALLY WORKS), CONTINUE WITH QA17\_J44 ;  
ELSE SKIP TO PROGRAMMING NOTE QA17\_K4**

**'QA17\_K3' [AK10] -**

What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

**[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]**

\$\_\_\_\_\_ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = -7, -8, go to 'PN\_QA17\_K8'**

**PROGRAMMING NOTE QA17\_K4 ;**

**IF AG8 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR AG11 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA17\_K4 AND:**

**IF QA17\_G30 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND AG10 ≠ 1 (R DOES NOT USUALLY WORK), AND QA17\_A17 = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."**

**ELSE IF QA17\_G30 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND AG10 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA17\_D9 = 1 OR QA17\_D10 = 1), THEN DISPLAY "The next question is about your partner's employment."**

**IF QA17\_A17 = 1 THEN DISPLAY "spouse";**

**ELSE IF QA17\_D9 = 1 OR QA17\_D10 = 1 THEN DISPLAY "partner";**

**ELSE SKIP TO QA17\_K6**

**'QA17\_K4' [AK20] -**

{The next question is about your spouse's employment.}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?

\_\_\_\_\_ HOURS [HR: 0-95]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_K5 :****IF QA17\_K4 ≠ 0 CONTINUE WITH QA17\_K5 ;****IF QA17\_A17 = 1 (MARRIED), THEN DISPLAY “spouse’s”;****ELSE IF QA17\_D9 = 1 OR QA17\_D10 = 1, THEN DISPLAY “partner’s”;****ELSE GO TO QA17\_K6****‘QA17\_K5’ [AK10A] –**

What is your best estimate of all your {spouse’s/partner’s} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

**[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]**

NUM\_HOU\_AK10A

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**‘QA17\_K6’ [AK22] -**

What is your best estimate of your household’s total annual income from all sources before taxes in 2016?

**[IF NEEDED, SAY: “Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.”]**

**[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]**

\$ \_\_\_\_\_ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = -7, -8, go to ‘PN\_QA17\_K8’****‘QA17\_K7’ [AK22A] -**

PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?

- ☐ 1 YES
- ☐ 2 NO

**If = 1, go to ‘PN\_QA17\_K14’****If = 2, Go back to ‘QA17\_K6’**

**PROGRAMMING NOTE QA17\_K8 :****IF QA17\_K6 = -7 OR -8 CONTINUE WITH QA17\_K8 ;  
ELSE GO TO PROGRAMMING NOTE QA17\_K14****'QA17\_K8' [AK11] -**

We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?

- ☐ 01 MORE
- ☐ 02 EQUAL TO \$20K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_K10'****If = -7, -8, go to 'PN\_QA17\_K14'****'QA17\_K9' [AK12] -**

Is it ...

- ☐ 01 \$5,000 or less,
- ☐ 02 \$5,001 to \$10,000,
- ☐ 03 \$10,001 to \$15,000, or
- ☐ 04 \$15,001 to 20,000?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, 4, -7, -8, go to 'PN\_QA17\_K14'****'QA17\_K10' [AK13] -**

Is it more or less than \$70,000 per year?

- ☐ 01 MORE
- ☐ 02 EQUAL TO \$70K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_K12'****If = -7, -8, go to 'PN\_QA17\_K14'****'QA17\_K11' [AK14] -**

Is it ...

- ☐ 01 \$20,001 to \$30,000,
- ☐ 02 \$30,001 to \$40,000,
- ☐ 03 \$40,001 to \$50,000,
- ☐ 04 \$50,001 to \$60,000, or
- ☐ 05 \$60,001 to \$70,000?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 2, 3, 4, 5, -7, -8, go to 'PN\_QA17\_K14'**

**'QA17\_K12'** [AK15] -

Is it more or less than \$135,000 per year?

- ☐ 01 MORE
- ☐ 02 EQUAL TO \$135K OR LESS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'PN\_QA17\_K14'****'QA17\_K13'** [AK16] -

Is it ...

- ☐ 01 \$70,001 to \$80,000,
- ☐ 02 \$80,001 to \$90,000,
- ☐ 03 \$90,001 to \$100,000, or
- ☐ 04 \$100,001 to \$135,000?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_K14 :****IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA17\_K15 ; ELSE CONTINUE WITH QA17\_K14****'QA17\_K14'** [AK17] -

Including yourself, how many people living in your household are supported by your total household income?

\_\_\_\_\_ NUMBER OF PEOPLE [HR: 1-20]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_K15 :****QA17\_K15 MUST BE LESS THAN QA17\_K14 ;****IF R IS ONLY MEMBER OF HH, GO TO AK32 ;****IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) =****QA17\_K14 GO TO PROGRAMMING NOTE AK32 ;****ELSE CONTINUE WITH QA17\_K15****'QA17\_K15'** [AK18] -

How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

\_\_\_\_\_ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_K16' [AK32] -

Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'PN\_AK29'

'QA17\_K17' [AK33] -

How many?

\_\_\_\_\_ NUMBER OF PEOPLE [HR: 1-20]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_K18 :**

**IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH QA17\_K18 ;**

**IF HH Income ≤ 300% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1) AND SAMPLED COUNTY IS SAN FRANCISCO OR ALAMEDA], CONTINUE WITH QA17\_K18; ELSE GO TO AL2**

**IF QA17\_K14 = 1, THEN DISPLAY "I",  
ELSE IF QA17\_K14 > 1 DISPLAY "We"**

'QA17\_K18' [AM1] -

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

- ☐ 01 OFTEN TRUE
- ☐ 02 SOMETIMES TRUE
- ☐ 03 NEVER TRUE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**PROGRAMMING NOTE AM2 :**  
**IF QA17\_K14 = 1, THEN DISPLAY "I",**  
**ELSE IF QA17\_K14 > 1 DISPLAY "We"**

**'QA17\_K19' [AM2] -**

The second statement is:

"{I/We} couldn't afford to eat balanced meals."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

- ☐ 01 OFTEN TRUE
- ☐ 02 SOMETIMES TRUE
- ☐ 03 NEVER TRUE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_K20' [AM3] -**

Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_K22'**

**'QA17\_K21' [AM3A] -**

How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

- ☐ 01 ALMOST EVERY MONTH
- ☐ 02 SOME MONTHS BUT NOT EVERY MONTH
- ☐ 03 ONLY IN 1 OR 2 MONTHS
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_K22' [AM4] -**

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_K23' [AM5] -**

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

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

## SECTION L – PUBLIC PROGRAM PARTICIPATION

**IF HOUSEHOLD INCOME IS  $\leq$  300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE  $\neq$  1)] CONTINUE WITH SECTION L;**

**ELSE GO TO QA17\_L69**

**'QA17\_L1' [AL2] -**

Are you now receiving TANF or CalWORKs?

**[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L2 :**

**IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA17\_L2 ;**

**ELSE GO TO QA17\_L3 ;**

**'QA17\_L2' [IAP1] -**

Is (TEEN) now receiving TANF or CalWORKs?

**[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L3' [AL5] -**

Are you receiving Food Stamp benefits, also known as CalFresh?

**[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L4 :**  
**IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA17\_L4 ;**  
**ELSE GO TO AL6**

**'QA17\_L4' [IAP2] -**

Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

**[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L5' [AL6] -**

Are you receiving Supplemental Security Income (SSI)?

**[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L6 :**  
**IF QA17\_A6 = 2 (FEMALE) AND [QA17\_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH QA17\_L6 ;**  
**ELSE GO TO PROGRAMMING NOTE QA17\_L7**

**'QA17\_L6' [AL7] -**

Are you on WIC?

**[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L7 :**

IF QA17\_D4 = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR QA17\_A5 = 6) AND (POVERTY < 6 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH QA17\_L7 ; ELSE SKIP TO PROGRAMMING NOTE QA17\_L14B ;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA17\_K14 .

IF QA17\_K14 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA17\_K14 = 1 DISPLAY \$2000;

IF QA17\_K14 = 2 DISPLAY \$3000;

IF QA17\_K14 = 3 DISPLAY \$3150;

IF QA17\_K14 = 4 DISPLAY \$3300;

IF QA17\_K14 = 5 DISPLAY \$3450;

IF QA17\_K14 = 6 DISPLAY \$3600;

IF QA17\_K14 = 7 DISPLAY \$3750;

IF QA17\_K14 = 8 DISPLAY \$3900;

IF QA17\_K14 = 9 DISPLAY \$4050;

IF QA17\_K14 ≥ 10 DISPLAY \$4200;

IF QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE),  
DISPLAY “your family’s”;  
ELSE DISPLAY “your”

‘QA17\_L7’ [AL9] -

Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 1, go to 'PN\_QA17\_L14'

**PROGRAMMING NOTE AL34 :**

IF QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE),  
DISPLAY “does your family”; ELSE DISPLAY “do you”

‘QA17\_L8’ [AL34] -

About how much {do you/does your family} have in cash, savings, and investments?

[IF NEEDED, SAY: “Again, do not count the value of any house or car you may own.”]

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$\_\_\_\_\_ AMOUNT [HR: 0-999995]\_

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L9 :****IF QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE),  
DISPLAY “does your family”; ELSE DISPLAY “do you”****‘QA17\_L9’ [AL35] -**

Besides your primary car or truck, {do you/does your family} own other cars or trucks?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to ‘QA17\_L12’****‘QA17\_L10’ [AL36] -**

Are these cars or trucks only for personal use? Do not include cars or trucks used for transporting disabled persons or for business purposes.

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to ‘QA17\_L12’****PROGRAMMING NOTE QA17\_L11 :****IF QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE),  
DISPLAY “your family”; ELSE DISPLAY “your”;****‘QA17\_L11’ [AL37] -**

Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?

**[IF NEEDED: Do not include your primary cars or trucks.]****[IF NEEDED: Do not include cars or trucks used for transporting disabled persons or business purposes.]****[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]**

\$\_\_\_\_\_ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L12 :**

**IF QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE),  
DISPLAY "Does your family"; ELSE DISPLAY "Do you"**

**'QA17\_L12' [AL38] -**

{Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_L14' 'QA17\_L13' [AL39] -**

**PROGRAMMING NOTE QA17\_L1239 :**

**IF QA17\_A17 = 1 (MARRIED) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE),  
DISPLAY "your family"; ELSE DISPLAY "you"**

Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle {you/your family} own?

**[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]**

\$\_\_\_\_\_ AMOUNT [HR: 0-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L14 :**

**IF QA17\_A17 = 1 (MARRIED) AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY  
"you or your spouse";  
ELSE IF [QA17\_A17 = 2 (LIVING WITH PARTNER) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-  
SEX COUPLE)] AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";  
ELSE DISPLAY "you"**

**'QA17\_L14' [AL15B] -**

Did {you or your spouse/you or your partner/you} receive any money last month for child support?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_L16'**

**PROGRAMMING NOTE QA17\_L15 :**

IF QA17\_A17 = 1 (MARRIED) AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";  
 ELSE IF [QA17\_A17 = 2 (LIVING WITH PARTNER) OR QA17\_D9 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";  
 ELSE CONTINUE WITHOUT DISPLAYS

'QA17\_L15' [AL16B] -

What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$\_\_\_\_\_ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L16 :**

IF QA17\_A17 = 1 (MARRIED) AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";  
 ELSE IF [QA17\_A17 = 2 (LIVING WITH PARTNER) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"  
 ELSE DISPLAY "you"

'QA17\_L16' [AL17] -

Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

- ☐ 01 YES, RESPONDENT PAID
- ☐ 02 YES, SPOUSE/PARTNER PAID
- ☐ 03 YES, BOTH PAID
- ☐ 04 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 4, -7, -8, go to 'PN\_QA17\_L18'

**PROGRAMMING NOTE QA17\_L17 :**

IF QA17\_A17 = 1 (MARRIED) AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";  
 ELSE IF [QA17\_A17 = 2 (LIVING WITH PARTNER) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";  
 ELSE DISPLAY "you"

‘QA17\_L17’ [AL18] -

What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\_\_\_\_\_ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L18 :**

IF QA17\_A17 = 1 (MARRIED) AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";  
 ELSE IF [QA17\_A17 = 2 (LIVING WITH PARTNER) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";  
 ELSE DISPLAY "you"

‘QA17\_L18’ [AL32] -

Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to ‘PN\_QA17\_L20’

**PROGRAMMING NOTE QA17\_L19 :**

IF QA17\_A17 = 1 (MARRIED) AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";  
 ELSE IF [QA17\_A17 = 2 (LIVING WITH PARTNER) OR QA17\_D9 = 1 OR QA17\_D10 = 1 (LEGAL SAME-SEX COUPLE)] AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";  
 ELSE CONTINUE WITHOUT DISPLAYS

‘QA17\_L19’ [AL33] –

What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$\_\_\_\_\_ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**PROGRAMMING NOTE QA17\_L20:**

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA17\_A17 = 1 (MARRIED) AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH AL18A AND DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH AL18A AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, THEN CONTINUE WITH AL18A AND DISPLAY "you";

ELSE GO TO PROGRAMMING NOTE QA17\_L22

**'QA17\_L20' [AL18A] -**

Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'PN\_QA17\_L22'

**PROGRAMMING NOTE QA17\_L21:**

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA17\_A17 = 1 (MARRIED) AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND QA17\_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, DISPLAY "you";

**'QA17\_L21' [AL18B] -**

What was the total amount received last month from Social Security and Pensions {for both you and your spouse/partner}?

**[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]**

\_\_\_\_\_ AMOUNT [000001-999995]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L22 :**  
**IF ARINSURE  $\neq$  1 (UNINSURED) CONTINUE WITH QA17\_L22 ;**  
**ELSE GO TO QA17\_L23**

**'QA17\_L22'** [AL19] -

What is the one main reason why you are not enrolled in the Medi-Cal program?

- ☐ 01 PAPERWORK TOO DIFFICULT
- ☐ 02 DIDN'T KNOW IF ELIGIBLE
- ☐ 03 INCOME TOO HIGH, NOT ELIGIBLE
- ☐ 04 NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS
- ☐ 05 OTHER NOT ELIGIBLE
- ☐ 06 DON'T BELIEVE IN HEALTH INSURANCE
- ☐ 07 DON'T NEED IT BECAUSE HEALTHY
- ☐ 08 ALREADY HAVE INSURANCE
- ☐ 09 DIDN'T KNOW IT EXISTED
- ☐ 10 DON'T LIKE / WANT WELFARE
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L23:**  
**IF ARMCAL = 1 (MEDI-CAL) OR QA17\_H74=1, QA17\_H75=1 OR QA17\_H76 =1 (HAD PRIOR MEDI-CAL**  
**COVERAGE), CONTINUE WITH QA17\_L23;**  
**ELSE GO TO PN QA17\_L32**

**'QA17\_L23'** [AL40] -

You previously said you had Medi-Cal. How long did you have Medi-Cal?

[AL40Y] -

\_\_\_\_\_ YEARS

[AL40M] -

\_\_\_\_\_ MONTHS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L24:**  
**IF AL40 > 1 YEAR, THEN CONTINUE WITH QA17\_L24;**  
**ELSE GO TO PN QA17\_L32**

**'QA17\_L24'** [AL41] -

Was your Medi-Cal renewed automatically in the past year (with no input or action needed on your part)?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 DID NOT RENEW
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 3, -7, -8, go to PN\_QA17\_L32**

**'QA17\_L25'** [AL42] -

Did you need to provide additional information for your Medi-Cal renewal by phone, mail, fax, online, or in person?

**[CHECK ALL THAT APPLY]**

- ☐ 01 PHONE
- ☐ 02 MAIL
- ☐ 03 FAX
- ☐ 04 ONLINE
- ☐ 05 IN PERSON
- ☐ 06 DIDN'T NEED TO PROVIDE INFORMATION
- ☐ 07 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L26'** [AL43] -

What information was needed?

**[CHECK ALL THAT APPLY]**

- ☐ 01 INCOME INFORMATION
- ☐ 02 HOUSEHOLD INFORMATION
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L27'** [AL44] -

Did you have any problems when renewing your Medi-Cal?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L28'** [AL45] -

Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

- ☐ 1 LOST COVERAGE FOR 1-2 MONTHS
- ☐ 2 LOST COVERAGE
- ☐ 3 HAD TO REAPPLY
- ☐ 4 REFUSED
- ☐ 5 DON'T KNOW

**'QA17\_L29'** [AL46] -

Prior to having Medi-Cal coverage, what health coverage did you have?

- ☐ 01 UNINSURED
- ☐ 02 EMPLOYER-BASED
- ☐ 03 PRIVATE
- ☐ 04 COVERED CALIFORNIA
- ☐ 05 OTHER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L30:**  
**IF QA17\_L29 = 4, THEN CONTINUE WITH QA17\_L30;**  
**ELSE GO TO PN QA17\_L32**

**'QA17\_L30'** [AL47] -

Did you have problem in changing to Medi-Cal?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_L32'**

**'QA17\_L31'** [AL48] -

What kind of problem?

- ☐ 01 GAP IN HEALTH COVERAGE
- ☐ 02 FILED AN APPEAL AS ELIGIBILITY DECISIONS WAS INCORRECT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L32:**  
**IF QA17\_L6 =1 (YES) GO TO QA17\_L56**  
**IF HH INCOME <=300% FPL AND (HHS WITH FEMALES <=45 YEARS OLD OR CHILDREN <= 10 YEARS OLD OR QA17\_E1 =1 OR QA17\_J34 =4 (AR FEMALE IS PREGNANT), THEN CONTINUE WITH QA17\_L32;**  
**ELSE GO TO QA17\_L69;**

**'QA17\_L32'** [AL49] -

During the past 12 months, did you or any member of your household receive benefits from the WIC program, that is, the Special Supplemental Nutrition Program for Women, Infants and Children?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_L56'**

**If = -7, -8, go to QA17\_L69**

**'QA17\_L33'** [AL50] -

Have you or any member of your household received benefits from the WIC program in the past 5 years?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2 go to 'QA17\_L45'**

**If = -7, -8 go to QA17\_L69**

**'QA17\_L34'** [AL51] -

Why did you leave WIC? Did you leave because you were no longer eligible?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1 go to PN QA17\_L56****'QA17\_L35'** [AL52] -

Did you leave because you only wanted baby formula?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L36'** [AL53] -

Did you leave because shopping for WIC foods was a hassle?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L37'** [AL54] -

[Did you leave because]....you had a bad experience at WIC?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L38'** [AL55] -

[Did you leave because]....you didn't value the information received?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L39'** [AL56] -

[Did you leave because]....you thought you were taking the place of someone who needed WIC more?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L40'** [AL57] -

[Did you leave because]....the amount of food benefits received were not worth your time and effort?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L41'** [AL58] -

[Did you leave because]....you would rather not rely on a government program?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L42'** [AL59] -

[Did you leave because]....of transportation issues?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L43'** [AL60] -

Did you leave because of any other reasons?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN QA17\_L56'****'QA17\_L44'** [AL61] -

What were those reasons?

- ☐ 01 OTHER (SPECIFY:\_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L45'** [AL62] -

Why didn't you enroll yourself or any member of your household on WIC?

Was it because you didn't know about wic?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1,-7,-8 go to QA17\_L69**

**'QA17\_L46'** [AL63] -

Was it because you didn't qualify?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, 3, 4, go to 'QA17\_L69'**

**'QA17\_L47'** [AL64] -

[Was it]...because you didn't think you needed WIC?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L48'** [AL65] -

[Was it]...because you didn't value what WIC offered?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L49'** [AL66] -

[Was it]...because it was too difficult to apply?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L50'** [AL67] -

[Was it]...because of language issues?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L51'** [AL68] -

[Was it]...because you didn't trust WIC?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L52'** [AL69] -

[Was it]...because you heard negative things about WIC?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L53'** [AL70] -

[Was it]...because of transportation issues?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L54'** [AL71] -

Did you not enroll because of any other reasons?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'QA17\_L69'****'QA17\_L55'** [AL72] -

What were those reasons?

- ☐ 01 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8 go to 'QA17\_L69'****PROGRAM NOTE QA17\_L56:****IF QA17\_L69 = 1 OR AL50 = 1 DISPLAY "You previously mentioned you were on WIC"****ELSE IF QA17\_L32 =1, GO TO QA17\_L56****ELSE IF QA17\_L32=2 AND AL50 =2 SKIP TO QA17\_L69****'QA17\_L56'** [AL73] -**[INTRO]: You previously mentioned you were on WIC.**

What benefits have you liked getting from the WIC program?

Did you like WIC checks for food?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**'QA17\_L57'** [AL74] -

Did you like WIC checks for baby formula?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L58'** [AL75] -

[Did you like]... education for having healthy pregnancy?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L59'** [AL76] -

[Did you like]... individual counseling?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L60'** [AL77] -

[Did you like]... education on improving the health and nutrition of my family?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L61'** [AL78] -

[Did you like]... support for breastfeeding?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L62'** [AL79] -

[Did you like]... help getting a breast pump?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L63'** [AL80] -

[Did you like]... information on how to get health care services?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L64'** [AL81] -

[Did you like]... information on community programs?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L65'** [AL82] -

[Did you like]... one-on-one education?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L66'** [AL83] -

[Did you like]... group classes?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L67'** [AL84] -

Did you like WIC benefits for any other reasons?

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2,-7,-8 go to QA17\_L69****'QA17\_L68'** [AL85] -

What were those reasons?

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**SECTION M – HOUSING AND SOCIAL COHESION****‘QA17\_L69’ [AK23] -**

These next questions are about your housing and neighborhood.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

**[IF NEEDED, SAY: “A duplex is a building with 2 units.”]**

- ☐ 01 HOUSE
- ☐ 02 DUPLEX
- ☐ 03 BUILDING WITH 3 OR MORE UNITS
- ☐ 04 MOBILE HOME
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**‘QA17\_L70’ [AK25] -**

Do you own or rent your home?

- ☐ 01 OWN
- ☐ 02 RENT
- ☐ 03 OTHER ARRANGEMENT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If AAGE >= 65 AND QA17\_L70 = 1, Only ask ‘QA17\_L71’**

**‘QA17\_L71’ [AM37] -**

Are you currently paying off a mortgage or loan on this home?

**[IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**‘QA17\_L72’ [AM14] -**

About how long have you lived at your current address?

**[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]**

[AM14M] -

\_\_\_\_\_ MONTHS [HR: 1 - AAGEx12MONTHS]

[AM14Y] -

\_\_\_\_\_ YEARS [HR: 1 - AAGE]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L73 :****IF QA17\_L72 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA17\_L75 ;  
ELSE CONTINUE WITH QA17\_L73****'QA17\_L73' [AM15] -**

About how long have you lived in your current neighborhood?

**[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]****[AM15M] -**

\_\_\_\_\_ MONTHS [HR: 1 - AAGEx12MONTHS]

**[AM15Y] -**

\_\_\_\_\_ YEARS [HR: 1 - AAGE]

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L74' [AM38] -**

The last time you moved, what was your main reason for moving?

- ☐ 01 CHANGE IN MARITAL/RELATIONSHIP STATUS
- ☐ 02 TO ESTABLISH OWN HOUSEHOLD
- ☐ 03 FOR CHILD'S EDUCATION
- ☐ 04 TO ATTEND OR LEAVE COLLEGE
- ☐ 05 WORK RELATED
- ☐ 06 COULDN'T AFFORD MORTGAGE/RENT
- ☐ 07 OTHER HOUSING RELATED
- ☐ 08 BETTER NEIGHBORHOOD/LESS CRIME
- ☐ 91 OTHER (SPECIFY:\_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L75 :**

**IF QA17\_L75 THROUGH QA17\_L79 NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH QA17\_L75 ;  
ELSE GO TO QA17\_L80**

**'QA17\_L75'** [AM19] -

Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]**

**[DO NOT PROBE A "DON'T KNOW" RESPONSE.]**

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L76'** [AM20] -

People in this neighborhood generally do NOT get along with each other.

**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]**

**[DO NOT PROBE A "DON'T KNOW" RESPONSE.]**

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L77'** [AM21] -

People in this neighborhood can be trusted.

**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]**

**["DO NOT PROBE A "DON'T KNOW" RESPONSE.]**

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L78'** [AM35] -

You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]**

**["DO NOT PROBE A "DON'T KNOW" RESPONSE.]**

- ☐ 01 STRONGLY AGREE
- ☐ 02 AGREE
- ☐ 03 DISAGREE
- ☐ 04 STRONGLY DISAGREE
- ☐ 05 NOT APPLICABLE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_L79'** [AK28] -

Do you feel safe in your neighborhood...

- ☐ 01 All of the time,
- ☐ 02 Most of the time,
- ☐ 03 Some of the time, or
- ☐ 04 None of the time
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'PN\_QA17\_L80'**

**IF QA17\_L80 WAS ASKED IN CHILD INTERVIEW, THEN QA17\_L80 = KAM36, AND SKIP TO SECTION P  
ELSE CONTINUE WITH QA17\_L80**

**'QA17\_L80'** [AM36] -

In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_L81 :**

**IF QA17\_A13 = 9 (JAPANESE) OR QA17\_A16 = 38 (JAPANESE), THEN CONTINUE WITH QA17\_L81 ;  
ELSE GO TO QA17\_S1 ;**

**'QA17\_L81'** [AM41] -

In the past 12 months, have you donated money to a charity or non-profit organization?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_L82' [AM42] -

In the next 12 months, how likely are you to donate money to a charity or non-profit organization? Are you...

- ☐ 01 Very likely
- ☐ 02 Somewhat likely
- ☐ 03 A little likely, or
- ☐ 04 Not likely
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

## SECTION P – VOTER ENGAGEMENT

**PROGRAMMING NOTE QA17\_P1:**

**IF QA17\_G9=1 (CITIZEN) OR [IF QA17\_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS)], THEN CONTINUE WITH QA17\_P1;  
ELSE GO TO QA17\_S1;**

**'QA17\_P1' [AP70] -**

Are you currently registered to vote?

- ☐ 01 YES, REGISTERED
- ☐ 02 NOT REGISTERED
- ☐ 03 NOT SURE IF REGISTERED
- ☐ 04 NOT ELIGIBLE TO VOTE/REGISTER
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, -7, -8, go to 'QA17\_P3'**

**If = 4, go to 'QA17\_S1'**

**'QA17\_P2' [AP71] -**

What is the main reason why you are not registered to vote?

- ☐ 01 TOO BUSY
- ☐ 02 VOTING DOESN'T MAKE A DIFFERENCE
- ☐ 03 I DON'T KNOW HOW
- ☐ 04 I DON'T KNOW WHERE TO GO TO REGISTER
- ☐ 05 LANGUAGE BARRIER
- ☐ 06 I'M NOT ELIGIBLE
- ☐ 07 I DON'T KNOW ENOUGH ABOUT THE ISSUES
- ☐ 08 I DON'T KNOW ENOUGH ABOUT THE CANDIDATES
- ☐ 09 I DON'T LIKE ANY OF THE CANDIDATES
- ☐ 91 OTHER (SPECIFY: \_\_\_\_\_)
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 6, go to 'QA17\_S1'**

**'QA17\_P3' [AP72] -**

Did you vote in the last general elections in November 2016?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_P4' [AP73] -**

How often do you vote in presidential elections?

- ☐ 01 Always,
- ☐ 02 Sometimes, or
- ☐ 03 Never?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**'QA17\_P5'** [AP74] -

How often do you vote in state elections, such as for Governor or state proposition?

- ☐ 01 Always,
- ☐ 02 Sometimes, or
- ☐ 03 Never?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_P6'** [AP75] -

How often do you vote in local elections, such as for Mayor or school board?

- ☐ 01 Always,
- ☐ 02 Sometimes, or
- ☐ 03 Never?
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

## Section S: Suicide Ideation and Attempts

'QA17\_S1' [AF86] -

The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Have you ever seriously thought about committing suicide?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'PN\_QA17\_N1'

'QA17\_S2' [AF87] -

Have you seriously thought about committing suicide at any time in the past 12 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

If = 2, -7, -8, go to 'QA17\_S4'

'QA17\_S3' [AF91] -

Have you seriously thought about committing suicide at any time in the past 2 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

'QA17\_S4' [AF88] -

Have you ever attempted suicide?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_S5 :**

**IF QA17\_S2 = (2, -7, -8) AND QA17\_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;**

**IF QA17\_S3 = (2, -7, -8) AND QA17\_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;**

**IF QA17\_S3 = 1 AND QA17\_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;**

**ELSE CONTINUE WITH QA17\_S5**

'QA17\_S5' [AF89] -

Have you attempted suicide at any time in the past 12 months?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with?

**[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]**

The number is 1-800-273-TALK (8255).

**[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]** The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help.

**[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]**

The website address is [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org).

**[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]**

**POST-NOTE FOR SUICIDE RESOURCE:**

**IF QA17\_S2 = (2, -7, -8) AND QA17\_S4 = (2, -7, -8) THEN SKIP TO PN QA17\_N1 (NEXT SECTION); ELSE CONTINUE**

**'QA17\_S6'** [AF90] -

Would you like to discuss your thoughts with this person or would you like to continue with the survey?

- ☐ 01 DISCUSS THOUGHTS WITH PERSON
- ☐ 02 CONTINUE WITH SURVEY
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to QA17\_N1**

## SECTION N – DEMOGRAPHIC INFORMATION, PART III AND CLOSING

**PROGRAMMING NOTE QA17\_N1 :****IF QA17\_N1 WAS ASKED IN THE CHILD INTERVIEW, THEN QA17\_N1 = KAH42, AND SKIP TO QA17\_N7 :****IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO AO1****IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA17\_N1 ;****‘QA17\_N1’ [AH42] -**

Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

- ☐ 01 ALAMEDA
- ☐ 02 ALPINE
- ☐ 03 AMADOR
- ☐ 04 BUTTE
- ☐ 05 CALAVERAS
- ☐ 06 COLUSA
- ☐ 07 CONTRA COSTA
- ☐ 08 DEL NORTE
- ☐ 09 EL DORADO
- ☐ 10 FRESNO
- ☐ 11 GLENN
- ☐ 12 HUMBOLDT
- ☐ 13 IMPERIAL
- ☐ 14 INYO
- ☐ 15 KERN
- ☐ 16 KINGS
- ☐ 17 LAKE
- ☐ 18 LASSEN
- ☐ 19 LOS ANGELES
- ☐ 20 MADERA
- ☐ 21 MARIN
- ☐ 22 MARIPOSA
- ☐ 23 MENDOCINO
- ☐ 24 MERCED
- ☐ 25 MODOC
- ☐ 26 MONO
- ☐ 27 MONTEREY
- ☐ 28 NAPA
- ☐ 29 NEVADA
- ☐ 30 ORANGE
- ☐ 31 PLACER
- ☐ 32 PLUMAS
- ☐ 33 RIVERSIDE
- ☐ 34 SACRAMENTO
- ☐ 35 SAN BENITO
- ☐ 36 SAN BERNARDINO
- ☐ 37 SAN DIEGO
- ☐ 38 SAN FRANCISCO
- ☐ 39 SAN JOAQUIN
- ☐ 40 SAN LUIS OBISPO
- ☐ 41 SAN MATEO
- ☐ 42 SANTA BARBARA
- ☐ 43 SANTA CLARA
- ☐ 44 SANTA CRUZ
- ☐ 45 SHASTA
- ☐ 46 SIERRA
- ☐ 47 SISKIYOU
- ☐ 48 SOLANO
- ☐ 49 SONOMA

- ☐ 50 STANISLAUS
- ☐ 51 SUTTER
- ☐ 52 TEHAMA
- ☐ 53 TRINITY
- ☐ 54 TULARE
- ☐ 55 TUOLUMNE
- ☐ 56 VENTURA
- ☐ 57 YOLO
- ☐ 58 YUBA
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_N2 :****IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK QA17\_N2 ;****IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT) DISPLAY "Just a few final questions and then we are done.";****ELSE GO TO QA17\_N3****'QA17\_N2' [AO1] -**

{Just a few final questions and then we are done.}

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at {R's ADDRESS AND STREET}?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 1, go to 'QA17\_N6'****PROGRAMMING NOTE QA17\_N3 :****IF R'S ADDRESS IS A P.O. BOX AND SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), DISPLAY "Just a few final questions and then we are done".****'QA17\_N3' [AM7] -**

{Just a few final questions and then we are done.}

What is your zip code?

\_\_\_\_\_ ZIP CODE

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**'QA17\_N4'** [AO2] -

To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

[AO2ANUM] -

\_\_\_\_\_ HOUSE ADDRESS NUMBER

[AO2ADDR] -

\_\_\_\_\_ NAME OF STREET (VERIFY SPELLING)

**If TRUE, go to 'QA17\_N6'**

[AO2STTY] -

\_\_\_\_\_ STREET TYPE

[AO2ADD2] -

\_\_\_\_\_ APT. NO

- ☐ -7 REFUSED  
☐ -8 DON'T KNOW

**PROGRAMMING NOTE AM8 :**  
**IF ADDRESS WAS GIVEN IN AO2 , SKIP TO QA17\_N6 ;**  
**ELSE CONTINUE WITH AM8**

**'QA17\_N5'** [AM8] -

Can you tell me just the name of the street you live on?

[TEXT\_NASTR\_AM8] -

Can you tell me just the name of the street you live on?

- ☐ -7 REFUSED  
☐ -8 DON'T KNOW

**'QA17\_N6'** [AM9] -

And what is the name of the street down the corner from you that crosses your street?

[TEXT\_NAXSTR\_AM9] -

- ☐ -7 REFUSED  
☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_N7 :**  
**IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA17\_N8 ;**  
**ELSE CONTINUE WITH QA17\_N7**

**'QA17\_N7' [AM33] -**

I'm won't ask you for the number, but do you have a working cell phone?

**[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED;]**

- ☐ 01 YES
- ☐ 02 NO
- ☐ 03 SHARES CELL PHONE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_N9'**

**'QA17\_N8' [AN10] -**

How many different cell phone numbers do you currently use for personal calls?

\_\_\_\_\_ CELL PHONE NUMBERS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_N9 :**  
**IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA17\_N12;**  
**ELSE CONTINUE WITH QA17\_N9**

**'QA17\_N9' [AN6] -**

Is there a regular or landline telephone in your household?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'PN\_QA17\_N8'**

**'QA17\_N10' [AN7] -**

Is that telephone for personal use or business use only?

- ☐ 01 PERSONAL USE ONLY
- ☐ 02 BUSINESS USE ONLY
- ☐ 03 BOTH PERSONAL USE AND BUSINESS USE
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, go to 'PN\_QA17\_N8'**

'QA17\_N11' [AN11] -

How many telephone lines do you have for personal use?

\_\_\_\_\_ REGULAR OR LANDLINE NUMBERS

- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE QA17\_N12:**

**IF QA17\_N7 = 1 (YES) OR 3 (SHARES CELL PHONE), OR AN7 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA17\_N12;  
ELSE SKIP TO PROGRAMMING QA17\_N8**

'QA17\_N12' [AM34] -

Of all the telephone calls that you receive, are...

- ☐ 01 All or almost all calls received on a cell phone,
- ☐ 02 Some on cell phones & some on regular phones, or
- ☐ 03 Very few or none on cell phones
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW



**FOLLOW – UP SURVEY PERMISSION**

**PROGRAMMING NOTE QA17\_N8 :**  
**IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;**  
**ELSE CONTINUE WITH QA17\_N8**

**'QA17\_N13'** [AM10] -

Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

- ☐ 01 YES
- ☐ 02 MAYBE/PROBABLY YES
- ☐ 03 DEFINITELY NOT
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**PROGRAMMING NOTE SUICIDE RESOURCE 2:**  
**IF QA17\_S6 = (2, -7, -8),**  
**AND [QA17\_S3 OR (QA17\_S3 = 2, -7, -8 AND QA17\_S5 =1)], THEN CONTINUE WITH SUICIDE RESOURCE**  
**2;**  
**ELSE GO TO PROGRAMMING NOTE CLOSE1**

SUICIDE RESOURCE 2:

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with?

**[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]**

**]The toll-free number is 1-800-273-TALK (8255).**

**[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]**

Or you can visit their website to find out information about getting help.

**[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]**

The website address is [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]**

**'QA17\_N14'** [AN8] -

Would you like to speak with someone now?

- ☐ 01 YES
- ☐ 02 NO
- ☐ -7 REFUSED
- ☐ -8 DON'T KNOW

**If = 2, -7, -8, go to 'CLOSE1'**

**PROGRAMMING NOTE CLOSE1 AND CLOSE2:  
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;  
ELSE CONTINUE WITH CLOSE1**

**'CLOSE1' -**

Let me check to see if there is anyone else.

**If true, go to 'HH\_SELECT'**

**'CLOSE2' -**

Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.