CHIS 2009
Adult Questionnaire
Version 3.4
March 1, 2011

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

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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 2009 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 QA09_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA09_A1   What is your date of birth?

AA1MON

MONTH _____   [RANGE: 1-12]

1. JANUARY	7. JULY
2. FEBRUARY	8. AUGUST
3. MARCH	9. SEPTEMBER
4. APRIL	10. OCTOBER
5. MAY	11. NOVEMBER
6. JUNE	12. DECEMBER

AA1DAY

DAY _____   [RANGE: 1-31]

AA1YR

YEAR _____   [RANGE: 1898-1992]

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_A2:
IF QA09_A1 = -7 OR -8 (REF/DK), THEN CONTINUE WITH QA09_A2;
ELSE GO TO QA09_A5

QA09_A2   What month and year were you born?

AA1AMON

MONTH _____   [RANGE: 1-12]

1. JANUARY	7. JULY
2. FEBRUARY	8. AUGUST
3. MARCH	9. SEPTEMBER
4. APRIL	10. OCTOBER
5. MAY	11. NOVEMBER
6. JUNE	12. DECEMBER

AA1AYR

YEAR _____   [RANGE: 1898-1992]

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_A3:
IF QA09_A2 = -7 OR -8 (REF/DK), THEN CONTINUE WITH QA09_A3;
ELSE GO TO QA09_A5

QA09_A3   What is your age, please?

| AA2 |

      _____YEARS OF AGE [RANGE: 0-120]   **[GO TO QA09_A5]**

      REFUSED .... -7
      DON'T KNOW .... -8

PROGRAMMING NOTE QA09_A4:
IF QA09_A3 = -7 OR -8 (REF/DK), THEN CONTINUE WITH QA09_A4;
ELSE GO TO QA09_A5

QA09_A4   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?

| AA2A |

      BETWEEN 18 AND 29 1
      BETWEEN 30 AND 39 2
      BETWEEN 40 AND 44 3
      BETWEEN 45 AND 49 4
      BETWEEN 50 AND 64 5
      65 OR OLDER 6
      REFUSED .... -7
      DON'T KNOW .... -8

POST NOTE QA09_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA09_A1, QA09_A2, OR QA09_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA09_A1, QA09_A2, OR QA09_A3 = -7 OR -8 (REF/DK), THEN USE QA09_A4;
ELSE USE ENUM.AGE

QA09_A5   Are you male or female?

| AA3 |

      MALE 1
      FEMALE 2
      REFUSED .... -7

QA09_A6   Are you Latino or Hispanic?

| AA4 |

      YES 1
      NO .... 2 **[GO TO PN QA09_A8]**
      REFUSED .... -7 **[GO TO PN QA09_A8]**
      DON'T KNOW .... -8 **[GO TO PN QA09_A8]**

QA09_A7   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.

AA5

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

                MEXICAN/MEXICAN AMERICAN/CHICANO 1
                SALVADORAN...4
                GUATEMALAN 5
                COSTA RICAN...6
                HONDURAN 7
                NICARAGUAN 8
                PANAMANIAN 9
                PUERTO RICAN... 10
                CUBAN... 11
                SPANISH-AMERICAN (FROM SPAIN) 12
                OTHER LATINO (SPECIFY: _____) 91
                REFUSED .... -7
                DON'T KNOW .... -8

PROGRAMMING NOTE QA09_A8:
IF QA09_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA09_A8, THEN CONTINUE WITH PROGRAMMING NOTE QA09_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QA09_A8   {You said you are Latino or Hispanic. Also,} please tell me which one <u>or more</u> 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?

AA5A

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

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

[CODE ALL THAT APPLY]

                WHITE..1   **[GO TO PN QA09_A16]**
                BLACK OR AFRICAN AMERICAN 2   **[GO TO PN QA09_A16]**
                ASIAN 3   **[GO TO PN QA09_A12]**
                AMERICAN INDIAN OR ALASKA NATIVE 4   **[GO TO PN QA09_A9]**
                OTHER PACIFIC ISLANDER 5   **[GO TO PN QA09_A13]**
                NATIVE HAWAIIAN 6   **[GO TO PN QA09_A16]**
                OTHER (SPECIFY: _____) 91
                REFUSED .... -7
                DON'T KNOW .... -8

8

PROGRAMMING NOTE QA09_A9:
IF QA09_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), THEN CONTINUE WITH QA09_A9;
ELSE GO TO PROGRAMMING NOTE QA09_A12

QA09_A9   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.

AA5B

[CODE ALL THAT APPLY]

```
APACHE .......................................................1
BLACKFOOT/BLACKFEET ....................................2
CHEROKEE .................................................3
CHOCTAW....................................................4
MEXICAN AMERICAN INDIAN ...............................5
NAVAJO......................................................6
POMO .........................................................7
PUEBLO.......................................................8
SIOUX ........................................................9
YAQUI ...................................................... 10
OTHER TRIBE (SPECIFY:_____) ......... 91
REFUSED ...............................................  -7
DON'T KNOW ..........................................  -8
```

QA09_A10   Are you an enrolled member in a federally or state recognized tribe?

AA5C

```
YES ...........................................................1
NO..............................................................2      [GO TO PN QA09_A12]
REFUSED ..............................................  -7      [GO TO PN QA09_A12]
DON'T KNOW .........................................  -8      [GO TO PN QA09_A12]
```

QA09_A11   Which tribe are you enrolled in?

AA5D

APACHE
MESCALERO APACHE, NM 1
APACHE (NOT SPECIFIED) 2
OTHER APACHE [Ask for spelling]
(SPECIFY:_____) 3
BLACKFEET
BLACKFOOT/BLACKFEET 4
CHEROKEE
WESTERN CHEROKEE..5
CHEROKEE (NOT SPECIFIED)...............................6
OTHER CHEROKEE [Ask for spelling]
(SPECIFY:_____) 7
CHOCTAW
CHOCTAW OKLAHOMA...8
CHOCTAW (NOT SPECIFIED) 9
OTHER CHOCTAW [Ask for spelling]
(SPECIFY:_____) 10
NAVAJO
NAVAJO (NOT SPECIFIED)...................................11
POMO
HOPLAND BAND, HOPLAND RANCHERIA............12
SHERWOOD VALLEY RANCHERIA.......................13
POMO (NOT SPECIFIED) 14
OTHER POMO [Ask for spelling]
(SPECIFY:_____) 15
PUEBLO
HOPI 16
YSLETA DEL SUR PUEBLO OF TEXAS 17
PUEBLO (NOT SPECIFIED) 18
OTHER PUEBLO [Ask for spelling]
(SPECIFY:_____) 19
SIOUX
OGLALA/PINE RIDGE SIOUX................................20
SIOUX (NOT SPECIFIED).....................................21
OTHER SIOUX [Ask for spelling]
(SPECIFY:_____) 22
YAQUI
PASCUA YAQUI TRIBE OF ARIZONA 23
YAQUI (NOT SPECIFIED).....................................24
OTHER YAQUI [Ask for spelling] (SPECIFY:____)..25
OTHER
OTHER [Ask for spelling] (SPECIFY: _____) 91
REFUSED ....-7
DON'T KNOW ....-8

> **PROGRAMMING NOTE QA09_A12:**
> **IF QA09_A8 = 3 (ASIAN), THEN CONTINUE WITH QA09_A12;**
> **ELSE GO TO PROGRAMMING NOTE QA09_A13**

QA09_A12　　　You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, or Vietnamese? If you are more than one, tell me all of them.

AA5E

　　　　[CODE ALL THAT APPLY]

```
                    BANGLADESHI.......................................................1
                    BURMESE ...........................................................2
                    CAMBODIAN ........................................................3
                    CHINESE .............................................................4
                    FILIPINO ..............................................................5
                    HMONG ...............................................................6
                    INDIAN (INDIA) ....................................................7
                    INDONESIAN........................................................8
                    JAPANESE ..........................................................9
                    KOREAN ............................................................10
                    LAOTIAN............................................................11
                    MALAYSIAN........................................................12
                    PAKISTANI .........................................................13
                    SRI LANKAN.......................................................14
                    TAIWANESE .......................................................15
                    THAI...................................................................16
                    VIETNAMESE ......................................................17
                    OTHER ASIAN (SPECIFY: _____)...91
                    REFUSED ............................................................-7
                    DON'T KNOW .......................................................-8
```

> **PROGRAMMING NOTE QA09_A13:**
> **IF QA09_A8 = 5 (OTHER PACIFIC ISLANDER), THEN CONTINUE WITH QA09_A13;**
> **ELSE GO TO PROGRAMMING NOTE QA09_A14**

QA09_A13　　　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.

AA5E1

　　　　[CODE ALL THAT APPLY]

```
                    SAMOAN/AMERICAN SAMOAN..............................1
                    GUAMANIAN ........................................................2
                    TONGAN...............................................................3
                    FIJIAN .................................................................4
                    OTHER PACIFIC ISLANDER (SPECIFY: _____) 91
                    REFUSED ............................................................-7
                    DON'T KNOW .......................................................-8
```

PROGRAMMING NOTE QA09_A14:
IF QA09_A6 = 1 (LATINO) AND [QA09_A8 = 6 (NATIVE HAWAIIAN) OR QA09_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA09_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA09_A8 = 3 (ASIAN) OR QA09_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA09_A8 = 1 (WHITE) OR QA09_A8 = 91 (OTHER)], THEN CONTINUE WITH QA09_A14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA09_A8, QA09_A12, OR QA09_A13 [NOT COUNTING -7 OR -8 (REF/DK)], THEN CONTINUE WITH QA09_A14;
ELSE GO TO QA09_A16

QA09_A14   You said that you are: {INSERT MULTIPLE RESPONSES FROM QA09_A7, QA09_A8, QA09_A12 AND QA09_A13}.

Do you identify with any one race in particular?

AA5G

```
YES ......................................................................1
NO..........................................................................2     [GO TO QA09_A16]
REFUSED ........................................................... -7     [GO TO QA09_A16]
DON'T KNOW ...................................................... -8     [GO TO QA09_A16]
```

PROGRAMMING NOTE FOR QA09_A15:
IF QA09_A6 = 1 (YES, LATINO) AND QA09_A7 ≠ -7 OR -8, THEN DO NOT DISPLAY QA09_A15 = 14 (LATINO);
IF QA09_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA09_A13 = 1 TO 4 OR 91, THEN DO NOT DISPLAY QA09_A15 = 17 (OTHER PACIFIC ISLANDER);
IF QA09_A8 = 3 AND QA09_A12 = 1 TO 17 OR 91, THEN DO NOT DISPLAY QA09_A15 = 19 (ASIAN)

QA09_A15   Which do you most identify with?

AA5F

[IF R UNABLE TO CHOOSE ONE, OFFER "BOTH/ALL/MULTIRACIAL"]

```
MEXICAN/MEXICAN AMERICAN/CHICANO ...........1
SALVADORAN..........................................................4
GUATEMALAN .......................................................5
COSTA RICAN........................................................6
HONDURAN ...........................................................7
NICARAGUAN .......................................................8
PANAMANIAN .......................................................9
PUERTO RICAN ....................................................10
CUBAN...................................................................11
SPANISH-AMERICAN (FROM SPAIN) ...................12
LATINO, OTHER SPECIFY ....................................13
LATINO ..................................................................14
NATIVE HAWAIIAN ................................................16
OTHER PACIFIC ISLANDER ..................................17
AMERICAN INDIAN OR ALASKA NATIVE .............18
ASIAN ....................................................................19
BLACK OR AFRICAN AMERICAN ...........................20
WHITE....................................................................21
RACE, OTHER SPECIFY ......................................22
BANGLADESHI.......................................................30
BURMESE ............................................................31
CAMBODIAN .........................................................32
```

```
CHINESE ......................................................33
FILIPINO .....................................................34
HMONG ......................................................35
INDIAN (INDIA) ...........................................36
INDONESIAN...............................................37
JAPANESE .................................................38
KOREAN .....................................................39
LAOTIAN.....................................................40
MALAYSIAN................................................41
PAKISTANI .................................................42
SRI LANKAN...............................................43
TAIWANESE ...............................................44
THAI ...........................................................45
VIETNAMESE ..............................................46
ASIAN, OTHER SPECIFY .............................49
SAMOAN/AMERICAN SAMOAN.....................50
GUAMANIAN ...............................................51
TONGAN......................................................52
FIJIAN .........................................................53
PACIFIC ISLANDER, OTHER SPECIFY..........55
BOTH/ALL/MULTIRACIAL .............................90
NONE OF THESE.........................................95
REFUSED ....................................................-7
DON'T KNOW ...............................................-8
```

QA09_A16   Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

AH43

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

```
MARRIED....................................................1
LIVING WITH PARTNER ..............................2
WIDOWED .................................................3
DIVORCED ................................................4
SEPARATED ..............................................5
NEVER MARRIED .......................................6
REFUSED ..................................................-7
DON'T KNOW .............................................-8
```

Section B –Health Conditions

QA09_B1   These next questions are about your health.

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

AB1

EXCELLENT 1
VERY GOOD 2
GOOD 3
FAIR 4
POOR...5
REFUSED .... -7
DON'T KNOW .... -8

QA09_B2   Has a doctor <u>ever</u> told you that you have asthma?

AB17

YES 1
NO...2   **[GO TO PN QA09_B18]**
REFUSED .... -7   **[GO TO PN QA09_B18]**
DON'T KNOW .... -8   **[GO TO PN QA09_B18]**

QA09_B3   Do you still have asthma?

AB40

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

QA09_B4   During the <u>past 12 months</u>, have you had an episode of asthma or an asthma attack?

AB41

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B5:
IF [QA09_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA09_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], THEN GO TO QA09_B9;
ELSE CONTINUE WITH QA09_B5

QA09_B5   During the <u>past 12 months</u>, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

AB19

Not at all, ...1
Less than every month,...2
Every month, ...3
Every week, or 4
Every day? 5
REFUSED .... -7
DON'T KNOW .... -8

QA09_B6   During the past 12 months, have you had to visit an emergency room because of your asthma?

AH13A

YES...1	
NO..2	**[GO TO QA09_B8]**
REFUSED .... -7	**[GO TO QA09_B8]**
DON'T KNOW .... -8	**[GO TO QA09_B8]**

QA09_B7   Did you visit an emergency room for your asthma because you were unable to see your doctor?

AB106

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

YES...1
NO..2
DOESN'T HAVE A DOCTOR 3
REFUSED .... -7
DON'T KNOW .... -8

QA09_B8   During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

AH15A

YES...1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_B9   Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

AB18

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

YES...1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B10:
IF QA09_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA09_B4 = 1 (YES, EPISODE IN LAST 12 MOS), THEN GO TO PROGRAMMING NOTE QA09_B14;
ELSE CONTINUE WITH QA09_B10

QA09_B10   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…

AB66

Not at all, ...1
Less than every month,...2
Every month,...3
Every week, or 4
Every day? 5
REFUSED .... -7
DON'T KNOW .... -8

QA09_B11　　During the past 12 months, have you had to visit an emergency room because of your asthma?

AB67

        YES 1
        NO ....2　　**[GO TO QA09_B13]**
        REFUSED .... -7　　**[GO TO QA09_B13]**
        DON'T KNOW .... -8　　**[GO TO QA09_B13]**

QA09_B12　　Did you visit an emergency room for your asthma because you were unable to see your doctor?

AB107

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

        YES 1
        NO 2
        DOESN'T HAVE DOCTOR 3
        REFUSED .... -7
        DON'T KNOW .... -8

QA09_B13　　During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

AB80

        YES 1
        NO 2
        REFUSED .... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B14:
IF AAGE > 69, THEN GO TO QA09_B15;
ELSE CONTINUE WITH QA09_B14

QA09_B14　　During the past 12 months, how many days of work did you miss due to asthma?

AB42

[IF NOT WORKING, ENTER ZERO]

       _____ DAYS (0 - 365)

        REFUSED .... -7
        DON'T KNOW .... -8

QA09_B15　　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?

AB43

        YES 1
        NO ....2　　**[GO TO QA09_B17]**
        REFUSED .... -7　　**[GO TO QA09_B17]**
        DON'T KNOW .... -8　　**[GO TO QA09_B17]**

QA09_B16   Do you have a written or printed copy of this plan?

AB98

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

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

QA09_B17   How confident are you that you can control and manage your asthma? Would you say you are…

AB108

Very confident, ...1
Somewhat confident, ...2
Not too confident, or..3
Not at all confident? 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B18:
IF QA09_A5 = 2 (FEMALE), THEN DISPLAY "Other than during pregnancy, has";
ELSE DISPLAY "Has"

QA09_B18   {Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have diabetes or sugar
diabetes?

AB22

YES 1
NO...2
BORDERLINE OR PRE-DIABETES.......................3   **[GO TO PN QA09_B39]**
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B19:
IF QA09_A5 = 2 (FEMALE), THEN DISPLAY "Other than during pregnancy, has";
ELSE DISPLAY "Has"

QA09_B19   {Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have pre-diabetes or
borderline diabetes?

AB99

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QA09_B20:**
> **IF QA09_B18 = 1, THEN CONINTUE WITH QA09_B20;**
> **ELSE GO TO PROGRAMMING NOTE QA09_B39**

QA09_B20   How old were you when a doctor first told you that you have diabetes?

AB23

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

REFUSED .... -7
DON'T KNOW .... -8

QA09_B21   Were you told that you had Type 1 or Type 2 diabetes?

AB51

[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."]

TYPE 1 1
TYPE 2 2
ANOTHER TYPE 3
REFUSED .... -7
DON'T KNOW .... -8

QA09_B22   Are you now taking insulin?

AB24

YES 1
NO 2   **[GO TO QA09_B24]**
REFUSED .... -7   **[GO TO QA09_B24]**
DON'T KNOW .... -8   **[GO TO QA09_B24]**

QA09_B23   Do you take insulin through a needle, pen, pump, or inhaler?

AB121

NEEDLE 1
PEN 2
PUMP 3
INHALER 4
OTHER 5
REFUSED .... -7
DON'T KNOW .... -8

QA09_B24   Do you now take diabetic pills to lower your blood sugar?

AB25

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

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA09_B25   Do you now take medicine to lower your cholesterol?

AB122

[CODE YES IF "STATIN" IS MENTIONED]

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

QA09_B26   Do you take an aspirin on a regular basis to reduce the risk of heart attack?

AB123

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

QA09_B27   Do you take any other medications to reduce your heart attack risk, such as "ACE" Inhibitors?

AB124

[IF NEEDED, SAY: "Common ACE inhibitor medications are Prinivil, Lisinopril, and Enalapril."]

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

QA09_B29   About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?

AB26

[FILL IN TIME FRAME ANSWERED]

_____ TIMES

_____ PER DAY   [HR: 0-24; SR: 0-10]
_____ PER WEEK   [HR: 0-70; SR: 0-34]
_____ PER MONTH   [HR: 0-300; SR: 0-149]
_____ PER YEAR   [HR: 0-3650; SR: 0-599]

REFUSED .... -7
DON'T KNOW .... -8

QA09_B30   About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?

AB27

[IF R NEVER HEARD OF IT, ENTER 995]

_____ NUMBER OF TIMES   [HR: 0-52, 995; SR: 0-25, 995]

REFUSED .... -7
DON'T KNOW .... -8

QA09_B31   About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

AB28

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

REFUSED .... -7
DON'T KNOW .... -8

QA09_B32   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.

AB63

WITHIN THE PAST MONTH 1
WITHIN THE PAST YEAR (1-12 MONTHS AGO) ...2
WITHIN THE PAST 2 YEARS (1-2 YEARS AGO) ...3
2 OR MORE YEARS AGO.......................................4
NEVER 5
REFUSED .... -7
DON'T KNOW .... -8

QA09_B33   During the past 12 months, have you had to visit an emergency room because of your diabetes?

AB109

YES..1
NO..2   **[GO TO QA09_B35]**
REFUSED .... -7   **[GO TO QA09_B35]**
DON'T KNOW .... -8   **[GO TO QA09_B35]**

QA09_B34   Did you visit an emergency room for your diabetes because you were unable to see your doctor?

AB110

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

YES..1
NO..2
DOESN'T HAVE DOCTOR.....................................3
REFUSED .... -7
DON'T KNOW .... -8

QA09_B35   During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?

AB111

YES..1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_B36   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?

AB112

```
YES .........................................................................1
NO ...........................................................................2      [GO TO QA09_B38]
REFUSED ............................................................... -7      [GO TO QA09_B38]
DON'T KNOW ......................................................... -8      [GO TO QA09_B38]
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QA09_B37   Do you have a written or printed copy of this plan?

AB113

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

```
YES .........................................................................1
NO ...........................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
```

QA09_B38   How confident are you that you can control and manage your diabetes? Would you say you are…

AB114

```
Very confident, ..........................................................1
Somewhat confident, ................................................2
Not too confident, or...................................................3
Not at all confident? ..................................................4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
```

```
PROGRAMMING NOTE QA09_B39:
IF QA09_A5 = 2 (FEMALE), THEN CONTINUE WITH QA09_B39;
ELSE GO TO QA09_B41
```

QA09_B39   Has a doctor ever told you that you had diabetes only during pregnancy?

AB81

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

```
YES .........................................................................1
NO ...........................................................................2      [GO TO QA09_B41]
BORDERLINE GESTATIONAL DIABETES .............3      [GO TO QA09_B41]
REFUSED ............................................................... -7      [GO TO QA09_B41]
DON'T KNOW ......................................................... -8      [GO TO QA09_B41]
```

QA09_B40   After your pregnancy, did you have a fasting blood sugar test or an oral glucose tolerance test?

AB126

[IF NEEDED, SAY: "An oral glucose tolerance test is when you have your blood drawn before and after drinking a sweet liquid."]

```
YES ....................................................................1
NO......................................................................2
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8
```

QA09_B41   Has a doctor <u>ever</u> told you that you have high blood pressure?

AB29

```
YES ....................................................................1
NO......................................................................2        [GO TO QA09_B43]
HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION ...........................................3        [GO TO QA09_B43]
REFUSED ........................................................... -7        [GO TO QA09_B43]
DON'T KNOW ..................................................... -8        [GO TO QA09_B43]
```

QA09_B42   Are you now taking any medications to control your high blood pressure?

AB30

```
YES ....................................................................1
NO......................................................................2
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8
```

QA09_B43   Has a doctor ever told you that you have any kind of heart disease?

AB34

```
YES ....................................................................1
NO......................................................................2        [GO TO QA09_B51]
REFUSED ........................................................... -7        [GO TO QA09_B51]
DON'T KNOW ..................................................... -8        [GO TO QA09_B51]
```

QA09_B44   Has a doctor <u>ever</u> told you that you have heart failure or congestive heart failure?

AB52

```
YES ....................................................................1
NO......................................................................2
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8
```

QA09_B45   During the past 12 months, have you had to visit an emergency room because of your heart disease?

AB115

```
YES ....................................................................1
NO......................................................................2        [GO TO QA09_B47]
REFUSED ........................................................... -7        [GO TO QA09_B47]
DON'T KNOW ..................................................... -8        [GO TO QA09_B47]
```

QA09_B46 Did you visit an emergency room for your heart disease because you were unable to see your doctor?

AB116

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

> YES 1
> NO...2
> DOESN'T HAVE DOCTOR 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_B47 During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?

AB117

> YES 1
> NO...2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_B48 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?

AB118

> YES 1
> NO...2   **[GO TO QA09_B50]**
> REFUSED .... -7   **[GO TO QA09_B50]**
> DON'T KNOW .... -8   **[GO TO QA09_B50]**

QA09_B49 Do you have a written or printed copy of this plan?

AB119

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

> YES 1
> NO...2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_B50 How confident are you that you can control and manage your heart disease? Would you say you are…

AB120

> Very confident, ...1
> Somewhat confident, ...2
> Not too confident, or..3
> Not at all confident? 4
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_B51   During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?

AE30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]

YES 1
NO 2   **[GO TO QA09_B54]**
REFUSED .... -7   **[GO TO QA09_B54]**
DON'T KNOW .... -8   **[GO TO QA09_B54]**

QA09_B52   Did you have the flu shot or the nasal flu vaccine?

AB100

FLU SHOT 1
NASAL/FLUMIST 2
BOTH 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B53:
IF QA09_B52 = 1, THEN DISPLAY "flu shot";
ELSE IF QA09_B52 = 2, THEN DISPLAY "nasal flu vaccine";
ELSE DISPLAY "vaccine"

QA09_B53   At what kind of place did you get your last {flu shot/nasal flu vaccine/vaccine}?

AB57

A DOCTOR'S OFFICE, KAISER, OR HMO 1
A COMMUNITY HEALTH CENTER,
HEALTH DEPT., HEALTH DEPT. CLINIC,
OR OTHER TYPE OF CLINIC 2
A STORE (FOR EXAMPLE MARKET,
DRUGSTORE, OR PHARMACY) 3
WORKPLACE 4
A SENIOR, RECREATON,
OR COMMUNITY CENTER.....................................5
A HOSPITAL OR EMERGENCY ROOM 6
PLACE OF WORSHIP 7
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW/ NOT SURE .... -8

QA09_B54   Now I'm going to ask about your family's history of cancer. By family we mean only your blood relatives. Did your biological father or mother, full brothers or sisters, or biological sons or daughters ever have cancer of any kind?

AF4

[IF NEEDED, SAY: "Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted."]

YES 1
NO 2   **[GO TO PN QA09_B62]**
REFUSED .... -7   **[GO TO PN QA09_B62]**
DON'T KNOW .... -8   **[GO TO PN QA09_B62]**

QA09_B55 What kind of cancer or cancers were these?

AF5

    [CODE ALL THAT APPLY]

    [PROBE: "Any others?"]

      BLADDER 1
      BLOOD...2
      BONE 3
      BRAIN 4
      BREAST 5
      CERVIX..6
      COLON 7
      ESOPHAGUS 8
      GALLBLADDER 9
      KIDNEY 10
      LARYNX-WINDPIPE.. 11
      LEUKEMIA 12
      LIVER... 13
      LUNG 14
      LYMPHOMA.. 15
      MOUTH/TONGUE/LIP 16
      OVARY.. 17
      PANCREAS 18
      PROSTATE... 19
      RECTUM... 20
      SKIN.. 21
      SOFT TISSUE (MUSCLE OR FAT)...................... 24
      STOMACH 25
      TESTIS... 26
      THROAT-PHARYNX.. 27
      THYROID 28
      UTERUS 29
      OTHER... 91
      REFUSED .... -7
      DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B56:
IF QA09_B55 = 21 (SKIN CANCER) THEN CONTINUE WITH QA09_B56;
ELSE GO TO PROGRAMMING NOTE QA09_B57

QA09_B56 Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?

AF5A

    [CODE ALL THAT APPLY]

    [PROBE: "Any others?"]

      NON-MELANOMA 1
      MELANOMA..2
      UNKNOWN TYPE..3
      REFUSED .... -7
      DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B57:
IF QA09_A5 = 2 (FEMALE) AND QA09_B55 = 5 (BREAST CANCER), THEN CONTINUE WITH QA09_B57;
ELSE GO TO PROGRAMMING NOTE QA09_B60

QA09_B57   Was your mother ever diagnosed with breast cancer?

AF6

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_B58   Do you have any sisters who have ever been diagnosed with breast cancer?

AF7

YES 1
NO..2   **[GO TO PN QA09_B60]**
REFUSED .... -7   **[GO TO PN QA09_B60]**
DON'T KNOW .... -8   **[GO TO PN QA09_B60]**

QA09_B59   How many sisters have been diagnosed with breast cancer?

AF8

_____ NUMBER OF SISTERS WITH BREAST CANCER

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B60:
IF QA09_B55 = 7 (COLON CANCER) OR 20 (RECTAL CANCER), THEN CONTINUE WITH QA09_B60;
ELSE GO TO QA09_B62

QA09_B60   Who was diagnosed with colon or rectal cancer?

AB101

[IF NEEDED, SAY: "Do NOT include STEP or HALF brothers and sisters."]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MOTHER..1
FATHER...2
FULL BROTHER...3
FULL SISTER 4
BIOLOGICAL SON 5
BIOLOGICAL DAUGHTER 6
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B61:
IF QA09_B60 = (3, 4, 5, OR 6), THEN CONTINUE WITH QA09_B61;
    IF QA09_B60 = 3, THEN DISPLAY "brothers";
    IF QA09_B60 = 4, THEN DISPLAY "sisters";
    IF QA09_B60 = 5, THEN DISPLAY "sons";
    IF QA09_B60 = 6, THEN DISPLAY "daughters";
ELSE GO TO PROGRAMMING NOTE QA09_B62

QA09_B61   How many {brothers/sisters/sons/daughters} were diagnosed with colon or rectal cancer?

AB102

_____ NUMBER OF FAMILY MEMBERS WITH COLON OR RECTAL CANCER

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B62:
IF AAGE < 40 OR [QA09_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40
OR AGE IS UNKNOWN, THEN GO TO PROGRAMMING NOTE QA09_C1;
ELSE CONTINUE WITH QA09_B62

QA09_B62   A stool or fecal blood test is done at home to check for colon cancer. You send your stool sample
to the doctor's office or lab for testing. Have you ever done a stool or fecal blood test?

AF22

**[IF NEEDED, SAY: "Do not include over-the-counter test kits from a drugstore or
pharmacy."]**

[IF NEEDED, SAY: "Do not include tests done at the doctor's office."]

YES 1
NO..2 **[GO TO QA09_B65]**
REFUSED .... -7 **[GO TO QA09_B65]**
DON'T KNOW .... -8 **[GO TO QA09_B65]**

QA09_B63   When did you do your most recent blood test using a home kit to check for colon cancer?

AF24

A YEAR AGO OR LESS 1
MORE THAN 1 YEAR AGO UP TO
2 YEARS AGO 2
MORE THAN 2 YEARS AGO UP TO
5 YEARS AGO 3
MORE THAN 5 YEARS AGO 4
REFUSED .... -7
DON'T KNOW .... -8

QA09_B64   What was the main reason you had your most recent stool blood test using a home kit? Was it…

AB83

Part of a routine exam,..1
Because of a problem, or...2
Some other reason? 3
REFUSED .... -7
DON'T KNOW .... -8

QA09_B65   A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home.

Have you ever had a colonoscopy?

AB84

YES 1	
NO...2	**[GO TO QA09_B68]**
REFUSED .... -7	**[GO TO QA09_B68]**
DON'T KNOW .... -8	**[GO TO QA09_B68]**

QA09_B66   When did you have your most recent colonoscopy to check for colon cancer?

AB85

A YEAR AGO OR LESS 1
MORE THAN 1 UP TO 5 YEARS AGO 2
MORE THAN 5 UP TO 10 YEARS AGO 3
MORE THAN 10 YEARS AGO 4
REFUSED .... -7
DON'T KNOW .... -8

QA09_B67   What was the main reason you had your most recent colonoscopy? Was it…

AB86

Part of a routine exam,...1
Because of a problem, or...2
Some other reason? 3
REFUSED .... -7
DON'T KNOW .... -8

QA09_B68   Have you ever had a sigmoidoscopy?

AB87

YES 1	
NO...2	**[GO TO QA09_B71]**
REFUSED .... -7	**[GO TO QA09_B71]**
DON'T KNOW .... -8	**[GO TO QA09_B71]**

QA09_B69   When did you have your most recent sigmoidoscopy to check for colon cancer?

AB88

A YEAR AGO OR LESS 1
MORE THAN 1 UP TO 5 YEARS AGO 2
MORE THAN 5 UP TO 10 YEARS AGO 3
MORE THAN 10 YEARS AGO 4
REFUSED .... -7
DON'T KNOW .... -8

QA09_B70   What was the main reason you did your most recent sigmoidoscopy? Was it…

AB89

Part of a routine exam,..1
Because of a problem, or...2
Some other reason? 3
REFUSED .... -7
DON'T KNOW .... -8

QA09_B71   In the past 5 years, has a doctor recommended that you have a sigmoidoscopy, colonoscopy or stool blood test?

AB90

YES..1
NO..2
DID NOT GO TO A DOCTOR IN
PAST 5 YEARS.. 92
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B72:
IF QA09_B62 = 2 (NEVER HAD FOBT) AND QA09_B65 = 2 (NEVER HAD COLONOSCOPY) AND QA09_B68 = 2 (NEVER HAD SIGMOIDOSCOPY), THEN CONTINUE WITH QA09_B72 AND DISPLAY "never had";
ELSE IF QA09_B63 ≠ 1 (MOST RECENT FOBT OVER 1 YEAR AGO) AND QA09_B66 ≠ 1, 2, OR 3 (MOST RECENT COLONOSCOPY OVER 10 YEARS AGO) AND QA09_B69 ≠ 1 OR 2 (MOST RECENT SIGMOIDOSCOPY OVER 5 YEARS AGO), THEN CONTINUE WITH QA09_B72 AND DISPLAY "not had" AND "recently";
ELSE GO TO PROGRAMMING NOTE QA09_B73

QA09_B72   What is the ONE most important reason why you have {never had/not had} one of these exams {recently}?

AF20

NO REASON/NEVER THOUGHT ABOUT IT 1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST 2
DOCTOR DIDN'T TELL ME I NEEDED IT 3
HAVEN'T HAD ANY PROBLEMS............................4
PUT IT OFF/LAZINESS 5
TOO EXPENSIVE/NO INSURANCE/COST 6
TOO PAINFUL, UNPLEASANT,
OR EMBARRASSING...7
HAD ANOTHER TYPE OF COLORECTAL EXAM...8
DON'T HAVE A DOCTOR 9
OTHER... 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B73:
IF FEMALE, THEN GO TO QA09_C1;
IF MALE AND AAGE < 40 OR [QA09_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR
ENUM.AGE < 40 OR AGE IS UNKNOWN, THEN GO TO QA09_C1;
ELSE CONTINUE WITH QA09_B73

QA09_B73   Have you ever <u>heard of</u> a PSA or "prostate-specific antigen" test to detect prostate cancer? A
PSA test is a blood test to detect prostate cancer.

AF30

YES 1
NO...2   **[GO TO QA09_C1]**
REFUSED .... -7   **[GO TO QA09_C1]**
DON'T KNOW .... -8   **[GO TO QA09_C1]**

QA09_B74   Have you ever had a PSA test?

AF31

[IF NEEDED, SAY: "A PSA test is a blood test to detect prostate cancer. It is also called a
prostate-specific antigen test."]

YES 1
NO...2   **[GO TO QA09_B77]**
REFUSED .... -7   **[GO TO QA09_B77]**
DON'T KNOW .... -8   **[GO TO QA09_B77]**

QA09_B75   When did you have your most recent PSA test?

AF33

A YEAR AGO OR LESS 1
MORE THAN 1 YEAR AGO UP TO
2 YEARS AGO...2
MORE THAN 2 YEARS AGO UP TO
3 YEARS AGO...3
MORE THAN 3 YEARS AGO UP TO
5 YEARS AGO...4
MORE THAN 5 YEARS AGO 5
REFUSED .... -7
DON'T KNOW .... -8

QA09_B76   What was the main reason you had this PSA test – was it...

AF34

Part of a routine physical exam,................................1
Because of a problem, or...2
Some other reason? 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B77:
IF QA09_B74 = 1, THEN DISPLAY "before you had the PSA test" AND "it";
ELSE DISPLAY "Did" AND "the PSA test"

QA09_B77   {Before you had the PSA test, did/Did}, a doctor ever talk with you about the advantages and disadvantages of having {it/the PSA test}?

AB103

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_B78:
IF QA09_B74 = 1, THEN DISPLAY "before you had the PSA test" AND "it";
ELSE DISPLAY "Did" AND "the PSA test"

QA09_B78   {Before you had the PSA test, did/Did} a doctor ever tell you that some doctors recommend having {it/the PSA test} and others do not?

AB104

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_B79   Did a doctor or other health professional ever recommend that you have a PSA test?

AB105

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

Section C – Health Behaviors

QA09_C1   The next questions are about walking for transportation. I will ask you separately about walking
                   for relaxation or exercise.

AD37W

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

                   YES 1
                   NO 2   **[GO TO QA09_C4]**
                   UNABLE TO WALK 3   **[GO TO QA09_C7]**
                   REFUSED .... -7   **[GO TO QA09_C4]**
                   DON'T KNOW .... -8   **[GO TO QA09_C4]**

QA05_C2   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."]

AD38W

                   _____ TIMES PER WEEK   **[IF 0, GO TO QA09_C4]**

                   REFUSED .... -7   **[GO TO QA09_C4]**
                   DON'T KNOW .... -8   **[GO TO QA09_C4]**

PROGRAMMING NOTE QA09_C3:
IF QA09_C2 = 1, THEN DISPLAY "How long did that walk take";
IF QA09_C2 > 1, THEN DISPLAY "On average, how long did those walks take"

QA09_C3   {How long did that walk take/On average, how long did those walks take}?

AD39W

                   _____ MINUTES PER DAY
                   _____ HOURS PER DAY

                   REFUSED .... -7
                   DON'T KNOW .... -8

PROGRAMMING NOTE QA05_C4:
IF QA09_C1 = 1 (WALK FOR TRANSPORTATION), THEN DISPLAY "Please do not include walking for transportation."

QA05_C4   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.}

AD40W

                   YES 1
                   NO 2   **[GO TO QA09_C7]**
                   REFUSED .... -7   **[GO TO QA09_C7]**
                   DON'T KNOW .... -8   **[GO TO QA09_C7]**

QA09_C5   In the past 7 days, how many times did you do that?

AD41W

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

      _____ TIMES PER WEEK   **[IF 0, GO TO QA09_C7]**

      REFUSED .... -7   **[GO TO QA09_C7]**
      DON'T KNOW .... -8   **[GO TO QA09_C7]**

PROGRAMMING NOTE QA09_C6:
IF QA09_C5 = 1, THEN DISPLAY "How long did that walk take";
IF QA09_C5 > 1, THEN DISPLAY "On average, how long did those walks take"

QA09_C6   {How long did that walk take/On average, how long did those walks take}?

AD42W

      _____ MINUTES PER DAY
      _____ HOURS PER DAY

      REFUSED .... -7
      DON'T KNOW .... -8

QA09_C7   The next questions are about physical activities or exercise you may do in your free time for at least 10 minutes, other than walking. First, think about activities that take moderate physical effort, such as bicycling, dancing, swimming, and gardening.

During the last 7 days, did you do any <u>moderate</u> physical activities in your free time for at least 10 minutes, other than walking?

AE26

> **[IF NEEDED, SAY: "Moderate physical activities make you breathe somewhat harder than normal."]**

> **[IF NEEDED, SAY: "Think about only those physical activities that you did for at least 10 minutes at a time."]**

      YES 1
      NO 2   **[GO TO QA09_C10]**
      REFUSED .... -7   **[GO TO QA09_C10]**
      DON'T KNOW .... -8   **[GO TO QA09_C10]**

QA09_C8   On how many days did you do this?

AE27

      _____ DAYS PER WEEK   **[IF 0, GO TO QA09_C10]**

      REFUSED .... -7   **[GO TO QA09_C10]**
      DON'T KNOW .... -8   **[GO TO QA09_C10]**

> **PROGRAMMING NOTE QA09_C9:**
> **IF QA09_C8 = 1, THEN DO NOT DISPLAY "usually" AND DISPLAY "that day";**
> **IF QA09_C8 > 1, THEN DISPLAY "usually" and "one of those days"**

QA09_C9   How much time did you {usually} spend on {one of those days/that day} doing moderate physical activities in your free time?

AE27A

[IF NEEDED, SAY: "Think about only those physical activities that you did for at least 10 minutes at a time."]

_____ HOURS PER DAY
_____ MINUTES PER DAY [HR: 0-480, SR:0-120]

REFUSED .... -7
DON'T KNOW .... -8

QA09_C10   Now think about <u>vigorous</u> activities you did in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming. Again, do not include walking.

During the last 7 days, did you do any vigorous physical activities in your free time?

AE24

[IF NEEDED, SAY: "Vigorous activities make you breathe much harder than normal."]

[IF NEEDED, SAY: "Think about only those vigorous physical activities that you did for at least 10 minutes at a time."]

YES 1
NO..2   **[GO TO QA09_C13]**
REFUSED .... -7   **[GO TO QA09_C13]**
DON'T KNOW .... -8   **[GO TO QA09_C13]**

QA09_C11   On how many days did you do this?

AE25

_____ DAYS PER WEEK [HR:1-7]   **[IF 0, GO TO QA09_C13]**

REFUSED .... -7   **[GO TO QA09_C13]**
DON'T KNOW .... -8   **[GO TO QA09_C13]**

PROGRAMMING NOTE QA09_C12:
IF QA09_C11 = 1, THEN DO NOT DISPLAY "usually" AND DISPLAY "that day";
IF QA09_C11 > 1, THEN DISPLAY "usually" and "one of those days"

QA09_C12   How much time did you {usually} spend on {one of those days/that day} doing vigorous physical activities in your free time?

AE25A

[IF NEEDED, SAY: "Think about only those physical activities that you did for at least 10 minutes at a time."]

_____ HOURS PER DAY
_____ MINUTES PER DAY [HR: 0-480; SR: 0-120]

REFUSED .... -7
DON'T KNOW .... -8

QA09_C13   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.

AE2

[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

PER DAY 1   [HR: 0-20; SR: 0-9]
PER WEEK 2   [HR: 0-20; SR: 0-29]
PER MONTH..3   [HR: 0-210; SR: 0-149]
REFUSED .... -7
DON'T KNOW .... -8

QA09_C14   [During the past month,] how many times did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

AE3

[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

PER DAY 1   [HR: 0-20; SR: 0-5]
PER WEEK 2   [HR: 0-35; SR: 0-11]
PER MONTH..3   [HR: 0-90; SR: 0-30]
REFUSED .... -7
DON'T KNOW .... -8

QA09_C15   [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.

AE7

[IF STRONGLY NEEDED, SAY: "Such as tomatoes, carrots, onions, or broccoli."]

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "Rice is not a vegetable."]

_____TIMES

PER DAY 1	[HR: 0-10; SR: 0-4]
PER WEEK 2	[HR: 0-25; SR: 0-11]
PER MONTH..3	[HR: 0-60; SR: 0-30]
REFUSED .... -7	
DON'T KNOW .... -8	

QA09_C16   [During the past month,] how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

AC11

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

_____TIMES

PER DAY 1	[HR: 0-10; SR: 0-7]
PER WEEK 2	[HR: 0-25; SR: 0-11]
PER MONTH..3	[HR: 0-60; SR: 0-30]
REFUSED .... -7	
DON'T KNOW .... -8	

QA09_C17   [During the past month,] how often did you drink sports or energy drinks such as Gatorade, Red Bull, and Vitamin water? Do not include diet or sugar-free kinds.

AC12

_____TIMES

PER DAY 1	[HR: 0-10; SR: 0-7]
PER WEEK 2	[HR: 0-25; SR: 0-11]
PER MONTH..3	[HR: 0-60; SR: 0-30]
REFUSED .... -7	
DON'T KNOW .... -8	

QA09_C18   [During the past month,] how often did you drink sweetened fruit drinks such as Kool-aid, cranberry drink, and lemonade? Include fruit drinks you made at home and added sugar to.

AC41

[IF NEEDED, SAY: "Do not include 100% fruit juices and drinks with things like Splenda or Equal."]

_____TIMES

PER DAY 1
PER WEEK 2
PER MONTH..3
REFUSED .... -7
DON'T KNOW .... -8

QA09_C19 [During the past month,] how often did you drink coffee or tea with sugar or honey added? Do not include drinks with things like Splenda or Equal. Include pre-sweetened tea and coffee drinks such as Arizona Iced Tea and Frappuccino.

AC36

   _____TIMES

    PER DAY 1
    PER WEEK 2
    PER MONTH...3
    REFUSED .... -7
    DON'T KNOW .... -8

QA09_C20 [During the past month,] how often did you eat cookies, cake, pie, or brownies? Do not include sugar-free kinds.

AC13

 [IF NEEDED, SAY: "Include <u>any</u> sweet pastries. Do not include sugar-free kinds."]

   _____TIMES

    PER DAY 1
    PER WEEK 2
    PER MONTH...3
    REFUSED .... -7
    DON'T KNOW .... -8

QA09_C21 [During the past month,] how often did you eat ice cream or other frozen desserts? Do not include sugar-free kinds.

AC14

 [IF NEEDED, SAY: "Do not include sugar-free kinds. Your best guess is fine."]

 [IF STRONGLY NEEDED, SAY: "Include frozen yogurt and popsicles."]

   _____TIMES

    PER DAY 1
    PER WEEK 2
    PER MONTH...3
    REFUSED .... -7
    DON'T KNOW .... -8

QA09_C22 Now think about the <u>past week</u>. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

AC31

 [IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell."]

   _____# OF TIMES IN PAST 7 DAYS

    REFUSED .... -7
    DON'T KNOW .... -8

QA09_C23   Next, I am going to ask you about your exposure to the sun.

During the past 12 months, how many times have you had a sunburn?

AF13

[IF NEEDED, SAY: "By 'sunburn' we mean even a small part of your skin turning red or hurting for 12 hours or more."]

_____NUMBER OF SUNBURNS

REFUSED .... -7
DON'T KNOW .... -8

QA09_C24   During the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, sunbed, or tanning booth? Do <u>not</u> include a spray-on tan.

AC37

_____NUMBER OF TIMES

REFUSED .... -7
DON'T KNOW .... -8

QA09_C25   Now, I am going to ask about various health behaviors.

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

AE15

YES 1
NO 2   **[GO TO QA09_C31]**
REFUSED .... -7
DON'T KNOW .... -8

QA09_C26   Do you now smoke cigarettes every day, some days, or not at all?

AE15A

EVERY DAY 1   **[GO TO QA09_C27]**
SOME DAYS 2   **[GO TO PN QA09_C29]**
NOT AT ALL 3   **[GO TO QA09_C28]**
REFUSED .... -7   **[GO TO QA09_C31]**
DON'T KNOW .... -8   **[GO TO QA09_C31]**

QA09_C27   On average, how many cigarettes do you now smoke a day?

AD32

[IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES   [HR: 0-120]   **[GO TO PN QA09_C30]**

REFUSED .... -7   **[GO TO PN QA09_C30]**
DON'T KNOW .... -8   **[GO TO PN QA09_C30]**

QA09_C28   Thinking back over the years you have smoked regularly, about how many cigarettes did you usually smoke a day?

AC40

[IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]

[IF R SAYS, "NEVER SMOKED REGULARLY", CODE 0]

_____ NUMBER OF CIGARETTES   **[GO TO PN QA09_C30]**

REFUSED .... -7   **[GO TO PN QA09_C30]**
DON'T KNOW .... -8   **[GO TO PN QA09_C30]**

PROGRAMMING NOTE QA09_C29:
IF QA09_C26 = 2 (SMOKE SOME DAYS), THEN CONTINUE WITH QA09_C29;
ELSE CONTINUE WITH QA09_C31

QA09_C29   In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

AE16

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

_____ NUMBER OF CIGARETTES   [HR: 0-120]

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_C30:
IF QA09_C26 = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS), THEN DISPLAY "have you smoked";
ELSE IF QA09_C26 = 3 (DON'T SMOKE NOW), THEN DISPLAY "did you smoke"

QA09_C30   About how long {have you smoked/did you smoke} cigarettes regularly?

AC38

[IF R SAYS, "NEVER SMOKED REGULARLY", CODE 0]

_____ NUMBER OF YEARS   [HR > 0]
_____ NUMBER OF MONTHS   [HR > 0]

REFUSED .... -7
DON'T KNOW .... -8

QA09_C31   Is smoking ever allowed inside your home?

AC17

YES 1
NO...2   **[GO TO QA09_C33]**
REFUSED .... -7   **[GO TO QA09_C33]**
DON'T KNOW .... -8   **[GO TO QA09_C33]**

QA09_C32   On average, about how many days per week is there smoking inside your home?

AD34

[IF RARELY OR LESS THAN 1 DAY PER WEEK, ENTER 0]

_____DAYS PER WEEK   [HR: 0-7]

REFUSED .... -7
DON'T KNOW .... -8

QA09_C33   Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?

AC32

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

YES 1
NO..2   **[GO TO QA09_D1]**
REFUSED .... -7   **[GO TO QA09_D1]**
DON'T KNOW .... -8   **[GO TO QA09_D1]**

PROGRAMMING NOTE QA09_C34:
IF QA09_A5 = 1 (MALE), THEN CONTINUE WITH QA09_C34;
ELSE GO TO QA09_C35

QA09_C34   In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?

AC34

_____TIMES   [HR: 0-365; SR: 0-99]   **[GO TO QA09_D1]**

REFUSED .... -7   **[GO TO QA09_D1]**
DON'T KNOW .... -8   **[GO TO QA09_D1]**

QA09_C35   In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?

AC35

_____TIMES   [HR: 0-365; SR: 0-99]

REFUSED .... -7
DON'T KNOW .... -8

Section D – General Health, Disability, and Sexual Health

QA09_D1   These next questions are about your height and weight.

How tall are you without shoes?

AE17

[IF NEEDED, SAY: "About how tall?"]

_____ FEET	_____ INCHES	[FT HR: 3-7, IN HR: 0-11]
_____ METERS	_____ CENTIMETERS	[M HR: 1-2, CM HR: 0-99]

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_D2:
IF QA09_A5 = 2 (FEMALE) AND AAGE < 50, THEN DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA09_D2   {When not pregnant, how/How} much do you weigh without shoes?

AE18

[IF NEEDED, SAY: "About how much?"]

_____ POUNDS   [HR: 50-450]
_____ KILOGRAMS   [HR: 20-220]

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_D3:
IF AAGE = 18, THEN GO TO QA09_D4;
ELSE CONTINUE WITH QA09_D3

QA09_D3   How much did you weigh at age 18?

AE19

[IF NEEDED, SAY: "About how much?"]

_____ POUNDS   [HR: 50-450]
_____ KILOGRAMS   [HR: 20-220]

REFUSED .... -7
DON'T KNOW .... -8

QA09_D4   Are you blind or deaf, or do you have a severe vision or hearing problem?

AD50

YES 1
NO 2   **[GO TO QA09_D6]**
REFUSED .... -7   **[GO TO QA09_D6]**
DON'T KNOW .... -8   **[GO TO QA09_D6]**

QA09_D5   Are you legally blind?

AL8

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_D6   Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

AD57

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_D7   Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

AD51

Any difficulty learning, remembering, or concentrating?

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_D8   Any difficulty dressing, bathing, or getting around inside the home?

AD52

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition"]

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_D9   Any difficulty going outside the home alone to shop or visit a doctor's office?

AD53

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition"]

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_D10:
IF AAGE > 64 GO TO PROGRAMMING NOTEN QA09_D12;
ELSE CONTINUE WITH QA09_D10

QA09_D10   Any difficulty working at a job or business?

AD54

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition."]

YES 1
NO...2   **[GO TO PN QA09_D12]**
REFUSED .... -7   **[GO TO PN QA09_D12]**
DON'T KNOW .... -8   **[GO TO PN QA09_D12]**

QA09_D11   Do you have a physical or mental condition that has kept you from working for at least a year?

AL8A

[IF NEEDED, SAY "Current condition."]

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_D12:
IF AAGE > 70 OR QA09_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO
PROGRAMMING NOTE QA09_E1;
ELSE CONTINUE WITH QA09_D12

QA09_D12   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?

AD43

_____ NUMBER OF SEXUAL PARTNERS   **[GO TO PN QA09_D14]**

REFUSED .... -7   **[GO TO PN QA09_D14]**
DON'T KNOW .... -8

QA09_D13   Can you give me your best guess?

AD44

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

___ NUMBER OF PARTNERS

1 PARTNER 1
2-3 PARTNERS 2
4-5 PARTNERS 3
6-10 PARTNERS 4
MORE THAN 10 PARTNERS..................................5
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_D14:
IF QA09_D12 = 0 OR QA09_D13=0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), THEN GO TO
PROGRAMMING NOTE QA09_D15;
ELSE CONTINUE WITH QA09_D14;
IF QA09_D12=1 OR QA09_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), THEN 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"

QA09_D14 {Is that partner male or female/In the past 12 months, have your sexual partners been male,
female, or both male and female}?

AD45

MALE 1
FEMALE...2
BOTH MALE AND FEMALE 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_D15:
IF QA09_A5 = 1 (MALE), THEN DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;
ELSE IF QA09_A5 =2 (FEMALE), THEN DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN
HELP SCREEN

QA09_D15 Do you think of yourself as straight or heterosexual, as {gay/gay,lesbian} or homosexual, or
bisexual?

AD46

**[IF NEEDED, SAY: "Straight or Heterosexual people have sex with, or are primarily
attracted to people of the opposite sex, {Gay/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."]**

STRAIGHT OR HETEROSEXUAL 1
GAY, LESBIAN, OR HOMOSEXUAL 2
BISEXUAL...3
NOT SEXUAL/CELIBATE/NONE 4
OTHER (SPECIFY: _____) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_D16:
IF [QA09_A5 = 1 (MALE) AND QA09_D14 = 1 (MALE)] OR [QA09_A5 = 2 (FEMALE) AND QA09_D14 = 2 (FEMALE)] OR [QA09_D14 = 3, -7, OR -8] OR [IF QA09_D15 ≠ 1], THEN CONTINUE WITH QA09_D16; ELSE CONTINUE WITH QA09_E1

QA09_D16　　Are you legally registered as a domestic partner or legally married in California with someone of the same sex?

AD59

[ONLY INCLUDE SAME SEX MARRAIGES PERFORMED IN CALIFORNIA.]

[IF NEEDED, SAY: "Which one of these applies to you?"]

YES (DOMESTIC PARTNER) 4
YES (MARRIED IN CALIFORNIA)...........................5
NO..6
REFUSED .... -7
DON'T KNOW .... -8

Section E – Women's Health

PROGRAMMING NOTE SECTION E:
IF QA09_A5 = 1 (MALE), THEN GO TO NEXT SECTION;
ELSE CONTINUE WITH QA09_E1

QA09_E1   These next questions are about women's health.

AD1

How old were you when your periods or menstrual cycles started?

[IF NEVER STARTED MENSTRUAL CYCLE, ENTER 96]

_____ AGE   [HR: 6-27]

NEVER STARTED MENSTRUAL CYCLE 96   **[GO TO PN QA09_E9]**
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_E2:
IF QA09_E1 = -8 (DON'T KNOW), THEN CONTINUE WITH QA09_E2;
ELSE GO TO QA09_E3

QA09_E2   Were you younger than 12, about 12 to 13, or older than 13?

AE70

YOUNGER THAN 12 1
ABOUT 12 TO 13... .2
OLDER THAN 13 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_E3:
IF AGE > 45, THEN GO TO PROGRAMMING NOTE QA09_E4;
ELSE CONTINUE WITH QA09_E3

QA09_E3   To your knowledge, are you <u>now</u> pregnant?

AD13

YES 1   **[GO TO QA09_E6]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_E4:
IF AGE > 39 AND QA09_E3 ≠ 1 (NOT PREGNANT), THEN CONTINUE WITH QA09_E4;
ELSE GO TO QA09_E6

QA09_E4   Do you still have periods or menstrual cycles?

AE89

> YES 1   **[GO TO QA09_E6]**
> NO 2
> NO, HAD HYSTERECTOMY 3
> NO, HAD BOTH OVARIES REMOVED...................4
> REFUSED .... -7   **[GO TO QA09_E6]**
> DON'T KNOW .... -8   **[GO TO QA09_E6]**

QA09_E5   When did you have your last period or menstrual cycle?

AE90

> 1 year ago or less, ...1
> More than 1 year ago to 2 years ago, or.................2
> More than 2 years? 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_E6   Have you ever given birth?

AD2

[CODE STILLBIRTHS AS YES]

> YES 1
> NO...2   **[GO TO PN QA09_E9]**
> REFUSED .... -7   **[GO TO PN QA09_E9]**
> DON'T KNOW .... -8   **[GO TO PN QA09_E9]**

QA09_E7   How old were you when your first child was born?

AD3

> _____ YEARS OLD   **[GO TO PN QA09_E9]**
>
> REFUSED .... -7   **[GO TO PN QA09_E9]**
> DON'T KNOW .... -8

QA09_E8   In what year was your first child born?

AE55

> _____ YEAR
>
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_E9:
IF AAGE < 30 OR QA09_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, THEN GO TO QA09_E24;
ELSE CONTINUE WITH QA09_E9 (INCLUDE WOMEN WITH AGE UNKNOWN)

QA09_E9   In the past 12 months, has a doctor examined your breasts for lumps?

AF37

[IF NEEDED, SAY: "This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth."]

```
                    YES .............................................................1
                    NO ..............................................................2
                    REFUSED .................................................... -7
                    DON'T KNOW ............................................... -8
```

QA09_E10   Have you <u>ever</u> had a mammogram?

AD14

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]

```
                    YES .............................................................1
                    NO ..............................................................2     [READ DEFINITION, IF STILL
                                                                                           NO, GO TO PN QA09_E22]
                    REFUSED .................................................... -7     [GO TO PN QA09_E24]
                    DON'T KNOW ............................................... -8     [GO TO PN QA09_E24]
```

QA09_E11   How many mammograms have you had in the last 6 years? Your best estimate is fine.

AD16

```
                    _____ MAMMOGRAMS          [HR: 0-99]

                    NONE ..........................................................0     [GO TO QA09_E22]
                    REFUSED .................................................... -7
                    DON'T KNOW ............................................... -8
```

QA09_E12   How long ago did you have your most recent mammogram?

AD17

```
                    A YEAR AGO OR LESS ...........................................1
                    MORE THAN 1 UP TO 2 YEARS AGO ....................2
                    MORE THAN 2 UP TO 3 YEARS AGO ....................3
                    MORE THAN 3 UP TO 5 YEARS AGO ....................4
                    MORE THAN 5 YEARS AGO ..................................5
                    REFUSED .................................................... -7     [GO TO PN QA09_E24]
                    DON'T KNOW ............................................... -8     [GO TO PN QA09_E24]
```

QA09_E13   Was your most recent mammogram recommended by a doctor?

AE50

```
                     YES ...........................................................1
                     NO.............................................................2
                     REFUSED ................................................ -7
                     DON'T KNOW ........................................... -8
```

PROGRAMMING NOTE QA09_E14:
IF QA09_E12 = 3, 4, OR 5, THEN GO TO QA09_E15;
ELSE CONTINUE WITH QA09_E14

QA09_E14   Tell me the main reason you had a mammogram. Was it…

AD18

[IF NEEDED, SAY: "The main reason is the most important reason."]

```
                     Part of a routine exam, ..............................1
                     Because of a specific breast problem, .....................2
                     A follow-up to a previously identified
                     breast problem, or ......................................3
                     Due to family history? .............................4
                     REFUSED .................................................. -7
                     DON'T KNOW ........................................... -8
```

QA09_E15   Have you ever had a mammogram where the results were not normal?

AD19

```
                     YES ...........................................................1
                     NO.............................................................2   [GO TO PN QA09_E22]
                     REFUSED ................................................ -7   [GO TO PN QA09_E22]
                     DON'T KNOW ........................................... -8   [GO TO PN QA09_E22]
```

QA09_E16   Have you ever had an operation to remove a lump from your breast?

AD20

```
                     YES ...........................................................1
                     NO.............................................................2   [GO TO QA09_E20]
                     REFUSED ................................................ -7   [GO TO QA09_E20]
                     DON'T KNOW ........................................... -8   [GO TO QA09_E20]
```

QA09_E17   Did the lump turn out to be cancer?

AD21

```
                     YES ...........................................................1   [GO TO QA09_E19]
                     NO.............................................................2
                     REFUSED ................................................ -7
                     DON'T KNOW ........................................... -8
```

QA09_E18   How many operations have you had to remove a lump that wasn't cancer?

AD22

_____ NUMBER OF OPERATIONS   **[GO TO QA09_E20]**

REFUSED .... -7   **[GO TO QA09_E20]**
DON'T KNOW .... -8   **[GO TO QA09_E20]**

QA09_E19   Tell me how you first found out about your breast cancer. Was it by…

AB60

Finding it yourself by accident, ... 1
Finding it yourself during a
self breast examination, ... 2
Your husband or partner finding it, ... 3
Your doctor finding it during a routine
breast exam, ... 4
Finding it by a mammogram, or 5
Some other way? (IF OTHER, SPECIFY:_____) 91
REFUSED .... -7
DON'T KNOW .... -8

QA09_E20   Did you have any other tests and/or surgery when your mammogram was not normal?

AD23

YES 1
NO 2   **[GO TO QA09_E22]**
REFUSED .... -7   **[GO TO QA09_E22]**
DON'T KNOW .... -8   **[GO TO QA09_E22]**

QA09_E21   What additional tests and/or surgery did you have?

AD24

[CODE ALL THAT APPLY]

[IF NEEDED, SAY: "Any others?"]

NO TESTS/NO SURGERY 1
MASTECTOMY (SURGERY TO
REMOVE BREAST) 2
LUMPECTOMY (SURGERY TO
REMOVE LUMP) 3
NEEDLE BIOPSY 4
ULTRASOUND TEST 5
ANOTHER MAMMOGRAM 6
CLINICAL BREAST EXAM 7
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_E22:
IF QA09_E10 = 2 OR QA09_E11 = 0 OR QA09_E12 > 2 YEARS, THEN CONTINUE WITH QA09_E22;
ELSE GO TO PROGRAMMING NOTE QA09_E23

QA09_E22   In the past 2 years, has a doctor recommended that you have a mammogram?

AD26

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_E23:
IF QA09_E22 = 1 (YES, DOCTOR RECOMMENDED A MAMMOGRAM) AND (QA09_E10 = 2 OR QA09_E11 =
0 OR QA09_E12 > 2 years), THEN CONTINUE WITH QA09_E23;
IF QA09_E12 = 3, 4, 5, OR -8 (MOST RECENT MAMMOGRAM > 2 YEARS OR DK), THEN DISPLAY
"NOT had a mammogram in the past 2 years";
IF QA09_E10 = 2 (NEVER HAD MAMMOGRAM), THEN DISPLAY "NEVER had a mammogram";
ELSE GO TO PROGRAMMING NOTE QA09_E24

QA09_E23   What is the ONE most important reason why you have {NEVER had a mammogram/NOT had
                a mammogram in the past 2 years}?

AD25

NO REASON/NEVER THOUGHT ABOUT IT 1
DIDN'T KNOW I NEEDED THIS TYPE OF
TEST 2
DOCTOR DIDN'T TELL ME I NEEDED IT 3
HAVEN'T HAD ANY PROBLEMS 4
PUT IT OFF/LAZINESS 5
TOO EXPENSIVE/NO INSURANCE/COST 6
TOO PAINFUL, UNPLEASANT,
EMBARRASSING 7
TOO YOUNG 8
DON'T HAVE A DOCTOR 9
OTHER 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_E24:
IF AGE > 39 AND QA09_E3 ≠ 1 (NOT PREGNANT) , THEN CONTINUE WITH QA09_E24;
ELSE GO TO PROGRAMMING NOTE QA09_E28

QA09_E24   Have you ever taken hormone replacement therapy or HRT for menopausal symptoms?

AF47

YES 1
NO 2   **[GO TO PN QA09_E28]**
REFUSED .... -7   **[GO TO PN QA09_E28]**
DON'T KNOW .... -8   **[GO TO PN QA09_E28]**

QA09_E25   Are you currently taking hormone replacement therapy?

AD28

[IF NEEDED, SAY: "This is a pill, patch or treatment that gives women more of the female hormone, estrogen."]

<div style="margin-left:2em">

YES 1   **[GO TO QA09_E27]**
NO...2
REFUSED .... -7   **[GO TO QA09_E27]**
DON'T KNOW .... -8   **[GO TO QA09_E27]**

</div>

QA09_E26   About how long ago did you stop using Hormone Replacement Therapy – was it…

AF48

<div style="margin-left:2em">

2 years ago or less,....................................1
More than 2 years up to 5 years ago, or...................2
More than 5 years ago? 3
REFUSED .... -7
DON'T KNOW .... -8

</div>

QA09_E27   Some women go on and off hormone replacement therapy. Altogether, how long have you taken HRT?

AE84

<div style="margin-left:2em">

A YEAR AGO OR LESS 1
MORE THAN 1 UP TO 2 YEARS 2
MORE THAN 2 UP TO 4 YEARS 3
MORE THAN 4 UP TO 8 YEARS 4
MORE THAN 8 YEARS AGO 5
REFUSED .... -7
DON'T KNOW .... -8

</div>

PROGRAMMING NOTE QA09_E28:
IF AGE > 44, THEN CONTINUE WITH QA09_E28;
ELSE GO TO PROGRAMMING NOTE QA09_E30

QA09_E28 INTRO   Are you taking any of the following medications?

QA09_E28   Tamoxifen or Nolvadex?

AE51

<div style="margin-left:2em">

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

</div>

QA09_E29   Raloxifene or Evista?

AE52

<div style="margin-left:2em">

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

</div>

PROGRAMMING NOTE QA09_E30:
IF AGE < 55, THEN CONTINUE WITH QA09_E30;
IF AGE < 45, THEN DISPLAY "Are you taking any of the following medications:";
ELSE GO TO QA09_F1

QA09_E30   {Are you taking any of the following medications:} Birth control pills, the patch, or birth control shots?

AE53

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

Section F – Mental Health

QA09_F1   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?

AJ29

ALL 1
MOST 2
SOME 3
A LITTLE 4
NONE 5
REFUSED .... -7
DON'T KNOW .... -8

QA09_F2   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?

AJ30

ALL 1
MOST 2
SOME 3
A LITTLE 4
NONE 5
REFUSED .... -7
DON'T KNOW .... -8

QA09_F3   During the past 30 days, about how often did you feel restless or fidgety?

AJ31

[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?"]

ALL 1
MOST 2
SOME 3
A LITTLE 4
NONE 5
REFUSED .... -7
DON'T KNOW .... -8

QA09_F4   How often did you feel so depressed that nothing could cheer you up?

AJ32

[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?"]

ALL 1
MOST 2
SOME 3
A LITTLE 4
NONE 5
REFUSED .... -7
DON'T KNOW .... -8

QA09_F5   During the past 30 days, about how often did you feel that everything was an effort?

AJ33

[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?"]

> ALL..1
> MOST...2
> SOME...3
> A LITTLE 4
> NONE...5
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_F6   During the past 30 days, about how often did you feel worthless?

AJ34

[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?"]

> ALL..1
> MOST...2
> SOME...3
> A LITTLE 4
> NONE...5
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_F7   Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

AF62

> YES 1
> NO...2
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_F8:
IF QA09_F7 = 1, THEN CONTINUE WITH QA09_F8;
ELSE GO TO PROGRAMMING NOTE QA09_F14

QA09_F8   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?

AF63

```
ALL....................................................................1
MOST...............................................................2
SOME...............................................................3
A LITTLE ........................................................4
NONE...............................................................5
REFUSED .......................................................-7
DON'T KNOW ................................................-8
```

QA09_F9   During that same month, how often did you feel hopeless— all of the time, most, some, a little, or none of the time?

AF64

```
ALL....................................................................1
MOST...............................................................2
SOME...............................................................3
A LITTLE ........................................................4
NONE...............................................................5
REFUSED .......................................................-7
DON'T KNOW ................................................-8
```

QA09_F10   How often did you feel restless or fidgety?

AF65

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

```
ALL....................................................................1
MOST...............................................................2
SOME...............................................................3
A LITTLE ........................................................4
NONE...............................................................5
REFUSED .......................................................-7
DON'T KNOW ................................................-8
```

QA09_F11   How often did you feel so depressed that nothing could cheer you up?

AF66

> **[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?"]**

> ALL..1
> MOST...2
> SOME..3
> A LITTLE 4
> NONE...5
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_F12   How often did you feel that everything was an effort?

AF67

> **[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?"]**

> ALL..1
> MOST...2
> SOME..3
> A LITTLE 4
> NONE...5
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_F13   How often did you feel worthless?

AF68

> **[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?"]**

> ALL..1
> MOST...2
> SOME..3
> A LITTLE 4
> NONE...5
> REFUSED .... -7
> DON'T KNOW .... -8

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:
PROGRAMMING NOTE QA09_F14INTRO:
IF (QA09_F1 + QA09_F2 + QA09_F3 + QA09_F4 + QA09_F5 + QA09_F6 > 5) OR
(QA09_F8 + QA09_F9 + QA09_F10 + QA09_F11 + QA09_F12 + QA09_F13 > 5) OR
(IF QA09_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 4) OR
(IF QA09_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 4), THEN CONTINUE WITH
QA09_F14INTRO;
IF QA09_F7 = 1, THEN DISPLAY "again, please";
ELSE GO TO QA09_F19

QA09_F14INTRO   Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

PROGRAMMING NOTE QA09_F14:
IF AGE > 70, THEN GO TO QA09_F15;
ELSE CONTINUE WITH QA09_F14

QA09_F14   Did your emotions interfere a lot, some, or not at all with your performance at work?

AF69

> A LOT 1
> SOME 2
> NOT AT ALL 3
> DOES NOT WORK 4
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_F15   Did your emotions interfere a lot, some, or not at all with your household chores?

AF70

> A LOT 1
> SOME 2
> NOT AT ALL 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_F16   Did your emotions interfere a lot, some, or not at all with your social life?

AF71

> A LOT 1
> SOME 2
> NOT AT ALL 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_F17   Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

AF72

> A LOT 1
> SOME 2
> NOT AT ALL 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_F18   Now think about the past 12 months. About how many days out of the past 365 days were you <u>totally unable</u> to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

AF73

    [IF NEEDED, SAY: "You can use any number between 0 and 365 to answer."]

> _____NUMBER OF DAYS

> REFUSED .... -7
> DON'T KNOW .... -8

QA09_F19   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, nerves, or your use of alcohol or drugs?

AF81

```
                    YES............................................................... 1
                    NO.................................................................. 2     [GO TO QA09_F21]
                    REFUSED .................................................. -7     [GO TO QA09_F21]
                    DON'T KNOW ........................................... -8     [GO TO QA09_F21]
```

QA09_F20   Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

AJ1

```
                    YES...............................................................1
                    NO..................................................................2
                    DON'T HAVE INSURANCE .....................................3
                    REFUSED .................................................. -7
                    DON'T KNOW ........................................... -8
```

QA09_F21   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?

AF74

```
                    YES...............................................................1
                    NO..................................................................2
                    REFUSED .................................................. -7
                    DON'T KNOW ........................................... -8
```

QA09_F22   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?

AF75

```
                    YES...............................................................1
                    NO..................................................................2
                    REFUSED .................................................. -7
                    DON'T KNOW ........................................... -8
```

PROGRAMMING NOTE QA09_F23:
IF QA09_F21 = 1 OR QA09_F22 = 1, THEN CONTINUE WITH QA09_F23;
ELSE GO TO QA09_F28

QA09_F23   Did you seek help for your mental or emotional health or for an alcohol or drug problem?

AF76

> MENTAL-EMOTIONAL HEALTH..............................1
> ALCOHOL-DRUG PROBLEM 2
> BOTH MENTAL & ALCOHOL-DRUG 3
> REFUSED ....-7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_F24:
IF QA09_F23 = 1, THEN DISPLAY "mental or emotional health";
ELSE IF QA09_F23 = 2, THEN DISPLAY "use of alcohol or drugs";
ELSE IF QA09_F23 = 3, DISPLAY "mental or emotional health and your use of alcohol or drugs";
ELSE GO TO QA09_F25

QA09_F24   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.

AF77

> _____ NUMBER OF VISITS

> REFUSED .... -7
> DON'T KNOW .... -8

QA09_F25   Are you still receiving treatment for these problems from one or more of these providers?

AF78

> YES 1   **[GO TO QA09_F28]**
> NO..2
> REFUSED .... -7   **[GO TO QA09_F28]**
> DON'T KNOW .... -8   **[GO TO QA09_F28]**

QA09_F26   Did you complete the recommended full course of treatment?

AF79

> YES 1   **[GO TO QA09_F28]**
> NO..2
> REFUSED .... -7   **[GO TO QA09_F28]**
> DON'T KNOW .... -8   **[GO TO QA09_F28]**

QA09_F27   What is the MAIN REASON you are no longer receiving treatment?

AF80

GOT BETTER/NO LONGER NEEDED 1
NOT GETTING BETTER 2
WANTED TO HANDLE PROBLEM ON OWN 3
HAD BAD EXPERIENCES WITH TREATMENT 4
LACK OF TIME/TRANSPORTATION......................5
TOO EXPENSIVE 6
INSURANCE DOES NOT COVER 7
OTHER (SPECIFY:_____)............................ 91
REFUSED .... -7
DON'T KNOW .... -8

QA09_F28   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?

AJ5

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMING NOTE QA09_F29:
IF QA09_F19 = 1 AND (QA09_F21 ≠ 1 AND QA09_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT),
THEN CONTINUE WITH QA09_F29;
ELSE GO TO QA09_G1

QA09_F29   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.

AF82

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_F30   You did not feel comfortable talking with a professional about your personal problems.

AF83

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_F31   You were concerned about what would happen if someone found out you had a problem.

AF84

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_F32   You had a hard time getting an appointment.

AF85

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

Section G – Demographic Information, Part II

QA09_G1   Now a few more questions about you.

In what country were you born?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES… 1
AMERICAN SAMOA 2
CANADA 3
CHINA 4
EL SALVADOR 5
ENGLAND..6
FRANCE 7
GERMANY 8
GUAM 9
GUATEMALA 10
HUNGARY 11
INDIA... 12
IRAN.. 13
IRELAND.. 14
ITALY 15
JAPAN... 16
KOREA.. 17
MEXICO 18
PHILIPPINES 19
POLAND 20
PORTUGAL 21
PUERTO RICO 22
RUSSIA... 23
TAIWAN 24
VIETNAM 25
VIRGIN ISLANDS 26
OTHER (SPECIFY:_____) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_G2:
IF QA09_G1 ≠ 1 (NOT BORN IN US), THEN GO TO QA09_G4;
ELSE IF QA09_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED), THEN CONTINUE WITH QA09_G2

QA09_G2   In what country was your mother born?

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

```
                UNITED STATES… .................................................1
                AMERICAN SAMOA ..............................................2
                CANADA ..............................................................3
                CHINA ..................................................................4
                EL SALVADOR .....................................................5
                ENGLAND .............................................................6
                FRANCE ...............................................................7
                GERMANY ............................................................8
                GUAM ...................................................................9
                GUATEMALA ..................................................... 10
                HUNGARY .......................................................... 11
                INDIA................................................................... 12
                IRAN.................................................................... 13
                IRELAND.............................................................. 14
                ITALY .................................................................. 15
                JAPAN.................................................................. 16
                KOREA................................................................. 17
                MEXICO ............................................................... 18
                PHILIPPINES ...................................................... 19
                POLAND .............................................................. 20
                PORTUGAL .......................................................... 21
                PUERTO RICO .................................................... 22
                RUSSIA................................................................ 23
                TAIWAN ............................................................... 24
                VIETNAM ............................................................. 25
                VIRGIN ISLANDS ................................................ 26
                OTHER (SPECIFY:_____) ............... 91
                REFUSED ............................................................. -7
                DON'T KNOW ....................................................... -8
```

QA09_G3   In what country was your father born?

AH35

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

UNITED STATES…	1
AMERICAN SAMOA	2
CANADA	3
CHINA	4
EL SALVADOR	5
ENGLAND	6
FRANCE	7
GERMANY	8
GUAM	9
GUATEMALA	10
HUNGARY	11
INDIA	12
IRAN	13
IRELAND	14
ITALY	15
JAPAN	16
KOREA	17
MEXICO	18
PHILIPPINES	19
POLAND	20
PORTUGAL	21
PUERTO RICO	22
RUSSIA	23
TAIWAN	24
VIETNAM	25
VIRGIN ISLANDS	26
OTHER (SPECIFY:_____)	91
REFUSED	-7
DON'T KNOW	-8

QA09_G4   What languages do you speak at home?

AH36

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

                    ENGLISH 1
                    SPANISH 2
                    CANTONESE...3
                    VIETNAMESE 4
                    TAGALOG..5
                    MANDARIN...6
                    KOREAN 7
                    ASIAN INDIAN LANGUAGES.................................8
                    RUSSIAN 9
                    OTHER 1 (SPECIFY:_____) 91
                    OTHER 2 (SPECIFY:_____) 92
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA09_G5 AND QA09_G6:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, THEN CONTINUE WITH QA09_G5;
IF INTERVIEW CONDUCTED IN ENGLISH AND QA09_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH
AT HOME), THEN CONTINUE WITH QA09_G5 AND DISPLAY: "Since you speak a language other than
English at home, we are interested in the languages you use in other situations";
ELSE IF QA09_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), THEN GO TO QA09_G8

QA09_G5   {Since you speak a language other than English at home, we are interested in the languages you
                 use in other situations.} What language do you speak with your friends?

AG20

                    ONLY ENGLISH...1
                    BOTH ENGLISH AND OTHER LANGUAGE(S) 2
                    ONLY OTHER LANGUAGE(S)................................3
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA09_G6   In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen
                 or read?

AG21

                    ONLY ENGLISH...1
                    BOTH ENGLISH AND OTHER LANGUAGE(S) 2
                    ONLY OTHER LANGUAGE(S)................................3
                    REFUSED .... -7
                    DON'T KNOW .... -8

> **PROGRAMMING NOTE QA09_G7:**
> **IF INTERVIEW CONDUCTED IN ENGLISH AND QA09_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), THEN CONTINUE WITH QA09_G7 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, THEN CONTINUE WITH QA09_G7;**
> **ELSE GO TO PROGRAMMING NOTE QA09_G8**

QA09_G7   {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…

AH37

```
                    Very well,....................................................1
                    Well, ..........................................................2
                    Not well, or ...............................................3
                    Not at all? ..................................................4
                    REFUSED ............................................... -7
                    DON'T KNOW .......................................... -8
```

> **PROGRAMMING NOTE QA09_G8:**
> **IF QA09_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), THEN GO TO PROGRAMMING NOTE QA09_G11;**
> **ELSE CONTINUE WITH QA09_G8**

QA09_G8   The next questions are about citizenship and immigration.

Are you a citizen of the United States?

AH39

```
                    YES .........................................................1     [GO TO QA09_G10]
                    NO............................................................2
                    APPLICATION PENDING .........................3
                    REFUSED ............................................... -7
                    DON'T KNOW .......................................... -8
```

QA09_G9   Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

AH40

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

```
                    YES .........................................................1
                    NO............................................................2
                    APPLICATION PENDING .........................3
                    REFUSED ............................................... -7
                    DON'T KNOW .......................................... -8
```

QA09_G10   About how many years have you lived in the United States?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS
_____ YEAR (FIRST CAME TO LIVE IN U.S.)

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_G11:
IF QA09_A16 = 1 (MARRIED), THEN CONTINUE WITH QA09_G11;
IF QA09_A16 = 2 (LIVING WITH PARTNER), THEN GO TO QA09_G12;
ELSE GO TO PROGRAMMING NOTE QA09_G13

QA09_G11   Is your spouse also living in your household?

AH44

YES..1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_G12   May I have your {spouse/partner}'s first name and age?

SC11A

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

SPOUSE/PARTNER NAME _____
SPOUSE/PARTNER AGE _____
SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE QA09_G13:
IF AAGE < 30 OR QA09_A4 = 1 (AGE 18-29) AND QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, THEN CONTINUE WITH QA09_G13;
IF AAGE < 30 OR QA09_A4 =1 (AGE 18-29) AND QA09_A16 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, THEN CONTINUE WITH QA09_G13;
IF AAGE < 30 OR QA09_A4 = 1 (AGE 18-29) AND QA09_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, THEN CONTINUE WITH QA09_G13;
ELSE GO TO QA09_G14

QA09_G13   Are you now living with either of your parents?

AH43A

YES..1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_G14:
IF COMPLETED CHILD 1ST INTERVIEW, THEN GO TO QA09_G20;
ELSE CONTINUE WITH QA09_G14

QA09_G14   Are there any children under the age of 18 living in the household, including babies?

SC12

```
                    YES .......................................................................1
                    NO ........................................................................2    [GO TO QA09_G22]
                    REFUSED ............................................................ -7    [GO TO QA09_G22]
                    DON'T KNOW ....................................................... -8    [GO TO QA09_G22]
```

QA09_G15   Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.

SC13A

[PROBE: "Is there anyone else?"]

[ENTER AGE OF 0 (ZERO), IF LESS THAN 1 YEAR OLD]

CHILD	FIRST NAME	AGE	M/F
1			
2			
3			
4			
5			

QA09_G16   Is (CHILD) …

SC15A

```
                    0 To 11 years old or ....................................................1    [CODE AS CHILD]
                    12 To 17 years old? ....................................................2    [CODE AS TEEN]
                    REFUSED .............................................................. -7    [CODE AS TEEN]
                    DON'T KNOW ....................................................... -8    [CODE AS TEEN]
```

QA09_G17   I have recorded {number} {child/children} under 18 in the household. Have I missed any children under 18 who usually live here but are temporarily away?

SC13

```
                    NO ONE MISSED -- ROSTER IS CORRECT ..........1
                    RETURN TO ROSTER ...........................................2    [GO BACK TO QA09_G15]
```

PROGRAMMING NOTE QA09_G18:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA09_G18 ABOUT EACH PERSON UNDER 18

QA09_G18   Are you the parent or legal guardian of (PERSON NAME/AGE/SEX)?

SC14A

```
                    YES .......................................................................1
                    NO ........................................................................2
                    REFUSED .............................................................. -7
                    DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QA09_G19:
IF ANY PEOPLE IN HH UNDER AGE 18 AND [QA09_G11 = 1 (SPOUSE LIVING IN HOUSEHOLD) OR
QA09_A16 =2 (LIVING WITH PARTNER)], THEN ASK QA09_G19 ABOUT THE SPOUSE/PARTNER AND
EACH PERSON UNDER 18;
ELSE GO TO QA09_G20

QA09_G19   Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

SC14B

```
                        YES ...........................................................................1
                        NO .............................................................................2
                        REFUSED ............................................................... -7
                        DON'T KNOW ......................................................... -8
```

PROGRAMMING NOTE QA09_G20:
IF QA09_G14 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA09_G15 ARE AGE 13 OR
LESS, THEN CONTINUE WITH QA09_G20;
ELSE GO TO QA09_G22;
IF ANY CHILD IN ROSTER QA09_G15 < 14 AND ≥ 14 DISPLAY "for any children under age 14";
IF QA09_A16 = 1 (MARRIED) AND QA09_G11 =1 (SPOUSE LIVING IN HH), THEN DISPLAY "you or your
spouse";
IF QA09_A16 = 2 (LIVING WITH PARTNER), THEN DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA09_G20   In the past month, did you use any paid childcare {for any children under age 14} while {you or
                  your spouse/partner/you} worked, were in school, or looked for work?

AH44A

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

```
                        YES .........................................................................1
                        NO .............................................................................2      [GO TO QA09_G22]
                        REFUSED ................................................................ -7     [GO TO QA09_G22]
                        DON'T KNOW ......................................................... -8     [GO TO QA09_G22]
```

QA09_G21   In the past month, how much did you pay for all child care arrangements and programs?

AH44B

**[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."]**

```
                        $_____ AMOUNT LAST MONTH   [HR: 0-8,000]
                        $_____ AMOUNT IN TYPICAL WEEK   [HR:  0-3,000]

                        NO PAYMENT IN LAST MONTH OR WEEK ...........3
                        REFUSED ............................................................... -7
                        DON'T KNOW ......................................................... -8
```

QA09_G22   What is the highest grade of education you have completed and received credit for?

AH47

  NO FORMAL EDUCATION.. 30
GRADE SCHOOL
      1ST GRADE..1
      2ND GRADE 2
      3RD GRADE 3
      4TH GRADE...4
      5TH GRADE...5
      6TH GRADE...6
      7TH GRADE...7
      8TH GRADE...8
HIGH SCHOOL OR EQUIVALENT
      9TH GRADE...9
      10TH GRADE.. 10
      11TH GRADE.. 11
      12TH GRADE.. 12
4-YEAR COLLEGE OR UNIVERSITY
      1ST YEAR (FRESHMAN) 13
      2ND YEAR (SOPHOMORE)................................. 14
      3RD YEAR (JUNIOR) 15
      4TH YEAR (SENIOR) (BA/BS) 16
      5TH YEAR.. 17
GRADUATE OR PROFESSIONAL SCHOOL
      1ST YEAR GRAD OR PROF SCHOOL 18
      2ND YEAR GRAD OR PROF SCHOOL (MA/MS). 19
      3RD YEAR GRAD OR PROF SCHOOL............... 20
      MORE THAN 3 YEARS GRAD OR
      PROF SCHOOL (PhD) 21
2-YEAR JUNIOR OR COMMUNITY COLLEGE
      1ST YEAR.. 22
      2ND YEAR (AA/AS) 23
VOCATIONAL, BUSINESS, OR TRADE SCHOOL
      1ST YEAR.. 24
      2ND YEAR 25
      MORE THAN 2 YEARS 26
      REFUSED .... -7
      DON'T KNOW (OUT OF RANGE) .... -8

QA09_G23   Did you ever serve on active duty in the Armed Forces of the United States?

AG22

      YES 1
      NO...2   **[GO TO QA09_G26]**
      REFUSED .... -7   **[GO TO QA09_G26]**
      DON'T KNOW .... -8   **[GO TO QA09_G26]**

QA09_G24   When did you serve?

AG23

FROM _____   TO_____

OR

[CHECK ALL THAT APPLY]

World War II (Sept 1940 to July 1947).....................1
Korean War (June 1950 to Jan 1955)......................2
Vietnam War (Aug 1964 to April 1975) 3
Gulf War/Operation Desert
Storm (1990 to 1991) 4
Afghanistan/Operation Enduring
Freedom (2001 to present) 5
Iraq War/Operation Iraqi
Freedom (2003 to present) 6
REFUSED ....-7
DON'T KNOW ....-8

QA09_G25   Altogether, how long did you serve?

AG24

_____ YEARS

_____ MONTHS

REFUSED .... -7
DON'T KNOW .... -8

QA09_G26   Which of the following were <u>you</u> doing last week?

AK1

Working at a job or business,...................................1   **[GO TO QA09_G30]**
With a job or business but not at work,.....................2
Looking for work, or 3
Not working at a job or business?............................4
REFUSED .... -7   **[GO TO QA09_G30]**
DON'T KNOW .... -8   **[GO TO QA09_G30]**

QA09_G27   What is the <u>main reason</u> you did not work last week?

| AK2 |

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

TAKING CARE OF HOUSE OR FAMILY 1
ON PLANNED VACATION 2
COULDN'T FIND A JOB 3
GOING TO SCHOOL/STUDENT............................4
RETIRED 5   **[GO TO PN QA09_G29]**
DISABLED 6   **[GO TO PN QA09_G29]**
UNABLE TO WORK TEMPORARILY.......................7
ON LAYOFF OR STRIKE 8
ON FAMILY OR MATERNITY LEAVE.....................9
OFF SEASON... 10
SICK... 11
OTHER.. 91
REFUSED .... -7
DON'T KNOW .... -8

QA09_G28   Do you usually work?

| AG10 |

YES...1
NO...2
LOOKING FOR WORK...3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_G29:
IF [(AAGE = -7 OR -8) OR AAGE < 65] AND QA09_G28 = 2 (DOES NOT USUALLY WORK), THEN
CONTINUE WITH QA09_G29;
IF [(AAGE = -7 OR -8) OR AAGE < 65] AND [QA09_G27 = 5 (RETIRED) OR 6 (DISABLED)], THEN
CONTINUE WITH QA09_G29;
ELSE GO TO PROGRAMMING NOTE QA09_G30

QA09_G29   Are you receiving Social Security Disability Insurance or SSDI?

| AL22 |

YES...1   **[GO TO PN QA09_G31]**
NO...2   **[GO TO PN QA09_G31]**
REFUSED .... -7   **[GO TO PN QA09_G31]**
DON'T KNOW .... -8   **[GO TO PN QA09_G31]**

PROGRAMMING NOTE QA09_G30:
IF (QA09_G26 = 1, 2, -7, OR -8 (WORKING AT A JOB, WITH A JOB BUT NOT AT WORK, REF, DK) OR
QA09_G28 = 1 (USUALLY WORKS), THEN CONTINUE WITH QA09_G30;
ELSE GO TO PROGRAMMING NOTE QA09_G31

QA09_G30   On your <u>main</u> job, are you employed by a private company, the government, <u>or</u> are you self-employed, <u>or</u> are you working without pay in a family business or farm?

AK4

[IF NEEDED, SAY: "Where did you work <u>most</u> hours?"]

PRIVATE COMPANY, NON-PROFIT
ORGANIZATION, OR FOUNDATION 1
GOVERNMENT 2
SELF-EMPLOYED...3
FAMILY BUSINESS OR FARM 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_G31:
IF QA09_ A16 = 1 (MARRIED), THEN CONTINUE WITH QA09_G31;
ELSE GO TO QA09_H1

QA09_G31   Which of the following was your spouse doing last week?

AG8

Working at a job or business,....................................1   **[GO TO QA09_G33]**
With a job or business but not at work,.....................2   **[GO TO QA09_G33]**
Looking for work, or 3
Not working at a job/business? 4
REFUSED .... -7
DON'T KNOW .... -8

QA09_G32   Does your spouse usually work?

AG11

YES 1
NO...2   **[GO TO QA09_H1]**
LOOKING FOR WORK...3   **[GO TO QA09_H1]**
REFUSED .... -7   **[GO TO QA09_H1]**
DON'T KNOW .... -8   **[GO TO QA09_H1]**

QA09_G33   On your spouse's <u>main</u> job, is {he/she} employed by a private company, the government, <u>or</u> is {he/she} self-employed, <u>or</u> is {he/she} working without pay in a family business or farm?

AG9

[IF NEEDED, SAY: "Where did {he/she} work MOST hours?"]

PRIVATE COMPANY, NON-PROFIT
ORGANIZATION, OR FOUNDATION 1
GOVERNMENT 2
SELF-EMPLOYED...3
FAMILY BUSINESS OR FARM 4
REFUSED .... -7
DON'T KNOW .... -8

Section H – Health Insurance

QA09_H1   The next topics are about health insurance and health care.

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

AH1

[CODE "3" OR "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]

YES 1
NO 2   **[GO TO QA09_H3]**
DOCTOR/MY DOCTOR 3
KAISER 4
MORE THAN ONE PLACE 5
REFUSED .... -7   **[GO TO QA09_H3]**
DON'T KNOW .... -8   **[GO TO QA09_H3]**

PROGRAMMING NOTE QA09_H2:
IF QA09_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE), THEN DISPLAY "What kind of place do you go to most often--a medical";
ELSE IF QA09_H1 = 3 (DOCTOR/MY DOCTOR), THEN DISPLAY "Is your doctor in a private";
ELSE IF QA09_H1 = 4 (KAISER), THEN CODE "1" FOR QA09_H2 AND GO TO QA09_H3

QA09_H2   {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?

AH3

DOCTOR'S OFFICE/KAISER/OTHER HMO 1
CLINIC/HEALTH CENTER/HOSPITAL CLINIC 2
EMERGENCY ROOM 3
SOME OTHER PLACE (SPECIFY:_____) 91
NO ONE PLACE 92
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_H3:
IF QA09_B6 = 1 OR QA09_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA09_B27 = 1 (YES, R VISITED ER FOR DIABETES) OR QA09_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN GO TO QA09_H4;
ELSE CONTINUE WITH QA09_H3

QA09_H3   During the past 12 months, did you visit a hospital emergency room for your own health?

AH12

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA09_H4 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?

AI1

[INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE ORIGINAL MEDICARE PLAN.]

YES ....1 **[GO TO QA09_H7]**
NO..2
REFUSED .... -7 **[GO TO QA09_H14]**
DON'T KNOW .... -8 **[GO TO QA09_H14]**

POST-NOTE QA09_H4:
IF QA09_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA09_H5:
IF [AAGE > 64 OR QA09_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA09_H4= 2 (NOT COVERED BY MEDICARE), THEN CONTINUE WITH QA09_H5;
ELSE GO TO PROGRAMMING NOTE QA09_H7

QA09_H5 Is it correct that you are <u>not</u> covered by MediCARE even though you told me earlier that you are 65 or older?

AI2

CORRECT, NOT COVERED BY MEDICARE ....1 **[GO TO PN QA09_H14]**
NOT CORRECT, R IS COVERED BY MEDICARE ..2 **[GO TO PN QA09_H7]**
AGE IS INCORRECT.. 93
REFUSED .... -7 **[GO TO PN QA09_H14]**
DON'T KNOW .... -8 **[GO TO PN QA09_H14]**

POST-NOTE QA09_H5:
IF QA09_H5 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

QA09_H6 What is your age, please?

AI3

_____ YEARS OF AGE   [HR: 18-105]   **[GO TO PN QA09_H14]**

REFUSED .... -7 **[GO TO PN QA09_H14]**
DON'T KNOW .... -8 **[GO TO PN QA09_H14]**

POST NOTE QA09_H6: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA09_H6;
IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QA09_H7:
IF ARMCARE = 1, THEN CONTINUE WITH QA09_H7;
ELSE GO TO PROGRAMMING NOTE QA09_H14

QA09_H7   Is your MediCARE coverage provided through an HMO?

AH49

> **[IF NEEDED, SAY: "With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]**
>
> **[IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" OR "Blue Cross," CODE "1" (YES).]**
>
> YES 1
> NO 2   **[GO TO QA09_H9]**
> REFUSED .... -7   **[GO TO QA09_H9]**
> DON'T KNOW .... -8   **[GO TO QA09_H9]**

POST-NOTE QA09_H7:
IF QA09_H7 = 1, SET ARMHMO = 1

QA09_H8   What is the name of your MediCARE HMO plan?

AH50

> AETNA US HEALTHCARE 1
> AIDS HEALTHCARE FOUNDATION, LA.. 2
> ALAMEDA ALLIANCE FOR HEALTH 3
> ALTAMED HEALTH SERVICES 4
> BLUE CROSS/CALIFORNIACARE.. 5
> BLUE SHIELD/CAREAMERICA... 6
> CALIFORNIA MEDICARE 7
> CALKIDS... 8
> CALOPTIMA 9
> CARE 1ST HEALTH PLAN/UHP.. 10
> CAREMORE INSURANCE SERVICES, INC 11
> CENTER FOR ELDERS INDEPENDENCE 12
> CENTRAL COAST ALLIANCE/SANTA CRUZ-MONTEREY........................... 13
> CHINESE COMMUNITY HEALTH PLAN... 14
> CHINESE COMMUNITY HEALTH PLAN SENIOR 15
> CIGNA HEALTHCARE OF CALIFORNIA 16
> CITIZENS CHOICE HEALTHPLAN.. 17
> COMMUNITY HEALTH GROUP (SAN DIEGO CO) 18
> COMMUNITY HEALTH PLAN OF LA 19
> CONTRA COSTA HEALTH PLAN 20
> GOLDEN MEDICARE 21
> HEALTH ADVANTAGE 22
> HEALTH NET/FOUNDATION 23
> INLAND EMPIRE HEALTH PLAN.. 24
> INTER VALLEY HEALTH PLAN 25
> KAISER FOUNDATION HEALTH PLAN.. 26
> KERN HEALTH SYSTEMS 27
> LA CARE HEALTH PLAN 28
> MOLINA HEALTHCARE OF CALIFORNIA... 29
> ON LOK SENIOR HEALTH SERVICES.. 30
> ONE HEALTH PLAN OF CALIFORNIA.. 31
> PACIFICARE/FHP... 32
> SAN FRANCISCO HEALTH DEPT./FAMILY MOSAIC PROJECT 33
> SAN FRANCISCO HEALTH PLAN 34
> SAN JOAQUIN HEALTH PLAN 35

SAN MATEO HEALTH COMMISSION... 36
SANTA BARBARA HEALTH PLAN... 37
SANTA CLARA FAMILY HEALTH PLAN 38
SCAN HEALTH PLAN.. 39
SECURE HORIZONS 40
SENIOR ADVANTAGE 41
SENIOR SECURE.. 42
SENIORITY PLUS.. 43
SERVICE TO SENIORS 44
SHARP HEALTH PLAN 45
SOLANO/NAPA COUNTY NETWORK 46
SUTTER SENIOR CARE 47
UNIVERSAL CARE/HEALTHMAX 48
VALLEY HEALTH PLAN, SANTA CLARA 49
VENTURA COUNTY HEALTH CARE PLAN.. 50
WESTERN HEALTH ADVANTAGE 51
WESTERN HEALTH ADVANTAGE CARE+ 52
65 PLUS.. 53
MEDI-CAL 54
OTHER.. 91
OTHER (SPECIFY:_____) 92
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE FOR QA09_H8:
ALL ANSWERS GO TO PROGRAMMING NOTE QA09_H10

QA09_H9   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?

AI4

**[IF NEEDED, SAY: "These are policies that cover health care costs not covered by
MediCARE alone."]**

YES 1
NO...2   **[GO TO QA09_H14]**
REFUSED .... -7   **[GO TO QA09_H14]**
DON'T KNOW .... -8   **[GO TO QA09_H14]**

POST-NOTE FOR QA09_H9:
IF QA09_H9 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA09_H10:
IF QA09_H7 = 1 (MEDICARE HMO), THEN CONTINUE WITH QA09_H10 AND DISPLAY "MediCARE HMO";
IF QA09_H9 = 1 (HAS SUPPLEMENT), THEN CONTINUE WITH QA09_H10 AND DISPLAY "MediCARE Supplement plan";
ELSE GO TO PROGRAMMING NOTE QA09_H14

QA09_H10 For the {MediCARE HMO/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?

AH52

[IF NEEDED, SAY: "AARP stands for the American Association of Retired Persons."]

```
DIRECTLY ...................................................1
CURRENT EMPLOYER .........................................2
FORMER EMPLOYER ..........................................3
UNION.........................................................4
FAMILY BUSINESS..............................................5
AARP ..........................................................6
SPOUSE'S EMPLOYER..........................................7
SPOUSE'S UNION ..............................................8
PROFESSIONAL/FRATERNAL ORGANIZATION...9
OTHER.........................................................91
REFUSED ....................................................... -7
DON'T KNOW .................................................. -8
```

QA09_H11 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.

AH53

[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."

"A deductible is the amount you pay for medical care before your health plan starts paying."

"Premium is the monthly charge for the cost of your health insurance plan."]

```
YES..........................................................1
NO.............................................................2
REFUSED ....................................................... -7
DON'T KNOW .................................................. -8
```

QA09_H12 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?

AH54

```
YES..........................................................1
NO.............................................................2        [GO TO PN QA09_H14]
REFUSED ....................................................... -7   [GO TO PN QA09_H14]
DON'T KNOW .................................................. -8      [GO TO PN QA09_H14]
```

QA09_H13   Who is that?

AH55

[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?"]

<div style="margin-left:2em">

CURRENT EMPLOYER 1
FORMER EMPLOYER 2
UNION...3
SPOUSE'S CURRENT EMPLOYER 4
SPOUSE'S FORMER EMPLOYER 5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE 7
HEALTHY FAMILIES 8
OTHER.. 91
REFUSED .... -7
DON'T KNOW .... -8
</div>

POST-NOTE FOR QA09_H13:
IF QA09_H13 = 7, SET ARMCAL = 1;
IF QA09_H13 = 8, SET ARHFAM = 1

PROGRAMMING NOTE QA09_H14:
IF ARMCAL = 1, THEN DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA09_H14   {Is it correct that you are/Are you} covered by Medi-CAL?

AI6

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]

<div style="margin-left:2em">

YES 1   **[GO TO QA09_H16]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8
</div>

POST-NOTE FOR QA09_H14:
IF QA09_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA09_H14 = 2, SET ARMCAL = 0

PROGRAMMING NOTE QA09_H15:
IF AAGE > 18 OR [QA09_A4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, THEN GO TO PN QA09_H16;
ELSE IF [AAGE = 18 OR QA09_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, THEN CONTINUE WITH QA09_H15 AND DISPLAY "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA09_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], THEN CONTINUE WITH QA09_H15 AND DISPLAY "Are you"

QA09_H15   {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?

> **AI7**

> **[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]**

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

POST-NOTE FOR QA09_H15:
IF QA09_H15 = 1, THEN SET ARHFAM = 1 AND ARINSURE = 1;
IF ARHFAM = 1 AND QA09_H15 = 2, THEN SET ARHFAM = 0

PROGRAMMING NOTE QA09_H16:
IF ARSUPP = 1, THEN DISPLAY "Besides the Medicare supplemental plan you told me about" AND "any other";
IF ARMHMO = 1, THEN DISPLAY "Besides the Medicare HMO plan you told me about" AND "any other";
ELSE DISPLAY "a"

QA09_H16   {Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO 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?

> **AI8**

> **[IF NEEDED, SAY: "…either through your own or someone else's employment?"]**

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

POST-NOTE FOR QA09_H16:
IF QA09_H16 = 1, THEN SET AREMPOTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA09_H17:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER),
THEN CONTINUE WITH QA09_H17;
ELSE GO TO QA09_H18

QA09_H17   Are you covered by a health insurance plan that you purchased directly from an insurance
company or HMO?

AI11

[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."]

```
YES ........................................................................1
NO..........................................................................2
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

POST-NOTE FOR QA09_H17:
IF QA09_H17 = 1, THEN SET ARDIRECT = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA09_H18:
IF QA09_H16 = 1 (EMPLOYER-BASED COVERAGE) OR QA09_H17 = 1 (PURCHASED OWN COVERAGE),
THEN CONTINUE WITH QA09_H18;
ELSE GO TO PROGRAMMING NOTE QA09_H23

QA09_H18   Was this plan obtained in your own name or in the name of someone else?

AI9

[IF NEEDED, SAY: "Even someone who does not live in this household."]

```
IN OWN NAME ..........................................................1     [GO TO PN QA09_H20]
IN SOMEONE ELSE'S NAME .................................2
REFUSED ............................................................. -7     [GO TO PN QA09_H20]
DON'T KNOW ....................................................... -8     [GO TO PN QA09_H20]
```

POST-NOTE FOR QA09_H18:
IF QA09_H16 = 1 AND QA09_H18 = 1, THEN SET AREMPOWN = 1 AND ARINSURE = 1 AND AREMPOTH =
0;
IF QA09_H16 = 1 AND QA09_H18 = 2, -7, OR -8, THEN SET AREMPOTH = 1 AND ARINSURE = 1;
IF QA09_H17 = 1 AND QA09_H18 = 1, THEN SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA09_H17 = 1 AND QA09_H18 = 2, -7, OR -8, THEN SET ARDIROTH = 1 AND ARINSURE = 1

> **PROGRAMMING NOTE QA09_H19:**
> **IF QA09_A16 = 1 (R HAS SPOUSE) OR QA09_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 25, THEN**
> **CONTINUE WITH QA09_H19;**
> **ELSE GO TO PROGRAMMING NOTE QA09_H20;**
> **IF QA09_A16 = 1 AND R IS MALE, THEN DISPLAY "wife's";**
> **IF QA09_A16 = 1 AND R IS FEMALE, THEN DISPLAY "husband's";**
> **IF QA09_G13 = 1 OR AAGE < 25, THEN DISPLAY "parent's";**
> **IF QA09_A16 = 1 AND QA09_G13 = 1, THEN DISPLAY "or"**

QA09_H19   Is the plan in your {husband's/wife's} {or} {parent's} name?

> **AI9A**

```
                          IN HUSBAND'S/WIFE NAME ...................................1
                          IN PARENT'S NAME ...............................................2
                          IN SOMEONE ELSE'S NAME  ...............................3
                          REFUSED ............................................................... -7
                          DON'T KNOW ......................................................... -8
```

> **POST-NOTE FOR QA09_H19:**
> **IF QA09_H16 = 1 AND QA09_H19 = 1, THEN SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;**
> **IF QA09_H16 = 1 AND QA09_H19 = 2, THEN SET AREMPAR =1 AND AREMPOTH = 0;**
> **IF QA09_H17 = 1 AND QA09_H19 = 1, THEN SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;**
> **IF QA09_H17 = 1 AND QA09_H19 = 2, THEN SET ARDIRPAR = 1 AND ARDIROTH = 0**

> **PROGRAMMING NOTE QA09_H20:**
> **IF QA09_H16 = 1 (EMPLOYER-BASED COVERAGE) OR QA09_H17 = 1 (PURCHASED OWN COVERAGE),**
> **THEN CONTINUE WITH QA09_H20;**
> **ELSE GO TO PROGRAMMING NOTE QA09_H23**

QA09_H20   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.

> **AH57**

**[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."**

**"A deductible is the amount you pay for medical care before your health plan starts
paying."**

"Premium is the monthly charge for the cost of your health insurance plan."]

```
                          YES ........................................................................1
                          NO...........................................................................2        [GO TO PN QA09_H22]
                          REFUSED ............................................................... -7
                          DON'T KNOW ......................................................... -8
```

QA09_H21   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?

> **AH58**

```
                          YES ........................................................................1
                          NO...........................................................................2        [GO TO PN QA09_H23]
                          REFUSED ............................................................... -7        [GO TO PN QA09_H23]
                          DON'T KNOW ......................................................... -8        [GO TO PN QA09_H23]
```

PROGRAMMING NOTE QA09_H22:
IF QA09_H20 = 2, THEN DISPLAY "Who besides yourself pays any portion of the cost for that plan";
ELSE DISPLAY "Who is that"

QA09_H22   {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

AH56

[IF NEEDED, SAY: "Who besides yourself pays any portion of the cost for that plan, such as your employer, a union, or professional organization?]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

CURRENT EMPLOYER	1
FORMER EMPLOYER	2
UNION	3
SPOUSE'S CURRENT EMPLOYER	4
SPOUSE'S FORMER EMPLOYER	5
PROFESSIONAL/FRATERNAL ORGANIZATION	6
MEDICAID/MEDI-CAL ASSISTANCE	7
HEALTHY FAMILIES	8
MEDICARE	9
HEALTHY KIDS	10
OTHER	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA09_H22:
IF QA09_H22 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA09_H22 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA09_H22 = 6, THEN SET AROTHER = 1;
IF QA09_H22 = 10, THEN SET ARHKID =1;
IF QA09_H22 = 9, THEN SET ARMCARE = 1 AND ARDIRECT = 0;
IF QA09_H22 = 7, THEN SET ARMCAL = 1 AND ARDIRECT = 0;
IF QA09_H22 = 8, THEN SETARHFAM = 1 AND ARDIRECT = 0;
IF QA09_H22 = 91, THEN SET AROTHER = 1

PROGRAMMING NOTE QA09_H23:
IF [QA09_G26 = 1 OR 2 (R WORKED LAST WEEK) OR QA09_G28 = 1 (R USUALLY WORKS)] AND
QA09_G30 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE),
THEN CONTINUE WITH QA09_H23;
ELSE GO TO PROGRAMMING NOTE QA09_H27

QA09_H23   Does your employer offer health insurance to any of its employees?

AI13

YES	1	
NO	2	**[GO TO PN QA09_H27]**
REFUSED	-7	**[GO TO PN QA09_H27]**
DON'T KNOW	-8	**[GO TO PN QA09_H27]**

QA09_H24   Are you eligible to be in this plan?

AI14

> YES 1
> NO..2   **[GO TO QA09_H26]**
> REFUSED .... -7   **[GO TO PN QA09_H27]**
> DON'T KNOW .... -8

QA09_H25   What is the one main reason why you aren't in this plan?

AI15

> COVERED BY ANOTHER PLAN 1   **[GO TO PN QA09_H27]**
> TOO EXPENSIVE 2   **[GO TO PN QA09_H27]**
> DIDN'T LIKE PLAN OFFERED 3   **[GO TO PN QA09_H27]**
> DON'T NEED OR BELIEVE IN
> HEALTH INSURANCE...4   **[GO TO PN QA09_H27]**
> OTHER (SPECIFY: _____) . 91   **[GO TO PN QA09_H27]**
> REFUSED .... -7   **[GO TO PN QA09_H27]**
> DON'T KNOW .... -8   **[GO TO PN QA09_H27]**

QA09_H26   What is the <u>one</u> main reason why you are not eligible for this plan?

AI15A

> HAVEN'T YET WORKED FOR THIS
> EMPLOYER LONG ENOUGH TO BE COVERED ..1
> CONTRACT OR TEMPORARY EMPLOYEES
> NOT ALLOWED IN PLAN..2
> DON'T WORK ENOUGH HOURS PER WEEK
> OR WEEKS PER YEAR 3
> OTHER (SPECIFY: _____) . 91
> REFUSED .... -7
> DON'T KNOW .... -8

> **PROGRAMMING NOTE QA09_H27:**
> **IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), THEN CONTINUE WITH QA09_H27;**
> **ELSE GO TO PROGRAMMING NOTE QA09_H28**

QA09_H27   Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

AI16

> YES 1
> NO..2
> REFUSED .... -7
> DON'T KNOW .... -8

> **POST-NOTE QA09_H27:**
> **IF QA09_H27 = 1, THEN SET ARMILIT = 1 AND ARINSURE = 1**

PROGRAMMING NOTE QA09_H28:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER,
PRIVATE PLAN, OR MILITARY PLAN) AND R_AGE = 18, THEN CONTINUE WITH QA09_H28 AND DISPLAY
"Healthy Kids";
IF COUNTY= SAN FRANCISCO AND AGE < 25, THEN DISPLAY "Healthy Kids & Young Adults";
IF COUNTY= EL DORADO, YUBA, COLUSA, OR SACRAMENTO AND AGE = 18, THEN DISPLAY "Healthy
Kids, Healthy Futures";
ELSE GO TO PROGRAMMING NOTE QA09_H29

QA09_H28   Are you covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy
                Futures} program?

AH70

                [IF NEEDED, SAY: "{Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy
                Futures} is a program for children in your county."]

                            YES 1
                            NO..2
                            REFUSED .... -7
                            DON'T KNOW .... -8

POST-NOTE QA09_H28:
IF QA09_H28 = 1, THEN SET ARHKID = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA09_H29:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER,
PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS), THEN CONTINUE WITH QA09_H29;
ELSE GO TO PROGRAMMING NOTE QA09_H31

QA09_H29   Are you covered by some other government health program, such as AIM, "Mister MIP," the
                Family PACT program, or something else?

AI17

                [IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP
                means Major Risk Medical Insurance Program; and Family PACT is the state program that
                pays for contraception/reproductive health services for uninsured lower income women
                and men."]

                            YES 1
                            NO..2   [GO TO PN QA09_H31]
                            REFUSED .... -7   [GO TO PN QA09_H31]
                            DON'T KNOW .... -8   [GO TO PN QA09_H31]

POST-NOTE QA09_H29:
IF QA09_H29 = 1, THEN SET AROTHGOV = 1 AND ARINSURE = 1

QA09_H30   ASK IF NECESSARY: "What is the name of this program?"

AI17A

> AIM 1
> MRMIP ("Mister Mip") 2
> FAMILY PACT 3
> OTHER (SPECIFY: _____) . 91
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_H31:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEATHLY KIDS, AND OTHER GOVERNMENT PLAN), THEN CONTINUE WITH QA09_H31;
ELSE GO TO PROGRAMMING NOTE QA09_H35

QA09_H31   Do you have any health insurance coverage through a plan that I missed?

AI18

> YES 1
> NO 2   **[GO TO PN QA09_H35]**
> REFUSED .... -7   **[GO TO PN QA09_H35]**
> DON'T KNOW .... -8   **[GO TO PN QA09_H35]**

QA09_H32　　　What type of health insurance do you have?

AI19

[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?"]

```
THROUGH CURRENT OR FORMER
EMPLOYER/UNION ...............................................1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP,
OR OTHER ORGANIZATION...................................2
PURCHASED DIRECTLY FROM HEALTH PLAN
(BY R OR ANYONE ELSE) .....................................3
MEDICARE .............................................................4
MEDI-CAL ..............................................................5
HEALTHY FAMILIES ..............................................6
CHAMPUS/CHAMP-VA, TRICARE, VA
OR SOME OTHER MILITARY HEALTH CARE .......7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC .................8
HEALTHY KIDS .......................................................9
OTHER GOVERNMENT HEALTH PLAN.............. 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
```

POST-NOTE QA09_H32:
IF QA09_H32 = 1, THEN SET AREMPOTH = 1 AND ARINSURE = 1;
IF QA09_H32 = 2, THEN SET AREMPOTH = 1 AND ARINSURE = 1;
IF QA09_H32 = 3, THEN SET ARDIRECT = 1 AND ARINSURE = 1;
IF QA09_H32 = 4, THEN SET ARMCARE = 1 AND ARINSURE = 1;
IF QA09_H32 = 5, THEN SET ARMCAL = 1 AND ARINSURE = 1;
IF QA09_H32 = 6, THEN SET ARHFAM = 1 AND ARINSURE = 1;
IF QA09_H32 = 7, THEN SET ARMILIT = 1 AND ARINSURE = 1;
IF QA09_H32 = 8, THEN SET ARIHS = 1;
IF QA09_H32 = 9, THEN SET ARHKID = 1 AND ARINSURE = 1;
IF QA09_H32 = 91, THEN SET AROTHGOV = 1 AND ARINSURE = 1;
IF QA09_H32 = 92, -7, OR -8, THEN SET AROTHER = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA09_H33:
IF QA09_H32 = 1, 2, OR 3, THEN CONTINUE WITH QA09_H33;
ELSE GO TO PROGRAMMING NOTE QA09_H35

QA09_H33   Was this plan obtained in your own name or in the name of someone else?

AH59

     [PROBE: "Even someone who does not live in this household?"]

IN OWN NAME 1   **[GO TO PN QA09_H35]**
IN SOMEONE ELSE'S NAME 2
REFUSED .... -7   **[GO TO PN QA09_H35]**
DON'T KNOW .... -8   **[GO TO PN QA09_H35]**

POST-NOTE QA09_H33:
IF (QA09_H32 = 1 OR 2) AND QA09_H33 = 1, THEN SET AREMPOWN = 1 AND AREMPOTH = 0 AND ARINSURE = 1;
IF QA09_H32 = 3 AND QA09_H33 = 1, THEN SET ARDIROWN = 1 AND ARDIROTH = 0 AND ARINSURE = 1;
IF (QA09_H32 = 1 OR 2) AND (QA09_H33 = 2, -7, OR -8), THEN SET AREMPOTH = 1 AND AREMPOWN = 0 AND ARINSURE = 1;
IF QA09_H32 = 3 AND (QA09_H33 = 2, -7, OR -8), THEN SET ARDIROTH = 1 AND ARDIROWN = 0 AND ARINSURE = 1

PROGRAMMING NOTE QA09_H34:
IF QA09_A16 = 1 (R HAS SPOUSE) OR QA09_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 25, THEN CONTINUE WITH QA09_H34;
IF QA09_A16 = 1 AND R IS MALE, THEN DISPLAY "wife's";
IF QA09_A16 = 1 AND R IS FEMALE, THEN DISPLAY "husband's";
IF QA09_G13 = 1, THEN DISPLAY "parent's";
IF QA09_A16 = 1 AND QA09_G13 = 1, THEN DISPLAY "or";
ELSE GO TO PROGRAMMING NOTE QA09_H35

QA09_H34   Is the plan in your {husband's/wife's} {or} {parent's} name?

AH60

IN HUSBAND'S/WIFE'S NAME 1
IN PARENT'S NAME 2
IN SOMEONE ELSE'S NAME 3
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_H34:
IF QA09_H34 = 1, SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF QA09_H34 = 2, SET AREMPPAR = 1 AND AREMPOTH = 0

PROGRAMMING NOTE QA09_H35:
IF ARIHS ≠ 1 AND QA09_A8 = 4 (AMERCAN INDIAN OR ALASKA NATIVE), THEN CONTINUE WITH
QA09_H35;
ELSE GO TO PROGRAMMING NOTE QA09_H36_INTRO

QA09_H35   Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

AI20

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_H35:
IF QA09_H35 = 1, THEN SET ARIHS = 1

PROGRAMMING NOTE QA09_H36_INTRO:
IF QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE LIVING IN HH), THEN CONTINUE WITH
QA09_H36_INTRO;
ELSE GO TO PROGRAMMING NOTE QA09_H56

QA09_H36_INTRO   These next questions are about the type of health insurance your spouse may have.

AI37intro

PROGRAMMING NOTE QA09_H36:
IF SPOUSE 65 OR OLDER, THEN
        IF ARMCARE ≠ 1, THEN CONTINUE WITH QA09_H36 WITHOUT DISPLAY
        ELSE IF ARMCARE = 1, THEN CONTINUE WITH QA09_H36 AND DISPLAY "You said that you are
        covered by Medicare." AND "also";
ELSE GO TO PROGRAMMING NOTE QA09_H39

QA09_H36   {You said that you are covered by Medicare.} Is (SPOUSE) {also} covered by Medicare?

AI37

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_H36:
IF QA09_H36 = 1, THEN SET SPMCARE = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA09_H37:
IF QA09_H36 = 1 AND ARMHMO ≠ 1, THEN CONTINUE WITH QA09_H37 WITHOUT DISPLAY;
ELSE IF QA09_H36 = 1 AND ARMHMO = 1, THEN CONTINUE WITH QA09_H37 AND DISPLAY "You said that your Medicare coverage is provided through an HMO." AND "also";
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER≠ SP GENDER , THEN CONTINUE WITH QA09_H37;
    IF QA09_A5 = 1 (MALE), THEN DISPLAY "wife";
    ELSE IF QA09_A5 = 2 (FEMALE), THEN DISPLAY "husband";
    ELSE DISPLAY "spouse";
ELSE GO TO PROGRAMMING NOTE QA09_H38

QA09_H37   {You said that your Medicare coverage is provided through an HMO.} Is your {husband's/wife's/spouse's} Medicare {also} provided through an HMO?

AH61

                        YES 1
                        NO...2
                        REFUSED .... -7
                        DON'T KNOW .... -8

POST-NOTE QA09_H37:
IF QA09_H37 = 1, THEN SET SPMHMO = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA09_H38:
IF SPHMO = 1, THEN GO TO PROGRAMMING NOTE QA09_H39;
ELSE IF QA09_H36 = 1 AND ARSUPP ≠ 1, THEN CONTINUE WITH QA09_H38 WITHOUT DISPLAY;
ELSE IF QA09_H36 = 1 AND ARSUPP = 1, THEN CONTINUE WITH QA09_H38 AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN CONTINUE WITH QA09_H38;
    IF QA09_A5 = 1 (MALE), THEN DISPLAY "wife";
    ELSE IF QA09_A5 = 2 (FEMALE), THEN DISPLAY "husband";
    ELSE DISPLAY "spouse";
ELSE GO TO PROGRAMMING NOTE QA09_H39

QA09_H38   {You said that you have a Medicare Supplement plan.} Does your {husband/wife/spouse} {also} have a Medicare supplemental policy?

AI37A

                        YES 1
                        NO...2
                        REFUSED .... -7
                        DON'T KNOW .... -8

POST-NOTE QA09_H38:
IF QA09_H38 = 1, THEN SET SPSUPP = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA09_H39:
IF ARMCAL = 1, THEN CONTINUE WITH QA09_H39;
IF ARMCARE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H40

QA09_H39   You said you {also} have Medi-Cal. Is (SPOUSE) also covered by Medi-Cal?

| AI38 |

                        YES 1
                        NO...2
                        REFUSED .... -7
                        DON'T KNOW .... -8

POST-NOTE QA09_H39:
IF QA09_H39 = 1, THEN SET SPMCAL = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA09_H40:
IF ARHFAM = 1 AND SPOUSE AGE≤ 18, THEN CONTINUE WITH QA09_H40;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H41

QA09_H40   You said you {also} have Healthy Families. Is (SPOUSE) also covered by Healthy Families?
| AI39 |

                        YES 1
                        NO...2
                        REFUSED .... -7
                        DON'T KNOW .... -8

POST-NOTE QA09_H40:
IF QA09_H40 = 1, THEN SET SPHFAM = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA09_H41:
IF AREMPOWN = 1, THEN CONTINUE WITH QA09_H41;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H42

QA09_H41   You said you have insurance from your current or former employer or union. Is (SPOUSE) {also}
                 covered by the insurance from your employer?

| AI40 |

                        YES 1   **[GO TO PN QA09_H43]**
                        NO...2
                        OTHER...3
                        REFUSED .... -7
                        DON'T KNOW .... -8

POST-NOTE QA09_H41:
IF QA09_H41 = 1, THEN SET SPEMPSP = 1 AND SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA09_H42:
IF [QA09_G31 = 1 OR 2 (SPOUSE EMPLOYED)] OR QA09_G32 = 1 (SPOUSE USUALLY WORKS), THEN CONTINUE WITH QA09_H42;
IF AREMPSP = 1, THEN DISPLAY "You said you have insurance from your spouse's employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H43

QA09_H42   {You said you have insurance from your spouse's employer or union.} Does (SPOUSE) {also} have coverage through {his/her} <u>own</u> employer?

AI40A

                              YES..1
                              NO...2
                              REFUSED .... -7
                              DON'T KNOW .... -8

POST-NOTE QA09_H42:
IF QA09_H42 = 1, THEN SET SPEMPOWN = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA09_H43:
IF ARDIRECT = 1, THEN CONTINUE WITH QA09_H43;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H44

QA09_H43   You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE) also covered by this plan?

AI41

                              YES..1
                              NO...2
                              REFUSED .... -7
                              DON'T KNOW .... -8

POST-NOTE QA09_H43:
IF QA09_H43 = 1, THEN SET SPDIRECT = 1 AND SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA09_H44:
IF ARMILIT = 1, THEN CONTINUE WITH QA09_H44;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H45

QA09_H44   You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE) also covered by this plan?

AI42

                              YES..1
                              NO...2
                              REFUSED .... -7
                              DON'T KNOW .... -8

POST-NOTE QA09_H44:
IF QA09_H44 = 1, THEN SET SPMILIT = 1 AND SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA09_H45:
IF AROTHGOV = 1, THEN CONTINUE WITH QA09_H45;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT =
1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA09_H46

QA09_H45   You said you {also} have health insurance through some government health plan like AIM or
Mister MIP. Is (SPOUSE) also covered by this plan?

AI42A

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_H45:
IF QA09_H45 = 1, THEN SET SPOTHGOV = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA09_H46:
IF SPINSURE ≠ 1, THEN DISPLAY "any";
ELSE DISPLAY "through any other source"

QA09_H46   Does (SPOUSE) have {any} health insurance coverage {through any other source}?

AI46

YES 1
NO 2   **[GO TO QA09_H48]**
REFUSED .... -7   **[GO TO QA09_H52]**
DON'T KNOW .... -8   **[GO TO QA09_H52]**

QA09_H47   What type of health insurance does {he/she} have?

AI47

[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?"]

THROUGH CURRENT OR FORMER
EMPLOYER/UNION 1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR
OTHER ORGANIZATION 2
PURCHASED DIRECTLY FROM HEALTH PLAN
(BY R OR ANYONE ELSE) 3
MEDICARE 4
MEDI-CAL 5
HEALTHY FAMILIES 6
CHAMPUS/CHAMP-VA, TRICARE, VA OR
SOME OTHER MILITARY HEALTH CARE 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC 8
HEALTHY KIDS 9
OTHER GOVERNMENT HEALTH PLAN 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_H47:
IF QA09_H47 = 1, THEN SET SPEMPOTH = 1 AND SPINSURE = 1;
IF QA09_H47 = 2, THEN SET SPOTHER = 1 AND SPINSURE = 1;
IF QA09_H47 = 3, THEN SET SPDIRECT = 1 AND SPINSURE = 1;
IF QA09_H47 = 4, THEN SET SPMCARE = 1 AND SPINSURE = 1;
IF QA09_H47 = 5, THEN SET SPMCAL = 1 AND SPINSURE = 1;
IF QA09_H47 = 6, THEN SET SPHFAM = 1 AND SPINSURE = 1;
IF QA09_H47 = 7, THEN SET SPMILIT = 1 AND SPINSURE = 1;
IF QA09_H47 = 8, THEN SET SPIHS = 1;
IF QA09_H47 = 9, THEN SET SPKID = 1 AND SPINSURE = 1;
IF QA09_H47 = 91, THEN SET SPOTHGOV = 1 AND SPINSURE = 1;
IF QA09_H47 = 92, -7, OR -8, THEN SET SPOTHER = 1 AND SPINSURE = 1, THEN GO TO PROGRAMMING NOTE QA09_H48:
IF SPINSURE ≠ 1, THEN CONTINUE WITH QA09_H48;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN GO TO PROGRAMMING NOTE QA09_H50;
ELSE GO TO PROGRAMMING NOTE QA09_H52

QA09_H48   You said that (SPOUSE) has <u>no</u> health insurance from any source. Is this correct?

AI48

        YES 1   **[GO TO PN QA09_H52]**
        NO...2
        REFUSED .... -7   **[GO TO PN QA09_H52]**
        DON'T KNOW .... -8   **[GO TO PN QA09_H52]**

QA09_H49   What type of health insurance does {he/she} have?

AI49

     [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?"]

       EMPLOYER/UNION 1
       THROUGH SCHOOL, PROFESSIONAL ASSOCIATION,
       TRADE GROUP OR OTHER ORGANIZATION........................ 2
       PURCHASED DIRECTLY FROM HEALTH PLAN
       (BY R OR ANYONE ELSE) 3
       MEDICARE.. 4
       MEDI-CAL... 5
       HEALTHY FAMILIES.. 6
       CHAMPUS/CHAMP-VA, TRICARE, VA OR
       SOME OTHER MILITARY HEALTH CARE 7
       INDIAN HEALTH SERVICE, TRIBAL HEALTH
       PROGRAM OR URBAN INDIAN CLINIC................................. 8
       HEALTHY KIDS... 9
       OTHER GOVERNMENT HEALTH PLAN 91
       OTHER NON-GOVERNMENT HEALTH PLAN 92
       REFUSED... -7
       DON'T KNOW... -8

POST-NOTE QA09_H49:
IF QA09_H49 = 1, THEN SET SPEMPOTH = 1 AND SPINSURE = 1;
IF QA09_H49 = 2, THEN SET SPOTHER = 1 AND SPINSURE = 1;
IF QA09_H49 = 3, THEN SET SPDIRECT = 1 AND SPINSURE = 1;
IF QA09_H49 = 4, THEN SET SPMCARE = 1 AND SPINSURE = 1;
IF QA09_H49 = 5, THEN SET SPMCAL = 1 AND SPINSURE = 1;
IF QA09_H49 = 6, THEN SET SPHFAM = 1 AND SPINSURE = 1;
IF QA09_H49 = 7, THEN SET SPMILIT = 1 AND SPINSURE = 1;
IF QA09_H49 = 8, THEN SET SPIHS = 1;
IF QA09_H49 = 9, THEN SET SPKID = 1 AND SPINSURE = 1;
IF QA09_H49 = 91, THEN SET SPOTHGOV = 1 AND SPINSURE = 1;
IF QA09_H49 = 92, -7, OR -8, THEN SET SPOTHER = 1 AND SPINSURE = 1;

PROGRAMMING NOTE QA09_H50:
(IF QA09_H47 = 1, 2, OR 3) OR (QA09_H49 = 1, 2, OR 3), THEN CONTINUE WITH QA09_H50;
ELSE GO TO QA09_H52

QA09_H50   Was this plan obtained in your spouse's name or in the name of someone else?

AH62

[IF NEEDED, SAY: "Even someone who does not live in this household."]

    IN SPOUSE'S NAME 1   **[GO TO PN QA09_H52]**
    IN SOMEONE ELSE'S NAME 2
    REFUSED .... -7   **[GO TO PN QA09_H52]**
    DON'T KNOW .... -8   **[GO TO PN QA09_H52]**

POST-NOTE QA09_H50:
IF QA09_H50 = 1 (SPOUSE'S NAME), THEN SET SPEMPOWN = 1 AND SPEMPOTH = 0;

QA09_H51   Is the plan in your name, parent's name, or someone else's name?

AH63

    IN ADULT RESPONDENT'S NAME 1
    IN ADULT RESPONDENT'S PARENT'S NAME 2
    IN SOMEONE ELSE'S NAME 3
    REFUSED .... -7
    DON'T KNOW .... -8

POST-NOTE QA09_H51:
IF QA09_H51 = 1, THEN SET SPEMPAR = 1 AND SPEMPOTH = 0 AND ARSAMESP=1;
IF QA09_H51 = 2, THEN SET SPARPAR = 1 AND SPEMPOTH = 0

PROGRAMMING NOTE QA09_H52:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), THEN GO TO QA09_H56;
ELSE IF [QA09_G31 = 1 OR 2 (SPOUSE EMPLOYED) OR QA09_G32 = 1 (USUALLY WORKS)] AND
QA09_G33 ≠ 3 (SPOUSE NOT SELF EMPLOYED), THEN CONTINUE WITH QA09_H52;
ELSE GO TO QA09_H56

QA09_H52   Does your spouse's employer offer health insurance to any of its employees?

AI43

    YES 1
    NO...2   **[GO TO PN QA09_H56]**
    REFUSED .... -7   **[GO TO PN QA09_H56]**
    DON'T KNOW .... -8   **[GO TO PN QA09_H56]**

QA09_H53   Is {he/she} eligible to be in this plan?

AI44

    YES 1
    NO...2   **[GO TO QA09_H55]**
    REFUSED .... -7   **[GO TO PN QA09_H56]**
    DON'T KNOW .... -8   **[GO TO PN QA09_H56]**

QA09_H54   What is the ONE main reason why {he/she} isn't in this plan?

AI45

```
COVERED BY ANOTHER PLAN ............................1      [GO TO PN QA09_H56]
TOO EXPENSIVE...................................................2      [GO TO PN QA09_H56]
DOESN'T LIKE PLAN OFFERED............................3      [GO TO PN QA09_H56]
DOESN'T NEED OR BELIEVE IN
HEALTH INSURANCE...........................................4      [GO TO PN QA09_H56]
OTHER (SPECIFY: _____)......................... 91      [GO TO PN QA09_H56]
REFUSED ........................................................... -7      [GO TO PN QA09_H56]
DON'T KNOW ...................................................... -8      [GO TO PN QA09_H56]
```

QA09_H55   What is the <u>one</u> main reason why {he/she} is not eligible for this plan?

AI45A

```
HASN'T YET WORKED FOR THIS EMPLOYER
LONG ENOUGH TO BE COVERED ........................1
CONTRACT OR TEMPORARY EMPLOYEES
NOT ALLOWED IN PLAN......................................2
DOESN'T WORK ENOUGH HOURS PER WEEK
OR WEEKS PER YEAR ........................................3
OTHER (SPECIFY: _____) .............. 91
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

PROGRAMMING NOTE QA09_H56:
IF ARMHMO = 1 (R HAS MEDICARE HMO), THEN GO TO QA09_H58;
IF ARHFAM = 1 OR ARHKID = 1, THEN GO TO QA09_H57;
IF ARINSURE = 1 (R HAS ANY COVERAGE), THEN CONTINUE WITH QA09_H56;
IF QA09_A16 = 1 (MARRIED), THEN DISPLAY "Next, I have some questions about your own main health plan."
IF ARMCAL = 1, THEN DISPLAY "Medi-Cal"
ELSE GO TO QA09_H69

QA09_H56   {Next, I have some questions about your own main health plan.}

Is your {Medi-Cal} health plan an HMO?

AI22C

[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 AS "NO."]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]

```
YES .......................................................................1
NO.........................................................................2
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

PROGRAMMING NOTE QA09_H57:
IF (ARMCAL = 1 AND QA09_H55 = 1) OR (AROTHGOV = 1 AND QA09_H30 = 1), THEN LIST HMO MEDI-CAL BY COUNTY;
ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA09_H56 = 1, THEN LIST HMO HEALTHY FAMILIES BY COUNTY;
ELSE IF QA09_H56 = 1 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA09_H30 = 2)], THEN LIST HMO COMMERCIAL BY COUNTY;
ELSE IF QA09_H56 = 2 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA09_H30 = 2)], THEN LIST NON-HMO BY COUNTY

QA09_H57   What is the name of your main health plan?

AI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]

Aetna Us Healthcare	1
Aids Healthcare Foundation, LA	2
Alameda Alliance For Health	3
Altamed Health Services	4
Blue Cross/Californiacare	5
Blue Shield/Careamerica	6
California Medicare	7
CalKids	8
Caloptima	9
Care 1st Health Plan/UHP	10
Caremore Insurance Services, Inc	11
Center For Elders Independence	12
Central Coast Alliance/Santa Cruz-Monterey	13
Chinese Community Health Plan	14
Chinese Community Health Plan Senior	15
Cigna Healthcare Of California	16
Citizens Choice Healthplan	17
Community Health Group (San Diego Co)	18
Community Health Plan of LA	19
Contra Costa Health Plan	20
Golden Medicare	21
Health Advantage	22
Health Net/Foundation	23
Inland Empire Health Plan	24
Inter Valley Health Plan	25
Kaiser Foundation Health Plan	26
Kern Health Systems	27
LA Care Health Plan	28
Molina Healthcare of California	29
On Lok Senior Health Services	30
One Health Plan Of California	31
Pacificare/FHP	32
San Francisco Health Dept./Family Mosaic Project	33
San Francisco Health Plan	34
San Joaquin Health Plan	35
San Mateo Health Commission	36
Santa Barbara Health Plan	37

Santa Clara Family Health Plan 38
Scan Health Plan 39
Secure Horizons 40
Senior Advantage 41
Senior Secure 42
Seniority Plus 43
Service to Seniors 44
Sharp Health Plan 45
Solano/Napa County Network 46
Sutter Senior Care 47
Universal Care/Healthmax 48
Valley Health Plan, Santa Clara 49
Ventura County Health Care Plan 50
Western Health Advantage 51
Western Health Advantage Care+ 52
65 Plus 53
Medi-CAL 54
Other 91
Other (specify): 92
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_H58:
IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND QA09_A16 = 1 (R IS MARRIED), THEN DISPLAY "Next, I have some questions about your own main health plan."

QA09_H58   {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?

AI25

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_H59:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA09_H59;
ELSE GO TO QA09_H62

QA09_H59   Does your health plan have a deductible that is more than $1,000?

AH71

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

YES 1
NO...2
YES, ONLY WHEN I GO OUT OF NETWORK 3
REFUSED .... -7
DON'T KNOW .... -8

QA09_H60   Does your health plan have a deductible for all covered persons that is more than $2,000?

AH72

> **[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]**

> YES 1
> NO..2
> YES, ONLY WHEN I GO OUT OF NETWORK 3
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_H61:
(IF QA09_H59 = 1 OR 3) OR (QA09_H60 = 1 OR 3), THEN CONTINUE WITH QA09_H61;
ELSE GOGO TO QA09_H62

QA09_H61   Do you have a special account or fund you can use to pay for medical expenses?

AH73

> **[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."]**

> YES 1
> NO..2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_H62   Thinking about your current health insurance, did you have this same insurance for <u>all</u> 12 of the past 12 months?

AI31

> YES 1   **[GO TO PN QA09_H79]**
> NO..2
> REFUSED .... -7   **[GO TO QA09_H65]**
> DON'T KNOW .... -8

QA09_H63   During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

AI32

> YES 1
> NO..2   **[GO TO QA09_H66]**
> REFUSED .... -7   **[GO TO QA09_H65]**
> DON'T KNOW .... -8   **[GO TO QA09_H65]**

QA09_H64   Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

AI33

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

```
MEDI-CAL .................................................................1
HEALTHY FAMILIES .................................................2
THROUGH CURRENT OR
FORMER EMPLOYER/UNION ................................3
HEALTHY KIDS ......................................................4
OTHER HEALTH PLAN...................................... 91
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8
```

QA09_H65   During the past 12 months, was there any time when you had no health insurance at all?

AI34

```
YES .......................................................................1
NO...........................................................................2    [GO TO PN QA09_H79]
REFUSED ............................................................ -7    [GO TO PN QA09_H79]
DON'T KNOW ...................................................... -8    [GO TO PN QA09_H79]
```

QA09_H66   For how many months of the past 12 months did you have no health insurance at all?

AI35

```
_____ NUMBER OF MONTHS        [HR: 0-11]    [IF 0 GO TO PN QA09_H79]

REFUSED ........................................................... -7    [GO TO PN QA09_H79]
DON'T KNOW ...................................................... -8    [GO TO PN QA09_H79]
```

QA09_H67   What is the ONE MAIN reason why you did not have any health insurance during those months?

AI36

```
CAN'T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB ........................2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS ..............................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS .........................................4
FAMILY SITUATION CHANGED.............................5
DON'T BELIEVE IN INSURANCE ...........................6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN ................................................7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE...................................................8
OTHER (SPECIFY:_____) ........ 91
REFUSED .............................................................. -7
DON'T KNOW ........................................................ -8
```

QA09_H68   During the time that you were uninsured, did you try to find health insurance on your own?

AH74

YES 1   **[GO TO PN QA09_H75]**
NO...2   **[GO TO PN QA09_H75]**
REFUSED .... -7   **[GO TO PN QA09_H75]**
DON'T KNOW .... -8   **[GO TO PN QA09_H75]**

QA09_H69   What is the ONE MAIN reason why you do not have any health insurance?

AI24

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE..8
OTHER (SPECIFY:_____) 91
REFUSED .... -7
DON'T KNOW .... -8

QA09_H70   During the time that you have been uninsured, have you tried to find health insurance on your own?

AH75

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

QA09_H71   Were you covered by health insurance at any time during the past 12 months?

AI27

YES 1   **[GO TO QA09_H73]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

QA09_H72   How long has it been since you last had health insurance?

AI28

MORE THAN 12 MONTHS AGO, BUT NOT
MORE THAN 3 YEARS AGO 1   **[GO TO PN QA09_H75]**
MORE THAN 3 YEARS AGO 2   **[GO TO PN QA09_H75]**
NEVER HAD HEALTH INSURANCE.......................3   **[GO TO PN QA09_H75]**
REFUSED .... -7   **[GO TO PN QA09_H75]**
DON'T KNOW .... -8   **[GO TO PN QA09_H75]**

QA09_H73   For how many months out of the last 12 months did you have health insurance?

AI29

       [IF LESS THAN ONE MONTH, ENTER 0]

           _____ MONTHS   [HR: 0-12]

           REFUSED .... -7
           DON'T KNOW .... -8

QA09_H74   During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

AI30

       [CODE ALL THAT APPLY]

       [PROBE: "Any others?"]

           MEDI-CAL 1
           HEALTHY FAMILIES 2
           THROUGH CURRENT OR FORMER
           EMPLOYER OR UNION 3
           HEALTHY KIDS 4
           OTHER HEALTH PLAN.. 91
           REFUSED .... -7
           DON'T KNOW .... -8

PROGRAMMING NOTE QA09_H75:
IF ARINSURE ≠ 1 OR QA09_H66 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA09_H75;
ELSE GO TO PROGRAMMING NOTE FOR QA09_H79

QA09_H75   During the past 12 months, were you a patient in a hospital overnight or longer?

AH14

           YES 1
           NO...2   **[GO TO QA09_H77]**
           REFUSED .... -7   **[GO TO QA09_H77]**
           DON'T KNOW .... -8   **[GO TO QA09_H77]**

QA09_H76   Was any of that hospital care paid for by Medi-Cal?

AH76

           YES 1
           NO...2
           REFUSED .... -7
           DON'T KNOW .... -8

PROGRAMMING NOTE QA09_H77:
IF [ARINSURE ≠ 1 OR QA09_H66 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12
MONTHS)] AND QA09_A5 = 2 (FEMALE) AND [QA09_E3 = 1 (PREGNANT) OR QA09_G18 = 1 (R IS PARENT
OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)], THEN CONTINUE WITH
QA09_H77;
ELSE GO TO PROGRAMMING NOTE QA09_H79

QA09_H77   During the last 12 months, did you get prenatal care that you didn't have to pay for?

AH77

       YES...1
       NO..2   **[GO TO PN QA09_H79]**
       REFUSED .... -7   **[GO TO PN QA09_H79]**
       DON'T KNOW .... -8   **[GO TO PN QA09_H79]**

QA09_H78   Was it paid for by Medi-Cal?

AH78

       YES...1
       NO..2
       REFUSED .... -7
       DON'T KNOW .... -8

PROGRAMMING NOTE QA09_H79:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 (CURRENTLY HAVE
EMPLOYER-BASED COVERAGE) OR ARMCARE = 1 (CURRENTLY HAVE MEDICARE), THEN CONTINUE
WITH QA09_H79;
     IF QA09_H62 = 1, THEN DO NOT DISPLAY "The following questions are about your current
     health plan."
     ELSE DISPLAY "The following questions are about your current health plan."
ELSE IF ARMCAL = 1 (CURRENTLY HAVE MEDI-CAL) OR ARINSURE ≠ 1 (CURRENTLY UNINSURED),
GO TO QA09_H81;
ELSE IF ARINSURE = 1 GO TO PROGRAMMING NOTE QA09_I1

QA09_H79   {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?

AH79

       [IF NEEDED, SAY: "EVER for your current health plan."]

       YES...1
       NO..2   **[GO TO QA09_H81]**
       REFUSED .... -7   **[GO TO QA09_H81]**
       .... -8   **[GO TO QA09_H81]**

QA09_H80   Did this happen in the past 12 months?

AH80

       YES...1
       NO..2
       REFUSED .... -7
       DON'T KNOW .... -8

QA09_H81 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?

AH81

[IF NEEDED, SAY: "Dental bills should be included."]

YES 1
NO ....2 **[GO TO PN QA09_I1]**
REFUSED .... -7 **[GO TO PN QA09_I1]**
DON'T KNOW .... -8 **[GO TO PN QA09_I1]**

QA09_H82 What is the total amount of medical bills?

AH83

[IF NEEDED, SAY: "The bills can be from earlier years as well as this year."]

LESS THAN $1,000 1
$1,000 TO LESS THAN $2,000 2
$2,000 TO LESS THAN $4,000 3
$4,000 TO LESS THAN $8,000 4
$8,000 OR MORE 5
NONE 6
REFUSED .... -7
DON'T KNOW .... -8

QA09_H83 Were you or your family member uninsured at the time care was provided?

AH84

YES 1
NO 2
MORE THAN ONE PERSON WITH MEDICAL BILL
PROBLEMS AND ONE PERSON UNINSURED AND
THE OTHER INSURED 3
REFUSED .... -7
DON'T KNOW .... -8

QA09_H84 Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

AH85

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA09_H85 Because of these medical bills, did you take on credit card debt?

AH86

YES 1
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA09_H86   Did you take out a loan or use up your savings?

AH87

        [IF NEEDED, SAY: "Because of these medical bills."]

            YES 1
            NO 2
            REFUSED .... -7
            DON'T KNOW .... -8

QA09_H87   Did you have to declare bankruptcy?

AH88

        [IF NEEDED, SAY: "Because of these medical bills."]

            YES 1
            NO 2
            REFUSED .... -7
            DON'T KNOW .... -8

Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA09_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA09_I35 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, THEN GO TO PROGRAMMING NOTE QA09_I2;
ELSE CONTINUE WITH QA09_I1

QA09_I1   These next questions are about health insurance (CHILD) may have.

Does (CHILD) have the same insurance as you?

CF10A

YES 1   **[GO TO QA09_I29]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I1:
IF QA09_I1 = 1 AND ARMCARE = 1, THEN SET CHMCARE = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND ARMCAL = 1, THEN SET CHMCAL = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND ARHFAM = 1, THEN SET CHHFAM = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND ARHKID = 1, THEN SET CHHKID = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AREMPOWN = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AREMPSP = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AREMPPAR = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AREMPOTH = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND ARDIRECT = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND ARMILIT = 1, THEN SET CHMILIT = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AROTHGOV = 1, THEN SET CHOTHGOV = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND AROTHER = 1, THEN SET CHOTHER = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA09_I1 = 1 AND ARIHS = 1, THEN SET CHIHS = 1

```
PROGRAMMING NOTE QA09_I2:
IF SPINSURE ≠ 1, THEN GO TO QA09_I3;
ELSE IF QA09_I1 = 2 AND ARSAMESP = 1, THEN GO TO QA09_I3;
ELSE CONTINUE WITH QA09_I2
```

QA09_I2   Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

| MA1 |

YES 1   **[GO TO QA09_I18]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

```
POST-NOTE QA09_I2:
IF QA09_I2 = 1 AND SPMCARE = 1, THEN SET CHMCARE = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPMCAL = 1, THEN SET CHMCAL = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPHFAM = 1, THEN SET CHHFAM = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPHKID = 1, THEN SET CHHKID = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPEMPOWN = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPEMPSP = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPEMPPAR = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPEMPOTH = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPDIRECT = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPMILIT = 1, THEN SET CHMILIT = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPOTHER = 1, THEN SET CHOTHER = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPOTHGOV = 1, THEN SET CHOTHGOV = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA09_I2 = 1 AND SPIHS = 1, THEN SET CHIHS = 1
```

QA09_I3   Is {he/she} currently covered by Medi-CAL?

| CF1 |

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

YES 1   **[GO TO QA09_I5]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

```
POST-NOTE QA09_I3:
IF QA09_I3 = 1, THEN SET CHMCAL = 1 AND CHINSURE = 1
```

QA09_I4   Is (CHILD) covered by the Healthy Families Program?

CF2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I4:
IF QA09_I4 = 1, THEN SET CHHFAM = 1 AND CHINSURE = 1

QA09_I5   Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

CF3

YES 1   **[GO TO QA09_I7]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I5:
IF QA09_I5 = 1, THEN SET CHEMP = 1 AND CHINSURE = 1

QA09_I6   Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO? 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?

CF4

YES 1
NO..2   **[GO TO PN QA09_I10]**
REFUSED .... -7   **[GO TO PN QA09_I10]**
DON'T KNOW .... -8   **[GO TO PN QA09_I10]**

POST-NOTE QA09_I6:
IF QA09_I6 = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1

QA09_I7   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.

AI54

[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."

"A deductible is the amount you pay for medical care before your health plan starts paying."

"Premium is the monthly charge for the cost of your health insurance plan."]

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_I8　　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?

AI50

```
YES ...................................................................1
NO .....................................................................2    [GO TO PN QA09_I10]
REFUSED ........................................................... -7    [GO TO PN QA09_I10]
DON'T KNOW ...................................................... -8    [GO TO PN QA09_I10]
```

QA09_I9　　Who else pays all or some portion of the cost for (CHILD)'s health plan?

AI51

```
CURRENT EMPLOYER .........................................1
FORMER EMPLOYER ...........................................2
UNION .................................................................3
SPOUSE'S CURRENT EMPLOYER .......................4
SPOUSE'S FORMER EMPLOYER .........................5
PROFESSIONAL/FRATERNAL ORGANIZATION ...6
MEDICAID/MEDI-CAL ASSISTANCE ......................7
HEALTHY FAMILIES .............................................8
HEALTHY KIDS ....................................................9
OTHER ............................................................... 91
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

```
POST-NOTE QA09_I9:
IF QA09_I9 = 1 THRU 6, THEN SET CHEMP = 1 AND CHDIRECT = 0;
IF QA09_I9 = 8, THEN SET CHHFAM = 1;
IF QA09_I9 = 7, THEN SET CHMCAL = 1
IF QA09_I9 = 9, THEN SET CHHKID = 1
```

```
PROGRAMMING NOTE QA09_I10:
IF CHINSURE = 1, THEN GO TO PROGRAMMING NOTE QA09_I18;
ELSE CONTINUE WITH QA09_I10
```

QA09_I10　　Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

CF6

```
YES ...................................................................1    [GO TO PN QA09_I18]
NO .....................................................................2
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

```
POST-NOTE QA09_I10:
IF QA09_I10 = 1, THEN SET CHMILIT = 1 AND CHINSURE = 1
```

```
PROGRAMMING NOTE QA09_I11:
IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER,
PRIVATE PLAN, OR MILITARY PLAN), THEN CONTINUE WITH QA09_I11 AND DISPLAY "Healthy Kids";
IF COUNTY= SAN FRANCISCO, THEN DISPLAY "Healthy Kids & Young Adults";
IF COUNTY= EL DORADO, YUBA, COLUSA, OR SACRAMENTO, THEN DISPLAY "Healthy Kids, Healthy
Futures"
```

QA09_I11   Is {he/she} covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health Futures} program?

AI70

[IF NEEDED, SAY: "{Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} is a program for children in your county."]

```
YES ........................................................1    [GO TO PN QA09_I18]
NO..........................................................2
REFUSED ............................................... -7
DON'T KNOW .......................................... -8
```

```
POST-NOTE QA09_I11:
IF QA09_I11 = 1, THEN SET CHHKID = 1 AND CHINSURE = 1
```

QA09_I12   Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

```
AIM..........................................................1    [GO TO PN QA09_I18]
"MISTER MIP"/MRMIP.............................2    [GO TO PN QA09_I18]
NO OTHER PLAN.....................................3
SOMETHING ELSE (SPECIFY: _____) ........ 91    [GO TO PN QA09_I18]
REFUSED ............................................... -7
DON'T KNOW .......................................... -8
```

```
POST-NOTE QA09_I12:
IF QA09_I12 = 1,2, OR 91, THEN SET CHOTHGOV = 1 AND CHINSURE = 1
```

QA09_I13   Does {he/she} have any health insurance coverage through a plan that I missed?

CF8

```
YES ........................................................1
NO..........................................................2    [GO TO PN QA09_I18]
REFUSED ............................................... -7    [GO TO PN QA09_I18]
DON'T KNOW .......................................... -8    [GO TO PN QA09_I18]
```

QA09_I14   What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy
Families, an employer or union, or from some other source?

CF9

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

THROUGH CURRENT OR FORMER
EMPLOYER/UNION 1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR OTHER
ORGANIZATION...2
PURCHASED DIRECTLY FROM A HEALTH
PLAN (BY R OR ANYONE ELSE)...........................3
MEDICARE 4
MEDI-CAL 5
HEALTHY FAMILIES 6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR
SOME OTHER MILITARY HEALTH CARE..............7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM, URBAN INDIAN CLINIC......................8
HEALTHY KIDS 9
OTHER GOVERNMENT HEALTH PLAN.............. 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I14:
IF QA09_I14 = 1, THEN SET CHEMP = 1 AND CHINSURE = 1
IF QA09_I14 = 2, THEN SET CHEMP = 1 AND CHINSURE = 1
IF QA09_I14 = 3, THEN SET CHDIRECT = 1 AND CHINSURE = 1
IF QA09_I14 = 4, THEN SET CHMCARE = 1 AND CHINSURE = 1
IF QA09_I14 = 5, THEN SET CHMCAL = 1 AND CHINSURE = 1
IF QA09_I14 = 6, THEN SET CHHFAM = 1 AND CHINSURE = 1
IF QA09_I14 = 7, THEN SET CHMILIT = 1 AND CHINSURE = 1
IF QA09_I14 = 8, THEN SET CHIHS = 1
IF QA09_I14 = 9, THEN SET CHHKID = 1 AND CHINSURE = 1
IF QA09_I14 = 91, THEN SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA09_I14 = 92, THEN SET CHOTHER = 1 AND CHINSURE = 1
IF QA09_I14 = -7 OR -8, THEN SET CHINSURE = 1

PROGRAMMING NOTE QA09_I15:
IF QA09_I14 = 4 (CHILD HAS MEDICARE), THEN CONTINUE WITH QA09_I15;
ELSE GO TO PROGRAMMING NOTE QA09_I16

QA09_I15   Just to verify, you said that (CHILD) gets health insurance through Medicare?

CF9VER

```
                    YES ...............................................................1
                    NO..................................................................2
                    REFUSED .......................................................... -7
                    DON'T KNOW ...................................................... -8
```

PROGRAMMING NOTE QA09_I16:
IF CHINSURE ≠ 1, THEN CONTINUE WITH QA09_I16;
ELSE GO TO QA09_I18;

QA09_I16   What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?

CF1A

```
                    PAPERWORK TOO DIFFICULT .............................1
                    DIDN'T KNOW IF ELIGIBLE ...................................2
                    INCOME TOO HIGH, NOT ELIGIBLE ....................3
                    NOT ELIGIBLE DUE TO CITIZENSHIP/
                    IMMIGRATION STATUS ........................................4
                    OTHER NOT ELIGIBLE.........................................5
                    DON'T BELIEVE IN HEALTH INSURANCE ............6
                    DON'T NEED IT BECAUSE HEALTHY ...................7
                    ALREADY HAVE INSURANCE ..............................8
                    DIDN'T KNOW IT EXISTED....................................9
                    DON'T LIKE / WANT WELFARE .......................... 10
                    OTHER (SPECIFY)............................................. 91
                    REFUSED .......................................................... -7
                    DON'T KNOW ...................................................... -8
```

QA09_I17   What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?

CF2A

```
                    PAPERWORK TOO DIFFICULT .............................1
                    DIDN'T KNOW IF ELIGIBLE ...................................2
                    INCOME TOO HIGH, NOT ELIGIBLE ....................3
                    NOT ELIGIBLE DUE TO CITIZENSHIP/
                    IMMIGRATION STATUS ........................................4
                    OTHER NOT ELIGIBLE.........................................5
                    DON'T BELIEVE IN HEALTH INSURANCE ............6
                    DON'T NEED IT BECAUSE HEALTHY ...................7
                    ALREADY HAVE INSURANCE ..............................8
                    DIDN'T KNOW IT EXISTED....................................9
                    DON'T LIKE / WANT WELFARE .......................... 10
                    OTHER (SPECIFY)............................................. 91
                    REFUSED .......................................................... -7
                    DON'T KNOW ...................................................... -8
```

PROGRAMMING NOTE QA09_I18:
IF QA09_I1 = 1 AND ARMCARE = 1, THEN SET QA09_I18 = QA09_H7 AND QA09_I19 = QA09_H8 AND GO TO QA09_I20;
ELSE IF QA09_I1 = 1, THEN SET QA09_I18 = QA09_H56 AND QA09_I19 = QA09_H57 AND GO TO QA09_I20;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA09_I18;
ELSE GO TO PN QA09_I21

QA09_I18   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."]

MA3

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I19:
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), THEN CONTINUE WITH QA09_I19;
IF CHMCARE = 1 AND QA09_I18 = 1, THEN LIST HMO MEDICARE BY COUNTY;
ELSE IF [CHMCAL = 1 OR (CHOTHGOV = 1 AND QA09_I12 = 1)] AND QA09_I18 = 1, THEN LIST HMO MEDI-CAL BY COUNTY;
ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA09_I18 = 1, THEN LIST HMO HEALTHY FAMILIES BY COUNTYlist HMO Healthy Families by county;
ELSE IF [CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA09_I12 = 2) OR CHOTHER = 1] AND QA09_I18 = 1, THEN LIST HMO COMMERCIAL BY COUNTY;
ELSE IF (CHEMP = 1 OR CHDIRECT =1 OR CHOTHER = 1) AND QA09_I18 = 2, THEN LIST NON-HMO BY COUNTY

QA09_I19   What is the name of (CHILD)'s main health plan?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

AETNA US HEALTHCARE 1
AIDS HEALTHCARE FOUNDATION, LA... 2
ALAMEDA ALLIANCE FOR HEALTH 3
ALTAMED HEALTH SERVICES... 4
BLUE CROSS/CALIFORNIACARE.. 5
BLUE SHIELD/CAREAMERICA.. 6
CALIFORNIA MEDICARE 7
CALKIDS.. 8
CALOPTIMA 9
CARE 1ST HEALTH PLAN/UHP... 10
CAREMORE INSURANCE SERVICES, INC 11
CENTER FOR ELDERS INDEPENDENCE 12
CENTRAL COAST ALLIANCE/SANTA CRUZ-MONTEREY........... 13
CHINESE COMMUNITY HEALTH PLAN 14
CHINESE COMMUNITY HEALTH PLAN SENIOR 15
CIGNA HEALTHCARE OF CALIFORNIA 16
CITIZENS CHOICE HEALTHPLAN.. 17

```
COMMUNITY HEALTH GROUP (SAN DIEGO CO) ...................................... 18
COMMUNITY HEALTH PLAN OF LA ............................................................ 19
CONTRA COSTA HEALTH PLAN ................................................................ 20
GOLDEN MEDICARE ................................................................................... 21
HEALTH ADVANTAGE ................................................................................. 22
HEALTH NET/FOUNDATION ........................................................................ 23
INLAND EMPIRE HEALTH PLAN ................................................................. 24
INTER VALLEY HEALTH PLAN .................................................................... 25
KAISER FOUNDATION HEALTH PLAN ........................................................ 26
KERN HEALTH SYSTEMS ........................................................................... 27
LA CARE HEALTH PLAN ............................................................................. 28
MOLINA HEALTHCARE OF CALIFORNIA .................................................... 29
ON LOK SENIOR HEALTH SERVICES......................................................... 30
ONE HEALTH PLAN OF CALIFORNIA.......................................................... 31
PACIFICARE/FHP........................................................................................ 32
SAN FRANCISCO HEALTH DEPT./FAMILY MOSAIC PROJECT ................. 33
SAN FRANCISCO HEALTH PLAN ............................................................... 34
SAN JOAQUIN HEALTH PLAN .................................................................... 35
SAN MATEO HEALTH COMMISSION........................................................... 36
SANTA BARBARA HEALTH PLAN ............................................................... 37
SANTA CLARA FAMILY HEALTH PLAN ...................................................... 38
SCAN HEALTH PLAN.................................................................................. 39
SECURE HORIZONS ................................................................................... 40
SENIOR ADVANTAGE ................................................................................. 41
SENIOR SECURE........................................................................................ 42
SENIORITY PLUS........................................................................................ 43
SERVICE TO SENIORS ............................................................................... 44
SHARP HEALTH PLAN ................................................................................ 45
SOLANO/NAPA COUNTY NETWORK .......................................................... 46
SUTTER SENIOR CARE .............................................................................. 47
UNIVERSAL CARE/HEALTHMAX ................................................................ 48
VALLEY HEALTH PLAN, SANTA CLARA .................................................... 49
VENTURA COUNTY HEALTH CARE PLAN.................................................. 50
WESTERN HEALTH ADVANTAGE ............................................................... 51
WESTERN HEALTH ADVANTAGE CARE+ .................................................. 52
65 PLUS...................................................................................................... 53
MEDI-CAL ................................................................................................... 54
OTHER........................................................................................................ 91
OTHER (SPECIFY:_____) ....................................................... 92
REFUSED ....................................................................................................-7
DON'T KNOW ..............................................................................................-8
```

QA09_I20   Is (CHILD) covered for prescription drugs?

| CF14 |

```
YES ........................................................................1
NO..........................................................................2
REFUSED ........................................................... -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE FOR QA09_I21:
IF (ARINSURE ≠ 1 OR QA09_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH QA09_I21;
ELSE GO TO PROGRAMMING NOTE QA09_I24

QA09_I21   Does (CHILD)'s health plan have a deductible that is more than $1,000?

AI79

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

```
YES ...................................................................1
NO.....................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

QA09_I22   Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?

AI80

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

```
YES ...................................................................1
NO.....................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QA09_I23:
IF (QA09_I21 = 1 OR 3) OR (QA09_I22 = 1 OR 3), THEN CONTINUE WITH QA09_I23;
ELSE GOGO TO PROGRAMMING NOTE QA09_I24

QA09_I23   Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

AI81

[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."]

```
YES ...................................................................1
NO.....................................................................2
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QA09_I24:
IF CHINSURE = 1, THEN GO TO QA09_I29;
ELSE CONTINUE WITH QA09_I24

QA09_I24   What is the <u>one main</u> reason (CHILD) does not have any health insurance?

CF18

```
           CAN'T AFFORD/TOO EXPENSIVE .........................1
           NOT ELIGIBLE DUE TO WORKING STATUS/
           CHANGED EMPLOYER/LOST JOB ........................2
           NOT ELIGIBLE DUE TO HEALTH OR
           OTHER PROBLEMS ............................................3
           NOT ELIGIBLE DUE TO CITIZENSHIP/
           IMMIGRATION STATUS .........................................4
           FAMILY SITUATION CHANGED.............................5
           DON'T BELIEVE IN INSURANCE ...........................6
           SWITCHED INSURANCE COMPANIES,
           DELAY BETWEEN ......................................................7
           CAN GET HEALTH CARE FOR FREE/PAY
           FOR OWN CARE....................................................8
           OTHER (SPECIFY)............................................... 91
           REFUSED ............................................................... -7
           DON'T KNOW ........................................................ -8
```

QA09_I25   Was (CHILD) covered by health insurance at any time during the past 12 months?

CF20

```
           YES.........................................................................1     [GO TO QA09_I27]
           NO..........................................................................2
           REFUSED ............................................................... -7
           DON'T KNOW ........................................................ -8
```

QA09_I26   How long has it been since (CHILD) last had health insurance?

CF21

```
           MORE THAN 12 MONTHS, BUT NOT
           MORE THAN 3 YEARS AGO ...................................1     [GO TO PN QA09_I35]
           MORE THAN 3 YEARS AGO ...................................2     [GO TO PN QA09_I35]
           NEVER HAD HEALTH INSURANCE COVERAGE ..3     [GO TO PN QA09_I35]
           REFUSED ............................................................... -7     [GO TO PN QA09_I35]
           DON'T KNOW ........................................................ -8     [GO TO PN QA09_I35]
```

QA09_I27   For how many of the last 12 months did {he/she} have health insurance?

CF22

[IF LESS THAN ONE MONTH, ENTER 1]

```
           _____ MONTHS [HR: 0-12]

           REFUSED ............................................................... -7
           DON'T KNOW ........................................................ -8
```

QA09_I28

CF23

During those months when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MEDI-CAL 1	**[GO TO PN QA09_I35]**
HEALTHY FAMILIES 2	**[GO TO PN QA09_I35]**
THROUGH CURRENT OR FORMER EMPLOYER/	
UNION..3	**[GO TO PN QA09_I35]**
HEALTHY KIDS 4	**[GO TO PN QA09_I35]**
OTHER HEALTH PLAN... 91	**[GO TO PN QA09_I35]**
REFUSED .... -7	**[GO TO PN QA09_I35]**
DON'T KNOW .... -8	**[GO TO PN QA09_I35]**

QA09_I29

CF24

Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

YES 1   **[GO TO PN QA09_I35]**
NO...2
HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE YEAR OLD) ...3
REFUSED .... -7
DON'T KNOW .... -8

QA09_I30

CF25

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

YES 1
NO...2   **[GO TO QA09_I32]**
REFUSED .... -7   **[GO TO QA09_I32]**
DON'T KNOW .... -8   **[GO TO QA09_I32]**

QA09_I31

CF26

Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MEDI-CAL 1
HEALTHY FAMILIES 2
HEALTHY KIDS 3
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 4
OTHER HEALTH PLAN... 91
REFUSED .... -7
DON'T KNOW .... -8

QA09_I32   During the past 12 months, was there any time when {he/she} had no health insurance at all?

CF27

> YES 1
> NO...2   **[GO TO PN QA09_I35]**
> REFUSED .... -7   **[GO TO PN QA09_I35]**
> DON'T KNOW .... -8   **[GO TO PN QA09_I35]**

QA09_I33   For how many of the past 12 months did {he/she} have no health insurance?

CF28

[IF < 1 MONTH, ENTER "1"]

> _____ MONTHS   [RANGE: 1-12]

> REFUSED .... -7
> DON'T KNOW .... -8

QA09_I34   What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

CF29

[IF R SAYS, "No need," PROBE WHY]

> CAN'T AFFORD/TOO EXPENSIVE 1
> NOT ELIGIBLE DUE TO WORKING STATUS/
> CHANGED EMPLOYER/LOST JOB 2
> NOT ELIGIBLE DUE TO HEALTH OR
> OTHER PROBLEMS 3
> NOT ELIGIBLE DUE TO CITIZENSHIP/
> IMMIGRATION STATUS 4
> FAMILY SITUATION CHANGED............................5
> DON'T BELIEVE IN INSURANCE 6
> SWITCHED INSURANCE COMPANIES,
> DELAY BETWEEN 7
> CAN GET HEALTH CARE FOR FREE/PAY
> FOR OWN CARE..8
> OTHER (SPECIFY_____) 91
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I35:
IF NO TEEN SELECTED, THEN GO TO PROGRAMMING NOTE QA09_J1;
IF ARINSURE = 1, THEN CONTINUE WITH QA09_I35;
IF ARINSURE = 0, THEN GO TO PN QA09_I36;
ELSE CONTINUE WITH QA09_I35

QA09_I35   These next questions are about health insurance (TEEN) may have.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?

IA10A

YES 1   **[GO TO QA09_I63]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I35:
IF QA09_I35 = 1 AND ARMCARE = 1, THEN SET TEMCARE = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND ARMCAL = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND ARHFAM = 1, THEN SET TEHFAM = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND ARHKID = 1, THEN SET TEHKID = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND AREMPOWN = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND AREMPSP = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND AREMPPAR = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND AREMPOTH = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND ARDIRECT = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND ARMILIT = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND AROTHGOV = 1, THEN SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND AROTHER = 1, THEN SET TEOTHER = 1 AND TEINSURE = 1;
IF QA09_I35 = 1 AND ARIHS = 1, THEN SET TEIHS = 1
PROGRAMMING NOTE QA09_I36:
IF SPINSURE ≠ 1, THEN GO TO QA09_I37;
ELSE IF QA09_I35 = 2 AND ARSAMESP = 1 THEN GO TO PROGRAMMING NOTE QA09_I37;
ELSE CONTINUE WITH QA09_I36

QA09_I36　　　Does (TEEN) have the same insurance as your spouse?

MA5

> YES...1　　**[GO TO QA09_I52]**
> NO...2
> REFUSED .... -7
> DON'T KNOW .... -8

POST-NOTE QA09_I36:
IF QA09_I36 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPEMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA09_I36 = 1 AND SPIHS = 1, SET TEIHS = 1

PROGRAMMING NOTE QA09_I37:
IF CHINSURE ≠ 1, THEN GO TO QA09_I38;
ELSE IF (QA09_I35=2 AND ARSAMECH =1) OR (QA09_I36 = 2 AND SPSAMECH = 1), THEN GO TO QA09_I38;
ELSE CONTINUE WITH QA09_I37;

QA09_I37　　　Does (TEEN) have the same insurance as (CHILD)?

MA6

> YES...1　　**[GO TO PN QA09_I63]**
> NO...2
> REFUSED .... -7
> DON'T KNOW .... -8

POST-NOTE QA09_I37:
IF QA09_I37 = 1 AND CHMCARE = 1, THEN SET TEMCARE = 1 AND TEINSURE = 1;
IF QA09_I37 = 1 AND CHMCAL = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1;
IF QA09_I37 = 1 AND CHHFAM = 1, THEN SET TEHFAM = 1 AND TEINSURE = 1;
IF QA09_I37 = 1 AND CHHKID = 1, THEN SET TEHKID = 1 AND TEINSURE = 1;
IF QA09_I37 = 1 AND CHEMP = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I37 = 1 AND CHDIRECT = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA09_I37 = 1 AND CHMILIT = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1;
IF QA09_I37 = 1 AND CHOTHGOV = 1, THEN SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA09_I37= 1 AND CHIHS = 1, THEN SET TEIHS = 1

QA09_I38   Is {he/she} currently covered by Medi-CAL?

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

YES 1   **[GO TO QA09_I40]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I38:
IF QA09_I38 = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1

QA09_I39   Is (TEEN) covered by the Healthy Families Program?

IA2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I39:
IF QA09_I39 = 1, THEN SET TEHFAM = 1 AND TEINSURE = 1

QA09_I40   Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

IA3

YES 1   **[GO TO QA09_I42]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I40:
IF QA09_I40 = 1, THEN SET TEEMP = 1 AND TEINSURE = 1

QA09_I41   Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO? 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?

IA4

YES 1
NO..2   **[GO TO PN QA09_I45]**
REFUSED .... -7   **[GO TO PN QA09_I45]**
DON'T KNOW .... -8   **[GO TO PN QA09_I45]**

POST-NOTE QA09_I41:
IF QA09_I41 = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1

QA09_I42   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.

AI55

[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.

A deductible is the amount you pay for medical care before your health plan starts paying.

Premium is the monthly charge for the cost of your health insurance plan."]

```
YES ............................................................1
NO................................................................2
REFUSED ................................................... -7
DON'T KNOW ............................................... -8
```

QA09_I43   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?

AI52

```
YES ............................................................1
NO................................................................2   [GO TO PN QA09_I45]
REFUSED ................................................... -7   [GO TO PN QA09_I45]
DON'T KNOW ............................................... -8   [GO TO PN QA09_I45]
```

QA09_I44   Who else pays all or some portion of the cost for (TEEN)'s health plan?

AI53

```
CURRENT EMPLOYER ..........................................1
FORMER EMPLOYER ...........................................2
UNION............................................................3
SPOUSE'S CURRENT EMPLOYER .......................4
SPOUSE'S FORMER EMPLOYER .........................5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE ......................7
HEALTHY FAMILIES ............................................8
HEALTHY KIDS ...................................................9
OTHER................................................................ 91
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8
```

```
POST-NOTE QA09_I44:
IF QA09_I44 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF QA09_I44 = 7, SET TEMCAL = 1;
IF QA09_I44 = 8, SET TEHFAM = 1;
IF QA09_I44 = 9, SET TEHKID = 1 AND SET TEINSURE = 1
```

PROGRAMMING NOTE QA09_I45:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA09_I52;
ELSE CONTINUE WITH QA09_I45

QA09_I45   Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health
care?

IA6

YES 1   **[GO TO PN QA09_I52]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I45:
IF QA09_I45 = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1

PROGRAMMING NOTE FOR QA09_I46:
IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER,
PRIVATE PLAN, OR MILITARY PLAN), THEN CONTINUE WITH QA09_ I48 AND DISPLAY "Healthy Kids";
IF COUNTY = SAN FRANCISCO, THEN DISPLAY "Healthy Kids & Young Adults";
IF COUNTY = EL DORADO, YUBA, COLUSA, OR SACRAMENTO, THEN DISPLAY "Healthy Kids, Healthy
Futures"

QA09_I46   Is {he/she} covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Health
Futures} program?

AI71

[IF NEEDED, SAY: "{Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy
Futures} is a program for children in your county."]

YES 1   **[GO TO PN QA09_I52]**
NO...2
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I46:
IF QA09_I46 = 1, THEN SET TEHKID = 1 AND TEINSURE = 1

QA09_I47   Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", or
something else?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP
means Major Risk Medical Insurance Program"]

AIM...1   **[GO TO PN QA09_I52]**
"MISTER MIP"/MRMIP.............................2   **[GO TO PN QA09_I52]**
NO OTHER PLAN....................................3
SOMETHING ELSE (SPECIFY:_____) 91   **[GO TO PN QA09_I52]**
REFUSED .... -7
DON'T KNOW .... -8

POST-NOTE QA09_I47:
IF QA09_I47 = 1, 2 OR 91, THEN SET TEOTHGOV = 1 AND TEINSURE = 1

QA09_I48   Does {he/she} have any health insurance coverage through a plan that I missed?

IA8

```
                         YES.................................................................1
                         NO..................................................................2      [GO TO PN QA09_I52]
                         REFUSED ................................................... -7      [GO TO PN QA09_I52]
                         DON'T KNOW .............................................. -8      [GO TO PN QA09_I52]
```

QA09_I49   What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy
                   Families, an employer or union, or from some other source?

IA9

**[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?"]**

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

```
                         THROUGH CURRENT OR FORMER
                          EMPLOYER/UNION ...............................................1
                         THROUGH SCHOOL, PROFESSIONAL
                         ASSOCIATION, TRADE GROUP OR OTHER
                         ORGANIZATION.....................................................2
                         PURCHASED DIRECTLY FROM A HEALTH
                         PLAN (BY R OR ANYONE ELSE) ...........................3
                         MEDICARE ............................................................4      (VERIFY)
                         MEDI-CAL ..............................................................5
                         HEALTHY FAMILIES ..............................................6
                         CHAMPUS/CHAMP-VA, TRICARE, VA,
                         OR SOME OTHER MILITARY HEALTH CARE .......7
                         INDIAN HEALTH SERVICE, TRIBAL HEALTH
                         PROGRAM, URBAN INDIAN CLINIC.....................8
                         HEALTHY KIDS .....................................................9
                         OTHER GOVERNMENT HEALTH PLAN.............. 91
                         OTHER NON-GOVERNMENT HEALTH PLAN..... 92
                         REFUSED ........................................................... -7
                         DON'T KNOW ..................................................... -8
```

```
POST-NOTE QA09_I49:
IF QA09_I49_1 = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I49_2 = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA09_I49_3 = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA09_I49_4 = 1, THEN SET TEMCARE = 1 AND TEINSURE = 1;
IF QA09_I49_5 = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1;
IF QA09_I49_6 = 1, THEN SET TEHFAM = 1 AND TEINSURE = 1;
IF QA09_I49_7 = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1;
IF QA09_I49_8 = 1, THEN SET TEIHS = 1;
IF QA09_I49_9 = 1, THEN SET TEHKID = 1 AND TEINSURE = 1;
IF QA09_I49_91 = 1, THEN SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA09_I49_92 = 1, THEN SET TEOTHER = 1 AND TEINSURE = 1;
IF QA09_I49 = -7 OR -8, THEN SET TEINSURE = 1
```

PROGRAMMING NOTE QA09_I50:
IF TEINSURE ≠ 1, THEN CONTINUE WITH QA09_I50;
ELSE GO TO QA09_I52;

QA09_I50   What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

IA1A

```
                PAPERWORK TOO DIFFICULT ..............................1
                DIDN'T KNOW IF ELIGIBLE.....................................2
                INCOME TOO HIGH, NOT ELIGIBLE .....................3
                NOT ELIGIBLE DUE TO CITIZENSHIP/
                IMMIGRATION STATUS .........................................4
                OTHER NOT ELIGIBLE...........................................5
                DON'T BELIEVE IN HEALTH INSURANCE ............6
                DON'T NEED IT BECAUSE HEALTHY ...................7
                ALREADY HAVE INSURANCE ...............................8
                DIDN'T KNOW IT EXISTED.....................................9
                DON'T LIKE / WANT WELFARE ......................... 10
                OTHER (SPECIFY:_____)................... 91
                REFUSED ............................................................. -7
                DON'T KNOW ....................................................... -8
```

QA09_I51   What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?

IA2A

```
                PAPERWORK TOO DIFFICULT ..............................1
                DIDN'T KNOW IF ELIGIBLE.....................................2
                INCOME TOO HIGH, NOT ELIGIBLE .....................3
                NOT ELIGIBLE DUE TO CITIZENSHIP/
                IMMIGRATION STATUS .........................................4
                OTHER NOT ELIGIBLE...........................................5
                DON'T BELIEVE IN HEALTH INSURANCE ............6
                DON'T NEED IT BECAUSE HEALTHY ...................7
                ALREADY HAVE INSURANCE ...............................8
                DIDN'T KNOW IT EXISTED.....................................9
                DON'T LIKE / WANT WELFARE ......................... 10
                OTHER (SPECIFY:_____) ........... 91
                REFUSED ............................................................. -7
                DON'T KNOW ....................................................... -8
```

PROGRAMMING NOTE QA09_I52:
IF QA09_I35 = 1 AND ARMCARE = 1, THEN SET QA09_I52 = QA09_H7 AND QA09_I53 = QA09_H8 AND GO TO QA09_I54;
ELSE IF QA09_I35 = 1, THEN SET QA09_I52 = QA09_H56 AND QA09_I53 = QA09_H57 AND GO TO QA09_I54;
ELSE IF QA09_I37 = 1, THEN SET QA09_I52 = QA09_I18 AND QA09_I53 = QA09_I19 AND GO TO QA09_I54;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA09_I52;
ELSE GO TO PROGRAMMING NOTE QA09_I55

QA09_I52   Is (TEEN)'s {Medi-Cal} health plan an HMO?

MA8

> **[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."]**

                    YES 1
                    NO...2
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I53:
IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), THEN CONTINUE WITH QA09_I53;
IF TEMCARE = 1 AND QA09_I52 = 1, THEN LIST HMO MEDICARE BY COUNTY;
ELSE IF [TEMCAL = 1 OR (TEOTHGOV = 1 AND QA09_I47 = 1)] AND QA09_I52 = 1, THEN LIST HMO MEDI-CAL BY COUNTY;
ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA09_I52 = 1, THEN LIST HMO HEALTHY FAMILIES BY COUNTY;
ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA09_I47 = 2) OR TEOTHER = 1) AND QA09_I52 = 1, THEN LIST HMO COMMERCIAL BY COUNTY;
ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1) AND QA09_I52 = 2 THEN LIST NON-HMO BY COUNTY

QA09_I53   What is the name of (TEEN)'s main health plan?

MA7

> **[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (TEEN) have an insurance card or something else with the plan name on it?"]**

                    AETNA US HEALTHCARE 1
                    AIDS HEALTHCARE FOUNDATION, LA.. 2
                    ALAMEDA ALLIANCE FOR HEALTH 3
                    ALTAMED HEALTH SERVICES 4
                    BLUE CROSS/CALIFORNIACARE.. 5
                    BLUE SHIELD/CAREAMERICA.. 6
                    CALIFORNIA MEDICARE 7
                    CALKIDS.. 8
                    CALOPTIMA 9

CARE 1ST HEALTH PLAN/UHP.. 10
CAREMORE INSURANCE SERVICES, INC 11
CENTER FOR ELDERS INDEPENDENCE 12
CENTRAL COAST ALLIANCE/SANTA CRUZ-MONTEREY............................ 13
CHINESE COMMUNITY HEALTH PLAN.. 14
CHINESE COMMUNITY HEALTH PLAN SENIOR 15
CIGNA HEALTHCARE OF CALIFORNIA 16
CITIZENS CHOICE HEALTHPLAN.. 17
COMMUNITY HEALTH GROUP (SAN DIEGO CO) 18
COMMUNITY HEALTH PLAN OF LA 19
CONTRA COSTA HEALTH PLAN 20
GOLDEN MEDICARE 21
HEALTH ADVANTAGE 22
HEALTH NET/FOUNDATION 23
INLAND EMPIRE HEALTH PLAN.. 24
INTER VALLEY HEALTH PLAN 25
KAISER FOUNDATION HEALTH PLAN 26
KERN HEALTH SYSTEMS 27
LA CARE HEALTH PLAN 28
MOLINA HEALTHCARE OF CALIFORNIA... 29
ON LOK SENIOR HEALTH SERVICES... 30
ONE HEALTH PLAN OF CALIFORNIA.. 31
PACIFICARE/FHP... 32
SAN FRANCISCO HEALTH DEPT./FAMILY MOSAIC PROJECT 33
SAN FRANCISCO HEALTH PLAN 34
SAN JOAQUIN HEALTH PLAN 35
SAN MATEO HEALTH COMMISSION... 36
SANTA BARBARA HEALTH PLAN 37
SANTA CLARA FAMILY HEALTH PLAN 38
SCAN HEALTH PLAN 39
SECURE HORIZONS 40
SENIOR ADVANTAGE 41
SENIOR SECURE... 42
SENIORITY PLUS... 43
SERVICE TO SENIORS 44
SHARP HEALTH PLAN 45
SOLANO/NAPA COUNTY NETWORK.. 46
SUTTER SENIOR CARE 47
UNIVERSAL CARE/HEALTHMAX 48
VALLEY HEALTH PLAN, SANTA CLARA 49
VENTURA COUNTY HEALTH CARE PLAN... 50
WESTERN HEALTH ADVANTAGE 51
WESTERN HEALTH ADVANTAGE CARE+ 52
65 PLUS... 53
MEDI-CAL 54
OTHER... 91
OTHER (SPECIFY:_____) 92
REFUSED ....-7
DON'T KNOW ....-8

QA09_I54   Is (TEEN) covered for prescription drugs?

IA14

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QA09_I55:**
> **IF (ARINSURE ≠ 1 OR QA09_I35 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH QA09_I55;**
> **ELSE GO TO PROGRAMMING NOTE QA09_I58**

QA09_I55   Does (TEEN)'s health plan have a deductible that is more than $1,000?

AI82

       [IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

                  YES 1
                  NO..2
                  YES, ONLY WHEN GO OUT OF NETWORK 3
                  REFUSED .... -7
                  DON'T KNOW .... -8

QA09_I56   Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?

AI83

       [IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

                  YES 1
                  NO..2
                  YES, ONLY WHEN GO OUT OF NETWORK 3
                  REFUSED .... -7
                  DON'T KNOW .... -8

> **PROGRAMMING NOTE QA09_I57:**
> **IF (QA09_I55 = 1 OR 3) OR (QA09_I56 = 1 OR 3), THEN CONTINUE WITH QA09_I57;**
> **ELSE GO TO QA09_I58**

QA09_I57   Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

AI84

       [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."]

                  YES 1
                  NO..2
                  REFUSED .... -7
                  DON'T KNOW .... -8

> **PROGRAMMING NOTE QA09_I58:**
> **IF TEINSURE = 1, THEN GO TO QA09_I63;**
> **ELSE CONTINUE WITH QA09_I58**

QA09_I58   What is the <u>one main</u> reason (TEEN) does not have any health insurance?

IA18

```
                    CAN'T AFFORD/TOO EXPENSIVE .........................1
                    NOT ELIGIBLE DUE TO WORKING STATUS/
                    CHANGED EMPLOYER/LOST JOB ........................2
                    NOT ELIGIBLE DUE TO HEALTH OR
                    OTHER PROBLEMS ..............................................3
                    NOT ELIGIBLE DUE TO CITIZENSHIP/
                    IMMIGRATION STATUS .........................................4
                    FAMILY SITUATION CHANGED.............................5
                    DON'T BELIEVE IN INSURANCE ...........................6
                    SWITCHED INSURANCE COMPANIES,
                    DELAY BETWEEN ................................................7
                    CAN GET HEALTH CARE FOR FREE/PAY
                    FOR OWN CARE....................................................8
                    OTHER (SPECIFY:_____)...................... 91
                    REFUSED ............................................................ -7
                    DON'T KNOW ...................................................... -8
```

QA09_I59   Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

```
                    YES......................................................................1      [GO TO QA09_I61]
                    NO.......................................................................2
                    REFUSED ............................................................ -7
                    DON'T KNOW ...................................................... -8
```

QA09_I60   How long has it been since (TEEN) last had health insurance?

IA21

```
                    MORE THAN 12 MONTHS, BUT NOT
                    MORE THAN 3 YEARS AGO ..................................1      [GO TO QA09_I69]
                    MORE THAN 3 YEARS AGO ..................................2      [GO TO QA09_I69]
                    NEVER HAD HEALTH INSURANCE COVERAGE ..3      [GO TO QA09_I69]
                    REFUSED ............................................................ -7      [GO TO QA09_I69]
                    DON'T KNOW/NOT SURE ..................................... -8      [GO TO QA09_I69]
```

QA09_I61   For how many of the last 12 months did {he/she} have health insurance?

IA22

[IF LESS THAN ONE MONTH, ENTER "1"]

```
                    _____ MONTHS     [HR: 0-12]

                    REFUSED ............................................................ -7
                    DON'T KNOW ...................................................... -8
```

QA09_I62

IA23

During those months when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MEDI-CAL 1   **[GO TO QA09_I69]**
HEALTHY FAMILIES 2   **[GO TO QA09_I69]**
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 3   **[GO TO QA09_I69]**
HEALTHY KIDS 4   **[GO TO QA09_I69]**
OTHER HEALTH PLAN....................................... 91   **[GO TO QA09_I69]**
REFUSED .... -7   **[GO TO QA09_I69]**
DON'T KNOW .... -8   **[GO TO QA09_I69]**

QA09_I63

IA24

Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

YES 1   **[GO TO QA09_I69]**
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_I64

IA25

When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

YES 1
NO..2   **[GO TO QA09_I66]**
REFUSED .... -7   **[GO TO QA09_I66]**
DON'T KNOW .... -8   **[GO TO QA09_I66]**

QA09_I65

IA26

Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MEDI-CAL 1
HEALTHY FAMILIES 2
THROUGH CURRENT OR FORMER
EMPLOYER/UNION 3
HEALTHY KIDS 4
OTHER HEALTH PLAN....................................... 91
REFUSED .... -7
DON'T KNOW .... -8

QA09_I66

IA27

During the past 12 months, was there any time when {he/she} had no health insurance at all?

YES 1
NO..2   **[GO TO QA09_I69]**
REFUSED .... -7   **[GO TO QA09_I69]**
DON'T KNOW .... -8   **[GO TO QA09_I69]**

QA09_I67   For how many of the past 12 months did {he/she} have no health insurance?

IA28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS   [HR: 1-12]

REFUSED .... -7
DON'T KNOW .... -8

QA09_I68   What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

IA29

[IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED............................5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE...8
OTHER (SPECIFY:_____) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I69:
IF TI3 ≠ -1 (ALREADY ANSWERED IN ADOLESCENT QUESTIONNAIRE), THEN GO TO QA09_I73;
ELSE CONTINUE WITH QA09_I69

QA09_I69   In what country was (TEEN) born?

AI56T

UNITED STATES… 1
AMERICAN SAMOA 2
CANADA 3
CHINA 4
EL SALVADOR 5
ENGLAND...6
FRANCE 7
GERMANY 8
GUAM 9
GUATEMALA 10
HUNGARY 11
INDIA.. 12
IRAN... 13
IRELAND... 14
ITALY 15

JAPAN.. 16
KOREA.. 17
MEXICO 18
PHILIPPINES 19
POLAND 20
PORTUGAL 21
PUERTO RICO 22
RUSSIA 23
TAIWAN 24
VIETNAM 25
VIRGIN ISLANDS 26
OTHER (SPECIFY:_____) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I70:
IF QA09_I69 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO QA09_I73;
ELSE CONTINUE WITH QA09_I70

QA09_I70   Is (TEEN) a citizen of the United States?

AI58T

YES...1   **[GO TO PN QA09_I72]**
NO...2
APPLICATION PENDING.......................................3
REFUSED .... -7
DON'T KNOW .... -8

QA09_I71   Is (TEEN) a permanent resident with a green card?

AI59T

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

YES...1
NO...2
APPLICATION PENDING.......................................3
REFUSED .... -7
DON'T KNOW .... -8

QA09_I72   About how many years has (TEEN) lived in the United States?

AI60T

[IF < 1 YEAR, ENTER "1 YEAR"]

_____ NUMBER OF YEARS
_____ YEAR FIRST COME AND LIVE IN U.S.

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I73:
IF QA09_A5 = 1 (R IS MALE), THEN DISPLAY "mother";
ELSE IF QA09_A5 = 2 (R IS FEMALE), THEN DISPLAY "father";

QA09_I73   In what country was (TEEN)'s {mother/father} born?

AI56

[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

UNITED STATES..1
AMERICAN SAMOA 2
CANADA 3
CHINA 4
EL SALVADOR 5
ENGLAND..6
FRANCE 7
GERMANY 8
GUAM 9
GUATEMALA 10
HUNGARY 11
INDIA... 12
IRAN.. 13
IRELAND.. 14
ITALY 15
JAPAN... 16
KOREA.. 17
MEXICO 18
PHILIPPINES... 19
POLAND 20
PORTUGAL 21
PUERTO RICO 22
RUSSIA 23
TAIWAN 24
VIETNAM 25
VIRGIN ISLANDS 26
OTHER (SPECIFY:_____) 91
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I74:
IF QA09_I73 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO QA09_I78;
ELSE CONTINUE WITH QA09_I74;
IF QA09_A5 = 1 (R IS MALE), THEN DISPLAY "mother";
IF QA09_A5 = 2 (R IS FEMALE), THEN DISPLAY "father"

QA09_I74   Does (TEEN)'s {mother/father} now live in the U.S.?

AI57

YES...1
NO...2
MOTHER/FATHER DECEASED 3
MOTHER/FATHER NEVER LIVED IN US 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I75:
IF QA09_A5 = 1 (R IS MALE), THEN DISPLAY "mother";
IF QA09_A5 = 2 (R IS FEMALE), THEN DISPLAY "father";
IF QA09_I74 = 3 (MOTHER/FATHER DECEASED), THEN DISPLAY "Was";
ELSE DISPLAY "Is"

QA09_I75   {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

AI58

[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

YES..1   **[GO TO PN QA09_I77]**
NO...2
APPLICATION PENDING 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I76:
IF QA09_A5 = 1 (R IS MALE), THEN DISPLAY "mother";
ELSE IF QA09_A5 = 2 (R IS FEMALE), THEN DISPLAY "father";
IF QA09_I74 = 3 (MOTHER/FATHER DECEASED), THEN DISPLAY "Was";
ELSE DISPLAY "Is"

QA09_I76   {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?

AI59

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

YES..1
NO...2
APPLICATION PENDING 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I77:
IF QA09_A5 = 1 (R IS MALE), THEN DISPLAY "mother";
IF QA09_A5 = 2 (R IS FEMALE), THEN DISPLAY "father"

QA09_I77   About how many years has (TEEN)'s {mother/father} lived in the United States?

AI60

[IF < 1 YEAR, ENTER "1"]

_____ NUMBER OF YEARS
_____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED 3
MOTHER/FATHER NEVER LIVED IN US 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_I78:
IF CH8 ≠ -1 (ALREADY ANSWERED IN CHILD QUESTIONNAIRE), THEN GO TO PROGRAMMING NOTE QA09_J1;
ELSE CONTINUE WITH QA09_I78

QA09_I78   In what country was (CHILD) born?

AI56C

UNITED STATES…	1
AMERICAN SAMOA	2
CANADA	3
CHINA	4
EL SALVADOR	5
ENGLAND	6
FRANCE	7
GERMANY	8
GUAM	9
GUATEMALA	10
HUNGARY	11
INDIA	12
IRAN	13
IRELAND	14
ITALY	15
JAPAN	16
KOREA	17
MEXICO	18
PHILIPPINES	19
POLAND	20
PORTUGAL	21
PUERTO RICO	22
RUSSIA	23
TAIWAN	24
VIETNAM	25
VIRGIN ISLANDS	26
OTHER (SPECIFY:_____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA09_I79:
IF QA09_I69 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO PROGRAMMING NOTE QA09_J1;
ELSE CONTINUE WITH QA09_I79

QA09_I79   Is (CHILD) a citizen of the United States?

AI58C

YES	1	**[GO TO PN QA09_I81]**
NO	2	
APPLICATION PENDING	3	
REFUSED	-7	
DON'T KNOW	-8	

QA09_I80   Is (CHILD) a permanent resident with a green card?

AI59C

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

> YES 1
> NO...2
> APPLICATION PENDING 3
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_I81   About how many years has (CHILD) lived in the United States?

AI60C

[IF < 1 YEAR, ENTER "1 YEAR"]

> _____ NUMBER OF YEARS
> _____ YEAR FIRST COME AND LIVE IN U.S.
>
> REFUSED .... -7
> DON'T KNOW .... -8

Section J – Health Care Utilization and Access, Violence

PROGRAMMING NOTE QA09_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, THEN 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"

QA09_J1   {Now, I'd like to ask about the health care <u>you</u> receive.} During the past 12 months, how many times have you seen a medical doctor}?

AH5

　　　　　　　　_____ TIMES   [HR: 0-365]

　　　　　　　　REFUSED .... -7
　　　　　　　　DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J2:
IF QA09_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), THEN CONTINUE WITH QA09_J2;
ELSE GO TO PROGRAMMING NOTE QA09_J3

QA09_J2   About how long has it been since you last saw a doctor about your own health?

AH6

　　　　　　　　ONE YEAR AGO OR LESS 0
　　　　　　　　MORE THAN 1 UP TO 2 YEARS AGO 1
　　　　　　　　MORE THAN 2 UP TO 5 YEARS AGO 2
　　　　　　　　MORE THAN 5 YEARS AGO 3
　　　　　　　　NEVER 4
　　　　　　　　REFUSED .... -7
　　　　　　　　DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J3:
IF QA09_H1 = 1, 3, 4, OR 5 (HAVE A PLACE USUALLY GO WHEN SICK OR NEED ADVICE ABOUT HEALTH) AND [(QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)) OR QA09_B18 = 1 (HAS DIABETES) OR QA09_B43 = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH QA09_J3;
ELSE GO TO PROGRAMMING NOTE QA09_J4

QA09_J3   Do you have a personal doctor or medical provider who is your main provider?

AJ77

　　　　　　　　[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]

　　　　　　　　YES 1
　　　　　　　　NO 2
　　　　　　　　REFUSED .... -7
　　　　　　　　DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J4:
IF [(QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)) OR QA09_B18 = 1 (HAS DIABETES) OR QA09_B43 = 1 (HAS HEART DISEASE)] AND [QA09_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QA09_J2 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)], THEN CONTINUE WITH QA09_J4;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J6

QA09_J4   During the past 12 months, did you phone or e-mail the doctor's office with a medical question?

AJ78

> YES 1
> NO..2   **[GO TO QA09_J6]**
> REFUSED .... -7   **[GO TO QA09_J6]**
> DON'T KNOW .... -8   **[GO TO QA09_J6]**

QA09_J5   How often did you get an answer as soon as you needed it? Would you say…

AJ79

> Never,...1
> Sometimes, ...2
> Usually, or 3
> Always? 4
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE FOR QA09_J6:
IF QA09_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA09_J3 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)) OR QA09_B18 = 1 (HAS DIABETES) OR QA09_B43 = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH QA09_J6;
ELSE GO TO PROGRAMMING NOTE QA09_J7

QA09_J6   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?

AJ80

> YES 1
> NO..2
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J7:
IF QA09_J1 > 0 OR QA09_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), THEN CONTINUE WITH QA09_J7;
ELSE GO TO QA09_J12

QA09_J7   The last time you saw a doctor, did you have a hard time understanding the doctor?

AJ8

> YES 1   **[GO TO PN QA09_J9]**
> NO..2
> REFUSED .... -7   **[GO TO QA09_J12]**
> DON'T KNOW .... -8   **[GO TO QA09_J12]**

> **PROGRAMMING NOTE QA09_J8:**
> **IF QA09_J7 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA09_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)],**
> **THEN CONTINUE WITH QA09_J8;**
> **ELSE GO TO QA09_J12**

QA09_J8   In what language does your doctor speak to you?

AJ50

ENGLISH	1	**[GO TO QA09_J10]**
SPANISH	2	**[GO TO QA09_J12]**
CANTONESE	3	**[GO TO QA09_J12]**
VIETNAMESE	4	**[GO TO QA09_J12]**
TAGALOG	5	**[GO TO QA09_J12]**
MANDARIN	6	**[GO TO QA09_J12]**
KOREAN	7	**[GO TO QA09_J12]**
ASIAN INDIAN LANGUAGES	8	**[GO TO QA09_J12]**
RUSSIAN	9	**[GO TO QA09_J12]**
OTHER (SPECIFY:_____)	91	**[GO TO QA09_J12]**
REFUSED	-7	**[GO TO QA09_J12]**
DON'T KNOW	-8	**[GO TO QA09_J12]**

QA09_J9   Was this because you and the doctor spoke different languages?

AJ9

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

QA09_J10   Did you need someone to help you understand the doctor?

AJ10

YES	1	
NO	2	**[GO TO QA09_J12]**
REFUSED	-7	**[GO TO QA09_J12]**
DON'T KNOW	-8	**[GO TO QA09_J12]**

QA09_J11   Who was this person who helped you understand the doctor?

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

```
                MINOR CHILD (UNDER AGE 18) ............................1
                AN ADULT FAMILY MEMBER OR
                FRIEND OF MINE.....................................................2
                NON-MEDICAL OFFICE STAFF ............................3
                MEDICAL STAFF INCLUDING
                NURSES/DOCTORS ...............................................4
                PROFESSIONAL INTERPRETER (BOTH IN
                PERSON AND ON THE TELEPHONE) ..................5
                OTHER (PATIENTS, SOMEONE ELSE).................6
                DID NOT HAVE SOMEONE TO HELP....................7
                REFUSED ............................................................. -7
                DON'T KNOW ........................................................ -8
```

QA09_J12   During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

AH16

```
                YES.......................................................................1
                NO.........................................................................2     [GO TO PN QA09_J17]
                REFUSED ............................................................. -7     [GO TO PN QA09_J17]
                DON'T KNOW ........................................................ -8     [GO TO PN QA09_J17]
```

QA09_J13   Was cost or lack of insurance a reason why you delayed or did not get the prescription?

AJ19

```
                YES.......................................................................1
                NO.........................................................................2
                REFUSED ............................................................. -7
                DON'T KNOW ........................................................ -8
```

PROGRAMMING NOTE QA09_J14:
IF [QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)] AND QA09_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA09_J14;
ELSE GO TO PROGRAMMING NOTE QA09_J15

QA09_J14   Was this prescription for your asthma?

AJ81

```
                YES.......................................................................1
                NO.........................................................................2
                REFUSED ............................................................. -7
                DON'T KNOW ........................................................ -8
```

PROGRAMMING NOTE QA09_J15:
IF QA09_B18 = 1 (HAS DIABETES) AND QA09_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA09_J15;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J16

QA09_J15   Was this prescription for your diabetes?

AJ82

```
                          YES ....................................................................1
                          NO.....................................................................2
                          REFUSED ........................................................... -7
                          DON'T KNOW ...................................................... -8
```

PROGRAMMING NOTE FOR QA09_J16:
IF QA09_B43 = 1 (HAS HEART DISEASE) AND QA09_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA09_J16;
ELSE GO TO QA09_J17

QA09_J16   Was this prescription for your heart disease?

AJ83

```
                          YES ....................................................................1
                          NO.....................................................................2
                          REFUSED ........................................................... -7
                          DON'T KNOW ...................................................... -8
```

QA09_J17   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?

AH22

```
                          YES ....................................................................1
                          NO.....................................................................2   [GO TO PN QA09_J22]
                          REFUSED ........................................................... -7   [GO TO PN QA09_J22]
                          DON'T KNOW ...................................................... -8   [GO TO PN QA09_J22]
```

QA09_J18   Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

AJ20

```
                          YES ....................................................................1
                          NO.....................................................................2
                          REFUSED ........................................................... -7
                          DON'T KNOW ...................................................... -8
```

143

PROGRAMMING NOTE QA09_J19:
IF [QA09_B3 = 1 OR QA09_B4 = 1 (HAS ASTHMA)] AND QA09_J18 = 1 (COST/LACK OF INSURANCE
REASON FOR DELAY), THEN CONTINUE WITH QA09_J19;
ELSE GO TO PROGRAMMING NOTE QA09_J20

QA09_J19   Was this medical care for your asthma?

AJ84

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J20:
IF QA09_B18 = 1 (HAS DIABETES) AND QA09_J18 = 1 (COST/LACK OF INSURANCE REASON FOR
DELAY), THEN CONTINUE WITH QA09_J20;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J21

QA09_J20   Was this medical care for your diabetes?

AJ85

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J21:
IF QA09_B43 = 1 (HAS HEART DISEASE) AND QA09_J18 = 1 (COST/LACK OF INSURANCE REASON FOR
DELAY), THEN CONTINUE WITH QA09_J21;
ELSE GO TO PROGRAMMING NOTE FOR QA09_J22

QA09_J21   Was this medical care for your heart disease?

AJ86

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QA09_J22:**
> **IF AGE > 65, THEN GO TO QA09_J34;**
> **ELSE CONTINUE WITH QA09_J22**

The next questions are about relationships with intimate partners and safety. An intimate partner is *any* husband, wife, boyfriend, girlfriend, or someone you lived with or dated. I'll ask about being slapped, hit, and about unwanted sex. Your answers will be kept private. If any question upsets you, you don't have to answer it.

QA09_J22   Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way?

AJ57

<div style="margin-left:4em">

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

</div>

QA09_J23   Since you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?

AJ58

[IF NEEDED, SAY: "Unwanted" means you did not consent or agree."]

[ONLY IF RESPONDENT ASKS WHAT "unwanted sex" stands for, SAY: "Unwanted sexual intercourse."]

[ONLY IF FEMALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "By oral sex, we mean someone touched your vagina, rectum or buttocks with their mouth or tongue, or a male put his penis in your mouth."]

[ONLY IF MALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: "By oral sex, we mean someone touched your rectum or buttocks with their mouth or tongue or a male put his penis in your mouth."]

[ONLY IF R ASKS FOR A DEFINITION OF ANAL SEX, SAY: "By anal sex, we mean that a male put his penis in your rectum or buttocks."]

[ONLY IF FEMALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "By sex with an object, we mean that someone put fingers or objects in your vagina, rectum or buttocks or touched your breast."]

[ONLY IF MALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: "By sex with an object, we mean that someone put fingers or objects in your rectum or buttocks or touched your penis."]

<div style="margin-left:4em">

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

</div>

PROGRAMMING NOTE QA09_J24;
IF QA09_J22 = 1 (YES TO PHYSICAL VIOLENCE), THEN CONTINUE WITH QA09_J24;
ELSE IF QA09_J22 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND QA09_J23 = 1 (YES) [NO PHYSICAL
VIOLENCE, YES TO SEXUAL VIOLENCE], THEN GO TO PROGRAMMING NOTE QA09_J28;
IF QA09_J22 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND QA09_J23 = 2, -7, OR -8 (NO, REFUSED,
DON'T KNOW) [NO PHYSICAL AND NO SEXUAL VIOLENCE], THEN GO TO QA09_J34;
ELSE CONTINUE WITH J24;
IF 18 YEARS OLD, THEN DISPLAY "Since you turned 18";
ELSE IF > 18 YEARS OLD, THEN DISPLAY "In the past 12 months"

QA09_J24   {Since you turned 18/In the past 12 months}, did <u>any</u> intimate partner do any of the following:
Throw something at you that could hurt you?

AJ59

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_J25   Push, grab, or slap you?

**[IF NEEDED, SAY: {Since you turned 18/In the past 12 months}, did <u>any</u> intimate partner
push, grab or slap you?]**

AJ60

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_J26   Kick, bite, hit, choke, or beat you up?

AJ61

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_J27   Threaten you with or use a gun, knife, or other weapon on you?

AJ64

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J28:
IF QA09_J23= 2, -7, OR -8 (NO SEXUAL VIOLENCE), GO TO QA09_J29;
ELSE IF QA09_J22= 2, -7, OR -8 (NO PHYSICAL VIOLENCE) AND QA09_J23 = 1 (YES TO SEXUAL VIOLENCE), CONTINUE WITH QA09_J28;
ELSE IF QA09_J22 = 1 (YES, PHYSICAL VIOLENCE) AND QA09_J23 = 1 (YES, SEXUAL VIOLENCE), CONTINUE WITH QA09_J28;
IF 18 YEARS OLD, DISPLAY "Since you turned 18, did any intimate partner";
ELSE IF > 18 YEARS OLD, DISPLAY "In the past 12 months, did any intimate partner"

QA09_J28   {In the past 12 months, did any intimate partner/Since you turned 18, did any intimate partner} Physically force you to have unwanted sex?

AJ66

> YES 1
> NO..2
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J29:
IF QA09_J22 TO QA09_J28 = 1 (YES TO ANY 12 MONTH PHYSICAL OR SEXUAL VIOLENCE), CONTINUE WITH QA09_J29;
ELSE GO TO QA09_J34;
IF QA09_J22 - QA09_J28 = MORE THAN ONE YES RESPONSE, DISPLAY, "any of these things";
ELSE IF QA09_J22 - QA09_J28 = ONE YES RESPONSE, DISPLAY "this";
IF 18 YEARS OLD, DISPLAY "Since you turned 18";
ELSE IF > 18 YEARS OLD, DISPLAY "In the past 12 months" AND "IN PAST 12 MONTHS"

QA09_J29   How many times has <u>any</u> intimate partner done {this/any of these things} to you {since you turned 18/in the past 12 months}?

AJ67

> _____NUMBER OF TIMES {IN PAST 12 MONTHS}

> REFUSED .... -7
> DON'T KNOW .... -8

QA09_J30   Thinking about the most recent incident, what was this person's relationship to you? {If more than one person was involved, please tell me all of them.}

AJ69

[IF R ASKS WHAT AN INCIDENT IS, SAY: "An incident is an event or something that happened."]

[CODE ALL THAT APPLY]

```
                 CURRENT SPOUSE .............................................1
                 FORMER OR EX-SPOUSE ...................................2
                 CURRENT PARTNER ...........................................3
                 FORMER PARTNER .............................................4
                 CURRENT BOYFRIEND .......................................5
                 FORMER BOYFRIEND .........................................6
                 CURRENT GIRLFRIEND........................................7
                 FORMER GIRLFRIEND.........................................8
                 A DATE ...............................................................9
                 OTHER (SPECIFY:_____) ............... 91
                 REFUSED ............................................................ -7
                 DON'T KNOW ...................................................... -8
```

PROGRAM NOTE QA09_J31:
IF QA09_J30 = 5, 6, 7, 8, -7, OR -8 ONLY (ONLY CURRENT OR FORMER BOYFRIEND OR GIRLFRIEND OR REF/DK), THEN GO TO QA09_J32;
ELSE IF QA09_J30 = 1, 2, 3, 4, 9, OR 91 (CURRENT OR FORMER SPOUSE OR PARTNER OR DATE OR OTHER), THEN
IF QA09_D15 = 1 (HETEROSEXUAL), GO TO QA09_J32;
ELSE IF QA09_D15 > 1 (NOT HETEROSEXUAL), CONTINUE WITH QA09_J31
AND IF QA09_J30 HAS ONLY ONE RESPONSE DISPLAY "was" AND "person" IN QUESTION AND DO NOT DISPLAY RESPONSE CATEGORY "BOTH";
IF QA09_J30 HAS MORE THAN ONE RESPONSE OR -7 OR -8 (REF/DK), DISPLAY "were" AND "people"

QA09_J31   {Were/Was} the {people/person} male{s} or female{s}?

AJ70

```
                 MALE(S)...................................................................1
                 FEMALE(S) ..............................................................2
                 {BOTH. ................................................................. 3}
                 REFUSED ............................................................. -7
                 DON'T KNOW......................................................... -8
```

> **PROGRAM NOTE QA09_J32:**
> **IF RESPONDENT INDICATES MORE THAN 1 PERSON IN QA09_J31 DISPLAY "people";**
> **ELSE DISPLAY "person"**

QA09_J32   When this happened, did the {person/people} who did this to you appear to have been drinking or using drugs?

AJ72

[IF NEEDED, SAY: "By drinking, I mean drinking alcohol."]

[INTERVIEWER NOTE: IF MORE THAN ONE PERSON WAS INVOLVED, AND R SAYS ONLY ONE PERSON APPEARED TO BE DRINKING OR USING DRUGS, CODE "YES".]

    YES 1
    NO..2
    REFUSED .... -7
    DON'T KNOW .... -8

QA09_J33

AJ76b

> **PROGRAMMING NOTE QA09_J33:**
>
> **A.) IF QA09_J24 THROUGH QA09_J28 = 1 (YES TO ADULT EXPERIENCING PAST 12 MONTH PHYSICAL OR SEXUAL VIOLENCE) OR [AGE = 18 YEARS AND ANY OF QA09_J22 THROUGH QA0_J28 = 1 (YES TO ANY DOMESTIC VIOLENCE EVER), THEN SAY:**
>
> "We have a toll free number if you'd like to talk about these issues. Would you like the toll-free number?" **[IF R SAYS "YES", SAY:** Someone is available 24 hours a day to provide information. **GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]**
>
> **B.) ELSE IF ALL OF QA09_J24 THROUGH QA09_J28 = -7 OR -8 (REFUSED OR DON'T KNOW), THEN SAY:**
>
> "Someone is available 24 hours a day to listen and provide information." **GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]**

QA09_J34   Now I'd like to ask about care giving.

Some people provide help to a family member or friend who has a long-term illness or disability. This may include help with things they can no longer do for themselves.

AJ87

During the past 12 months, did you provide any such help to a family member or friend?

[IF NEEDED, SAY: This may include help with baths, medicines, household chores, paying bills, driving to doctor's visits or the grocery store, or just checking in to see how they are doing.]

    YES 1
    NO.. ……2   **[GO TO PN QA09_K1]**
    REFUSED .... -7   **[GO TO PN QA09_K1]**
    DON'T KNOW .... -8   **[GO TO PN QA09_K1]**

QA09_J35   How many people have you provided care for in the past 12 months?

AJ88

ONE 1
TWO...2
THREE OR MORE..3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J36:
IF QA09_J35 = 1 (PROVIDE CARE FOR 1 PERSON), THEN DISPLAY "Has this person";
ELSE IF QA09_J35 = 2 OR 3 (PROVIDE CARE FOR ≥ 2 PEOPLE) , THEN DISPLAY "Have any of these
people"

QA09_J36   {Has this person/Have any of these people} needed help for more than three months?

AJ89

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J37:
IF QA09_J35 = 2 OR 3 (PROVIDE CARE FOR ≥ 2 PEOPLE), THEN DISPLAY "Think about the person you
give the most care to."

QA09_J37   {Think about the person you give the most care to.}

What is this person's relationship to you?

AJ90

HUSBAND/WIFE/SPOUSE/PARTNER 1
FATHER/FATHER-IN-LAW 2
MOTHER/MOTHER-IN-LAW 3
BROTHER/BROTHER-IN-LAW 4
SISTER/SISTER-IN-LAW 5
GRANDPARENT..6
SON/DAUGHTER 7
SON-IN-LAW/DAUGHTER-IN-LAW 8
GRANDCHILD 9
UNCLE/AUNT 10
NEPHEW/NIECE 11
OTHER RELATIVE 12
FRIEND/NEIGHBOR 13
OTHER NON-RELATIVE 14
REFUSED .... -7
DON'T KNOW .... -8

QA09_J38   Do you currently provide care for {INSERT RELATIONSHIP FROM QA09_J37}?

AJ101

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J39:
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), THEN DISPLAY "Does";
ELSE DISPLAY "Did" AND "when you were taking care of (him/her)"

QA09_J39   {Does/Did} your {INSERT RELATIONSHIP FROM QA09_J37} live with you {when you were taking care of (him/her)}?

AJ91

> YES 1   **[GO TO QA09_J41]**
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J40:
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), THEN DISPLAY "Does";
ELSE DISPLAY "Did" AND "when you were taking care of (him/her)"

QA09_J40   {Does/Did} your {INSERT RELATIONSHIP FROM QA09_J37} live in a skilled nursing home or assisted living residence {when you were taking care of (him/her)}?

[IF NEEDED, SAY: "Is it a nursing home or assisted living residence?"]

AJ92

> NURSING HOME 1
> ASSISTED LIVING 2
> NEITHER 3
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J41:
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), THEN DISPLAY "do";
ELSE DISPLAY "did"

QA09_J41   In a typical week, about how many hours {do/did} you spend, on average, helping your {INSERT RELATIONSHIP FROM QA09_J37}?

AJ93

> _____HOURS OR
>
> _____DAYS
>
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J42:
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), THEN DISPLAY "Do" AND "spend";
ELSE DISPLAY "Did" AND "spent"

QA09_J42   {Do/Did} you get paid for any of the time you {spend/spent} helping your {INSERT RELATIONSHIP FROM QA09_J37}?

AJ94

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J43:
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), DISPLAY "have you been taking";
ELSE DISPLAY "did you take"

QA09_J43   How long {have you been taking/did you take} care of your {INSERT RELATIONSHIP FROM QA09_J37} because of {his/her} disability or illness?

AJ95

_____MONTHS
_____YEARS

REFUSED .... -7
DON'T KNOW .... -8

QA09_J44   Have you ever used a service for respite care to temporarily take care of your {INSERT RELATIONSHIP FROM QA09_J37} so you could get some time away?

AJ96

[IF NEEDED, SAY: "Respite care is short term care that helps a family take a break from the daily routine and stress of helping with the care of another. It can be given in the person's home or in a choice of out of home settings. It can range from a couple hours per week to a few weeks."]

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J45:
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), THEN DISPLAY "is" AND "do";
ELSE DISPLAY "was" AND "did"

QA09_J45   If you were unable to help your {INSERT RELATIONSHIP FROM QA09_J37}, {is/was} there someone else who would do the things you {do/did}?

AJ97

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_J46:
IF QA09_J38 = 1 (CURRENTLY PROVIDES CARE), THEN DISPLAY "last month";
ELSE DISPLAY "when you were providing care"

QA09_J46   Was your {INSERT RELATIONSHIP FROM QA09_J37} receiving Medi-Cal {last month/when you were providing care}?

AJ98

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_J47   Have you attended any Medi-Cal trainings for long-term caregivers?

AJ99

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_J48   In the past month, how much of your own money have you spent taking care of {INSERT RELATIONSHIP FROM QA09_J37}? Would you say…

AJ100

None,...1
$1-$250, ...2
$251-$500, ...3
$501-$1000, ...4
$1001-$3000, or..5
Over $3000? 6
REFUSED .... -7
DON'T KNOW .... -8

Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA09_K1:
IF QA09_G26 = 1 OR 2 (WORKING AT JOB OR BUSINESS OR WITH A JOB OR BUISNESS BUT NOT AT WORK) OR QA09_G28 = 1 (R USUALLY WORKS), THEN CONTINUE WITH QA09_K1;
ELSE GO TO PROGRAMMING NOTE QA09_K5

QA09_K1   The next questions are about your employment.

AK3

How many hours per week do you <u>usually</u> work at <u>all</u> jobs or businesses?

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS   [HR: 0-95]

REFUSED .... -7
DON'T KNOW .... -8

QA09_K2   How long have you worked at your <u>main</u> job?

AK7

[IF NEEDED, SAY: "That is, for your <u>current</u> employer."]

_____ MONTHS   [HR: 0-12]
_____ YEARS   [HR: 0-50]

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_K3:
IF QA09_G30 = 2 (GOVERNMENT EMPLOYEE), THEN CODE QA09_K3 = 5 AND GO TO QA09_K4;
ELSE IF QA09_G30 = 3 (SELF-EMPLOYED), THEN CONTINUE WITH QA09_K3 AND DISPLAY "Including yourself, about" AND "you";
ELSE CONTINUE WITH QA09_K3 AND DISPLAY "About" AND "your employer"

QA09_K3   {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

AK8

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

FEWER THAN 10 1
10-50 2
51-99 3
100-999 4
1,000 OR MORE 5
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_K4:
IF QA09_G26 = 1 OR 2 (WORKING AT JOB OR BUSINESS OR WITH JOB OR BUSINESS BUT NOT AT
WORK) OR QA09_G28 = 1 (USUALLY WORKS), THEN CONTINUE WITH QA09_K4;
ELSE GO TO PROGRAMMING NOTE QA09_K5

QA09_K4   What is your best estimate of all your earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

AK10

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT   [HR: 0-999995]

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_K5:
IF QA09_G31 = 1 OR 2 (SPOUSE WORKING AT JOB OR BUSINESS OR SPOUSE WITH JOB OR BUSINESS
BUT NOT AT WORK) OR QA09_G32 = 1 (SPOUSE USUALLY WORKS), THEN CONTINUE WITH QA09_K5;
IF QA09_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND
DOES NOT HAVE A JOB) AND QA09_G28 ≠ 1 (R DOES NOT USUALLY WORK), THEN DISPLAY
"The next question is about your spouse's employment."
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER:
        IF QA09_A5 = 1 (MALE), THEN DISPLAY "wife";
        ELSE IF QA09_A5 =2 (FEMALE), THEN DISPLAY "husband";
        ELSE DISPLAY "spouse";
ELSE GO TO QA09_K7

QA09_K5   {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?

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS   [HR: 0-95]

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_K6:
IF QA09_K5 > 0, THEN CONTINUE WITH QA09_K6;
ELSE GO TO QA09_K7

QA09_K6   What is your best estimate of all your spouse's earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

AK10A

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT   [HR: 0-999995]

REFUSED .... -7
DON'T KNOW .... -8

QA09_K7   What is your best estimate of your <u>household's total annual</u> income from all sources <u>before taxes</u> in 2008?

AK22

[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]

REFUSED .... -7   **[GO TO PN QA09_K9]**
DON'T KNOW .... -8   **[GO TO PN QA09_K9]**

QA09_K8   **PLEASE VERIFY AMOUNT ENTERED:**

I have entered that your annual household income is (AMOUNT). Is that correct?

AK22A

YES 1   **[GO TO PN QA09_K15]**
NO 2   **[GO BACK TO QA09_K7]**

PROGAMMING NOTE QA09_K9:
IF QA09_K7 = -7 OR -8, THEN CONTINUE WITH QA09_K9;
ELSE GO TO PROGRAMMING NOTE QA09_K15

QA09_K9   We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> is more than $20,000 per year or is it less?

AK11

MORE 1   **[GO TO QA09_K11]**
EQUAL TO $20K OR LESS....................................2
REFUSED .... -7   **[GO TO PN QA09_K15]**
DON'T KNOW .... -8   **[GO TO PN QA09_K15]**

QA09_K10   Is it …

AK12

$5,000 or less,...1   **[GO TO PN QA09_K15]**
$5,001 to $10,000, ...2   **[GO TO PN QA09_K15]**
$10,001 to $15,000, or 3   **[GO TO PN QA09_K15]**
$15,001 to 20,000? 4   **[GO TO PN QA09_K15]**
REFUSED .... -7   **[GO TO PN QA09_K15]**
DON'T KNOW .... -8   **[GO TO PN QA09_K15]**

QA09_K11   Is it more or less than $70,000 per year?

AK13

MORE 1   **[GO TO QA09_K13]**
EQUAL TO $70K OR LESS....................................2
REFUSED .... -7   **[GO TO PN QA09_K15]**
DON'T KNOW .... -8   **[GO TO PN QA09_K15]**

QA09_K12   Is it …

AK14

$20,001 to $30,000, ...1   **[GO TO PN QA09_K15]**
$30,001 to $40,000, ...2   **[GO TO PN QA09_K15]**
$40,001 to $50,000, ...3   **[GO TO PN QA09_K15]**
$50,001 to $60,000, or...4   **[GO TO PN QA09_K15]**
$60,001 to $70,000? 5   **[GO TO PN QA09_K15]**
REFUSED .... -7   **[GO TO PN QA09_K15]**
DON'T KNOW .... -8   **[GO TO PN QA09_K15]**

QA09_K13   Is it more or less than $135,000 per year?

AK15

MORE 1   **[GO TO PN QA09_K15]**
EQUAL TO $135K OR LESS...................................2
REFUSED .... -7   **[GO TO PN QA09_K15]**
DON'T KNOW .... -8   **[GO TO PN QA09_K15]**

QA09_K14   Is it …

AK16

$70,001 to $80,000, ...1
$80,001 to $90,000, ...2
$90,001 to $100,000, or..3
$100,001 to $135,000? 4
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_K15:
IF R IS ONLY MEMBER OF HH, THEN GO TO PROGRAMMING NOTE QA09_K17;
ELSE CONTINUE WITH QA09_K15

QA09_K15   Including yourself, how many people living in your household are supported by your total
                   household income?

AK17

_____ NUMBER OF PEOPLE [HR: 1-20]

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_K16:
QA09_K16 <u>MUST BE LESS</u> THAN QA09_K15;
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) = QA09_K15, THEN GO TO PROGRAMMING NOTE QA09_K17;
ELSE CONTINUE WITH QA09_K16

QA09_K16   How many of these {INSERT NUMBER FROM QA09_K15} people are children under the age of 18?

AK18

_____ NUMBER OF CHILDREN (UNDER AGE 18)   [HR: 0-20]

REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_K17:
OBTAIN THE FEDERAL POVERTY 100%, 130%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2008 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA09_K15 AND QA09_K16 RESPECTIVELY.
(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2008 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2008" DOCUMENT FOR THE TABLE OF VALUES. THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI VARIABLE POVRT300).
IF EITHER QA09_K15 OR QA09_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA09_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...
1) AT OR BELOW 100% FPL
2) ABOVE 100% FPL BUT AT OR BELOW 200% FPL
3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL
4) ABOVE 300% FPL, OR
5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA09_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA09_K10, QA09_K12, OR QA09_K14 OR QA09_K9 = -7 OR QA09_K11 = -7 OR QA09_K13 = -7, ASK QA09_K17 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA09_K18

QA09_K17   I need to ask just one or two more questions about income.

Was your total annual household income before taxes less than or more than ${POVRT100}?

AK18A

EQUAL TO OR LESS 1   **[GO TO PN QA09_K21]**
MORE 2
REFUSED .... -7   **[GO TO PN QA09_K21]**
DON'T KNOW .... -8   **[GO TO PN QA09_K21]**

PROGRAMMING NOTE QA09_K18:
IF [QA09_K7 = -7 OR -8 (REF/DK) AND THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A
RESPONSE FROM QA09_K10, QA09_K12, OR QA09_K14] OR (QA09_K9 = -7 OR QA09_K11 = -7 OR
QA09_K13= -7), THEN CONTINUE WITH QA09_K18 USING POVRT200 (200% POVERTY CUTOFF DISPLAY
AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA09_K20

QA09_K18   [I need to ask just one or two more questions about income.] Was your total annual household
income before taxes less than or more than ${POVRT200}?

   AK18B

EQUAL TO OR LESS 1	
MORE 2	**[GO TO PN QA09_K20]**
REFUSED .... -7	**[GO TO PN QA09_K21]**
DON'T KNOW .... -8	**[GO TO PN QA09_K21]**

PROGRAMMING NOTE QA09_K19:
IF QA09_K18 = 1 (≤ 200% FPL), THEN CONTINUE WITH QA09_K19 USING POVRT130 (130% POVERTY
CUTOFF DISPLAY AMOUNT);
ELSE GO TO QA09_K20

QA09_K19   [I need to ask just one or two more questions about income.] Was your total annual household
income before taxes less than or more than ${POVRT130}?

   AK18D

EQUAL TO OR LESS 1	**[GO TO PN QA09_K21]**
MORE 2	**[GO TO PN QA09_K21]**
REFUSED .... -7	**[GO TO PN QA09_K21]**
DON'T KNOW .... -8	**[GO TO PN QA09_K21]**

PROGRAMMING NOTE QA09_K20:
IF [QA09_K7 = -7 OR -8 (REF/DK) AND THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A
RESPONSE FROM QA09_K10, QA09_K12, OR QA09_K14] OR (QA09_K9 = -7 OR QA09_K11= -7 OR
QA09_K13 = -7), THEN CONTINUE WITH QA09_K20 USING POVRT300 (300% POVERTY CUTOFF
DISPLAY AMOUNT) AND:
IF NEITHER QA09_K17 NOR QA09_K18 WAS ASKED, DISPLAY "I need to ask just one or two more
questions about income. Was your total annual household income before taxes";
ELSE DISPLAY "Was it";
ELSE GO TO QA09_K21

QA09_K20   {I need to ask just one or two more questions about income} Was your total annual household
income before taxes less than or more than ${POVRT300}?

   AK18C

EQUAL TO OR LESS 1
MORE 2
REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QA09_K21:**
> **IF POVERTY < 3 (HH Income ≤ 200% FPL) OR 5 (HH INCOME NOT KNOWN), THEN CONTINUE WITH QA09_K21;**
> **ELSE GO TO QA09_L1**

QA09_K21　　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:

AM1

"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?

```
            OFTEN TRUE ........................................................1
            SOMETIMES TRUE...............................................2
            NEVER TRUE .....................................................3
            REFUSED ........................................................... -7
            DON'T KNOW ..................................................... -8
```

QA09_K22　　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?

AM2

```
            OFTEN TRUE ........................................................1
            SOMETIMES TRUE...............................................2
            NEVER TRUE .......................................................3
            REFUSED ........................................................... -7
            DON'T KNOW ..................................................... -8
```

QA09_K23　　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?

AM3

```
            YES ......................................................................1
            NO........................................................................2    [GO TO QA09_K25]
            REFUSED ........................................................... -7    [GO TO QA09_K25]
            DON'T KNOW ..................................................... -8    [GO TO QA09_K25]
```

QA09_K24　　How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

AM3A

```
            ALMOST EVERY MONTH.......................................1
            SOME MONTHS BUT NOT EVERY MONTH ..........2
            ONLY IN 1 OR 2 MONTHS.....................................3
            REFUSED ........................................................... -7
            DON'T KNOW ..................................................... -8
```

QA09_K25   In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

AM4

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_K26   In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

AM5

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

Section L - Public Program Participation

> **PROGRAMMING NOTE FOR BEGINNING OF SECTION L:**
> **IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = 1, 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL**
> **CANNOT BE DETERMINED (POVERTY = 5), THEN CONTINUE WITH SECTION L;**
> **ELSE GO TO PROGRAMMING NOTE QA09_DMAINTR1**

QA09_L1   Are you now receiving TANF or CalWORKS?

AL2

**[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."]**

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

> **PROGRAMMING NOTE QA09_L2:**
> **IF SAMPLED TEEN IN HOUSEHOLD, THEN CONTINUE WITH QA09_L2;**
> **ELSE GO TO QA09_L3;**

QA09_L2   Is (TEEN) now receiving TANF or CalWORKS?

IAP1

**[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."]**

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_L3   Are you receiving Food Stamp benefits?

AL5

**[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."]**

> YES 1
> NO 2
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, THEN CONTINUE WITH QA09_L4;
ELSE GO TO PROGRAMMING NOTE QA09_L5

QA09_L4   Is (TEEN) receiving Food Stamp benefits?

IAP2

[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."]

                    YES 1
                    NO 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA09_L5   Are you receiving SSI?

AL6

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]

                    YES 1
                    NO 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L6:
IF QA09_A5 = 2 (FEMALE) AND [QA09_E3 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)],
THEN CONTINUE WITH QA09_L6;
ELSE GO TO QA09_L7

QA09_L6   Are you on WIC?

AL7

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]

                    YES 1
                    NO 2
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L7:
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA09_K15.

IF QA09_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA09_K15 = 1, THEN DISPLAY $3000;
IF QA09_K15 = 2, THEN DISPLAY $3000;
IF QA09_K15 = 3, THEN DISPLAY $3150;
IF QA09_K15 = 4, THEN DISPLAY $3300;
IF QA09_K15 = 5, THEN DISPLAY $3450;
IF QA09_K15 = 6, THEN DISPLAY $3600;
IF QA09_K15 = 7, THEN DISPLAY $3750;
IF QA09_K15 = 8, THEN DISPLAY $3900;
IF QA09_K15 = 9, THEN DISPLAY $4050;
IF QA09_K15 ≥ 10, THEN DISPLAY $4200;

IF QA09_A16 = 1 (MARRIED), THEN DISPLAY "your family's";
ELSE DISPLAY "your"

QA09_L7   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}?

AL9

YES..1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L8:
IF QA09_G11 = 1 (MARRIED TO SOMEONE IN HH), THEN DISPLAY "you or your spouse";
IF QA09_A16 = 2 (LIVING WITH PARTNER), THEN DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA09_L8   Did {you or your spouse/you or your partner/you} receive any money last month for alimony, child support, or money from a government or veteran program?

AL15

YES..1
NO...2   **[GO TO PN QA09_L10]**
REFUSED .... -7   **[GO TO PN QA09_L10]**
DON'T KNOW .... -8   **[GO TO PN QA09_L10]**

PROGRAMMING NOTE QA09_L9:
IF QA09_L8 = 1 (YES), THEN CONTINUE WITH QA09_L9;
IF QA09_A16 = 1 (MARRIED) AND QA09_G11 = 2 (SPOUSE NOT MEMBER OF HH), THEN ASK QUESTION WITHOUT DISPLAYS;
ELSE IF QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE GO TO PROGRAMMING NOTE QA09_L10

QA09_L9   What was the {combined} total amount that you {and your spouse} received from all these sources <u>last month</u>?

> **AL16**

        [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

        $_____ AMOUNT   [000001-999995]

        REFUSED .... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L10:
IF QA09_A16 = 2 (LIVING WITH PARTNER), THEN DISPLAY "you or your partner or both of you";
IF QA09_G11 = 1 (SPOUSE LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you"

QA09_L10   Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or child support <u>last month</u>?

> **AL17**

        YES, RESPONDENT PAID 1
        YES, SPOUSE/PARTNER PAID 2
        YES, BOTH PAID..3
        NO...4   **[GO TO QA09_L12]**
        REFUSED .... -7   **[GO TO QA09_L12]**
        DON'T KNOW .... -8   **[GO TO QA09_L12]**

PROGRAMMING NOTE QA09_L11:
IF QA09_A16 = 2 (LIVING WITH PARTNER), THEN DISPLAY "you or your partner or both of you";
IF QA09_G11 = 1 (SPOUSE LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you"

QA09_L11   What was the total amount {you/your spouse/your partner/you both} paid in alimony or support <u>last month</u>?

> **AL18**

        [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

        _____ AMOUNT   [000001-999995]

        REFUSED .... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L12:
IF AGE ≥ 65 AND QA09_A16 ≠ 1 (NOT MARRIED), THEN CONTINUE WITH QA09_L12 AND DISPLAY "you";
IF AGE ≥ 65 AND QA09_A16 = 2 (LIVING W/ PARTNER), THEN CONTINUE WITH QA09_L12 AND DISPLAY "you or your partner";
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA09_A16 = 1 (MARRIED) AND QA09_G11 = 1 (SPOUSE LIVING IN SAME HH), THEN CONTINUE WITH QA09_L12 AND DISPLAY "you or your spouse";
ELSE GO TO PROGRAMMING NOTE QA09_L14

QA09_L12   Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments <u>last month</u>?

AL18A

> YES 1
> NO..2   **[GO TO PN QA09_L14]**
> REFUSED .... -7   **[GO TO PN QA09_L14]**
> DON'T KNOW .... -8   **[GO TO PN QA09_L14]**

QA09_L13   What was the total amount received <u>last month</u> from Social Security and Pensions?

AL18B

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

_____ AMOUNT   [000001-999995]

> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L14:
IF ARINSURE ≠ 1 (UNINSURED), THEN CONTINUE WITH QA09_L14;
ELSE GO TO PROGRAMMING NOTE QA09_L15

QA09_L14   What is the <u>one</u> main reason why you are not enrolled in the <u>Medi-Cal</u> program?

AL19

> PAPERWORK TOO DIFFICULT 1
> DIDN'T KNOW IF ELIGIBLE 2
> INCOME TOO HIGH, NOT ELIGIBLE 3
> NOT ELIGIBLE DUE TO CITIZENSHIP/
> IMMIGRATION STATUS 4
> OTHER NOT ELIGIBLE...5
> DON'T BELIEVE IN HEALTH INSURANCE 6
> DON'T NEED IT BECAUSE HEALTHY 7
> ALREADY HAVE INSURANCE 8
> DIDN'T KNOW IT EXISTED.....................................9
> DON'T LIKE / WANT WELFARE 10
> OTHER (SPECIFY:_____) 91
> REFUSED .... -7
> DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L15:
IF QA09_L1 = 1 (HAS TANF) OR QA09_L5 =1 (HAS SSI) OR QA09_G8 = 2 (IS NON-CITIZEN) OR
  [ARINSURE = 1 (INSURED) AND ARMCAL ≠ 1 (DOES NOT HAVE MEDI-CAL) AND QA09_H62 = 1 (SAME
  INSURANCE FOR PAST 12 MONTHS) AND (QA09_I1 = 1 OR -1 (CHILD HAS SAME INSURANCE AS R) OR
  QA09_I35 = 1 OR -1 (TEEN HAS SAME INSURANCE AS R))] OR [18<AAGE<64 AND NO ELIGIBLE CHILD
  OR TEEN IN HH], THEN GO TO PROGRAMMING NOTE QA09_DMAINTR1 (NEXT SECTION);
ELSE IF ARMCAL = 1 AND QA09_H62 = 1 (HAD MEDI-CAL FOR PAST 12 MONTHS), THEN GO TO
  QA09_L19;
ELSE CONTINUE WITH QA09_L15 AND IF KIDCNT > 0 DISPLAY "or your child"

QA09_L15   In the past 12 months, did you apply for Medi-Cal for yourself {or your child}?

AL23

        YES 1
        NO...2   **[GO TO QA09_L17]**
        REFUSED .... -7   **[GO TO QA09_L17]**
        DON'T KNOW .... -8   **[GO TO QA09_L17]**

QA09_L16   Was your application for Medi-Cal approved with full benefits, approved with reduced benefits,
                denied, or are you still waiting for approval?

AL24

                [CODE ALL THAT APPLY]

                [IF NEEDED, SAY: "What is your current status?"]

        APPROVED WITH FULL BENEFITS 1   **[GO TO PN QA09_L19]**
        APPROVED WITH REDUCED BENEFITS 2   **[GO TO PN QA09_L19]**
        WAITING FOR APPROVAL...................................3   **[GO TO PN QA09_L19]**
        DENIED BENFITS 4   **[GO TO PN QA09_L19]**
        REFUSED .... -7   **[GO TO PN QA09_L19]**
        DON'T KNOW .... -8   **[GO TO PN QA09_L19]**

PROGRAMMING NOTE QA09_L17:
IF KIDCNT > 0, THEN DISPLAY "or your child"

QA09_L17   Was not having proof of citizenship, such as a birth certificate, a reason why you did not apply for
                Medi-Cal for yourself {or your child}?

AL25

        YES 1
        NO...2
        REFUSED .... -7
        DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L18:
IF KIDCNT > 0, THEN DISPLAY "or your child"

QA09_L18   Was not having proof of identity, such as a picture ID, a reason why you did not apply for Medi-
                Cal for yourself {or your child}?

AL26

        YES 1   **[GO TO QA09_DMAINTR1]**
        NO...2   **[GO TO QA09_DMAINTR1]**
        REFUSED .... -7   **[GO TO QA09_DMAINTR1]**
        DON'T KNOW .... -8   **[GO TO QA09_DMAINTR1]**

QA09_L19   Did the Medi-Cal program ask you for proof of identity and/or citizenship?

AL27

[IF NEEDED, SAY: "Proof of identity could be an original driver's license, passport, school ID card, school records or affidavit. Proof of citizenship could be an original birth certificate, passport, certificate of naturalization, or affidavit."]

YES 1
NO..2   **[GO TO QA09_DMAINTR1]**
REFUSED .... -7   **[GO TO QA09_DMAINTR1]**
DON'T KNOW .... -8   **[GO TO QA09_DMAINTR1]**

PROGRAMMING NOTE QA09_L20:
IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)],
  THEN IF KIDCNT > 1, DISPLAY "yourself or your children";
  IF KIDCNT = 1, DISPLAY "yourself or your child";
ELSE IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62 = 1)], THEN IF KIDCNT > 1, DISPLAY "your children";
  IF KIDCNT = 1, DISPLAY "your child";
ELSE IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND QA09_I62 ≠ 1)], THEN DISPLAY "yourself"

QA09_L20   Did you have a problem giving proof of identity for {yourself/your child/your children/yourself or your child/yourself or your children}?

AL28

[IF NEEDED, SAY: "Proof of identity could be an original driver's license, passport, school ID card, school records or affidavit."]

YES 1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L21:
IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR IQA09_I62 = 1)],
  THEN IF KIDCNT > 1, DISPLAY "yourself or your children";
  IF KIDCNT = 1, DISPLAY "yourself or your child";
ELSE IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR QA09_I62
  = 1)], THEN IF KIDCNT > 1, DISPLAY "your children";
  IF KIDCNT = 1, DISPLAY "your child";
ELSE IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND
  QA09_I62 ≠ 1)], THEN DISPLAY "yourself"

QA09_L21   Did you have a problem giving proof of citizenship for {yourself/your child/your children/yourself or your child/yourself or your children}?

AL29

[IF NEEDED, SAY: "Proof of citizenship could be an original birth certificate, passport, certificate of naturalization, or affidavit."]

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L22:
IF QA09_L20 = 1 OR QA09_L21 = 1, CONTINUE WITH QA09_L22 AND DISPLAY:
"you or your children's" IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR
  (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT > 1;
"you or your child's" IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL =
  1 OR QA09_I62 = 1)] AND KIDCNT = 1;
"your children's" IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1
  OR QA09_I62 = 1)] AND KIDCNT > 1;
"your child's" IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR
  QA09_I62 = 1)] AND KIDCNT = 1;
"your" IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND
  QA09_I62 ≠ 1)];
ELSE GO TO QA09_DMAINTR1

QA09_L22   Were {your/your child's/your children's/you or your child's/you or your children's} Medi-Cal benefits delayed as a result of problems getting documents?

AL30

YES 1
NO...2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_L23:
DISPLAY:
"you or your children's" IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL =1 OR CF23 = 1) OR
 (TEMCAL = 1 OR QA09_I62 = 1)] AND KIDCNT > 1;
  "you or your child's" IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL =1 OR CF23 = 1) OR (TEMCAL
 = 1 OR QA09_I62 = 1)] AND KIDCNT = 1;
"your children's" IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1
 OR QA09_I62 = 1)] AND KIDCNT > 1;
"your child's" IF (ARMCAL ≠ 1 OR QA09_H64 ≠ 1) AND [(CHMCAL = 1 OR CF23 = 1) OR (TEMCAL = 1 OR
 QA09_I62 = 1)] AND KIDCNT = 1;
"your" IF (ARMCAL = 1 OR QA09_H64 = 1) AND [(CHMCAL ≠ 1 OR CF23 ≠ 1) AND (TEMCAL ≠ 1 AND
 QA09_I62 ≠ 1)]

QA09_L23   Were {your/your child's/your children's/you or your child's/you or your children's} Medi-Cal
            benefits reduced as a result of problems getting documents?

AL31

            **[IF NEEDED, SAY: "Having your benefits reduced means that Medi-Cal will only pay for
            your health care if it's an emergency or if you are pregnant."]**

                    YES 1
                    NO..2
                    REFUSED .... -7
                    DON'T KNOW .... -8

Section M – Housing and Social Cohesion

QA09_M1   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?

AK23

[IF NEEDED, SAY: "A duplex is a building with 2 units."]

HOUSE 1
DUPLEX..2
BUILDING WITH 3 OR MORE UNITS.....................3
MOBILE HOME...4
REFUSED .... -7
DON'T KNOW .... -8

QA09_M2   Do you own or rent your home?

AK25

OWN 1
RENT 2
OTHER ARRANGEMENT 3
REFUSED .... -7
DON'T KNOW .... -8

QA09_M3   About how long have you lived at your current address?

AM14

_____ MONTHS   [HR: 1 - AAGEx12MONTHS]
_____ YEARS   [HR: 1 - AAGE]

REFUSED .... -7
DON'T KNOW .... -8

> **PROGRAMMING NOTE QA09_M4:**
> **IF CHILD-FIRST INTERVIEW AND NO AR OR**
> **IF QA09_M4 THROUGH QA09_M9 NOT ANSWERED IN CHILD INTERVIEW,**
> **CONTINUE WITH QA09_M4;**
> **ELSE GO TO QA09_EM1**

QA09_M4　　　Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

AM19

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.]

> STRONGLY AGREE...1
> AGREE..2
> DISAGREE...3
> STRONGLY DISAGREE..4
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_M5　　　People in this neighborhood generally do NOT get along with each other.

AM20

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

> STRONGLY AGREE...1
> AGREE..2
> DISAGREE...3
> STRONGLY DISAGREE..4
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_M6　　　People in this neighborhood can be trusted.

AM21

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

> STRONGLY AGREE...1
> AGREE..2
> DISAGREE...3
> STRONGLY DISAGREE..4
> REFUSED .... -7
> DON'T KNOW .... -8

QA09_M7   You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

AM35

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

```
STRONGLY AGREE...............................................1
AGREE................................................................2
DISAGREE...........................................................3
STRONGLY DISAGREE.........................................4
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

QA09_M8   Do you feel safe in your neighborhood…

AK28

```
All of the time, .............................................1
Most of the time,..........................................2
Some of the time, or.....................................3
None of the time............................................4
REFUSED ..................................................... -7
DON'T KNOW ............................................... -8
```

PROGRAMMING NOTE QA09_M9:
IF TEEN SELECTED AND NOT ANSWERED IN CHILD ASK QA09_M9;
ELSE GO TO SECTION EM

QA09_M9   In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

AM36

```
YES ............................................................1
NO..............................................................2
REFUSED ................................................... -7
DON'T KNOW .............................................. -8
```

Section EM – Emergency Preparedness Module

QA09_EM1   Do you take any medicine daily that a doctor prescribed?

EM1

YES 1
NO 2   **[GO TO QA09_EM5]**
REFUSED .... -7   **[GO TO QA09_EM5]**
DON'T KNOW .... -8   **[GO TO QA09_EM5]**

QA09_EM2   Do you have at least an extra two week supply of <u>all</u> the prescription drugs you take every day?

EM2

YES 1   **[GO TO QA09_EM5]**
NO 2
REFUSED .... -7
DON'T KNOW .... -8

QA09_EM3   Could you get an extra two week supply of all of your prescription drugs?

EM3

YES 1   **[GO TO QA09_EM5]**
NO 2
REFUSED .... -7   **[GO TO QA09_EM5]**
DON'T KNOW .... -8   **[GO TO QA09_EM5]**

QA09_EM4   What is the main reason you would not be able to get an extra supply of your prescription drugs?

EM4

_____

REFUSED .... -7
DON'T KNOW .... -8

QA09_EM5   For the next few questions, imagine that a major disaster, such as an earthquake, flood, or terrorist attack were to occur in your county.

EM5

Think about what you have in your home right now. For how many days would you be able to stay in your home, without anyone shopping for additional supplies – 1 to 3 days, 4 to 6 days, 7 to 9 days, or 10 days or more?

1 TO 3 DAYS 1
4 TO 6 DAYS 2
7 TO 9 DAYS 3
10 OR MORE DAYS 4
REFUSED .... -7
DON'T KNOW .... -8

QA09_EM6   How confident are you that your county's public health system can respond in a way to protect the health of your family and neighbors – very confident, somewhat confident, not too confident or not at all confident?

[IF NEEDED, SAY: "During a major disaster, such as an earthquake, flood, or terrorist attack."]

EM6

VERY CONFIDENT 1
SOMEWHAT CONFIDENT......................................2
NOT TOO CONFIDENT...3
NOT AT ALL CONFIDENT 4
REFUSED .... -7
DON'T KNOW .... -8

QA09_EM7   How confident are you that the County's public health system will respond <u>fairly</u> to your health needs, regardless of your race, ethnicity, income or other personal characteristics – very confident, somewhat confident, not too confident or not at all confident?

[IF NEEDED, SAY: "During a major disaster, such as an earthquake, flood, or terrorist attack."]

EM7

VERY CONFIDENT 1
SOMEWHAT CONFIDENT......................................2
NOT TOO CONFIDENT...3
NOT AT ALL CONFIDENT 4
REFUSED .... -7
DON'T KNOW .... -8

Section S – Suicide Ideation and Attempts

QA09_S1   The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Have you <u>ever</u> seriously thought about committing suicide?

AF86

YES..1	
NO..2	**[GO TO PN QA09_N1]**
REFUSED .... -7	**[GO TO PN QA09_N1]**
DON'T KNOW .... -8	**[GO TO PN QA09_N1]**

QA09_S2   Have you seriously thought about committing suicide at any time in the past 12 months?

AF87

YES..1	
NO..2	**[GO TO QA09_S4]**
REFUSED .... -7	**[GO TO QA09_S4]**
DON'T KNOW .... -8	**[GO TO QA09_S4]**

QA09_S3   Have you seriously thought about committing suicide at any time in the past 2 months?

AF91

YES..1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

QA09_S4   Have you ever attempted suicide?

AF88

YES..1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_S5:
IF QA09_S2 = (2, -7, -8) AND QA09_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA09_S3 = (2, -7, -8) AND QA09_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA09_S3 = 1 AND QA09_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA09_S5

QA09_S5   Have you attempted suicide at any time in the past 12 months?

AF89

YES..1
NO..2
REFUSED .... -7
DON'T KNOW .... -8

SUICIDE RESOURCE:

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. The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.

POST-NOTE FOR SUICIDE RESOURCE:
IF QA09_S2 = (2, -7, -8) AND QA09_S4 = (2, -7, -8), THEN GO TO PROGRAMMING NOTE QA09_N1 (NEXT SECTION);
ELSE CONTINUE WITH QA09_S6

QA09_S6   Would you like to discuss your thoughts with this person?

AF90

YES 1   **[GO TO SUICIDE PROTOCOL]**
NO...2   **[GO TO PN QA09_N1]**
REFUSED .... -7   **[GO TO PN QA09_N1]**
DON'T KNOW .... -8   **[GO TO PN QA09_N1]**

Section N –Demographic Information Part III and Closing

PROGRAMMING NOTE QA09_N1:
IF NOT ALREADY ASKED IN CHILD INTERVIEW, CONTINUE WITH QA09_N1;
ELSE GO TO QA09_N7

QA09_N1   Just a few final questions and then we are done.

AH42

To be sure we are covering the entire state, what county do you live in?

County	
ALAMEDA	1
ALPINE	2
AMADOR	3
BUTTE	4
CALAVERAS	5
COLUSA	6
CONTRA COSTA	7
DEL NORTE	8
EL DORADO	9
FRESNO	10
GLENN	11
HUMBOLDT	12
IMPERIAL	13
INYO	14
KERN	15
KINGS	16
LAKE	17
LASSEN	18
LOS ANGELES	19
MADERA	20
MARIN	21
MARIPOSA	22
MENDOCINO	23
MERCED	24
MODOC	25
MONO	26
MONTEREY	27
NAPA	28
NEVADA	29
ORANGE	30
PLACER	31
PLUMAS	32
RIVERSIDE	33
SACRAMENTO	34
SAN BENITO	35
SAN BERNARDINO	36
SAN DIEGO	37
SAN FRANCISCO	38
SAN JOAQUIN	39
SAN LUIS OBISPO	40
SAN MATEO	41
SANTA BARBARA	42
SANTA CLARA	43

                    SANTA CRUZ 44
                    SHASTA... 45
                    SIERRA 46
                    SISKIYOU 47
                    SOLANO 48
                    SONOMA 49
                    STANISLAUS.. 50
                    SUTTER 51
                    TEHAMA 52
                    TRINITY 53
                    TULARE 54
                    TUOLUMNE 55
                    VENTURA 56
                    YOLO 57
                    YUBA 58
                    REFUSED .... -7
                    DON'T KNOW .... -8

PROGRAMMING NOTE QA09_N2:
IF ADVANCE LETTER SENT, ASK QA09_N2;
IF R'S ADDRESS IS A P.O. BOX, GO TO QA09_N3;
ELSE GO TO QA09_N3

QA09_N2   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.

AO1

               Do you now live at {R's ADDRESS AND STREET}?

                    YES 1   **[GO TO QA09_N6]**
                    NO...2
                    REFUSED .... -7
                    DON'T KNOW .... -8

QA09_N3   What is your zip code?

AM7

                    _____ ZIP CODE

                    REFUSED .... -7
                    DON'T KNOW .... -8

QA09_N4   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.

AO2

_____ HOUSE ADDRESS NUMBER
_____ NAME OF STREET (VERIFY SPELLING)   **[GO TO QA09_N6]**
_____ STREE TYPE
_____ APT. NO

REFUSED .... -7
DON'T KNOW .... -8

QA09_N5   Can you tell me just the name of the street you live on?

AM8

_____ NAME OF STREET

REFUSED .... -7   **[GO TO QA09_N7]**
DON'T KNOW .... -8   **[GO TO QA09_N7]**

QA09_N6   And what is the name of the street down the corner from you that crosses your street?

AM9

_____ NAME OF CROSS-STREET

REFUSED .... -7
DON'T KNOW .... -8

QA09_N7   Do you have a working cell phone?

AM33

[IF NEEDED, SAY: "I'm not going to ask you for the number."]

YES 1
NO..2
SHARES CELL PHONE 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE QA09_N8:
IF QA09_N7 = 1 (YES) OR 3 (SHARES CELL PHONE), THEN CONTINUE WITH QA09_N8;
ELSE GO TO QA09_N9

QA09_N8   Of all the telephone calls that you receive, are...

AM34

All or almost all calls received on a cell phone, ... 1
Some on cell phones & some on regular phones, or...... 2
Very few or none on cell phones.................................... 3
REFUSED .... -7
DON'T KNOW .... -8

QA09_N9   Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

AM10

YES 1
MAYBE/PROBABLY YES 2
DEFINITELY NOT 3
REFUSED .... -7
DON'T KNOW .... -8

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QA09_S6 = (2, -7, -8), THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1 AND CLOSE2

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. The toll-free number is 1-800-273-TALK (8255).

Or you can visit their website at www.suicidepreventionlifeline.org
---

QA09_N10   Would you like to speak with someone now?

AN8

YES 1   **[GO TO SUICIDE PROTOCOL]**
NO 2   **[GO TO CLOSE1 AND CLOSE2]**
REFUSED .... -7   **[GO TO CLOSE1 AND CLOSE2]**
DON'T KNOW .... -8   **[GO TO CLOSE1 AND CLOSE2]**

PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, GO TO CLOSE2;
ELSE CONTINUE WITH CLOSE1

CLOSE1   Let me check to see if there is anyone else. **[GO TO HHSELECT]**

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. E. Richard Brown, the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.