



california  
health  
interview  
survey

# 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

**Contact:**

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

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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



**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 or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

**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

**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?

<b>AH43</b>
-------------

**[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 ever told you that you have asthma?

**AB17**

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

[GO TO PN QA09\_B18]  
 [GO TO PN QA09\_B18]  
 [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 past 12 months, 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 past 12 months, 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 ever told you that you have diabetes or sugar diabetes?

**AB22**

- YES .....1
- NO .....2
- BORDERLINE OR PRE-DIABETES .....3
- REFUSED ..... -7
- DON'T KNOW ..... -8

**[GO TO PN QA09\_B39]**

**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 ever 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]**

**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 ever 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 ever 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 heard of 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 past 7 days, did you walk to get some place that took you at least 10 minutes?

- 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 moderate 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 vigorous 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.

**AE2**

During the past month, how many times did you eat fruit? Do not count juices.

**[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 any 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 past week. 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 not 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

REFUSED ..... -7

DON'T KNOW ..... -8

**[GO TO QA09\_C33]**

**[GO TO QA09\_C33]**

**[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.

**AE17**

How tall are you without shoes?

**[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.

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

**AD1**

**[IF NEVER STARTED MENSTRUAL CYCLE, ENTER 96]**

\_\_\_\_\_ AGE      [HR: 6-27]

NEVER STARTED MENSTRUAL CYCLE .....	96	<b>[GO TO PN QA09_E9]</b>
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 now pregnant?

**AD13**

YES .....	1	<b>[GO TO QA09_E6]</b>
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 ever 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."]**

- YES .....1 **[GO TO QA09\_E27]**
- NO .....2
- REFUSED ..... -7 **[GO TO QA09\_E27]**
- DON'T KNOW ..... -8 **[GO TO QA09\_E27]**

**QA09\_E26** About how long ago did you stop using Hormone Replacement Therapy – was it...

**AF48**

- 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

**QA09\_E27** Some women go on and off hormone replacement therapy. Altogether, how long have you taken HRT?

**AE84**

- 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

**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**

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

**QA09\_E29** Raloxifene or Evista?

**AE52**

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

**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 totally unable 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 1<sup>ST</sup> 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 you 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 main reason 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
- DISABLED .....6
- 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

**[GO TO PN QA09\_G29]**  
**[GO TO PN QA09\_G29]**

**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
- NO.....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**[GO TO PN QA09\_G31]**  
**[GO TO PN QA09\_G31]**  
**[GO TO PN QA09\_G31]**  
**[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 main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

**AK4**

**[IF NEEDED, SAY: "Where did you 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

**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 main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

**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 usually 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  | <b>[GO TO QA09_H3]</b> |
| DOCTOR/MY DOCTOR .....    | 3  |                        |
| KAISER .....              | 4  |                        |
| MORE THAN ONE PLACE ..... | 5  |                        |
| REFUSED .....             | -7 | <b>[GO TO QA09_H3]</b> |
| DON'T KNOW .....          | -8 | <b>[GO TO QA09_H3]</b> |

**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?

**A11**

**[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 not covered by MediCARE even though you told me earlier that you are 65 or older?

**A12**

- 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?

**A13**

- \_\_\_\_\_ 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 ARM CARE = 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 ELDER'S 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?

**A14**

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

YES.....	1	
NO.....	2	<b>[GO TO QA09_H14]</b>
REFUSED.....	-7	<b>[GO TO QA09_H14]</b>
DON'T KNOW.....	-8	<b>[GO TO QA09_H14]</b>

**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?"]**

- 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

**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?

**A16**

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

- YES .....1 **[GO TO QA09\_H16]**
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**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?

**A17**

**[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?

**A18**

**[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 one 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	<b>[GO TO PN QA09_H35]</b>
IN SOMEONE ELSE'S NAME .....	2	
REFUSED .....	-7	<b>[GO TO PN QA09_H35]</b>
DON'T KNOW .....	-8	<b>[GO TO PN QA09_H35]</b>

**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 (AMERICAN 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 SPMPCARE = 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 AREMPOW = 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} own employer?

**AI40A**

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

**POST-NOTE QA09\_H42:**  
**IF QA09\_H42 = 1, THEN SET SPEMPOW = 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 AREMPOW = 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 AREMPOW = 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 no 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 SPEMPOH = 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 SPMPCARE = 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 one 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 MEDICAL 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 all 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	<b>[GO TO QA09_I29]</b>
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 SPMPCARE = 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 **[GO TO PN QA09\_I10]**
- 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 MEDICAL 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 one main 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** 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?

**CF23**

**[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** Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

**CF24**

- 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** When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

**CF25**

- YES .....1
- NO.....2 **[GO TO QA09\_I32]**
- REFUSED ..... -7 **[GO TO QA09\_I32]**
- DON'T KNOW ..... -8 **[GO TO QA09\_I32]**

**QA09\_I31** Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

**CF26**

**[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 CHHEMP = 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 CHOOTHGOV = 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, Health 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 MEDICAL 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 ELDER'S 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 one main 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** 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?

**IA23**

**[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** Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

**IA24**

- YES .....1 **[GO TO QA09\_I69]**
- NO .....2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA09\_I64** When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

**IA25**

- YES .....1
- NO .....2 **[GO TO QA09\_I66]**
- REFUSED ..... -7 **[GO TO QA09\_I66]**
- DON'T KNOW ..... -8 **[GO TO QA09\_I66]**

**QA09\_I65** Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

**IA26**

**[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** During the past 12 months, was there any time when {he/she} had no health insurance at all?

**IA27**

- 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 one main 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 T13 ≠ -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?

**A158T**

YES.....	1	<b>[GO TO PN QA09_I72]</b>
NO.....	2	
APPLICATION PENDING.....	3	
REFUSED.....	-7	
DON'T KNOW.....	-8	

**QA09\_I71** Is (TEEN) a permanent resident with a green card?

**A159T**

**[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?

**A160T**

**[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 you 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	<b>[GO TO QA09_J6]</b>
REFUSED .....	-7	<b>[GO TO QA09_J6]</b>
DON'T KNOW .....	-8	<b>[GO TO QA09_J6]</b>

**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	<b>[GO TO PN QA09_J9]</b>
NO .....	2	
REFUSED .....	-7	<b>[GO TO QA09_J12]</b>
DON'T KNOW .....	-8	<b>[GO TO QA09_J12]</b>

**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

**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**

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

**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."]**

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

**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 any 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 any 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 any 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 BUSINESS 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.

How many hours per week do you usually work at all jobs or businesses?

**AK3**

**[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 main job?

**AK7**

**[IF NEEDED, SAY: "That is, for your current 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 last month 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 last month 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 household's total annual income from all sources before taxes 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:**

**AK22A**

I have entered that your annual household income is (AMOUNT). Is that correct?

YES .....1 [GO TO PN QA09\_K15]  
 NO .....2 [GO BACK TO QA09\_K7]

**PROGRAMMING 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 household's annual income from all sources before taxes 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 MUST BE LESS 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 last month?

**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 last month?

**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 last month?

**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 last month?

**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 last month 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 one main reason why you are not enrolled in the Medi-Cal 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 BENEFITS .....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 all 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 fairly 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 ever 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](http://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  | <b>[GO TO SUICIDE PROTOCOL]</b> |
| NO .....         | 2  | <b>[GO TO PN QA09_N1]</b>       |
| REFUSED .....    | -7 | <b>[GO TO PN QA09_N1]</b>       |
| DON'T KNOW ..... | -8 | <b>[GO TO PN QA09_N1]</b>       |

## 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?

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

**[GO TO QA09\_N6]**

**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](http://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.