



CHIS 2017 Adult Questionnaire

October 2, 2019

Adult Respondents Age 18 and Older

Collaborating Agencies:

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

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

Section A: Demographic Information, Part I

'PN_QA17_A1' [PN_AA1] -
PROGRAMMING NOTE AA1 :
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA17_A1' [AA1] - What is your date of birth?

'AA1MON' [AA1MON] -
MONTH _____ [RANGE: 1-12]
 01 JANUARY
 02 FEBRUARY
 03 MARCH
 04 APRIL
 05 MAY
 06 JUNE
 07 JULY
 08 AUGUST
 09 SEPTEMBER
 10 OCTOBER
 11 NOVEMBER
 12 DECEMBER

'AA1DAY' [AA1DAY] -
DAY _____ [RANGE: 1-31]

'AA1YR' [AA1YR] -
YEAR _____ [RANGE: 1907-2000]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_A2' [PN_AA1A] -
PROGRAMMING NOTE AA1A :
IF AA1 = -7 OR -8 (REF/DK), CONTINUE WITH AA1A ;
ELSE GO TO AA3

'QA17_A2' [AA1A] - What month and year were you born?

'AA1AMON' [AA1AMON] - MONTH _____ [RANGE: 1-12]
 01 JANUARY
 02 FEBRUARY
 03 MARCH
 04 APRIL
 05 MAY
 06 JUNE
 07 JULY
 08 AUGUST
 09 SEPTEMBER
 10 OCTOBER
 11 NOVEMBER
 12 DECEMBER

'AA1AYR' [AA1AYR] -

YEAR _____ [RANGE: 1904-2000]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_A3' [PN_AA2] -

PROGRAMMING NOTE AA2 :

IF AA1A = -7 OR -8 (REF/DK) THEN CONTINUE WITH AA2 ;

ELSE GO TO AA3

'QA17_A3' [AA2] - What is your age, please?

_____YEARS OF AGE

[RANGE: 0-120]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_A4' [PN_AA2A] -

PROGRAMMING NOTE AA2A :

IF AA2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH AA2A ;

ELSE GO TO AA3

'QA17_A4' [AA2A] - Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

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

'POST_QA17_A4' [POST_AA2A] -

POST NOTE AA2A : AAGE ENUM.AGE

CALCULATE VALUE OF AAGE BASED ON AA1 , AA1A , OR AA2 TO USE IN ALL AGE-RELATED QUESTIONS;

IF AA1 , AA1A , OR AA2 = -7 OR -8 (REF/DK), THEN USE AA2A ;

ELSE USE ENUM.AGE

'QA17_A5' [AA3] - Are you male or female?

- 01 MALE
- 02 FEMALE
- 7 REFUSED

'QA17_A6' [AA4] - Are you Latino or Hispanic?

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

If = 2, -7, -8, goto **'PN_QA17_A8'**

'QA17_A7' [AA5] - And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

**[IF NECESSARY, GIVE MORE EXAMPLES]
[CODE ALL THAT APPLY]**

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

OTHER LATINO (SPECIFY: _____)

'PN_QA17_A8' [PN_AA5A] -

PROGRAMMING NOTE AA5A :

**IF AA4 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR AA5A , CONTINUE WITH
PROGRAMMING NOTE AA5B ;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES**

'QA17_A8' [AA5A] - {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

[IF R SAYS "NATIVE AMERICAN" CODE AS "4"] [IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS] [CODE ALL THAT APPLY]

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

If AA5A=1 Or 2, go to **'PN_QA17_A14'**

If AA5A=3, go to **'PN_QA17_A12'**

If AA5A=5, go to **'QA17_A13'**

If AA5A=6, go to **'QA17_A16'**

'PN_QA17_A9' [PN_AA5B] -

PROGRAMMING NOTE AA5B :

**IF AA5A = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH AA5B ;
ELSE GO TO PROGRAMMING NOTE AA5E**

'QA17_A9' [AA5B] - You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

[CODE ALL THAT APPLY]

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

OTHER TRIBE (SPECIFY: _____)

'QA17_A10' [AA5C] - Are you an enrolled member in a federally or state recognized tribe?

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

If = 2, -7, -8, goto 'PN_QA17_A12'

'QA17_A11' [AA5D] -

Which tribe are you enrolled in?

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

'APACHE' [APACHE] - APACHE

- 1 MESCALERO APACHE, NM
- 2 _APACHE (NOT SPECIFIED)_
- 3 _OTHER APACHE (SPECIFY:)

OTHER_APACHE

'BLACKFEET' [BLACKFEET] - BLACKFEET

- 4 BLACKFOOT/BLACKFEET

'CHEROKEE' [CHEROKEE] - CHEROKEE

- 5 WESTERN CHEROKEE
- 6 CHEROKEE (NOT SPECIFIED)
- 7 OTHER CHEROKEE (SPECIFY: _____)

OTHER_CHEROKEE

'CHOCTAW' [CHOCTAW] - CHOCTAW

- 08 CHOCTAW OKLAHOMA
- 09 CHOCTAW (NOT SPECIFIED)
- 10 OTHER CHOCTAW (SPECIFY: _____)

OTHER_CHOCTAW

'NAVAJO' [NAVAJO] - NAVAJO

- 11 NAVAJO (NOT SPECIFIED)

'POMO' [POMO] - POMO

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

OTHER_POMO

'PUEBLO' [PUEBLO] - PUEBLO

- 16 HOPI
- 17 YSLETA DEL SUR PUEBLO OF TEXAS
- 18 PUEBLO (NOT SPECIFIED)
- 19 OTHER PUEBLO (SPECIFY: _____)

OTHER_PUEBLO

'SIOUX' [SIOUX] - SIOUX

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

OTHER_SIOUX

'YAQUI' [YAQUI] - YAQUI

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

OTHER_YAQUI

'OTHER' [OTHER] - OTHER

- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_OTHER

'PN_QA17_A12' [PN_AA5E] -

PROGRAMMING NOTE AA5E :

**IF AA5A = 3 (ASIAN) CONTINUE WITH AA5E ;
ELSE GO TO PROGRAMMING NOTE AA5E1**

'QA17_A12' [AA5E] - You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them
[CODE ALL THAT APPLY]

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

OTHER ASIAN (SPECIFY: _____)

'PN_QA17_A13' [PN_AA5E1] -

PROGRAMMING NOTE AA5E1 :

**IF AA5A = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH AA5E1 ;
ELSE GO TO PROGRAMMING NOTE AA5G**

'QA17_A13' [AA5E1] -

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

[CODE ALL THAT APPLY]

- 01 SAMOAN/AMERICAN SAMOAN_
- 02 _GUAMANIAN_
- 03 _TONGAN_
- 04 _FIJIAN_
- 91 OTHER PACIFIC ISLANDER (SPECIFY: _____)
- 7 _REFUSED_
- 8 _DON'T KNOW_

OTHER PACIFIC ISLANDER (SPECIFY: _____)

'PN_QA17_A14' [PN_AA5G] -

PROGRAMMING NOTE AA5G :

IF AA4 = 1 (LATINO) AND [AA5A = 6 (NATIVE HAWAIIAN) OR AA5A = 5 (OTHER PACIFIC ISLANDER) OR AA5A = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR AA5A = 3 (ASIAN) OR AA5A = 2 (BLACK/AFRICAN AMERICAN) OR AA5A = 1 (WHITE) OR AA5A = 91 (OTHER)], CONTINUE WITH AA5G ; ELSE IF THERE WERE MULTIPLE RESPONSES TO AA5A , AA5E , OR AA5E1 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH AA5G ; ELSE SKIP TO AH43

'QA17_A14' [AA5G] - You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

Do you identify with any one race in particular?

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

If = 2, -7, -8, goto 'QA17_A16'

'PN_QA17_A15' [PN_AA5F] -

PROGRAMMING NOTE FOR AA5F :

IF AA4 = 1 (YES, LATINO) AND AA5 ≠ -7 OR -8, DO NOT DISPLAY AA5F = 14 (LATINO);

IF AA5A = 5 (YES, OTHER PACIFIC ISLANDER) AND AA5E1 = 1 TO 4 OR 91, DO NOT DISPLAY AA5F = 17 (OTHER PACIFIC ISLANDER);

IF AA5A = 3 AND AA5E = 1 TO 17 OR 91, DO NOT DISPLAY AA5F = 19 (ASIAN)

'QA17_A15' [AA5F] -

Which do you most identify with?

[INTERVIEWER NOTE: IF R UNABLE TO CHOOSE ONE, OFFER

"BOTH/ALL/MULTIRACIAL"]

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

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

OTHER (SPECIFY: _____)

'Marital Status' [Marital Status] - Marital Status

'QA17_A16' [AH43] - Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

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

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

Section B: Health Conditions

'QA17_B1' [AB1] -

These next questions are about your health.

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

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

'QA17_B2' [AB17B] -

Has a doctor ever told you that you have asthma?

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

If = 2, -7, -8, goto 'QA17_B18'

'QA17_B3' [AB40] - Do you still have asthma?

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

'QA17_B4' [AB41] - During the past 12 months, have you had an episode of asthma or an asthma attack?

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

'PN_QA17_B5' [PN_AB19] -

PROGRAMMING NOTE AB19 :

IF [AB40 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [AB41 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO AB18 ;

ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AH13A;

ELSE CONTINUE WITH AB19

'QA17_B5' [AB19] -

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

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

'QA17_B6' [AH13A] - During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

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

If = 2, -7, -8, goto 'QA17_B8'

'QA17_B7' [AB106] -

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

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

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

'PN_QA17_B8' [PN_AH15A] -

PROGRAMMING NOTE AH15A:

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AB18;

'QA17_B8' [AH15A] - During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

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

'QA17_B9' [AB18] - Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor

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

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

'PN_QA17_B10' [PN_AB66] -

PROGRAMMING NOTE AB66 :

IF AB40 = 1 (YES, STILL HAVE ASTHMA) OR AB41 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE AB42 ;

ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AB67;

ELSE CONTINUE WITH AB66

'QA17_B10' [AB66] -

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

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

'QA17_B11' [AB67] - During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

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

If = 2, -7, -8, goto 'QA17_B13'

'QA17_B12' [AB107] - Did you visit a hospital emergency room for your asthma because you were unable to see your doctor

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

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

'PN_QA17_B13' [PN_AB80] -

PROGRAMMING NOTE AB80:

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AB42;

'QA17_B13' [AB80] - During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

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

'PN_QA17_B14' [PN_AB42] -

PROGRAMMING NOTE AB42 :

**IF AAGE > 69 OR AA2A = 6 (65 OR OLDER) GO TO AB43 ;
ELSE CONTINUE WITH AB42**

'QA17_B14' [AB42] - During the past 12 months, how many days of work did you miss due to asthma?

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

- 7 REFUSED
- 8 DON'T KNOW

'QA17_B15' [AB43] - Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

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

If = 2, -7, -8, goto 'QA17_B17'

'QA17_B16' [AB98] - Do you have a written or printed copy of this plan

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

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

'PN_QA17_B17' [PN_AB108] -

PROGRAMMING NOTE AB108:

IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO AB128;

'QA17_B17' [AB108] - How confident are you that you can control and manage your asthma? Would you say you are...

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

'PN_QA17_B18' [PN_AB128] -

PROGRAMMING NOTE AB128:

IF AB17B = 1, THEN SKIP TO AB130;

ELSE IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE;

ELSE SKIP TO AB130;

'QA17_B18' [AB128] - During the past 12 months, have you had symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm when you DID NOT have a cold or respiratory infection?

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

If = 2, -7, -8, goto 'QA17_B20'

'QA17_B19' [AB129] - How often did you have those symptoms? Would you say...

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

'PN_QA17_B20' [PN_AB130] -

PROGRAMMING NOTE AB130:

IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE;

ELSE SKIP TO AB22;

'QA17_B20' [AB130] - During the past 12 months, have you been bothered by sneezing or a runny or blocked nose when you DID NOT have a cold or the flu?

[IF R MENTIONS ALLERGY, CODED 'YES']

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

If = 2, -7, -8, goto 'QA17_B22'

'QA17_B21' [AB131] - How often did you have those symptoms? Would you say...

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

'QA17_B22' [AB132] - During the past 12 months, have you been bothered by watery, itchy, or burning eyes when you DID NOT have a cold or the flu?

[IF R MENTIONS ALLERGY, CODED 'YES']

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

If = 2, -7, -8, goto 'QA17_B24'

'QA17_B23' [AB133] - How often did you have those symptoms? Would you say...

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

'QA17_B24' [AB134] - How concerned are you with the air quality in your neighborhood? Would you say...

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

'QA17_B25' [AB135] - Please rate the air quality in your neighborhood? Would you say...

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

'QA17_B26' [AB136] - In the past 12 months, have you had an illness or symptoms that you think was caused by pollution in the air outdoors?

[IF NEEDED, SAY: Things like dust, smog, automobile exhaust, and chemicals can cause outdoor air pollution]. [NOTE: IF RESPONDENT HAD EXPERIENCE AN ILLNESS OR SYMPTOMS WITHIN THE PAST 12 MONTHS THAT WAS CAUSED BY SOMETHING IN THE AIR HE OR SHE ENCOUNTERED MORE THAN 12 MONTHS AGO, THEN CODE 'YES']

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

'QA17_B27' [AB137] - The next questions are about the outdoor air quality and how it affects your activities. Please think of the past 12 months. How many times did you reduce or change your outdoor activity levels because you thought the air quality was bad or was affecting how well you felt? Would you say...

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

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

'QA17_B28' [AB138] - Information on air quality that may be distributed to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live?

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

If = 2, -7, -8, goto 'QA17_B30'

'QA17_B29' [AB139] - Did you reduce or change your outdoor activity level based on the air quality index or air quality alerts?

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

'PN_QA17_B30' [PN_AB22] -

PROGRAMMING NOTE AB22 :

IF AA3 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";

ELSE BEGIN DISPLAY WITH "Has"

'QA17_B30' [AB22] - {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

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

If = 3, goto 'QA17_B40'

'PN_QA17_B31' [PN_AB99] -

PROGRAMMING NOTE AB99 :

IF AA3 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";

ELSE BEGIN DISPLAY WITH "Has"

'QA17_B31' [AB99] - {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?

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

'PN_QA17_B32' [PN_AB23] -

PROGRAMMING NOTE AB23 :

IF AB22 = 1 THEN CONINTUE WITH AB23 ;

ELSE SKIP TO PROGRAMMING NOTE AB81

'QA17_B32' [AB23] -

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

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

- 7 REFUSED
- 8 DON'T KNOW

'QA17_B33' [AB51] -

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

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

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

ANOTHER TYPE (Specify:_____)

'QA17_B34' [AB24] -

Are you now taking insulin?

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

'QA17_B35' [AB25] -

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

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

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

'QA17_B36' [AB28] - About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

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

- 7 REFUSED
- 8 DON'T KNOW

'QA17_B37' [AB63] -

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

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

'QA17_B38' [AB112] - Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

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

'QA17_B39' [AB114] - How confident are you that you can control and manage your diabetes? Would you say you are...

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

'PN_QA17_B40' [PN_AB81] -

PROGRAMMING NOTE AB81 :

IF AA3 = 2 (FEMALE) CONTINUE WITH AB81 ;

ELSE GO TO AB29

'QA17_B40' [AB81] - Has a doctor ever told you that you had diabetes only during pregnancy [IF NEEDED, SAY: "This is also known as gestational diabetes."]

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

'QA17_B41' [AB29] - Has a doctor ever told you that you have high blood pressure?

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

If = 2, 3, -7, -8, goto 'QA17_B43'

'QA17_B42' [AB30] - Are you now taking any medications to control your high blood pressure?

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

'QA17_B43' [AB34] - Has a doctor ever told you that you have any kind of heart disease?

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

If = 2, -7, -8, goto AC100

'QA17_B44' [AB52] -

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

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

'QA17_B45' [AB118] - Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?

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

If = 2, -7, -8, goto AC100

Section C : Health Behaviors

'QA17_C1' [AD37W] - The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise

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

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

If = 2, -7, -8, goto 'QA17_C4'

If = 3, goto 'QA17_C8'

'QA17_C2' [AD38W] - In the past 7 days, how many times did you do that
[IF NEEDED, SAY: "Walk for at least 10 minutes to get some place."]

_____ times per week [HR: 0 - 999]

If AD38W = 0, goto 'QA17_C4'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'QA17_C4'

'PN_QA17_C3' [PN_AD39W] -

PROGRAMMING NOTE AD39W :

IF AD38W = 1 DISPLAY "How long did that walk take";

IF AD38W > 1 DISPLAY "On average, how long did those walks take"

'QA17_C3' [AD39W] - {How long did that walk take/On average, how long did those walks take}?

_____ MINUTES PER WALK

_____ HOURS PER DAY

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_C4' [PN_AD40W] -

PROGRAMMING NOTE AD40W :

IF AD37W = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for transportation."

'QA17_C4' [AD40W] -

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

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

If = 2, -7, -8, goto 'QA17_C7'

'QA17_C5' [AD41W] - In the past 7 days, how many times did you do that?

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

_____ times per week [HR: 0 - 180]

If =0 , goto 'QA17_C7'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'QA17_C7'

'PN_QA17_C6' [PN_AD42W] -

PROGRAMMING NOTE AD42W :

IF AD41W = 1 DISPLAY "How long did that walk take";

IF AD41W > 1 DISPLAY "On average, how long did those walks take"

'QA17_C6' [AD42W] -

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

_____ MINUTES PER DAY

_____ HOURS PER DAY

- 7 REFUSED
- 8 DON'T KNOW

'QA17_C7' [AC100] - The next question is about your overall exercise. Exercise includes walking, housekeeping, jogging, weights, a sport or playing with your kids. It can be done on the job, around the house, just for fun or as a work-out.

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

_____ DAYS PER WEEK

- 7 REFUSED
- 8 DON'T KNOW

'QA17_C8' [AE2] - Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

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

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

_____ TIMES

'CAT_AE2' [CAT_AE2] -

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

'QA17_C9' [AE3] - [During the past month,] how many times did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

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

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

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

_____TIMES

'CAT_AE3' [CAT_AE3] -

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

'QA17_C10' [AE5] - During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.[IF NEEDED SAY: "You can tell me per day, per week, or month"]

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

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

_____TIMES

'CAT_AE5' [CAT_AE5] - _____PER MONTH

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

'PN_QA17_C11' [PN_AE7] -

PROGRAMMING NOTE AE7:

IF AE3>0 (ATE FRIED POTATOES) THEN DISPLAY "Do not include fried potatoes."

ELSE DO NOT DISPLAY

'QA17_C11' [AE7] - [During the past month,] how many times did you eat any other vegetables like green salad, green beans, or potatoes? {Do not include fried potatoes.}[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

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

_____TIMES

'CAT_AE7' [CAT_AE7] -

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

'QA17_C12' [AC11] - During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda. **[IF NEEDED, SAY: "You can tell me per day, per week, or month"]**

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

'CAT_AC11' [CAT_AC11] -

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

'QA17_C13' [AC46] - During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

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

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

_____TIMES

'CAT_AC46' [CAT_AC46] -

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

'QA17_C14' [AC47] - Yesterday, how many glasses of water did you drink at work, home, and everywhere else? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.

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

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

_____Glasses [HR: 0-20; SR: 0-15]

'CAT_AC47' [CAT_AC47] -

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

'Fast Food' [Fast Food] -

Fast Food

'QA17_C15' [AC42] -

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

- 01 Never,
- 02 Sometimes,
- 03 Usually, or
- 04 Always?
- 05 DOESN'T EAT F & V
- 06 DOESN'T SHOP FOR F&V
- 07 DOESN'T SHOP IN HIS/HER NEIGHBORHOOD_
- 7 REFUSED

- 8 DON'T KNOW

'PN_QA17_C16' [PN_AC44] -

PROGRAMMING NOTE AC44 :

**IF AC42 = 2, 3, OR 4, THEN CONTINUE WITH AC44 ;
ELSE GO TO PROGRAMMING NOTE AE15**

'QA17_C16' [AC44] -

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

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

- 01 Never
 02 Sometimes_
 03 Usually, or
 04 Always?
 -7 REFUSED
 -8 DON'T KNOW

'QA17_C17' [AE15] - Now, I am going to ask about various health behaviors.

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

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

If = 2, goto 'QA17_C27'

'QA17_C18' [AE15A] - Do you now smoke cigarettes every day, some days, or not at all?

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

If = 2, goto 'QA17_C20'

If =3, -7, -8, goto 'QA17_C27'

'QA17_C19' [AD32] - On average, how many cigarettes do you now smoke a day
 [INTERVIEWER NOTE: IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

- 7 REFUSED
 -8 DON'T KNOW

If = -7, -8, go to 'QA17_C21'

'PN_QA17_C20' [PN_AE16] -

PROGRAMMING NOTE AE16 :

IF AE15A = 2 (SMOKE SOME DAYS), CONTINUE WITH AE16 ;

ELSE GO TO PN_AC49

'QA17_C20' [AE16] - In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

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

_____ NUMBER OF CIGARETTES [HR: 0-120]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_C21' [PN_AC49] -

PROGRAMMING NOTE AC49 :

IF AE15A = 1 (SMOKE EVERY DAY) OR AE15A = 2 (SMOKE SOME DAYS), CONTINUE WITH AC49 ;

ELSE GO TO PN AC81B

'QA17_C21' [AC49] - During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

'QA17_C22' [AC50] -

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

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

'AC104B' [AC104B] - In the past 12 months, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?

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

'AC75C' [AC75C] -

In the past 12 months did you

Call a telephone quitting helpline?

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

'PN_QA17_C25' [PN_AC77] -

PROGRAMMING NOTE AC77 :

IF AE15A = 1 (EVERY DAY) OR AE15A = 2 (SOME DAYS), CONTINUE WITH AC77 ;

ELSE IF AE15A =3 (NOT AT ALL), SKIP TO PN AC81B

'QA17_C25' [AC77] - In the past 12 months, did a doctor or other health professional advise you to quit smoking?

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

'QA17_C26' [AC78] -

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

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

'QA17_C27' [AC81B] -

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

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

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

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

If = 2, -7, -8, go to 'QA17_C30'

'QA17_C28' [AC82B] - During the past 30 days, on how many days did you use electronic cigarettes?

____ NUMBER OF DAYS [HR: 0 - 30]

If = 0, go to 'QA17_C30'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, go to 'QA17_C30'

'QA17_C29' [AC83B] - What best describes your reasons for using e-cigarettes
[CODE ALL THAT APPLY]

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

OTHER (SPECIFY: _____)

'QA17_C30' [AC115] - The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking.

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

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

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

If = 2, -7, -8, go to AC128

'QA17_C31' [AC116] - How long has it been since you last used marijuana or hashish in any form?

'CAT_AC116' [CAT_AC116] -

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

'PN_QA17_C32' [PN_AC117] -

PROGRAMMING NOTE AC117:

IF AGE >25, THEN GO TO AC128;

IF AC116 >=30 DAYS OR >1 MONTH, THEN GO TO AC128;

ELSE CONTINUE WITH AC117;

'QA17_C32' [AC117] - During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

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

If = 1, go to AC128

'QA17_C33' [AC118] - How often have you used tobacco when you have also been using marijuana? Would you say...

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

'QA17_C34' [AC119] - During the past 30 days, how did you use marijuana? Did you...

Smoke it in a joint, bong, or pipe?

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

'QA17_C35' [AC120] - During the past 30 days, how did you use marijuana? Did you...

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

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

'QA17_C36' [AC121] - [During the past 30 days, how did you use marijuana?] Did you...

Eat it?

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

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

'QA17_C37' [AC122] - [During the past 30 days, how did you use marijuana?] Did you...

Drink it?

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

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

'QA17_C38' [AC123] - [During the past 30 days, how did you use marijuana?] Did you...

Vaporize it?

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

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

'QA17_C39' [AC124] - [During the past 30 days, how did you use marijuana?] Did you...

Dab it?

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

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

'QA17_C40' [AC125] - [During the past 30 days, how did you use marijuana?] Did you...

Use it some other way?

- 01 YES (SPECIFY _____)
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW

'QA17_C41' [AC126] - Was **any** of your marijuana use in the past month recommended by a doctor or other health care provider?

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

If = 2, go to AC128

'QA17_C42' [AC127] - Was **all** of your marijuana use in the past month recommended by a doctor or other health care provider?

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

'QA17_C43' [AC128] - Have you used heroin in the past 12 months?

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

'QA17_C44' [AC129] - In the past 12 months, did you use any prescription pain killer in a way that did not follow your doctor's directions? Examples include Vicodin, OxyContin, Norco, Hydrocodone, Percocet and Methadone.

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

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

'QA17_C45' [AC130] - How many of these prescription pain killers are you taking?

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

'QA17_C46' [AC131] - Did you get the prescription(s) from one doctor or from more than one doctor?

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

If = 2, -7, -8, go to AC133

'QA17_C47' [AC132] - Did you sign a contract with your doctor regarding these medicines?

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

'QA17_C48' [AC133] - What condition or conditions are you taking the medicine for?

[CHECK ALL THAT APPLY]

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

Section D: General Health, Disability, and Sexual Health

'QA17_D1' [AE17] - These next questions are about your height and weight. How tall are you without shoes?
[IF NEEDED, SAY: "About how tall?"]

_____ FEET

_____ INCHES

_____ METERS

_____ CENTIMETERS

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_D2' [PN_AE18] -

PROGRAMMING NOTE AE18 :

**IF AA3 = 2 (FEMALE) AND [AAGE < 50 OR AA2A < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"**

'QA17_D2' [AE18] - {When not pregnant, how/How} much do you weigh without shoes?

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

_____ POUNDS

_____ KILOGRAMS

- 7 REFUSED
- 8 DON'T KNOW

'QA17_D3' [AD50] - Are you blind or deaf, or do you have a severe vision or hearing problem?

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

If = 2, -7, -8, goto 'QA17_D5'

'QA17_D4' [AL8] - Are you legally blind?

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

'QA17_D5' [AD43B] -

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

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

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

If >=0 , goto 'QA17_D7'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, goto 'QA17_D7'

'QA17_D6' [AD44B] - Can you give me your best guess?

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

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

'CAT_AD44B' [CAT_AD44B] - CAT_AD44B

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

'PN_QA17_D7' [PN_AD45B] -

PROGRAMMING NOTE AD45 :

IF AD43B = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 =0, GO TO PROGRAMMING NOTE AD46B ;

ELSE CONTINUE WITH AD45 ;

IF AD43B OR AD44 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";

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

'QA17_D7' [AD45B] - {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

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

'PN_QA17_D8' [PN_AD46B] -

PROGRAMMING NOTE AD46 :

IF AA3 = 1 (MALE), DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;

ELSE IF AA3 =2 (FEMALE), DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN

'QA17_D8' [AD46B] -

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

[IF NEEDED, SAY: "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay {and Lesbian} people have sex with or are primarily attracted to people of the same sex, and Bisexuals have sex with or are attracted to people of both sexes."]

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

OTHER (SPECIFY: _____)

'PN_QA17_D9' [PN_AD60B] -

PROGRAMMING NOTE AD60 :

IF [AA3 = 1 (MALE) AND AD45B = 1 (MALE)] OR [AA3 = 2 (FEMALE) AND AD45B = 2 (FEMALE)] OR [AD45B = 3, -7, OR -8] OR [IF AD46B ≠ 1] CONTINUE WITH AD60B ;

ELSE GO TO AD65a

'QA17_D9' [AD60B] - Are you legally married to someone of the same sex?

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

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

If = 1, goto **'QA17_D11'**

'QA17_D10' [AD61B] -

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

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

'QA17_D11' [AD65A] - On your original birth certificate, was your sex assigned as male or female?

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

'QA17_D12' [AD66B] - Do you currently describe yourself as male, female, or transgender?

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

If = 1, 2, 3, goto **'PN_QA17_D14'**

If = -7, -8, goto **'QA17_D15'**

'PN_QA17_D13' [PN_AD67B] -

PROGRAMMING NOTE AD67 :

IF AD66 = 4 THEN CONTINUE WITH AD67 ;

ELSE SKIP TO AD68

'QA17_D13' [AD67B] - What is your current gender identity?

- 1 SPECIFY: (_____)
- 7 REFUSED
- 8 DON'T KNOW

'SPECIFY_AD67B' [SPECIFY_AD67B] -

SPECIFY: (_____)

'PN_QA17_D14' [PN_AD68B] -

PROGRAMMING NOTE AD68 :

IF [AD65A = 1 (MALE) AND AD66 = 1 (MALE)] OR [AD65A = 2 (FEMALE) AND AD66 = 2 (FEMALE)] THEN SKIP TO AD79 ;

ELSE CONTINUE WITH AD68 ;

DISPLAYS;

IF [AD65 = 1 OR AD65A = 1 (MALE) AND AD66 = 2 (FEMALE), THEN DISPLAY {male} and {female};

IF [AD65 = 1 OR AD65A = 1 (MALE) AND AD66 = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};

'QA17_D14' [AD68B] - Just to confirm, you were assigned {INSERT RESPONSE FROM AD65A} at birth and now describe yourself as {INSERT RESPONSE FROM AD66 OR AD67B}. Is that correct?

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

If = 2, Go back to 'QA17_D12'

'PN_QA17_D15' [PN_AD79] -

PROGRAMMING NOTE AD79;

IF [AA3 = 1 OR AD65A = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND AD45B = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH AD79;

ELSE IF (AA3 = 1 AND AD65A = 2) OR (AA3 = 2 AND AD65A = 1), THEN CONTINUE WITH AD79;

ELSE IF AA3 = 1 AND AD46 = 2 OR 3, THEN CONTINUE WITH AD79;

ELSE SKIP TO AD83;

'QA17_D15' [AD79] - People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.

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

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

If = 1, goto 'QA17_D19'

'QA17_D16' [AD80] - In the past 12 months, have you taken any PrEP or Truvada®?

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

If = 1, goto 'QA17_D19'

'QA17_D17' [AD81] - Have you ever taken any PrEP or Truvada®?

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

If = 1, goto 'QA17_D19'

'QA17_D18' [AD82] - Before today, have you ever heard of PrEP or Truvada®?

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

'QA17_D19' [AD83] - Have you ever been tested for HIV, the virus that causes AIDS?

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

If = 2, -7, -8, goto 'QA17_D21'

'QA17_D20' [AD84] - For your most recent HIV test, were you offered the test or did you ask for the test?

- 01 I WAS OFFERED THE TEST
- 02 I ASKED FOR THE TEST
- 03 I DON'T REMEMBER
- 91 OTHER (SPECIFY: _____)

- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 91, -7, -8, goto PN_AD13

'QA17_D21' [AD85] - Were you ever offered an HIV test?

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

Section E: Women's Health

'PN_QA17_E1' [PN_AD13] -

PROGRAMMING NOTE AD13 :

IF AA3 = 1 (MALE), THEN GO TO AJ29 ;

IF AGE > 45, THEN GO TO AJ29 ;

DISPLAYS;

IF [AD65 = 2 OR AD65A = 2 (FEMALE) AND AD66 = 2 (FEMALE)], DISPLAY "These next questions are about women's health.";

IF [AD65 = 2 OR AD65A = 2 (FEMALE) AND AD66 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them."

'QA17_E1' [AD13] -

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

To your knowledge, are you now pregnant?

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

'QA17_E2' [AE96] - In the past 12 months, did you deliver a baby?

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

If = 2, 3, 4, goto 'Section F_Mental Health'

'QA17_E3' [AE97] - In the 8 weeks after your baby was born, did you see a doctor or other health care provider?

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

IF AE97 =1 go to AE102

'QA17_E4' [AE98] - Did your doctor tell you to have a follow up visit after the birth of your baby?

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

'QA17_E5' [AE99] - Did you try to get an appointment?

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

'QA17_E6' [AE100] - Did you have a way to get to your appointment?

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

'QA17_E7' [AE101] - What is the main reason you did not see the doctor?

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

'QA17_E8' [AE102] - Did that doctor or other health care provider ask you about whether or not you were feeling sad or depressed?

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

Section F: Mental Health

'QA17_F1' [AJ29] - The next questions are about how you have been feeling during the past 30 days.

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

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

'QA17_F2' [AJ30] - During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

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

'QA17_F3' [AJ31] - During the past 30 days, about how often did you feel restless or fidgety?

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

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

'QA17_F4' [AJ32] - How often did you feel so depressed that nothing could cheer you up?

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

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

'QA17_F5' [AJ33] - During the past 30 days, about how often did you feel that everything was an effort?

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

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

'QA17_F6' [AJ34] - During the past 30 days, about how often did you feel worthless?

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

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

'QA17_F7' [AF62] - Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

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

'PN_QA17_F8' [PN_AF63] -

PROGRAMMING NOTE AF63 :

IF AF62 = 1 THEN CONTINUE WITH AF63 ;

ELSE SKIP TO PROGRAMMING NOTE AF69B intro

'QA17_F8' [AF63] - The next questions are about the one month in the past 12 months when you were at your worst emotionally. During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

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

'QA17_F9' [AF64] - During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

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

'QA17_F10' [AF65] - How often did you feel restless or fidgety?

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

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

'QA17_F11' [AF66] - How often did you feel so depressed that nothing could cheer you up?

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

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

'QA17_F12' [AF67] - How often did you feel that everything was an effort?

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

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

'QA17_F13' [AF68] - How often did you feel worthless?

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

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

'PN_SS_INTRO' [PN_SS_INTRO] -

IF AJ29-AJ34 > 0 THEN,
 IF AJ29-AJ34 = 1 THEN AJ29_R-AJ34_R = 4;
 ELSE IF AJ29-AJ34 = 2 THEN AJ29_R-AJ34_R = 3;
 ELSE IF AJ29-AJ34 = 3 THEN AJ29_R-AJ34_R = 2;
 ELSE IF AJ29-AJ34 = 4 THEN AJ29_R-AJ34_R = 1;
 ELSE IF AJ29-AJ34 = 5 THEN AJ29_R-AJ34_R = 0;
 ELSE AJ29_R-AJ34_R = AJ29-AJ34;

IF AF63-AF68 > 0 THEN,
 IF AF63-AF68 = 1 THEN AF63_R-AF68_R = 4;
 ELSE IF AF63-AF68 = 2 THEN AF63_R-AF68_R = 3;
 ELSE IF AF63-AF68 = 3 THEN AF63_R-AF68_R = 2;
 ELSE IF AF63-AF68 = 4 THEN AF63_R-AF68_R = 1;
 ELSE IF AF63-AF68 = 5 THEN AF63_R-AF68_R = 0;
 ELSE AF63_R-AF68_R = AF63-AF68;

IF (AJ29_R - AJ34_R) >= 0 (NON-MISSING) THEN DO;
 IF (AJ29_R + AJ30_R + AJ31_R + AJ32_R + AJ33_R + AJ34_R) > 8 OR
 (AF63_R + AF64_R + AF65_R + AF66_R + AF67_R + AF68_R) > 8, THEN CONTINUE WITH AF69B INTRO;

IF (AF63_R - AF68_R) > 7 OR
 (AF63_R + AF64_R + AF65_R + AF66_R + AF67_R + AF68_R) > 7, THEN CONTINUE WITH AF69B INTRO;

IF AF62 = 1 THEN DISPLAY "again, please";
 ELSE SKIP TO AF81;

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

'PN_QA17_F14' [PN_AF69B] -

PROGRAMMING NOTE AF69B :
IF AGE > 70 GO TO AF70B ;
ELSE CONTINUE WITH AF69B

'QA17_F14' [AF69B] - Did your emotions interfere a lot, some, or not at all with your performance at work?

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

'QA17_F15' [AF70B] -

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

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

'QA17_F16' [AF71B] - Did your emotions interfere a lot, some, or not at all with your social life?

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

'QA17_F17' [AF72B] - Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

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

'QA17_F18' [AF73B] - Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

_____NUMBER OF DAYS

- 7 REFUSED
- 8 DON'T KNOW

'QA17_F19' [AF81] - Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?

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

If = 2, -7, -8, goto 'QA17_F21'

'QA17_F20' [AJ1] - Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

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

'QA17_F21' [AF74] - In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

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

'QA17_F22' [AF75] - In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, **OR** your use of alcohol or drugs?

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

'PN_QA17_F23' [PN_AF76] -

PROGRAMMING NOTE AF76 :

**IF AF74 = 1 OR AF75 = 1 THEN CONTINUE WITH AF76 ;
ELSE SKIP TO AJ5**

'QA17_F23' [AF76] - Did you seek help for your mental or emotional health **OR** for an alcohol or drug problem?

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

'PN_QA17_F24' [PN_AF77] -

PROGRAMMING NOTE AF77 :

IF AF76 = 1, display: "mental or emotional health";

IF AF76 = 2, display: "use of alcohol or drugs";

IF AF76 = 3, display: "mental or emotional health and your use of alcohol or drugs";

ELSE SKIP TO AF78

'QA17_F24' [AF77] - In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

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

- 7 REFUSED
- 8 DON'T KNOW

'QA17_F25' [AF78] - Are you still receiving treatment for these problems from one or more of these providers?

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

If = 1, -7, -8, goto 'QA17_F28'

'QA17_F26' [AF79] - Did you complete the recommended full course of treatment?

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

If = 1, -7, -8, goto 'QA17_F28'

'QA17_F27' [AF80] - What is the MAIN REASON you are no longer receiving treatment?

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

OTHER_AF80

'QA17_F28' [AJ5] - During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

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

'PN_QA17_F29' [PN_AF82] -

PROGRAMING NOTE AF82 :

IF AF81 = 1 AND (AF74 ≠ 1 AND AF75 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH AF82 ;

ELSE SKIP TO PN_AF107

'QA17_F29' [AF82] - Here are some reasons people have for not seeking help even when they think they might need it. Please tell me "yes" or "no" for whether each statement applies to why you did not see a professional.

You were concerned about the cost of treatment.

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

'QA17_F30' [AF83] - You did not feel comfortable talking with a professional about your personal problems.

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

'QA17_F31' [AF84] - You were concerned about what would happen if someone found out you had a problem.

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

'QA17_F32' [AF85] - You had a hard time getting an appointment.

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

'PN_QA17_F33' [PN_AF107] -

PROGRAMMING NOTE AF107 :

**IF AA5E = 9 (JAPANESE) OR AA5F = 38 (JAPANESE), THEN CONTINUE WITH AF107 ;
ELSE GO TO SECTION G;**

'QA17_F33' [AF107] - The next questions are about how you feel about different aspects of your life. For each one, please tell me how often you feel that way.

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

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

'QA17_F34' [AF108] - How often do you feel left out? Is it...

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

'QA17_F35' [AF109] - How often do you feel isolated from others? Is it...

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

Section G: Demographic Information, Part II

'QA17_G1' [AH33] - Now a few more questions about your background.

In what country were you born?

[SELECT FROM MOST LIKELY COUNTRIES]

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND
- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO

- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH33

'PN_QA17_G2' [PN_AH34] -

PROGRAMMING NOTE AH34 :

IF AH33 ≠ 1 (NOT BORN IN US) GO TO AG25 ;

ELSE IF AH33 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH AH34

'QA17_G2' [AH34] - In what country was your mother born?

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

OTHER_AH34

'QA17_G3' [AH35] - In what country was your father born?

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

OTHER_AH35

'PN_QA17_G4' [PN_AG25] -

PROGRAMMING NOTE AG25 :

**IF AA5E ≠ 9 (NOT JAPANESE) AND AA5F ≠ 38 (NOT JAPANESE), THEN SKIP TO AH36 ;
ELSE IF AH33 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)
AND [AAGE ≤ 70 OR AA2A = 6], SKIP TO AG27;**

'QA17_G4' [AG25] - You said you are of Japanese heritage, did you or your Japanese ancestors immigrate to the US after 1945?

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

If = 1, goto 'QA17_G6'

'QA17_G5' [AG26] - Which generation of Japanese immigrant are you?

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

If = 1, 2, 3, 4, 5, 6, 7, 8, goto 'QA17_G7'

'QA17_G6' [AG27] - [You said you were of Japanese heritage,] which generation of Japanese immigrant are you?

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

'QA17_G7' [AH36] - What languages do you speak at home?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

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

'OTHER1_AH36' [OTHER1_AH36] - OTHER1_AH36

'OTHER2_AH36' [OTHER2_AH36] - OTHER2_AH36

'PN_QA17_G8' [PN_AH37] -

PROGRAMMING NOTE AH37 :

IF AH36 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE AH39 ;

IF INTERVIEW CONDUCTED IN ENGLISH AND AH36 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH AH37 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";

ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH AH37 .

SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME AH37 WAS ASKED

'QA17_G8' [AH37] - {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...

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

'PN_QA17_G9' [PN_AH39] -

PROGRAMMING NOTE AH39 :

IF AH33 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE AH44

ELSE CONTINUE WITH AH39

'QA17_G9' [AH39] - The next questions are about citizenship and immigration.

Are you a citizen of the United States?

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

If = 1, goto 'QA17_G11'

'QA17_G10' [AH40] - Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

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

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

'QA17_G11' [AH41] - About how many years have you lived in the United States?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

'AH41Y' [AH41Y] - _____ YEAR (FIRST CAME TO LIVE IN U.S.)

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_G12' [PN_AH44] -

PROGRAMMING NOTE AH44 :

IF [AH43 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH AH44 ;

IF AH43 = 1, THEN DISPLAY "spouse";

IF AH43 = 2 OR AD60B = 1 OR AD61B = 1, THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE AH43A

'QA17_G12' [AH44] - Is your {spouse/partner} also living in your household?

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

'QA17_G13' [SC11A] -

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

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

'TEXT_NAME_SC11A' [TEXT_NAME_SC11A] -

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _

'TEXT_SEX_SC11A' [TEXT_SEX_SC11A] -

SPOUSE/PARTNER SEX _____

'PN_QA17_G14' [PN_AH43A] -

PROGRAMMING NOTE AH43A :

IF [AAGE < 30 OR AA2A = 1 (AGE 18-29)] AND [AH44 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR AH43 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH], CONTINUE WITH AH43A ; ELSE GO TO PROGRAMMING NOTE AH44A

'QA17_G14' [AH43A] - Are you now living with either of your parents?

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

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

'QA17_G15' [SC13A1] -

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

Name/ Initials given (SPECIFY) _____

- 7 REFUSED

'QA17_G16' [SC13A2] - What is (the child's/this child's) age?

- 7 REFUSED

'PN_QA17_G17' [PN_GENDER6] - PN_GENDER6

PROGRAMMING NOTE GENDER6:

IF KIDCNT =1 INSERT "the child's"

IF KIDCNT >1 INSERT "this child's"

'QA17_G17' [GENDER6] - What is {the child's/this child's} gender?

- 1 MALE
- 2 FEMALE
- 3 REFUSED

'PN_QA17_G18' [PN_SC15A4] -

PROGRAMMING NOTE SC15A:

IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A FOR EACH ROSTER MEMBER WITHOUT AN AGE

NOTE SC15A IS PART OF THE CHILD ROSTER

(IF SC13A2 =9. ASK SC15A IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)

(IF SC13A1=9 AND SC13A2=9 INSERT "the child"

AND DO NOT DISPLAY CHILD NAME/SEX)

'QA17_G18' [SC15A4] - Is {CHILD NAME/ the child} (READ LIST. ENTER ONE ONLY)

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

'PN_SC14B1' [PN_SC14B1] - PN_SC14B

PROGRAMMING NOTE SC14B:

IF KIDCNT =1 INSERT "the child"

IF KIDCNT >1 INSERT "all the children"

'QA17_G19' [SC14B4] - Are you the parent or legal guardian of (the child/all the children) in your household?

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

'PN_QA17_G20' [PN_SC14B] - PN_SC14B

ASK SC14B3 FOR EACH CHILD IN ROSTER

'QA17_G20' [SC14B] - Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

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

'PN_QA17_G21' [PN_SC14C1] - PN_SC14C1

PROGRAMMING NOTE SC14C1:

IF NAME GIVEN AT SC11A INSERT SC11A NAME

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

IF KIDCNT >1 INSERT "all the children"

'QA17_G21' [SC14C1] - Is {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

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

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

'PN_QA17_G22' [PN_SC14C2] - PN_SC14C2

PROGRAMMING NOTE SC14C2: IF SC14C1 =2

ASK SC14C2 FOR EACH CHILD IN THE ROSTER

'QA17_G22' [SC14C2] - Is (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

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

'PN_QA17_G23' [PN_SC15A1] -

PROGRAMMING NOTE SC15A1:

IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A FOR EACH ROSTER MEMBER WITHOUT AN AGE

NOTE: SC15A IS PART OF THE CHILD ROSTER

'PN_N4' [PN_N4] -

PROGRAMMING NOTE:

IF SC14B=1 THEN

CHILD1CNT = COUNT OF CHILDREN IN SC14B AGED 0 TO 5 YRS

CHILD2CNT = COUNT OF CHILDREN IN SC14B AGED 6 TO 11 YRS

TEENCNT = COUNT OF CHILDREN IN SC14B AGED 12 TO 17 YRS

Child selection from only those with SC14A=1 or SC14B=1

IF CHILD2CNT=0,

IF CHILD1CNT=1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],

ELSE IF CHILD1CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT

ELSE IF CHILD1CNT=0,

IF CHILD2CNT=1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD],

ELSE IF CHILD2CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT

ELSE,

FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 / (2 × CHILD1CNT + CHILD2CNT)

FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = 1 / (2 × CHILD1CNT + CHILD2CNT)

SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB

Teen selection from only those with SC14A=1 or SC14B=1

IF TEENCNT=1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN] ,

ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT

'SELECT_KID_TEEN1' [SELECT_KID_TEEN1] -

'QA17_G24' [SC13A] - I have recorded {NUMBER}{child/children} under 18 in the household. Have we missed any children under 18 who usually live here but are temporarily away?

1 No, no one missed

2 Yes

If = 2, Go back to 'SC13A_Loop1'

'POST_QA17_G24' [POST_SC13A] -

POST NOTE SC13:

DO CHILD AND TEEN SELECTION BASED ON CRITERIA

CHILD_INDEX HOLDS THE VALUE OF THE SELECTED CHILD

TEEN_INDEX HOLDS THE VALUE OF THE SELECTED TEEN

SET_CHILD IS SET TO 1 IF A CHILD IS SELECTED

SET_TEEN IS SET TO 1 IF A TEEN IS SELECTED

'PN_QA17_G25' [PN_AH44A] -

PROGRAMMING NOTE AH44A :

ANY CHILDREN IN SC13A ARE AGE 13 OR LESS, CONTINUE WITH AH44A ;

ELSE GO TO AH47 ;

IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY “for any children under age 14”;

IF AH43 = 1 (MARRIED) AND AH44 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your spouse”;

ELSE IF AH44 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your partner”;

ELSE DISPLAY “you”

'QA17_G25' [AH44A] –

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

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

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

If = 2, -7, -8, goto 'QA17_G27'

'QA17_G26' [AH44B] - In the past month, how much did you pay for all child care arrangements and programs?

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

'AH44BM' [AH44BM] - \$_____ AMOUNT LAST MONTH [HR: 0-8,000]

'AH44BW' [AH44BW] - \$_____ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]

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

'QA17_G27' [AH47] - What is the highest grade of education you have completed and received credit for?

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

'GRADE' [GRADE] - GRADE

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

'HIGH' [HIGH] - HIGH

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

'COLLEGE' [COLLEGE] - COLLEGE

- 13 1ST YEAR (FRESHMAN)
- 14 2ND YEAR (SOPHOMORE)
- 15 3RD YEAR (JUNIOR)

- 16 4TH YEAR (SENIOR) (BA/BS)
- 17 5TH YEAR

'GRADUATE' [GRADUATE] - GRADUATE

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

'COMMUNITY' [COMMUNITY] - COMMUNITY

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

'BUSINESS' [BUSINESS] - BUSINESS

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

'QA17_G28' [AG22] - Did you ever serve on active duty in the Armed Forces of the United States?

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

If = 2, -7, -8, goto 'QA17_G30'

'QA17_G29' [AG23] - When did you serve?

FROM _____

TO _____

OR

[CHECK ALL THAT APPLY]

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

'AG24' [AG24] - Altogether, how long did you serve?

'AG24Y' [AG24Y] - _____ YEARS

'AG24M' [AG24M] - _____ MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'QA17_G30' [AK1] - Which of the following were you doing last week?

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

If = 1, -7, -8, goto 'PN_QA17_G34'

'QA17_G31' [AK2] - What is the main reason you did not work last week?

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

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

If = 5, 6, goto 'QA17_G33'

'QA17_G32' [AG10] - Do you usually work?

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

'PN_QA17_G33' [PN_AL22] -

PROGRAMMING NOTE AL22 :

**IF [AAGE = -7 OR -8 OR AAGE < 65] AND [AG10 = 2 (DOES NOT USUALLY WORK) OR
AK2 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH AL22 ;
ELSE GO TO PROGRAMMING NOTE AK4**

'QA17_G33' [AL22] - Are you receiving Social Security Disability Insurance or SSDI?

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

If = 1, 2, -7, -8, goto 'PN_QA17_G38'

'PN_QA17_G34' [PN_AK4] -

PROGRAMMING NOTE AK4 :

IF AK1 = 1, 2, -7, OR -8 (working, with job, DK, or RF) OR AG10 = 1 (usually works), CONTINUE WITH AK4 ; ELSE GO TO PROGRAMMING NOTE AG8

'QA17_G34' [AK4] - On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

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

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

'PN_QA17_G35' [PN_AK5] -

PROGRAMMING NOTE AK5 :

IF AK4 = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]"; ELSE DISPLAY "What kind of business or industry is this?" AND "[IF NEEDED, SAY: "What do they make or do at this business?"]"

'QA17_G35' [AK5] - {What kind of agency or department is this? / What kind of business or industry is this?} **{[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)] / [IF NEEDED, SAY: "What do they make or do at this business?"]}** **[INTERVIEWER: ENTER DESCRIPTION]**

'TEXT_SPE_AK5' [TEXT_SPE_AK5] -

_____ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)

- 7 REFUSED
- 8 DON'T KNOW

'QA17_G36' [AK6] - What is the main kind of work you do?

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

'OCC_AK6' [OCC_AK6] - _____ (OCCUPATION)

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_G37' [PN_AK8] -

PROGRAMMING NOTE AK8 :

IF AK4 = 2 (GOVERNMENT EMPLOYEE), CODE AK8 = 8 AND GO TO AG8 ;

IF AK4 = 3 (SELF-EMPLOYED), CONTINUE WITH AK8 AND DISPLAY "Including yourself, about" and "you";ELSE CONTINUE WITH AK8 AND DISPLAY "About" and "your employer";

'QA17_G37' [AK8] - {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

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

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

'PN_QA17_G38' [PN_AG8] -

PROGRAMMING NOTE AG8 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1, CONTINUE WITH AG8 ;

IF AH43 = 1, THEN DISPLAY "spouse";

ELSE IF AD60B = 1 OR AD61B = 1, THEN DISPLAY "partner";

ELSE GO TO AH1

'QA17_G38' [AG8] – Which of the following was your {spouse/partner} doing last week?

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

If = 1, 2, goto 'QA17_G40'

'QA17_G39' [AG11] - Does your {spouse/partner} usually work?

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

If = 2, 3, -7, -8, goto 'QA17_H1'

'QA17_G40' [AG9] - On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

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

Section H: Health Insurance

'QA17_H1' [AH1] - The next topics are about health insurance and health care.

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

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

- 01 YES
- 02 NO
- 03 DOCTOR/MY DOCTOR
- 04 KAISER
- 05 MORE THAN ONE PLACE
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'QA17_H3'

'PN_QA17_H2' [PN_AH3] -

PROGRAMMING NOTE AH3 :

IF AH1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";

ELSE IF AH1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";

ELSE IF AH1 = 4 (KAISER) CIRCLE "1" FOR AH3 AND GO TO AH12

'QA17_H2' [AH3] - {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

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

OTHER_AH3

'PN_QA17_H3' [PN_AH12] -

PROGRAMMING NOTE AH12 :

IF AH13A = 1 OR AB67 = 1 (YES, R VISITED ER FOR ASTHMA) OR SKIP TO AH95 ;

ELSE CONTINUE WITH AH12

'QA17_H3' [AH12] - During the past 12 months, did you visit a hospital emergency room for your own health?

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

If = 2, -7, -8, goto 'QA17_H5'

'PN_QA17_H4' [PN_AH95] -

PROGRAMMING NOTE AH95 :

IF AH13A = 1 OR AB67 = 1 (YES, R VISITED ER FOR ASTHMA) OR AB109 = 1 (YES, R VISITED ER FOR DIABETES) OR AB115 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY "During the past 12 month, how many times did you visit a hospital emergency room for your own health?"; ELSE DISPLAY "How many times did you do that?"

'QA17_H4' [AH95] - {During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that?}

[IF NEEDED, SAY: "During the past 12 months, how many times did you visit a hospital emergency room for your own health?"]

_____ NUMBER OF TIMES [HR: 0 - 200]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H5' [AI1] - MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?

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

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

If = 1, goto 'QA17_H8'

If = -7, -8, goto 'QA17_H16'

'POST_QA17_H5' [POST_AI1] -

POST-NOTE AI1 :

IF AI1 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

'PN_QA17_H6' [PN_AI2] -

PROGRAMMING NOTE AI2 :

IF [AAGE > 64 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND AI1 = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH AI2 ; ELSE GO TO PROGRAMMING NOTE AH123

'QA17_H6' [AI2] - Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

- 01 CORRECT, NOT COVERED BY MEDICARE
- 02 NOT CORRECT, R IS COVERED BY MEDICARE
- 93 AGE IS INCORRECT
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA17_H16'

If = 2, goto 'PN_QA17_H8'

'POST_QA17_H6' [POST_AI2] -

POST-NOTE AI2 :

IF AI2 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

'QA17_H7' [A13] - What is your age, please?

'A13Y' [A13Y] - _____ YEARS OF AGE [HR: 18-105]

If >=0 , goto 'PN_QA17_H16'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'PN_QA17_H16'

'POST_QA17_H7' [POST_A13] -
POST NOTE A13 : AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = A13 ;
IF AAGE < 18, CODE AS IA AND TERMINATE

'PN_QA17_H8' [PN_AH123] -
PROGRAMMING NOTE AH123 :
IF ARM CARE = 1, CONTINUE WITH AH123 ;
ELSE GO TO PROGRAMMING NOTE A16

'QA17_H8' [AH123] - Is this a MediCARE Advantage Plan?

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]

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

If = 2, -7, -8, goto 'QA17_H11'

'POST_QA17_H8' [POST_AH123] -
POST-NOTE AH123 ;
IF AH123 = 1, SET ARMADV= 1

'QA17_H9' [AH124] - Is your MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]

[IF NEEDED, SAY: "PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE."]

[INTERVIEWER NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" CODE "1" (HMO).]

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

- 01 HMO (HEALTH MAINTENANCE ORGANIZATION)
- 02 PPO (PREFERRED PROVIDER ORGANIZATION)
- 03 PFFS (PRIVATE FEE FOR SERVICE)
- 04 SNP (SPECIAL NEEDS PLAN)
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH124

'QA17_H10' [AH125] - What is the name of your MediCARE plan?

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

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSS OF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIACARE
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIAKIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDERS' INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 82 HEALTH ADVANTAGE
- 47 KAISER PERMANENTE
- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN

- 51 MD CARE
- 54 MOLINA HEALTHCARE OF CALIFORNIA
- 55 MONARCH HEALTH PLAN
- 56 ON LOK SENIOR HEALTH SERVICES
- 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- 58 PIH HEALTH CARE SOLUTIONS
- 59 PREMIER HEALTH PLAN SERVICES
- 60 PRIMECARE MEDICAL NETWORK
- 61 PROVIDENCE HEALTH NETWORK
- 68 SCRIPPS HEALTH PLAN SERVICES
- 69 SEASIDE HEALTH PLAN
- 84 SAN FRANCISCO HEALTH PLAN
- 90 SANTA CLARA FAMILY HEALTH PLAN
- 86 SAN MATEO HEALTH COMMISION
- 88 SANTA BARBARA
- 92 SATELLITE HEALTH PLAN
- 67 SCAN HEALTH PLAN
- 70 SHARP HEALTH PLAN
- 71 SUTTER HEALTH PLAN
- 72 SUTTER SENIOR CARE
- 73 UNITED HEALTHCARE
- 74 UNITED HEALTHCARE SECURE HORIZON
- 75 UNIVERSITY HEALTHCARE ADVANTAGE
- 76 VALLEY HEALTH PLAN
- 77 VENTURA COUNTY HEALTH CARE PLAN
- 78 WESTERN HEALTH ADVANTAGE
- 93 CHAMPUS/CHAMP-VA
- 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- 89 VA HEALTH CARE SERVICES
- 52 MEDI-CAL
- 53 MEDICARE
- 85 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH125

'POST_QA17_H10' [POST_AH125] -

POST-NOTE FOR AH125 :

ALL ANSWERS GO TO PROGRAMMING NOTE AH126 ;

IF AH125 = 93, 87, OR 89 THEN ARMILIT = 1

'QA17_H11' [AI4] - Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

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

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

If = 2, -7, -8, goto 'PN_QA17_H16'

'POST_QA17_H11' [POST_AI4] -

POST-NOTE FOR AI4 :

IF AI4 = 1, SET ARSUPP = 1

'PN_QA17_H12' [PN_AH126] -

PROGRAMMING NOTE AH126 :

IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE AI6 ;

DISPLAYS;

IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";

IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";

'QA17_H12' [AH126] - For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

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

- 01 DIRECTLY
- 02 CURRENT EMPLOYER
- 03 FORMER EMPLOYER
- 04 UNION
- 05 FAMILY BUSINESS
- 06 AARP
- 07 SPOUSE'S EMPLOYER
- 08 SPOUSE'S UNION
- 09 PROFESSIONAL/FRATERNAL ORGANIZATION
- 91 OTHER
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H13' [AH53] - Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

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

'QA17_H14' [AH54] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

If = 2, -7, -8, goto 'PN_QA17_H16'

'QA17_H15' [AH55] - Who is that?

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

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 CURRENT EMPLOYER
- 02 FORMER EMPLOYER
- 03 UNION
- 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- 07 MEDICAID/MEDI-CAL ASSISTANCE
- 91 OTHER
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H15' [POST_AH55] -
POST-NOTE FOR AH55 :
IF AH55 = 7, SET ARMCAL = 1;

'PN_QA17_H16' [PN_AI6] -
PROGRAMMING NOTE AI6 :
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

'QA17_H16' [AI6] - {Is it correct that you are/Are you} covered by Medi-CAL?

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

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

'POST_QA17_H16' [POST_AI6] -
POST-NOTE FOR AI6 :
IF AI6 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND AI6 = 2, SET ARMCAL = 0

'PN_QA17_H17' [PN_AI8] -

PROGRAMMING NOTE AI8 :

IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other";
ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";
ELSE DISPLAY "a"

'QA17_H17' [AI8] -

{Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about},
 Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

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

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

'POST_QA17_H17' [POST_AI8] -

POST-NOTE FOR AI8 :

IF AI8 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

'PN_QA17_H18' [PN_AI11] -

PROGRAMMING NOTE AI11 :

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH AI11 ;
ELSE GO TO PROGRAMMING NOTE AI9

'QA17_H18' [AI11] - Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

[IF NEEDED, SAY: "Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you 'extra cash' if you are in a hospital."]

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

If = 2, -7, -8, goto 'PN_QA17_H20'

'POST_QA17_H18' [POST_AI11] -

POST-NOTE FOR AI11 :

IF AI11 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

'PN_QA17_H19' [PN_AH104] -

PROGRAMMING NOTE AH104 :
IF ARDIRECT = 1, THEN CONTINUE WITH AH104 ;
ELSE GO TO PROGRAMMING NOTE AI9

'QA17_H19' [AH104] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

- 01 INSURANCE COMPANY OR HMO
- 02 COVERED CALIFORNIA
- 92 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH104

'POST_QA17_H19' [POST_AH104] -
POST-NOTE FOR AH104 :
IF AH104 = 2, THEN SET ARHBEX = 1

'PN_QA17_H20' [PN_AI9] -
PROGRAMMING NOTE FOR AI9 :
IF AI8 = 1 (EMPLOYER-BASED COVERAGE) OR AI11 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH AI9 ;
ELSE GO TO PROGRAMMING NOTE AH105

'QA17_H20' [AI9] - Was this plan obtained in your own name or in the name of someone else?

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

- 01 IN OWN NAME
- 02 IN SOMEONE ELSE'S NAME
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA17_H22'

'POST_QA17_H20' [POST_AI9] -

POST-NOTE FOR AI9 :
IF AI8 = 1 AND AI9 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF AI8 = 1 AND AI9 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF AI11 = 1 AND AI9 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF AI11 = 1 AND AI9 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

'PN_QA17_H21' [PN_AI9A] -
PROGRAMMING NOTE AI9A :
IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 OR IF AH43A = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR AA2A = 1 (BETWEEN 18 AND 29)], CONTINUE WITH AI9A ;
ELSE GO TO PROGRAMMING NOTE AH105 ;
IF AH43 = 1, THEN DISPLAY "spouse's name";
IF AH43 ≠ 1 AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY "partner's name";
IF AH43A = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA17_H21' [AI9A] -
 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

- 01 IN SPOUSE'S/PARTNER'S NAME
- 02 IN PARENT'S NAME
- 03 IN SOMEONE ELSE'S NAME
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H21' [POST_AI9A] -

POST-NOTE FOR AI9A :

IF AI8 = 1 AND AI9A = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;

IF AH104 = 2 AND AI9A = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;

IF AI8 = 1 AND AI9A = 2 SET AREMPPAR =1 AND AREMPOTH = 0;

IF AI11 = 1 AND AI9A = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;

IF AI11 = 1 AND AI9A = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

'PN_QA17_H22' [PN_AH105] -

PROGRAMMING NOTE AH105 :

IF AI8 = 1 (EMPLOYER-BASED COVERAGE) AND AK8 =< 5 (FIRM SIZE <=100), CONTINUE WITH AH105 AND DISPLAY;

IF AREMPOWN = 1 THEN DISPLAY {you};

IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};

ELSE GO TO PROGRAMMING NOTE AH106 ;

'QA17_H22' [AH105] - How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

[IF NEEDED, SAY: "SHOP is

the Small Business Health Options Program administered by Covered California"]

- 01 EMPLOYER
- 02 UNION
- 03 SHOP / COVERED CALIFORNIA
- 92 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H22' [POST_AH105] -

POST-NOTE FOR AH105 :

IF AH105 = 3, THEN SET ARHBEX = 1

'PN_QA17_H23' [PN_AH106] -

PROGRAMMING NOTE AH106

IF ARHBEX = 1, THEN CONTINUE WITH AH106 ;

ELSE GO TO PROGRAMMING NOTE AH57 ;

'QA17_H23' [AH106] - Was this a bronze, silver, gold or platinum plan?

- 01 BRONZE
- 02 SILVER
- 03 GOLD
- 04 PLATINUM
- 05 MEDI-CAL / MEDICAID
- 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- 92 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH106

'PN_QA17_H24' [PN_AH107] -

PROGRAMMING NOTE AH107 :

IF AH105 = 3, THEN GO TO AH57 ;

ELSE CONTINUE WITH AH107 ;

'QA17_H24' [AH107] - Was there a subsidy or discount on the premium for this plan?

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

'PN_QA17_H25' [PN_AH57] -

PROGRAMMING NOTE AH57 :

IF AI8 = 1 (EMPLOYER-BASED COVERAGE) OR AI11 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH AH57 ;

ELSE GO TO PROGRAMMING NOTE AI13

'QA17_H25' [AH57] - Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

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

If = 2, goto 'PN_QA17_H28'

'QA17_H26' [AH128] - How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.[**IF NEEDED, SAY: Do not include the cost of any co-pays or deductibles you or your family may have had to pay**]

[**IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."**]

[**IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."**]

[**IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."**]

_____ (**AMOUNT**) [HR: 0 -9997, SR: 0 - 2000]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H27' [AH58] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

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

If = 2, -7, -8, goto 'PN_QA17_H30'

'PN_QA17_H28' [PN_AH56] -

PROGRAMMING NOTE AH56 :

IF AH57 = 2 THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";

ELSE DISPLAY "Who is that"

'QA17_H28' [AH56] - {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

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

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 CURRENT EMPLOYER
- 02 FORMER EMPLOYER
- 03 UNION
- 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- 07 MEDICAID/MEDI-CAL ASSISTANCE
- 09 MEDICARE
- 11 COVERED CALIFORNIA
- 91 OTHER
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H28' [POST_AH56] -

POST-NOTE AH56 :

IF AH56 = 1, 2, OR 3, THEN SET AREMPOWN = 1;

IF AH56 = 4 OR 5, THEN SET AREMPSP = 1;

IF AH56 = 6, THEN SET AROTHER = 1;

IF AH56 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;

IF AH56 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;

IF AH56 = 11, SET ARHBEX = 1;

IF AH56 = 91, THEN SET AROTHER = 1

'QA17_H29' [AH129] - How much do they contribute to your plan each month?
_____ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H30' [PN_AI13] -

PROGRAMMING NOTE AI13 :

IF [AK1 = 1 OR 2 (R WORKED LAST WEEK) OR AG10 = 1 (R USUALLY WORKS)] AND AK4 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH AI13 ; ELSE GO TO PROGRAMMING NOTE AI16

'QA17_H30' [AI13] - Does your employer offer health insurance to any of its employees?

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

If = 2, -7, -8, goto 'PN_QA17_H34'

'QA17_H31' [AI14] - Are you eligible to be in this plan?

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

If = 2, goto 'QA17_H33'

If = -7, goto 'PN_QA17_H34'

'QA17_H32' [AI15] - What is the one main reason why you aren't in this plan?

- 01 COVERED BY ANOTHER PLAN
- 02 TOO EXPENSIVE
- 03 DIDN'T LIKE PLAN OFFERED
- 04 DON'T NEED OR BELIEVE IN HEALTH INSURANCE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, 91, -7, -8, goto 'PN_QA17_H34'

OTHER_AI15

'QA17_H33' [AI15A] - What is the one main reason why you are not eligible for this plan?

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

OTHER_AI15A

'PN_QA17_H34' [PN_AI16] -

PROGRAMMING NOTE AI16 :

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH AI16 ;**

ELSE GO TO PN AI17

'QA17_H34' [AI16] - Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

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

'POST_QA17_H34' [POST_AI16] -

POST-NOTE AI16 :

IF AI16 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

'PN_QA17_H35' [PN_AI17] -

PROGRAMMING NOTE AI17 :

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH AI17 ;
ELSE GO TO PROGRAMMING NOTE AI18**

'QA17_H35' [AI17] - Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, Healthy Kids, or something else?

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

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

'POST_QA17_H35' [POST_AI17] -

POST-NOTE AI17 :

IF AI17 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

'PN_QA17_H36' [PN_AI18] -

PROGRAMMING NOTE AI18 :

**IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH AI18 ;
ELSE GO TO PROGRAMMING NOTE AI20**

'QA17_H36' [AI18] - Do you have any health insurance coverage through a plan that I missed?

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

If = 2, -7, -8, goto 'PN_QA17_H40'

'QA17_H37' [AI19] - What type of health insurance do you have?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA

- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H37' [POST_AI19] -

POST-NOTE AI19 :

IF AI19 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF AI19 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF AI19 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
 IF AI19 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
 IF AI19 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
 IF AI19 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
 IF AI19 = 8, SET ARIHS = 1;
 IF AI19 = 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH = 1;
 IF AI19 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;
 IF AI19 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
 IF AI19 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

'PN_QA17_H38' [PN_AH59] -

PROGRAMMING NOTE AH59 :

IF AI19 = 1, 2, OR 3 CONTINUE WITH AH59 ;
 ELSE GO TO PROGRAMMING NOTE AI20

'QA17_H38' [AH59] - Was this plan obtained in your own name or in the name of someone else?

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

- 01 IN OWN NAME
- 02 IN SOMEONE ELSE'S NAME
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA17_H40'

'POST_QA17_H38' [POST_AH59] -

POST-NOTE AH59 :

IF (AI19 = 1 OR 2 OR KAI19 = 11) AND AH59 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
 IF (AI19 = 3 OR 10) AND AH59 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
 IF (AI19 = 1 OR 2) AND (AH59 = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
 IF AI19 = 1 AND (AH59 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

'PN_QA17_H39' [PN_AH60] -

PROGRAMMING NOTE AH60 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 OR IF AH43A = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH AH60 ;
 ELSE GO TO PROGRAMMING NOTE AI20 ;
 IF AH43 = 1 THEN DISPLAY "spouse's name";
 IF AH43 ≠ 1 AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY "partner's name";
 IF AH43A = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA17_H39' [AH60] - Is the plan in your {spouse's name,} {partner's name,}
 {parent's name,} or someone else's name?

- 01 IN SPOUSE'S/PARTNER'S NAME
- 02 IN PARENT'S NAME
- 03 IN SOMEONE ELSE'S NAME

- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H39' [POST_AH60] -

POST-NOTE AH60 :

IF AH60 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;

IF AH60 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

'PN_QA17_H40' [PN_AI20] -

PROGRAMMING NOTE AI20 :

IF ARIHS ≠ 1 AND AA5A = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH AI20 ;

ELSE GO TO PROGRAMMING NOTE AI37intro

'QA17_H40' [AI20] - Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

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

'POST_QA17_H40' [POST_AI20] -

POST-NOTE AI20 :

IF AI20 = 1, SET ARIHS = 1

'PN_AI37_INTRO' [PN_AI37_INTRO] -

PROGRAMMING NOTE AI37intro :

IF [AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1] AND AH44 = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro ;

IF AH43 = 1, THEN DISPLAY "spouse";

ELSE IF AD60B = 1 OR AD61B = 1, THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE AI22C

'AI37intro' [AI37intro] - These next questions are about the type of health insurance your {spouse/partner} may have.

'PN_QA17_H41' [PN_AI37] -

PROGRAMMING NOTE AI37 :

IF SPOUSE 65 OR OLDER THEN

IF ARMCARE ≠ 1, CONTINUE WITH AI37 WITHOUT DISPLAY

ELSE IF ARMCARE = 1, CONTINUE WITH AI37 AND DISPLAY "You said that you are covered by Medicare." AND "also";

ELSE GO TO PROGRAMMING NOTE AI38

'QA17_H41' [AI37] - {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

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

'POST_QA17_H41' [POST_AI37] -

POST-NOTE AI37 :

IF AI37 = 1, SET SPMPCARE = 1 AND SET SPINSURE = 1

'PN_QA17_H42' [PN_AH127] -

PROGRAMMING NOTE AH127 :

IF SPMCARE ≠ 1 AND ARMADV ≠ 1, SKIP TO PROGRAMMING NOTE AI37A ;

DISPLAYS;

IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH AH127 WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH AH127 AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";

IF AH43 = 1 (MARRIED) THEN DISPLAY "spouse's";

ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY "partner's";

'QA17_H42' [AH127] - {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."]

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

'POST_QA17_H42' [POST_AH127] -

POST-NOTE AH127 :

IF AH127 = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

'PN_QA17_H43' [PN_AI37A] -

PROGRAMMING NOTE AI37A :

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE AI38 ;

ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH AI37A WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH AI37A AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";

IF AH43 = 1 (MARRIED), THEN DISPLAY "spouse";

ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE AI38

'QA17_H43' [AI37A] - {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

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

'POST_QA17_H43' [POST_AI37A] -

POST-NOTE AI37A :

IF AI37A = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

'PN_QA17_H44' [PN_AI38] -
PROGRAMMING NOTE AI38 :
IF ARMCAL = 1, CONTINUE WITH AI38 ;
DISPLAY "also" IF ARMCARE =1;
ELSE GO TO PROGRAMMING NOTE AI40

'QA17_H44' [AI38] - You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

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

'POST_QA17_H44' [POST_AI38] -
POST-NOTE AI38 :
IF AI38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

'PN_QA17_H45' [PN_AI40] -

PROGRAMMING NOTE AI40 :
IF AREMPOW = 1 AND ARHBEX ≠ 1, CONTINUE WITH AI40 ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE AH108

'QA17_H45' [AI40] - You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?

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

If = 1, goto 'PN_QA17_H48'

'POST_QA17_H45' [POST_AI40] -
POST-NOTE AI40 :
IF AI40 = 1, SET SEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

'PN_QA17_H46' [PN_AH108] -

PROGRAMMING NOTE AH108 :
IF ARHBEX = 1 AND (AREMPOW = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH AH108 ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE AI40A

'QA17_H46' [AH108] - You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

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

If = 1, goto 'PN_QA17_H48'

'POST_QA17_H46' [POST_AH108] -
POST-NOTE AH108 :
IF AH108 = 1, SET SEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

'PN_QA17_H47' [PN_AI40A] -

PROGRAMMING NOTE AI40A :

IF AG8 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR AG11 = 1 (USUALLY WORKS), CONTINUE WITH AI40A ;

IF AREMPSP = 1 AND AH43 = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";

ELSE IF AREMPSP = 1 AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";

IF SPINSURE = 1, THEN DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE AI41

'QA17_H47' [AI40A] - {You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

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

'POST_QA17_H47' [POST_AI40A] -

POST-NOTE AI40A :

IF AI40A = 1, SET SEMPOWN = 1 AND SET SPINSURE = 1

'PN_QA17_H48' [PN_AI41] -

PROGRAMMING NOTE AI41 :

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH AI41 ;

IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE AH109

'QA17_H48' [AI41] - You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

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

'POST_QA17_H48' [POST_AI41] -

POST-NOTE AI41 :

IF AI41 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

'PN_QA17_H49' [PN_AH109] -

PROGRAMMING NOTE AH109 :

IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH AH109 ;

IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE AI42

'QA17_H49' [AH109] - You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

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

'POST_QA17_H49' [POST_AH109] -

POST-NOTE AH109 :

IF AH109 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

'PN_QA17_H50' [PN_AI42] -

PROGRAMMING NOTE AI42 :

IF ARMILIT = 1, CONTINUE WITH AI42 ;

IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE AI42A

'QA17_H50' [AI42] - You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

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

'POST_QA17_H50' [POST_AI42] -

POST-NOTE AI42 :

IF AI42 = 1, SET SPMLIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

'PN_QA17_H51' [PN_AI42A] -

PROGRAMMING NOTE AI42A :

IF AROTHGOV = 1, CONTINUE WITH AI42A ;

IF AH59 = 91, THEN DISPLAY "some government health plan":

IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE AI46

'QA17_H51' [AI42A] - You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

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

'POST_QA17_H51' [POST_AI42A] -

POST-NOTE AI42A :

IF AI42A = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1

'PN_QA17_H52' [PN_AI46] -

PROGRAMMING NOTE AI46 :

IF SPINSURE ≠ 1, DISPLAY "any";

ELSE DISPLAY "through any other source"

'QA17_H52' [AI46] - Does

(SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

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

If = 2, goto 'PN_QA17_H54'

If = -7, -8, goto 'PN_QA17_H58'

'QA17_H53' [AI47] - What type of health insurance does {he/she} have?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H53' [POST_AI47] -

POST-NOTE AI47 :

IF AI47 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF AI47 = 2, SET SPEMOTH = 1 AND SET SPINSURE = 1;

IF AI47 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF AI47 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;

IF AI47 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;

IF AI47 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF AI47 = 8, SET SPIHS = 1;

IF AI47 = 10, SET SPHBEX = 1 AND SPDIRECT = 1 AND SPINSURE = 1 AND SPDIROTH = 1 ;

IF AI47 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;

IF AI47 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

IF AI47 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

'PN_QA17_H54' [PN_AI48] -

PROGRAMMING NOTE AI48 :

IF SPINSURE ≠ 1, CONTINUE WITH AI48 ;

ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE AH62

;

ELSE GO TO PROGRAMMING NOTE AI43

'QA17_H54' [AI48] - You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

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

If = 1, -7, -8, goto 'PN_QA17_H58'

'QA17_H55' [AI49] - What type of health insurance does {he/she} have?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H55' [POST_AI49] -

POST-NOTE AI49 :

IF AI49 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF AI49 = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;

IF AI49 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;

IF AI49 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;

IF AI49 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;

IF AI49 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF AI49 = 8, SET SPIHS = 1;

IF AI49 = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;

IF AI49 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;

IF AI49 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;

IF AI49 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

'PN_QA17_H56' [PN_AH62] -

PROGRAMMING NOTE AH62 :

IF AI47 = (1, 2, 3, 10, 11) OR AI49 = (1, 2, 3, 10, 11) THEN CONTINUE WITH AH62 ;

IF AH43 = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY "partner's";

ELSE SKIP TO PROGRAMMING NOTE AI43

'QA17_H56' [AH62] -

Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

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

- 01 IN SPOUSE'S/PARTNER'S NAME
- 02 IN SOMEONE ELSE'S NAME
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA17_H58'

'POST_QA17_H56' [POST_AH62] -

POST-NOTE AH62 :

IF AH62 = 1 AND [AI47 = (1 OR 2) OR AI49 = (1 OR 2)], SET SPEMPOW = 1 AND SPEMPOT = 0;

IF AH62 = 1 AND [AI47 = 3 OR AI49 = 3], SET KSPDIROW = 1;

IF AH62 = 1 AND [AI47 = 10 OR AI49 = 10], SET SPHBEX = 1 AND SPDIROW = 1;

IF AH62 = 1 AND [AI47 = 11 OR AI49 = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA17_H57' [AH63] - Is the plan in your name, parent's name, or someone else's name?

- 01 IN ADULT RESPONDENT'S NAME
- 02 IN ADULT RESPONDENT'S PARENT'S NAME
- 03 IN SOMEONE ELSE'S NAME
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H57' [POST_AH63] -

POST NOTE AH63:

IF AH63 = 1 AND [AI47 = (1 OR 2) OR AI49 = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;

IF AH63 = 1 AND [AI47 = 3 OR AI49 = 3], SET SPDIRAR = 1 AND ARSAMES = 1;

IF AH63 = 1 AND [AI47 = 10 OR AI49 = 10], SET SPHBEX = 1 AND SPDIRAR = 1 AND ARSAMES = 1;

IF AH63 = 1 AND [AI47 = 11 OR AI49 = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;

IF AH63 = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

'PN_QA17_H58' [PN_AI43] -

PROGRAMMING NOTE AI43 :

IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO AI22C ;

ELSE IF [(AG8=1 OR 2) OR(AG11=1)] AND AG9#3 CONTINUE WITH AI43 ;

IF AH43 = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"

ELSE GO TO PROGRAMMING NOTE AI22C

'QA17_H58' [AI43] -

Does your {spouse's/partner's} employer offer health insurance to any of its employees?

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

If = 2, -7, -8, goto 'PN_QA17_H62'

'QA17_H59' [AI44] - Is {he/she} eligible to be in this plan?

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

If = 2, goto 'QA17_H61'

If = -7, -8, goto 'PN_QA17_H62'

'QA17_H60' [AI45] - What is the ONE main reason why {he/she} isn't in this plan?

- 01 COVERED BY ANOTHER PLAN
- 02 TOO EXPENSIVE
- 03 DOESN'T LIKE PLAN OFFERED
- 04 DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, 91, -7, -8, goto 'PN_QA17_H62'

'QA17_H61' [AI45A] - What is the one main reason why {he/she} is not eligible for this plan?

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

'PN_QA17_H62' [PN_AI22C] -

PROGRAMMING NOTE AI22C :

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN AI25 ;

IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO AI24 ;

ELSE CONTINUE WITH AI22C DISPLAY;

IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other"

;

IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other"

;

[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;

IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND " ";

IF [AH43 = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal";

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY " ";

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal";

ELSE DISPLAY, "Is your health plan an HMO?"

'QA17_H62' [AI22C] -

{Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.}

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

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency."]

[IF R SAYS "POS" OR "POINT OF SERVICE", CODE AS "YES." IF R SAYS PPO, CODE "NO."]

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

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

If = 1, goto 'PN_QA17_H64'

'PN_QA17_H63' [PN_AH122] -

PROGRAMMING NOTE AH122 :
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO AI22A ;
ELSE CONTINUE WITH AH122 ;

'QA17_H63' [AH122] - Is your health plan a PPO or EPO?

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider.]

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

- 01 PPO
- 02 EPO
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H64' [PN_AI22A] -

PROGRAMMING NOTE AI22A :

IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH AI22A AND DISPLAY "your main";
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH AI22A AND DISPLAY "this"

'QA17_H64' [AI22A] - What is the name of {your main/this} health plan?

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

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSS OF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIACARE
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIAKIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDERS' INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN

- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 82 HEALTH ADVANTAGE
- 47 KAISER PERMANENTE
- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN
- 51 MD CARE
- 54 MOLINA HEALTHCARE OF CALIFORNIA
- 55 MONARCH HEALTH PLAN
- 56 ON LOK SENIOR HEALTH SERVICES
- 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- 58 PIH HEALTH CARE SOLUTIONS
- 59 PREMIER HEALTH PLAN SERVICES
- 60 PRIMECARE MEDICAL NETWORK
- 61 PROVIDENCE HEALTH NETWORK
- 68 SCRIPPS HEALTH PLAN SERVICES
- 69 SEASIDE HEALTH PLAN
- 84 SAN FRANCISCO HEALTH PLAN
- 90 SANTA CLARA FAMILY HEALTH PLAN
- 86 SAN MATEO HEALTH COMMISION
- 88 SANTA BARBARA
- 92 SATELLITE HEALTH PLAN
- 67 SCAN HEALTH PLAN
- 70 SHARP HEALTH PLAN
- 71 SUTTER HEALTH PLAN
- 72 SUTTER SENIOR CARE
- 73 UNITED HEALTHCARE
- 74 UNITED HEALTHCARE SECURE HORIZON
- 75 UNIVERSITY HEALTHCARE ADVANTAGE
- 76 VALLEY HEALTH PLAN
- 77 VENTURA COUNTY HEALTH CARE PLAN
- 78 WESTERN HEALTH ADVANTAGE
- 93 CHAMPUS/CHAMP-VA
- 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- 89 VA HEALTH CARE SERVICES
- 52 MEDI-CAL
- 53 MEDICARE
- 85 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_H64' [POST_AI22A] -

POST NOTE AI22A :

IF AI22A = 93, 87, OR 89 THEN SET ARMILIT=1

'PN_QA17_H65' [PN_AI25] -

PROGRAMMING NOTE AI25 :

IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR

AROTHER ≠ 1) AND AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY "Next I have some questions about your own main health plan."

'QA17_H65' [AI25] - {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

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

'PN_QA17_H66' [PN_AH71] -

PROGRAMMING NOTE AH71 :

IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN
CONTINUE WITH AH71 ;
ELSE GO TO AI31

'QA17_H66' [AH71] - Does your health plan have a deductible that is more than \$1,000?

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

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN I GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H67' [AH72] - Does your health plan have a deductible **for all covered persons** that is more than \$2,000?

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

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN I GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H68' [PN_AH73B] -
PROGRAMMING NOTE AH73B :

IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH AH73B ;
ELSE CONTINUE WITH AI31

'QA17_H68' [AH73B] - Do you have a special account or fund you can use to pay for medical expenses? [IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement

Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts."]

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

If = 2, -7, -8, goto 'QA17_H71'

'QA17_H69' [AH130] - Do you have money in this account?

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

If = 2, -7, -8, goto 'QA17_H71'

'QA17_H70' [AH131] - How much money do you have in this account? Your best guess is fine.
_____ (AMOUNT) [HR: 0 -9997]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H71' [AI31] - Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

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

If = 2, goto 'QA17_H73'

If = -7, goto 'QA17_H79'

If = -8, goto 'QA17_H74'

'QA17_H72' [AH132] - How long have you had your current health insurance?
[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

'AH132M' [AH132M] - _____ NUMBER OF MONTHS

If >=0, goto 'QA17_H77'

'AH132Y' [AH132Y] - _____ NUMBER OF YEARS

If >=0, goto 'QA17_H77'

- 7 REFUSED
- 8 DON'T KNOW

If =-7, -8,, goto 'QA17_H77'

'QA17_H73' [AH133] - Out of the last 12 months, how many months did you have your current health insurance plan?
 [IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H74' [AI32] - During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

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

If =2, -7, -8, goto **'QA17_H77'**

'QA17_H75' [AI33] - Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H76' [PN_AH134] -

PROGRAMMING NOTE AH134:
IF MORE THAN ONE RESPONSE FROM AI33, THEN CONTINUE WITH AH134;
ELSE CONTINUE WITH AH135

'QA17_H76' [AH134] - Prior to your current plan, which health insurance did you have?

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H77' [PN_AH135] -

PROGRAMMING NOTE AH135:

IF AI32#1 OR AI31 = 1, THEN CONTINUE WITH AH135;

ELSE CONTINUE WITH AH136

'QA17_H77' [AH135] - Prior to your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 95 NO OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H78' [PN_AH136] -

PROGRAM NOTE AH136:

IF AH135 = 95, THEN SKIP TO AH137, ELSE CONTINUE.

IF ONLY ONE RESPONSE FROM AI33 THEN DISPLAY THAT RESPONSE

ELSE IF AH134 >0 DISPLAY RESPONSE FROM AH134

ELSE IF AH135 >0 DISPLAY RESPONSE FROM AH135

'QA17_H78' [AH136] - How long did you have the plan from {AH134/AH135/AI33}?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

'AH136M' [AH136M] - _____ NUMBER OF MONTHS

'AH136Y' [AH136Y] - _____ NUMBER OF YEARS

If >=0, goto 'QA17_H79'

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H79' [AH137] - During the past 12 months, did you change your health insurance plan?

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

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

'PN_QA17_H80' [PN_AI34] -

PROGRAMMING NOTE AI34:

IF AI31 = 2, -7, -8 OR AI32 = 1, -7, -8 THEN CONTINUE,

ELSE SKIP TO AI35

'QA17_H80' [AI34] - During the past 12 months, was there any time when you had no health insurance at all?

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

'PN_QA17_H81' [PN_AI35] -

If AI34 HAS 1 OR AI32 HAS 2, Only ask 'QA17_H81'

PROGRAMMING NOTE AI35:

IF AI34=1 OR AI32=2, THEN CONTINUE WITH AI35, ELSE SKIP TO PN AH103H.

'QA17_H81' [AI35] - For how many months of the past 12 months did you have no health insurance at all?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11]

If = 0, goto 'PN_QA17_H90'

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'PN_QA17_H90'

'QA17_H82' [AI36] - What is the ONE MAIN reason why you did not have any health insurance during those months?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI36

'QA17_H83' [AH74] - During the time that you were uninsured, did you try to find health insurance on your own?

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

If = 1, 2, -7, -8, goto 'PN_QA17_H90'

'QA17_H84' [AI24] - What is the ONE MAIN reason why you do not have any health insurance?

[IF R SAYS NO NEED, PROBE WHY]

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H85' [AH75] - During the time that you have been uninsured, have you tried to find health insurance on your own?

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

'QA17_H86' [AI27] - Were you covered by health insurance at any time during the past 12 months?

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

If = 1, goto 'QA17_H88'

'QA17_H87' [AI28] - How long has it been since you last had health insurance?

- 01 MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto 'PN_QA17_H90'

'QA17_H88' [AI29] - For how many months out of the last 12 months did you have health insurance?
[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

If =0 , goto 'PN_QA17_H90'

- 7 REFUSED
- 8 DON'T KNOW

'QA17_H89' [AI30] - During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER OR UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H90' [PN_AH103h] -

PROGRAMMING NOTE AH103h :

**IF ARINSURE ≠ 1 OR AI32 = 2 OR ARDIRECT = 1 OR AI30 = (5, 6) OR AI33 = (5, 6) OR ARHBEX = 1 OR SPHBEX = 1; THEN CONTINUE WITH AH103h ;
ELSE GO TO PROGRAMMING NOTE AH139**

'QA17_H90' [AH103h] - In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

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

If = 2, -7, -8, goto 'PN_QA17_H107'

'QA17_H91' [AH110h] - Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

- 01 DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR
- 02 THROUGH COVERED CALIFORNIA, OR
- 03 BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA
- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'QA17_H94'

'PN_QA17_H92' [PN_AH98h] -

PROGRAMMING NOTE AH98h :

IF AH110h = 1; THEN CONTINUE WITH AH98h ;

IF AH110h = 3; THEN CONTINUE WITH AH98h AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."

ELSE GO TO PROGRAMMING NOTE AH111h ;

'QA17_H92' [AH98h] -

{First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}How difficult was it to find a plan with the coverage you needed? Was it...

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

'QA17_H93' [AH99h] - How difficult was it to find a plan you could afford? Was it...

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

'QA17_H94' [AH100h] - Did anyone help you find a health plan?

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

If = 2, -7, -8, goto 'PN_QA17_H96'

'QA17_H95' [AH101h] - Who helped you?

- 01 BROKER
- 02 FAMILY MEMBER/FRIEND
- 03 INTERNET
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H96' [PN_AH111h] -

PROGRAMMING NOTE AH111h :

IF AH110h = 2; THEN CONTINUE WITH AH111h ;

IF AH110h = 3; THEN CONTINUE WITH AH111h AND DISPLAY "Now, think about your experience with Covered California."

ELSE GO TO PROGRAMMING NOTE AH115h ;

'QA17_H96' [AH111h] -

{Now, think about your experience with Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

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

'QA17_H97' [AH112h] - How difficult was it to find a plan you could afford? Was it...

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

'QA17_H98' [AH113h] - Did anyone help you find a health plan?

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

If = 2, -7, -8, goto 'QA17_H100'

'QA17_H99' [AH114h] - Who helped you?

- 01 BROKER
- 02 FAMILY MEMBER / FRIEND
- 03 INTERNET
- 04 CERTIFIED ENROLLMENT COUNSELOR
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH114h

'QA17_H100' [AH115h] - Did you have all the information you felt you needed to make a good decision on a health plan?

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

'PN_QA17_H101' [PN_AH116h] -

PROGRAMMING NOTE AH116h :

**IF AH37 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH AH116h ;
ELSE GO TO AH117h ;**

'QA17_H101' [AH116h] - Were you able to get information about your health plan options in your language?

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

'QA17_H102' [AH117h] - Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H103' [AH118h] - Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H104' [AH119h] - Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H105' [AH120h] - Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H106' [PN_AH121h] -

PROGRAMMING NOTE AH121h :

IF AH106 = 1 THEN DISPLAY "Bronze"

ELSE IF AH106 = 2 THEN DISPLAY "Silver"

ELSE IF AH106 = 3 THEN DISPLAY "Gold"

ELSE IF AH106 = 4 THEN DISPLAY "Platinum"

ELSE IF AH106 = 6 THEN DISPLAY "Minimum coverage"

ELSE DISPLAY " " ;

'QA17_H106' [AH121h] -

Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

- 01 COST
- 02 SPECIFIC DOCTOR
- 03 SPECIFIC HOSPITAL
- 04 CHOICE OF DOCTORS IN NETWORK
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AH121h

'PN_QA17_H107' [PN_AH139] - PN_AH139

PROGRAMMING NOTE AH139:**IF ARINSURE = 1, CONTINUE WITH AH139;
ELSE SKIP TO AH14;**

'QA17_H107' [AH139] - Overall, how satisfied are you with your current health insurance plan? Are you...

- 01 Very satisfied
- 02 Somewhat satisfied
- 03 Somewhat dissatisfied, or
- 04 Very dissatisfied?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_H108' [PN_AH14] -

PROGRAMMING NOTE AH14 :**IF AH15A = 1 (HOSPITALIZED FOR ASTHMA) OR AB80 = 1 (HOSPITALIZED FOR ASTHMA) THEN GO TO
PROGRAMMING NOTE AH76 ;
ELSE CONTINUE WITH AH14**

'QA17_H108' [AH14] - During the past 12 months, were you a patient in a hospital overnight or longer?

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

If = 2, -7, -8, goto 'PN_PN_AH77'

'PN_QA17_H109' [PN_AH76] -

PROGRAMMING NOTE AH76:**IF ARINSURE ≠ 1 OR AI35 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS),
THEN CONTINUE WITH AH76 AND IF AH15=1 OR AB80 =1 display "Previously you mentioned you were a
patient in a hospital overnight or longer" ;
ELSE GO TO PROGRAMMING NOTE AH77**

'QA17_H109' [AH76] - Was any of that hospital care paid for by Medi-Cal?

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

'PN_QA17_H110' [PN_AH77] -

PROGRAMMING NOTE AH77 :**[IF ARINSURE ≠ 1 OR AI35 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)]
AND AA3 =2 (FEMALE) AND AD13 =1 (PREGNANT) OR SC14A =1 , THEN CONTINUE WITH AH77 ;
ELSE GO TO NEXT SECTION**

'QA17_H110' [AH77] - During the last 12 months, did you get prenatal care that you didn't have to pay for?

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

If = 2, -7, -8, goto 'QA17_H112'

'QA17_H111' [AH78] - Was it paid for by Medi-Cal?

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

'PN_QA17_H112' [PN_AH79B] -

PROGRAM NOTE AH79B:

IF ARMCAL = 1 OR ARINSURE ≠ 1, SKIP TO AH81B

ELSE IF AI32 = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your spouse's current health plan", AND CONTINUE WITH AH79B

'QA17_H112' [AH79B] - {The following questions are about your current health plan.}

While you've had your current health plan, have you reached the limit of what your insurance company would pay for?**[IF NEEDED, SAY: "EVER for your current health plan."]**

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

If = 2, -7, -8, goto 'AH8B1'

'QA17_H113' [AH80B] - Did this happen in the past 12 months?

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

'QA17_H114' [AH81B] - During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?**[IF NEEDED, SAY: "Dental bills should be included."]**

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

If = 2, -7, -8, goto PN_CF10A

'QA17_H115' [AH83B] - What is the total amount of medical bills? **[IF NEEDED, SAY: "The bills can be from earlier years as well as this year."]**

- 01 LESS THAN \$1,000
- 02 \$1,000 TO LESS THAN \$2,000
- 03 \$2,000 TO LESS THAN \$4,000
- 04 \$4,000 TO LESS THAN \$8,000
- 05 \$8,000 OR MORE
- 06 NONE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H116' [AH84B] - Were you or your family member uninsured at the time care was provided?

- 01 YES
- 02 NO
- 03 MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS AND ONE PERSON UNINSURED AND THE OTHER INSURED
- 7 REFUSED
- 8 DON'T KNOW

'QA17_H117' [AH85B] - Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

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

'QA17_H118' [AH86B] - Because of these medical bills, did you take on credit card debt?

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

Section I: Child Adolescent Health Insurance

'PN_QA17_I1' [PN_CF10A] -

PROGRAMMING NOTE CF10A :

**IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE IA10A TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE MA1 ;
ELSE CONTINUE WITH CF10A**

'QA17_I1' [CF10A] -

These next questions are about health insurance (CHILD) may have.

Does (CHILD) have the same insurance as you?

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

If = 1, goto 'QA17_I19'

'POST_QA17_I1' [POST_CF10A] -

POST-NOTE CF10A :

IF CF10A = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF CF10A = 1 AND ARIHS = 1, SET CHIHS = 1

IF CF10A = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

'PN_QA17_I2' [PN_MA1] -

PROGRAMMING NOTE MA1 :

IF SPINSURE ≠ 1, THEN SKIP TO CF1 ;

ELSE IF CF10A = 2 AND ARSAMESP = 1, THEN SKIP TO CF1 ;

ELSE CONTINUE WITH MA1

'QA17_I2' [MA1] - Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

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

If = 1, goto 'QA17_I19'

'POST_QA17_I2' [POST_MA1] -

IF MA1 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPIHS = 1, SET CHIHS = 1

IF MA1 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

IF MA1 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPENPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPENPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

POST-NOTE MA1 :

IF MA1 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

IF MA1 = 1 AND SPENPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

'QA17_I3' [CF1] - Is {he/she} currently covered by Medi-CAL?

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

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

'POST_QA17_I3' [POST_CF1] -

POST-NOTE CF1 :

IF CF1 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

'QA17_I4' [CF3] - Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

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

If = 2, -7, -8, goto 'PN_QA17_I6'

'POST_QA17_I4' [POST_CF3] -

POST-NOTE CF3 :

IF CF3 = 1, SET CHEMP = 1 AND CHINSURE = 1

'QA17_I5' [AI90] - Is this plan through an employer, through a union, or through Covered California's SHOP program?

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

- 01 EMPLOYER
- 02 UNION
- 03 SHOP / COVERED CALIFORNIA
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI90

'POST_QA17_I5' [POST_AI90] -

POST-NOTE FOR AI90 :

IF AI90 = 3, THEN SET CHHBEX = 1

'PN_QA17_I6' [PN_CF4] -

PROGRAM NOTE CF4 :

IF CHINSURE = 1 THEN GO TO AI92 ;

ELSE CONTINUE WITH CF4

'QA17_I6' [CF4] - Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]

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

If = 2, -7, -8, goto 'PN_QA17_I13'

'POST_QA17_I6' [POST_CF4] -

POST-NOTE CF4 :

IF CF4 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

'PN_QA17_I7' [PN_AI91] -

PROGRAMMING NOTE AI91 :**IF CHDIRECT = 1, THEN CONTINUE WITH AI91 ;****ELSE GO TO PROGRAMMING NOTE AI92**

'QA17_I7' [AI91] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

- 01 INSURANCE COMPANY OR HMO
- 02 COVERED CALIFORNIA
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI91

'POST_QA17_I7' [POST_AI91] -

POST-NOTE FOR AI91 :**IF AI91 = 2, THEN SET CHHBEX = 1**

'PN_QA17_I8' [PN_AI92] -

PROGRAMMING NOTE AI92**IF CHHBEX = 1, THEN CONTINUE WITH AI92 ;****ELSE GO TO PROGRAMMING NOTE AI54 ;**

'QA17_I8' [AI92] - Was this a bronze, silver, gold or platinum plan?

- 01 BRONZE
- 02 SILVER
- 03 GOLD
- 04 PLATINUM
- 05 MEDI-CAL / MEDICAID
- 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI92

'PN_QA17_I9' [PN_AI93] -

PROGRAMMING NOTE AI93**IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH AI93 ;****ELSE GO TO PROGRAMMING NOTE AI54 ;**

'QA17_I9' [AI93] - Was there a subsidy or discount on the premium for this plan?

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

'PN_QA17_I10' [PN_AI54] -

PROGRAMMING NOTE AI54 :**IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH AI54 ;****ELSE GO TO CF6**

'QA17_I10' [AI54] - Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

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

'QA17_I11' [AI50] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

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

If = 2, -7, -8, goto 'PN_QA17_I13'

'QA17_I12' [AI51] - Who else pays all or some portion of the cost for (CHILD)'s health plan?
[CODE ALL THAT APPLY.]

- 01 CURRENT EMPLOYER
- 02 FORMER EMPLOYER
- 03 UNION
- 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- 07 MEDICAID/MEDI-CAL ASSISTANCE
- 10 COVERED CALIFORNIA
- 91 OTHER
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_I12' [POST_AI51] -

POST-NOTE AI51 :

IF AI51 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF AI51 = 7, SET CHMCAL = 1

IF AI51 = 10, SET CHHBEX = 1;

'PN_QA17_I13' [PN_CF6] -

PROGRAMMING NOTE CF6 :

IF CHINSURE = 1, GO TO PN MA3 ;

ELSE CONTINUE WITH CF6

'QA17_I13' [CF6] - Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

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

If = 1, goto 'PN_QA17_I19'

'POST_QA17_I13' [POST_CF6] -

POST-NOTE CF6 :

IF CF6 = 1, SET CHMILIT = 1 AND CHINSURE = 1

'QA17_I14' [CF7] - Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else?

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

- 01 AIM
- 02 MISTER MIP/MRMIP
- 03 HEALTHY KIDS
- 04 NO OTHER PLAN
- 91 SOMETHING ELSE (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 91, goto 'PN_QA17_I19'

OTHER_CF7

'POST_QA17_I14' [POST_CF7] -

POST-NOTE CF7 :

IF CF7 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

'QA17_I15' [CF8] - Does {he/she} have any health insurance coverage through a plan that I missed?

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

If = 2, -7, -8, goto 'PN_QA17_I18'

'QA17_I16' [CF9] - What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_I16' [POST_CF9] -

POST-NOTE CF9 :

IF CF9 = 1, SET CHEMP = 1 AND CHINSURE = 1

IF CF9 = 2, SET CHEMP = 1 AND CHINSURE = 1

IF CF9 = 3, SET CHDIRECT = 1 AND CHINSURE = 1

IF CF9 = 4, SET CHMCARE = 1 AND CHINSURE = 1

IF CF9 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF CF9 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF CF9 = 8, SET CHIHS = 1
IF CF9 = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;
IF CF9 = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;
IF CF9 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF CF9 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF CF9 = -7 OR -8, SET CHINSURE = 1

'PN_QA17_I17' [PN_CF9VER] -
PROGRAMMING NOTE CF9VER :
IF CF9 = 4 (CHILD HAS MEDICARE), CONTINUE WITH CF9VER ;
ELSE SKIP TO PROGRAMMING NOTE CF1A

'QA17_I17' [CF9VER] - Just to verify, you said that (CHILD) gets health insurance through Medicare?

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

'PN_QA17_I18' [PN_CF1A] -
PROGRAMMING NOTE CF1A :
IF CHINSURE ≠ 1 CONTINUE WITH CF1A ;
ELSE GO TO MA3 ;

'QA17_I18' [CF1A] - What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?

- 01 PAPERWORK TOO DIFFICULT
- 02 DIDN'T KNOW IF ELIGIBLE
- 03 INCOME TOO HIGH, NOT ELIGIBLE
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 OTHER NOT ELIGIBLE
- 06 DON'T BELIEVE IN HEALTH INSURANCE
- 07 DON'T NEED IT BECAUSE HEALTHY
- 08 ALREADY HAVE INSURANCE
- 09 DIDN'T KNOW IT EXISTED
- 10 DON'T LIKE / WANT WELFARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CF1A

'PN_QA17_I19' [PN_MA3] -
PROGRAMMING NOTE MA3 :
IF CF10A = 1 AND ARMCARE = 1 AND AH124 = 1, THEN MA3 = AH124 AND MA2 = AH125 AND SKIP TO CF14 ;
ELSE IF CF10A = 1, THEN MA3 = AI22C AND MA2 = AI22A AND CF14 = AI25 AND GO TO PN AI79 ;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH MA3 ;
ELSE GO TO PN AI79

'QA17_I19' [MA3] -
Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]

- 01 YES
- 02 NO

- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto 'QA17_I21'

'PN_QA17_I20' [PN_AI115] -

PROGRAMMING NOTE AI115 :

IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO MA2 ;

ELSE CONTINUE WITH AI115 ;

'QA17_I20' [AI115] - Is (CHILD)'s health plan a PPO or EPO?

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

- 01 PPO
- 02 EPO
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI115

'QA17_I21' [MA2] - What is the name of (CHILD)'s main health plan?

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSS OF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIACARE
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIAKIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDERS' INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP

- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 82 HEALTH ADVANTAGE
- 47 KAISER PERMANENTE
- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN
- 51 MD CARE
- 54 MOLINA HEALTHCARE OF CALIFORNIA
- 55 MONARCH HEALTH PLAN
- 56 ON LOK SENIOR HEALTH SERVICES
- 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- 58 PIH HEALTH CARE SOLUTIONS
- 59 PREMIER HEALTH PLAN SERVICES
- 60 PRIMECARE MEDICAL NETWORK
- 61 PROVIDENCE HEALTH NETWORK
- 68 SCRIPPS HEALTH PLAN SERVICES
- 69 SEASIDE HEALTH PLAN
- 84 SAN FRANCISCO HEALTH PLAN
- 90 SANTA CLARA FAMILY HEALTH PLAN
- 86 SAN MATEO HEALTH COMMISION
- 88 SANTA BARBARA
- 92 SATELLITE HEALTH PLAN
- 67 SCAN HEALTH PLAN
- 70 SHARP HEALTH PLAN
- 71 SUTTER HEALTH PLAN
- 72 SUTTER SENIOR CARE
- 73 UNITED HEALTHCARE
- 74 UNITED HEALTHCARE SECURE HORIZON
- 75 UNIVERSITY HEALTHCARE ADVANTAGE
- 76 VALLEY HEALTH PLAN
- 77 VENTURA COUNTY HEALTH CARE PLAN
- 78 WESTERN HEALTH ADVANTAGE
- 93 CHAMPUS/CHAMP-VA
- 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- 89 VA HEALTH CARE SERVICES
- 52 MEDI-CAL
- 53 MEDICARE
- 85 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_MA2

'POST_QA17_I21' [POST_MA2] - POST_MA2

POST NOTE MA2 :

IF MA2 = 93, 87, OR 89 THEN SET CHMILIT=1

'QA17_I22' [CF14] - Is (CHILD) covered for prescription drugs?

- 01 YES
- 02 NO
- 7 REFUSED

- 8 DON'T KNOW

'PN_QA17_I23' [PN_AI79] -

PROGRAMMING NOTE FOR AI79 :

IF (ARINSURE ≠ 1 OR CF10A ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH AI79 ;

ELSE SKIP TO PROGRAMMING NOTE CF18

'QA17_I23' [AI79] -

Does (CHILD)'s health plan have a deductible that is more than \$1,000?

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

- 01 YES
 02 NO
 03 YES, ONLY WHEN GO OUT OF NETWORK
 -7 REFUSED
 -8 DON'T KNOW

'QA17_I24' [AI80] -

Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

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

- 01 YES
 02 NO
 03 YES, ONLY WHEN GO OUT OF NETWORK
 -7 REFUSED
 -8 DON'T KNOW

'PN_QA17_I25' [PN_AI81] -

PROGRAMMING NOTE AI81 :

IF (AI79 = 1 OR 3) OR (AI80 = 1 OR 3), CONTINUE WITH AI81 ;

ELSE SKIP TO PROGRAMMING NOTE CF18

'QA17_I25' [AI81] - Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

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

'PN_QA17_I26' [PN_CF18] -
PROGRAMMING NOTE CF18 :
IF CHINSURE = 1, GO TO CF24 ;
ELSE CONTINUE WITH CF18

'QA17_I26' [CF18] - What is the one main reason (CHILD) does not have any health insurance?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_CF18

'QA17_I27' [CF20] - Was (CHILD) covered by health insurance at any time during the past 12 months?

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

If = 1, goto 'QA17_I29'

'QA17_I28' [CF21] - How long has it been since (CHILD) last had health insurance?

- 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE COVERAGE
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto 'PN_QA17_I37'

'QA17_I29' [CF22] -

For how many of the last 12 months did {he/she} have health insurance?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]_

If = 0, goto 'PN_QA17_I37'

- 7 REFUSED
- 8 DON'T KNOW

'QA17_I30' [CF23] -

During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

If =1, 3, 5, 6, 91, -7, -8, goto 'PN_QA17_I37'

'QA17_I31' [CF24] - Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

- 01 YES
- 02 NO
- 03 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 3, goto 'PN_QA17_I37'

'QA17_I32' [CF25] -

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

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

If = 2, -7, -8, goto 'QA17_I34'

'QA17_I33' [CF26] - Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- 01 MEDI-CAL
- 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'QA17_I34' [CF27] - During the past 12 months, was there any time when {he/she} had no health insurance at all?

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

If = 2, -7, -8, goto 'PN_IA10A'

'QA17_I35' [CF28] -

For how many of the past 12 months did {he/she} have no health insurance?

[IF < 1 MONTH, ENTER "1"]

MONTHS [RANGE: 1-12]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_I36' [CF29] - What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

[IF R SAYS, "No need," PROBE WHY]

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_I37' [PN_IA10A] -

PROGRAMMING NOTE IA10A :

IF NO TEEN SELECTED, GO TO PN AI56 ;

IF ARINSURE = 1, CONTINUE WITH IA10A ;

IF ARINSURE ≠ 1, GO TO PN MA5 ;

ELSE CONTINUE WITH IA10A

'QA17_I37' [IA10A] - These next questions are about health insurance (TEEN) may have.

Does (TEEN) have the same insurance as you?

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

If = 1, goto 'QA17_I56'

'POST_QA17_I37' [POST_IA10A] -

POST-NOTE IA10A :

IF IA10A = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF IA10A = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF IA10A = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF IA10A = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF IA10A = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF IA10A = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF IA10A = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF IA10A = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF IA10A = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF IA10A = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;

IF IA10A = 1 AND ARIHS = 1, SET TEIHS = 1

IF IA10A = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

'PN_QA17_I38' [PN_MA5] -

PROGRAMMING NOTE MA5 :

IF SPINSURE \neq 1 THEN SKIP TO MA6 ;

ELSE IF IA10A = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE MA6 ;

ELSE CONTINUE WITH MA5

'QA17_I38' [MA5] -

Does (TEEN) have the same insurance as your spouse?

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

If = 1, goto 'QA17_I56'

'POST_QA17_I38' [POST_MA5] -

POST-NOTE MA5 :

IF MA5 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPIHS = 1, SET TEIHS = 1

IF MA5 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

IF MA5 = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND SPSAMETE = 1

'PN_QA17_I39' [PN_MA6] -

PROGRAMMING NOTE MA6 :

IF TEINSURE \neq 1, THEN SKIP TO IA1 ;

ELSE IF (IA10A = 2 AND ARSAMECH = 1) OR (MA5 = 2 AND SPSAMECH = 1), THEN SKIP TO IA1 ;

ELSE CONTINUE WITH MA6 ;

'QA17_I39' [MA6] - Does (TEEN) have the same insurance as (CHILD)?

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

If = 1, goto 'QA17_I68'

'POST_QA17_I39' [POST_MA6] -

POST-NOTE MA6 :

IF MA6 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF MA6 = 1 AND CHIHS = 1, SET TEIHS = 1;

IF MA6 = 1 AND CHOTHER = 1, SET TEOTHER = 1;

IF MA6 = 1 AND CHHBEX = 1, SET TEHBEX = 1

'QA17_I40' [IA1] -

Is {he/she} currently covered by Medi-CAL?

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

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

'POST_QA17_I40' [POST_IA1] -

POST-NOTE IA1 :

IF IA1 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

'QA17_I41' [IA3] - Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

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

If = 2, -7, -8, goto 'QA17_I43'

'POST_QA17_I41' [POST_IA3] -

POST-NOTE IA3 :

IF IA3 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA17_I42' [AI94] - Is this plan through an employer, through a union, or through Covered California's SHOP program?

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

- 01 EMPLOYER
- 02 UNION
- 03 SHOP / COVERED CALIFORNIA
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI94

'POST_QA17_I42' [POST_AI94] -

POST-NOTE FOR AI94 :

IF AI94 = 3, THEN SET TEHBEX = 1

'PN_QA17_I43' [PN_IA4] -

PROGRAMMING NOTE IA4 :

**IF TEINSURE = 1 THEN GO TO AI95 ;
ELSE CONTINUE WITH IA4**

'QA17_I43' [IA4] - Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]

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

If = 2, -7, -8, goto **'QA17_I50'**

'POST_QA17_I43' [POST_IA4] -

POST-NOTE IA4 :

IF IA4 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

'PN_QA17_I44' [PN_AI95] -

PROGRAMMING NOTE AI95 :

IF TEDIRECT = 1, THEN CONTINUE WITH AI95 ;

ELSE GO TO PROGRAMMING NOTE AI96

'QA17_I44' [AI95] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

- 01 INSURANCE COMPANY OR HMO
- 02 COVERED CALIFORNIA
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI95

'POST_QA17_I44' [POST_AI95] -

POST-NOTE FOR AI95 :

IF AI95 = 2, THEN SET TEHBEX = 1

'PN_QA17_I45' [PN_AI96] -

PROGRAMMING NOTE AI96

IF TEHBEX = 1, THEN CONTINUE WITH AI96 ;

ELSE GO TO PROGRAMMING NOTE AI55 ;

'QA17_I45' [AI96] - Was this a bronze, silver, gold or platinum plan?

- 01 BRONZE
- 02 SILVER
- 03 GOLD
- 04 PLATINUM
- 05 MEDI-CAL / MEDICAID
- 06 MINIMUM COVERAGE PLAN/CATASTROPHIC
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_AI96

'PN_QA17_I46' [PN_AI97] -
PROGRAMMING NOTE AI97
IF AI94 = 3, THEN GO TO PN AI55 ;
ELSE CONTINUE WITH AI97 ;

'QA17_I46' [AI97] - Was there a subsidy or discount on the premium for this plan?

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

'PN_QA17_I47' [PN_AI55] -
PROGRAMMING NOTE AI55 :
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH AI55 ;
ELSE GO TO PROGRAMMING NOTE IA6

'QA17_I47' [AI55] - Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]

[IF NEEDED, SAY: A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: Premium is the monthly charge for the cost of your health insurance plan."]

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

'QA17_I48' [AI52] - Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

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

If = 2, -7, -8, goto 'PN_QA17_I50'

'QA17_I49' [AI53] -
 Who else pays all or some portion of the cost for (TEEN)'s health plan?

[CODE ALL THAT APPLY.]

- 01 CURRENT EMPLOYER
- 02 FORMER EMPLOYER
- 03 UNION
- 04 SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- 05 SPOUSE'S/PARTNER'S FORMER EMPLOYER
- 06 PROFESSIONAL/FRATERNAL ORGANIZATION
- 07 MEDICAID/MEDI-CAL ASSISTANCE
- 10 COVERED CALIFORNIA
- 91 OTHER
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_I49' [POST_AI53] -

POST-NOTE AI53 :

IF AI53 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;

IF AI53 = 7, SET TEMCAL = 1;

IF AI53 = 10, SET TEHBEX =1;

'PN_QA17_I50' [PN_IA6] -

PROGRAMMING NOTE IA6 :

IF TEINSURE = 1, GO TO PROGRAMMING NOTE IA1A ;

ELSE CONTINUE WITH IA6

'QA17_I50' [IA6] - Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

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

If = 1, goto 'PN_QA17_I56'

'POST_QA17_I50' [POST_IA6] -

POST-NOTE IA6 :

IF IA6 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

'QA17_I51' [IA7] - Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?

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

- 01 AIM
- 02 MISTER MIP/MRMIP
- 03 Family PACT
- 04 HEALTHY KIDS
- 05 NO OTHER PLAN
- 91 SOMETHING ELSE (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, 91, goto 'PN_QA17_I56'

OTHER_IA7

'POST_QA17_I51' [POST_IA7] -

POST-NOTE IA7 :

IF IA7 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

'QA17_I52' [IA8] - Does {he/she} have any health insurance coverage through a plan that I missed?

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

If = 2, -7, -8, goto 'PN_QA17_I56'

'QA17_I53' [IA9] - What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'POST_QA17_I53' [POST_IA9] -

POST-NOTE IA9 :

- IF IA9 = 1, SET TEEMP = 1 AND TEINSURE = 1;**
- IF IA9 = 2, SET TEEMP = 1 AND TEINSURE = 1;**
- IF IA9 = 3, SET TEDIRECT = 1 AND TEINSURE = 1;**
- IF IA9 = 4, SET TEMCARE = 1 AND TEINSURE = 1;**
- IF IA9 = 5, SET TEMCAL = 1 AND TEINSURE = 1;**
- IF IA9 = 7, SET TEMILIT = 1 AND TEINSURE = 1;**
- IF IA9 = 8 , SET TEIHS = 1;**
- IF IA9 = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;**
- IF IA9 = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;**
- IF IA9 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;**
- IF IA9 = 92, SET TEOTHER = 1 AND TEINSURE = 1;**
- IF IA9 = -7 OR -8, SET TEINSURE = 1**

'PN_QA17_I54' [PN_IA9VER] -

PROGRAMMING NOTE IA9VER :

**IF IA9 = 4 (TEEN HAS MEDICARE), CONTINUE WITH IA9VER ;
ELSE SKIP TO PROGRAMMING NOTE IA1A**

'QA17_I54' [IA9VER] - Just to verify, you said that (TEEN) gets health insurance through Medicare?

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

'PN_QA17_I55' [PN_IA1A] -

PROGRAMMING NOTE IA1A :

**IF TEINSURE ≠ 1 CONTINUE WITH IA1A ;
ELSE GO TO MA8 ;**

'QA17_I55' [IA1A] - What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

- 01 PAPERWORK TOO DIFFICULT
- 02 DIDN'T KNOW IF ELIGIBLE
- 03 INCOME TOO HIGH, NOT ELIGIBLE
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 OTHER NOT ELIGIBLE
- 06 DON'T BELIEVE IN HEALTH INSURANCE
- 07 DON'T NEED IT BECAUSE HEALTHY
- 08 ALREADY HAVE INSURANCE
- 09 DIDN'T KNOW IT EXISTED
- 10 DON'T LIKE / WANT WELFARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_IA1A

'PN_QA17_I56' [PN_MA8] -

PROGRAMMING NOTE MA8 :

IF IA10A = 1 AND ARMCARE = 1 AND AH124 = 1, THEN MA8 = AH124 AND MA7 = AH125 AND SKIP TO IA14 ;

ELSE IF IA10A = 1, THEN MA8 = AI22C AND MA7 = AI22A AND IA14 = AI25 AND GO TO PN AI82 ;

ELSE IF MA6 = 1, THEN MA8 = MA3 AND MA7 = MA2 AND IA14 = CF14 AND GO TO PN AI82 ;

ELSE IF TEINSURE = 1, THEN CONTINUE WITH MA8 ;

ELSE GO TO PROGRAMMING NOTE AI82

'QA17_I56' [MA8] -

Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]

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

If = 1, goto 'QA17_I58'

'PN_QA17_I57' [PN_AI116] -

PROGRAMMING NOTE AI116 :

IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO MA7 ;

ELSE CONTINUE WITH AI116 ;

'QA17_I57' [AI116] - Is (TEEN)'s health plan a PPO or EPO?

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

- 01 PPO
- 02 EPO
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_I58' [MA7] -

What is the name of (TEEN)'s main health plan?

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSS OF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIACARE
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIAKIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDERS' INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN

- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 82 HEALTH ADVANTAGE
- 47 KAISER PERMANENTE
- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN
- 51 MD CARE
- 54 MOLINA HEALTHCARE OF CALIFORNIA
- 55 MONARCH HEALTH PLAN
- 56 ON LOK SENIOR HEALTH SERVICES
- 57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- 58 PIH HEALTH CARE SOLUTIONS
- 59 PREMIER HEALTH PLAN SERVICES
- 60 PRIMECARE MEDICAL NETWORK
- 61 PROVIDENCE HEALTH NETWORK
- 68 SCRIPPS HEALTH PLAN SERVICES
- 69 SEASIDE HEALTH PLAN
- 84 SAN FRANCISCO HEALTH PLAN
- 90 SANTA CLARA FAMILY HEALTH PLAN
- 86 SAN MATEO HEALTH COMMISION
- 88 SANTA BARBARA
- 92 SATELLITE HEALTH PLAN
- 67 SCAN HEALTH PLAN
- 70 SHARP HEALTH PLAN
- 71 SUTTER HEALTH PLAN
- 72 SUTTER SENIOR CARE
- 73 UNITED HEALTHCARE
- 74 UNITED HEALTHCARE SECURE HORIZON
- 75 UNIVERSITY HEALTHCARE ADVANTAGE
- 76 VALLEY HEALTH PLAN
- 77 VENTURA COUNTY HEALTH CARE PLAN
- 78 WESTERN HEALTH ADVANTAGE
- 93 CHAMPUS/CHAMP-VA
- 87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
- 89 VA HEALTH CARE SERVICES
- 52 MEDI-CAL
- 53 MEDICARE
- 85 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_MA7

'POST_QA17_I58' [POST_MA7] - POST_MA7

POST NOTE MA7 :

IF MA7 = 93, 87, OR 89 THEN SET TEMILIT=1

'QA17_I59' [IA14] - Is (TEEN) covered for prescription drugs?

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

'PN_QA17_I60' [PN_AI82] -

PROGRAMMING NOTE FOR AI82 :

**IF [(ARINSURE ≠ 1 OR IA10A ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH AI82 ;
ELSE SKIP TO PN IA18**

'QA17_I60' [AI82] -

Does (TEEN)'s health plan have a deductible that is more than \$1,000?

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

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

'QA17_I61' [AI83] -

Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

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

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN GO OUT OF NETWORK
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_I62' [PN_AI84] -

PROGRAMMING NOTE AI84 :

**IF (AI82 = 1 OR 3) OR (AI83 = 1 OR 3), CONTINUE WITH AI84 ;
ELSE SKIP TO PROGRAMMING NOTE IA18**

'QA17_I62' [AI84] - Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

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

'PN_QA17_I63' [PN_IA18] -
PROGRAMMING NOTE IA18 :
IF TEINSURE = 1, GO TO IA24 ;
ELSE CONTINUE WITH IA18

'QA17_I63' [IA18] -

What is the one main reason (TEEN) does not have any health insurance?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_IA18

'QA17_I64' [IA20] -

Was (TEEN) covered by health insurance at any time during the past 12 months?

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

If = 1, goto 'QA17_I66'

'QA17_I65' [IA21] - How long has it been since (TEEN) last had health insurance?

- 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE COVERAGE
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto 'PN_QA17_I74'

'QA17_I66' [IA22] - For how many of the last 12 months did {he/she} have health insurance?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

If = 0 , goto 'PN_QA17_I74'

- 7 REFUSED
- 8 DON'T KNOW

'QA17_I67' [IA23] - During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CODE ALL THAT APPLY.][PROBE: "Any others?"]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 3, 5, 6, 91, -7, -8, goto 'PN_QA17_I74'

'QA17_I68' [IA24] - Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

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

If = 1, goto 'PN_QA17_I74'

'QA17_I69' [IA25] - When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

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

If = 2, -7, -8, goto 'QA17_I71'

'QA17_I70' [IA26] - Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- 01 MEDI-CAL
- 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

'QA17_I71' [IA27] - During the past 12 months, was there any time when {he/she} had no health insurance at all?

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

If = 2, -7, -8, goto 'PN_QA17_I74'

'QA17_I72' [IA28] - For how many of the past 12 months did {he/she} have no health insurance?

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_I73' [IA29] -

What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

[IF R SAYS, "No need," PROBE WHY]

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

OTHER_IA29

'PN_QA17_I74' [PN_AI56] -

PROGRAMMING NOTE AI56 :

IF NO TEEN SELECTED, GO TO SECTION J;

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father";

IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'QA17_I74' [AI56] -

In what country was (TEEN)'s {mother/father} born?

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

- 01 UNITED STATES
- 02 AMERICAN SAMOA
- 03 CANADA
- 04 CHINA
- 05 EL SALVADOR
- 06 ENGLAND
- 07 FRANCE
- 08 GERMANY
- 09 GUAM
- 10 GUATEMALA
- 11 HUNGARY
- 12 INDIA
- 13 IRAN
- 14 IRELAND

- 15 ITALY
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 20 POLAND
- 21 PORTUGAL
- 22 PUERTO RICO
- 23 RUSSIA
- 24 TAIWAN
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_I75' [PN_AI57] -

PROGRAMMING NOTE AI57 :

IF AI56 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;

ELSE CONTINUE WITH AI57 ;

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father"

IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'QA17_I75' [AI57] -

Does (TEEN)'s {mother/father} now live in the U.S.?

- 01 YES
- 02 NO
- 03 MOTHER/FATHER DECEASED
- 04 MOTHER/FATHER NEVER LIVED IN US
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_I76' [PN_AI58] -

PROGRAMMING NOTE AI58 :

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father";

IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

IF AI57 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";

ELSE DISPLAY "Is"

'QA17_I76' [AI58] -

{Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

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

'PN_QA17_I77' [PN_AI59] -

PROGRAMMING NOTE AI59 :

IF AI58 =1 SKIP TO PN_AI60

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father";

IF AA3 = 3 (REFUSED/DON'T KNOW) AND SC11A Sex =1 DISPLAY "father" OR If SC11A =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

IF AI57 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";

ELSE DISPLAY "Is"

'QA17_I77' [AI59] - {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?

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

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

'PN_QA17_I78' [PN_AI60] -

PROGRAMMING NOTE AI60 :

IF AA3 = 1 (R IS MALE), DISPLAY "mother";

IF AA3 = 2 (R IS FEMALE), DISPLAY "father"

'QA17_I78' [AI60] -

About how many years has (TEEN)'s {mother/father} lived in the United States?

NUMBER OF YEARS

YEAR FIRST CAME AND LIVE IN U.S.

OTHER_AI60

- 01 NUMBER OF YEARS
- 02 YEAR FIRST CAME TO LIVE IN US
- 03 MOTHER/FATHER DECEASED
- 04 MOTHER/FATHER NEVER LIVED IN US
- 7 REFUSED
- 8 DON'T KNOW

Section J: Health Care Utilization and Access

'PN_QA17_J1' [PN_AH5] -

PROGRAMMING NOTE AH5 :

IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";

ELSE BEGIN QUESTION WITH "During the past 12 months, how many times have you seen a medical doctor"

'QA17_J1' [AH5] - {Now, I'd like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor}?

_____ TIMES [HR: 0-365]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J2' [PN_AH6] -

PROGRAMMING NOTE AH6 :

IF AH5 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH AH6 ; ELSE GO TO PROGRAMMING NOTE AJ114

'QA17_J2' [AH6] - About how long has it been since you last saw a doctor about your own health?

- 00 ONE YEAR AGO OR LESS
- 01 MORE THAN 1 UP TO 2 YEARS AGO
- 02 MORE THAN 2 UP TO 5 YEARS AGO
- 03 MORE THAN 5 YEARS AGO
- 04 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J3' [PN_AJ114] -

PROGRAMMING NOTE AJ114 :

IF AH6 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE AJ77 ; ELSE CONTINUE WITH AJ114

'QA17_J3' [AJ114] -

About how long has it been since you last saw a doctor or medical provider for a routine check-up?

[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]

- 00 ONE YEAR AGO OR LESS
- 01 MORE THAN 1 UP TO 2 YEARS AGO
- 02 MORE THAN 2 UP TO 5 YEARS AGO
- 03 MORE THAN 5 YEARS AGO
- 04 NEVER
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J4' [PN_AJ77] -

PROGRAMMING NOTE AJ77 :

**IF AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH AJ77 ;
ELSE GO TO PROGRAMMING NOTE AJ102**

'QA17_J4' [AJ77] - Do you have a personal doctor or medical provider who is your main provider?

IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider."]

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

'PN_QA17_J5' [PN_AJ102] - PN_AJ102

PROGRAMMING NOTE AJ102:

**IF ARINSURE =1 OR AH1 = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH AJ102
ELSE GO TO PROGRAMMING NOTE AJ80**

**IF AJ77 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";**

'QA17_J5' [AJ102] - In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]

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

IF = 2, -7, -8 go to 'PN_QA17_J7'

'QA17_J6' [AJ103] - How often were you able to get an appointment within two days? Would you say...

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

'PN_QA17_J7' [PN_AJ80] -

PROGRAMMING NOTE AJ80:

**IF AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND AJ77 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(AB40 = 1 OR AB41 = 1 (HAS ASTHMA)) OR AB22 = 1 (HAS DIABETES) OR AB34 = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH AJ80;
ELSE GO TO AJ152**

'QA17_J7' [AJ80] - Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

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

'QA17_J8' [AJ152] - During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

[IF NEEDED, SAY: "Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline."]

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

If = 2, -7, -8, goto 'PN_QA17_J10'

'QA17_J9' [AJ153] - Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 SKIN PROBLEM
- 02 EYE PROBLEM
- 03 MENTAL OR EMOTIONAL HEALTH PROBLEM
- 91 OTHER HEALTH PROBLEM (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J10' [PN_AJ8B] -

PROGRAMMING NOTE AJ8 :

IF AH5 > 0 OR AH6 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH AJ8 ;

ELSE GO TO PROGRAMMING NOTE AJ105

'QA17_J10' [AJ8B] - The last time you saw a doctor, did you have a hard time understanding the doctor?

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

If = 1, goto 'QA17_J12'

If = -7, -8, goto 'PN_QA17_J15'

'PN_QA17_J11' [PN_AJ50] -

PROGRAMMING NOTE AJ50 :

IF AJ8B = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR AH36 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH AJ50 ;

SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME AJ50 WAS ASKED; ELSE SKIP TO PROGRAMMING NOTE AJ105

'QA17_J11' [AJ50] - In what language did the doctor speak to you?

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

If = 1, goto 'QA17_J13'

If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, goto 'PN_QA17_J15'

OTHER_AJ50

'QA17_J12' [AJ9] - Was this because you and the doctor spoke different languages?

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

'QA17_J13' [AJ10] - Did you need someone to help you understand the doctor?

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

If = 2, -7, -8, goto 'PN_QA17_J15'

'QA17_J14' [AJ11] - Who was this person who helped you understand the doctor?

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

- 01 MINOR CHILD (UNDER AGE 18)
- 02 AN ADULT FAMILY MEMBER OR FRIEND OF MINE
- 03 NON-MEDICAL OFFICE STAFF
- 04 MEDICAL STAFF INCLUDING NURSES/DOCTORS
- 05 PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)
- 06 OTHER (PATIENTS, SOMEONE ELSE)
- 07 DID NOT HAVE SOMEONE TO HELP
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J15' [PN_AJ105] -

PROGRAMMING NOTE AJ105 :

**IF AH37 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH AJ105 ;
ELSE GO TO PROGRAMMING NOTE AJ106**

'QA17_J15' [AJ105] - In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

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

'PN_QA17_J16' [PN_AJ106] -

PROGRAMMING NOTE AJ106 :

**IF [ARINSURE = 1 OR AI27 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)]
AND AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH AJ106 ;
ELSE GO TO AH16**

'QA17_J16' [AJ106] - In the past 12 months, did you change where you usually go for health care?

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

If = 2, -7, -8, goto 'QA17_J18'

'QA17_J17' [AJ107] - Did you have to change because of your health insurance plan?

[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]

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

'QA17_J18' [AH16] - During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

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

If = 2, -7, -8, goto 'QA17_J21'

'QA17_J19' [AJ19] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

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

'PN_QA17_J20' [PN_AJ176] -

PROGRAMMING NOTE AJ167a:

IF ARINSURE = 1, THEN CONTINUE WITH AJ167a;

ELSE GO TO AH22

'QA17_J20' [AJ176] - Did you delay or not get a medicine while you had your current insurance plan?

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

'QA17_J21' [AH22] - During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

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

If = 2, -7, -8, goto 'QA17_J27'

'QA17_J22' [AJ129] - Did you get the care eventually?

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

'QA17_J23' [AJ20] - Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

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

If = 2, -7, -8, goto 'QA17_J25'

'QA17_J24' [AJ130] -

Was that the main reason?

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

If = 1, -7, -8, goto 'QA17_J27'

'QA17_J25' [AJ131] - What was the one main reason why you delayed getting the care you felt you needed?

- 01 COULDN'T GET APPOINTMENT
- 02 MY INSURANCE NOT ACCEPTED
- 03 INSURANCE DID NOT COVER
- 04 LANGUAGE PROBLEMS
- 05 TRANSPORTATION PROBLEMS
- 06 HOURS NOT CONVENIENT
- 07 NO CHILD CARE FOR CHILDREN AT HOME
- 08 FORGOT OR LOST REFERRAL
- 09 I DIDN'T HAVE TIME
- 10 COULDN'T AFFORD/COST TOO MUCH
- 11 NO INSURANCE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J26' [PN_AJ177] -
PROGRAMMING NOTE AJ168a:
IF ARINSURE = 1, THEN CONTINUE WITH AJ168a;
ELSE GO TO AH136

'QA17_J26' [AJ177] - Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

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

'QA17_J27' [AJ136] - The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

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

'PN_QA17_J28' [PN_AJ137] -

PROGRAMMING NOTE AJ137 :
IF AJ136 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH AJ137 ;
ELSE GO TO AJ133

'QA17_J28' [AJ137] - During the past 12 months, did you have any trouble finding a medical specialist who would see you?

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

'QA17_J29' [AJ138] - During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

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

'PN_QA17_J30' [PN_AJ139] -

PROGRAMMING NOTE AJ139 :
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH AJ139 ;
ELSE SKIP TO AJ133

'QA17_J30' [AJ139] - During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

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

'QA17_J31' [AJ133] - Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

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

'QA17_J32' [AJ134] - During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

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

'PN_QA17_J33' [PN_AJ135] -

PROGRAMMING NOTE AJ135 :

**IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH AJ135 ;
ELSE SKIP TO AJ169**

'QA17_J33' [AJ135] - During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

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

'PN_QA17_J34' [PN_AJ169] -

PROGRAMMING NOTE AJ169:

**IF AGE > 49 YEARS GO TO AG1;
ELSE IF AA3 = 1 THEN GO TO AJ144B;
ELSE CONTINUE WITH AJ169**

'QA17_J34' [AJ169] - Which of the following statements best describes your pregnancy plans? Would you say...

- 01 You do not plan to get pregnant within the next 12 months,
- 02 You are not sexually active
- 03 You are planning to get pregnant within the next 12 months, or
- 04 You are currently pregnant?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J35' [PN_AF40B] -

PROGRAMMING NOTE AF40B:

IF AD13 = 1 (PREGNANT), GO TO AG1;

IF AA3 = 2 (FEMALE) AND AD46 = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO AG1; IF AJ169= 2, 4 (NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO AJ144B;

ELSE CONTINUE WITH AF40B

'QA17_J35' [AF40B] - Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

- 01 YES
- 02 NO
- 03 NO MALE SEXUAL PARTNER
- 7 REFUSED
- 8 DON'T KNOW

If = 2, 3, -7, -8, goto 'QA17_J39'

'PN_QA17_J36' [PN_AJ154B] -
PROGRAMMING NOTE AJ154B:
IF AF40B = 2(NO) OR -7 (REF) OR -8 (DK), GO TO AJ170;
ELSE CONTINUE WITH AJ154B

'QA17_J36' [AJ154B] - Which birth control method or methods are you using?

[CODE ALL THAT APPLY] [PROBE: "Any others?"]

- 01 TUBAL LIGATION (TUBES TIED OR CUT)
- 02 VASECTOMY (MALE STERILIZATION)
- 03 IUD (MIRENA, PARAGARD)
- 04 IMPLANT (IMPLANON, NEXPLANON)
- 05 BIRTH CONTROL PILLS
- 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- 07 CONDOMS (MALE)
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_J37' [AJ170] - What is the MAIN reason you are NOT currently using birth control?

- 01 TRYING TO GET PREGNANT/WANT A BABY
- 02 HAVEN'T FOUND A METHOD I LIKE
- 03 COST
- 04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- 05 NO TRANSPORTATION
- 06 DON'T KNOW WHERE TO GET IT
- 07 DON'T BELIEVE IN BIRTH CONTROL
- 08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- 09 PARTNER WON'T LET ME
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_J38' [AJ171] - Has a doctor, medical provider, or family planning counselor ever talked to you about an IUD or an implant (that thing in your arm)?

- 01 YES
- 02 NO
- 03 NO MALE SEXUAL PARTNER
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J39' [PN_AJ144B] -

PROGRAMMING NOTE AJ144:
IF AA3=2 (FEMALE) THEN GO TO AG1;
ELSE IF AA3=1 (MALE) CONTINUE WITH AJ144B;

'QA17_J39' [AJ144B] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

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

'QA17_J40' [AJ172] - Are you or your female sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

- 01 YES
- 02 NO
- 03 NO FEMALE SEXUAL PARTNER
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J41' [PN_AJ174] -

PROGRAMMING NOTE AJ174:

**IF AJ172 = 2 (NO) or 3 (NO FEMALE PARTNER) THEN GO TO AJ175;
ELSE CONTINUE WITH AJ174;**

'QA17_J41' [AJ174] - Which birth control method or methods are you using?

[CODE ALL THAT APPLY] [PROBE: "Any others?"]

- 03 IUD (MIRENA, PARAGARD)
- 04 IMPLANT (IMPLANON, NEXPLANON)
- 05 BIRTH CONTROL PILLS
- 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- 07 CONDOMS (MALE)
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_J42' [PN_AJ175] -

PROGRAMMING NOTE AJ175:

**IF AJ172=2 (N0), CONTINUE WITH AJ175;
ELSE GO TO AG1;**

'QA17_J42' [AJ175] - What is the MAIN reason you are NOT currently using birth control?

- 01 TRYING TO GET PREGNANT/WANT A BABY
- 02 HAVEN'T FOUND A METHOD I LIKE
- 03 COST
- 04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- 05 NO TRANSPORTATION
- 06 DON'T KNOW WHERE TO GET IT
- 07 DON'T BELIEVE IN BIRTH CONTROL
- 08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- 09 PARTNER WON'T LET ME
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_J43' [AG1] - These next questions are about dental health. About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

(CHIS 2016)

- 00 HAVE NEVER VISIT
- 01 6 MONTHS AGO OR LESS
- 02 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- 03 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 04 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- 05 MORE THAN 5 YEARS AGO
- 7 REFUSED
- 8 DON'T KNOW

If = 0, -7, -8, goto 'QA17_J45'

'QA17_J44' [AJ167] - Was it for a routine checkup or cleaning, or was it for a specific problem?

- 01 ROUTINE CHECKUP OR CLEANING
- 02 SPECIFIC PROBLEM
- 03 BOTH
- 7 REFUSED
- 8 DON'T KNOW

'QA17_J45' [AG3] - Do you now have any type of insurance that pays for part or all of your dental care?

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

'QA17_J46' [AJ168] - How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- 06 HAS NO NATURAL TEETH
- 7 REFUSED
- 8 DON'T KNOW

Section DM: Discrimination

'QA17_DM1' [DMC8] - These next questions are about things that have happened to you while receiving medical care.

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

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

If = 2, -7, -8, goto 'QA17_DM3'

'QA17_DM2' [DMC9] - Think about the last time this happened. How long ago was that?

- 01 A YEAR AGO OR LESS
- 02 MORE THAN 1 UP TO 2 YEARS AGO
- 03 MORE THAN 2 UP TO 3 YEARS AGO
- 04 MORE THAN 3 UP TO 5 YEARS AGO
- 05 MORE THAN 5 UP TO 10 YEARS AGO
- 06 MORE THAN 10 UP TO 20 YEARS AGO
- 07 MORE THAN 20 YEARS AGO
- 7 REFUSED
- 8 DON'T KNOW

'QA17_DM3' [DMC3] -

Over your entire lifetime, how often have you been treated unfairly when getting medical care? Would you say...

- 01 Never,
- 02 Rarely,
- 03 Sometimes, or
- 04 Often?
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto 'QA17_K1'

'QA17_DM4' [DMC6B] - Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...

- 01 Your ancestry or national origin
- 02 Because of your gender or sex
- 03 Because of your race or skin color
- 04 Because of your age, or
- 05 Because of the way you speak English, or
- 06 For some other reason? (Specify: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_DM5' [DMC7] - Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

- 01 Not at all stressful
- 02 A little stressful
- 03 Somewhat stressful, or
- 04 Extremely stressful?
- 7 REFUSED
- 8 DON'T KNOW

Section K: Employment, Income, Poverty Status, Food Security

'PN_QA17_K1' [PN_AK3] -

PROGRAMMING NOTE AK3 :

**IF AK1 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR AG10 = 1 (R USUALLY WORKS) CONTINUE WITH AK3 ;
ELSE GO TO PROGRAMMING NOTE AK20**

'QA17_K1' [AK3] - The next questions are about your employment.

How many hours per week do you usually work at all jobs or businesses? [IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_K2' [AK7] - How long have you worked at your main job?

[IF NEEDED, SAY: "That is, for your current employer."]

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

'AK7M' [AK7M] - _____ MONTHS [HR: 0-12]

'AK7Y' [AK7Y] - _____ YEARS [HR: 0-50]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K3' [PN_AK10] -

PROGRAMMING NOTE AK10 :

IF AK1 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR AG10 = 1 (USUALLY WORKS), CONTINUE WITH AK10 ; ELSE SKIP TO PROGRAMMING NOTE AK20

'QA17_K3' [AK10] -

What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$_____ AMOUNT [HR: 0-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K4' [PN_AK20] -

PROGRAMMING NOTE AK20 ;

IF AG8 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR AG11 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH AK20 AND:

IF AK1 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND AG10 ≠ 1 (R DOES NOT USUALLY WORK), AND AH43 = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF AK1 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND AG10 ≠ 1 (R DOES NOT USUALLY WORK), AND (AD60B = 1 OR AD61B = 1), THEN DISPLAY "The next question is about your partner's employment."

IF AH43 = 1 THEN DISPLAY "spouse";

ELSE IF AD60B = 1 OR AD61B = 1 THEN DISPLAY "partner";

ELSE SKIP TO AK22

'QA17_K4' [AK20] -

{The next question is about your spouse's employment.}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?

_____ HOURS [HR: 0-95]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K5' [PN_AK10A] -

PROGRAMMING NOTE AK10A :

IF AK20 ≠ 0 CONTINUE WITH AK10A ;

IF AH43 = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF AD60B = 1 OR AD61B = 1, THEN DISPLAY "partner's";

ELSE GO TO AK22

'QA17_K5' [AK10A] -

What is your best estimate of all your {spouse's/partner's} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

NUM_HOU_AK10A

- 7 REFUSED
- 8 DON'T KNOW

'QA17_K6' [AK22] -

What is your best estimate of your household's total annual income from all sources before taxes in 2016?

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [HR: 0-999995]

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto 'PN_QA17_K8'

'QA17_K7' [AK22A] - PLEASE VERIFY AMOUNT ENTERED:

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

- 1 YES
- 2 NO

If = 1, goto 'PN_QA17_K14'

If = 2, Go back to 'QA17_K6'

'PN_QA17_K8' [PN_AK11] -

PROGRAMMING NOTE AK11 :

IF AK22 = -7 OR -8 CONTINUE WITH AK11 ;

ELSE GO TO PROGRAMMING NOTE AK17

'QA17_K8' [AK11] -

We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?

- 01 MORE
- 02 EQUAL TO \$20K OR LESS
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto 'QA17_K10'

If = -7, -8, goto 'PN_QA17_K14'

'QA17_K9' [AK12] -

Is it ...

- 01 \$5,000 or less,
- 02 \$5,001 to \$10,000,
- 03 \$10,001 to \$15,000, or
- 04 \$15,001 to 20,000?
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, -7, -8, goto 'PN_QA17_K14'

'QA17_K10' [AK13] - Is it more or less than \$70,000 per year?

- 01 MORE
- 02 EQUAL TO \$70K OR LESS
- 7 REFUSED
- 8 DON'T KNOW

If = 1, goto 'QA17_K12'

If = -7, -8, goto 'PN_QA17_K14'

'QA17_K11' [AK14] - Is it ...

- 01 \$20,001 to \$30,000,
- 02 \$30,001 to \$40,000,
- 03 \$40,001 to \$50,000,
- 04 \$50,001 to \$60,000, or
- 05 \$60,001 to \$70,000?
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, 5, -7, -8, goto 'PN_QA17_K14'

'QA17_K12' [AK15] - Is it more or less than \$135,000 per year?

- 01 MORE
- 02 EQUAL TO \$135K OR LESS
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto 'PN_QA17_K14'

'QA17_K13' [AK16] - Is it ...

- 01 \$70,001 to \$80,000,
- 02 \$80,001 to \$90,000,
- 03 \$90,001 to \$100,000, or
- 04 \$100,001 to \$135,000?
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K14' [PN_AK17] -
PROGRAMMING NOTE AK17 :
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE AK18 ;

ELSE CONTINUE WITH AK17

'QA17_K14' [AK17] - Including yourself, how many people living in your household are supported by your total household income?

_____ NUMBER OF PEOPLE [HR: 1-20]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K15' [PN_AK18] -
PROGRAMMING NOTE AK18 :
AK18 MUST BE LESS THAN AK17 ;
IF R IS ONLY MEMBER OF HH, GO TO AK32 ;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = AK17 GO TO PROGRAMMING NOTE AK32 ;
ELSE CONTINUE WITH AK18

'QA17_K15' [AK18] -
How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_K16' [AK32] - Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

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

If = 2, -7, -8, goto 'PN_AK29'

'QA17_K17' [AK33] - How many?

_____ NUMBER OF PEOPLE [HR: 1-20]

- 7 REFUSED
- 8 DON'T KNOW

'PN_AMB1' [PN_AM1B] -

PROGRAMMING NOTE AM1B :

IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH AM1B ;

IF HH Income ≤ 300% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1) AND SAMPLED COUNTY IS SAN FRANCISCO OR ALAMEDA], CONTINUE WITH AM1B; **ELSE GO TO AL2**

'PN_AM1B_2' [PN_AM1B_2] -

PROGRAMMING NOTE AM1 :

IF AK17 = 1, THEN DISPLAY "I",

ELSE IF AK17 > 1 DISPLAY "We"

'QA17_K18' [AM1B] -

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

"The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

- 01 OFTEN TRUE
- 02 SOMETIMES TRUE
- 03 NEVER TRUE
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_K19' [PN_AMB2] -

PROGRAMMING NOTE AM2B :

IF AK17 = 1, THEN DISPLAY "I",

ELSE IF AK17 > 1 DISPLAY "We"

'QA17_K19' [AM2B] -

The second statement is:

"{I/We} couldn't afford to eat balanced meals."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

- 01 OFTEN TRUE
- 02 SOMETIMES TRUE
- 03 NEVER TRUE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_K20' [AM3B] - Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

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

If = 2, -7, -8, goto 'QA17_K22'

'AM3C' [AM3C] - How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

- 01 ALMOST EVERY MONTH
- 02 SOME MONTHS BUT NOT EVERY MONTH
- 03 ONLY IN 1 OR 2 MONTHS
- 7 REFUSED
- 8 DON'T KNOW

'QA17_K22' [AM4B] - In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

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

'QA17_K23' [AM5B] - In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

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

Section L: Public Program Participation

IF HOUSEHOLD INCOME IS \leq 300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE \neq 1)] CONTINUE WITH SECTION L;

ELSE GO TO AK23

'QA17_L1' [AL2] - Are you now receiving TANF or CalWORKs?

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

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

'PN_QA17_L2' [PN_IAP1] -

PROGRAMMING NOTE IAP1 :

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH IAP1 ;

ELSE GO TO AL5 ;

'QA17_L2' [IAP1] - Is(TEEN) now receiving TANF or CalWORKs?

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

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

'QA17_L3' [AL5] - Are you receiving Food Stamp benefits, also known as CalFresh?

[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

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

'PN_QA17_L4' [PN_IAP2] -

PROGRAMMING NOTE LAP2 :

IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH LAP2 ;

ELSE GO TO AL6

'QA17_L4' [IAP2] - Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

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

'QA17_L5' [AL6] - Are you receiving Supplemental Security Income (SSI)?

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]

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

'PN_QA17_L6' [PN_AL7] -

PROGRAMMING NOTE AL7 :

IF AA3 = 2 (FEMALE) AND [AD13 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]

CONTINUE WITH AL7 ;

ELSE GO TO PROGRAMMING NOTE AL9

'QA17_L6' [AL7] - Are you on WIC?

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]

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

'PN_QA17_L7' [PN_AL9] -
PROGRAMMING NOTE AL9 :

IF AL8 = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR AA2A = 6) AND (POVERTY < 6 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH AL9 ; ELSE SKIP TO PROGRAMMING NOTE AL15B ;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM AK17 .

IF AK17 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

- IF AK17 = 1 DISPLAY \$2000;**
- IF AK17 = 2 DISPLAY \$3000;**
- IF AK17 = 3 DISPLAY \$3150;**
- IF AK17 = 4 DISPLAY \$3300;**
- IF AK17 = 5 DISPLAY \$3450;**
- IF AK17 = 6 DISPLAY \$3600;**
- IF AK17 = 7 DISPLAY \$3750;**
- IF AK17 = 8 DISPLAY \$3900;**
- IF AK17 = 9 DISPLAY \$4050;**
- IF AK17 ≥ 10 DISPLAY \$4200;**

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"

'QA17_L7' [AL9] - Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

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

If = 1, goto 'PN_QA17_L14'

'PN_QA17_L8' [PN_AL34] -
PROGRAMMING NOTE AL34 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

'QA17_L8' [AL34] -
 About how much {do you/does your family} have in cash, savings, and investments?

[IF NEEDED, SAY: "Again, do not count the value of any house or car you may own."
[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [HR: 0-999995]_

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L9' [PN_AL35] -

PROGRAMMING NOTE AL35 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

'QA17_L9' [AL35] - Besides your primary car or truck, {do you/does your family} own other cars or trucks?

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

If = 2, -7, -8, goto 'QA17_L12'

'QA17_L10' [AL36] - Are these cars or trucks only for personal use? Do not include cars or trucks used for transporting disabled persons or for business purposes.

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

If = 2, -7, -8, goto 'QA17_L12'

'PN_QA17_L11' [PN_AL37] -

PROGRAMMING NOTE AL37 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "your";

'QA17_L11' [AL37] -

Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?

[IF NEEDED: Do not include your primary cars or trucks.]

[IF NEEDED: Do not include cars or trucks used for transporting disabled persons or business purposes.]

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [HR: 0-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L12' [PN_AL38] -

PROGRAMMING NOTE AL38 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Does your family"; ELSE DISPLAY "Do you"

'QA17_L12' [AL38] -

{Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?

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

If = 2, -7, -8, goto 'PN_QA17_L14'

'PN_QA17_L13' [PN_AL39] -

PROGRAMMING NOTE AL39 :

IF AH43 = 1 (MARRIED) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "you"

'QA17_L13' [AL39] -

Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle {you/your family} own?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$_____ AMOUNT [HR: 0-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L14' [PN_AL15B] -

PROGRAMMING NOTE AL15 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";

ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)]

AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";

ELSE DISPLAY "you"

'QA17_L14' [AL15B] - Did {you or your spouse/you or your partner/you} receive any money last month for child support?

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

If = 2, -7, -8, goto 'PN_QA17_L16'

'PN_QA17_L15' [PN_AL16B] -

PROGRAMMING NOTE AL16 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";

ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)]

AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";

ELSE CONTINUE WITHOUT DISPLAYS

'QA17_L15' [AL16B] - What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$_____ AMOUNT [000001-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L16' [PN_AL17] -

PROGRAMMING NOTE AL17 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";

ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)]

AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"

ELSE DISPLAY "you"

'QA17_L16' [AL17] - Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

- 01 YES, RESPONDENT PAID
- 02 YES, SPOUSE/PARTNER PAID
- 03 YES, BOTH PAID
- 04 NO
- 7 REFUSED
- 8 DON'T KNOW

If = 4, -7, -8, goto 'PN_QA17_L18'

'PN_QA17_L17' [PN_AL18] -

PROGRAMMING NOTE AL18 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";

ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)]

AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";

ELSE DISPLAY "you"

'QA17_L17' [AL18] -

What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

_____ AMOUNT [000001-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L18' [PN_AL32] -

PROGRAMMING NOTE AL32 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";

ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)]

AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";

ELSE DISPLAY "you"

'QA17_L18' [AL32] - Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

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

If = 2, -7, -8, goto 'PN_QA17_L20'

'PN_QA17_L19' [PN_AL33] -

PROGRAMMING NOTE AL33 :

IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";

ELSE IF [AH43 = 2 (LIVING WITH PARTNER) OR AD60B = 1 OR AD61B = 1 (LEGAL SAME-SEX COUPLE)] AND AH44 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";

ELSE CONTINUE WITHOUT DISPLAYS

'QA17_L19' [AL33] -

What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [000001-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L20' [PN_AL18A] -

PROGRAMMING NOTE AL18A :

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH AL18A AND DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH AL18A AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, THEN CONTINUE WITH AL18A AND DISPLAY "you";

ELSE GO TO PROGRAMMING NOTE AL19

'QA17_L20' [AL18A] - Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

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

If = 2, -7, -8, goto 'PN_QA17_L22'

'PN_QA17_L21' [PN_AL18B] -

PROGRAMMING NOTE AL18B :

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND AH44 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, DISPLAY "you";

'QA17_L21' [AL18B] -

What was the total amount received last month from Social Security and Pensions {for both you and your spouse/partner}?

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

_____ AMOUNT [000001-999995]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L22' [PN_AL19] -
PROGRAMMING NOTE AL19 :
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH AL19 ;
ELSE GO TO AL40

'QA17_L22' [AL19] - What is the one main reason why you are not enrolled in the Medi-Cal program?

- 01 PAPERWORK TOO DIFFICULT
- 02 DIDN'T KNOW IF ELIGIBLE
- 03 INCOME TOO HIGH, NOT ELIGIBLE
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS
- 05 OTHER NOT ELIGIBLE
- 06 DON'T BELIEVE IN HEALTH INSURANCE
- 07 DON'T NEED IT BECAUSE HEALTHY
- 08 ALREADY HAVE INSURANCE
- 09 DIDN'T KNOW IT EXISTED
- 10 DON'T LIKE / WANT WELFARE
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L23' [PN_AL40] -
PROGRAMMING NOTE AL40:
IF ARMCAL = 1 (MEDI-CAL) OR AI33=1, AH134=1 OR AH135 =1 (HAD PRIOR MEDI-CAL COVERAGE),
CONTINUE WITH AL40;
ELSE GO TO PN AL49

'QA17_L23' [AL40] - You previously said you had Medi-Cal. How long did you have Medi-Cal?

'AL40Y' [AL40Y] - _____ YEARS

'AL40M' [AL40M] - _____ MONTHS

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L24' [PN_AL41] -
PROGRAMMING NOTE AL41:
IF AL40 > 1 YEAR, THEN CONTINUE WITH AL41;
ELSE GO TO PN AL49

'QA17_L24' [AL41] - Was your Medi-Cal renewed automatically in the past year
(with no input or action needed on your part)?

- 01 YES
- 02 NO
- 03 DID NOT RENEW
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 3, -7, -8, go to PN_AL49

'QA17_L25' [AL42] - Did you need to provide additional information for your Medi-Cal renewal by phone, mail, fax, online, or in person?

[CHECK ALL THAT APPLY]

- 01 PHONE
- 02 MAIL
- 03 FAX
- 04 ONLINE
- 05 IN PERSON
- 06 DIDN'T NEED TO PROVIDE INFORMATION
- 07 OTHER
- 7 REFUSED
- 8 DON'T KNOW

IF AL42 = 6, -7, -8 goto AL44

'QA17_L26' [AL43] - What information was needed?

[CHECK ALL THAT APPLY]

- 01 INCOME INFORMATION
- 02 HOUSEHOLD INFORMATION
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L27' [AL44] - Did you have any problems when renewing your Medi-Cal?

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

'QA17_L28' [AL45] -

Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

- 1 LOST COVERAGE FOR 1-2 MONTHS
- 2 LOST COVERAGE
- 3 HAD TO REAPPLY
- 4 REFUSED
- 5 DON'T KNOW

'QA17_L29' [AL46] - Prior to having Medi-Cal coverage, what health coverage did you have?

- 01 UNINSURED
- 02 EMPLOYER-BASED
- 03 PRIVATE
- 04 COVERED CALIFORNIA
- 05 OTHER
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L30' [PN_AL47] -

PROGRAMMING NOTE AL47:

IF AL46 = 4, THEN CONTINUE WITH AL47;

ELSE GO TO PN AL49

'QA17_L30' [AL47] - Did you have problem in changing to Medi-Cal?

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

If = 2, -7, -8, goto 'QA17_L32'

'QA17_L31' [AL48] -

What kind of problem?

- 01 GAP IN HEALTH COVERAGE
- 02 FILED AN APPEAL AS ELIGIBILITY DECISIONS WAS INCORRECT
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_L32' [PN_AL49] - PN_AL49

PROGRAMMING NOTE AL49:

IF AL7 =1 (YES) GO TO AL73

IF HH INCOME <=300% FPL AND (HHS WITH FEMALES <=45 YEARS OLD OR CHILDREN <= 10 YEARS OLD OR AD13 =1 OR AJ169 =4 (AR FEMALE IS PREGNANT), THEN CONTINUE WITH AL49;

ELSE GO TO AK23;

'QA17_L32' [AL49] - During the past 12 months, did you or any member of your household receive benefits from the WIC program, that is, the Special Supplemental Nutrition Program for Women, Infants and Children?

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

If = 1, goto 'QA17_L56'

If = -7, -8, goto AK23

'QA17_L33' [AL50] -

Have you or any member of your household received benefits from the WIC program in the past 5 years?

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

If = 2 goto 'QA17_L45'

If = -7, -8 goto AK23

'QA17_L34' [AL51] - Why did you leave WIC? Did you leave because you were no longer eligible?

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

If = 1 goto PN AL73

'QA17_L35' [AL52] - Did you leave because you only wanted baby formula?

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

'QA17_L36' [AL53] - Did you leave because shopping for WIC foods was a hassle?

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

'QA17_L37' [AL54] - [Did you leave because]....you had a bad experience at WIC?

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

'QA17_L38' [AL55] - [Did you leave because]....you didn't value the information received?

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

'QA17_L39' [AL56] - [Did you leave because]....you thought you were taking the place of someone who needed WIC more?

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

'QA17_L40' [AL57] - [Did you leave because]....the amount of food benefits received were not worth your time and effort?

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

'QA17_L41' [AL58] - [Did you leave because]....you would rather not rely on a government program?

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

'QA17_L42' [AL59] - [Did you leave because]....of transportation issues?

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

'QA17_L43' [AL60] - Did you leave because of any other reasons?

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

If = 2, -7, -8, goto 'PN AL73'

'QA17_L44' [AL61] - What were those reasons?

- 01 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1,-7,-8 goto PN AL73

'QA17_L45' [AL62] - Why didn't you enroll yourself or any member of your household on WIC?

Was it because you didn't know about wic?

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

If = 1,-7,-8 goto AK23

'QA17_L46' [AL63] - Was it because you didn't qualify?

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

If = 1, 3, 4, goto 'QA17_M1'

'QA17_L47' [AL64] - [Was it]...because you didn't think you needed WIC?

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

'QA17_L48' [AL65] - [Was it]...because you didn't value what WIC offered?

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

'QA17_L49' [AL66] - [Was it]...because it was too difficult to apply?

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

'QA17_L50' [AL67] - [Was it]...because of language issues?

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

'QA17_L51' [AL68] - [Was it]...because you didn't trust WIC?

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

'QA17_L52' [AL69] - [Was it]...because you heard negative things about WIC?

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

'QA17_L53' [AL70] - [Was it]...because of transportation issues?

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

'QA17_L54' [AL71] - Did you not enroll because of any other reasons?

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

If = 2, -7, -8, goto 'QA17_M1'

'QA17_L55' [AL72] - What were those reasons?

- 01 OTHER (SPECIFY:_____)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8 goto 'QA17_M1'

'PN_QA17_L56' [PN_AL73] - PN_AL73

PROGRAM NOTE AL73:

IF AL7 = 1 OR AL50 = 1 DISPLAY "You previously mentioned you were on WIC"

ELSE IF AL49 =1, GO TO AL73

ELSE IF AL49=2 AND AL50 =2 SKIP TO AK23

'QA17_L56' [AL73] - [INTRO]: You previously mentioned you were on WIC.

What benefits have you liked getting from the WIC program?

Did you like WIC checks for food?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L57' [AL74] - Did you like WIC checks for baby formula?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L58' [AL75] - [Did you like]... education for having healthy pregnancy?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L59' [AL76] - [Did you like]... individual counseling?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L60' [AL77] - [Did you like]... education on improving the health and nutrition of my family?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L61' [AL78] - [Did you like]... support for breastfeeding?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L62' [AL79] - [Did you like]... help getting a breast pump?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L63' [AL80] - [Did you like]... information on how to get health care services?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L64' [AL81] - [Did you like]... information on community programs?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L65' [AL82] - [Did you like]... one-on-one education?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L66' [AL83] - [Did you like]... group classes?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_L67' [AL84] - Did you like WIC benefits for any other reasons?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

If = 2,-7,-8 go to AK23

'QA17_L68' [AL85] - What were those reasons?

REDK_AL85

- 7 REFUSED
- 8 DON'T KNOW

Section M: Housing and Social Cohesion

'QA17_M1' [AK23] - These next questions are about your housing and neighborhood.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

[IF NEEDED, SAY: "A duplex is a building with 2 units."]

- 01 HOUSE
- 02 DUPLEX
- 03 BUILDING WITH 3 OR MORE UNITS
- 04 MOBILE HOME
- 7 REFUSED
- 8 DON'T KNOW

'QA17_M2' [AK25] -

Do you own or rent your home?

- 01 OWN
- 02 RENT
- 03 OTHER ARRANGEMENT
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_M3' [PN_AM37] - PN_AM37

If AAGE >= 65 AND AK25 = 1, Only ask 'QA17_M3'

'QA17_M3' [AM37] - Are you currently paying off a mortgage or loan on this home?

[IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

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

'QA17_M4' [AM14] - About how long have you lived at your current address?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

'AM14M' [AM14M] - _____ MONTHS [HR: 1 - AAGEx12MONTHS]

'AM14Y' [AM14Y] - _____ YEARS [HR: 1 - AAGE]

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_M5' [PN_AM15] -

PROGRAMMING NOTE AM15 :

IF AM14 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE AM19 ; ELSE CONTINUE WITH AM15

'QA17_M5' [AM15] - About how long have you lived in your current neighborhood?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

'AM15M' [AM15M] - _____ MONTHS [HR: 1 - AAGEx12MONTHS]

'AM15Y' [AM15Y] - _____ YEARS [HR: 1 - AAGE]

- 7 REFUSED
- 8 DON'T KNOW

'QA17_M6' [AM38] - The last time you moved, what was your main reason for moving?

- 01 CHANGE IN MARITAL/RELATIONSHIP STATUS
- 02 TO ESTABLISH OWN HOUSEHOLD
- 03 FOR CHILD'S EDUCATION
- 04 TO ATTEND OR LEAVE COLLEGE
- 05 WORK RELATED
- 06 COULDN'T AFFORD MORTGAGE/RENT
- 07 OTHER HOUSING RELATED
- 08 BETTER NEIGHBORHOOD/LESS CRIME
- 91 OTHER (SPECIFY:_____)
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_M7' [PN_AM19] -

PROGRAMMING NOTE AM19 :

IF AM19 THROUGH AK28 NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH AM19 ; ELSE GO TO AM36

'QA17_M7' [AM19] - Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_M8' [AM20] - People in this neighborhood generally do NOT get along with each other.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_M9' [AM21] - People in this neighborhood can be trusted.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_M10' [AM35] - You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 05 NOT APPLICABLE
- 7 REFUSED
- 8 DON'T KNOW

'QA17_M11' [AK28] - Do you feel safe in your neighborhood...

- 01 All of the time,
- 02 Most of the time,
- 03 Some of the time, or
- 04 None of the time
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_M12' [PN_AM36] - PN_AM36

**IF AM36 WAS ASKED IN CHILD INTERVIEW, THEN AM36 = KAM36, AND SKIP TO SECTION P
ELSE CONTINUE WITH AMC36**

'QA17_M12' [AM36] - In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

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

'PN_QA17_M13' [PN_AM41] -

PROGRAMMING NOTE AM41 :

**IF AA5E = 9 (JAPANESE) OR AA5F = 38 (JAPANESE), THEN CONTINUE WITH AM41 ;
ELSE GO TO AF86 ;**

'QA17_M13' [AM41] - In the past 12 months, have you donated money to a charity or non-profit organization?

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

'QA17_M14' [AM42] - In the next 12 months, how likely are you to donate money to a charity or non-profit organization? Are you...

- 01 Very likely
- 02 Somewhat likely
- 03 A little likely, or
- 04 Not likely
- 7 REFUSED
- 8 DON'T KNOW

Section P: Voter Engagement

'PN_QA17_S1' [PN_AP70] - PN_AP70

PROGRAMMING NOTE AP70:

**IF AH39=1 (CITIZEN) OR [IF AH33 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS)], THEN CONTINUE WITH AP70;
ELSE GO TO AF86;**

'QA17_S1' [AP70] - Are you currently registered to vote?

- 01 YES, REGISTERED
- 02 NOT REGISTERED
- 03 NOT SURE IF REGISTERED
- 04 NOT ELIGIBLE TO VOTE/REGISTER
- 7 REFUSED
- 8 DON'T KNOW

If = 1, -7, -8, goto 'QA17_P3'

If = 4, goto 'QA17_S1'

'QA17_P2' [AP71] - What is the main reason why you are not registered to vote?

- 01 TOO BUSY
- 02 VOTING DOESN'T MAKE A DIFFERENCE
- 03 I DON'T KNOW HOW
- 04 I DON'T KNOW WHERE TO GO TO REGISTER
- 05 LANGUAGE BARRIER
- 06 I'M NOT ELIGIBLE
- 07 I DON'T KNOW ENOUGH ABOUT THE ISSUES
- 08 I DON'T KNOW ENOUGH ABOUT THE CANDIDATES
- 09 I DON'T LIKE ANY OF THE CANDIDATES
- 91 OTHER (SPECIFY: _____)
- 7 REFUSED
- 8 DON'T KNOW

If = 6, goto 'QA17_S1'

'QA17_P3' [AP72] - Did you vote in the last general elections in November 2016?

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

'QA17_P4' [AP73] - How often do you vote in presidential elections?

- 01 Always,
- 02 Sometimes, or
- 03 Never?
- 7 REFUSED
- 8 DON'T KNOW

'QA17_P5' [AP74] - How often do you vote in state elections, such as for Governor or state proposition?

- 01 Always,
- 02 Sometimes, or
- 03 Never?
- 7 REFUSED
- 8 DON'T KNOW

'QA17_P6' [AP75] - How often do you vote in local elections, such as for Mayor or school board?

- 01 Always,
- 02 Sometimes, or
- 03 Never?
- 7 REFUSED
- 8 DON'T KNOW

Section S: Suicide Ideation and Attempts

'QA17_S1' [AF86] - The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Have you ever seriously thought about committing suicide?

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

If = 2, -7, -8, goto 'PN_QA17_N1'

'QA17_S2' [AF87] - Have you seriously thought about committing suicide at any time in the past 12 months?

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

If = 2, -7, -8, goto 'QA17_S4'

'QA17_S3' [AF91] - Have you seriously thought about committing suicide at any time in the past 2 months?

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

'QA17_S4' [AF88] - Have you ever attempted suicide?

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

'PN_QA17_S5' [PN_AF89] -

PROGRAMMING NOTE AF89 :

IF AF87 = (2, -7, -8) AND AF88 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF AF91 = (2, -7, -8) AND AF88 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

IF AF91 = 1 AND AF88 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;

ELSE CONTINUE WITH AF89

'QA17_S5' [AF89] - Have you attempted suicide at any time in the past 12 months?

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

'SUICIDE RESOURCE:' [SUICIDE RESOURCE:] -

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. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org. [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

'POST_SUICIDE RESOURCE' [POST_SUICIDE RESOURCE] -

POST-NOTE FOR SUICIDE RESOURCE:

IF AF87 = (2, -7, -8) AND AF88 = (2, -7, -8) THEN SKIP TO PN AH42 (NEXT SECTION); ELSE CONTINUE

'QA17_S6' [AF90] - Would you like to discuss your thoughts with this person or would you like to continue with the survey?

- 01 DISCUSS THOUGHTS WITH PERSON
- 02 CONTINUE WITH SURVEY
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_N1'

Section N: Demographic Information Part III and Closing

'PN_QA17_N1' [PN_AH42] -

PROGRAMMING NOTE AH42 :

IF AH42 WAS ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO AM33 :

IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO AO1

IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH AH42 ;

'QA17_N1' [AH42] - Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

- 01 ALAMEDA
- 02 ALPINE
- 03 AMADOR
- 04 BUTTE
- 05 CALAVERAS
- 06 COLUSA
- 07 CONTRA COSTA
- 08 DEL NORTE
- 09 EL DORADO
- 10 FRESNO
- 11 GLENN
- 12 HUMBOLDT
- 13 IMPERIAL
- 14 INYO
- 15 KERN
- 16 KINGS
- 17 LAKE
- 18 LASSEN
- 19 LOS ANGELES
- 20 MADERA
- 21 MARIN
- 22 MARIPOSA
- 23 MENDOCINO
- 24 MERCED
- 25 MODOC
- 26 MONO
- 27 MONTEREY
- 28 NAPA
- 29 NEVADA
- 30 ORANGE
- 31 PLACER
- 32 PLUMAS
- 33 RIVERSIDE
- 34 SACRAMENTO
- 35 SAN BENITO
- 36 SAN BERNARDINO
- 37 SAN DIEGO
- 38 SAN FRANCISCO
- 39 SAN JOAQUIN
- 40 SAN LUIS OBISPO
- 41 SAN MATEO
- 42 SANTA BARBARA
- 43 SANTA CLARA
- 44 SANTA CRUZ
- 45 SHASTA
- 46 SIERRA
- 47 SISKIYOU
- 48 SOLANO
- 49 SONOMA

- 50 STANISLAUS
- 51 SUTTER
- 52 TEHAMA
- 53 TRINITY
- 54 TULARE
- 55 TUOLUMNE
- 56 VENTURA
- 57 YOLO
- 58 YUBA
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_N2' [PN_AO1] -

PROGRAMMING NOTE AO1 :

IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK AO1 ;

IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT) DISPLAY "Just a few final questions and then we are done.";

ELSE GO TO AM7

'QA17_N2' [AO1] -

{Just a few final questions and then we are done.}

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at {R's ADDRESS AND STREET}?

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

If = 1, goto 'QA17_N6'

'PN_QA17_N3' [PN_AM7] -

PROGRAMMING NOTE AM7 :

IF R'S ADDRESS IS A P.O. BOX AND SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), DISPLAY "Just a few final questions and then we are done".

'QA17_N3' [AM7] - {Just a few final questions and then we are done.}

What is your zip code?

_____ ZIP CODE

- 7 REFUSED
- 8 DON'T KNOW

'QA17_N4' [AO2] - To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

'AO2ANUM' [AO2ANUM] - _____ HOUSE ADDRESS NUMBER

'AO2ADDR' [AO2ADDR] - _____ NAME OF STREET (VERIFY SPELLING)

If TRUE, goto 'QA17_N6'

'AO2STTY' [AO2STTY] - _____ STREET TYPE

'AO2ADD2' [AO2ADD2] - _____ APT. NO

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_N5' [PN_AM8] -

PROGRAMMING NOTE AM8 :

IF ADDRESS WAS GIVEN IN AO2 , SKIP TO AM9 ;

ELSE CONTINUE WITH AM8

'QA17_N5' [AM8] - Can you tell me just the name of the street you live on?

'TEXT_NASTR_AM8' [TEXT_NASTR_AM8] - Can you tell me just the name of the street you live on?

- 7 REFUSED
- 8 DON'T KNOW

'QA17_N6' [AM9] - And what is the name of the street down the corner from you that crosses your street?

'TEXT_NAXSTR_AM9' [TEXT_NAXSTR_AM9] - TEXT_NAXSTR_AM9

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_N7' [PN_AM33] -

PROGRAMMING NOTE AM33 :

IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE AM10 ;

ELSE CONTINUE WITH AM33

'QA17_N7' [AM33] - I'm won't ask you for the number, but do you have a working cell phone?

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED­]

- 01 YES
- 02 NO
- 03 SHARES CELL PHONE
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QA17_N9'

'QA17_N8' [AN10] - How many different cell phone numbers do you currently use for personal calls?

_____ CELL PHONE NUMBERS

- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_N9' [PN_AN6] -

PROGRAMMING NOTE AN6 :

IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE AM34 ;

ELSE CONTINUE WITH AN6

'QA17_N9' [AN6] - Is there a regular or landline telephone in your household?

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

If = 2, -7, -8, goto 'PN_QA17_N13'

'QA17_N10' [AN7] - Is that telephone for personal use or business use only?

- 01 PERSONAL USE ONLY
- 02 BUSINESS USE ONLY
- 03 BOTH PERSONAL USE AND BUSINESS USE
- 7 REFUSED
- 8 DON'T KNOW

If = 2, goto 'PN_QA17_N13'

'QA17_N11' [AN11] - How many telephone lines do you have for personal use?

_____ REGULAR OR LANDLINE NUMBERS

- 7 REFUSED
- 8 DON'T KNOW

'PN_34' [PN_34] -

PROGRAMMING NOTE AM34 :

IF AM33 = 1 (YES) OR 3 (SHARES CELL PHONE), OR AN7 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH AM34 ;

ELSE SKIP TO PROGRAMMING AM10

'QA17_N12' [AM34] - Of all the telephone calls that you receive, are...

- 01 All or almost all calls received on a cell phone,
- 02 Some on cell phones & some on regular phones, or
- 03 Very few or none on cell phones
- 7 REFUSED
- 8 DON'T KNOW

'PN_QA17_N13' [PN_AM10] -
PROGRAMMING NOTE AM10 :
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH AM10

'QA17_N13' [AM10] - Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

- 01 YES
- 02 MAYBE/PROBABLY YES
- 03 DEFINITELY NOT
- 7 REFUSED
- 8 DON'T KNOW

'PN_SR2' [PN_SR2] -
PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF AF90 = (2, -7, -8),
AND [AF91 = 1 OR (AF91 = 2, -7, -8 AND AF89 =1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

'SR2' [SR2] -

SUICIDE RESOURCE 2:

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]The toll-free number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

Or you can visit their website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

'QA17_N14' [AN8] - Would you like to speak with someone now?

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

If = 2, -7, -8, goto 'CLOSE1'

'PN_CLOSE1&2' [PN_CLOSE1&2] -
PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE CONTINUE WITH CLOSE1

'CLOSE1' [CLOSE1] - Let me check to see if there is anyone else.
If true, goto 'HH_SELECT'

'CLOSE2' [CLOSE2] - Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.