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SECTION A - DEMOGRAPHIC INFORMATION, PART I

PROGRAMMING NOTE QA17_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA17_A1' [AA1] -

What is your date of birth?

[AA1MON] -

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

[AA1DAY] -

DAY _____ [RANGE: 1-31]

[AA1YR] -

YEAR _____ [RANGE: 1907-2000]
  ☑ -7 REFUSED
  ☑ -8 DON'T KNOW
PROGRAMMING NOTE QA17_A1:
IF QA17_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA17_A1;
ELSE GO TO QA17_A6

‘QA17_A2’ [AA1A] -

What month and year were you born?

[AA1AMON] -

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

[AA1AYR] -

YEAR ____ [RANGE: 1904-2000]
   -7 REFUSED
   -8 DON'T KNOW

PROGRAMMING NOTE QA17_A4:
IF QA17_A1 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA17_A4;
ELSE GO TO QA17_A6

‘QA17_A4’ [AA2] -

What is your age, please?

_____ YEARS OF AGE [RANGE: 0-120]
   -7 REFUSED
   -8 DON'T KNOW
PROGRAMMING NOTE QA17_A5:
IF QA17_A4 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA17_A5;
ELSE GO TO QA17_A6

‘QA17_A5’ [AA2A] -
Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

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

POST NOTE QA17_A5: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA17_A1, QA17_A2, OR QA17_A4
TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA17_A1, QA17_A2, OR QA17_A4= -7 OR -8 (REF/DK), THEN USE QA17_A5;
ELSE USE ENUM.AGE

‘QA17_A6’ [AA3] -
Are you male or female?

☐ 01 MALE
☐ 02 FEMALE
☐ -7 REFUSED

‘QA17_A7’ [AA4] -
Are you Latino or Hispanic?

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

If = 2, -7, -8, go to ‘PN_QA17_A9’
And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran--and if you have more than one, tell me all of them.

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA17_A9:
IF QA17_A7 = 1 (YES, LATINO/HISPANIC) DISPLAY “You said you are Latino or Hispanic. Also,”;
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR AA5A, CONTINUE WITH
PROGRAMMING NOTE QA17_A10;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

‘QA17_A9’ [AA5A] -

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

[IF R SAYS “NATIVE AMERICAN” CODE AS “4”]

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

[CODE ALL THAT APPLY]

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

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

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

If = 2, -7, -8, go to ‘PN_QA17_A13’
Which tribe are you enrolled in?

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

APACHE
- 01 MESCALERO APACHE, NM
- 02 _APACHE (NOT SPECIFIED)_
- 03 _OTHER APACHE (SPECIFY: )_

BLACKFEET
- 04 BLACKFOOT/BLACKFEET

CHEROKEE
- 05 WESTERN CHEROKEE
- 06 CHEROKEE (NOT SPECIFIED)
- 07 OTHER CHEROKEE (SPECIFY: _________)

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

NAVAJO
- 11 NAVAJO (NOT SPECIFIED)

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

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

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

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

**OTHER**

- 91 OTHER (SPECIFY: __________)
- -7 REFUSED
- -8 DON’T KNOW

**PROGRAMMING NOTE QA17_A13:**

IF QA17_A9 = 3 (ASIAN) CONTINUE WITH QA17_A13;
ELSE GO TO PROGRAMMING NOTE QA17_A14

‘QA17_A13’ [AA5E] -

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

[CODE ALL THAT APPLY]

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

**PROGRAMMING NOTE QA17_A14:**

IF QA17_A9 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA17_A14;
ELSE GO TO PROGRAMMING NOTE QA17_A15

‘QA17_A14’ [AA5E1] –

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

[CODE ALL THAT APPLY]

- 01 SAMOAN/AMERICAN SAMOAN
- 02 GUAMANIAN
- 03 TONGAN
- 04 FIJIAN
- 91 OTHER PACIFIC ISLANDER (SPECIFY: ________)
- -7 REFUSED
- -8 DON’T KNOW
PROGRAMMING NOTE QA17_A15:
IF QA17_A7 = 1 (LATINO) AND [QA17_A9 = 6 (NATIVE HAWAIIAN) OR QA17_A9 = 5 (OTHER PACIFIC ISLANDER) OR QA17_A9 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA17_A9 = 3 (ASIAN) OR QA17_A9 = 2 (BLACK/AFRICAN AMERICAN) OR QA17_A9 = 1 (WHITE) OR QA17_A9 = 91 (OTHER)], CONTINUE WITH QA17_A15;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA17_A9, QA17_A13, OR QA17_A14 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QA17_A15;
ELSE SKIP TO QA17_A17

‘QA17_A15’ [AA5G] -
You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.
Do you identify with any one race in particular?

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

If = 2, -7, -8, go to ‘QA17_A17’

PROGRAMMING NOTE FOR QA17_A16:
IF QA17_A7 = 1 (YES, LATINO) AND QA17_A8 ≠ -7 OR -8, DO NOT DISPLAY QA17_A16 = 14 (LATINO);
IF QA17_A9 = 5 (YES, OTHER PACIFIC ISLANDER) AND QA17_A14 = 1 TO 4 OR 91, DO NOT DISPLAY QA17_A16 = 17 (OTHER PACIFIC ISLANDER);
IF QA17_A9 = 3 AND QA17_A13 = 1 TO 17 OR 91, DO NOT DISPLAY QA17_A16 = 19 (ASIAN)

‘QA17_A16’ [AA5F] -
Which do you most identify with?

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

☐ 01 MEXICAN/MEXICAN AMERICAN/CHICANO
☐ 04 SALVADORAN
☐ 05 GUATEMALAN
☐ 06 COSTA RICAN
☐ 07 HONDURAN
☐ 08 NICARAGUAN
☐ 09 PANAMANIAN
☐ 10 PUERTO RICAN
☐ 11 CUBAN
☐ 12 SPANISH-AMERICAN (FROM SPAIN)
☐ 13 LATINO, OTHER SPECIFY
☐ 14 LATINO
☐ 15 NATIVE HAWAIIAN
☐ 16 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
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]
SECTION B - HEALTH CONDITIONS

‘QA17_B1’ [AB1] –

These next questions are about your health. Would you say that in general your health is excellent, very good, good, fair, or poor?

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

‘QA17_B2’ [AB17B] –

Has a doctor ever told you that you have asthma?

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

If = 2, -7, -8, go to ‘QA17_B18’

‘QA17_B3’ [AB40] –

Do you still have asthma?

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

‘QA17_B4’ [AB41] –

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

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW
PROGRAMMING NOTE QA17_B5:
IF [QA17_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA17_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA17_B9;
ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO QA17_B6;
ELSE CONTINUE WITH QA17_B5

'QA17_B5' [AB19] -

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

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

'QA17_B6' [AH13A] -

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

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

If = 2, -7, -8, go to ‘QA17_B8’

'QA17_B7' [AB106] -

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

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

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

PROGRAMMING NOTE QA17_B8:
IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO QA17_B9;

'QA17_B8' [AH15A] -

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

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

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

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

**PROGRAMMING NOTE QA17_B10:**
IF QA17_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA17_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA17_B14;
ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO QA17_B11;
ELSE CONTINUE WITH QA17_B10

**QA17_B10** [AB66] -
During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

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

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

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

If = 2, -7, -8, go to ‘QA17_B13’

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

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

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

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

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

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

If = 2, 7, 8, go to ‘QA17_B17’

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

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE QA17_B17: IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO QA17_B18;

‘QA17_B17’ [AB108] -

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

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

PROGRAMMING NOTE QA17_B18: IF QA17_B2 = 1, THEN SKIP TO QA17_B20; ELSE IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE; ELSE SKIP TO QA17_B20;

‘QA17_B18’ [AB128] -

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

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

If = 2, -7, -8, go to ‘QA17_B20’

‘QA17_B19’ [AB129] -

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

- 01 NOT AT ALL
- 02 Once or twice in the past 12 months
- 03 Every couple of months
- 04 Every month, or
- 05 Every week?
- -7 REFUSED
- -8 DON’T KNOW
PROGRAMMING NOTE QA17_B20:
IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS IMPERIAL COUNTY, THEN CONTINUE WITH QA17_B20;
ELSE SKIP TO QA17_B29;

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

[IF R MENTIONS ALLERGY, CODED ‘YES’]
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, go to ‘QA17_B22’

‘QA17_B21’ [AB131] -
How often did you have those symptoms? Would you say…
- 01 NOT AT ALL
- 02 Once or twice in the past 12 months
- 03 Every couple of months
- 04 Every month, or
- 05 Every week?
- -7 REFUSED
- -8 DON'T KNOW

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

[IF R MENTIONS ALLERGY, CODED ‘YES’]
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, go to ‘QA17_B23’

‘QA17_B22’ [AB133] -
How often did you have those symptoms? Would you say…
- 01 NOT AT ALL
- 02 Once or twice in the past 12 months
- 03 Every couple of months
- 04 Every month, or
- 05 Every week?
- -7 REFUSED
- -8 DON'T KNOW
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

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

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

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

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

If = 2, -7, -8, go to ‘QA17_B29’

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

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

PROGRAMMING NOTE QA17_B30:
IF QA17_A6 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

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

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

If = 3, go to ‘QA17_B38’

PROGRAMMING NOTE QA17_B31:
IF QA17_A6 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

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

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

PROGRAMMING NOTE QA17_B32:
IF QA17_B30= 1 THEN CONINTUE WITH QA17_B32;
ELSE SKIP TO PROGRAMMING NOTE QA17_B39

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
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
Are you now taking insulin?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

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

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

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

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

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
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
- 07 REFUSED
- 08 DON'T KNOW

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

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

If = 2, 3, -7, -8, go to ‘QA17_B42’

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, go to QA17_C7

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?

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

If = 2, -7, -8, go to QA17_C7
SECTION C – HEALTH BEHAVIORS

‘QA17_C1’ [AD37W] -

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

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

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

If = 2, -7, -8, go to ‘QA17_C4’
If = 3, go to ‘QA17_C8’

‘QA17_C2’ [AD38W] -

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

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

______ times per week [HR: 0 - 999]

If AD38W = 0, go to ‘QA17_C4’

- -7 REFUSED
- -8 DON'T KNOW

If = -7, -8, go to ‘QA17_C4’

PROGRAMMING NOTE QA17_C3:
IF QA17_C2 = 1 DISPLAY “How long did that walk take”;
IF QA17_C2 > 1 DISPLAY “On average, how long did those walks take”

‘QA17_C3’ [AD39W] -

(How long did that walk take/On average, how long did those walks take)?

______ MINUTES PER WALK
______ HOURS PER DAY

- -7 REFUSED
- -8 DON'T KNOW
‘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.

.choice
  .choice_1
    .prompt
      01 YES
  .choice_2
    .prompt
      02 NO
  .choice_3
    .prompt
      -7 REFUSED
  .choice_4
    .prompt
      -8 DON’T KNOW

If = 2, -7, -8, go to ‘QA17_C7’

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

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

.choice
  .choice_1
    .prompt
      ______ times per week [HR: 0 - 180]

If =0 , go to ‘QA17_C7’

.choice
  .choice_2
    .prompt
      -7 REFUSED
  .choice_3
    .prompt
      -8 DON’T KNOW

If = -7, -8, go to ‘QA17_C7’

‘QA17_C6’ [AD42W] -
(How long did that walk take/On average, how long did those walks take)?

.choice
  .choice_1
    .prompt
      ______ MINUTES PER DAY
  .choice_2
    .prompt
      ______ HOURS PER DAY

.choice
  .choice_3
    .prompt
      -7 REFUSED
  .choice_4
    .prompt
      -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?

.choice
  .choice_1
    .prompt
      ______ DAYS PER WEEK

.choice
  .choice_2
    .prompt
      -7 REFUSED
  .choice_3
    .prompt
      -8 DON’T KNOW
Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and
snacks.

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

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

__________TIMES

[CAT_AE2] -

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

‘QA17_C9’ [AE3] -

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

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

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

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

__________TIMES

[CAT_AE3] -

○ 01 PER DAY [HR: 0-20; SR: 0-9]
○ 02 PER WEEK [HR: 0-20; SR: 0-9]
○ 03 PER MONTH [HR: 0-210; SR: 0-149]
○ -7 REFUSED
○ -8 DON’T KNOW
During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.

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

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

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

_________ TIMES

[CAT_AE5] -

_________ PER MONTH

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

PROGRAMMING NOTE QA17_C11:
IF QA17_C9 >0 (ATE FRIED POTATOES) THEN DISPLAY “Do not include fried potatoes.”
ELSE DO NOT DISPLAY

‘QA17_C11’ [AE7] -

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

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

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

_________ TIMES

[CAT_AE7] -

☐ 01 PER DAY [HR: 0-20; SR: 0-9]
☐ 02 PER WEEK [HR: 0-20; SR: 0-9]
☐ 03 PER MONTH [HR: 0-210; SR: 0-149]
☐ -7 REFUSED
☐ -8 DON'T KNOW
During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]
[IF NEEDED, SAY: “Do not include canned or bottled juices or teas. Your best guess is fine.”]

**[CAT_AC11]**

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

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.]

**[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

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

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

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

______ Glasses [HR: 0-20; SR: 0-15]

**[CAT_AC47]**

- 99 LESS THAN 1 GLASS (e.g., SIPS FROM A FOUNTAIN)
- 00 NONE
- -7 REFUSED
- -8 DON'T KNOW
‘QA17_C15’ [AC42] -

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

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

PROGRAMMING NOTE QA17_C16:
IF AC42 = 2, 3, OR 4, THEN CONTINUE WITH QA17_C16;
ELSE GO TO PROGRAMMING NOTE QA17_C17

‘QA17_C16’ [AC44] -

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

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

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

‘QA17_C17’ [AE15] -

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

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

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

If = 2, go to ‘QA17_C26’
‘QA17_C17’ [AE15A] -

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

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

If = 2, go to ‘QA17_C19’
If = 3, -7, -8, go to ‘QA17_C26’

‘QA17_C18’ [AD32] -

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

[INTERVIEWER NOTE: IF R SAYS, A “PACK”, CODE AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

- -7 REFUSED
- -8 DON’T KNOW

If = -7, -8, go to ‘QA17_C20’
In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

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

____ NUMBER OF CIGARETTES [HR: 0-120]

-7 REFUSED
-8 DON'T KNOW

**PROGRAMMING NOTE QA17_C20:**
IF AE15A = 2 (SMOKE SOME DAYS), CONTINUE WITH QA17_C20;
ELSE GO TO PN_ QA17_C21

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

**PROGRAMMING NOTE QA17_C21:**
IF QA17_C18 = 1 (SMOKE EVERY DAY) OR QA17_C18= 2 (SMOKE SOME DAYS), CONTINUE WITH QA17_C21;
ELSE GO TO PN QA17_C27

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

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

**PROGRAMMING NOTE QA17_C21:**
IF QA17_C18 = 1 (SMOKE EVERY DAY) OR QA17_C18= 2 (SMOKE SOME DAYS), CONTINUE WITH QA17_C21;
ELSE GO TO PN QA17_C27

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

**PROGRAMMING NOTE QA17_C22:**
IF QA17_C21 = 1 (SMOKE EVERY DAY) OR QA17_C21= 2 (SMOKE SOME DAYS), CONTINUE WITH QA17_C22;
ELSE GO TO PN QA17_C27

In the past 12 months did you

Call a telephone quitting helpline?

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

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

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

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

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

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

If = 2, -7, -8, go to ‘QA17_C29’

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

_____ NUMBER OF DAYS [HR: 0 - 30]

If = 0, go to ‘QA17_C29’

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, go to ‘QA17_C29’
What best describes your reasons for using e-cigarettes

[CODE ALL THAT APPLY]

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

‘QA17_C29’ [AC115] -

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

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

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

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

If = 2, -7, -8, go to QA17_C42

‘QA17_C30’ [AC116] -

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

[CAT_AC116] -

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

If = 1, go to QA17_C42

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

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

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

Smoke it in a joint, bong, or pipe?

- 01 YES
- 02 NO
- ? REFUSED
- ? DON'T KNOW

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
- ? REFUSED
- ? DON'T KNOW
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

Drink it?

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

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

Vaporize it?

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

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

Dab it?

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

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

Use it some other way?

- 01 YES (SPECIFY_______)
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
‘QA17_C40’ [AC126] -

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

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

If = 2, go to QA17_C42

‘QA17_C41’ [AC127] -

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

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

‘QA17_C42’ [AC128] -

Have you used heroin in the past 12 months?

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

‘QA17_C43’ [AC129] -

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

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

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

‘QA17_C44’ [AC130] -

How many of these prescription pain killers are you taking?

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

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

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

What condition or conditions are you taking the medicine for?

[CHECK ALL THAT APPLY]

- 01 DENTAL WORK/DENTAL PAIN
- 02 SURGERY, NOT ACCIDENT-RELATED
- 03 RECENT INJURY
- 04 CHRONIC PAIN, REGARDLESS OF CAUSE
- 91 OTHER (SPECIFY:_________________)
- -7 REFUSED
- -8 DON'T KNOW
SECTION D – GENERAL HEALTH, DISABILITY, AND SEXUAL HEALTH

‘QA17_D1’ [AE17] -
These next questions are about your height and weight. How tall are you without shoes?

[IF NEEDED, SAY: “About how tall?”]

_____ FEET
_____ INCHES
_____ METERS
_____ CENTIMETERS

☑ -7 REFUSED
☑ -8 DON’T KNOW

PROGRAMMING NOTE QA17_D2:
IF QA17_A6 = 2 (FEMALE) AND [AAGE < 50 OR QA17_A5 < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY
“When not pregnant, how”;
ELSE DISPLAY "How"

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

[IF NEEDED, SAY: “About how much?”]

_____ POUNDS
_____ KILOGRAMS

☑ -7 REFUSED
☑ -8 DON’T KNOW

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

☑ 01 YES
☑ 02 NO
☑ -7 REFUSED
☑ -8 DON’T KNOW

If = 2, -7, -8, go to ‘QA17_D5’

‘QA17_D4’ [AL8] -
Are you legally blind?

☑ 01 YES
☑ 02 NO
☑ -7 REFUSED
☑ -8 DON’T KNOW
‘QA17_D5’ [AD43B] -

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

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

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

If >=0, go to ‘QA17_D7’

-7 REFUSED
-8 DON’T KNOW

If = -7, go to ‘QA17_D7’

‘QA17_D6’ [AD44B] -

Can you give me your best guess?

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

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

[CAT_AD44B] -

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

PROGRAMMING NOTE QA17_D7:
IF QA17_D5 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 =0, GO TO PROGRAMMING NOTE QA17_D8;
ELSE CONTINUE WITH QA17_D7;
IF QA17_D5 OR QA17_D6 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY “Is that partner male or female”;
ELSE DISPLAY “In the past 12 months, have your sexual partners been male, female, or both male and female”

‘QA17_D7’ [AD45B] -

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

01 MALE
02 FEMALE
03 BOTH MALE AND FEMALE
-7 REFUSED
-8 DON’T KNOW
'QA17_D8' [AD46B] -
Do you think of yourself as straight or heterosexual, as gay (lesbian) or homosexual, or bisexual?

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

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

PROGRAMMING NOTE QA17_D8:
IF QA17_A6 = 1 (MALE), DISPLAY “Gay” IN QUESTION AND “Gay” IN HELP SCREEN;
ELSE IF QA17_A6=2 (FEMALE), DISPLAY “Gay, Lesbian” IN QUESTION AND “Gay and Lesbian” IN HELP SCREEN

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

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

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

If = 1, go to ‘QA17_D11’

'QA17_D10' [AD61B] -
Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

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

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

- 01 MALE
- 02 FEMALE
- -7 REFUSED
- -8 DON’T KNOW
‘QA17_D12’ [AD66B] -

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

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

If = 1, 2, 3, go to ‘PN_QA17_D14’
If = -7, -8, go to ‘QA17_D15’

PROGRAMMING NOTE QA17_D13:
IF QA17_D12 = 4 THEN CONTINUE WITH QA17_D13 ;
ELSE SKIP TO QA17_D14

‘QA17_D13’ [AD67B] -

What is your current gender identity?

- -1 SPECIFY: (________________________)
- -7 REFUSED
- -8 DON’T KNOW

PROGRAMMING NOTE QA17_B14:
IF [QA17_D11 = 1 (MALE) AND QA17_D12 = 1 (MALE)] OR [QA17_D11 = 2 (FEMALE) AND QA17_D12 = 2 (FEMALE)] THEN SKIP TO AD79 ;
ELSE CONTINUE WITH QA17_D14;
DISPLAYS;
IF [QA17_D11 = 1 (MALE) AND AD66 = 2 (FEMALE), THEN DISPLAY {male} and {female};
IF [QA17_D11= 1 (MALE) AND AD66 = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};

‘QA17_D14’ [AD68B] -

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

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

If = 2, Go back to ‘QA17_D12’
Pre-Exposure Prophylaxis

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

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

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

If = 1, go to ‘QA17_D19’

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

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

If = 1, go to ‘QA17_D19’

Have you ever taken any PrEP or Truvada®?

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

If = 1, go to ‘QA17_D19’

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 DONT KNOW

If = 2, -7, -8, go to ‘QA17_D21’

‘QA17_D20’ [AD84] -

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

- 01 I WAS OFFERED THE TEST
- 02 I ASKED FOR THE TEST
- 03 I DON’T REMEMBER
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DONT KNOW

If = 1, 2, 3, 91, -7, -8, go to PN_QA17_E1

‘QA17_D21’ [AD85] -

Were you ever offered an HIV test?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DONT KNOW
SECTION E – WOMEN’S HEALTH

PROGRAMMING NOTE QA17_E1:
IF QA17_A6 = 1 (MALE), THEN GO TO QA17_E9;
IF AGE > 45, THEN GO TO QA17_E9;
DISPLAYS:
IF [AD65 = 2 OR AD65A = 2 (FEMALE) AND AD66 = 2 (FEMALE)], DISPLAY “These next questions are about women’s health.”;
IF [AD65 = 2 OR AD65A = 2 (FEMALE) AND AD66 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON’T KNOW)], DISPLAY “These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.”

‘QA17_E1’ [AD13] -

(These next questions are about women’s health. These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.)
To your knowledge, are you now pregnant?

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

‘QA17_E2’ [AE96] -

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

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

If = 2, 3, 4, go to 'Section F_Mental Health'

‘QA17_E3’ [AE97] -

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

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

IF AE97 =1 go to QA17_E8

‘QA17_E4’ [AE98] -

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

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW
Did you try to get an appointment?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

Did you have a way to get to your appointment?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

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

Did that doctor or other health care provider ask you about whether or not you were feeling sad or depressed?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
SECTION F – MENTAL HEALTH

‘QA17_E9’ [AJ29] -
The next questions are about how you have been feeling during the past 30 days. About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

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

‘QA17_E10’ [AJ30] -
During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

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

‘QA17_E11’ [AJ31] -
During the past 30 days, about how often did you feel restless or fidgety?

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

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

‘QA17_E12’ [AJ32] -
How often did you feel so depressed that nothing could cheer you up?

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

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

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

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

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

PROGRAMMING NOTE QA17_E16:
IF QA17_E15 = 1 THEN CONTINUE WITH QA17_E16;
ELSE SKIP TO PROGRAMMING NOTE QA17_E22 intro

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
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
- 07 REFUSED
- 08 DON'T KNOW

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
- 07 REFUSED
- 08 DON'T KNOW

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
- 07 REFUSED
- 08 DON'T KNOW

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
- 07 REFUSED
- 08 DON'T KNOW
How often did you feel worthless?

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

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

[PN_SS_INTRO] -

```
IF QA17_E9 - QA17_E14 > 0 THEN,
IF QA17_E9 - QA17_E14 = 1 THEN QA17_E9_R - QA17_E14_R = 4;
ELSE IF QA17_E9 - AJ34 = 2 THEN QA17_E9_R - QA17_E14_R = 3;
ELSE IF QA17_E9 - AJ34 = 3 THEN QA17_E9_R - QA17_E14_R = 2;
ELSE IF QA17_E9 - AJ34 = 4 THEN QA17_E9_R - QA17_E14_R = 1;
ELSE IF QA17_E9 - AJ34 = 5 THEN QA17_E9_R - QA17_E14_R = 0;
ELSE QA17_E9_R - AJ34_R = QA17_E9 - QA17_E14;

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

IF (QA17_E9_R - QA17_E14_R) >= 0 (NON-MISSING) THEN DO;
IF (QA17_E9_R + QA17_E10_R + QA17_E11_R + QA17_E12_R + QA17_E13_R + QA17_E14_R) > 8 OR
(QA17_E16_R + QA17_E17_R + QA17_E18_R + QA17_E19_R + QA17_E20_R + QA17_E21_R) > 8, THEN
CONTINUE WITH AF69B_INTRO;

IF (QA17_E16_R – AF68_R) 7 OR
(QA17_E16_R + QA17_E17_R + QA17_E18_R + QA17_E19_R + QA17_E20_R + QA17_E21_R) > 7, THEN
CONTINUE WITH QA17_E22_INTRO;

IF QA17_E15 = 1 THEN DISPLAY “again, please”;
ELSE SKIP TO QA17_E27;
```
Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

PROGRAMMING NOTE QA17_E22:
IF AGE > 70 GO TO QA17_E23;
ELSE CONTINUE WITH QA17_E22

'QA17_E22' [AF69B] -
Did your emotions interfere a lot, some, or not at all with your performance at work?

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

'QA17_E23' [AF70B] -
Did your emotions interfere a lot, some, or not at all with your household chores?

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

'QA17_E24' [AF71B] -
Did your emotions interfere a lot, some, or not at all with your social life?

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

'QA17_E25' [AF72B] -
Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

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

'QA17_E26' [AF73B] -
Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

_________ NUMBER OF DAYS

- -7 REFUSED
- -8 DON'T KNOW
‘QA17_E27’ [AF81] -

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

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

If = 2, -7, -8, go to ‘QA17_E29’

‘QA17_E28’ [AJ1] -

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

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

‘QA17_E29’ [AF74] -

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

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

‘QA17_E30’ [AF75] -

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

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

PROGRAMMING NOTE QA17_E31:
IF QA17_E29 = 1 OR QA17_E30 = 1 THEN CONTINUE WITH QA17_E31;
ELSE SKIP TO QA17_E36

‘QA17_E31’ [AF76] -

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

- 01 MENTAL-EMOTIONAL HEALTH
- 02 ALCOHOL-DRUG PROBLEM
- 03 BOTH MENTAL & ALCOHOL-DRUG
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE QA17_E32:
IF QA17_E31 = 1, display: “mental or emotional health”;
IF QA17_E31 = 2, display: “use of alcohol or drugs”;
IF QA17_E31 = 3, display: “mental or emotional health and your use of alcohol or drugs”;
ELSE SKIP TO QA17_E33

‘QA17_E32’ [AF77] -
In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}?  Do not count overnight hospital stays.

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

-7 REFUSED
-8 DON'T KNOW

‘QA17_E33’ [AF78] -
Are you still receiving treatment for these problems from one or more of these providers?

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

If = 1, -7, -8, go to ‘QA17_E36’

‘QA17_E34’ [AF79] -
Did you complete the recommended full course of treatment?

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

If = 1, -7, -8, go to ‘QA17_E36’

‘QA17_E35’ [AF80] -
What is the MAIN REASON you are no longer receiving treatment?

01 GOT BETTER/NO LONGER NEEDED
02 NOT GETTING BETTER
03 WANTED TO HANDLE PROBLEM ON OWN
04 HAD BAD EXPERIENCES WITH TREATMENT
05 LACK OF TIME/TRANSPORTATION
06 TOO EXPENSIVE
07 INSURANCE DOES NOT COVER
08 OTHER (SPECIFY: _____________)
-7 REFUSED
-8 DON'T KNOW
During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

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

PROGRAMING NOTE QA17_E37:
IF QA17_E27 = 1 AND (QA17_E29 ≠ 1 AND QA17_E30 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
CONTINUE WITH QA17_E37;
ELSE SKIP TO PN_ QA17_E41

You were concerned about the cost of treatment.

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

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

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

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

You had a hard time getting an appointment.

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

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

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 (SPECFIY: ______________)
- 7 REFUSED
- 8 DON'T KNOW
'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
In what country was your father born?

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

PROGRAMMING NOTE QA17_G4:
IF QA17_A13 ≠ 9 (NOT JAPANESE) AND QA17_A16 ≠ 38 (NOT JAPANESE), THEN SKIP TO QA17_G7;
ELSE IF QA17_G1 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS) AND [AAGE ≤ 70 OR QA17_A5 = 6 ], SKIP TO QA17_G6;

‘QA17_G4’[AG25] -

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

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

If = 1, go to ‘QA17_G6’
‘QA17_G5’ [AG26] -

Which generation of Japanese immigrant are you?

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

If = 1, 2, 3, 4, 5, 6, 7, 8, go to ‘QA17_G7’

‘QA17_G6’ [AG27] -

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

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

‘QA17_G7’ [AH36] -

What languages do you speak at home?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- 01 ENGLISH
- 02 SPANISH
- 03 CANTONESE
- 04 VIETNAMESE
- 05 TAGALOG
- 06 MANDARIN
- 07 KOREAN
- 08 ASIAN INDIAN LANGUAGES
- 09 RUSSIAN
- 91 OTHER 1 (SPECIFY: ____________)
- 92 OTHER 2 (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW
Program Note QA17_G8:
If QA17_G7 = 1 ONLY (English is only language spoken at home), go to Program Note QA17_G9.
If interview conducted in English and QA17_G7 > 1 (speaks language other than English at home), continue with AH37 and display: “Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English” and drop response category “Not at all?”; else if interview not conducted in English, continue with QA17_G8.
Set AH37ENGL = ENGLSPAN to store interview language at time QA17_G8 was asked.

'QA17_G8' [AH37] -

{Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...
- 01 Very well,
- 02 Well,
- 03 Not well, or
- 04 Not at all?
- 7 REFUSED
- 8 DON'T KNOW

Program Note QA17_G9:
If QA17_G1 = 1 (USA) or 2 (American Samoa) or 9 (Guam) or 22 (Puerto Rico) or 26 (Virgin Islands), go to Program Note QA17_G12;
else continue with QA17_G9.

'QA17_G9' [AH39] -

The next questions are about citizenship and immigration.
Are you a citizen of the United States?
- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- 7 REFUSED
- 8 DON'T KNOW

If = 1, go to ‘QA17_G11’

'QA17_G10' [AH40] -

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

[If needed, say: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]
- 01 YES
- 02 NO
- 03 APPLICATION PENDING
- 7 REFUSED
- 8 DON'T KNOW
About how many years have you lived in the United States?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

[AH41Y] -

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

-7 REFUSED

-8 DON'T KNOW

**PROGRAMMING NOTE QA17_G12:**

IF [QA17_A17 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA17_D9 = 1 OR QA17_D10 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA17_G12;

IF QA17_A17= 1, THEN DISPLAY “spouse”;

IF QA17_A17= 2 OR QA17_D9 = 1 OR QA17_D10 = 1, THEN DISPLAY “partner”;

ELSE GO TO PROGRAMMING NOTE QA17_G14

‘QA17_G12’ [AH44] -

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

-01 YES

-02 NO

-7 REFUSED

-8 DON'T KNOW

‘QA17_G13’ [SC11A] -

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

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

[TEXT_NAME_SC11A] -

SPOUSE/PARTNER NAME _________________________________________________

SPOUSE/PARTNER AGE _________________________________________________

[TEXT_SEX_SC11A] -

SPOUSE/PARTNER SEX _________________________________________________
‘QA17_G14’ [AH43A] -
Are you now living with either of your parents?

[Interviewer Note: If R Mentions In-laws, Code as Yes]

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

‘QA17_G15’ [SC13A1] -
(Let's start with the oldest) What is (the child's/this child's/the next child's) first name or initials?

Name/ Initials given (Specify) ___________

- -7 REFUSED

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

- -7 REFUSED

Programming Note QA17_G17:

If KIDCNT = 1 Insert "the child's"
If KIDCNT > 1 Insert "this child's"

‘QA17_G17’ [GENDER6] -
What is (the child's/this child's) gender?

- 1 MALE
- 2 FEMALE
- 3 REFUSED
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

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

Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

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
```
'QA17_G22' [SC14C2] -

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

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

PROGRAMMING NOTE QA17_G22: IF QA17_G21 =2
ASK QA17_G21 FOR EACH CHILD IN THE ROSTER

'QA17_G23' [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?

- 01 No, no one missed
- 02 Yes

If = 2, Go back to 'SC13A Loop1'
```

[SELECT_KID_TEEN1] -

[SELECT_KID_TEEN1] -

PROGRAMMING NOTE N4:

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

[SELECT_KID_TEEN1] -

'QA17_G24' [SC13A] -

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

- 01 No, no one missed
- 02 Yes

If = 2, Go back to 'SC13A Loop1'
In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

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

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

If = 2, -7, -8, go to ‘QA17_G27’

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

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

[AH44BM] -  
$_______ AMOUNT LAST MONTH [HR: 0-8,000]  

[AH44BW] -  
$_______ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]  

- 03 NO PAYMENT IN LAST MONTH OR WEEK  
- -7 REFUSED  
- -8 DON’T KNOW
What is the highest grade of education you have completed and received credit for?

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

GRADE

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

HIGH

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

COLLEGE

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

GRADUATE

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

COMMUNITY

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

BUSINESS

- 24 1ST YEAR
- 25 2ND YEAR
- 26 MORE THAN 2 YEARS
### QA17_G28 [AG22]

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

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

If = 2, -7, -8, go to 'QA17_G30'

### QA17_G29 [AG23]

When did you serve?

FROM __________

TO __________

OR

[CHECK ALL THAT APPLY]

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

### AG24

Altogether, how long did you serve?

[AG24Y] -

_____ YEARS

[AG24M] -

_____ MONTHS

- ☑ -7 REFUSED
- ☑ -8 DON'T KNOW
‘QA17_G30’ [AK1] -
Which of the following were you doing last week?

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

If = 1, -7, -8, go to ‘PN_QA17_G34’

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

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

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

If = 5, 6, go to ‘QA17_G33’

‘QA17_G32’ [AG10] -
Do you usually work?

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

PROGRAMMING NOTE QA17_G33:
IF [AAGE = -7 OR -8 OR AAGE < 65] AND [QA17_G32 = 2 (DOES NOT USUALLY WORK) OR QA17_G31 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA17_G33;
ELSE GO TO PROGRAMMING NOTE QA17_G34

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

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

If = 1, 2, -7, -8, go to ‘PN_QA17_G38’
On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

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

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

[PROGRAMMING NOTE QA17_G34: If QA17_G30 = 1, 2, -7, OR -8 (working, with job, DK, or RF) OR QA17_G32 = 1 (usually works), CONTINUE WITH QA17_G34; ELSE GO TO PROGRAMMING NOTE QA17_G38]

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

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

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

[Interviewer: Enter description]

[TEXT_SPE_AK5] -

_________________________ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)

- -7 REFUSED
- -8 DON'T KNOW

[PROGRAMMING NOTE QA17_G35: If QA17_G34 = 2 (GOVERNMENT EMPLOYEE), DISPLAY “What kind of agency or department is this?” and “[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)”]

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

[Interviewer: Enter description]
What is the main kind of work you do?

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

[OCC_AK6] -

___________________________ (OCCUPATION)

-7 REFUSED
-8 DON'T KNOW

PROGRAMMING NOTE QA17_G37:
IF QA17_G34 = 2 (GOVERNMENT EMPLOYEE), CODE QA17_G37 = 8 AND GO TO QA17_G38;
IF QA17_G34 = 3 (SELF-EMPLOYED), CONTINUE WITH AK8 AND DISPLAY "Including yourself, about" and "you"; ELSE CONTINUE WITH AK8 AND DISPLAY "About" and "your employer";

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

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

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

PROGRAMMING NOTE AG8:
IF QA17_A17 = 1 (MARRIED) OR QA17_D9 = 1 OR QA17_D10 = 1, CONTINUE WITH AG8;
IF QA17_A17 = 1, THEN DISPLAY "spouse";
ELSE IF QA17_D9 = 1 OR QA17_D10 = 1, THEN DISPLAY "partner";
ELSE GO TO QA17_H1

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

-01 Working at a job or business,
-02 With a job or business but not at work,
-03 Looking for work, or
-04 Not working at a job or business?
-7 REFUSED
-8 DON'T KNOW
‘QA17_G39’ [AG11] -

Does your {spouse/partner} usually work?
- 01 YES
- 02 NO
- 03 LOOKING FOR WORK
- -7 REFUSED
- -8 DON'T KNOW

‘QA17_G40’ [AG9] -

On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?
- 01 PRIVATE COMPANY NON-PROFIT ORGANIZATION, FOUNDATION
- 02 GOVERNMENT
- 03 SELF-EMPLOYED
- 04 FAMILY BUSINESS OR FARM
- -7 REFUSED
- -8 DON'T KNOW
SECTION H – HEALTH INSURANCE

‘QA17_H1’ [AH1] -

The next topics are about health insurance and health care.

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

[Interviewer Note: Circle "3" or "4" only if volunteered. Do not probe.]

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

If = 2, -7, -8, go to 'QA17_H3'

PROGRAMMING NOTE QA17_H2:
If QA17_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often—a medical";
Else if QA17_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
Else if QA17_H1 = 4 (KAISER) CIRCLE “1” FOR QA17_H2 AND GO TO QA17_H3

‘QA17_H2’ [AH3] -

(What kind of place do you go to most often—a medical/Is your doctor in a private) doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

- 01 DOCTOR'S OFFICE/KAISER/OTHER HMO
- 02 CLINIC/HEALTH CENTER/HOSPITAL CLINIC
- 03 EMERGENCY ROOM
- 07 SOME OTHER PLACE (SPECIFY: __________)
- 08 NO ONE PLACE
- 09 REFUSED
- 08 DON'T KNOW

PROGRAMMING NOTE QA17_H3:
If QA17_B6 = 1 OR QA17_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR SKIP TO QA17_H4;
Else CONTINUE WITH QA17_H3

‘QA17_H3’ [AH12] -

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, go to 'QA17_H5'
'QA17_H4' [AH95] -
{During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that}?

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

________ NUMBER OF TIMES [HR: 0 - 200]
○ -7 REFUSED
○ -8 DON'T KNOW

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

[INTERVIEWER NOTE: INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE ORIGINAL MEDICARE PLAN.]
○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON'T KNOW

If = 1, go to 'QA17_H8'
If = -7, -8, go to 'QA17_H16'

POST-NOTE AI1 :
IF QA17_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA17_H6:
IF [AAGE > 64 OR QA17_A5 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA17_H5 = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA17_H6;
ELSE GO TO PROGRAMMING NOTE QA17_H8

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

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

If = 1, -7, -8, go to 'PN_QA17_H16'
If = 2, go to 'PN_QA17_H8'

POST-NOTE QA17_H6:
IF QA17_H6 = 2, SET ARMCARE = 1 AND SET ARINSURE = 1
What is your age, please?

[AI3Y] -

_____ YEARS OF AGE [HR: 18-105]

If >=0, go to 'PN_QA17_H16'

-7 REFUSED
-8 DON'T KNOW

If = -7, -8, go to 'PN_QA17_H16'

**POST NOTE QA17_H7: AIDATE**
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA17_H7;
IF AAGE < 18, CODE AS IA AND TERMINATE

**PROGRAMMING NOTE QA17_H8:**
IF ARMCARE = 1, CONTINUE WITH QA17_H8;
ELSE GO TO PROGRAMMING NOTE QA17_H16

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.”]

-7 REFUSED
-8 DON'T KNOW

If = 2, -7, -8, go to ‘QA17_H11’

**POST-NOTE QA17_H8;**
IF QA17_H8 = 1, SET ARMADV= 1
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

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
- 06 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSS OF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIA
- 09 BLUE CROSS CALIFORNIA CARE
- 09 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 CALIFORNIA KIDS (CAKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDERS’ INDEPENDENCE
- 20 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 CHOICE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
81 CONTRA COSTA HEALTH PLAN
31 DAVITA HEALTHCARE PARTNERS PLAN
32 EASY CHOICE HEALTH PLAN
33 EPIC HEALTH PLAN
34 GEM CARE HEALTH PLAN
35 GOLD COAST HEALTH PLAN
36 GOLDEN STATE MEDICARE HEALTH PLAN
38 HEALTH NET
39 HEALTH NET SENIORITY PLUS
40 HEALTH PLAN OF SAN JOAQUIN
41 HEALTH PLAN SAN JP AUTHORITY
42 HERITAGE PROVIDER NETWORK
43 HUMANA GOLD PLUS
44 HUMANA HEALTH PLAN
45 IEHP (INLAND EMPIRE HEALTH PLAN)
46 INTER VALLEY HEALTH PLAN
82 HEALTH ADVANTAGE
47 KAISER PERMANENTE
48 KAISER PERMANENTE SENIOR ADVANTAGE
49 KERN FAMILY HEALTH CARE
50 L.A. CARE HEALTH PLAN
51 MD CARE
54 MOLINA HEALTHCARE OF CALIFORNIA
55 MONARCH HEALTH PLAN
56 ON LOK SENIOR HEALTH SERVICES
57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
58 PIH HEALTH CARE SOLUTIONS
59 PREMIER HEALTH PLAN SERVICES
60 PRIMECARE MEDICAL NETWORK
61 PROVIDENCE HEALTH NETWORK
68 SCRIPPS HEALTH PLAN SERVICES
69 SEASIDE HEALTH PLAN
84 SAN FRANCISCO HEALTH PLAN
90 SANTA CLARA FAMILY HEALTH PLAN
86 SAN MATEO HEALTH COMMISION
88 SANTA BARBARA
92 SATELLITE HEALTH PLAN
67 SCAN HEALTH PLAN
70 SHARP HEALTH PLAN
71 SUTTER HEALTH PLAN
72 SUTTER SENIOR CARE
73 UNITED HEALTHCARE
74 UNITED HEALTHCARE SECURE HORIZON
75 UNIVERSITY HEALTHCARE ADVANTAGE
76 VALLEY HEALTH PLAN
77 VENTURA COUNTY HEALTH CARE PLAN
78 WESTERN HEALTH ADVANTAGE
93 CHAMPUS/CHAMP-VA
87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
89 VA HEALTH CARE SERVICES
52 MEDI-CAL
53 MEDICARE
85 OTHER (SPECIFY: _____________)
-7 REFUSED
-8 DON'T KNOW

POST-NOTE FOR QA17_H10:
ALL ANSWERS GO TO PROGRAMMING NOTE QA17_H12;
IF QA17_H10 = 93, 87, OR 89 THEN ARAMILIT = 1
Some people who are eligible for Medicare also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

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

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

If = 2, -7, -8, go to 'PN_QA17_H16'

POST-NOTE FOR QA17_H11:
IF AI4  = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA17_H12:
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE AI6 ; DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY “Medicare Advantage plan”;
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY “Medicare Supplement plan”;

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
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

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

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

If = 2, -7, -8, go to 'PN_QA17_H16'

Who is that?

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

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

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

POST-NOTE FOR QA17_H15:
IF AH55 = 7, SET ARMCAI = 1;
Medi-Cal Coverage

`QA17_H16`

{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

**PROGRAMMING NOTE QA17_H16:**
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

Employer-Based Coverage

`QA17_H17`

{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

**PROGRAMMING NOTE QA17_H17:**
IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other";
ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";
ELSE DISPLAY "a"

**POST-NOTE FOR QA17_H16:**
IF A16 = 1, SET ARMCAL = 1 AND SET ARI NSURE = 1;
IF ARMCAL = 1 AND QA17_H16 = 2, SET ARMCAL = 0

**PROGRAMMING NOTE QA17_H17:**
IF QA17_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

**POST-NOTE FOR QA17_H17:**
IF QA17_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
**PROGRAMMING NOTE QA17_H18:**
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH QA17_H18;
ELSE GO TO PROGRAMMING NOTE QA17_H20

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

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

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

If = 2, -7, -8, go to 'PN_QA17_H20'

**POST-NOTE FOR QA17_H18:**
IF QA17_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA17_H19:**
IF ARDIRECT = 1, THEN CONTINUE WITH QA17_H19;
ELSE GO TO PROGRAMMING NOTE QA17_H20

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

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

**POST-NOTE FOR QA17_H19:**
IF AH104 = 2, THEN SET ARHBEX = 1
‘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, go to ’PN_QA17_H22’

POST-NOTE FOR QA17_H20:
IF QA17_H17= 1 AND QA17_H20= 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF QA17_H17= 1 AND QA17_H20= 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA17_H18= 1 AND QA17_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA17_H18= 1 AND QA17_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

‘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-NOTE FOR QA17_H21:
IF QA17_A17 = 1 (MARRIED) OR QA17_D9 = 1 OR QA17_D10 = 1 OR IF AH43A = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR QA17_A5 =1 (BETWEEN 18 AND 29)], CONTINUE WITH QA17_H21;
ELSE GO TO PROGRAMMING NOTE AH105;
IF QA17_A17 = 1, THEN DISPLAY “spouse’s name”;
IF QA17_A17 ≠ 1 AND (QA17_D9 = 1 OR QA17_D10 = 1), THEN DISPLAY “partner’s name;
IF QA17_A17 = 1 OR AAGE < 26, THEN DISPLAY “parent’s name”;

PROGRAMMING NOTE QA17_H21:
IF QA17_H17 = 1 AND QA17_H21= 1 SET AREMSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF AH104 = 2 AND QA17_H21= 1 SET AREMSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEF = 1;
IF QA17_H17 = 1 AND QA17_H21= 2 SET AREMPAR =1 AND AREMPOTH = 0;
IF QA17_H18 = 1 AND QA17_H21= 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF QA17_H18 = 1 AND QA17_H21= 2 SET ARDIRPAR = 1 AND ARDIROTH = 0
‘QA17_H22’ [AH105] -

How did you/he or she sign up for this health insurance – through an employer, through a union, or through Covered California’s SHOP program?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]

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

POST-NOTE FOR QA17_H22:
IF QA17_H22 = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE QA17_H23
IF ARHBEX = 1, THEN CONTINUE WITH QA17_H23;
ELSE GO TO PROGRAMMING NOTE QA17_H24;

‘QA17_H23’ [AH106] -

Was this a bronze, silver, gold or platinum plan?

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

PROGRAMMING NOTE QA17_H24:
IF QA17_H22 = 3, THEN GO TO QA17_H25;
ELSE CONTINUE WITH QA17_H24;

‘QA17_H24’ [AH107] -

Was there a subsidy or discount on the premium for this plan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW
Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

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

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

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

If = 1, -7, -8, go to 'PN_QA17_H22'

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

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

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

If = 1, -7, -8, go to 'PN_QA17_H22'
‘QA17_H28’ [AH56] -

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

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

[PROBE: “Any others?”]

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

POST-NOTE QA17_H28:
IF AH56 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF AH56 = 4 OR 5, THEN SET AREMPSP = 1;
IF AH56 = 6, THEN SET AROTHER = 1;
IF AH56 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
IF AH56 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF AH56 = 11, SET ARHB EX = 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
**QA17_H30** [AI13] -

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

- **2** YES
- **02** NO
- **-7** REFUSED
- **-8** DON'T KNOW

If = 2, -7, -8, go to '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, go to 'QA17_H33'
If = -7, go to '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** DONT NEED OR BELIEVE IN HEALTH INSURANCE
- **91** OTHER (SPECIFY: _____________)
- **-7** REFUSED
- **-8** DON'T KNOW

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

**QA17_H33** [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** DONT WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR
- **91** OTHER (SPECIFY: _____________)
- **-7** REFUSED
- **-8** DON'T KNOW
‘QA17_H34’ [AI16] -

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

POST-NOTE QA17_H34:
IF AI16 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA17_H34:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA17_H34;
ELSE GO TO PN QA17_H35

‘QA17_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
- 07 REFUSED
- 08 DON'T KNOW

POST-NOTE QA17_H35:
IF AI17 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA17_H35:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH QA17_H35;
ELSE GO TO PROGRAMMING NOTE QA17_H36

‘QA17_H36’ [AI18] -

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

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, go to 'PN_QA17_H40'
What type of health insurance do you have?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?”]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

POST-NOTE QA17_H37:
IF QA17_H37 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA17_H37 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA17_H37 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA17_H37 = 4, SET ARMHCARE = 1 AND SET ARINSURE = 1;
IF QA17_H37 = 5, SET ARMICAL = 1 AND SET ARINSURE = 1;
IF QA17_H37 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA17_H37 = 8, SET ARHCONF = 1;
IF QA17_H37 = 10, SET ARHCONF = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH =1;
IF QA17_H37 = 11, SET ARHCONF = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;
IF QA17_H37 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA17_H37 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA17_H38:
IF AI19 = 1, 2, OR 3 CONTINUE WITH QA17_H38;
ELSE GO TO PROGRAMMING NOTE A QA17_H40/20

— QA17_H38 [AH59] —

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

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

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

If = 1, -7, -8, go to 'PN_QA17_H40'
**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

**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
These next questions are about the type of health insurance your {spouse/partner} may have.

(QA17_H41) [AI37intro]

(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
```

(QA17_H41) [AI37]

(You said that you have a Medicare Advantage plan.) Does your {spouse/partner} {also} have a Medicare Advantage plan?

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

(QA17_H41) [POST NOTE]

If QA17_H41 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

(QA17_H42) [POST NOTE]

If AH127 = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1
(You said that you have a Medicare Supplement plan.) Does your {partner/spouse} {also} have a Medicare supplement plan?

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

**POST-NOTE QA17_H43:**

IF AI37A = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

**PROGRAMMING NOTE QA17_H44:**

IF ARMCAL = 1, CONTINUE WITH QA17_H44;
DISPLAY "also" IF ARMCARE = 1;
ELSE GO TO PROGRAMMING NOTE QA17_H45

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

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

**POST-NOTE QA17_H44:**

IF AI38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

**PROGRAMMING NOTE QA17_H45:**

IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA17_H45;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA17_H46

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

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

If = 1, go to 'PN_QA17_H48'
You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]

- 01 YES
- 02 NO
- 91 OTHER
- -7 REFUSED
- -8 DON’T KNOW

If = 1, go to ‘PN_QA17_H48’

{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

(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

AI40A -

You said you have insurance from your spouse’s employer or union. Is (SPOUSE/PARTNER) {also} covered by this insurance?

- 01 YES
- 02 NO
- 91 OTHER
- -7 REFUSED
- -8 DON’T KNOW

If = 1, go to ‘PN_QA17_H48’

You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]

- 01 YES
- 02 NO
- 91 OTHER
- -7 REFUSED
- -8 DON’T KNOW

If = 1, go to ‘PN_QA17_H48’

You said you have insurance from your spouse’s employer or union. Is (SPOUSE/PARTNER) {also} covered by this insurance?

- 01 YES
- 02 NO
- 91 OTHER
- -7 REFUSED
- -8 DON’T KNOW

If = 1, go to ‘PN_QA17_H48’

You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]

- 01 YES
- 02 NO
- 91 OTHER
- -7 REFUSED
- -8 DON’T KNOW

If = 1, go to ‘PN_QA17_H48’

You said you have insurance from your spouse’s employer or union. Is (SPOUSE/PARTNER) {also} covered by this insurance?

- 01 YES
- 02 NO
- 91 OTHER
- -7 REFUSED
- -8 DON’T KNOW

If = 1, go to ‘PN_QA17_H48’
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

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

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
'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

PROGRAMMING NOTE QA17_H51:

IF AROTHGOV = 1, CONTINUE WITH QA17_H51;
IF QA17_H38 = 91, THEN DISPLAY “some government health plan”;
IF ARMSCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA17_H52

POST-NOTE QA17_H51:

IF AI42A = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1

'QA17_H52' [AI46] -

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

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

If = 2, go to 'PN_QA17_H54'
If = -7, -8, go to 'PN_QA17_H58'
What type of health insurance does {he/she} have?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan.”]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?”]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

POST-NOTE QA17_H53:

IF QA17_H53 = 1, SET SPEMOTH = 1 AND SET SPINSURE = 1;
IF QA17_H53 = 2, SET SPEMOTH = 1 AND SET SPINSURE = 1;
IF QA17_H53 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA17_H53 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA17_H53 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF AI QA17_H53 = 47 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA17_H53 = 8, SET SPIHS = 1;
IF QA17_H53 = 10, SET SPHBEX = 1 AND SPDIRECT = 1 AND SPINSURE = 1 AND SPDIROTH = 1;
IF QA17_H53 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;
IF QA17_H53 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA17_H53 = 92, -7, -8, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA17_H54:

IF SPINSURE ≠ 1, CONTINUE WITH QA17_H54;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA17_H56;
ELSE GO TO PROGRAMMING NOTE QA17_H58

‘QA17_H54’ [AI48] -

You said that (SPOUSE/PARTNER) has no health insurance from any source.  Is this correct?

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

If = 1, -7, -8, go to 'PN_QA17_H58'
What type of health insurance does {he/she} have?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

POST-NOTE QA17_H55:
IF QA17_H55 = 1, SET SPEMOTH = 1 AND SET SPINSURE = 1;
IF QA17_H55 = 2, SET SPEMOTH = 1 AND SET SPINSURE = 1;
IF QA17_H55 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA17_H55 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA17_H55 = 5, SET SMPCAL = 1 AND SET SPINSURE = 1;
IF QA17_H55 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA17_H55 = 8, SET SPIHS = 1;
IF QA17_H55 = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;
IF QA17_H55 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPMOTH = 1;
IF QA17_H55 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA17_H55 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA17_H56:
IF QA17_H53 = (1, 2, 3, 10, 11) OR QA17_H55 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QA17_H56;
IF QA17_A17 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
ELSE IF QA17_D9 = 1 OR QA17_D10 = 1 THEN DISPLAY “partner’s”;
ELSE SKIP TO PROGRAMMING NOTE QA17_H58

'QA17_H56' [AH62] -

Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

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

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

If = 1, -7, -8, go to 'PN_QA17_H58'
**QA17_H57** [AH63] -

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

- 01 IN ADULT RESPONDENT'S NAME
- 02 IN ADULT RESPONDENT'S PARENT'S NAME
- 03 IN SOMEONE ELSE'S NAME
- -7 REFUSED
- -8 DON'T KNOW

**POST NOTE QA17_H57:**

IF QA17_H57 = 1 AND [QA17_H53 = (1 OR 2) OR QA17_H55 = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;

IF QA17_H57 = 1 AND [QA17_H53 = 3 OR QA17_H55 = 3], SET SPDIRAR = 1 AND ARSAMES = 1;

IF QA17_H57 = 1 AND [QA17_H53 = 10 OR QA17_H55 = 10], SET SPHBEX = 1 AND SPDIRAR = 1 AND ARSAMES = 1;

IF QA17_H57 = 1 AND [QA17_H53 = 11 OR QA17_H55 = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;

IF QA17_H57 = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

**QA17_H58** [AI43] -

Does your (spouse's/partner's) employer offer health insurance to any of its employees?

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

If = 2, -7, -8, go to 'PN_QA17_H61'

**QA17_H59** [AI44] -

Is (he/she) eligible to be in this plan?

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

If = 2, go to 'QA17_H60'
If = -7, -8, go to 'PN_QA17_H61'
What is the ONE main reason why {he/she} isn't in this plan?

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

If = 1, 2, 3, 4, 91, -7, -8, go to 'PN_QA17_H61'

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
Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan. Is your 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 
- 07 REFUSED 
- 08 DON’T KNOW 

If = 1, go to ‘PN_QA17_H63’
**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

**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 CALIFORNIA CARE
- 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 CALIFORNIA KIDS (CALKIDS)
- 16 CAL OPTIMA (CAL OPTIMA 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
POST NOTE QA17_H63:
IF QA17_H63 = 93, 87, OR 89 THEN SET ARMILIT=1
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

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

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

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN I GO OUT OF NETWORK
- -7 REFUSED
- -8 DON'T KNOW

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

[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts.”]

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

If = 2, -7, -8, go to 'QA17_H70'

Do you have money in this account?

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

If = 2, -7, -8, go to 'QA17_H70'

How much money do you have in this account? Your best guess is fine.

___________________ (AMOUNT) [HR: 0-9997]

- -7 REFUSED
- -8 DON'T KNOW

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

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

If = 2, go to 'QA17_H72'
If = -7, go to 'QA17_H78'
If = -8, go to 'QA17_H73'
How long have you had your current health insurance?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

[AH132M] -

_____ NUMBER OF MONTHS
If >=0, go to 'QA17_H76'

[AH132Y] -

_____ NUMBER OF YEARS
If >=0, go to 'QA17_H76'

☐ -7 REFUSED
☐ -8 DON'T KNOW

If =-7, -8, go to 'QA17_H76'

‘QA17_H72’ [AH133] -

Out of the last 12 months, 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_H73’ [AI32] -

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

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

If =2, -7, -8, go to 'QA17_H76'
Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

Programming Note QA17_H75: If more than one response from QA17_H74, then continue with QA17_H75; else continue with QA17_H76

Prior to your current plan, which health insurance did you have?

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

Programming Note QA17_H76: If QA17_H73 #1 or QA17_H70 = 1, then continue with QA17_H76; else continue with QA17_H77

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
How long did you have the plan from {AH134/AH135/AI33}?

[ IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH ]

[AH136M] -

_____ NUMBER OF MONTHS

[AH136Y] -

_____ NUMBER OF YEARS

If >=0, go to 'QA17_H78'

-7 REFUSED
-8 DON'T KNOW

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

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
‘QA17_H80’ [AI35] -

For how many months of the past 12 months did you have no health insurance at all?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11]

If = 0, go to 'PN_QA17_H89'

-7 REFUSED
-8 DON'T KNOW

If = -7, -8, go to 'PN_QA17_H89'

‘QA17_H81’ [AI36] -

What is the ONE MAIN reason why you did not have any health insurance during those months?

- 01 CAN’T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DONT BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: ____________)
-7 REFUSED
-8 DON'T KNOW

‘QA17_H82’ [AH74] -

During the time that you were uninsured, did you try to find health insurance on your own?

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

If = 1, 2, -7, -8, go to 'PN_QA17_H89'

‘QA17_H83’ [AI24] -

What is the ONE MAIN reason why you do not have any health insurance?

[IF R SAYS NO NEED, PROBE WHY]

- 01 CAN’T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DONT 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
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

Were you covered by health insurance at any time during the past 12 months?

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

If = 1, go to 'QA17_H87'

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

For how many months out of the last 12 months did you have health insurance?

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

- -7 REFUSED
- -8 DON'T KNOW

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
In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

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

If = 2, -7, -8, go to 'PN_QA17_H106'

Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

- 01 DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR
- 02 THROUGH COVERED CALIFORNIA, OR
- 03 BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA
- -7 REFUSED
- -8 DON’T KNOW

If = -7, -8, go to 'QA17_H93'

(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

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
Did anyone help you find a health plan?

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

If = 2, -7, -8, go to 'PN_QA17_H96'

Who helped you?

- 01 BROKER
- 02 FAMILY MEMBER/FRIEND
- 03 INTERNET
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE QA17_H95:
IF QA17_H94 = 2; THEN CONTINUE WITH QA17_H95;
IF QA17_H94 = 3; THEN CONTINUE WITH QA17_H95 AND DISPLAY “Now, think about your experience with Covered California.”
ELSE GO TO PROGRAMMING NOTE QA17_H99;

{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

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

Did anyone help you find a health plan?

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

If = 2, -7, -8, go to 'QA17_H99'
Who helped you?

- 01 BROKER
- 02 FAMILY MEMBER / FRIEND
- 03 INTERNET
- 04 CERTIFIED ENROLLMENT COUNSELOR
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

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

Were you able to get information about your health plan options in your language?

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

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

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

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
Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?

- 01 VERY IMPORTANT
- 02 SOMEWHAT IMPORTANT
- 03 NOT IMPORTANT
- -7 REFUSED
- -8 DON’T KNOW

PROGRAMMING NOTE QA17_H105:
IF AH106 = 1 THEN DISPLAY “Bronze”
ELSE IF QA17_H23 = 2 THEN DISPLAY “Silver”
ELSE IF QA17_H23 = 3 THEN DISPLAY “Gold”
ELSE IF QA17_H23 = 4 THEN DISPLAY “Platinum”
ELSE IF QA17_H23 = 6 THEN DISPLAY “Minimum coverage”
ELSE DISPLAY “ “;

Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan’s network, or was it something else?

- 01 COST
- 02 SPECIFIC DOCTOR
- 03 SPECIFIC HOSPITAL
- 04 CHOICE OF DOCTORS IN NETWORK
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON’T KNOW

PROGRAMMING NOTE QA17_H106:
IF ARINSURE = 1, CONTINUE WITH QA17_H106;
ELSE SKIP TO QA17_H107;

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
Hospitalizations

‘QA17_H107’ [AH14] -
During the past 12 months, were you a patient in a hospital overnight or longer?

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

If = 2, -7, -8, go to 'PN_QA17_H109'

Partial Scope Medi-Cal

‘QA17_H108’ [AH76] -
Was any of that hospital care paid for by Medi-Cal?

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

Medical Debt

PROGRAMMING NOTE QA17_H107:
IF QA17_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA17_B13 = 1 (HOSPITALIZED FOR ASTHMA) THEN
GO TO PROGRAMMING NOTE QA17_H108;
ELSE CONTINUE WITH QA17_H107

‘QA17_H109’ [AH77] -
During the last 12 months, did you get prenatal care that you didn't have to pay for?

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

If = 2, -7, -8, go to 'QA17_H111'

‘QA17_H110’ [AH78] -
Was it paid for by Medi-Cal?

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

PROGRAMMING NOTE QA17_H108:
IF ARINSURE ≠ 1 OR QA17_H80 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA17_H108 AND IF AH15=1 OR AB80 =1 display "Previously you mentioned you were a patient in a hospital overnight or longer" ;
ELSE GO TO PROGRAMMING NOTE QA17_H109

PROGRAMMING NOTE QA17_H109:
[IF ARINSURE ≠ 1 OR QA17_H80  > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA17_A6 =2 (FEMALE) AND QA17_E1 =1 (PREGNANT) OR SC14A =1 , THEN CONTINUE WITH QA17_H109 ;
ELSE GO TO NEXT SECTION
While you’ve had your current health plan, have you reached the limit of what your insurance company would pay for?

[IF NEEDED, SAY: “EVER for your current health plan.”]

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

If = 2, -7, -8, go to 'QA17_H113'

During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?

[IF NEEDED, SAY: “Dental bills should be included.”]

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

If = 2, -7, -8, go to PN_QA17_I1

What is the total amount of medical bills?

[IF NEEDED, SAY: “The bills can be from earlier years as well as this year.”]

- 01 LESS THAN $1,000
- 02 $1,000 TO LESS THAN $2,000
- 03 $2,000 TO LESS THAN $4,000
- 04 $4,000 TO LESS THAN $8,000
- 05 $8,000 OR MORE
- 06 NONE
- -7 REFUSED
- -8 DON’T KNOW
‘QA17_H115’ [AH84] -
Were you or your family member uninsured at the time care was provided?

- 01 YES
- 02 NO
- 03 MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS AND ONE PERSON UNINSURED AND THE OTHER INSURED
- 07 REFUSED
- 08 DONT KNOW

‘QA17_H116’ [AH85] -
Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DONT KNOW

‘QA17_H117’ [AH86] -
Because of these medical bills, did you take on credit card debt?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DONT KNOW
SECTION I – CHILD AND ADOLESCENT INSURANCE

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<td>IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA17_I2;</td>
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<td>ELSE CONTINUE WITH QA17_I1</td>
</tr>
</tbody>
</table>

‘QA17_I1’ [CF10A] -

These next questions are about health insurance (CHILD) may have.

Does (CHILD) have the same insurance as you?

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

If = 1, go to ‘QA17_I19’

<table>
<thead>
<tr>
<th>POST-NOTE QA17_I1 :</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF QA17_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;</td>
</tr>
<tr>
<td>IF QA17_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;</td>
</tr>
<tr>
<td>IF QA17_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;</td>
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</tr>
<tr>
<td>IF QA17_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;</td>
</tr>
<tr>
<td>IF QA17_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;</td>
</tr>
<tr>
<td>IF QA17_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;</td>
</tr>
<tr>
<td>IF QA17_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;</td>
</tr>
<tr>
<td>IF QA17_I1 = 1 AND AROTHBER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;</td>
</tr>
<tr>
<td>IF QA17_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;</td>
</tr>
</tbody>
</table>
'QA17_I2' [MA1] -

Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

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

If = 1, go to 'QA17_I19'

PROGRAMMING NOTE QA17_I2:
IF SPINSURE ≠ 1, THEN SKIP TO QA17_I3;
ELSE IF QA17_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA17_I3;
ELSE CONTINUE WITH QA17_I2

'QA17_I3' [CF1] -

Is {he/she} currently covered by Medi-CAL?

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

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

POST-NOTE QA17_I2:
IF QA17_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA17_I2 = 1 AND SPIHS = 1, SET CHIHS = 1
IF QA17_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA17_I2 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1
IF QA17_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA17_I2 = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA17_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA17_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA17_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA17_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

POST-NOTE QA17_I3:
IF CF1 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
‘QA17_I4’ [CF3] -

Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

[INTERVIEW NOTE: CODE ‘YES’ IF R MENTIONS ‘SHOP’ PROGRAM THROUGH COVERED CALIFORNIA]

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

If = 2, -7, -8, go to 'PN_QA17_I6'

POST-NOTE QA17_I4 :
IF QA17_I4 = 1, SET CHEMP = 1 AND CHINSURE = 1

‘QA17_I5’ [AI90] -

Is this plan through an employer, through a union, or through Covered California’s SHOP program?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]

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

POST-NOTE FOR QA17_I5 :
IF QA17_I5 = 3, THEN SET CHHBEX = 1

PROGRAM NOTE QA17_I6 :
IF CHINSURE = 1 THEN GO TO QA17_I8 ;
ELSE CONTINUE WITH QA17_I6

‘QA17_I6’ [CF4] -

Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

[IF NEEDED, SAY: “Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital”]

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

If = 2, -7, -8, go to 'PN_QA17_I13'

POST-NOTE QA17_I6 :
IF QA17_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1
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

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

Was there a subsidy or discount on the premium for this plan?

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

Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

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

If = 2, -7, -8, go to 'PN_QA17_I13'

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

If QA17_I12 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
If QA17_I12 = 7, SET CHMCAL = 1
If QA17_I12 = 10, SET CHHBEX = 1;
‘QA17_I13’ [CF6] -

Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

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

If = 1, go to 'PN_QA17_I19'

‘QA17_I14’ [CF7] -

Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else?

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

- 01 AIM
- 02 MISTER MIP/MRMIP
- 03 HEALTHY KIDS
- 04 NO OTHER PLAN
- 91 SOMETHING ELSE (SPECIFY: ____________)
- -7 REFUSED
- -8 DON’T KNOW

If = 1, 2, 3, 91, go to 'PN_QA17_I19'

‘QA17_I15’ [CF8] -

Does {he/she} have any health insurance coverage through a plan that I missed?

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

If = 2, -7, -8, go to 'PN_QA17_I18A'
What type of health insurance does (he/she) have? Does it come through Medi-CAL, an employer or union, or from some other source?

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

POST-NOTE QA17_I16:
IF QA17_I16 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA17_I16 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA17_I16 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA17_I16 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA17_I16 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA17_I16 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA17_I16 = 8, SET CHIHS = 1
IF QA17_I16 = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;
IF QA17_I16 = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;
IF QA17_I16 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA17_I16 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF QA17_I16 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE CF9VER:
IF QA17_I16 = 4 (CHILD HAS MEDICARE), CONTINUE WITH CF9VER;
ELSE SKIP TO PROGRAMMING NOTE QA17_I18

'QA17_I17' [CF9VER] -

Just to verify, you said that (CHILD) gets health insurance through Medicare?

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

'QA17_I19' [MA3]

Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, (he/she) must use the doctors and hospitals belonging to its network. If (he/she) goes outside the network, generally it will not be paid for unless it's an emergency."]

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

If = 1, go to 'QA17_I21'
‘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: ___________)
- 07 REFUSED
- 08 DON'T KNOW

‘QA17_I21’ [MA2] -

What is the name of (CHILD)’s main health plan?

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (CHILD) have an insurance card or something else with the plan name on it?”]

- 01 ACCESS SENIOR HEALTHCARE
- 02 AETNA
- 03 AETNA GOLDEN MEDICARE
- 04 AIDS HEALTHCARE FOUNDATION, LA
- 05 ALAMEDA ALLIANCE FOR HEALTH
- 06 ALTAMED HEALTH SERVICES
- 07 ANTHEM BLUE CROSSOF 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 CALIFORNIA KIDS (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
CHOICE HEALTH PLAN
33 EPIC HEALTH PLAN
34 GEM CARE HEALTH PLAN
35 GOLD COAST HEALTH PLAN
36 GOLDEN STATE MEDICARE HEALTH PLAN
38 HEALTH NET
39 HEALTH NET SENIORITY PLUS
40 HEALTH PLAN OF SAN JOAQUIN
41 HEALTH PLAN SAN JP AUTHORITY
42 HERITAGE PROVIDER NETWORK
43 HUMANA GOLD PLUS
44 HUMANA HEALTH PLAN
45 IEHP (INLAND EMPIRE HEALTH PLAN)
46 INTER VALLEY HEALTH PLAN
82 HEALTH ADVANTAGE
47 KAISER PERMANENTE
48 KAISER PERMANENTE SENIOR ADVANTAGE
49 KERN FAMILY HEALTH CARE
50 L.A. CARE HEALTH PLAN
51 MD CARE
54 MOLINA HEALTHCARE OF CALIFORNIA
55 MONARCH HEALTH PLAN
56 ON LOK SENIOR HEALTH SERVICES
57 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
58 PIH HEALTH CARE SOLUTIONS
59 PREMIER HEALTH PLAN SERVICES
60 PRIMECARE MEDICAL NETWORK
61 PROVIDENCE HEALTH NETWORK
68 SCRIPPS HEALTH PLAN SERVICES
69 SEASIDE HEALTH PLAN
84 SAN FRANCISCO HEALTH PLAN
90 SANTA CLARA FAMILY HEALTH PLAN
86 SAN MATEO HEALTH COMMISION
88 SANTA BARBARA
92 SATELLITE HEALTH PLAN
67 SCAN HEALTH PLAN
70 SHARP HEALTH PLAN
71 SUTTER HEALTH PLAN
72 SUTTER SENIOR CARE
73 UNITED HEALTHCARE
74 UNITED HEALTHCARE SECURE HORIZON
75 UNIVERSITY HEALTHCARE ADVANTAGE
76 VALLEY HEALTH PLAN
77 VENTURA COUNTY HEALTH CARE PLAN
78 WESTERN HEALTH ADVANTAGE
93 CHAMPUS/CHAMP-VA
87 TRICARE/TRICARE FOR LIFE/TRICARE PRIME
89 VA HEALTH CARE SERVICES
52 MEDI-CAL
53 MEDICARE
85 OTHER (SPECIFY: _____________)
-7 REFUSED
-8 DON'T KNOW

POST NOTE QA17_I21:
IF QA17_I21 = 93, 87, OR 89 THEN SET CHMILIT=1

‘QA17_I22’ [CF14] -

Is (CHILD) covered for prescription drugs?
01 YES
02 NO
-7 REFUSED
-8 DON'T KNOW
‘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

PROGRAMMING NOTE FOR QA17_H111:
IF (ARINSURE ≠ 1 OR QA17_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH QA17_H111;
ELSE SKIP TO PROGRAMMING NOTE QA17_I26

‘QA17_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

PROGRAMMING NOTE QA17_I25:
IF (QA17_H111 = 1 OR 3) OR (QA17_I24 = 1 OR 3), CONTINUE WITH QA17_I25;
ELSE SKIP TO PROGRAMMING NOTE QA17_I26
‘QA17_I26’ [CF18] -

What is the one main reason (CHILD) does not have any health insurance?

- 01 CAN'T AFFORD/TOO EXPENSIVE
- 02 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 03 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 04 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 05 FAMILY SITUATION CHANGED
- 06 DON'T BELIEVE IN INSURANCE
- 07 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
- 08 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

‘QA17_I27’ [CF20] -

Was (CHILD) covered by health insurance at any time during the past 12 months?

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

‘QA17_I28’ [CF21] -

How long has it been since (CHILD) last had health insurance?

- 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE COVERAGE
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, -7, -8, go to 'PN_QA17_I37'

‘QA17_I29’ [CF22] -

For how many of the last 12 months did (he/she) have health insurance?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

______ MONTHS [HR: 0-12]

If = 0, go to ‘PN_QA17_I37’

- -7 REFUSED
- -8 DON'T KNOW
During that time when (CHILD) had health insurance, was (his/her) insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

If =1, 3, 5, 6, 91, -7, -8, go to 'PN_QA17_I37'

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

- 01 YES
- 02 NO
- 03 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 3, go to 'PN_QA17_I37'

When (he/she) wasn’t covered by (his/her) current health insurance, did (he/she/he or she) have any other health insurance?

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

If = 2, -7, -8, go to 'QA17_I34'
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

During the past 12 months, was there any time when (he/she) had no health insurance at all?

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

If = 2, -7, -8, go to 'PN_QA17_I37'

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

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 DONT 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
These next questions are about health insurance (TEEN) may have. Does (TEEN) have the same insurance as you?

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

If = 1, go to 'QA17_I54'

Programming Note QA17_I37:
- IF NO TEEN SELECTED, GO TO PN QA17_I72;
- IF ARINSURE = 1, CONTINUE WITH QA17_I37;
- IF ARINSURE # 1, GO TO PN QA17_I38;
- ELSE CONTINUE WITH QA17_I37

QA17_I37' [IA10A] -

Does (TEEN) have the same insurance as your spouse?

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

If = 1, go to 'QA17_I54'

Programming Note QA17_I38:
- IF SPINSURE ≠ 1 THEN SKIP TO MA6;
- ELSE IF QA17_I37 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE MA6;
- ELSE CONTINUE WITH QA17_I38

QA17_I38' [MA5] -

Programming Note QA17_I37:
- IF QA17_I37 = 1 AND ARMCAE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
- IF QA17_I37 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
- IF QA17_I37 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
- IF QA17_I37 = 1 AND AREMPSPP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
- IF QA17_I37 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
- IF QA17_I37 = 1 AND ARMILLIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
- IF QA17_I37 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
- IF QA17_I37 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
- IF QA17_I37 = 1 AND ARIHS = 1, SET TEIHS = 1;
- IF QA17_I37 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA17_I38:
- IF SPINSURE ≠ 1 THEN SKIP TO MA6;
- ELSE IF QA17_I37 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE MA6;
- ELSE CONTINUE WITH QA17_I38
POST-NOTE QA17_I38 :
IF QA17_I38 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND SPEMPOWN = 1, SET TEEEMP = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND SPEMPSP = 1, SET TEEEMP = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND SPEMPAR = 1, SET TEEEMP = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND SPEMPOTH = 1, SET TEEEMP = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND SPMTEMP = 1, SET TEEEMP = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND TEMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND TEMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND TEMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND TEMBEX = 1, SET TEMBEX = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND TEMOTHER = 1, THEN SET TEMOTHER = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 1 AND SPOTHER = 1, THEN SET SPOTHER = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 0 AND TEMCARE = 1, THEN SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 0 AND TEMCAL = 1, THEN SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 0 AND TEMILIT = 1, THEN SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 0 AND TEMBEX = 1, THEN SET TEMBEX = 1 AND SET TEINSURE = 1;
IF QA17_I38 = 0 AND TEMOTHER = 1, THEN SET TEMOTHER = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE MA6 :
IF TEINSURE ≠ 1, THEN SKIP TO QA17_I39 :
ELSE IF (QA17_I37 = 2 AND ARSAMECH = 1) OR (QA17_I38 = 2 AND SPSAMECH = 1), THEN SKIP TO QA17_I39 :
ELSE CONTINUE WITH MA6 :

‘QA17_I38’ [MA6] -

Does (TEEN) have the same insurance as (CHILD)?

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON’T KNOW

POST-NOTE MA6 :
IF MA6 = 1 AND 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 TEEEMP = 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, THEN SET TEOTHER = 1 AND SET TEINSURE = 1;
IF MA6 = 1 AND CHHBEX = 1, SET TEHBEX = 1

‘QA17_I40’ [IA1] –

Is {he/she} currently covered by Medi-CAL?
[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON’T KNOW

POST-NOTE QA17_I39 :
IF QA17_I39 = 1, SET 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, go to 'QA17_I42'

POST-NOTE QA17_I40:
IF QA17_I40 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

‘QA17_I42’ [AI94] -

Is this plan through an employer, through a union, or through Covered California’s SHOP program?

[If Needed, say: “SHOP is the Small Business Health Options Program administered by Covered California”]

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

POST-NOTE FOR QA17_I41:
IF QA17_I41 = 3, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA17_I42:
IF TEINSURE = 1 THEN GO TO QA17_I43;
ELSE CONTINUE WITH QA17_I42

‘QA17_I43’ [IA4] -

Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

[If Needed, say: “Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital”]

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

If = 2, -7, -8, go to 'QA17_I49'

POST-NOTE QA17_I42:
IF QA17_I42 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
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

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

Was there a subsidy or discount on the premium for this plan?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
‘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
- 07 REFUSED
- 08 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
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, go to 'PN_QA17_I49'

‘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
- 07 REFUSED
- 08 DON'T KNOW

POST-NOTE QA17_I48 :
IF QA17_I48  = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF QA17_I48  = 7, SET TEMCAL = 1;
IF QA17_I48  = 10, SET TEHBEX =1;
'QA17_I50' [IA6] -

Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

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

If = 1, go to 'PN_QA17_I54'

POST-NOTE QA17_I49 :
IF QA17_I49 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

'QA17_I51' [IA7] -

Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?

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

- 01 AIM
- 02 MISTER MIP/MRMIP
- 03 Family PACT
- 04 HEALTHY KIDS
- 05 NO OTHER PLAN
- 91 SOMETHING ELSE (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, 4, 91, go to 'PN_QA17_I54'

POST-NOTE QA17_I50 :
IF QA17_I50 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

'QA17_I52' [IA8] -

Does {he/she} have any health insurance coverage through a plan that I missed?

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

If = 2, -7, -8, go to 'PN_QA17_I54'
What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?”]

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

- 01 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 02 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION
- 03 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
- 04 MEDICARE
- 05 MEDI-CAL
- 07 CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE
- 08 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC
- 10 COVERED CALIFORNIA
- 11 SHOP THROUGH COVERED CALIFORNIA
- 91 OTHER GOVERNMENT HEALTH PLAN
- 92 OTHER NON-GOVERNMENT HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

POST-NOTE QA17_I53:

IF QA17_I52 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA17_I52 = 2, SET TEEMP = 1 AND TEINSURE = 1;
IF QA17_I52 = 3, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA17_I52 = 4, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA17_I52 = 5, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA17_I52 = 7, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA17_I52 = 8, SET TEIHS = 1;
IF QA17_I52 = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;
IF QA17_I52 = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;
IF QA17_I52 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA17_I52 = 92, SET TEOTHER = 1 AND TEINSURE = 1;
IF QA17_I52 = -7 OR -8, SET TEINSURE = 1
'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

'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
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.”]


- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON¨T KNOW

If = 1, go to ‘QA17_I58’

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
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
- 06 ALAMEDA HEALTH SERVICES
- 07 ANTHEM BLUE CROSS OF CALIFORNIA
- 08 ASPIRE HEALTH PLAN
- 09 BLUE CROSS CALIFORNIA
- 10 BLU 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 CALIFORNIKIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 20 CENTER FOR ELDERS' INDEPENDENCE
- 21 CENT FOR ELDERS' INDEPENDENCE
- 22 CIGNA HEALTHCARE
- 23 CITIZENS CHOICE HEALTHPLAN
- 24 COMMUNITY CARE HEALTH PLAN
- 25 COMMUNITY HEALTH GROUP
- 26 CONTRA COSTA HEALTH PLAN
- 27 DAVITA HEALTHCARE PARTNERS PLAN
- 28 EASY CHOICE HEALTH PLAN
- 29 EPIC HEALTH PLAN
- 30 GEM CARE HEALTH PLAN
- 31 GOLD COAST HEALTH PLAN
- 32 GOLDEN STATE MEDICARE HEALTH PLAN
- 33 HEALTH NET
- 34 HEALTH NET SENIORITY PLUS
- 35 HEALTH PLAN OF SAN JOAQUIN
- 36 HEALTH PLAN SAN JP AUTHORITY
- 37 HERITAGE PROVIDER NETWORK
- 38 HUMANA GOLD PLUS
- 39 HUMANA HEALTH PLAN
- 40 IEHP (INLAND EMPIRE HEALTH PLAN)
- 41 INTER VALLEY HEALTH PLAN
- 42 KISAN ADVANTAGE
- 43 KAISER PERMANENTE
- 44 KAISER PERMANENTE SENIOR ADVANTAGE
- 45 KERN FAMILY HEALTH CARE
- 46 L.A. CARE HEALTH PLAN
- 47 MD CARE
- 48 MOLINA HEALTHCARE OF CALIFORNIA
- 49 MONARCH HEALTH PLAN
- 50 ON LOK SENIOR HEALTH SERVICES
- 51 PARTNERSHIP HEALTHPLAN OF CALIFORNIA
- 52 PIH HEALTH CARE SOLUTIONS
- 53 PREMIER HEALTH PLAN SERVICES
- 54 PRIMECARE MEDICAL NETWORK
- 55 PROVIDENCE HEALTH NETWORK
- 56 SCRIPPS HEALTH PLAN SERVICES
- 57 SEASIDE HEALTH PLAN
- 58 SAN FRANCISCO HEALTH PLAN
POST NOTE QA17_I58 :
IF QA17_I56 = 93, 87, OR 89 THEN SET TEMILIT=1

'QA17_I59' [IA14] -

Is (TEEN) covered for prescription drugs?
   ☑ 01 YES
   ☑ 02 NO
   ☑ -7 REFUSED
   ☑ -8 DON'T KNOW
‘QA17_I60’ [AI82] -
Does (TEEN)'s health plan have a deductible that is more than $1,000?

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

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN GO OUT OF NETWORK
- -7 REFUSED
- -8 DON'T KNOW

‘QA17_I61’ [AI83] -
Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?

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

- 01 YES
- 02 NO
- 03 YES, ONLY WHEN GO OUT OF NETWORK
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE FOR QA17_I60 :
IF [(ARINSURE ≠ 1 OR QA17_I37 = 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1)], THEN CONTINUE WITH QA17_I60 ; ELSE SKIP TO PN QA17_I63

‘QA17_I62’ [AI84] -
Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts.”]

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

PROGRAMMING NOTE QA17_I62 :
IF (QA17_I58 = 1 OR 3) OR (QA17_I59 = 1 OR 3), CONTINUE WITH QA17_I62 ; ELSE SKIP TO PROGRAMMING NOTE QA17_I63
Reasons for Lack of Coverage (Teen)

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

Coverage over Past 12 months (Teen)

Was (TEEN) covered by health insurance at any time during the past 12 months?

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

If = 1, go to 'QA17_I66'

Programmed Note QA17_I63:
IF TEINSURE = 1, GO TO QA17_I68; ELSE CONTINUE WITH QA17_I63

QA17_I64' [IA20] -

Was (TEEN) covered by health insurance at any time during the past 12 months?

- 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE COVERAGE
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, -7, -8, go to 'PN_QA17_I74'

QA17_I66' [IA21] -

How long has it been since (TEEN) last had health insurance?

- 01 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 02 MORE THAN 3 YEARS AGO
- 03 NEVER HAD HEALTH INSURANCE COVERAGE
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, -7, -8, go to 'PN_QA17_I74'

QA17_I66' [IA22] -

For how many of the last 12 months did (he/she) have health insurance?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]

If = 0 , go to ‘PN_QA17_I74’

- -7 REFUSED
- -8 DON'T KNOW

If = 0, go to 'PN_QA17_I74'
During that time when (TEEN) had health insurance, was (his/her) insurance Medi-Cal, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- 01 MEDI-CAL
- 03 THROUGH CURRENT OR FORMER EMPLOYER UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 3, 5, 6, 91, -7, -8, go to 'PN_QA17_I74'

'QA17_I68' [IA24] -

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

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

If = 1, go to 'PN_QA17_I74'

'QA17_I69' [IA25] -

When (he/she) wasn't covered by (his/her) current health insurance, did (he/she) have any other health insurance?

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

If = 2, -7, -8, go to 'QA17_I71'

'QA17_I70' [IA26] -

Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- 01 MEDI-CAL
- 04 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 05 PURCHASED DIRECTLY
- 06 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW
During the past 12 months, was there any time when (he/she) had no health insurance at all?

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

If = 2, -7, -8, go to 'PN_QA17_I74'

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

What is the 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
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
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

{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
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

About how many years has (TEEN)'s mother/father lived in the United States?

NUMBER OF YEARS

YEAR FIRST COME AND LIVE IN U.S.

01 NUMBER OF YEARS
02 YEAR FIRST CAME TO LIVE IN US
03 MOTHER/FATHER DECEASED
04 MOTHER/FATHER NEVER LIVED IN US
-7 REFUSED
-8 DON'T KNOW
SECTION J – HEALTH CARE UTILIZATION AND ACCESS

**PROGRAMMING NOTE AH5:**
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “Now, I’d like to ask about the health care YOU receive”;
ELSE BEGIN QUESTION WITH “During the past 12 months, how many times have you seen a medical doctor”

‘QA17_J1’ [AH5] -
(Now, I’d like to ask about the health care you receive.) During the past 12 months, how many times have you seen a medical doctor?

_____ TIMES [HR: 0-365]

○ -7 REFUSED
○ -8 DON'T KNOW

**PROGRAMMING NOTE QA17_J2:**
IF QA17_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA17_J2;
ELSE GO TO PROGRAMMING NOTE QA17_J3

‘QA17_J2’ [AH6] -
About how long has it been since you last saw a doctor about your own health?

○ 00 ONE YEAR AGO OR LESS
○ 01 MORE THAN 1 UP TO 2 YEARS AGO
○ 02 MORE THAN 2 UP TO 5 YEARS AGO
○ 03 MORE THAN 5 YEARS AGO
○ 04 NEVER
○ -7 REFUSED
○ -8 DON'T KNOW

**PROGRAMMING NOTE QA17_J3:**
IF QA17_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA17_J4;
ELSE CONTINUE WITH QA17_J3

‘QA17_J3’ [AJ114] -
About how long has it been since you last saw a doctor or medical provider for a routine check-up?

[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]

○ 00 ONE YEAR AGO OR LESS
○ 01 MORE THAN 1 UP TO 2 YEARS AGO
○ 02 MORE THAN 2 UP TO 5 YEARS AGO
○ 03 MORE THAN 5 YEARS AGO
○ 04 NEVER
○ -7 REFUSED
○ -8 DON'T KNOW
‘QA17_J4’ [AJ77] -

Do you have a personal doctor or medical provider who is your main provider?

[IF NEEDED, SAY: “This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.”]

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

PROGRAMMING NOTE QA17_J4:
IF QA17_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA17_J4;
ELSE GO TO PROGRAMMING NOTE QA17_J5

‘QA17_J5’ [AJ102] -

In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]

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

IF = 2, -7, -8 go to ‘PN_QA17_J7’

‘QA17_J6’ [AJ103] -

How often were you able to get an appointment within two days? Would you say...

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

PROGRAMMING NOTE QA17_J5:
IF ARINSURE =1 OR QA17_H1 = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH QA17_J5
ELSE GO TO PROGRAMMING NOTE QA17_J7
IF QA17_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

PROGRAMMING NOTE QA17_J4:
IF QA17_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA17_J4;
ELSE GO TO PROGRAMMING NOTE QA17_J5
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

During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

[IF NEEDED, SAY: “Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline.”]

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

If = 2, -7, -8, go to 'PN_QA17_J10'

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
The last time you saw a doctor, did you have a hard time understanding the doctor?

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

If = 1, go to 'QA17_J12'
If = -7, -8, go to 'PN_QA17_J15'

In what language did the doctor speak to you?

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

If = 1, go to 'QA17_J13'
If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, go to 'PN_QA17_J15'

Was this because you and the doctor spoke different languages?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
Did you need someone to help you understand the doctor?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DONT KNOW

If = 2, -7, -8, go to 'PN_QA17_J15'

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 DONT KNOW

PROGRAMMING NOTE QA17_J15 :
IF AH37  = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA17_J15 ;
ELSE GO TO PROGRAMMING NOTE QA17_J16

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 DONT KNOW

PROGRAMMING NOTE QA17_J16 :
IF [ARINSURE = 1 OR AI27  = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)]
AND QA17_H1  = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA17_J16 ;
ELSE GO TO QA17_H16

In the past 12 months, did you change where you usually go for health care?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DONT KNOW

If = 2, -7, -8, go to ‘QA17_J18’
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

During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

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

If = 2, -7, -8, go to 'QA17_J22'

Was cost or lack of insurance a reason why you delayed or did not get the prescription?

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

PROGRAMMING NOTE QA17_J44:
IF ARINSURE = 1, THEN CONTINUE WITH QA17_J44;
ELSE GO TO QA17_J22

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

During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

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

If = 2, -7, -8, go to ‘QA17_J27’
Did you get the care eventually?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

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
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, go to 'QA17_J25'

Was that the main reason?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 1, -7, -8, go to 'QA17_J27'

What was the 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: ____________)
- 07 REFUSED
- 08 DON'T KNOW

PROGRAMMING NOTE QA17_J46a:
IF ARINSURE = 1, THEN CONTINUE WITH QA17_J46a;
ELSE GO TO QA17_H77

Did you delay or not get other medical care you felt you needed while you had your current insurance plan?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
Access to Specialist and General Doctors

QA17_J27

The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

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

PROGRAMMING NOTE QA17_J28:
If QA17_J27 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA17_J28;
ELSE GO TO QA17_J31

QA17_J28

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

During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

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

PROGRAMMING NOTE QA17_J30:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA17_J30;
ELSE SKIP TO QA17_J31

QA17_J30

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

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
During the past 12 months, did a doctor’s office tell you that they would not take you as a new patient?

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

**PROGRAMMING NOTE QA17_J33:**
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA17_J33;
ELSE SKIP TO QA17_J34

**QA17_J33** [AJ134] -
During the past 12 months, did a doctor’s office tell you that they would not take your main health insurance?

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

**PROGRAMMING NOTE QA17_J34:**
IF AGE > 49 YEARS GO TO QA17_J43;
ELSE IF QA17_A6 = 2 (FEMALE) AND AD46 = 2 (GAY, LESBIAN, OR HOMOSEXUAL) THEN GO TO QA17_J39;
ELSE CONTINUE WITH QA17_J34

**QA17_J34** [AJ169] -
Which of the following statements best describes your pregnancy plans? Would you say...

- 01 You do not plan to get pregnant within the next 12 months,
- 02 You are not sexually active
- 03 You are planning to get pregnant within the next 12 months, or
- 04 You are currently pregnant?
- -7 REFUSED
- -8 DON'T KNOW

**PROGRAMMING NOTE QA17_J35:**
IF QA17_E1 = 1 (PREGNANT), GO TO QA17_J43;
IF QA17_A6 = 2 (FEMALE) AND AD46 = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO QA17_J43;
IF QA17_J34 = 2, 4 (NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO QA17_J39;
ELSE CONTINUE WITH QA17_J35

**QA17_J35** [AF40] -
Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

- 01 YES
- 02 NO
- 03 NO MALE SEXUAL PARTNER
- -7 REFUSED
- -8 DON'T KNOW

If = 2, 3, -7, -8, go to 'QA17_J39'
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

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

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

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
- 07 REFUSED
- 08 DON'T KNOW

PROGRAMMING NOTE QA17_J41:
IF QA17_J40 = 2 (NO) or 3 (NO FEMALE PARTNER) THEN GO TO QA17_J42;
ELSE CONTINUE WITH QA17_J41;

‘QA17_J41’ [AJ174] -

Which birth control method or methods are you using?

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

- 03 IUD (MIRENA, PARAGARD)
- 04 IMPLANT (IMPLANON, NEXPLANON)
- 05 BIRTH CONTROL PILLS
- 06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- 07 CONDOMS (MALE)
- 09 OTHER (SPECIFY: _____________)
- 07 REFUSED
- 08 DON'T KNOW

PROGRAMMING NOTE QA17_J42:
IF QA17_J40 = 2 (NO) or QA17_J41 THEN GO TO QA17_J42;
ELSE CONTINUE WITH QA17_J41;

‘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
- 01 OTHER (SPECIFY: _____________)
- 07 REFUSED
- 08 DON'T KNOW

If = 0, -7, -8, go to 'QA17_J45'
These next questions are about dental health. About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

- 00 HAVE NEVER VISIT
- 01 6 MONTHS AGO OR LESS
- 02 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- 03 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- 04 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- 05 MORE THAN 5 YEARS AGO
- -7 REFUSED
- -8 DON'T KNOW

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

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

How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- 06 HAS NO NATURAL TEETH
- -7 REFUSED
- -8 DON'T KNOW
Section DM: Discrimination

‘QA17_J47’ [DMC8] -

These next questions are about things that have happened to you while receiving medical care.

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 2, -7, -8, go to ‘QA17_J49’

‘QA17_J48’ [DMC9] -

Think about the last time this happened. How long ago was that?

- 01 A YEAR AGO OR LESS
- 02 MORE THAN 1 UP TO 2 YEARS AGO
- 03 MORE THAN 2 UP TO 3 YEARS AGO
- 04 MORE THAN 3 UP TO 5 YEARS AGO
- 05 MORE THAN 5 UP TO 10 YEARS AGO
- 06 MORE THAN 10 UP TO 20 YEARS AGO
- 07 MORE THAN 20 YEARS AGO
- 08 DON'T KNOW

‘QA17_J49’ [DMC3] -

Over your entire lifetime, how often have you been treated unfairly when getting medical care? Would you say...

- 01 Never,
- 02 Rarely,
- 03 Sometimes, or
- 04 Often?
- 07 REFUSED
- 08 DON'T KNOW

If = 1, -7, -8, go to ‘QA17_K1’

‘QA17_J50’ [DMC6B] -

Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...

- 01 Your ancestry or national origin
- 02 Because of your gender or sex
- 03 Because of your race or skin color
- 04 Because of your age, or
- 05 Because of the way you speak English, or
- 06 For some other reason? (Specify: __________)
- 07 REFUSED
- 08 DON'T KNOW
Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...

- 01 Not at all stressful
- 02 A little stressful
- 03 Somewhat stressful, or
- 04 Extremely stressful?
- -7 REFUSED
- -8 DON'T KNOW
Section K: Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA17_K1 :
IF QA17_G30  = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR AG10  = 1 (R USUALLY WORKS) CONTINUE WITH QA17_K1 ; ELSE GO TO PROGRAMMING NOTE QA17_K4

‘QA17_K1’ [AK3] -

The next questions are about your employment.

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

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

______ HOURS          [HR: 0-95]

☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA17_K2’ [AK7] -

How long have you worked at your main job?

[IF NEEDED, SAY: “That is, for your current employer.”]

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

[AK7M] -

______ MONTHS          [HR: 0-12]

[AK7Y] -

______ YEARS             [HR: 0-50]

☐ -7 REFUSED
☐ -8 DON'T KNOW
Income Last Month

What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____________ AMOUNT [HR: 0-999995]

-7 REFUSED
-8 DON'T KNOW

If = -7, -8, go to 'PN_QA17_K8'

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
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"]

$_______________ AMOUNT     [HR: 0-999995]

If = -7, -8, go to ‘PN_QA17_K8’

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

If = 1, go to ‘PN_QA17_K14’
If = 2, Go back to ‘QA17_K6’
We don’t need to know exactly, but could you tell me if your household’s annual income from all sources before taxes is more than $20,000 per year or is it less?

- 01 MORE
- 02 EQUAL TO $20K OR LESS
- -7 REFUSED
- -8 DON’T KNOW

If = 1, go to 'QA17_K10'
If = -7, -8, go to 'PN_QA17_K14'

Is it …

- 01 $5,000 or less,
- 02 $5,001 to $10,000,
- 03 $10,001 to $15,000, or
- 04 $15,001 to 20,000?
- -7 REFUSED
- -8 DON’T KNOW

If = 1, 2, 3, 4, -7, -8, go to 'PN_QA17_K14'

Is it more or less than $70,000 per year?

- 01 MORE
- 02 EQUAL TO $70K OR LESS
- -7 REFUSED
- -8 DON’T KNOW

If = 1, go to 'QA17_K12'
If = -7, -8, go to 'PN_QA17_K14'

Is it …

- 01 $20,001 to $30,000,
- 02 $30,001 to $40,000,
- 03 $40,001 to $50,000,
- 04 $50,001 to $60,000, or
- 05 $60,001 to $70,000?
- -7 REFUSED
- -8 DON’T KNOW

If = 1, 2, 3, 4, 5, -7, -8, go to 'PN_QA17_K14'
Is it more or less than $135,000 per year?

- 01 MORE
- 02 EQUAL TO $135K OR LESS
- 07 REFUSED
- 08 DON'T KNOW

If = 1, -7, -8, go to 'PN_QA17_K14'

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?
- 07 REFUSED
- 08 DON'T KNOW

PROGRAMMING NOTE QA17_K14:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA17_K15; ELSE CONTINUE WITH QA17_K14

Including yourself, how many people living in your household are supported by your total household income?

_____ NUMBER OF PEOPLE [HR: 1-20]

- 07 REFUSED
- 08 DON'T KNOW

PROGRAMMING NOTE QA17_K15:
QA17_K15 MUST BE LESS THAN QA17_K14;
IF R IS ONLY MEMBER OF HH, GO TO AK32;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA17_K14 GO TO PROGRAMMING NOTE AK32;
ELSE CONTINUE WITH QA17_K15

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]

- 07 REFUSED
- 08 DON'T KNOW
Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

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

If = 2, -7, -8, go to 'PN_AK29'

How many?

_____ NUMBER OF PEOPLE [HR: 1-20]

- -7 REFUSED
- -8 DON'T KNOW

Programming Note QA17_K18:
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH QA17_K18;
IF HH Income ≤ 300% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1) AND SAMPLED COUNTY IS SAN FRANCISCO OR ALAMEDA], CONTINUE WITH QA17_K18; ELSE GO TO AL2
IF QA17_K14 = 1, THEN DISPLAY “I”, ELSE IF QA17_K14 > 1 DISPLAY “We”

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
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

Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

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

If = 2, -7, -8, go to ‘QA17_K22’

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

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

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 ≤ 300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE ≠ 1)] CONTINUE WITH SECTION L;
ELSE GO TO QA17_L69

‘QA17_L1’ [AL2] -
Are you now receiving TANF or CalWORKs?

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]

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

PROGRAMMING NOTE QA17_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA17_L2;
ELSE GO TO QA17_L3;

‘QA17_L2’ [IAP1] -
Is (TEEN) now receiving TANF or CalWORKs?

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]

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

‘QA17_L3’ [AL5] -
Are you receiving Food Stamp benefits, also known as CalFresh?

[IF NEEDED, SAY: “You receive benefits through an EBT card.” EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

☐ 01 YES
☐ 02 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW
‘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"][2]

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

PROGRAMMING NOTE QA17_L6 :

IF QA17_A6  = 2 (FEMALE) AND [QA17_E1   = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH QA17_L6 ;
ELSE GO TO PROGRAMMING NOTE QA17_L7

‘QA17_L6’ [AL7] -

Are you on WIC?

[IF NEEDED, SAY: “WIC is the Supplemental Food Program for Women, Infants and children.”]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
Not counting the value of any house or car you may own, would you say that (your/your family's) assets, that is, all (your/your family's) cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

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

If = 1, go to 'PN_QA17_L14'

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
Besides your primary car or truck, {do you/does your family} own other cars or trucks?

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

If = 2, -7, -8, go to ‘QA17_L12’

Are these cars or trucks only for personal use? Do not include cars or trucks used for transporting disabled persons or for business purposes.

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

If = 2, -7, -8, go to ‘QA17_L12’

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
‘QA17_L12’ [AL38] -

(Do you/ Does your family) own a motorcycle, boat, trailer, or other non-commercial vehicle?

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

If = 2, -7, -8, go to ‘PN_QA17_L14’ ‘QA17_L13’ [AL39] -

PROGRAMMING NOTE QA17_L1239:
IF QA17_A17  = 1 (MARRIED) OR QA17_D9  = 1 OR QA17_D10  = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY “your family”; ELSE DISPLAY “you”

Not counting what (you/your family) owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle (you/your family) own?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$__________ AMOUNT [HR: 0- 999995]

- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE QA17_L14:
IF QA17_A17  = 1 (MARRIED) AND QA17_G12  = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
"you or your spouse”;
ELSE IF [QA17_A17  = 2 (LIVING WITH PARTNER) OR QA17_D9  = 1 OR QA17_D10  = 1 (LEGAL SAME-SEX COUPLE)] AND QA17_G12  = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner”;
ELSE DISPLAY "you"

‘QA17_L14’ [AL15B] -

Did (you or your spouse/you or your partner/you) receive any money last month for child support?

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

If = 2, -7, -8, go to ‘PN_QA17_L16’
'QA17_L15' [AL16B] -

What was the (combined) total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$______________ AMOUNT          [000001- 999995]

☒ -7 REFUSED
☒ -8 DON'T KNOW

PROGRAMMING NOTE QA17_L15:
IF QA17_A17  = 1 (MARRIED) AND QA17_G12  = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY “combined” AND “and your spouse”;
ELSE IF [QA17_A17  = 2 (LIVING WITH PARTNER) OR QA17_D9  = 1 OR AD61  = 1 (LEGAL SAME-SEX COUPLE)] AND QA17_G12  = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND “and your partner”;
ELSE CONTINUE WITHOUT DISPLAYS

'QA17_L16' [AL17] -

Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

☒ 01 YES, RESPONDENT PAID
☒ 02 YES, SPOUSE/PARTNER PAID
☒ 03 YES, BOTH PAID
☒ 04 NO
☒ -7 REFUSED
☒ -8 DON'T KNOW

If = 4, -7, -8, go to ‘PN_QA17_L18’
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

Did (you or your spouse/you or your partner/you) receive any money last month for workers compensation?

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

If = 2, -7, -8, go to ‘PN_QA17_L20’

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
Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

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

If = 2, -7, -8, go to ‘PN_QA17_L22’

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")

- -7 REFUSED
- -8 DON'T KNOW
Reasons for Non-Participation in Medi-Cal

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

Medi-Cal Renewal

You previously said you had Medi-Cal. How long did you have Medi-Cal?

[AL40Y] -

_____ YEARS

[AL40M] -

_____ MONTHS

- 7 REFUSED
- 8 DON'T KNOW

Was your Medi-Cal renewed automatically in the past year (with no input or action needed on your part)?

- 01 YES
- 02 NO
- 03 DID NOT RENEW
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 3, -7, -8, go to PN_QA17_L32
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

What information was needed?

[CHECK ALL THAT APPLY]

- 01 INCOME INFORMATION
- 02 HOUSEHOLD INFORMATION
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

Did you have any problems when renewing your Medi-Cal?

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

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

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
'QA17_L30' [AL47] -

Did you have problem in changing to Medi-Cal?

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

If = 2, -7, -8, go to 'QA17_L32'

'QA17_L31' [AL48] -

What kind of problem?

- 01 GAP IN HEALTH COVERAGE
- 02 FILED AN APPEAL AS ELIGIBILITY DECISIONS WAS INCORRECT
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE QA17_L32:
IF QA17_L6 = 1 (YES) GO TO QA17_L56
IF HH INCOME <= 300% FPL AND (HHS WITH FEMALES <= 45 YEARS OLD OR CHILDREN <= 10 YEARS OLD OR QA17_E1 = 1 OR QA17_J34 = 4 (AR FEMALE IS PREGNANT), THEN CONTINUE WITH QA17_L32; ELSE GO TO QA17_L69;

'QA17_L32' [AL49] -

During the past 12 months, did you or any member of your household receive benefits from the WIC program, that is, the Special Supplemental Nutrition Program for Women, Infants and Children?

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

If = 1, go to 'QA17_L56'
If = -7, -8, go to QA17_L69

'QA17_L33' [AL50] -

Have you or any member of your household received benefits from the WIC program in the past 5 years?

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

If = 2 go to 'QA17_L45'
If = -7, -8 go to QA17_L69
Why did you leave WIC? Did you leave because you were no longer eligible?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

If = 1 go to PN QA17_L56

Did you leave because you only wanted baby formula?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

Did you leave because shopping for WIC foods was a hassle?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

Did you leave because [you had a bad experience at WIC]?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

Did you leave because [you didn’t value the information received]?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW

Did you leave because [you thought you were taking the place of someone who needed WIC more]?
- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON'T KNOW
[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

[Did you leave because]….you would rather not rely on a government program?

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

[Did you leave because]….of transportation issues?

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

Did you leave because of any other reasons?

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

If = 2, -7, -8, go to 'PN QA17_L56'

What were those reasons?

- 01 OTHER (SPECIFY:________________)
- 7 REFUSED
- 8 DON'T KNOW

Why didn’t you enroll yourself or any member of your household on WIC?

Was it because you didn’t know about wic?

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

If = 1,-7,-8 go to QA17_L69
Was it because you didn’t qualify?

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

If = 1, 3, 4, go to ‘QA17_L69’

‘QA17_L47’ [AL64] -

[Was it]…because you didn’t think you needed WIC?

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

‘QA17_L48’ [AL65] -

[Was it]…because you didn’t value what WIC offered?

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

‘QA17_L49’ [AL66] -

[Was it]…because it was too difficult to apply?

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

‘QA17_L50’ [AL67] -

[Was it]…because of language issues?

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

‘QA17_L51’ [AL68] -

[Was it]…because you didn’t trust WIC?

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON'T KNOW
[Was it]…because you heard negative things about WIC?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DONT KNOW

[Was it]…because of transportation issues?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DONT KNOW

Did you not enroll because of any other reasons?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DONT KNOW

If = 2, -7, -8, go to 'QA17_L69'

What were those reasons?

- 01 OTHER (SPECIFY:__________________)
- 07 REFUSED
- 08 DONT KNOW

If = 1, -7, -8 go to 'QA17_L69'

PROGRAM NOTE QA17_L56:
IF QA17_L69 = 1 OR AL50 = 1 DISPLAY "You previously mentioned you were on WIC"
ELSE IF QA17_L32 =1, GO TO QA17_L56
ELSE IF QA17_L32=2 AND AL50 =2 SKIP TO QA17_L69

[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
- 07 REFUSED
- 08 DONT KNOW
Did you like WIC checks for baby formula?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

[Did you like]… education for having healthy pregnancy?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

[Did you like]… individual counseling?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

[Did you like]… education on improving the health and nutrition of my family?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

[Did you like]… support for breastfeeding?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW

[Did you like]… help getting a breast pump?

- 01 YES
- 02 NO
- 03 NOT APPLICABLE
- 07 REFUSED
- 08 DON'T KNOW
‘QA17_L63’ [AL80] -  
[Did you like]… information on how to get health care services?  
- 01 YES  
- 02 NO  
- 03 NOT APPLICABLE  
- -7 REFUSED  
- -8 DON'T KNOW  

‘QA17_L64’ [AL81] -  
[Did you like]… information on community programs?  
- 01 YES  
- 02 NO  
- 03 NOT APPLICABLE  
- -7 REFUSED  
- -8 DON'T KNOW  

‘QA17_L65’ [AL82] -  
[Did you like]… one-on-one education?  
- 01 YES  
- 02 NO  
- 03 NOT APPLICABLE  
- -7 REFUSED  
- -8 DON'T KNOW  

‘QA17_L66’ [AL83] -  
[Did you like]… group classes?  
- 01 YES  
- 02 NO  
- 03 NOT APPLICABLE  
- -7 REFUSED  
- -8 DON'T KNOW  

‘QA17_L67’ [AL84] -  
Did you like WIC benefits for any other reasons?  
- 01 YES  
- 02 NO  
- 03 NOT APPLICABLE  
- -7 REFUSED  
- -8 DON'T KNOW  
If = 2,-7,-8 go to QA17_L69  

‘QA17_L68’ [AL85] -  
What were those reasons?  
- -7 REFUSED  
- -8 DON'T KNOW
SECTION M – HOUSING AND SOCIAL COHESION

‘QA17_L69’ [AK23] -

These next questions are about your housing and neighborhood.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]
✓ 01 HOUSE
✓ 02 DUPLEX
✓ 03 BUILDING WITH 3 OR MORE UNITS
✓ 04 MOBILE HOME
✓ -7 REFUSED
✓ -8 DON'T KNOW

‘QA17_L70’ [AK25] -

Do you own or rent your home?
✓ 01 OWN
✓ 02 RENT
✓ 03 OTHER ARRANGEMENT
✓ -7 REFUSED
✓ -8 DON'T KNOW

If AAGE >= 65 AND QA17_L70 = 1, Only ask ‘QA17_L71’

‘QA17_L71’ [AM37] -

Are you currently paying off a mortgage or loan on this home?

[IF SPOUSE/PARTNER IS PAYING, CODE AS “YES”]
✓ 01 YES
✓ 02 NO
✓ -7 REFUSED
✓ -8 DON'T KNOW

‘QA17_L72’ [AM14] -

About how long have you lived at your current address?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

[AM14M] -

_____________ MONTHS  [HR: 1 - AAGEx12MONTHS]

[AM14Y] -

_____________ YEARS  [HR: 1 - AAGE]
✓ -7 REFUSED
✓ -8 DON'T KNOW
About how long have you lived in your current neighborhood?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

[AM15M] -

____________ MONTHS [HR: 1 - AAGEx12MONTHS]

[AM15Y] -

____________ YEARS [HR: 1 - AAGE]

-7 REFUSED
-8 DON'T KNOW

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
- 06Couldn't afford mortgage/rent
- 07 OTHER HOUSING RELATED
- 08 BETTER NEIGHBORHOOD/LESS CRIME
- 91 OTHER (SPECIFY:__________)
- 7 REFUSED
- 8 DON'T KNOW
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

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

People in this neighborhood can be trusted.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.]
- 01 STRONGLY AGREE
- 02 AGREE
- 03 DISAGREE
- 04 STRONGLY DISAGREE
- 7 REFUSED
- 8 DON'T KNOW
‘QA17_L78’ [AM35] -

You can count on adults in this neighborhood to watch out that children are safe and don’t get in trouble.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.”]

01 STRONGLY AGREE  
02 AGREE  
03 DISAGREE  
04 STRONGLY DISAGREE  
05 NOT APPLICABLE  
-7 REFUSED  
-8 DON’T KNOW

‘QA17_L79’ [AK28] -

Do you feel safe in your neighborhood…

01 All of the time,  
02 Most of the time,  
03 Some of the time, or  
04 None of the time

-7 REFUSED  
-8 DON’T KNOW

‘PN_QA17_L80’

IF QA17_L80 WAS ASKED IN CHILD INTERVIEW, THEN QA17_L80 = KAM36, AND SKIP TO SECTION P  
ELSE CONTINUE WITH QA17_L80

‘QA17_L80’ [AM36] -

In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

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

PROGRAMMING NOTE QA17_L81 :
IF QA17_A13  = 9 (JAPANESE) OR QA17_A16  = 38 (JAPANESE), THEN CONTINUE WITH QA17_L81 ;  
ELSE GO TO QA17_S1 ;

‘QA17_L81’ [AM41] -

In the past 12 months, have you donated money to a charity or non-profit organization?

01 YES  
02 NO  
-7 REFUSED  
-8 DON’T KNOW
In the next 12 months, how likely are you to donate money to a charity or non-profit organization? Are you...

- 01 Very likely
- 02 Somewhat likely
- 03 A little likely, or
- 04 Not likely
- -7 REFUSED
- -8 DON'T KNOW
SECTION P – VOTER ENGAGEMENT

PROGRAMMING NOTE QA17_P1:
IF QA17_G9=1 (CITIZEN) OR [IF QA17_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS)], THEN CONTINUE WITH QA17_P1;
ELSE GO TO QA17_S1;

‘QA17_P1’ [AP70] -
Are you currently registered to vote?

01 YES, REGISTERED
02 NOT REGISTERED
03 NOT SURE IF REGISTERED
04 NOT ELIGIBLE TO VOTE/REGISTER
-7 REFUSED
-8 DON'T KNOW

If = 1, -7, -8, go to ‘QA17_P3’
If = 4, go to ‘QA17_S1’

‘QA17_P2’ [AP71] -
What is the main reason why you are not registered to vote?

01 TOO BUSY
02 VOTING DOESN'T MAKE A DIFFERENCE
03 I DON'T KNOW HOW
04 I DON'T KNOW WHERE TO GO TO REGISTER
05 LANGUAGE BARRIER
06 I'M NOT ELIGIBLE
07 I DON'T KNOW ENOUGH ABOUT THE ISSUES
08 I DON'T KNOW ENOUGH ABOUT THE CANDIDATES
09 I DON'T LIKE ANY OF THE CANDIDATES
91 OTHER (SPECIFY:________________)
-7 REFUSED
-8 DON'T KNOW

If = 6, go to ‘QA17_S1’

‘QA17_P3’ [AP72] -
Did you vote in the last general elections in November 2016?

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

‘QA17_P4’ [AP73] -
How often do you vote in presidential elections?

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

How often do you vote in local elections, such as for Mayor or school board?

- 01 Always,
- 02 Sometimes, or
- 03 Never?
- 7 REFUSED
- 8 DON'T KNOW
Section S: Suicide Ideation and Attempts

‘QA17_S1’ [AF86] -

The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don’t have to answer it.

Have you ever seriously thought about committing suicide?

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

If = 2, -7, -8, go to ‘PN_QA17_N1’

‘QA17_S2’ [AF87] -

Have you seriously thought about committing suicide at any time in the past 12 months?

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

If = 2, -7, -8, go to ‘QA17_S4’

‘QA17_S3’ [AF91] -

Have you seriously thought about committing suicide at any time in the past 2 months?

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

‘QA17_S4’ [AF88] -

Have you ever attempted suicide?

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

**PROGRAMMING NOTE QA17_S5**:

IF QA17_S2 = (2, -7, -8) AND QA17_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA17_S3 = (2, -7, -8) AND QA17_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA17_S3 = 1 AND QA17_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA17_S5

‘QA17_S5’ [AF89] -

Have you attempted suicide at any time in the past 12 months?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON’T KNOW
We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with?

The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help.

The website address is www.suicidepreventionlifeline.org.

Would you like to discuss your thoughts with this person or would you like to continue with the survey?

- 01 DISCUSS THOUGHTS WITH PERSON
- 02 CONTINUE WITH SURVEY
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, go to QA17_N1
SECTION N – DEMOGRAPHIC INFORMATION, PART III AND CLOSING

PROGRAMMING NOTE QA17_N1:
IF QA17_N1 WAS ASKED IN THE CHILD INTERVIEW, THEN QA17_N1 = KAH42, AND SKIP TO QA17_N7:
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO AO1
IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA17_N1;

‘QA17_N1’ [AH42] -

Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

- 01 ALAMEDA
- 02 ALPINE
- 03 AMADOR
- 04 BUTTE
- 05 CALAVERAS
- 06 COLUSA
- 07 CONTRA COSTA
- 08 DEL NORTE
- 09 EL DORADO
- 10 FRESNO
- 11 GLENN
- 12 HUMBOLDT
- 13 IMPERIAL
- 14 INYO
- 15 KERN
- 16 KINGS
- 17 LAKE
- 18 LASSEN
- 19 LOS ANGELES
- 20 MADERA
- 21 MARIN
- 22 MARIPOSA
- 23 MENDOCINO
- 24 MERCED
- 25 MODOC
- 26 MONO
- 27 MONTEREY
- 28 NAPA
- 29 NEVADA
- 30 ORANGE
- 31 PLACER
- 32 PLUMAS
- 33 RIVERSIDE
- 34 SACRAMENTO
- 35 SAN BERNITO
- 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
Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at \{R's ADDRESS AND STREET}\?

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

If = 1, go to 'QA17_N6'

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.

What is your zip code?

_______ ZIP CODE

- -7 REFUSED
- -8 DON'T KNOW
To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

[AO2ANUM] -

_________ HOUSE ADDRESS NUMBER

[AO2ADDR] -

________ NAME OF STREET (VERIFY SPELLING)

If TRUE, go to ‘QA17_N6’

[AO2STTY] -

________ STREET TYPE

[AO2ADD2] -

________ APT. NO

-7 REFUSED
-8 DON'T KNOW

PROGRAMMING NOTE AM8:
IF ADDRESS WAS GIVEN IN AO2, SKIP TO QA17_N6;
ELSE CONTINUE WITH AM8

‘QA17_N5’ [AM8] -

Can you tell me just the name of the street you live on?

[TEXT_NASTR_AM8] -

Can you tell me just the name of the street you live on?

-7 REFUSED
-8 DON'T KNOW

‘QA17_N6’ [AM9] -

And what is the name of the street down the corner from you that crosses your street?

[TEXT_NAXSTR_AM9] -

-7 REFUSED
-8 DON'T KNOW
‘QA17_N7’ [AM33] -

I’m won’t ask you for the number, but do you have a working cell phone?

[CODE “SHARES CELL PHONE” ONLY IF VOLUNTEERED;]

- 01 YES
- 02 NO
- 03 SHARES CELL PHONE
- -7 REFUSED
- -8 DON’T KNOW

If = 2, -7, -8, go to 'PN_QA17_N9'

‘QA17_N8’ [AN10] -

How many different cell phone numbers do you currently use for personal calls?

_______ CELL PHONE NUMBERS

- -7 REFUSED
- -8 DON’T KNOW

PROGRAMMING NOTE QA17_N9 :
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA17_N12;
ELSE CONTINUE WITH QA17_N9

‘QA17_N9’ [AN6] -

Is there a regular or landline telephone in your household?

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

If = 2, -7, -8, go to 'PN_QA17_N8'

‘QA17_N10’ [AN7] -

Is that telephone for personal use or business use only?

- 01 PERSONAL USE ONLY
- 02 BUSINESS USE ONLY
- 03 BOTH PERSONAL USE AND BUSINESS USE
- -7 REFUSED
- -8 DON’T KNOW

If = 2, go to 'PN_QA17_N8'
How many telephone lines do you have for personal use?

_______ REGULAR OR LANDLINE NUMBERS

- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE QA17_N12:
IF QA17_N7 = 1 (YES) OR 3 (SHARES CELL PHONE), OR AN7 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA17_N12;
ELSE SKIP TO PROGRAMMING QA17_N8

Of all the telephone calls that you receive, are...

- 01 All or almost all calls received on a cell phone,
- 02 Some on cell phones & some on regular phones, or
- 03 Very few or none on cell phones
- 7 REFUSED
- 8 DON'T KNOW
FOLLOW – UP SURVEY PERMISSION

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

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.

Would you like to speak with someone now?

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

If = 2, -7, -8, go to 'CLOSE1'
PROGRAMMING NOTE CLOSE1 AND CLOSE2:
If all interviews for household complete, skip to CLOSE2;
else continue with CLOSE1

'CLOSE1' -
Let me check to see if there is anyone else.
If true, go to 'HH_SELECT'

'CLOSE2' -
Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.