2001 California Health Interview Survey
Adolescent Insurance Questionnaire
(Adolescents Age 12-17 Answered by Adult Proxy Respondent)

Collaborating Agencies:
☐ UCLA Center for Health Policy Research
☐ California Department of Health Services
☐ Public Health Institute

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Section A

IAX2

What is your relationship to (ADOLESCENT /AGE/SEX)?

- MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) ......................... 1
- FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) .......................... 2
- SISTERS, INCLUDING STEP, ADOPTED, AND FOSTER .......... 3
- BROTHERS, INCLUDING STEP, ADOPTED, AND FOSTER ......... 4
- GRANDMOTHER ........................................................... 5
- GRANDFATHER ............................................................ 6
- AUNT ........................................................................... 7
- UNCLE .......................................................................... 8
- COUSIN ......................................................................... 9
- OTHER RELATIVE ......................................................... 10
- NON-RELATIVE ............................................................ 11
- REFUSED ....................................................................... 12
- DON'T KNOW ................................................................ 12

IAP1

First, is (ADOLESCENT /AGE/SEX) currently on AFDC, TANF or CalWORKS?

- YES .................................................................................. 1
- NO .................................................................................. 2
- REFUSED ........................................................................... 12
- DON'T KNOW ................................................................... 12

PROGRAMMING NOTE IAP2:
IF ADULT R = TIA AND AL5 = 1 (YES), SKIP TO IA1;
ELSE CONTINUE WITH IAP2

IAP2

Is (ADOLESCENT /AGE/SEX) currently getting Food Stamps?

- YES .................................................................................. 1
- NO .................................................................................. 2
- REFUSED ........................................................................... 12
- DON'T KNOW ................................................................... 12
IA1

IA1 Is {ADOLESCENT /AGE/SEX} 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."]

[NOTE: INCLUDE HMO OR MANAGED CARE PLANS, AS WELL AS ORIGINAL MEDI-CAL.]

YES ................................................................................. 1 [SKIP TO IA3]
NO................................................................................... 2
REFUSED......................................................................... -7 [SKIP TO IA2]
DON'T KNOW .................................................................... -8 [SKIP TO IA2]

PROGRAMMING NOTE IA1A:

IF [POVERTY = 1 (<= 100%) OR 2 (> 100% BUT <= 200% FPL) OR 3 (> 200% BUT <= 300% FPL) OR 5 (UNKNOWN)] AND IA1 = 2 (NO), CONTINUE WITH IA1A;
ELSE IF POVERTY = 4 (> 300% FPL), SKIP TO IA3;
ELSE CONTINUE WITH IA1A

IA1A

IA1A What is the ONE main reason why {ADOLESCENT /AGE/SEX} is not enrolled in the Medi-CAL program?

PAPERWORK TOO DIFFICULT ................................................ 1
DIDN'T KNOW IF ELIGIBLE ..................................................... 2
INCOME TOO HIGH, NOT ELIGIBLE ........................................ 3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS .......... 4
OTHER NOT ELIGIBLE .......................................................... 5
DON'T BELIEVE IN HEALTH INSURANCE ................................... 6
DON'T NEED IT BECAUSE HEALTHY ............................................ 7
ALREADY HAVE INSURANCE .................................................. 8
DIDN'T KNOW IT EXISTED ..................................................... 9
DON'T LIKE/WANT WELFARE................................................... 10
OTHER ................................................................................... 91
REFUSED ............................................................................. -7
DON'T KNOW ....................................................................... -8

IA2

IA2 Is {ADOLESCENT /AGE/SEX} covered by the Healthy Families Program? [IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

YES ................................................................................. 1 [SKIP TO IA3]
NO................................................................................... 2
REFUSED......................................................................... -7 [SKIP TO IA3]
DON'T KNOW .................................................................... -8 [SKIP TO IA3]
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Section A

IA2A
What is the ONE main reason why (ADOLESCENT /AGE/SEX) is not enrolled in the Healthy Families Program?

- PAPERWORK TOO DIFFICULT ................................................ 1
- DIDN'T KNOW IF ELIGIBLE .................................................. 2
- INCOME TOO HIGH, NOT ELIGIBLE ..................................... 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ..... 4
- OTHER NOT ELIGIBLE .......................................................... 5
- DON'T BELIEVE IN HEALTH INSURANCE .............................. 6
- DON'T NEED IT BECAUSE HEALTHY .................................... 7
- ALREADY HAVE INSURANCE .............................................. 8
- DIDN'T KNOW IT EXISTED ................................................... 9
- DON'T LIKE/WANT WELFARE ............................................ 10
- OTHER ............................................................................ 91
- REFUSED ......................................................................... -7
- DON'T KNOW .................................................................... -8

PROGRAMMING NOTE IA3:
IF IA1 = 1 (YES) OR IA2 = 1 (YES), SKIP TO PROGRAMMING NOTE IA10;
ELSE CONTINUE WITH IA3

IA3
Is (ADOLESCENT /AGE/SEX) covered by a health insurance plan or HMO through your own or someone else's employment or union?

- YES ................................................................................. 1 [SKIP TO IA5]
- NO ................................................................................... 2
- REFUSED .......................................................................... 7
- DON'T KNOW .................................................................... 8

PROGRAMMING NOTE IA4:
IF IA1 <> 1 AND IA2 <> 1 AND IA3 <> 1 (NO COVERAGE BY MEDI-CAL, HEALTHY FAMILIES, OR EMPLOYER OR UNION-BASED PLAN), CONTINUE WITH IA4;
ELSE SKIP TO IA10

IA4
Is (ADOLESCENT /AGE/SEX) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital.

- YES ................................................................................. 1
- NO ................................................................................... 2
- REFUSED .......................................................................... 7
- DON'T KNOW .................................................................... 8
IA5

IA5 Who pays the monthly premium cost for this plan, not counting any co-pays or deductibles you may have? [CODE ALL THAT APPLY. CTRL-P TO EXIT.]

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

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

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

[IF R SAYS GOVERNMENT, PROBE: "Is this Medi-Cal, Healthy Families, or some other government program, or is it a benefit of being a government employee?"

IF GOVERNMENT IS EMPLOYER, ENTER: "EMPLOYER OR UNION"]

IA5_1 FAMILY IN THIS HOUSEHOLD ......................................................... 1
IA5_2 EMPLOYER OR UNION ............................................................ 2
IA5_3 SOMEONE OUTSIDE HOUSEHOLD ........................................... 3
IA5_4 MEDI-CAL (MEDICAID) ............................................................ 4
IA5_5 HEALTHY FAMILIES ............................................................... 5
IA5_6 OTHER .................................................................................... 91
IA5_7 REFUSED ................................................................................ 7
IA5_8 DON'T KNOW ......................................................................... 8

PROGRAMMING NOTE IA6:
IF IA1 <> 1 AND IA2 <> 1 AND IA3 <> 1 AND IA4 <> 1 (NO COVERAGE BY MEDI-CAL, HEALTHY FAMILIES, EMPLOYER OR UNION-BASED, OR PRIVATE INSURANCE), CONTINUE WITH IA6;
ELSE SKIP TO IA7

IA6

IA6 Is (he/she/he or she) covered by CHAMPUS/CHAMP VA, Tricare, or some other military health care?

YES ......................................................................................... 1
NO .............................................................................................. 2
REFUSED .................................................................................. 7
DON'T KNOW ........................................................................... 8
IA7

IA7 Is he/she/he or she covered by some other government health plan such as AIM, "Mister MIP", the Family Pact program, or something else?

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

AIM .................................................................................. 1
"MISTER MIP"/MRMIP ........................................................... 2
FAMILY PACT ................................................................. 3
NO OTHER PLAN ............................................................. 4
SOMETHING ELSE (SPECIFY:) _____________________________ .........91
REFUSED ........................................................................ -7
DON'T KNOW ................................................................... -8

IA7OS

PROGRAMMING NOTE IA7:
IF IA1 <> 1 AND IA2 <> 1 AND IA3 <> 1 AND IA4 <> 1 AND IA6 <> 1, CONTINUE WITH IA7;
ELSE SKIP TO IA8

IA8

IA8 Does he/she/he or she have any health insurance coverage through a plan that I missed?

YES ................................................................................. 1
NO ................................................................................... 2 [SKIP TO IA10]
REFUSED ........................................................................ -7 [SKIP TO IA10]
DON'T KNOW ................................................................... -8 [SKIP TO IA10]
On Dec. 22, 2000, a probe beginning "IF R GIVES NAME..." was added to question IA9.

PROGRAMMING NOTE IA10:
IF "4" SELECTED, DISPLAY "Just to verify, you said that {ADOLESCENT /AGE/SEX} gets health insurance through MEDICARE?"

IA9
IA9 What type of health insurance does {he/she/he or she} have? [CODE ALL THAT APPLY. CTRL-P TO EXIT.] [PROBE: "Any others?"]

[NOTE: 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?"

IA9_1 THROUGH CURRENT OR FORMER EMPLOYER/UNION .................1
IA9_2 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION .........................2
IA9_3 PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE) .........................................................3
IA9_4 MEDICARE ........................................................................ 4
IA9_5 MEDI-CAL ........................................................................ 5
IA9_6 HEALTHY FAMILIES ............................................................. 6
IA9_7 CHAMPUS/CHAMP-VA, TRICARE, OTHER MILITARY HEALTH CARE ................................................................. 7
IA9_8 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC ......................................................... 8
IA9_9 OTHER GOVERNMENT HEALTH PLAN ............................................. 91
IA9_10 OTHER NON-GOVERNMENT HEALTH PLAN .................. 92
REFUSED ............................................................................. 7
DON'T KNOW ........................................................................ 8

IA10
IA10 Is {ADOLESCENT /AGE/SEX} covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

YES ................................................................................... 1
NO ..................................................................................... 2
REFUSED ............................................................................ 3
DON'T Know ........................................................................ 4

PROGRAMMING NOTE IA10A:
IF IA1 <> 1 AND IA2 <> 1 AND IA3 <> 1 AND IA4 <> 1 AND IA6 <>1 AND [IA7 <> 1 OR 2 OR 91] AND [IA9 <> 1-7, 91, OR 92] (NO COVERAGE), SKIP TO IA18;
ELSE IF [IA1 = 1 OR IA2 = 1 OR IA3 = 1 OR IA4 = 1 OR IA6 = 1 OR IA7 = (1 OR 2 OR 91) OR IA9 = (1-7, 91, OR 92) (ANY COVERAGE)) AND [AR IS INSURED (AI1 = 1 OR AI6 = 1 OR AI7 = 1 OR AI8 = 1 OR AI11 = 1 OR AI16 = 1 OR AI17 = 1 OR AI19 = [1-7, 91, OR 92])], CONTINUE WITH IA10A;
ELSE IF [IA1 = 1 OR IA2 = 1 OR IA3 = 1 OR IA4 = 1 OR IA6 = 1 OR IA7 = (1 OR 2 OR 91) OR IA9 = (1-7, 91, OR 92) (ANY COVERAGE)) AND [AR IS NOT INSURED (AI1 <> 1 AND AI6 <> 1 AND AI7 <> 1 AND AI8 <> 1 AND AI11 <> 1 AND AI16 <> 1 AND AI17 <> 1 AND AI19 <> [1-7, 91, OR 92])], SKIP TO IA11

IA10A
IA10A Does {ADOLESCENT /AGE/SEX} have the same insurance as {ADULT RESPONDENT}?

YES ................................................................................... 1 [SKIP TO IA14]
NO ..................................................................................... 2
REFUSED ............................................................................ 7
DON'T KNOW ........................................................................ 8
Thinking about (his/her/his or her) main health plan, did (he/she/he or she) have to sign up with a primary care doctor, a group of doctors, or a clinic that (he/she/he or she) must go to for routine care?

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

PROGRAMMING NOTE IA12:
IF ADOLESCENT IS FEMALE, DISPLAY "Do not include a gynecologist or an obstetrician (OB/GYN)."

In this plan, does (ADOLESCENT/AGE/SEX) have to get approval or a referral to see a specialist, such as a skin doctor? (Do not include a gynecologist or an obstetrician (OB/GYN).)

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

Will this plan pay for any of the costs of visits to doctors who are NOT part of the plan, excluding emergencies and referrals?

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

Is (ADOLESCENT/AGE/SEX) covered for prescription drugs?

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

Is (he/she/he or she) covered for eye exams?

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

Is (he/she/he or she) covered for glasses?

YES ................................................................. 1
NO ........................................................................ 2
REFUSED .............................................................. -7
DON’T KNOW ...................................................... -8
## CHIS 2001 ADOLESCENT INSURANCE SURVEY

### Section A

On Dec. 22, 2000, the word "why" was added after "ONE MAIN reason" in question IA18.

<table>
<thead>
<tr>
<th>IA18 OS</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| IA18 | What is the ONE MAIN reason why {ADOLESCENT /AGE/SEX} does not have any health insurance? | CHANGED EMPLOYER/LOST JOB ............................................ 1  
EMPLOYER DOES NOT OFFER ............................................... 2  
NOT ELIGIBLE DUE TO WORKING STATUS ................................. 3  
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ............... 4  
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS .......... 5  
CAN'T AFFORD/TOO EXPENSIVE .......................................... 6  
FAMILY SITUATION CHANGED .............................................. 7  
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) ................. 8  
DON'T BELIEVE IN INSURANCE .................................. 9  
HEALTHY -- NO NEED ........................................................... 10  
PAYS FOR OWN CARE -- NO NEED ........................................ 11  
GETS HEALTH CARE FREE -- NO NEED ................................ 12  
OTHER (SPECIFY) .................................................. 91  
REFUSED ............................................................ -7  
DON'T KNOW ....................................................... -8 |

| IA20 | Was {ADOLESCENT /AGE/SEX} covered by health insurance at any time during the past 12 months? | YES .......................................................... 1  
NO ............................................................... 2  
REFUSED .......................................................... -7  
DON'T KNOW ...................................................... -8 |

| IA21 | How long has it been since {ADOLESCENT /AGE/SEX} last had health insurance? | MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO ...... 1  [SKIP TO IA30]  
MORE THAN 3 YEARS AGO .............................................. 2  [SKIP TO IA30]  
NEVER HAD HEALTH INSURANCE COVERAGE .......................... 3  [SKIP TO IA30]  
REFUSED .......................................................... -7 [SKIP TO IA30]  
DON'T KNOW/NOT SURE .................................................. -8 [SKIP TO IA30] |

| IA22 | For how many of the last 12 months did {he/she/he or she} have health insurance? | (NUMBER OF MONTHS) (0-12; NOTE: IF < 1 MONTH, ENTER "1")  
REFUSED .......................................................... -7  
DON'T KNOW ....................................................... -8 |
PROGRAMMING NOTE IA23:
VALUE OF "4" DELIBERATELY SKIPPED; CLIENT WANTS THIS USED ONLY FOR MEDICARE, WHICH IS NOT
APPLICABLE TO ADOLESCENTS

IA23

IA23 During those months when (ADOLESCENT /AGE/SEX) had health insurance, was (his/her/his
or her) insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or
some other plan?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any others?"]

IA23_1 MEDI-CAL ................................................................. 1 [SKIP TO IA30]
IA23_2 HEALTHY FAMILIES .............................................. 2 [SKIP TO IA30]
IA23_3 THROUGH CURRENT OR FORMER EMPLOYER/UNION ....... 3 [SKIP TO IA30]
IA23_4 OTHER HEALTH PLAN ................................................. 91 [SKIP TO IA30]
IA23_5 REFUSED ................................................................... -7 [SKIP TO IA30]
IA23_6 DON'T KNOW ............................................................. -8 [SKIP TO IA30]

On Dec. 22, 2000, the words "ALL of the past 12 months" were changed to "ALL 12 of the past 12 months" in question IA24.

IA24

IA24 Thinking about (ADOLESCENT /AGE/SEX)'s current health insurance, did (he/she/he or she)
have this same insurance for ALL 12 of the past 12 months?

YES ................................................................. 1 [SKIP TO IA30]
NO ........................................................................ 2
REFUSED .................................................................. -7
DON'T KNOW ............................................................. -8

IA25

IA25 When (he/she/he or she) was not covered by (his/her/his or her) current health insurance, did
(he/she/he or she) have any other health insurance?

YES ................................................................. 1
NO ........................................................................ 2 [SKIP TO IA28]
REFUSED .................................................................. -7 [SKIP TO IA28]
DON'T KNOW ............................................................. -8 [SKIP TO IA28]

IA26

IA26 Was (his/her/his or her) other health insurance Medi-CAL, Healthy Families, a plan you
obtained from an employer, or some other plan?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any others?"]

IA26_1 MEDI-CAL ................................................................. 1
IA26_2 HEALTHY FAMILIES .............................................. 2
IA26_3 THROUGH CURRENT OR FORMER EMPLOYER/UNION ....... 3
IA26_4 OTHER HEALTH PLAN ................................................. 91
IA26_5 REFUSED ................................................................... -7
IA26_6 DON'T KNOW ............................................................. -8
IA27
During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

YES ............................................................................................................1
NO ........................................................................................................ 2 [SKIP TO IA30]
REFUSED ..............................................................................................-7 [SKIP TO IA30]
DON'T KNOW ........................................................................................-8 [SKIP TO IA30]

IA28
For how many of the past 12 months did {he/she/he or she} have no health insurance at all?

_____ NUMBER OF MONTHS  [HR: 0-11]
REFUSED ..............................................................................................-7
DON'T KNOW ........................................................................................-8

On Jan. 8, 2001, the words "during the time he/she wasn't covered" were changed to "during those months" in question IA29.

IA29
What is the ONE MAIN reason why {ADOLESCENT /AGE/SEX} did not have any health insurance during those months?

CHANGED EMPLOYER/LOST JOB ......................................................1
EMPLOYER DID NOT OFFER ............................................................2
NOT ELIGIBLE DUE TO WORKING STATUS .....................................3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ............4
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ......5
COULDN'T AFFORD/TOO EXPENSIVE ..............................................6
FAMILY SITUATION CHANGED ..........................................................7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) ..........8
DIDN'T BELIEVE IN INSURANCE .....................................................9
HEALTHY -- NO NEED .................................................................10
PAID FOR OWN CARE -- NO NEED ...............................................11
GOT HEALTH CARE FREE -- NO NEED .......................................12
OTHER (SPECIFY) .................................................................91
REFUSED ........................................................................................-7
DON'T KNOW ................................................................................-8
IA30
In what country were you/was his/her/his or her mother born?

UNITED STATES ................................................................. 1
AMERICAN SAMOA .............................................................. 2
CAMBODIA ........................................................................ 3
CANADA ........................................................................... 4
CHINA .............................................................................. 5
CUBA ............................................................................... 6
EL SALVADOR .................................................................... 7
ENGLAND .......................................................................... 8
GERMANY ......................................................................... 9
GUAM .............................................................................. 10
GUATEMALA ...................................................................... 11
HONG KONG ..................................................................... 12
INDIA .............................................................................. 13
IRAN ............................................................................... 14
JAPAN ............................................................................. 15
KOREA ............................................................................ 16
MEXICO ........................................................................... 17
NICARAGUA ..................................................................... 18
PAKISTAN ........................................................................ 19
PERU .............................................................................. 20
PHILIPPINES ..................................................................... 21
RUSSIA ........................................................................... 22
TAIWAN ........................................................................... 23
VIETNAM ........................................................................ 24
VIRGIN ISLANDS ................................................................ 25
OTHER (SPECIFY):_____________________ .............................. 91
REFUSED......................................................................... -7
DON'T KNOW .................................................................... -8

PROGRAMMING NOTE IA30A:
IF IA30 = 1, 2, 10 OR 25 (UNITED STATES OR ITS TERRITORIES), SKIP TO IA33;
ELSE IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 1 (TIA IS MOTHER OF ADOLESCENT), THEN IA30A = AH39 AND SKIP TO IA31A;
ELSE IF TIA <> ADULT R AND IAX2 = 1 (TIA IS MOTHER OF ADOLESCENT), CONTINUE WITH IA30 AND IA31 AND DISPLAY "Are you" IN BOTH QUESTIONS;
ELSE, CONTINUE WITH IA30A AND IA31 (IF APPLICABLE) AND DISPLAY "Is his/her/his or her mother" IN BOTH QUESTIONS
IA31
{Are you/is (his/her/his or her) mother} a permanent resident with a green card?

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

PROGRAMMING NOTE IA32:
IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 1 (TIA IS MOTHER), THEN AI32 = AH41
AND SKIP TO PROGRAMMING NOTE IA33;
ELSE IF TIA <> ADULT R AND IAX2 = 1 (TIA IS MOTHER OF ADOLESCENT), CONTINUE WITH IA32 AND
DISPLAY "have you";
ELSE, CONTINUE WITH IA32 AND DISPLAY "has (his/her/his or her) mother"

IA32
About how many years {have you/has (his/her/his or her) mother} lived in the United States?

_____ NUMBER OF YEARS [IF < 1 YEAR, ENTER "1"]

OR

_____ YEAR TO FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED ..................................................... 3
REFUSED .............................................................................. -7
DON'T KNOW ........................................................................ -8
PROGRAMMING NOTE IA33:
IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 2 (TIA IS FATHER OF ADOLESCENT), THEN IA33 = AH33 AND CONTINUE WITH PROGRAMMING NOTE IA33A;
ELSE IF TIA <> ADULT R AND IAX2 = 2 (TIA IS FATHER OF ADOLESCENT), CONTINUE WITH IA33 AND DISPLAY "were you";
ELSE, CONTINUE WITH IA33 AND DISPLAY "was (his/her/his or her) father"

IA33
IA33 In what country were you/ (his/her/his or her) father) born?

UNITED STATES ................................................................. 1
AMERICAN SAMOA .............................................................. 2
CAMBODIA ........................................................................ 3
CANADA ........................................................................... 4
CHINA .............................................................................. 5
CUBA ............................................................................... 6
EL SALVADOR .................................................................... 7
ENGLAND.......................................................................... 8
GERMANY ................................................................. 9
GUAM.............................................................................. 10
GUATEMALA ...................................................................... 11
HONG KONG ..................................................................... 12
INDIA .............................................................................. 13
IRAN ............................................................................... 14
JAPAN ............................................................................. 15
KOREA ............................................................................ 16
MEXICO ........................................................................... 17
NICARAGUA ..................................................................... 18
PAKISTAN ........................................................................ 19
PERU .............................................................................. 20
PHILIPPINES .................................................................... 21
RUSSIA........................................................................... 22
TAIWAN ........................................................................ 23
VIETNAM......................................................................... 24
VIRGIN ISLANDS ................................................................ 25
OTHER (SPECIFY):_____________________ ......................... 91
REFUSED......................................................................... -7
DON'T KNOW .................................................................... -8

PROGRAMMING NOTE IA33A:
IF IA33 = 1, 2, 10, OR 25 (UNITED STATES OR ITS TERRITORIES), SKIP TO END OF SECTION IA;
ELSE IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 2 (TIA IS FATHER OF ADOLESCENT), THEN IA33A = AH39 AND IA34 = AH40 AND CONTINUE WITH PROGRAMMING NOTE IA35;
ELSE IF TIA <> ADULT R AND IAX2 = 2 (TIA IS FATHER OF ADOLESCENT), CONTINUE WITH IA33A AND IA34 (IF APPLICABLE) AND DISPLAY "Are you" IN BOTH QUESTIONS;
ELSE, CONTINUE WITH IA33A AND IA34 (IF APPLICABLE) AND DISPLAY "Is (his/her/his or her) father" IN BOTH QUESTIONS

IA33A
IA33A (Are you/Is (his/her/his or her) father) a citizen of the United States?

YES .................................................................................. 1 [SKIP TO PROGRAMMING NOTE IA35]
NO................................................................................... 2
APPLICATION PENDING ................................................... 3
REFUSED......................................................................... -7
DON'T KNOW .................................................................... -8
IA34  
IA34  {Are you/is (his/her/his or her) father} a permanent resident with a green card?  

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

PROGRAMMING NOTE IA35:  
IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 1 (TIA IS FATHER OF ADOLESCENT),  
THEN IA35 = AH41 AND SKIP TO END OF SECTION IA;  
ELSE IF TIA <> ADULT R AND IAX2 = 1 (TIA IS FATHER OF ADOLESCENT), CONTINUE WITH IA35 AND  
DISPLAY "have you";
ELSE, CONTINUE WITH IA35 AND DISPLAY "has (his/her/his or her) father"

IA35  
IA35  About how many years {have you/has (his/her/his or her) father} lived in the United States?  

_____ NUMBER OF YEARS  [IF < 1 YEAR, ENTER "1"]
OR
_____ YEAR TO FIRST COME AND LIVE IN U.S.
MOTHER/FATHER DECEASED .................................................................. 3
REFUSED ........................................................................... -7
DON'T KNOW ........................................................................ -8

END