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CHIS 2001 ADULT SURVEY

Section A

PROGRAMMING NOTE AA1:
SET AADATE = CURRENT DATE (YYYYMMDD)

AA1
What is your date of birth?

AA1MON AA1DAY AA1YR
MONTH _____          DAY _____          YEAR _____
[HR: 1-12]                 [HR: 1-31]            [HR: 1895-1982]

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

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

PROGRAMMING NOTE AA2:
IF AA1 = -7 OR -8, CONTINUE WITH AA2;
ELSE SKIP TO AA3

AA2
What is your age now, please?

AA2
_____YEARS OF AGE          [HR: 18-105]

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

PROGRAMMING NOTE AA2A:
IF AA2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH AA2A;
ELSE SKIP TO AA3

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?

BETWEEN 18 AND 29.................................................1
BETWEEN 30 AND 39.................................................2
BETWEEN 40 AND 44.................................................3
BETWEEN 45 AND 49.................................................4
BETWEEN 50 AND 64.................................................5
65 OR OLDER.........................................................6
REFUSED.............................................................7
DON'T KNOW.......................................................8
## CHIS 2001 ADULT SURVEY

### Section A

**PROGRAMMING NOTE AA3:**

`AAGE

Calculate value of `AAGE` based on `AA1` or `AA2` to use in all age-related questions; if `AA1` and `AA2` = -7 or -8 (Ref/DK), then use `AA2A`; else use `ENUM.AGE`.

<table>
<thead>
<tr>
<th>AA3</th>
<th>And are you male or female?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>1</td>
</tr>
<tr>
<td>FEMALE</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AA4</th>
<th>Are you of Latino or Hispanic origin?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 [Skip to AA5A]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7 [Skip to AA5A]</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8 [Skip to AA5A]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AA5</th>
<th>And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Chicano, Salvadorian -- and if you have more than one, tell me all of them.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA5_1</td>
<td>MEXICAN/MEXICANO</td>
</tr>
<tr>
<td>AA5_2</td>
<td>MEXICAN AMERICAN</td>
</tr>
<tr>
<td>AA5_3</td>
<td>CHICANO</td>
</tr>
<tr>
<td>AA5_4</td>
<td>SALVADORIAN</td>
</tr>
<tr>
<td>AA5_5</td>
<td>GUATEMALAN</td>
</tr>
<tr>
<td>AA5_6</td>
<td>COSTA RICAN</td>
</tr>
<tr>
<td>AA5_7</td>
<td>HONDURAN</td>
</tr>
<tr>
<td>AA5_8</td>
<td>NICARAGUAN</td>
</tr>
<tr>
<td>AA5_9</td>
<td>PANAMANIAN</td>
</tr>
<tr>
<td>AA5_10</td>
<td>PUERTO RICAN</td>
</tr>
<tr>
<td>AA5_11</td>
<td>CUBAN</td>
</tr>
<tr>
<td>AA5_12</td>
<td>SPANISH-AMERICAN (FROM SPAIN)</td>
</tr>
<tr>
<td>AA5_13</td>
<td>OTHER LATINO (SPECIFY): _________________</td>
</tr>
<tr>
<td>AA5OS</td>
<td>REFUSED</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[IF NECESSARY, GIVE MORE EXAMPLES]  
[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
On March 6, 2001, a soft range was added to this question to ask interviewers to verify entering "Native Hawaiian."

PROGRAMMING NOTE AA5A:
FOR THE PROXY VERSION, PUT THE WORDS "you" AFTER "following" AND AFTER "Would" IN REVERSE VIDEO

AA5A
Also, please tell me which one OR MORE of the following <you> would use to describe yourself.  AA5A_A - AA5A_G
Would <you> describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

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

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[SR: 2-6, 91, -7, -8; IF INTERVIEWER ENTERS "1," DISPLAY "YOU ENTERED 'NATIVE HAWAIIAN.' PRESS ENTER TO CONFIRM."

AA5A_1
NATIVE HAWAIIAN.................................................................1 [SKIP TO AB1 if only one race]
AA5A_2
OTHER PACIFIC ISLANDER....................................................2 [SKIP TO AA5E1 if only one race]
AA5A_3
AMERICAN INDIAN OR ALASKA NATIVE.....................................3 [SKIP TO AA5B if only one race]
AA5A_4
ASIAN.................................................................4 [SKIP TO AA5E if only one race]
AA5A_5
BLACK OR AFRICAN AMERICAN............................................5 [SKIP TO AB1 if only one race]
AA5A_6
WHITE.................................................................6 [SKIP TO AB1 if only one race]
AA5A_7
OTHER (SPECIFY): ________________________________..................91 [SKIP TO AB1 if only one race]
AA5AOS
REFUSED.................................................................-7 [SKIP TO AB1]
DON'T KNOW..............................................................-8 [SKIP TO AB1]
CHIS 2001 ADULT SURVEY
Section A

PROGRAMMING NOTE AA5B:
IF AA5A_3 = 1 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH AA5B;
ELSE SKIP TO PROGRAMMING NOTE AA5E

FOR PROXY VERSION, PUT THE WORD "You" AT THE BEGINNING OF THE SENTENCE IN REVERSE VIDEO

AA5B

<You> said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

[CODE ALL THAT APPLY. CTRL-P TO EXIT]

<table>
<thead>
<tr>
<th>Code</th>
<th>Tribe Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>APACHE</td>
</tr>
<tr>
<td>2</td>
<td>BLACKFEET</td>
</tr>
<tr>
<td>3</td>
<td>CHEROKEE</td>
</tr>
<tr>
<td>4</td>
<td>CHICKASAW</td>
</tr>
<tr>
<td>5</td>
<td>CHOCTAW</td>
</tr>
<tr>
<td>6</td>
<td>CROW</td>
</tr>
<tr>
<td>7</td>
<td>HOPI</td>
</tr>
<tr>
<td>8</td>
<td>KIOWA</td>
</tr>
<tr>
<td>9</td>
<td>LAKOTA/NAKOTA/DAKOTA/SIoux</td>
</tr>
<tr>
<td>10</td>
<td>NAVAJO</td>
</tr>
<tr>
<td>11</td>
<td>OJIBWE/ANISHINABE/CHIPPEWA</td>
</tr>
<tr>
<td>12</td>
<td>OTHER TRIBE [Ask for spelling] (SPECIFY):</td>
</tr>
<tr>
<td>7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

AA5C

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>REFUSED [SKIP TO PROGRAMMING NOTE AA5E]</td>
</tr>
<tr>
<td>8</td>
<td>DON'T KNOW [SKIP TO PROGRAMMING NOTE AA5E]</td>
</tr>
</tbody>
</table>
### CHIS 2001 ADULT SURVEY
#### Section A

**AA5D** Which tribe are you enrolled in?  

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Code</th>
<th>Location</th>
<th>Code</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>APACHE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JICARILLA APACHE, NM.</td>
<td>AA5D</td>
<td>1</td>
<td>MESCALERO APACHE, NM.</td>
<td>AA5D</td>
</tr>
<tr>
<td>SAN CARLOS APACHE TRIBE, AZ</td>
<td>AA5D</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEROKEE</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>CHEROKEE NATION, OK.</td>
<td>AA5D</td>
<td>4</td>
<td>EASTERN BAND OF CHEROKEE, NC</td>
<td>AA5D</td>
</tr>
<tr>
<td>SIOUX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHEYENNE RIVER SIOUX, SD</td>
<td>AA5D</td>
<td>6</td>
<td>CROW CREEK SIOUX, SD</td>
<td>AA5D</td>
</tr>
<tr>
<td>OGLALA/PINE RIDGE SIOUX, SD</td>
<td>AA5D</td>
<td>8</td>
<td>ROSEBUD SIOUX TRIBE, SD</td>
<td>AA5D</td>
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<tr>
<td>SISSETON-WAHPETON SIOUX TRIBE, LAKE TRAVERSE, SD</td>
<td>AA5D</td>
<td>10</td>
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<tr>
<td>STANDING ROCK SIOUX TRIBE OF ND &amp; SD</td>
<td>AA5D</td>
<td>11</td>
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</tr>
<tr>
<td>BLACKFEET</td>
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<tr>
<td>BLACKFEET, MT.</td>
<td>AA5D</td>
<td>12</td>
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<tr>
<td>CHICKASAW</td>
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<td></td>
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</tr>
<tr>
<td>CHICKASAW NATION, OK.</td>
<td>AA5D</td>
<td>13</td>
<td></td>
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</tr>
<tr>
<td>CHICKASAW NATION, OK.</td>
<td>AA5D</td>
<td>14</td>
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<tr>
<td>CROW</td>
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<tr>
<td>CROW TRIBE, MT.</td>
<td>AA5D</td>
<td>15</td>
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<tr>
<td>CHIEF CROW TRIBE</td>
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<tr>
<td>HOPI TRIBE, AZ</td>
<td>AA5D</td>
<td>16</td>
<td></td>
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</tr>
<tr>
<td>CROW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CROW TRIBE, MT.</td>
<td>AA5D</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHOCTAW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHOCTAW NATION, OK.</td>
<td>AA5D</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TURTLE MOUNTAIN BAND OF CHIPPEWA, ND</td>
<td>AA5D</td>
<td>19</td>
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<td></td>
</tr>
<tr>
<td>NAVAJO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAVAJO NATION, AZ, NM, &amp; UT</td>
<td>AA5D</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIPPEWA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCT/MINNESOTA CHIPPEWA TRIBE</td>
<td>AA5D</td>
<td>21</td>
<td></td>
<td></td>
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<tr>
<td>TURTLE MOUNTAIN BAND OF CHIPPEWA, ND</td>
<td>AA5D</td>
<td>22</td>
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<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY):</td>
<td>AA5D</td>
<td>91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>AA5D</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>AA5D</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE AA5E:
IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = -1 (NA), CONTINUE WITH AA5E AND DISPLAY "Chinese, Filipino, Vietnamese";
ELSE IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = "CB," THEN CONTINUE WITH AA5E AND DISPLAY AND "Cambodian, Filipino, Vietnamese";
ELSE IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = "IA," THEN CONTINUE WITH AA5E AND DISPLAY AND "Indian, Filipino, Vietnamese" AND ADDITIONAL RESPONSE CATEGORIES 18-23;
ELSE IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = "JP," THEN CONTINUE WITH AA5E AND DISPLAY AND "Japanese, Filipino, Vietnamese";
ELSE IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = "KR," THEN CONTINUE WITH AA5E AND DISPLAY AND "Korean, Filipino, Vietnamese";
ELSE IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = "VT," THEN CONTINUE WITH AA5E AND DISPLAY AND "Vietnamese, Chinese, Filipino";
ELSE SKIP TO PROGRAMMING NOTE AA5E1

FOR PROXY VERSION, PUT THE WORD "You" AT BEGINNING OF QUESTION IN REVERSE VIDEO

AA5E

AA5E <You> said Asian, and what specific ethnic group are you, such as (Chinese, Filipino, Vietnamese/Cambodian, Filipino, Vietnamese/Indian, Filipino, Vietnamese/Japanese, Filipino, Vietnamese/Korean, Filipino, Vietnamese/Vietnamese, Chinese/Filipino)? If you are more than one, tell me all of them.

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

AA5E_1 BANGLADESHI............................................................... 1
AA5E_2 BURMESE........................................................................ 2
AA5E_3 CAMBODIAN..................................................................... 3
AA5E_4 CHINESE.......................................................................... 4
AA5E_5 FILIPINO........................................................................... 5
AA5E_6 HMONG........................................................................... 6
AA5E_7 INDIAN (INDIA)................................................................. 7
AA5E_8 INDONESIAN..................................................................... 8
AA5E_9 JAPANESE......................................................................... 9
AA5E_10 KOREAN.......................................................................... 10
AA5E_11 LAOTIAN.......................................................................... 11
AA5E_12 MALAYSIAN.................................................................... 12
AA5E_13 PAKISTANI....................................................................... 13
AA5E_14 SRI LANKAN................................................................. 14
AA5E_15 TAIWANESE................................................................. 15
AA5E_16 THAI.............................................................................. 16
AA5E_17 VIETNAMESE............................................................... 17
AA5E_19 BHARAT........................................................................... 19
AA5E_20 BHUTANESE................................................................. 20
AA5E_21 DRAVIDIAN..................................................................... 21
AA5E_22 GOANESE....................................................................... 22
AA5E_23 NEPALESE................................................................. 23
AA5E_24 SIKKIM........................................................................... 24
AA5E_18 AA5EOS OTHER ASIAN (SPECIFY): ____________________ 91
REFUSED.................................................................................. -7
DON'T KNOW............................................................................ -8
**PROGRAMMING NOTE AA5E1:**
IF AA5A_2 = 1 (OTHER PACIFIC ISLANDER), CONTINUE WITH AA5E1;
ELSE SKIP TO PROGRAMMING NOTE AA5F

FOR PROXY VERSION, PUT THE WORD "You" AT BEGINNING OF QUESTION IN REVERSE VIDEO

AA5E1

AA5E1 <You> said you are Other 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. CTRL-P TO EXIT.]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SAMOAN/AMERICAN SAMOAN</td>
</tr>
<tr>
<td>2</td>
<td>GUAMANIAN</td>
</tr>
<tr>
<td>3</td>
<td>TONGAN</td>
</tr>
<tr>
<td>4</td>
<td>FIJIAN</td>
</tr>
<tr>
<td>91</td>
<td>OTHER PACIFIC ISLANDER (SPECIFY):</td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

AA5E1_A - AA5E_E
PROGRAMMING NOTE AA5F:
IF AA4 = YES (LATINO) AND [AA5A_1 = 1 (NATIVE HAWAIIAN) OR AA5A_2 = 1 (OTHER PACIFIC ISLANDER) OR AA5A_3 = 1 (AMERICAN INDIAN OR ALASKA NATIVE) OR AA5A_4 = 1 (ASIAN) OR AA5A_5 = 1 (BLACK OR AFRICAN AMERICAN) OR AA5A_6 = 1 (WHITE) OR AA5A_7 = 1 (OTHER)], CONTINUE WITH AA5F;
ELSE IF MULTIPLE RESPONSES TO AA5A OR AA5E OR AA5E1 [NOT COUNTING -7 OR -8 (REF/DK)]
CONTINUE WITH AA5F;
ELSE SKIP TO AB1

[NOTE: FOR AA5 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); if AA5 = -7 (REFUSE), INSERT "Latino"]

IF AA4 = 1 (YES, LATINO) AND ANY OF AA5_1 THROUGH AA5_13 = 1 (YES), DO NOT DISPLAY AA5F = 14 (LATINO).
IF AA5A_2 = 1 (OTHER PACIFIC ISLANDER) AND ANY OF AA5E1_1 THROUGH AA5E1_5 = 1 (YES), DO NOT DISPLAY AA5F = 17 (OTHER PACIFIC ISLANDER).
IF AA5A_4 = 1 AND ANY OF AA5E_1 THROUGH AA5E_18 = 1 (YES), DO NOT DISPLAY AA5F = 19 (ASIAN)

FOR PROXY VERSION, PUT THE WORD "You" AT BEGINNING OF QUESTION IN REVERSE VIDEO

AA5F

<You> said that you are : [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1]. Of these, which do you MOST identify with?

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

MEXICAN/MEXICANO.......................................................... 1
MEXICAN AMERICAN....................................................... 2
CHICANO................................................................. 3
SALVADORAN............................................................ 4
GUATEMALAN........................................................... 5
COSTA RICAN............................................................. 6
HONDURAN......................................................... 7
NICARAGUAN......................................................... 8
PANAMANIAN....................................................... 9
PUERTO RICAN....................................................... 10
CUBAN............................................................ 11
SPANISH-AMERICAN (FROM SPAIN).............................. 12
LATINO, OTHER SPECIFY........................................... 13
LATINO............................................................ 14
NATIVE HAWAIIAN..................................................... 16
OTHER PACIFIC ISLANDER........................................... 17
AMERICAN INDIAN OR ALASKA NATIVE............................. 18
ASIAN............................................................ 19
BLACK OR AFRICAN AMERICAN.................................... 20
WHITE............................................................ 21
RACE, OTHER SPECIFY................................................ 22
BANGLADESHI.......................................................... 30
BURMESE............................................................ 31
CAMBODIAN.......................................................... 32
CHINESE........................................................... 33
FILIPINO........................................................... 34
HMONG........................................................... 35
INDIAN (INDIA)..................................................... 36
INDONESIAN....................................................... 37
JAPANESE.......................................................... 38
KOREAN.......................................................... 39
LAOTIAN.................................................................40
MALAYSIAN..........................................................41
PAKISTANI.............................................................42
SRI LANKAN...........................................................43
TAIWANESE...........................................................44
THAI.................................................................45
VIETNAMESE........................................................46
ASIAN, OTHER SPECIFY..........................................49
SAMOA/AMERICAN SAMOAN.................................50
GUAMANIAN........................................................51
TONGAN............................................................52
FIJIAN.............................................................53
PACIFIC ISLANDER, OTHER SPECIFY..................55
BHARAT............................................................60
BHUTANESE........................................................61
DRAVIDIAN........................................................62
GOANESE..........................................................63
NEPALESE........................................................64
SIKKIM............................................................65
BOTH/ALL/MULTIRACIAL........................................90
NONE OF THESE................................................95
REFUSED............................................................7
DON'T KNOW.....................................................-8

PROGRAMMING NOTE AA5F1:
IF BASE.SURNAME = "CB" AND [AA5E <> 3 (CAMBODIAN) AND AA5F <> 32 (CAMBODIAN)], THEN GO TO SCTHANK;
ELSE IF BASE.SURNAME = "IA" AND (AA5E <> [1 (BANGLADESHI) OR 7 (INDIAN) OR 13 (PAKISTANI) OR 14 (SRI LANKAN) OR 18 (BHARAT) OR 19 (BHUTANESE) OR 20 (DRAVIDIAN) OR 21 (GOANESE) OR 22 (NEPALESE) OR 23 (SIKKIM)] AND AA5F <> [30 (BANGLADESHI) OR 36 (INDIAN) OR 42 (PAKISTANI) OR 43 (SRI LANKAN) OR 60 (BHARAT) OR 61 (BHUTANESE) OR 62 (DRAVIDIAN) OR 63 (GOANESE) OR 64 (NEPALESE) OR 65 (SIKKIM) OR 90 (BOTH/ALL/MULTIRACIAL)], THEN GO TO SCTHANK;
ELSE IF BASE.SURNAME = "JP" AND [AA5E <> 9 (JAPANESE) AND AA5F <> 38 (JAPANESE)], THEN GO TO SCTHANK;
ELSE IF BASE.SURNAME = "KR" AND [AA5E <> 10 (KOREAN) AND AA5F <> 39 (KOREAN)], THEN GO TO SCTHANK;
ELSE IF BASE.SURNAME = "VT" AND [AA5E <> 17 (VIETNAMESE) AND AA5F <> 46 (VIETNAMESE)], THEN GO TO SCTHANK;
ELSE IF BASE.SURNAME = AI AND RESPONDENT IS NOT ELIGIBLE, THEN GO TO SCTHANK [RESPONDENT IS ELIGIBLE IF AA5C = 1 (ENROLLED IN TRIBE) OR AA5F = 18 (MOST IDENTIFIES WITH AIAN) OR IF ONLY ONE RACE GIVEN AT AA5A AND AA5A_3 = 1 (AIAN)];
ELSE CONTINUE WITH AA5F2

SET INELIGIBLE RESULT CODE "IN" BEFORE GOING TO SCTHANK.
These next questions are about your physical and emotional health and daily activities. In general, would you say your health is excellent, very good, good, fair or poor?

EXCELLENT………………………………………………………………………1
VERy GOOD……………………………………………………………………..2
GOOD………………………………………………………………………….3
FAIR……………………………………………………………………………4
POOR……………………………………………………………………………5
REFUSED……………………………………………………………………….7
DON’T KNOW…………………………………………………………………..8

Does your health limit you a lot, a little or not at all in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? (Would you say/What do you think (he/she) would say if (he/she) were able to answer--that (his/her) health…)

Limited a lot, ……………………………………………………………………..1
Limited a little, or……………………………………………………………….2
Not limited at all? ………………………………………………………………..3
REFUSED……………………………………………………………………….7
DON’T KNOW…………………………………………………………………..8

And how much does your health limit you when climbing several flights of stairs? (Would you say/What do you think (he/she) would say if (he/she) were able to answer--that (his/her) health…)

LIMITED A LOT………………………………………………………………..1
LIMITED A LITTLE………………………………………………………….2
NOT LIMITED AT ALL…………………………………………………….3
REFUSED……………………………………………………………………….7
DON’T KNOW…………………………………………………………………..8
AB4
During the past 4 weeks, did you do LESS than you wanted to do because of your physical health?

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

AB5
During the past 4 weeks, did your physical health limit the kind of work or other activities you do?

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

PROGRAMMING NOTE AB6:
DISPLAY "Would you say" UNLESS PROXY INTERVIEW. IF PROXY, DISPLAY IN REVERSE VIDEO "What do you think (he/she) would say if (he/she) were able to answer…"

AB6
During THE PAST 4 WEEKS, how much did pain interfere with your normal work including both work outside the home and housework? {Would you say/<What do you think (he/she) would say if (he/she) were able to answer>…}

Not at all, ………………………………………………………………………… 1
A little bit, ……………………………………………………………………… 2
Moderately, ……………………………………………………………………… 3
Quite a lot, or…………………………………………………………………… 4
Extremely?……………………………………………………………………… 5
REFUSED……………………………………………………………………….-7
DON'T KNOW…………………………………………………………………….-8

AB7
During the past 4 weeks, did you do LESS than you would have liked because of any kind of emotional problems?

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

AB8
During the past 4 weeks, did you NOT do your work or other activities as well as usual because of emotional problems such as feeling depressed or anxious?

YES……………………………………………………………………………… 1
NO……………………………………………………………………………… 2
REFUSED………………………………………………………………………..-7
DON'T KNOW…………………………………………………………………….-8
CHIS 2001 ADULT SURVEY
Section B

On April 11, 2001, the response category "ALL OF THE TIME" was added to this question. Cases completing this section prior to that date were later recoded to correspond to the new data.

PROGRAMMING NOTE AB9:
SET AB9FLAG TO "1" TO INDICATE THAT AB9-AB12 WERE ASKED WITH 5 RESPONSE CATEGORIES. ALL CASES COMPLETING THIS SECTION PRIOR TO 4/11/01 CARRY A VALUE OF -1 FOR AB9FLAG, INDICATING THIS SERIES WAS ASKED WITH ONLY 4 RESPONSE CATEGORIES.
DISPLAY "would you say you have" UNLESS PROXY. IF PROXY VERSION, DISPLAY IN REVERSE VIDEO "What do you think (he/she) would say if (he/she) were able to answer -- that (he/she) has"

AB9
During the past 4 weeks, (would you say you have/<what do you think (he/she) would say if (he/she) were able to answer -- that (he/she) has>) felt calm and peaceful all of the time, most of the time, some of the time, a little of the time or not at all?

ALL OF THE TIME................................................................. 1
MOST OF THE TIME............................................................ 2
SOME OF THE TIME............................................................ 3
A LITTLE OF THE TIME.......................................................... 4
NOT AT ALL........................................................................ 5
REFUSED........................................................................... 7
DON'T KNOW....................................................................... 8

On April 11, 2001, the response category "ALL OF THE TIME" was added to this question. Cases completing this section prior to that date were later recoded to correspond to the new data.

AB10
Did you have a lot of energy all of the time, most of the time, some of the time, a little of the time or not at all?

ALL OF THE TIME................................................................. 1
MOST OF THE TIME............................................................ 2
SOME OF THE TIME............................................................ 3
A LITTLE OF THE TIME.......................................................... 4
NOT AT ALL........................................................................ 5
REFUSED........................................................................... 7
DON'T KNOW....................................................................... 8

On April 11, 2001, the response category "ALL OF THE TIME" was added to this question. Cases completing this section prior to that date were later recoded to correspond to the new data.

AB11
Did you feel downhearted and sad (all of the time, most of the time, some of the time, a little of the time or not at all)?

ALL OF THE TIME................................................................. 1
MOST OF THE TIME............................................................ 2
SOME OF THE TIME............................................................ 3
A LITTLE OF THE TIME.......................................................... 4
NOT AT ALL........................................................................ 5
REFUSED........................................................................... 7
DON'T KNOW....................................................................... 8
On April 11, 2001, the response category "ALL OF THE TIME" was added to this question. Cases completing this section prior to that date were later recoded to correspond to the new data.

PROGRAMMING NOTE AB12:
DISPLAY "Would you say" UNLESS PROXY INTERVIEW. IF PROXY, DISPLAY IN REVERSE VIDEO "What do you think (he/she) would say if (he/she) were able to answer--"

AB12
During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities like visiting with friends, relatives, etc.? (Would you say/<What do you think (he/she) would say if (he/she) were able to answer -->) all of the time, most of the time, some of the time, a little of the time, or not at all?)

ALL OF THE TIME………………………………………………………………. 1
MOST OF THE TIME…………………………………………………………….2
SOME OF THE TIME…………………………………………………………….3
A LITTLE OF THE TIME…………………………………………………………….4
NOT AT ALL……………………………………………………………………….5
REFUSED………………………………………………………………………... -7
DON'T KNOW…………………………………………………………………….....-8

AB13
Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

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

AB14
Has a doctor ever told you that you had any type of arthritis?

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

AB15
During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint on most days for at least a month?

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

AB16
How much are you limited in your activities by these problems? Would you say …

Not at all,…………………………………………………………………………. 1
A little bit,………………………………………………………………………… 2
Moderately,……………………………………………………………………… 3
Quite a lot, or…………………………………………………………………… 4
Extremely?……………………………………………………………………… 5
REFUSED………………………………………………………………………... -7
DON'T KNOW…………………………………………………………………….....-8
AB17
Has a doctor ever told you that you have asthma?
YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON’T KNOW………………………………………………………………… -8

AB18
Are you currently taking any medications to control your asthma, including an inhaler?
YES………………………………………………………………………………….. 1
NO…………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON’T KNOW………………………………………………………………… -8

AB19
During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness or phlegm?
No symptoms in the past 12 months, ..................................................... 1
Less than once a month, ................................................................. 2
1 or 2 times a month, ................................................................. 3
More than 2 times a month but not every week, ...................... 4
Every week, but not every day, or ..................................................... 5
Every day or almost every day? .................................................... 6
REFUSED…………………………………………………………………….. -7
DON’T KNOW………………………………………………………………-8

AB20
Did your doctor ever give you information on how to avoid the things that make your asthma worse?
YES………………………………………………………………………………. 1
NO………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON’T KNOW………………………………………………………………… -8

AB21
Did your doctor ever explain how to recognize early signs of an asthma attack and tell you what you should do?
YES……………………………………………………………………………….. 1
NO…………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON’T KNOW………………………………………………………………… -8

PROGRAMMING NOTE AB22:
IF AA3 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

AB22
(Other than during pregnancy, has/Has) a doctor ever told you that you have diabetes or sugar diabetes?
YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON’T KNOW………………………………………………………………… -8
AB23
How old were you when a doctor first told you that you have diabetes?

_____ AGE IN YEARS
[HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]
REFUSED………………………………………………………………………-7
DON'T KNOW……………………………………………………………………-8

AB24
Are you currently taking insulin?

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

AB25
Do you currently take diabetic pills to lower your blood sugar?

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

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

AB26
About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?

[ FILL IN TIME FRAME ANSWERED]

_____ TIMES

_____ PER DAY [HR: 0-24; SR: 0-10]
_____ PER WEEK [HR: 0-70; SR: 0-34]
_____ PER MONTH [HR: 0-300; SR: 0-149]
_____ PER YEAR [HR: 0-3650; SR: 0-599]
REFUSED………………………………………………………………………-7
DON'T KNOW……………………………………………………………………-8

AB27
About how many times in the last year has a doctor checked you for hemoglobin "A one C"?

[IF R NEVER HEARD OF IT, ENTER 995.]

_____ NUMBER OF TIMES [HR: 0-52, 995; SR: 0-25, 995]
REFUSED………………………………………………………………………-7
DON'T KNOW……………………………………………………………………-8

AB28
About how many times in the last year has a doctor checked your feet for any sores or irritations?

_____ NUMBER OF TIMES [HR: 0-52; SR: 0-25]
REFUSED………………………………………………………………………-7
DON'T KNOW……………………………………………………………………-8
AB29  Has a doctor ever told you that you have high blood pressure?

YES........................................................................................................1
NO........................................................................................................2 [SKIP TO AB34]
REFUSED..............................................................................................-7 [SKIP TO AB34]
DON'T KNOW.......................................................................................-8 [SKIP TO AB34]

AB30  Are you currently taking any medications to control your high blood pressure?

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

AB31  Do you take aspirin at least every other day?

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

AB32  About how long ago did you have your blood cholesterol checked?

[IF NEEDED, SAY: "Blood cholesterol is a fatty substance found in the blood."]

1 TO 12 MONTHS AGO.................................................................1
13 MONTHS TO 2 YEARS AGO.................................................2
25 MONTHS TO 5 YEARS AGO................................................3
MORE THAN 5 YEARS AGO........................................................4
NEVER............................................................................................5 [SKIP TO AB34]
REFUSED..........................................................................................-7
DON'T KNOW...................................................................................-8

AB33  The last time your cholesterol was checked, did a doctor tell you your blood cholesterol was high?

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

AB34  Has a doctor ever told you that you have any kind of heart disease?

YES........................................................................................................1
NO........................................................................................................2 [SKIP TO AC1]
REFUSED..............................................................................................-7
DON'T KNOW.......................................................................................-8
AB35
About how long ago did you have your blood cholesterol checked?  
[IF NEEDED, SAY: "Blood cholesterol is a fatty substance found in the blood."]

1 TO 12 MONTHS AGO………………………………………………………… 1
13 MONTHS TO 2 YEARS AGO………………………………………………. 2
25 MONTHS TO 5 YEARS AGO……………………………………………… 3
MORE THAN 5 YEARS AGO………………………………………………… 4
NEVER…………………………………………………………………………… 5 [SKIP TO AB37]
REFUSED………………………………………………………………………. 7
DON'T KNOW………………………………………………………………….. 8

AB36
The last time your cholesterol was checked, did a doctor tell you your blood cholesterol was high?

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

AB37
Are you currently taking any medications to control your heart disease?

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

AB38
Do you take aspirin at least every other day?

YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2
REFUSED………………………………………………………………………. 7
DON’T KNOW………………………………………………………………….. 8
These next questions are about safety and firearms. Again, all your answers will be confidential. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicles. When I say firearms or guns I mean rifles, shotguns, pistols, revolvers, or other firearms. Do NOT include BB guns, air guns, or toy guns.

YES.............................................................................................................1
NO.............................................................................................................2 [SKIP TO AC5]
REFUSED.............................................................................................-7 [SKIP TO AC5]
DON'T KNOW.....................................................................................-8 [SKIP TO AC5]

Are any of the firearms in or around your home handguns, such as pistols or revolvers?

YES.............................................................................................................1
NO.............................................................................................................2 [SKIP TO AC5]
REFUSED.............................................................................................-7 [SKIP TO AC5]
DON'T KNOW.....................................................................................-8 [SKIP TO AC5]

How many of these guns are handguns?

ENTER NUMBER: _____ [HR: 0-999; SR: 0-99]
REFUSED.............................................................................................-7
DON'T KNOW.....................................................................................-8

Have you ever attended a firearm safety workshop, class, or clinic?

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

During the past 12 months have you been the victim of a crime in which a gun was used?

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

PROGRAMMING NOTE AD1:
IF AA3 = 1 (MALE), SKIP TO AE1;
ELSE IF AA3 = 2 (FEMALE) AND PROXY INTERVIEW, SKIP TO AD2;
ELSE CONTINUE WITH AD1 AND IF AA5A = 3, DISPLAY "or moon"

AD1

AD1 These next questions are about women's health.

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

_____ AGE [HR: 6-27]
NEVER STARTED MENSTRUAL CYCLE.............................................96
REFUSED.................................................................-7
DON'T KNOW/REMEMBER.................................................-8

PROGRAMMING NOTE AD2:
IF PROXY INTERVIEW, DISPLAY: "These next questions are about women's health."

AD2

AD2 (These next questions are about women’s health.)

How many children have you given birth to?

[IF NEEDED, SAY, "Count only those that were born alive."]

_____ NUMBER OF LIVE BIRTHS [HR: 0-19; SR: 0-10]
REFUSED.................................................................-7 [SKIP TO AD4]
DON'T KNOW.........................................................-8

PROGRAMMING NOTE AD3:
IF AD2 = 0, THEN SKIP TO AD4;
ELSE CONTINUE WITH AD3

ADD EDIT: AD3 <= AAGE

AD3

AD3 How old were you when your (first) child was born?

_____ AGE [HR: 9-55; SR: 13-49]
REFUSED.................................................................-7
DON'T KNOW/REMEMBER................................................-8

AD4

AD4 Have you ever had a Pap smear test to check for cervical cancer?

[IF NEEDED, SAY: "A pap smear is a routine cancer test for women in which the doctor
examines the cervix during a gynecological exam, and takes a cell sample from the
cervix with a small stick or brush and sends it to the lab. This is not a test for detecting
sexually transmitted diseases."]

YES.................................................................1
NO.................................................................2 [SKIP TO AD10]
REFUSED.............................................................-7 [SKIP TO AD12]
DON'T KNOW..................................................-8 [SKIP TO AD12]
### AD5

**How many Pap smear tests have you had in the last 6 years?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ PAP SMEARS</td>
<td>0</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

### AD6

**How long ago did you have your most recent Pap smear test?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A YEAR AGO OR LESS</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 1 UP TO 2 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 2 UP TO 3 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 3 UP TO 5 YEARS AGO</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS AGO</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

### AD7

**Did you have this test...**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>As part of a routine exam</td>
<td>1</td>
</tr>
<tr>
<td>Because of a specific medical problem, or</td>
<td>2</td>
</tr>
<tr>
<td>As a follow-up to a previous medical exam?</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

### AD8

**Have you ever had a Pap smear test where the results were NOT normal?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES -- RESULTS NOT NORMAL</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**[SKIP TO PROGRAMMING NOTE AD10]**

### AD9

**Because of these results, did you have additional tests and/or treatments?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**[SKIP TO PROGRAMMING NOTE AD10]**
CHIS 2001 ADULT SURVEY
Section D

PROGRAMMING NOTE AD10:
IF AD4 = 2 (NO), CONTINUE WITH AD10 AND DISPLAY “Never had a Pap smear”;
ELSE IF AD6 = 4, 5 (MORE THAN 3 YEARS AGO), CONTINUE WITH AD10 AND DISPLAY “NOT had a Pap smear in the last 3 years”;
ELSE SKIP TO AD11

AD10
What is the ONE most important reason why you have {NEVER had a Pap smear/NOT had a Pap smear in the last 3 years}?

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

AD11
In the past year, has a doctor or other health professional recommended that you have a Pap smear?

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

PROGRAMMING NOTE AD12:
IF AD10 = 8, SET AD12 = 1 AND SKIP TO PROGRAMMING NOTE AD12A;
ELSE CONTINUE WITH AD12

AD12
Have you had a hysterectomy?

[IF NEEDED, SAY: "A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy."]

YES.....................................................................................1
NO.....................................................................................2
REFUSED..........................................................................7
DON'T KNOW...................................................................-8
PROGRAMMING NOTE AD12A:
IF AD10 = 8 (Hysterectomy), DISPLAY "You said that you had a hysterectomy.  Were your ovaries removed?";
ELSE IF AD12 = 1 (YES, HAD A Hysterectomy), DISPLAY "Were your ovaries removed?";
ELSE DISPLAY "Have you had an operation to have your ovaries removed?"

AD12A
AD12A (You said that you had a hysterectomy.  Were your ovaries removed?/Were your ovaries
removed?/Have you had an operation to have your ovaries removed?)

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

PROGRAMMING NOTE AD13:
IF [AAGE < 45 OR (AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39) OR 3 (BETWEEN 40 AND 44)) OR ENUM.AGE < 45 OR IF AGE IS UNKNOWN] AND [AD12 = 2, -7, OR -8 (HAVE NOT HAD A Hysterectomy OR REF/DK)], CONTINUE WITH AD13;
ELSE SKIP TO AD14

AD13
AD13 To your knowledge, are you now pregnant?

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

PROGRAMMING NOTE AD14:
IF AAGE < 30 OR AA2A = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, SKIP TO AE2;
ELSE CONTINUE WITH AD14

As of March 6, 2001, women whose age were unknown, who had been previously skipped out, received the mammography questions.

AD14
AD14 Have you EVER had a mammogram?

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

YES.......................................................................................................................... 1
NO.............................................................................................................................. 2 [READ DEFINITION, IF STILL
NO, SKIP TO AD25]
REFUSED..................................................................................................................-7 [SKIP TO AD25]
DON'T KNOW...........................................................................................................-8 [SKIP TO AD28]

AD16
AD16 How many mammograms have you had in the last 6 years? Your best estimate is fine.

_____ MAMMOGRAMS [HR: 0-99]
REFUSED..................................................................................................................-7
DON'T KNOW...........................................................................................................-8
Section D

AD17

How long ago did you have your most recent mammogram?

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

AD18

Did you have this mammogram...

[IF RESPONDENT SAID IT WAS BECAUSE THE ‘DOCTOR TOLD ME TO GET IT’, PROBE FOR A MORE SPECIFIC REASON]

- As part of a routine physical exam or screening ................................ 1
- Because of a specific breast problem ........................................... 2
- As a follow-up to a previously identified breast problem, or ........ 3
- As a result of a baseline or initial mammogram? .......................... 4
- Other ....................................................................................... 5
- REFUSED .................................................................................. -7
- DON'T KNOW ........................................................................... -8

AD19

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

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

AD20

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

- YES ............................................................................................ 1
- NO ............................................................................................. 2 [SKIP TO AD23]
- REFUSED ................................................................................... -7 [SKIP TO AD23]
- DON'T KNOW ........................................................................... -8 [SKIP TO AD23]

AD21

Did the lump turn out to be cancer?

- YES ............................................................................................ 1 [SKIP TO AD23]
- NO ............................................................................................. 2
- REFUSED ................................................................................... -7
- DON'T KNOW ........................................................................... -8

AD22

How many breast operations have you had to remove a lump that WASN'T cancer?

[NOTE: THE CONCERN IS WITH LUMPS THAT ARE NOT CANCEROUS.]

_____ NUMBER OF OPERATIONS [HR: 0-20; SR: 0-5]
- REFUSED ................................................................................... -7
- DON'T KNOW ........................................................................... -8
PROGRAMMING NOTE AD23:
IF AD19 = 1 (YES, MAMMOGRAM RESULTS NOT NORMAL), CONTINUE WITH AD23;
ELSE SKIP TO PROGRAMMING NOTE AD25

AD23
AD23 Did you have any other tests and/or surgery when your mammogram was NOT normal? AD23
YES..................................................................................................................1
NO..................................................................................................................2 [SKIP TO AD25]
REFUSED.........................................................................................................-7 [SKIP TO AD25]
DON'T KNOW.................................................................................................-8 [SKIP TO AD25]

AD24
AD24 What additional tests and/or surgery did you have? AD24 - AD24_G

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: [Any other?]]

AD24_1 NO TESTS/NO SURGERY........................................................................1
AD24_2 MASTECTOMY (SURGERY TO REMOVE BREAST)...............................2
AD24_3 LUMPECTOMY (SURGERY TO REMOVE LUMP)..................................3
AD24_4 NEEDLE BIOPSY..................................................................................4
AD24_5 ULTRASOUND TEST...........................................................................5
AD24_6 ANOTHER MAMMOGRAM.................................................................6
AD24_7 CLINICAL BREAST EXAM.................................................................7
REFUSED.........................................................................................................-7
DON'T KNOW.................................................................................................-8

PROGRAMMING NOTE AD25:
IF AD14 = 2 (NEVER HAD A MAMMOGRAM), CONTINUE WITH AD25 AND DISPLAY "NEVER had a mammogram";
ELSE IF AD17 = 3, 4, 5, -8 (MOST RECENT MAMMOGRAM MORE THAN 2 YEARS AGO OR DK), CONTINUE WITH AD25 AND DISPLAY "NOT had a mammogram in the past 2 years";
ELSE SKIP TO AD27

AD25
AD25 What is the ONE most important reason why you have {NEVER had a mammogram/NOT had a mammogram in the past 2 years}? AD25

NO REASON/NEVER THOUGHT ABOUT IT..................................................1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST........................................2
DOCTOR DIDN'T TELL ME I NEEDED IT......................................................3 [SKIP TO PROGRAMMING NOTE AD28]

HAVEN'T HAD ANY PROBLEMS.......................................................................4
PUT IT OFF/LAZINESS......................................................................................5
TOO EXPENSIVE/NO INSURANCE/COST....................................................6
TOO PAINFUL, UNPLEASANT, EMBARRASSING.........................................7
TOO YOUNG.....................................................................................................8
DON'T HAVE A DOCTOR................................................................................9
OTHER.........................................................................................................91
REFUSED...................................................................................................-7
DON'T KNOW.............................................................................................-8
AD26  In the past 12 months, has a doctor or other health professional recommended that you have a mammogram?

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

PROGRAMMING NOTE AD28:
IF AD13 = 1 (PREGNANT) OR AAGE < 40 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40, SKIP TO PROGRAMMING NOTE AD30;
ELSE CONTINUE WITH AD28

As of March 6, 2001, women whose age were unknown, who had previously been skipped out, received AD28.

AD28  Are you currently taking any hormone replacement supplements prescribed by a medical doctor to control the symptoms of menopause?

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

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

PROGRAMMING NOTE AD30:
IF AAGE > 49 OR [AA2A = 5 (BETWEEN 50 AND 64) OR 6 (65 OR OLDER)] OR ENUM.AGE > 49 OR IF AGE IS UNKNOWN, CONTINUE WITH AD30;
ELSE SKIP TO AE2.

As of March 6, 2001, women whose age were unknown, who had previously been skipped out, received the bone density questions.

AD30  Have you ever had a bone density test?

[IF NEEDED, SAY: “A test to determine bone loss.”]

YES………………………………………………………………………………………. 1
NO…………………………………………………………………………………………. 2 [SKIP TO AE2]
REFUSED………………………………………………………………………………….-7 [SKIP TO AE2]
DON’T KNOW……………………………………………………………………………-8 [SKIP TO AE2]

AD31  Have you ever been told by a doctor that you had bone loss, osteopenia, or osteoporosis?

YES………………………………………………………………………………………. 1
NO…………………………………………………………………………………………. 2
REFUSED………………………………………………………………………………….-7
DON’T KNOW……………………………………………………………………………-8
AE2

These next questions are about foods you ate over the past month. When I ask <you> how often you ate something, please tell me how many times per day or per week or per month you ate or drank it.

Not counting any juices, how often did you eat any fresh, frozen or canned fruit?

____ TIMES

____ PER DAY [HR: 0-20; SR: 0-9]
____ PER WEEK [HR: 0-70; SR: 0-29]
____ PER MONTH [HR: 0-210; SR: 0-149]

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

AE3

(Over the past month,) How often did you have French fries, home fries, fried potatoes, or hash browns?

____ TIMES

____ PER DAY [HR: 0-20; SR: 0-5]
____ PER WEEK [HR: 0-35; SR: 0-11]
____ PER MONTH [HR: 0-90; SR: 0-30]

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

AE4

(Over the past month,) How about other white potatoes, such as baked potatoes, boiled potatoes, mashed potatoes or potato salad?

____ TIMES

____ PER DAY [HR: 0-10; SR: 0-5]
____ PER WEEK [HR: 0-25; SR: 0-11]
____ PER MONTH [HR: 0-60; SR: 0-30]

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

AE5

(Over the past month,) How often did you have cooked or canned dried beans, such as refried beans, baked beans, bean soup, lentils, or pork and beans?

____ TIMES

____ PER DAY [HR: 0-10; SR: 0-5]
____ PER WEEK [HR: 0-25; SR: 0-11]
____ PER MONTH [HR: 0-60; SR: 0-30]

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

AE6
This question is ONLY about salads made with lettuce, with or without other vegetables in them.

(Over the past month,) How often did you have lettuce salads?

____ TIMES

____ PER DAY [HR: 0-10; SR: 0-7]
____ PER WEEK [HR: 0-10; SR: 0-7]
____ PER MONTH [HR: 0-60; SR: 0-30]

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

PROGRAMMING NOTE AE7:
FOR PROXY VERSION, PUT THE WORD "You" AFTER "beans" IN REVERSE VIDEO

AE7
(Over the past month,) Not counting the lettuce salads, potatoes or beans <you> told me about, and not counting rice, how often did you have any other kind of raw, cooked, canned or frozen vegetables?

____ TIMES

____ PER DAY [HR: 0-10; SR: 0-4]
____ PER WEEK [HR: 0-25; SR: 0-11]
____ PER MONTH [HR: 0-60; SR: 0-30]

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

AE8
(Over the past month,) How often did you have salsa made with tomatoes or sauces made with tomatoes such as spaghetti sauce or pizza with tomato sauce?

____ TIMES

____ PER DAY [HR: 0-10; SR: 0-4]
____ PER WEEK [HR: 0-25; SR: 0-11]
____ PER MONTH [HR: 0-60; SR: 0-30]

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

On Dec. 22, 2000, the phrase "Over the past month" was dropped from question AE1.

AE1
This question is about 100% fruit juices. 100% fruit juices do NOT include fruit drinks like Kool-Aid or lemonade, cranberry juice cocktail, Hi-C, Tang, Tampico, Sunny Delight, or Twister.

How often did you drink 100% fruit juices, like orange juice, mango juice, apple or grape juice?

____ TIMES

____ PER DAY [HR: 0-20; SR: 0-9]
____ PER WEEK [HR: 0-70; SR: 0-29]
____ PER MONTH [HR: 0-210; SR: 0-149]

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

**AE9**
Over the PAST MONTH, have you taken any vitamin, mineral, herbal, botanical, or other dietary supplements?

- YES……………………………………………………………………………….. 1
- NO…………………………………………………………………………………. 2 [SKIP TO AE11]
- REFUSED……………………………………………………………………………-7 [SKIP TO AE11]
- DON’T KNOW……………………………………………………………………..-8 [SKIP TO AE11]

**AE11**
During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

- YES……………………………………………………………………………….. 1
- NO…………………………………………………………………………………. 2 [SKIP TO AE15]
- REFUSED……………………………………………………………………………-7 [SKIP TO AE15]
- DON’T KNOW……………………………………………………………………..-8 [SKIP TO AE15]

**AE12**
During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

- _____ DAYS
- _____ PER WEEK [HR: 0-7]
- _____ PER MONTH [HR: 0-31]

- REFUSED……………………………………………………………………………-7 [SKIP TO AE14]
- DON’T KNOW……………………………………………………………………..-8 [SKIP TO AE14]

**AE13**
On the days when you drank, about how many drinks did you drink on the average? A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

- _____ NUMBER OF DRINKS [HR: 0-20; SR: 0-15]

- REFUSED……………………………………………………………………………-7
- DON’T KNOW……………………………………………………………………..-8

**AE14**
Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

- _____ NUMBER OF TIMES [HR: 0-31; SR: 0-20]

- REFUSED……………………………………………………………………………-7
- DON’T KNOW……………………………………………………………………..-8

**AE15**
These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

- YES……………………………………………………………………………….. 1
- NO…………………………………………………………………………………. 2 [SKIP TO AE17]
- REFUSED……………………………………………………………………………-7
- DON’T KNOW……………………………………………………………………..-8
AE15A
Do you now smoke cigarettes every day, some days, or not at all?

EVERY DAY........................................................................................................1
SOME DAYS.........................................................................................................2
NOT AT ALL..........................................................................................................3 [SKIP TO AE17]
REFUSED.............................................................................................................7 [SKIP TO AE17]

AE16
In the past 30 days, when you smoked, how many cigarettes did you smoke per day (on the
days you smoked)?

_____ NUMBER OF CIGARETTES [HR: 0-120]
REFUSED.............................................................................................................7
DON'T KNOW......................................................................................................8

AE17
These next questions are about your height and weight. How tall are you without shoes?

AE17F AE17I  _____ FEET  _____ INCHES [FT HR: 3-7, IN HR: 0-11]
AE17M AE17C  _____ METERS  _____ CENTIMETERS [M HR: 1-2, CM HR: 0-99]
REFUSED.............................................................................................................7
DON'T KNOW......................................................................................................8

PROGRAMMING NOTE AE18:
IF AD13 = 1 (YES, NOW PREGNANT), DISPLAY "When not pregnant, how";
ELSE DISPLAY "How".

AE18
(When not pregnant, how/How) much do you weigh without shoes?

AE18P  _____ POUNDS [HR: 50-450]
AE18K  _____ KILOGRAMS [HR: 20-220]
AE18FMT REFUSED................................................................................................7
DON'T KNOW......................................................................................................8

PROGRAMMING NOTE AE19:
IF PROXY INTERVIEW, SKIP TO AE20;
ELSE CONTINUE WITH AE19

AE19
How much did you weigh at age 18?

AE19P  _____ POUNDS [HR: 50-450]
AE19K  _____ KILOGRAMS [HR: 20-220]
AE19FMT REFUSED................................................................................................7
DON'T KNOW......................................................................................................8

AE20
These next questions are about your physical activity over the past 30 days. Over the past 30
days, have you walked or bicycled to or from work, school, or to do errands?

YES......................................................................................................................1
NO.......................................................................................................................2 [SKIP TO AE22]
REFUSED.............................................................................................................7 [SKIP TO AE22]
DON'T KNOW......................................................................................................8 [SKIP TO AE22]
Section E

**AE21**

How many times per day, per week or per month did you do this?

*IF NEEDED, SAY: "that is, over the past 30 days -- walk or bicycle to or from work or school or to do errands."*

_____ TIMES

PER DAY [HR: 0-10; SR: 0-3]  
PER WEEK [HR: 0-35; SR: 0-21]  
PER MONTH [HR: 0-70; SR: 0-31]

REFUSED. -7  
DONT KNOW. -8

**AE21A**

And on average, about how many minutes did you walk or ride your bike each time?

_____ MINUTES [HR: 0-480; SR: 0-120]  
REFUSED. -7  
DONT KNOW. -8

---

**PROGRAMMING NOTE AE22:**

FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Would" IN REVERSE VIDEO

**AE22**

Thinking about what you normally do during a typical day, not counting your free time, which best describes your activity: Would *you* say that you sit most of the day, stand most of the day, or walk around a lot?

SIT. 1  
STAND. 2  
WALK AROUND. 3  
DOES A COMBINATION OF 2 OR MORE OF THE ITEMS LISTED. 4  
LAYS DOWN MOST OF THE TIME. 5  
REFUSED. 7  
DONT KNOW. 8

**AE23**

Again not counting what you do in your free time, in a typical day do you usually lift or carry light loads, moderate loads or heavy loads, or do you usually not lift or carry things?

*IF NEEDED, SAY: "Which do you do most often?"

LIGHT. 1  
MODERATE. 2  
HEAVY. 3  
DO NOT LIFT/CARRY. 4  
REFUSED. 7  
DONT KNOW. 8

**AE24**

These next questions are about physical activities that you may do in your FREE time, including exercise, sports and physically active hobbies. Please do not include any walking or biking that you reported previously. I'll move from hard or vigorous activities to more moderate activities.

Over the past 30 days, did you do any hard or vigorous activities in your free time for at least 10 minutes that caused HEAVY SWEATING OR LARGE INCREASES IN YOUR BREATHING OR HEART RATE?

YES. 1  
NO. 2  
REFUSED. -7  
DONT KNOW. -8  

Page A-30
How many times per day, per week or per month did you do this HARD or VIGOROUS activity over the past 30 days?

[IF NEEDED, SAY: "that is, for at least 10 minutes that caused heavy sweating or large increases in breathing or heart rate"]

_____ TIMES

_____ PER DAY [HR: 0-10; SR: 0-5]
_____ PER WEEK [HR: 0-70; SR: 0-35]
_____ PER MONTH [HR: 0-150; SR: 0-120]

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

On average, about how long did you do these HARD OR VIGOROUS activities each time?

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

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

Over the past 30 days, did you do any moderate activities in your free time for at least 10 minutes that caused only LIGHT SWEATING OR A SLIGHT TO MODERATE INCREASE IN BREATHING OR HEART RATE?

YES.............................................................................1
NO.............................................................................2 [SKIP TO AE28]
REFUSED.......................................................................7 [SKIP TO AE28]
DON'T KNOW....................................................................-8

How many times per day, per week or per month did you do this over the past 30 days?

[IF NEEDED, SAY: "that is, moderate activities for at least 10 minutes that caused only light sweating or a slight to moderate increase in breathing or heart rate."]

_____ TIMES

_____ PER DAY [HR: 0-10; SR: 0-5]
_____ PER WEEK [HR: 0-70; SR: 0-35]
_____ PER MONTH [HR: 0-150; SR: 0-120]

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

On average, about how long did you do these MODERATE activities each time?

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

REFUSED...............................................................-7
DON'T KNOW....................................................................-8
PROGRAMMING NOTE AE28:
FOR PROXY VERSION, PUT THE WORD "you've" FOLLOWING "things" IN REVERSE VIDEO

AE28
Including things <you've> already mentioned, did you do any physical activities specifically
designed as exercises to STRENGTHEN your muscles such as lifting weights or other
strength-building exercises over the past 30 days?

YES………………………………………………………………………………………………….. 1
NO………………………………………………………………………………………………….. 2 [IF AAGE > 64 SKIP TO AE30; ELSE SKIP TO AF1]
REFUSED……………………………………………………………………………………………..-7 [IF AAGE > 64 SKIP TO AE30; ELSE SKIP TO AF1]
DON'T KNOW…………………………………………………………………………………………..-8 [IF AAGE > 64 SKIP TO AE30; ELSE SKIP TO AF1]

AE29
How many times per day, per week or per month did you do these exercises over the past 30
days?

_____ TIMES

_____ PER DAY               [HR: 0-10; SR: 0-5]
_____ PER WEEK             [HR: 0-70; SR: 0-35]
_____ PER MONTH          [HR: 0-150; SR: 0-120]
REFUSED……………………………………………………………………………………………..-7
DON'T KNOW…………………………………………………………………………………………..-8

PROGRAMMING NOTE AE30:
IF AAGE > 64 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE < 45 OR AGE IS UNKNOWN, CONTINUE WITH
AE30; ELSE SKIP TO AF1

AE30
During the past 12 months, have you had a flu shot?

YES………………………………………………………………………………………………….. 1
NO………………………………………………………………………………………………….. 2
REFUSED……………………………………………………………………………………………..-7
DON'T KNOW…………………………………………………………………………………………..-8
These next questions are about your and your family's history of cancer.

(Has/<Other than the breast cancer you mentioned, has>) a doctor EVER told you that you had (a cancer of any kind/any OTHER kind of cancer?)

YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2 [SKIP TO AF4]
REFUSED……………………………………………………………………… .. 7 [SKIP TO AF4]
DON'T KNOW…………………………………………………………………… -8 [SKIP TO AF4]

What kind of cancer was it?

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

AF2_1 BLADDER..........................................................1
AF2_2 BLOOD .......................................................... 2
AF2_3 BONE .......................................................... 3
AF2_4 BRAIN .......................................................... 4
AF2_5 BREAST .......................................................... 5
AF2_6 CERVIX .......................................................... 6
AF2_7 COLON .......................................................... 7
AF2_8 ESOPHAGUS .................................................. 8
AF2_9 GALLBLADDER ............................................... 9
AF2_10 KIDNEY ....................................................... 10
AF2_11 LARYNX-WINDPIPE ..................................... 11
AF2_12 LEUKEMIA ................................................ 12
AF2_13 LIVER ........................................................ 13
AF2_14 LUNG ........................................................ 14
AF2_15 LYMPHOMA ................................................ 15
AF2_16 MOUTH/TONGUE/LIP ................................. 16
AF2_17 OVARY ......................................................... 17
AF2_18 PANCREAS ................................................ 18
AF2_19 PROSTATE .................................................. 19
AF2_20 RECTUM ..................................................... 20
AF2_21 SKIN .......................................................... 21
AF2_22 SOFT TISSUE (MUSCLE OR FAT) .............. 24
AF2_23 STOMACH ................................................... 25
AF2_24 TESTIS ......................................................... 26
AF2_25 THROAT-PHARYNX .................................... 27
AF2_26 THYROID ...................................................... 28
AF2_27 UTERUS ....................................................... 29
AF2_28 OTHER ......................................................... 91
REFUSED .............................................................. -7 [SKIP TO AF4]
DON'T KNOW ....................................................... -8 [SKIP TO AF4]
AF2A
Was the skin cancer <you> mentioned non-melanoma, melanoma, or an unknown type?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"

AF2A_1 NON-MELANOMA
AF2A_2 MELANOMA
AF2A_3 UNKNOWN TYPE
AF2A_4 REFUSED
AF2A_5 DON'T KNOW

AF3
How old were you when cancer was first diagnosed?

______ AGE IN YEARS

[HR: 1 THRU AAGE OR (105 IF AAGE = -7)]

REFUSED
DON'T KNOW

AF4
What about your family? By family we mean only your blood relatives. Did your biological father or mother, full brothers or sisters, or biological sons or daughters ever have cancer of any kind?

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

YES
NO
REFUSED
DON'T KNOW
## CHIS 2001 ADULT SURVEY
### Section F

### PROGRAMMING NOTE AF5:
**ACCEPT ONLY FIRST SIX RESPONSES**

**AF5**

**AF5** What kind of cancer or cancers were these?  

[CODE ALL THAT APPLY. CTRL-P TO EXIT]  

[PROBE: "Any others?"]

<table>
<thead>
<tr>
<th>Code</th>
<th>Cancer Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>AF5_1</td>
<td>BLADDER</td>
</tr>
<tr>
<td>AF5_2</td>
<td>BLOOD</td>
</tr>
<tr>
<td>AF5_3</td>
<td>BONE</td>
</tr>
<tr>
<td>AF5_4</td>
<td>BRAIN</td>
</tr>
<tr>
<td>AF5_5</td>
<td>BREAST</td>
</tr>
<tr>
<td>AF5_6</td>
<td>CERVIX</td>
</tr>
<tr>
<td>AF5_7</td>
<td>COLON</td>
</tr>
<tr>
<td>AF5_8</td>
<td>ESOPHAGUS</td>
</tr>
<tr>
<td>AF5_9</td>
<td>GALLBLADDER</td>
</tr>
<tr>
<td>AF5_10</td>
<td>KIDNEY</td>
</tr>
<tr>
<td>AF5_11</td>
<td>LARYNX-WINDPIPE</td>
</tr>
<tr>
<td>AF5_12</td>
<td>LEUKEMIA</td>
</tr>
<tr>
<td>AF5_13</td>
<td>LIVER</td>
</tr>
<tr>
<td>AF5_14</td>
<td>LUNG</td>
</tr>
<tr>
<td>AF5_15</td>
<td>LYMPHOMA</td>
</tr>
<tr>
<td>AF5_16</td>
<td>MOUTH/TONGUE/LIP</td>
</tr>
<tr>
<td>AF5_17</td>
<td>OVARY</td>
</tr>
<tr>
<td>AF5_18</td>
<td>PANCREAS</td>
</tr>
<tr>
<td>AF5_19</td>
<td>PROSTATE</td>
</tr>
<tr>
<td>AF5_20</td>
<td>RECTUM</td>
</tr>
<tr>
<td>AF5_21</td>
<td>SKIN</td>
</tr>
<tr>
<td>AF5_22</td>
<td>SOFT TISSUE (MUSCLE OR FAT)</td>
</tr>
<tr>
<td>AF5_23</td>
<td>STOMACH</td>
</tr>
<tr>
<td>AF5_24</td>
<td>TESTIS</td>
</tr>
<tr>
<td>AF5_25</td>
<td>THROAT-PHARYNX</td>
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<td>AF5_26</td>
<td>THYROID</td>
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<td>AF5_27</td>
<td>UTERUS</td>
</tr>
<tr>
<td>AF5_28</td>
<td>OTHER</td>
</tr>
<tr>
<td>AF5_29</td>
<td>REFUSED</td>
</tr>
<tr>
<td>AF5_30</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

### PROGRAMMING NOTE AF5A:
**IF AF5_21 = 1 (YES), CONTINUE WITH AF5A;  
ELSE SKIP TO AF6**

**AF5A**

**AF5A** Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?  

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]  

[PROBE: "Any others?"]

<table>
<thead>
<tr>
<th>Code</th>
<th>Cancer Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>AF5A_1</td>
<td>NON-MELANOMA</td>
</tr>
<tr>
<td>AF5A_2</td>
<td>MELANOMA</td>
</tr>
<tr>
<td>AF5A_3</td>
<td>UNKNOWN TYPE</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

Page A-35
PROGRAMMING NOTE AF6:
IF AA3 = 2 AND AF5 = 5 CONTINUE WITH AF6;
ELSE SKIP TO AF9

AF6
Was your mother ever diagnosed with breast cancer?  
YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON'T KNOW…………………………………………………………………… -8

AF7
Do you have any sisters who have ever been diagnosed with breast cancer?  
YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2
[SKIP TO AF9]
REFUSED………………………………………………………………………… -7
[SKIP TO AF9]
DON'T KNOW…………………………………………………………………… -8
[SKIP TO AF9]

AF8
How many?  
________________ NUMBER OF SISTERS WITH BREAST CANCER [HR: 1-9]
REFUSED………………………………………………………………………… -7
DON'T KNOW…………………………………………………………………… -8

PROGRAMMING NOTE AF9:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Would" IN REVERSE VIDEO

AF9
These next questions are about the time you spend in the sun. When you go outside on a very sunny day for MORE than one hour, how often do you wear any kind of hat that shades your face, ears and neck from the sun. Would <you> say always, sometimes or never?

ALWAYS…………………………………………………………………………... 1
SOMETIMES…………………………………………………………………….. 2
NEVER……………………………………………………………………………. 3
NEVER GO OUT IN THE SUN FOR MORE THAN 1 HOUR/NEVER GO OUT IN THE SUN………………………………………………………………….. 4
REFUSED…………………………………………………………………………... -7
DON'T KNOW……………………………………………………………………. -8

PROGRAMMING NOTE AF10:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Would" IN REVERSE VIDEO

AF10
And when you go outside on a very sunny day for more than an hour, how often do you wear a long sleeved shirt? Would <you> say always, sometimes, or never?

ALWAYS…………………………………………………………………………... 1
SOMETIMES…………………………………………………………………….. 2
NEVER……………………………………………………………………………. 3
NEVER GO OUT IN THE SUN FOR MORE THAN 1 HOUR/NEVER GO OUT IN THE SUN………………………………………………………………….. 4
REFUSED…………………………………………………………………………... -7
DON'T KNOW……………………………………………………………………. -8
PROGRAMMING NOTE AF11:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Would" IN REVERSE VIDEO

AF11
And how often do you stay in the shade? (Would <you> say always, sometimes, or never?)

ALWAYS……………………………………………………………………. 1
SOMETIMES……………………………………………………………….. 2
NEVER………………………………………………………………………. 3
NEVER GO OUT IN THE SUN FOR MORE THAN 1 HOUR/NEVER GO OUT IN THE SUN………………………………………………………….. 4
REFUSED……………………………………………………………………..-7
DON'T KNOW…………………………………………………………………-8

PROGRAMMING NOTE AF12:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Would" IN REVERSE VIDEO

AF12
And how often do you use sunscreen of SPF 15 or greater? (Would <you> say always, sometimes, or never?)

ALWAYS……………………………………………………………………. 1
SOMETIMES……………………………………………………………….. 2
NEVER………………………………………………………………………. 3
NEVER GO OUT IN THE SUN FOR MORE THAN 1 HOUR/NEVER GO OUT IN THE SUN………………………………………………………….. 4
REFUSED……………………………………………………………………..-7
DON'T KNOW…………………………………………………………………-8

AF13
How many times in the past year have you had a sunburn?

ENTER TIMES: ____  [HR: 0-365]
REFUSED……………………………………………………………………..-7
DON'T KNOW…………………………………………………………………-8

PROGRAMMING NOTE:
IF AAGE < 40 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR AGE IS UNKNOWN, SKIP TO AG1;
ELSE CONTINUE WITH AF14

AF14
Have you EVER HAD a Sigmoidoscopy, Colonoscopy, or a Proctoscopy to look for signs of cancer or other problems in your colon?

[IF NEEDED, SAY: "A SIGMOIDOSCOPY is an exam in which a health care professional inserts a flexible tube into the rectum and the lower part of the colon to look for signs of cancer or other problems.

A COLONOSCOPY is a SIMILAR exam but uses a longer tube to examine the entire colon. Before a colonoscopy is done, you are usually given medication through a needle in your arm to make you sleepy. A PROCTOSCOPY is an exam that uses a rigid tube."]

YES……………………………………………………………………………….1
NO………………………………………………………………………………..2  [SKIP TO AF20]
REFUSED……………………………………………………………………..-7 [SKIP TO AF22]
DON'T KNOW…………………………………………………………………-8 [SKIP TO AF22]
CHIS 2001 ADULT SURVEY
Section F

AF16
How long ago did you have your most recent exam?

A YEAR AGO OR LESS…………………………………………………………… 1
MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO……………………… 2
MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO………………… 3
MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO………………… 4
MORE THAN 5 YEARS AGO UP TO 10 YEARS AGO………………… 5
MORE THAN 10 YEARS AGO……………………………………………… 6
REFUSED……………………………………………………………………………-7
DON’T KNOW……………………………………………………………………...-8

AF17
Did you have this exam…

As part of a routine physical exam or screening test, ………………...…… 1
Because of a specific problem, or…………………………………………… 2
As a follow-up to an earlier test or screening exam? ……………………... 3
REFUSED……………………………………………………………………………-7
DON’T KNOW……………………………………………………………………...-8

PROGRAMMING NOTE AF15:
IF AF16 = 6 (OVER 10 YEARS AGO) SKIP TO AF18;
ELSE CONTINUE WITH AF15.

FOR PROXY VERSION, PUT THE WORD "Your" AFTER "10 years?" IN REVERSE VIDEO

AF15
How many of these (sigmoidoscopy, colonoscopy, or proctoscopy) exams have you had in the last 10 years? (Your best estimate is fine.)

_____ EXAMS [HR: 0-120; SR: 0-20]
REFUSED……………………………………………………………………………-7
DON’T KNOW……………………………………………………………………...-8

AF18
Have you ever had a sigmoidoscopy, colonoscopy or proctoscopy where the results were not normal?

YES………………………………………………………………………………… 1
NO…………………………………………………………………………………. 2 [SKIP TO AF20]
REFUSED……………………………………………………………………………-7 [SKIP TO AF20]
DON’T KNOW……………………………………………………………………...-8 [SKIP TO AF20]

AF19
Because of these results, did you have additional tests and/or treatment?

YES………………………………………………………………………………… 1
NO…………………………………………………………………………………. 2
REFUSED……………………………………………………………………………-7
DON’T KNOW……………………………………………………………………...-8
PROGRAMMING NOTE AF20:
IF [AF14 = 2 (NEVER HAD SIGMOIDOSCOPY, COLONOSCOPY, OR PROCTOSCOPY)], CONTINUE WITH AF20 AND DISPLAY "NEVER had";
ELSE IF AF15 = 0 (NONE IN LAST 10 YEARS) OR AF16 = 6 (MOST RECENT OVER 10 YEARS AGO), CONTINUE WITH AF20 AND DISPLAY "NOT had" AND "in the last 10 years";
ELSE SKIP TO AF22

AF20  What is the ONE most important reason why you have {NEVER had/NOT had} one of these exams {in the last 10 years}?

NO REASON/NEVER THOUGHT ABOUT IT............................................1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST.................................2
DOCTOR DIDN'T TELL ME I NEEDED IT..........................................3 [SKIP TO AF22]
HAVEN'T HAD ANY PROBLEMS..................................................4
PUT IT OFF/LAZINESS....................................................................5
TOO EXPENSIVE/NO INSURANCE/COST........................................6
TOO PAINFUL, UNPLEASANT, OR EMBARRASSING..........................7
HAVEN'T HAD ANY PROBLEMS..................................................8
DON'T HAVE A DOCTOR..................................................................9
OTHER............................................................................................91
REFUSED.......................................................................................7
DON'T KNOW..................................................................................8

AF21  During the past 12 months has a doctor or other health professional recommended that you have a sigmoidoscopy, colonoscopy or proctoscopy?

YES..............................................................................................1
NO...............................................................................................2
DID NOT GO TO DOCTOR IN PAST 12 MONTHS..............................92
REFUSED.......................................................................................7
DON'T KNOW..................................................................................8

AF22  The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.

Have you ever done a blood stool test, using a HOME test kit?

YES..............................................................................................1
NO...............................................................................................2 [SKIP TO AF28]
REFUSED.......................................................................................7 [SKIP TO AF30]
DON'T KNOW..................................................................................8 [SKIP TO AF30]

AF24  How long ago did you do your most recent HOME blood stool test?

A YEAR AGO OR LESS.................................................................1
MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO.........................2
MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO.....................3
MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO.......................4
MORE THAN 5 YEARS AGO............................................................5
REFUSED.......................................................................................7
DON'T KNOW..................................................................................8
AF25 Did you take this test…

As part of a routine physical exam or screening test, ......................... 1
Because of a specific problem, or.................................................. 2
As a follow-up to an earlier test or screening exam? .......................... 3
REFUSED....................................................................................... -7
DON'T KNOW.................................................................................. -8

PROGRAMMING NOTE AF23:
IF AF24 = 4 OR 5 (MORE THAN 3 YEARS AGO), SKIP TO AF26;
ELSE CONTINUE WITH AF23

FOR PROXY VERSION, PUT THE WORD "Your" FOLLOWING "years?" IN REVERSE VIDEO

AF23 How many HOME blood stool tests have you done in the last 3 years? (<Your> best estimate is fine.)

____ TESTS            [HR: 0-72; SR: 1-12]
REFUSED................................................................. -7
DON'T KNOW......................................................... -8

AF26 Have you EVER had a HOME blood stool test where the results were NOT normal?

YES......................................................................................... 1
NO....................................................................................... 2 [SKIP TO PROGRAMMING NOTE AF28]
REFUSED................................................................. -7 [SKIP TO PROGRAMMING NOTE AF28]
DON'T KNOW......................................................... -8 [SKIP TO PROGRAMMING NOTE AF28]

AF27 Because of these results, what additional tests or surgery did you have?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

PROBE: "Anything else?"

AF27_1 NONE......................................................................................... 1
AF27_2 ANOTHER FECAL OCCULT BLOOD TEST.................................. 2
AF27_3 SIGMOIDOSCOPY................................................................. 3
AF27_4 COLONOSCOPY................................................................... 4
AF27_5 BARIUM ENEMA................................................................. 5
AF27_6 SURGERY............................................................................ 6
AF27_7 OTHER..................................................................................... 91
REFUSED................................................................. -7 [SKIP TO PROGRAMMING NOTE AF28]
DON'T KNOW......................................................... -8 [SKIP TO PROGRAMMING NOTE AF28]
PROGRAMMING NOTE AF28:
IF AF22 = 2 (NEVER HAD HOME STOOL TEST), CONTINUE WITH AF28 AND DISPLAY "NEVER had";
ELSE IF AF24 > 1 (NONE IN PAST YEAR), CONTINUE WITH AF28 AND DISPLAY "NOT had" and "in the past year";
ELSE SKIP TO AF30

AF28
What is the most important reason you have (NEVER had /NOT had) a HOME blood stool test (in the past year)?

- NO REASON/NEVER THOUGHT ABOUT IT ........................................ 1
- DIDN'T NEED/DIDN'T KNOW I NEEDED THIS TYPE OF TEST ........ 2
- DOCTOR DIDN'T TELL ME I NEEDED IT ........................................... 3 [SKIP TO AF30]
- HAVEN'T HAD ANY PROBLEMS ................................................. 4
- PUT IT OFF/LAZINESS ............................................................... 5
- TOO EXPENSIVE/NO INSURANCE/COST ...................................... 6
- TOO PAINFUL, UNPLEASANT, EMBARRASSING ........................... 7
- HAD ANOTHER TYPE OF COLORECTAL EXAM ......................... 8
- DON'T HAVE A DOCTOR ......................................................... 9
- OTHER ....................................................................................... 91
- REFUSED .................................................................................... -7
- DON'T KNOW ............................................................................... -8

AF29
In the past 12 months, has a doctor or other health professional recommended that you have a home blood stool test?

- YES ................................................................................................. 1
- NO ............................................................................................... 2
- DID NOT GO TO DOCTOR IN PAST 12 MONTHS ............................. 92
- REFUSED ..................................................................................... -7
- DON'T KNOW ............................................................................. -8

PROGRAMMING NOTE AF30:
IF AA3 = 2 (FEMALE) OR (AA3 = 1 (MALE) AND [AAGE < 40 OR (AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)) OR ENUM.AGE < 45 OR IF AGE IS UNKNOWN]), SKIP TO AG1;
ELSE CONTINUE WITH AF30

FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Have" IN REVERSE VIDEO

AF30
Have <you> ever HEARD OF a PSA or "prostate-specific antigen" test to detect prostate cancer? A PSA test is a blood test to detect prostate cancer.

- YES ................................................................................................. 1
- NO ............................................................................................... 2 [SKIP TO AG1]
- REFUSED ..................................................................................... -7 [SKIP TO AG1]
- DON'T KNOW ............................................................................. -8 [SKIP TO AG1]

AF31
Have you ever HAD a PSA test?

- YES ................................................................................................. 1
- NO ............................................................................................... 2 [SKIP TO AG1]
- REFUSED ..................................................................................... -7 [SKIP TO AG1]
- DON'T KNOW ............................................................................. -8 [SKIP TO AG1]
**CHIS 2001 ADULT SURVEY**

**Section F**

**AF33**  
How long ago did you have your most recent PSA test?  

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A YEAR AGO OR LESS</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO</td>
<td>4</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS AGO</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**AF34**  
Did you have this PSA test...  

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>As part of a routine physical exam or screening test</td>
<td>1</td>
</tr>
<tr>
<td>Because of a specific problem, or</td>
<td>2</td>
</tr>
<tr>
<td>As a follow-up to an earlier test or screening exam</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE AF32:**  
IF AF33 = 5 (OVER 5 YEARS AGO), SKIP TO AF35; ELSE CONTINUE WITH AF32

**AF32**  
How many PSA tests have you had in the last 5 years? (Your best estimate is fine)  

<table>
<thead>
<tr>
<th>PSA TESTS</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[HR: 0-25; SR: 0-10]</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**AF35**  
Have you ever had a PSA test where the results were not normal?  

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**AF36**  
Because of these results, did you have additional tests and/or treatment?  

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
These next questions are about dental health.

How long has it been since you last visited a dentist, hygienist or orthodontist?

- HAVE NEVER VISITED................................................................. 1 [SKIP TO AG3]
- 1 TO 6 MONTHS AGO.............................................................. 2
- 7-12 MONTHS AGO................................................................. 3
- MORE THAN 1 YEAR UP TO 2 YEARS AGO.............................. 4
- MORE THAN 2 YEARS UP TO 5 YEARS AGO............................. 5
- MORE THAN 5 YEARS AGO...................................................... 6 [SKIP TO AG3]
- REFUSED................................................................................. -7 [SKIP TO AG3]
- DON’T KNOW........................................................................... -8 [SKIP TO AG3]

Did you go for a routine check-up or cleaning or was it for a specific problem?

- ROUTINE CHECK-UP/CLEANING......................................... 1
- HAD A DENTAL PROBLEM.................................................... 2
- BOTH A ROUTINE CHECK-UP/CLEANING AND A PROBLEM.... 3
- OTHER.................................................................................... 91
- REFUSED................................................................................. -7
- DON’T KNOW........................................................................... -8

Do you currently have any kind of dental insurance?

- YES......................................................................................... 1
- NO......................................................................................... 2
- REFUSED................................................................................. -7
- DON’T KNOW........................................................................... -8
The next topic is about where you go and who you see when you want health care FOR YOURSELF, not for someone else.

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

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

YES.................................................................1 [SKIP TO PROGRAMMING NOTE AH3]

NO.................................................................2

DOCTOR/MY DOCTOR...............................................3 [SKIP TO PROGRAMMING NOTE AH3]

KAISER..........................................................4 [SKIP TO PROGRAMMING NOTE AH3]

MORE THAN ONE PLACE........................................5 [SKIP TO PROGRAMMING NOTE AH3]

REFUSED.........................................................7 [SKIP TO PROGRAMMING NOTE AH3]

DON'T KNOW.....................................................8 [SKIP TO PROGRAMMING NOTE AH3]

What is the ONE main reason you do not have a usual source of health care?

SELDOM OR NEVER GET SICK.................................1 [SKIP TO AH5]

RECENTLY MOVED INTO THE AREA........................2 [SKIP TO AH5]

DON'T KNOW WHERE TO GO FOR CARE..................3 [SKIP TO AH5]

USUAL PLACE IN THIS AREA NO LONGER AVAILABLE...4 [SKIP TO AH5]

CAN'T FIND PROVIDER WHO SPEAKS MY LANGUAGE......5 [SKIP TO AH5]

LIKE DIFFERENT PLACES FOR HEALTH CARE NEEDS.....6 [SKIP TO AH5]

NO INSURANCE OR LOST INSURANCE .....................7 [SKIP TO AH5]

DON'T USE DOCTORS/TREAT MYSELF......................8 [SKIP TO AH5]

COST OF MEDICAL CARE.....................................9 [SKIP TO AH5]

OTHER REASON...............................................91 [SKIP TO AH5]

REFUSED.........................................................7 [SKIP TO AH5]

DON'T KNOW.....................................................8 [SKIP TO AH5]
Section H

PROGRAMMING NOTE AH3:
IF AH1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), DISPLAY "What kind of place do you go to most often—a medical";
ELSE IF AH1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE IF AH1 = 4 (KAISER), CATI FILL IN AH3 = 1 AND SKIP TO AH5

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?

AH3
DOCTOR'S OFFICE/KAISER/OTHER HMO........................................1 [SKIP TO AH5]
CLINIC/HEALTH CENTER/HOSPITAL CLINIC..................................2
EMERGENCY ROOM........................................................................3 [SKIP TO AH5]
SOME OTHER PLACE (SPECIFY):_____________________________________91 [SKIP TO AH5]
NO ONE PLACE................................................................................94 [SKIP TO AH5]
REFUSED.........................................................................................-7 [SKIP TO AH5]
DON'T KNOW..................................................................................-8 [SKIP TO AH5]

AH4
Is it an HMO clinic, a county or government clinic, a community clinic, a hospital clinic or emergency room, a chiropractic clinic, or some other kind of clinic or office?

IF “SOME OTHER KIND OF PLACE”, PROBE FOR TYPE; READ LIST ONLY IF NECESSARY

AH4
HMO CLINIC/KAISER/PRIVATE DOCTOR'S OFFICE............................1
COUNTY OR GOVERNMENT CLINIC/COMMUNITY/
    NEIGHBORHOOD CLINIC OR HEALTH CENTER............................2
HOSPITAL/MEDICAL CENTER OR CLINIC/
    OUTPATIENT DEPARTMENT.....................................................3
VA/VETERANS HOSPITAL/MILITARY HOSPITAL OR CLINIC...............4
EMERGENCY ROOM..........................................................................5
URGENT CARE CLINIC.................................................................6
CHIROPRACTIC CLINIC OR OFFICE..............................................7
INDIAN HEALTH SERVICE (IHS), TRIBAL
    OR URBAN INDIAN CLINIC....................................................8
SCHOOL CLINIC...........................................................................9
OTHER CLINIC OR OFFICE..........................................................91
REFUSED.....................................................................................-7
DON'T KNOW...............................................................................-8

AH5
During the past 12 months, how many times have you seen a medical doctor?

AH5
_____ TIMES          [HR: 0-365]
REFUSED.....................................................................................-7
DON'T KNOW.............................................................................-8
PROGRAMMING NOTE AH6:
IF AH5 = 0, -7, OR -8 (HAVE NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH AH6;
ELSE SKIP TO AH7

AH6
About how long has it been since you last saw a medical doctor about your own health? 

ONE YEAR AGO OR LESS……………………………………….. 0 
MORE THAN 1 UP TO 2 YEARS AGO…………………………… 1 
MORE THAN 2 UP TO 5 YEARS AGO…………………………… 2 
MORE THAN 5 YEARS AGO…………………………………… 3 
NEVER…………………………………………………………… 4 [SKIP TO AH9] 
REFUSED…………………………………………………………. -7 [SKIP TO AH9] 
DON’T KNOW………………………………………………….. -8 [SKIP TO AH9]

AH7
The LAST time you visited a doctor, what kind of place was it—a MEDICAL doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?

[IF R GIVES SPECIFIC NAME OF PLACE, PROBE ONCE FOR CATEGORIES; IF R CONTINUES TO GIVE SPECIFIC NAME, CODE AS "SOME OTHER PLACE (SPECIFY)."]

DOCTOR’S OFFICE/KAISER/OTHER HMO………………………….. 1 [SKIP TO AH9] 
CLINIC/HEALTH CENTER/HOSPITAL CLINIC……………………. 2 
EMERGENCY ROOM……………………………………………… 3 [SKIP TO AH9] 
SOME OTHER PLACE (SPECIFY): _____________________________ 91 [SKIP TO AH9] 
REFUSED…………………………………………………………. -7 [SKIP TO AH9] 
DON’T KNOW………………………………………………….. -8 [SKIP TO AH9]

On Dec. 20, 2000, the end of the question was changed from "some other kind of place" to "other clinic or office."

AH8
Was it an HMO clinic, a county or government clinic, a community clinic, a hospital clinic or emergency room, a chiropractic clinic, or some other clinic or office?

[IF “SOME OTHER KIND OF PLACE”, PROBE FOR TYPE; READ LIST ONLY IF NECESSARY]

HMO CLINIC/KAISER/PRIVATE DOCTOR’S OFFICE………………….. 1 
COUNTY OR GOVERNMENT CLINIC/COMMUNITY/ NEIGHBORHOOD CLINIC OR HEALTH CENTER……………….. 2 
HOSPITAL/MEDICAL CENTER OR CLINIC/ OUTPATIENT DEPARTMENT…………………………………… 3 
VA/ VETERANS HOSPITAL/MILITARY HOSPITAL OR CLINIC……… 4 
EMERGENCY ROOM……………………………………………… 5 
URGENT CARE CLINIC…………………………………………… 6 
CHIROPRACTIC CLINIC OR OFFICE…………………………….. 7 
INDIAN HEALTH SERVICE (IHS), TRIBAL OR URBAN INDIAN CLINIC…. 8 
SCHOOL CLINIC………………………………………………… 9 
OTHER CLINIC OR OFFICE………………………………. 91 
REFUSED…………………………………………………………. -7 
DON’T KNOW………………………………………………….. -8
AH9

Other than a medical doctor, did you see or talk to any OTHER kind of health person during the PAST 12 MONTHS about your own health?

[IF NEEDED, SAY: "A health person such as an acupuncturist, a nurse practitioner, a physician assistant, a chiropractor, an herbalist, a pharmacist, a healer, a botanica or some other type?"]

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

AH11

What OTHER kinds of health persons did you see or talk to?

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

AH11_1 ACUPUNCTURIST.............................................................1
AH11_2 CHIROPRACTOR...........................................................2
AH11_3 HERBALIST, HERBAL HEALER, BOTANICA..................3
AH11_4 NATUROPATH, HOMEOPATH.........................................4
AH11_5 SPIRITUALIST...............................................................5
AH11_6 NURSE, NURSE PRACTITIONER, NURSE MIDWIFE........6
AH11_7 MIDWIFE NON-NURSE..................................................7
AH11_8 PHYSICIAN ASSISTANT..................................................8
AH11_9 PHARMACIST...............................................................9
AH11_10 DENTAL HEALTH PROVIDER.....................................10
AH11_11 MENTAL HEALTH PROVIDER.....................................11
AH11_12 MEDICAL DOCTOR.......................................................12
AH11_13 OTHER...........................................................................91
REFUSED...........................................................................................-7
DON'T KNOW......................................................................................-8

PROGRAMMING NOTE AH12:
IF [AH5 > 0 (NUMBER OF TIMES SAW DOCTOR WITHIN LAST YEAR) OR AH6 = 0 (ONE YEAR AGO OR LESS)]
AND AH7 = 3 (IN A HOSPITAL EMERGENCY ROOM), SKIP TO AH13;
ELSE CONTINUE WITH AH12

AH12

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

YES........................................................................................................1
NO........................................................................................................2
REFUSED.............................................................................................-7
DON'T KNOW......................................................................................-8
PROGRAMMING NOTE AH13:
IF AB14 = 1 (ARTHRITIS) OR AB17 = 1 (ASTHMA) OR AB22 = 1 (DIABETES) OR AB29 = 1 (HIGH BLOOD PRESSURE) OR AB34 = 1 (HEART DISEASE), CONTINUE WITH AH13 AND AH13PAGE A-D, DISPLAYING QUESTION TEXT AND RESPONSE OPTIONS ONLY FOR REPORTED CONDITIONS;
ELSE SKIP TO AH14

AH13
AH13 Were any of the visits to a hospital emergency room because of your arthritis?  
YES……………………………………………………………………………….. 1
NO…………………………………………………………………………………. 2
REFUSED………………………………………………………………………..-7
DON’T KNOW……………………………………………………………………-8

AH13A
AH13A (Were any of the visits to a hospital emergency room) ...because of your asthma?  
YES……………………………………………………………………………….. 1
NO…………………………………………………………………………………. 2
REFUSED………………………………………………………………………..-7
DON’T KNOW……………………………………………………………………-8

AH13B
AH13B (Were any of the visits to a hospital emergency room) ...because of your diabetes?  
YES……………………………………………………………………………….. 1
NO…………………………………………………………………………………. 2
REFUSED………………………………………………………………………..-7
DON’T KNOW……………………………………………………………………-8

AH13C
AH13C (Were any of the visits to a hospital emergency room) ...because of your high blood pressure?  
YES……………………………………………………………………………….. 1
NO…………………………………………………………………………………. 2
REFUSED………………………………………………………………………..-7
DON’T KNOW……………………………………………………………………-8

AH13D
AH13D (Were any of the visits to a hospital emergency room) ...because of your heart disease?  
YES……………………………………………………………………………….. 1
NO…………………………………………………………………………………. 2
REFUSED………………………………………………………………………..-7
DON’T KNOW……………………………………………………………………-8

AH14
AH14 During the past 12 months, were you a patient in a hospital overnight or longer?  
YES……………………………………………………………………………….. 1
NO…………………………………………………………………………………. 2 [SKIP TO AH16]
REFUSED………………………………………………………………………..-7 [SKIP TO AH16]
DON’T KNOW……………………………………………………………………-8 [SKIP TO AH16]
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**PROGRAMMING NOTE AH15:**

If AB14 = 1 (Arthritis) OR AB17 = 1 (Asthma) OR AB22 = 1 (Diabetes) OR AB29 = 1 (High Blood Pressure) OR AB34 = 1 (Heart Disease), continue with AH15 and AH15PAGE A-D, displaying question text and response options only for reported conditions; else skip to AH16.

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<tr>
<th>AH15</th>
<th>Were you hospitalized for your arthritis?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>YES........................................ 1</td>
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<tr>
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<td>DON'T KNOW................................-8</td>
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<table>
<thead>
<tr>
<th>AH15A</th>
<th>(Were you hospitalized) ...for your asthma?</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td></td>
<td>NO........................................ 2</td>
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<td></td>
<td>REFUSED................................... -7</td>
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<tr>
<td></td>
<td>DON'T KNOW................................-8</td>
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<table>
<thead>
<tr>
<th>AH15B</th>
<th>(Were you hospitalized) ...for your diabetes?</th>
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<tbody>
<tr>
<td></td>
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<td></td>
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<td>DON'T KNOW................................-8</td>
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<table>
<thead>
<tr>
<th>AH15C</th>
<th>(Were you hospitalized) ...for your high blood pressure?</th>
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</thead>
<tbody>
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<td></td>
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<td>DON'T KNOW................................-8</td>
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<table>
<thead>
<tr>
<th>AH15D</th>
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<tbody>
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<tr>
<td></td>
<td>NO........................................ 2</td>
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<td>REFUSED................................... -7</td>
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<td>DON'T KNOW................................-8</td>
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<table>
<thead>
<tr>
<th>AH16</th>
<th>During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for you?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>YES................................................................ 1 [IF NO arthritis, asthma, diabetes, high blood pressure, heart disease, SKIP TO AH18]</td>
</tr>
<tr>
<td></td>
<td>NO................................................................ 2 [SKIP TO AH19]</td>
</tr>
<tr>
<td></td>
<td>REFUSED...................................................... -7 [SKIP TO AH19]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW.................................................. -8 [SKIP TO AH19]</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE AH17:
IF AB14 = 1 (ARTHRITIS) OR AB17 = 1 (ASTHMA) OR AB22 = 1 (DIABETES) OR AB29 = 1 (HIGH BLOOD PRESSURE) OR AB34 = 1 (HEART DISEASE), CONTINUE WITH AH17 AND AH17PAGE A-D AND DISPLAY ONLY REPORTED CONDITIONS IN QUESTION TEXT AND RESPONSE OPTIONS; ELSE SKIP TO AH18

AH17
AH17 When that happened, was the prescription for your arthritis? AH17ART
YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON’T KNOW………………………………………………………………… -8

AH17A
AH17A (When that happened, was the prescription) …for your asthma? AH17AST
YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON’T KNOW………………………………………………………………… -8

AH17B
AH17B (When that happened, was the prescription) …for your diabetes? AH17DIA
YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON’T KNOW………………………………………………………………… -8

AH17C
AH17C (When that happened, was the prescription) …for your high blood pressure? AH17HBP
YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON’T KNOW………………………………………………………………… -8

AH17D
AH17D (When that happened, was the prescription) …for your heart disease? AH17HEA
YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2
REFUSED………………………………………………………………………… -7
DON’T KNOW………………………………………………………………… -8
AH18
Why did you delay or not get the prescription? [CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: Any other reasons?]

AH18_1  COULDN'T AFFORD/COST TOO MUCH……………………………………..1
AH18_2  NO INSURANCE…………………………………………………………………2
AH18_3  PHARMACY WOULDN'T TAKE/ACCEPT MY INSURANCE………………3
AH18_4  INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY ……4
        FOR CARE
AH18_5  TOOK MY FRIEND/FAMILY'S MEDICINE OR MEDICINE I ALREADY
        HAD………………………………………………………………………………..5
AH18_6  LANGUAGE PROBLEMS………………………………………………………6
AH18_7  TRANSPORTATION PROBLEMS……………………………………………..7
AH18_8  HOURS NOT CONVENIENT…………………………………………………8
AH18_9  NO CHILD CARE FOR CHILDREN AT HOME……………………………9
AH18_10 PROCRASTINATION/LAZY…………………………………………………..10
AH18_11 FORGOT, OR LOST PRESCRIPTION……………………………………..11
AH18_12 OTHER……………………………………………………………………………..91
        REFUSED…………………………………………………………………………-7
        DON'T KNOW……………………………………………………………………..-8

AH19
During the past 12 months, did you delay or not get a test or treatment that a doctor ordered?

AH19  YES………………………………………………………………………………..1
        [IF NO arthritis, asthma, diabetes, high blood pressure, heart disease, SKIP TO AH21]

        NO…………………………………………………………………………………2 [SKIP TO AH22]
        REFUSED………………………………………………………………………..-7 [SKIP TO AH22]
        DON'T KNOW…………………………………………………………………….-8 [SKIP TO AH22]

PROGRAMMING NOTE AH20: IF AB14 = 1 (ARTHRITIS) OR AB17 = 1 (ASTHMA) OR AB22 = 1 (DIABETES) OR AB29 = 1 (HIGH BLOOD PRESSURE) OR AB34 = 1 (HEART DISEASE), CONTINUE WITH AH20 AND AH20PAGE A-D AND DISPLAY ONLY REPORTED CONDITIONS IN QUESTION TEXT AND RESPONSE OPTIONS; ELSE SKIP TO AH21

AH20
When that happened, was the test or treatment for your arthritis?

AH20  YES………………………………………………………………………………..1
        NO…………………………………………………………………………………2
        REFUSED………………………………………………………………………..-7
        DON'T KNOW…………………………………………………………………….-8

AH20A  (When that happened, was the test or treatment) …for your asthma?

AH20A  YES………………………………………………………………………………..1
        NO…………………………………………………………………………………2
        REFUSED………………………………………………………………………..-7
        DON'T KNOW…………………………………………………………………….-8
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AH20B
(When that happened, was the test or treatment) ...for your diabetes?

AH20DIA

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

AH20C
(When that happened, was the test or treatment) ...for your high blood pressure?

AH20HBP

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

AH20D
(When that happened, was the test or treatment) ...for your heart disease?

AH20HEA

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

AH21
Why did you delay or not get the test or treatment?

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

AH21_1  COULDN'T AFFORD/COST TOO MUCH............................................. 1
AH21_2  NO INSURANCE........................................................................... 2
AH21_3  THEY WOULDN'T TAKE/ACCEPT MY INSURANCE....................... 3
AH21_4  INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE................................................................. 4
AH21_5  LANGUAGE PROBLEMS.............................................................. 5
AH21_6  TRANSPORTATION PROBLEMS.................................................. 6
AH21_7  HOURS NOT CONVENIENT......................................................... 7
AH21_8  NO CHILD CARE FOR CHILDREN AT HOME................................. 8
AH21_9  PROCRASTINATION/LAZY.......................................................... 9
AH21_10 FORGOT, OR LOST REFERRAL.................................................... 10
AH21_11 OTHER.................................................................................... 91
REFUSED........................................................................................... -7
DON'T KNOW..................................................................................... -8

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AH22

During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist or other health professional?

YES……………………………………………………………………………………………………. 1

NO……………………………………………………………………………………………………. 2

REFUSED…………………………………………………………………………………………… -7

DON'T KNOW………………………………………………………………………………………… -8

Note: This question is only asked if the respondent has arthritis, asthma, diabetes, high blood pressure, or heart disease.

AH23

When this happened, was this care related to your arthritis?

YES…………………………………………………………………………………………………….. 1

NO…………………………………………………………………………………………………… 2

REFUSED…………………………………………………………………………………………… -7

DON'T KNOW………………………………………………………………………………………… -8

Note: This question is only asked if the respondent has arthritis.

AH23A

When that happened, was this care related to your asthma?

YES…………………………………………………………………………………………………….. 1

NO…………………………………………………………………………………………………… 2

REFUSED…………………………………………………………………………………………… -7

DON'T KNOW………………………………………………………………………………………… -8

AH23B

When that happened, was this care related to your diabetes?

YES…………………………………………………………………………………………………….. 1

NO…………………………………………………………………………………………………… 2

REFUSED…………………………………………………………………………………………… -7

DON'T KNOW………………………………………………………………………………………… -8

AH23C

When that happened, was this care related to your high blood pressure?

YES…………………………………………………………………………………………………….. 1

NO…………………………………………………………………………………………………… 2

REFUSED…………………………………………………………………………………………… -7

DON'T KNOW………………………………………………………………………………………… -8

AH23D

When that happened, was this care related to your heart disease?

YES…………………………………………………………………………………………………….. 1

NO…………………………………………………………………………………………………… 2

REFUSED…………………………………………………………………………………………… -7

DON'T KNOW………………………………………………………………………………………… -8
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AH24

Why did you delay or not get the care you felt you needed?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any other reasons?"]

AH24_1  COULDN'T AFFORD/COST TOO MUCH……………………………………...1
AH24_2  NO INSURANCE……………………………………………………………………...2
AH24_3  THEY WOULDN'T TAKE/ACCEPT MY INSURANCE………………………3
           INSURANCE COMPANY WOULDN'T APPROVE, COVER,
AH24_4  OR PAY FOR CARE…………………………………………………………4
AH24_5  LANGUAGE PROBLEMS…………………………………………………………5
AH24_6  TRANSPORTATION PROBLEMS……………………………………………………6
AH24_7  HOURS NOT CONVENIENT……………………………………………………7
AH24_8  NO CHILD CARE FOR CHILDREN AT HOME……………………………………8
AH24_9  PROCRASTINATION/LAZY……………………………………………………9
AH24_10 FORGOT, OR LOST REFERRAL………………………………………………10
AH24_11 OTHER…………………………………………………………………………..91
           REFUSED…………………………………………………………………………-7
           DON'T KNOW……………………………………………………………………--8

AH25

During the past 12 months, did you go to another country, such as Mexico or any other country, for either medical or dental care?

YES………………………………………………………………………………..1
NO…………………………………………………………………………………2 [SKIP TO AH30]
REFUSED…………………………………………………………………………..-7 [SKIP TO AH30]
DON'T KNOW……………………………………………………………………..-8 [SKIP TO AH30]

AH26

Was this for medical care or dental care or both?

MEDICAL………………………………………………………………………………1
DENTAL………………………………………………………………………………2 [SKIP TO AH29]
BOTH……………………………………………………………………………………3
REFUSED………………………………………………………………………………..-7 [SKIP TO AH30]
DON'T KNOW…………………………………………………………………………-8 [SKIP TO AH30]

AH28

And what country did you go to for medical care?

MEXICO…………………………………………………………………………………1
ANOTHER COUNTRY………………………………………………………………..2
BOTH MEXICO AND ANOTHER COUNTRY……………………………………3
REFUSED………………………………………………………………………………..-7
DON'T KNOW…………………………………………………………………………-8
PROGRAMMING NOTE AH29:
IF AH26 = 2 (DENTAL) OR 3 (BOTH), CONTINUE WITH AH29;
ELSE SKIP TO AH30

AH29
And what country did you go to for dental care?
MEXICO………………………………………………………………………….. 1
ANOTHER COUNTRY…………………………………………………………… 2
BOTH MEXICO AND ANOTHER COUNTRY………………………………… 3
REFUSED……………………………………………………………………….-7
DON’T KNOW……………………………………………………………………-8

AH30
During the past 12 months, did you or someone else go to another country, such as Mexico or
any other country, to buy any prescription medicine for yourself?
YES……………………………………………………………………………….. 1
NO…………………………………………………………………………………. 2 [SKIP TO AH31]
REFUSED……………………………………………………………………….-7 [SKIP TO AH31]
DON’T KNOW……………………………………………………………………-8 [SKIP TO AH31]

AH30A
And what country was that?
MEXICO………………………………………………………………………….. 1
ANOTHER COUNTRY…………………………………………………………… 2
BOTH MEXICO AND ANOTHER COUNTRY………………………………… 3
REFUSED……………………………………………………………………….-7
DON’T KNOW……………………………………………………………………-8

PROGRAMMING NOTE AH31:
IF PROXY INTERVIEW, SKIP TO AH33

AH31
Thinking of your experiences with receiving health care in the past 12 months, have you felt you
were discriminated against for any reason?
YES……………………………………………………………………………….. 1
NO…………………………………………………………………………………. 2 [SKIP TO AH33]
REFUSED……………………………………………………………………….-7 [SKIP TO AH33]
DON’T KNOW……………………………………………………………………-8 [SKIP TO AH33]
AH32

**What do you think was the reason that you were discriminated against?**

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]

AH32_1 AGE

AH32_2 RACE OR ETHNIC GROUP

AH32_3 LANGUAGE/ACCENT

AH32_4 HEALTH OR DISABILITY

AH32_5 BODY WEIGHT

AH32_6 INSURANCE TYPE (MEDI-CAL, OTHER)

AH32_7 INCOME LEVEL

AH32_8 RELIGION

AH32_9 SEXUAL ORIENTATION

AH32_10 GENDER/SEX

AH32_11 AH32OS SOME OTHER REASON (SPECIFY):______________________

AH33

**Now there are a few more questions about you. In what country were you born?**

[INTERVIEWER: SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES

AMERICAN SAMOA

CAMBODIA

CANADA

CHINA

CUBA

EL SALVADOR

ENGLAND

GERMANY

GUAM

GUATEMALA

HONG KONG

INDIA

IRAN

JAPAN

KOREA

MEXICO

NICARAGUA

PAKISTAN

PERU

PHILIPPINES

RUSSIA

TAIWAN

VIETNAM

VIRGIN ISLANDS

AH33OS OTHER (SPECIFY):__________________________
AH34

In what country was your mother born?

[INTERVIEWER: SELECT FROM MOST LIKELY COUNTRIES]

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<thead>
<tr>
<th>Country</th>
<th>Code</th>
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</thead>
<tbody>
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<td>UNITED STATES</td>
<td>1</td>
</tr>
<tr>
<td>AMERICAN SAMOA</td>
<td>2</td>
</tr>
<tr>
<td>CAMBODIA</td>
<td>3</td>
</tr>
<tr>
<td>CANADA</td>
<td>4</td>
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<td>CHINA</td>
<td>5</td>
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<td>CUBA</td>
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</table>
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AH35

In what country was your father born?

[INTERVIEWER: SELECT FROM MOST LIKELY COUNTRIES]

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

AH35OS

OTHER (SPECIFY):_________________________.................................91

AH36

What languages do you speak at home?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]

AH36_1 ENGLISH.....................................................................................1
AH36_2 SPANISH................................................................................2
AH36_3 CANTONESE..........................................................................3
AH36_4 VIETNAMESE.........................................................................4
AH36_5 TAGALOG...............................................................................5
AH36_6 MANDARIN.............................................................................6
AH36_7 KOREAN................................................................................7
AH36_8 ASIAN INDIAN LANGUAGES................................................8
AH36_9 RUSSIAN...............................................................................9
AH36_10 AH36OS1 OTHER1 (SPECIFY):____________________________91
AH36_11 AH36OS2 OTHER2 (SPECIFY):____________________________92

REFUSED......................................................................................-7

DON'T KNOW................................................................................-8
PROGRAMMING NOTE AH37:
IF AH36 = ONLY ENGLISH (1), SKIP TO PROGRAMMING NOTE AH39; ELSE CONTINUE WITH AH37

FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "would" IN REVERSE VIDEO

AH37
Would <you> say you speak English…

very well, ........................................................................................................ 1
well, or........................................................................................................... 2
not well? .................................................................................................... 3
REFUSED................................................................................................... -7
DON'T KNOW........................................................................................... -8

General Note: If interview is conducted in a language other than English, use the following response categories: very well, well, not well, not at all.

PROGRAMMING NOTE AH38:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "would" IN REVERSE VIDEO

AH38
If you have to speak in English on the telephone, would <you> say you can speak in English…

very well, ........................................................................................................ 1
well, or........................................................................................................... 2
not well? .................................................................................................... 3
REFUSED................................................................................................... -7
DON'T KNOW........................................................................................... -8

General Note: If interview is conducted in a language other than English, use the following response categories: very well, well, not well, not at all.

PROGRAMMING NOTE AH39:
IF AH33 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 10 (GUAM) OR 25 (VIRGIN ISLANDS), SKIP TO AH43; ELSE CONTINUE WITH AH39

FOR PROXY VERSION, PUT THE WORD "Your" FOLLOWING "status." IN REVERSE VIDEO

AH39
The next questions are about citizenship and immigration status. <Your> answers are confidential, will not be reported to the INS, and will only be used for statistical purposes. Are you a citizen of the United States?

YES.............................................................................................................. 1 [SKIP TO AH41]
NO.............................................................................................................. 2
APPLICATION PENDING.............................................................................. 3
REFUSED................................................................................................... -7
DON'T KNOW........................................................................................... -8

AH40
Are you a permanent resident with a green card?

YES.............................................................................................................. 1
NO.............................................................................................................. 2
APPLICATION PENDING.............................................................................. 3
REFUSED................................................................................................... -7
DON'T KNOW........................................................................................... -8
**AH41**

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

**AH41**

[NOTE: FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ (NUMBER OF YEARS) [HR: 1-105]

_____ YEAR (FIRST CAME TO LIVE IN U.S.) [HR: 1895-2000]

REFUSED...........................................................................-7

DONT KNOW........................................................................-8

**AH43**

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

[NOTE: If respondent mentions more than one, code the lowest number that applies.]

MARRIED..............................................................................1

LIVING WITH PARTNER.........................................................2

WIDOWED...........................................................................3

DIVORCED...........................................................................4

SEPARATED..........................................................................5

NEVER MARRIED.................................................................6

REFUSED.............................................................................-7

DONT KNOW.........................................................................-8

**PROGRAMMING NOTE AH43A:**

IF AAGE < 22 OR AA2A = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 22 OR IF AGE IS UNKNOWN, CONTINUE WITH AH43A;
ELSE SKIP TO AH44

**AH43A**

Are you now living with either of your parents?

YES.........................................................................................1

NO.......................................................................................2

REFUSED................................................................................-7

DONT KNOW..........................................................................-8

**PROGRAMMING NOTE AH44:**

IF AH43 = 1 (MARRIED), CONTINUE WITH AH44;
IF PROXY INTERVIEW AND SPOUSE IS PROXY, CODE "1" AND SKIP TO SC11;
ELSE IF AA3 = 1 (MALE) DISPLAY "wife";
ELSE IF AA3 = 2 (FEMALE) DISPLAY "husband";
ELSE DISPLAY "wife or husband";
ELSE SKIP TO PROGRAMMING NOTE SC11

**AH44**

Is your (wife/husband/wife or husband) also living in your household?

YES.........................................................................................1

NO.......................................................................................2

REFUSED................................................................................-7

DONT KNOW..........................................................................-8
PROGRAMMING NOTE AH44A:
IF ANY CHILD FROM THE ROSTERS IN SC14A AND SC14B < 12, CONTINUE WITH AH44A;
ELSE SKIP TO AH45

FOR PROXY VERSION, PUT THE WORD "You" AFTER "need to ask" IN REVERSE VIDEO

AH44A
Next, I need to ask <you> about paid child care you use regularly for {CHILD NAME /AGE/SEX/children under 12 in your household} while {you/you or your spouse/partner} worked, were in school, or looked for work. This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.

In the last month, did you use any such paid child care?

YES..........................................................................................1
NO..........................................................................................2 [SKIP TO AH45]
REFUSED.......................................................................................7 [SKIP TO AH45]
DON'T KNOW...............................................................................8 [SKIP TO AH45]

AH44B
How much did you pay for all child care arrangements and programs used in the last month?

[IF NEEDED, ASK: "If it is easier for you, you can tell us what you paid in a typical week last month?"]

$_______________ AMOUNT LAST MONTH [HR: 0-8,000]
$_______________ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]
NO PAYMENT IN LAST MONTH OR WEEK
REFUSED.......................................................................................7
DON'T KNOW...............................................................................8
This next question is about your sexual orientation and I want to remind you again that your answers are completely confidential.

Are you gay, lesbian, or bisexual?

[IF R SAYS "gay," "lesbian," OR "bisexual," CODE AH45 "1" (YES) AND CODE AH45A ACCORDINGLY WITHOUT ASKING]

YES………………………………………………………………………1
NO………………………………………………………………………2 [SKIP TO AH47]
REFUSED………………………………………………………………..-7 [SKIP TO AH47]
DON'T KNOW…………………………………………………………-8 [SKIP TO AH47]
**Section H**

**AH47**

What is the highest grade of education you have completed and received credit for? **AH47**

<table>
<thead>
<tr>
<th>Grade School</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST GRADE</td>
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<td>7TH GRADE</td>
<td>7</td>
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<tr>
<td>8TH GRADE</td>
<td>8</td>
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<table>
<thead>
<tr>
<th>High School or Equivalent</th>
<th>Number</th>
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</thead>
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<td>11TH GRADE</td>
<td>11</td>
</tr>
<tr>
<td>12TH GRADE</td>
<td>12</td>
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<table>
<thead>
<tr>
<th>4-Year College or University</th>
<th>Number</th>
</tr>
</thead>
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<tr>
<td>2ND YEAR (SOPHOMORE)</td>
<td>14</td>
</tr>
<tr>
<td>3RD YEAR (JUNIOR)</td>
<td>15</td>
</tr>
<tr>
<td>4TH YEAR (SENIOR) (BA/BS)</td>
<td>16</td>
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<tr>
<td>5TH YEAR</td>
<td>17</td>
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<table>
<thead>
<tr>
<th>Graduate or Professional School</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST YEAR GRAD OR PROF SCHOOL</td>
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</tr>
<tr>
<td>2ND YEAR GRAD OR PROF SCHOOL (MA/MS)</td>
<td>19</td>
</tr>
<tr>
<td>3RD YEAR GRAD OR PROF SCHOOL</td>
<td>20</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS GRAD OR PROF SCHOOL (Ph.D)</td>
<td>21</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>2-Year Junior or Community College</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST YEAR</td>
<td>22</td>
</tr>
<tr>
<td>2ND YEAR (AA/AS)</td>
<td>23</td>
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</table>

<table>
<thead>
<tr>
<th>Vocational, Business, or Trade School</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td>24</td>
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<tr>
<td>2ND YEAR</td>
<td>25</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS</td>
<td>26</td>
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<table>
<thead>
<tr>
<th>Had No Formal Education</th>
<th>Number</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Refused</th>
<th>Number</th>
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<tbody>
<tr>
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<td>-7</td>
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</table>

<table>
<thead>
<tr>
<th>Don't Know (Out of Range)</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Description</td>
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<td>--------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Calworks</td>
</tr>
<tr>
<td>-7</td>
<td>Refused</td>
</tr>
<tr>
<td>-8</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Are you currently working for an employer for wages? 

[Code "1" (Yes) if R is a contractor or temp worker; code "2" (No) if self-employed.

Code "3" (Calworks) only if R mentions it; do not probe.]
These next questions are about the type of health insurance you may have. Are you covered by Medicare?

[IF NEEDED, SAY: “The health insurance program for people 65 years old and older or persons with certain disabilities under 65 years of age.”]

[NOTE: Include Medicare managed care plans as well as the original Medicare plan.]

YES….….….….….….….….….….….….….….….….….….….….….….….……………. 1 [SKIP TO AI4]
NO….….….….….….….….….….….….….….….….….….….….….….….……………..  2
REFUSED….….….….….….….….….….….….….….….….….….….….………………. -7 [SKIP TO AI6]
DON'T KNOW….….….….….….….….….….….….….….….….….….….………………. -8

PROGRAMMING NOTE AI2:
IF [AAGE > 64 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [AI1 = 2, OR -8 (NO, NOT COVERED BY MEDICARE OR DK)], CONTINUE WITH AI2; ELSE SKIP TO PROGRAMMING NOTE AI4

Is it correct that you are NOT covered by Medicare even though you told me earlier that you are 65 or older?

CORRECT, NOT COVERED BY MEDICARE….….….….….….….….….……………. 1 [SKIP TO AI6]
NOT CORRECT, R IS COVERED BY MEDICARE….….….….….….….…………….  2 [SKIP BACK TO AI1]
AGE IS INCORRECT….….….….….….….….….….….….….….….….….……………  93
REFUSED….….….….….….….….….….….….….…. ….….….….….….………………  -7 [SKIP TO AI6]
DON'T KNOW….….….….….….….….….….….….….….….….….….….……………… -8 [SKIP TO AI6]

PROGRAMMING NOTE AI3:
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = AI3;
IF AAGE < 18, CODE AS IA AND TERMINATE

What is your age, please?

_____ YEARS OF AGE          [HR:  18-105] [SKIP TO AI6]
REFUSED….….….….….….….….….….….….….….….….….….….….….…………… -7 [SKIP TO AI6]
DON'T KNOW….….….….….….….….….….….….….….….….….….….……………… -8 [SKIP TO AI6]

PROGRAMMING NOTE AI4:
IF AI1 = 1 (YES), CONTINUE WITH AI4; ELSE SKIP TO AI6

Are you ALSO covered by a Medicare supplemental policy?

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

[NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS “Kaiser” OR “Blue Cross,” CODE “1” (YES).]

YES….….….….….….….….….….….….….….….….….….….….….….….……………. 1
NO….….….….….….….….….….….….….….….….….….….….….….….……………..  2 [SKIP TO AI6]
REFUSED….….….….….….….….….….….….….….….….….….….….….…………… -7 [SKIP TO AI6]
DON'T KNOW….….….….….….….….….….….….….….….….….….….……………… -8 [SKIP TO AI6]
AI5
Who PAYS the monthly premium cost for your Medicare supplemental policy, not counting any co-pays or deductibles you may have?

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

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

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

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any other person or program?"]

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

IF GOVERNMENT IS EMPLOYER, ENTER: "RESPONDENT'S EMPLOYER OR UNION" OR "SPOUSE'S EMPLOYER OR UNION"

AI5_1 SELF OR FAMILY..........................................................1
AI5_2 RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION......2
AI5_3 SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION............3
AI5_4 SOMEONE OUTSIDE HOUSEHOLD........................................4
AI5_5 MEDICARE.................................................................5
AI5_6 MEDI-CAL (MEDICAID) ....................................................6
AI5_7 HEALTHY FAMILIES PROGRAM........................................7
AI5_8 OTHER........................................................................91
REFUSED..............................................................................-7
DON'T KNOW..................................................................-8

AI6
(Is it correct that you are/Are you) covered by Medi-CAL?

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

[NOTE: Include HMO or managed care plans, as well as the traditional Medi-CAL.]

YES.....................................................................................1 [SKIP TO AI8]
NO....................................................................................2
REFUSED.......................................................................... -7
DON'T KNOW..................................................................-8
**PROGRAMMING NOTE AI7:**
IF AAGE > 18 OR [AA2A <= -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, SKIP TO AI8; 
ELSE IF [AAGE = 18 OR AA2A = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND AI5 = 7 (HEALTHY 
FAMILIES), CONTINUE WITH AI7 AND ASK: “Is it correct, then, that you are”;
ELSE IF [AAGE = 18 OR AA2A = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND AI4 <> 7, CONTINUE WITH 
AI7 AND ASK: “Are you”

**AI7**
(1) Is it correct, then, that you are/are you 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
NO.................................................................2
REFUSED......................................................-7
DON’T KNOW.............................................-8

**AI8**
Are you covered by 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?”]
YES.....................................................................1
NO......................................................................2 [SKIP TO AI10]
REFUSED......................................................-7 [SKIP TO AI10]
DON’T KNOW.............................................-8 [SKIP TO AI10]

**AI9**
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?”]
IN OWN NAME................................................1 [SKIP TO AI12]
IN SOMEONE ELSE’S NAME...........................2 [SKIP TO AI12]
REFUSED......................................................-7 [SKIP TO AI12]
DON’T KNOW.............................................-8 [SKIP TO AI12]

**PROGRAMMING NOTE AI10:**
IF AH43 = 1 (MARRIED) AND AI8 <> 1 (NO EMPLOYER-BASED COVERAGE OR REF/DK), CONTINUE WITH 
AI10; 
ELSE SKIP TO PROGRAMMING NOTE AI11

**AI10**
Is your spouse covered by a health insurance plan or HMO from a current or former employer or 
union?
YES.....................................................................1
NO......................................................................2
REFUSED......................................................-7
DON’T KNOW.............................................-8
PROGRAMMING NOTE AI11:
IF AI1 <> 1 AND AI6 <> 1 AND AI7 <> 1 AND AI8 <> 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES AND EMPLOYER), CONTINUE WITH AI11;
ELSE SKIP TO AI13

AI11
Are you 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

PROGRAMMING NOTE AI12:
IF AI8 = 1 (YES, EMPLOYER-BASED COVERAGE) OR AI11 = 1 (YES, PURCHASED OWN COVERAGE), CONTINUE WITH AI12;
ELSE SKIP TO AI13

AI12
Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?

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

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

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

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any other person or program?"

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

IF GOVERNMENT IS EMPLOYER, ENTER: "RESPONDENT’S EMPLOYER OR UNION" OR "SPOUSE’S EMPLOYER OR UNION"

AI12_1 SELF OR FAMILY 1
AI12_2 RESPONDENT’S CURRENT OR FORMER EMPLOYER OR UNION……2
AI12_3 SPOUSE’S CURRENT OR FORMER EMPLOYER OR UNION……3
AI12_4 SOMEONE OUTSIDE HOUSEHOLD.............................................. 4
AI12_5 MEDICARE.................................................................................. 5
AI12_6 MEDI-CAL (MEDICAID)............................................................... 6
AI12_7 HEALTHY FAMILIES PROGRAM.................................................. 7
AI12_8 OTHER......................................................................................... 91
REFUSED............................................................................................. -7
DON’T KNOW...................................................................................... -8
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PROGRAMMING NOTE AI13:
IF AH48 = 1 (EMPLOYED) AND AI9 <> 1 NO EMPLOYER-BASED COVERAGE OR REF/DK), CONTINUE WITH
AI13;
ELSE SKIP TO AI16

AI13
Does your employer offer health insurance to any of its employees?  AI13

YES.................................................................1
NO.................................................................2 [SKIP TO AI16]
REFUSED..........................................................-7 [SKIP TO AI16]
DON'T KNOW.................................................-8 [SKIP TO AI16]

AI14
Could you be in this plan if you wanted to?  AI14

YES.................................................................1
NO.................................................................2
REFUSED..........................................................-7 [SKIP TO AI16]
DON'T KNOW.................................................-8

PROGRAMMING NOTE AI15:
IF AI14 = 1 (YES), DISPLAY "Why aren't you in this plan?";
ELSE IF AI14 = 2 OR -8 (NO OR DON'T KNOW), DISPLAY "Why aren't you eligible for this plan?"

AI15
(Why aren't you in this plan?/Why aren't you eligible for this plan?)  AI15

COVERED BY ANOTHER PLAN...............................1
TRADED HEALTH INSURANCE FOR HIGHER PAY............2
TOO EXPENSIVE..............................................3
DON'T NEED HEALTH INSURANCE..........................4
HAVE A PRE-EXISTING CONDITION........................5
HAVEN'T YET WORKED FOR THIS EMPLOYER
  LONG ENOUGH TO BE COVERED...........................6
CONTRACT OR TEMPORARY EMPLOYEES
  NOT ALLOWED IN PLAN.....................................7
DON'T WORK ENOUGH HOURS PER WEEK
  OR WEEKS PER YEAR.......................................8
DON'T BELIEVE IN HEALTH INSURANCE......................9
COVERED UNDER SAME PLAN SPOUSE/SAME COMPANY........10
DOESN'T LIKE/WANT COMPANY INSURANCE...................11
OTHER (SPECIFY): _________________________________ 91
REFUSED..........................................................-7
DON'T KNOW.................................................-8

PROGRAMMING NOTE AI16:
IF AI1 <> 1 AND AI6 <> 1 AND AI7 <> 1 AND AI8 <> 1 AND AI11 <> 1 (NO COVERAGE FROM MEDICARE,
MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH AI16;
ELSE SKIP TO AI17

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

YES.................................................................1
NO.................................................................2
REFUSED..........................................................-7
DON'T KNOW.................................................-8
PROGRAMMING NOTE AI17:
IF AI1 <> 1 AND AI6 <> 1 AND AI7<> 1 AND AI8 <> 1 AND AI11 <> 1 AND AI16 <> 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH AI17;
ELSE SKIP TO AI20

AI17
Are you 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 Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]

YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2 [SKIP TO PROGRAMMING NOTE AI18]
REFUSED………………………………………………………………………… -7 [SKIP TO PROGRAMMING NOTE AI18]
DON'T KNOW…………………………………………………………………… -8 [SKIP TO PROGRAMMING NOTE AI18]

AI17A
ASK IF NECESSARY: "What is the name of this plan?"

AIM……………………………………………………………………………….. 1 [SKIP TO PROGRAMMING NOTE AI20]
MRMIP ("Mister Mip")…………………………………………………………... 2 [SKIP TO PROGRAMMING NOTE AI20]
FAMILY PACT……………………………………………………………….. 3 [SKIP TO PROGRAMMING NOTE AI20]

AI17AOS
OTHER (SPECIFY): _________________________………………………….. 91 [SKIP TO PROGRAMMING NOTE AI20]
REFUSED………………………………………………………………………… -7 [SKIP TO PROGRAMMING NOTE AI20]
DON'T KNOW…………………………………………………………………… -8 [SKIP TO PROGRAMMING NOTE AI20]

PROGRAMMING NOTE AI18:
IF AI1 <> 1 AND AI6 <> 1 AND AI7 <> 1 AND AI8 <> 1 AND AI11 <> 1 AND AI16 <> 1 AND AI17 <> 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH AI18;
ELSE SKIP TO AI20

AI18
Do you have any health insurance coverage through a plan that I missed?

YES……………………………………………………………………………….. 1
NO………………………………………………………………………………… 2 [SKIP TO PROGRAMMING NOTE AI20]
REFUSED………………………………………………………………………… -7 [SKIP TO PROGRAMMING NOTE AI20]
DON'T KNOW…………………………………………………………………… -8 [SKIP TO PROGRAMMING NOTE AI20]
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**AI19**

**What type of health insurance do you 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?"

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>THROUGH CURRENT OR FORMER EMPLOYER/UNION</td>
</tr>
<tr>
<td>2</td>
<td>THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION</td>
</tr>
<tr>
<td>3</td>
<td>PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)</td>
</tr>
<tr>
<td>4</td>
<td>MEDICARE</td>
</tr>
<tr>
<td>5</td>
<td>MEDI-CAL</td>
</tr>
<tr>
<td>6</td>
<td>HEALTHY FAMILIES</td>
</tr>
<tr>
<td>7</td>
<td>OR SOME OTHER MILITARY HEALTH CARE</td>
</tr>
<tr>
<td>8</td>
<td>INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM</td>
</tr>
<tr>
<td>91</td>
<td>OR URBAN INDIAN CLINIC</td>
</tr>
<tr>
<td>92</td>
<td>OTHER GOVERNMENT HEALTH PLAN</td>
</tr>
<tr>
<td>93</td>
<td>OTHER NON-GOVERNMENT HEALTH PLAN</td>
</tr>
<tr>
<td>94</td>
<td>REFUSED</td>
</tr>
<tr>
<td>95</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE AI20:**

IF AA5A_3 = 1 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH AI20; ELSE SKIP TO AI21

**AI20**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE AI21:**

IF AI1 = 1 OR AI6 = 1 OR AI7 = 1 OR AI8 = 1 OR AI11 = 1 OR AI16 = 1 OR AI17 = 1 OR (AI19 = 1-7, 9, OR 10) (R HAS ANY COVERAGE), CONTINUE WITH AI21; ELSE SKIP TO AI24

**AI21**

**Thinking of your main health plan, did you have to sign up with a primary care doctor, a group of doctors, or a clinic that you must go to for your routine care?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE AI22:  
IF AA3 = 2 (FEMALE) OR -7 (REF), DISPLAY "Do not include a gynecologist or an obstetrician (ob-gyn)."

AI22  
In this plan, do you 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

AI23  
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

AI25  
Are you covered for your prescription drugs?

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

AI26  
At this time, are you covered for eye exams?

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

AI26A  
Are you covered for glasses?

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

AI31  
Thinking about your current health insurance, did you have this same insurance for ALL 12 of the past 12 months?

YES..............................................................1 [SKIP TO AJ1]  
NO............................................................. 2  
REFUSED...................................................... -7 [SKIP TO AI34]  
DON'T KNOW............................................... -8
AI32  When you were not covered by your current health insurance, did you have any other health insurance?

- YES.................................................................................................................. 1
- NO............................................................................................................... 2  [SKIP TO AI35]
- REFUSED...................................................................................................... -7 [SKIP TO AI34]
- DON'T KNOW............................................................................................. -8 [SKIP TO AI34]

AI33  Was your other health 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?"]

- MEDI-CAL..................................................................................................... 1
- HEALTHY FAMILIES............................................................................... 2
- THROUGH CURRENT OR FORMER EMPLOYER/UNION......................... 3
- OTHER HEALTH PLAN........................................................................... 91
- REFUSED................................................................................................... -7
- DON'T KNOW.......................................................................................... -8

AI34  During the past 12 months, was there any time when you had no health insurance at all?

- YES.................................................................................................................. 1
- NO................................................................................................................. 2 [SKIP TO AJ1]
- REFUSED...................................................................................................... -7 [SKIP TO AJ1]
- DON'T KNOW............................................................................................. -8 [SKIP TO AJ1]

AI35  For how many months of the past 12 months did you have no health insurance at all?

- _____ NUMBER OF MONTHS  [HR: 0-11]
- REFUSED...................................................................................................... -7 [SKIP TO AJ1]
- DON'T KNOW............................................................................................. -8 [SKIP TO AJ1]
### CHIS 2001 ADULT SURVEY

#### Section I

**AI36**

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

1. CHANGED EMPLOYER/LOST JOB
2. EMPLOYER DID NOT OFFER
3. NOT ELIGIBLE DUE TO WORKING STATUS
4. NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
5. NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
6. COULDN'T AFFORD/TOO EXPENSIVE
7. FAMILY SITUATION CHANGED
8. LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC)
9. DON'T BELIEVE IN INSURANCE
10. HEALTHY -- NO NEED
11. PAID FOR OWN CARE -- NO NEED
12. GOT HEALTH CARE FREE -- NO NEED
13. HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST
14. DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY NOT (SPECIFIED NOT)
15. DO HAVE COVERAGE BUT DON'T KNOW TYPE
16. SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
17. DIDN'T LIKE INSURANCE OFFERED/DIDN'T WANT IT
18. OTHER (SPECIFY)
19. REFUSED
20. DON'T KNOW

**AI24**

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

**[IF R SAYS NO NEED, PROBE WHY]**

1. CHANGED EMPLOYER/LOST JOB
2. EMPLOYER DOES NOT OFFER
3. NOT ELIGIBLE DUE TO WORKING STATUS
4. NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
5. NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
6. CAN'T AFFORD/TOO EXPENSIVE
7. FAMILY SITUATION CHANGED
8. LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC)
9. DON'T BELIEVE IN INSURANCE
10. HEALTHY -- NO NEED
11. PAYS FOR OWN CARE -- NO NEED
12. GETS HEALTH CARE FREE -- NO NEED
13. HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST
14. DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY NOT (SPECIFIED)
15. DO HAVE COVERAGE BUT DON'T KNOW TYPE
16. SWITCHED INSURANCE COMPANIES, DELAY BETWEEN
17. DIDN'T LIKE INSURANCE OFFERED/DIDN'T WANT IT
18. OTHER (SPECIFY)
19. REFUSED
20. DON'T KNOW
### CHIS 2001 ADULT SURVEY

**Section I**

**AI27**

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

- YES…………………………………………………………………………………………...1 [SKIP TO AI29]
- NO…………………………………………………………………………………………..2
- REFUSED………………………………………………………………………………...-7
- DON’T KNOW………………………………………………………………………………-8

**AI28**

**How long has it been since you last had health insurance?**

- MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS ……..1 [SKIP TO AJ1] AGO
- MORE THAN 3 YEARS AGO…………………………………………………………2 [SKIP TO AJ1]
- NEVER HAD HEALTH INSURANCE…………………………………………………3 [SKIP TO AJ1]
- REFUSED………………………………………………………………………………..-7 [SKIP TO AJ1]
- DON’T KNOW………………………………………………………………………………-8 [SKIP TO AJ1]

**AI29**

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

**[IF LESS THAN ONE MONTH, ENTER 0 (ZERO)]**

<table>
<thead>
<tr>
<th>MONTHS</th>
<th>HR: 0-12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED……...</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW…...</td>
<td>-8</td>
</tr>
</tbody>
</table>

**AI30**

**During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?**

**[CODE ALL THAT APPLY. CTRL-P TO EXIT.]**

**[PROBE: “Any others?”]**

- MEDI-CAL……………………………………………………………………………………1
- HEALTHY FAMILIES…………………………………………………………………………...2
- THROUGH CURRENT OR FORMER EMPLOYER OR UNION…………………………….3
- OTHER HEALTH PLAN……………………………………………………………………..91
- REFUSED…………………………………………………………………………………...-7
- DON’T KNOW………………………………………………………………………………...-8
Section J

PROGRAMMING NOTE AJ1:
IF AI1 = 2 AND AI6 = 2 AND AI7 = [2 OR -1] AND AI8 = 2 AND AI11 = 2 AND AI16 = 2 AND AI17 = 2 AND [AI18 = 2, -7, -8] (NOT CURRENTLY INSURED OR REF/DK TO ANY MISSED PROGRAMS), SKIP TO AJ2;
ELSE CONTINUE WITH AJ1

AJ1

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

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

AJ2

During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, blue, anxious or nervous?

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

AJ3

Not counting overnight stays, emergency room visits, or visits for drug or alcohol problems, in the past 12 months, have you seen a psychiatrist, psychologist, social worker, or counselor for emotional or mental health problems?

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

PROGRAMMING NOTE AJ4:
IF AJ2 = 1 (YES) OR AJ3 = 1 (YES), CONTINUE WITH AJ4;
ELSE SKIP TO AK1

AJ4

In the past 12 months, did a doctor or family physician, nurse, chiropractor or other health clinic staff, talk to you about emotional or mental health problems?

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

AJ5

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

YES.................................................................1
NO...............................................................2
REFUSED....................................................-7
DON'T KNOW.............................................-8
CHIS 2001 ADULT SURVEY

Section J

AJ6  During the past 12 months, did you have difficulties or delays in getting mental health

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

AJ7  In the past 12 months, did you receive care in an emergency room for emotional or mental

health problems?

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

AK1
These next questions are about the work you do. Which of the following were you doing last week?

- Working at a job/business, .................................................................1 [SKIP TO AK3]
- With a job/business but not at work, ................................................2
- Looking for work, or...........................................................................3 [SKIP TO AK3]
- Not working at a job/business..............................................................4
- REFUSED..........................................................................................-7 [SKIP TO AK3]
- DON'T KNOW.....................................................................................-8 [SKIP TO AK3]

AK2
What is the main reason you did not work last week?

- KEEPING HOUSE/CARING FOR CHILDREN OR OTHERS...............1 [SKIP TO AK9]
- VACATION OR LEAVE........................................................................2
- COULDN'T FIND A JOB.......................................................................3
- GOING TO SCHOOL/STUDENT..........................................................4 [SKIP TO AK9]
- RETIRED...........................................................................................5 [SKIP TO AK9]
- PHYSICAL DISABILITY......................................................................6 [SKIP TO AK9]
- UNABLE TO WORK...............................................................................7 [SKIP TO AK9]
- ON LAYOFF OR STRIKE.....................................................................8
- OTHER..............................................................................................91
- REFUSED..........................................................................................-7
- DON'T KNOW.....................................................................................-8

AK3
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]
- REFUSED..........................................................................................-7
- DON'T KNOW.....................................................................................-8
On February 16, 2001, programming was changed so that AK1 = 3 and AK2 = 3 skip to AK9; also AK3 = 0 no longer skips to AK10A but to AK9 instead.

PROGRAMMING NOTE AK4:
IF AK1 = 3 (LOOKING FOR WORK) OR AK2 = 3 (CAN'T FIND WORK) OR AK3 = 0 (NO HOURS WORKED), SKIP TO AK9;
ELSE CONTINUE WITH AK4

AK4 On your MAIN job, are you employed by: a private company, a federal, state, or local government, OR are you self-employed, OR are you working without pay in a family business or farm? 

[NOTE: MAIN JOB = WHERE WORKS MOST HOURS.]
PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION………………………………………………………….1
FEDERAL GOVERNMENT……………………………………………………………2 [SKIP TO AK6]
STATE GOVERNMENT…………………………………………………………….3 [SKIP TO AK6]
LOCAL GOVERNMENT…………………………………………………………….4 [SKIP TO AK6]
SELF-EMPLOYED……………………………………………………………………5
FAMILY BUSINESS OR FARM…………………………………………………….6
REFUSED………………………………………………………………………………7
DON’T KNOW…………………………………………………………………………8

AK5 What kind of business or industry is this? 
[IF NEEDED, SAY: “What do they make or do at this business?”]

[INTERVIEWER: ENTER DESCRIPTION]
_________________________ (BUSINESS OR INDUSTRY)
REFUSED………………………………………………………………………………7
DON’T KNOW…………………………………………………………………………8

AK6 What is the MAIN kind of work YOU do? 
[NOTE: MAIN JOB = WHERE WORKS MOST HOURS.]
[INTERVIEWER: ENTER DESCRIPTION]
___________________________ (OCCUPATION)
REFUSED………………………………………………………………………………7
DON’T KNOW…………………………………………………………………………8

AK7 How long have you worked at your MAIN job?

_____ MONTHS [HR: 0-12]
_____ YEARS [HR: 0-50]
REFUSED………………………………………………………………………………7
DON’T KNOW…………………………………………………………………………8

PROGRAMMING NOTE AK8:
IF AK4 = 2, 3, OR 4 (GOVERNMENT EMPLOYEE), SKIP TO AK10;
ELSE IF AK4 = 5 (SELF-EMPLOYED), CONTINUE WITH AK8 AND DISPLAY "Including yourself, about";
ELSE CONTINUE WITH AK8 AND DISPLAY "About"

FOR PROXY VERSION, PUT THE WORD "your" FOLLOWING "locations?" IN REVERSE VIDEO

AK8 {Including yourself, about/About} how many people are employed by {your employer/you} at all locations? <Your> best guess is fine.

FEWER THAN 10…………………………………………………………………………1 [SKIP TO AK10]
10-50…………………………………………………………………………………2 [SKIP TO AK10]
51-99…………………………………………………………………………………3 [SKIP TO AK10]
100-999………………………………………………………………………………4 [SKIP TO AK10]
1,000 OR MORE……………………………………………………………………5 [SKIP TO AK10]
REFUSED………………………………………………………………………………7 [SKIP TO AK10]
DON’T KNOW…………………………………………………………………………8 [SKIP TO AK10]
On February 16, 2001 programming was changed so that AK1 = 3 and AK2 = 3 skip to AK9; also AK3 = 0 no longer skips to AK10A but to AK9 instead.

AK9
AK9 Did you work at any time in the last month?  

YES………………………………………………………………………………….1  
NO…………………………………………………………………………………2  

[SKIP TO PROGRAMMING NOTE AK10A]

REFUSED…………………………………………………………………………7  

[SKIP TO PROGRAMMING NOTE AK10A]

DON'T KNOW……………………………………………………………………8  

[SKIP TO PROGRAMMING NOTE AK10A]

PROGRAMMING NOTE AK10:
FOR PROXY VERSION, PUT THE WORD "your" FOLLOWING "What is" IN REVERSE VIDEO

AK10
AK10 What is <your> best estimate of all your earnings LAST MONTH before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_______________ AMOUNT [HR: 0-999995]

REFUSED…………………………………………………………………………7

DON'T KNOW……………………………………………………………………8

PROGRAMMING NOTE AK10A:
IF AH44 = 1 (MARRIED LIVING WITH SPOUSE) CONTINUE WITH AK10A AND DISPLAY "spouse's"; ELSIE IF AH43 = 2 (LIVING WITH A PARTNER IN A MARRIAGE-LIKE RELATIONSHIP), CONTINUE WITH AK10A AND DISPLAY "partner's"; ELSE SKIP TO AK11

FOR PROXY VERSION, PUT THE WORD "your" FOLLOWING "What is" IN REVERSE VIDEO

AK10A
AK10A What is <your> best estimate of all your (spouse's/partner's) earnings LAST MONTH before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_______________ AMOUNT [HR: 0-999995]

REFUSED…………………………………………………………………………7

DON'T KNOW……………………………………………………………………8
CHIS 2001 ADULT SURVEY
Section K

PROGRAMMING NOTE AK11:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "could" IN REVERSE VIDEO

AK11
We don’t need to know exactly, but could <you> tell me if your HOUSEHOLD’S ANNUAL income from all sources BEFORE TAXES is more than $20,000 per year or is it less?

MORE..............................................................1 [SKIP TO AK13]
EQUAL TO $20K OR LESS.................................2
REFUSED...................................................-7 [SKIP TO AK17]
DON'T KNOW...........................................-8 [SKIP TO AK17]

AK12
Is it …

$5,000 or less, or....................................................1 [SKIP TO AK17]
$5,001 to $10,000, or...........................................2 [SKIP TO AK17]
$10,001 to $15,000, or.........................................3 [SKIP TO AK17]
$15,001 to 20,000...............................................4 [SKIP TO AK17]
REFUSED...................................................-7 [SKIP TO AK17]
DON'T KNOW...........................................-8 [SKIP TO AK17]

AK13
Is it more or less than $70,000 per year?

MORE..............................................................1 [SKIP TO AK15]
EQUAL TO $70K OR LESS.................................2
REFUSED...................................................-7 [SKIP TO AK17]
DON'T KNOW...........................................-8 [SKIP TO AK17]

AK14
Is it …

$20,001 to $30,000,............................................1 [SKIP TO AK17]
$30,001 to $40,000,............................................2 [SKIP TO AK17]
$40,001 to $50,000,............................................3 [SKIP TO AK17]
$50,001 to $60,000, OR....................................4 [SKIP TO AK17]
$60,001 to $70,000?............................................5 [SKIP TO AK17]
REFUSED...................................................-7 [SKIP TO AK17]
DON'T KNOW...........................................-8 [SKIP TO AK17]

AK15
Is it more or less than $135,000 per year?

MORE..............................................................1 [SKIP TO AK17]
EQUAL TO $135K OR LESS.................................2
REFUSED...................................................-7 [SKIP TO AK17]
DON'T KNOW...........................................-8 [SKIP TO AK17]

AK16
Is it …

$70,001 to $80,000,............................................1
$80,001 to $90,000,............................................2
$90,001 to $100,000, or.....................................3
$100,001 to $135,000?......................................4
REFUSED...................................................-7
DON'T KNOW...........................................-8
PROGRAMMING NOTE AK17:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE K18A;
ELSE CONTINUE WITH AK17

AK17
Including yourself, how many people living in your household are supported by your total
household income?

____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE AK18:
EDIT: AK18 MUST BE LESS THAN AK17
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL
NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = AK17, THEN
SKIP TO PROGRAMMING NOTE AK18A;
ELSE, CONTINUE WITH AK18

AK18
How many of these (INSERT NUMBER FROM K17) people are children under the age of 18?

____ NUMBER OF CHILDREN [HR: 0-20]

REFUSED.............................................................................................................-7
DON'T KNOW.......................................................................................................-8
PROGRAMMING NOTE AK18A:

OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 1999 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM AK17 AND AK18, RESPECTIVELY.

THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 1999 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM FOR THE TABLE OF VALUES. THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI VARIABLE POVRT300).

IF EITHER AK17 OR AK18 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT SC13A IN SECTION H OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS...
1) AT OR BELOW 100% FPL,
2) ABOVE 100% FPL BUT AT OR BELOW 200% FPL,
3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL,
4) ABOVE 300% FPL, OR
5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM AK12, AK14, OR AK16 OR IF AK11 = -7 OR AK12 = -7 OR AK13 = -7 OR AK14 = -7, ASK AK18A USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT); ELSE SKIP TO AK18B

PROGRAMMING NOTE AK18B:

IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM AK12, AK14, OR AK16 OR IF AK11 = -7 OR AK12 = -7 OR AK13 = -7 OR AK14 = -7, CONTINUE WITH AK18B USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT); ELSE SKIP TO AK18C

AK18A
I need to ask just one last, very specific question about income and then we're almost finished.

Was your total annual household income before taxes less than or more than $\{POVRT100\}?

EQUAL TO OR LESS…………………………………………………………… 1 [SKIP TO PROGRAMMING NOTE AL2]
MORE…………………………………………………………………………. 2
REFUSED……………………………………………………………………….. 2
DON'T KNOW…………………………………………………………………. 8

PROGRAMMING NOTE AK18B:

(I need to ask just one last, very specific question about income and then we're almost finished.)

Was your total annual household income before taxes less than or more than $\{POVRT200\}?

EQUAL TO OR LESS…………………………………………………………… 1 [SKIP TO PROGRAMMING NOTE AL2]
MORE…………………………………………………………………………. 2
REFUSED……………………………………………………………………….. 2
DON'T KNOW…………………………………………………………………. 8
PROGRAMMING NOTE AK18C:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM AK12, AK14, OR AK16 OR
IF AK11 = -7 OR AK13 = -7 OR AK14 = -7, CONTINUE WITH AK18C USING POVRT300 (300% POVERTY
CUTOFF DISPLAY AMOUNT);
ELSE SKIP TO PROGRAMMING NOTE AL2

AK18C
(I need to ask just one last, very specific question about income and then we're almost
finished.)

Was your total annual household income before taxes less than or more than \( POVRT300 \)?

- EQUAL TO OR LESS………………………………………………………………………………1
- MORE……………………………………………………………………………………………..2
- REFUSED…………………………………………………………………………………………-7
- DON'T KNOW…………………………………………………………………………………………-8
PROGRAMMING NOTE AL2:
CATI VARIABLE POVERTY WILL BE DERIVED BASED ON THE AK12, AK14, AK16, AND/OR AK18A RESPONSES AS FOLLOWS:
SET POVERTY TO 1 IF HOUSEHOLD INCOME <= 100% FPL;
SET POVERTY TO 2 IF HOUSEHOLD INCOME > 100% FPL AND <= 200% FPL;
SET POVERTY TO 3 IF HOUSEHOLD INCOME > 200% FPL AND <= 300% FPL;
SET POVERTY TO 4 IF HOUSEHOLD INCOME > 300% FPL;
SET POVERTY TO 5 IF HOUSEHOLD INCOME IS NOT KNOWN.
ASK AL2 ONLY IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5);
ELSE SKIP TO PROGRAMMING NOTE AM1

AL2
Are you currently receiving AFDC, TANF or CalWORKS?
[IF NEEDED, SAY: AFDC is Aid to Families with Dependent Children; TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids]
YES.................................................................................................1
NO................................................................................................. 2
REFUSED............................................................................................-7
DON’T KNOW....................................................................................-8

AL3
Are you currently receiving public housing subsidies?
YES.................................................................................................1
NO.................................................................................................2
REFUSED............................................................................................-7
DON’T KNOW....................................................................................-8

AL4
Are you currently receiving General Assistance or General Relief?
YES.................................................................................................1
NO.................................................................................................2
REFUSED............................................................................................-7
DON’T KNOW....................................................................................-8

AL5
Are you currently receiving Food Stamps?
YES.................................................................................................1
NO.................................................................................................2
REFUSED............................................................................................-7
DON’T KNOW....................................................................................-8
AL6
Are you currently receiving SSI or Social Security Disability?

[IF NEEDED, SAY: "SSI means Supplemental Security Income; Social Security Disability is also known as SSDI"]

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

PROGRAMMING NOTE AL7: IF AA3 = 2 (FEMALE), CONTINUE WITH AL7; ELSE SKIP TO AL8

AL7
Are you currently on WIC?

[WIC Supplemental Food Program for Women, Infants and Children]

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

AL8
Are you legally blind?

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

AL8A
Do you have a physical or mental impairment that has kept you from working for at least a year?

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

PROGRAMMING NOTE AL9:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "would" IN REVERSE VIDEO

AL9
Not counting the value of any house or car you may own, would <you> say that (your/your family's) assets, that is, all your cash, savings, investments, and furniture together are worth more than $5,000?

YES.................................................................1
NO.................................................................2
REFUSED.......................................................-7
DON'T KNOW.....................................................-8
CHIS 2001 ADULT SURVEY
Section L

PROGRAMMING NOTE AL15:
IF AH44 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
ELSE IF AH43 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPLAY "you"

AL15
AL15 Did (you or your spouse/you or your partner/you) receive any money LAST MONTH for alimony, child support, or money from a government or veteran program?

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

PROGRAMMING NOTE AL16:
IF AL15 = 1 (YES), CONTINUE WITH AL16
IF AH43 = 1 (MARRIED) AND AH44 = 2 (SPOUSE NOT MEMBER OF HH),
ASK: "What was the total amount that you received from all these sources?"
ELSE IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE IN HH),
ASK: "What was the combined total amount that you and your (wife/husband) received from all these sources?"
ELSE SKIP TO AL17

AL16
AL16 What was the (combined) total amount that you (and your) (wife/husband) received from all these sources LAST MONTH?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$________________ AMOUNT [000001-999995]
REFUSED .................................................................................................. -7
DON'T KNOW .......................................................................................... -8

PROGRAMMING NOTE AL17:
IF AH43 = 2 (LIVES WITH PARTNER) DISPLAY "you or your partner or both of you";
ELSE IF AH44 = 1 (SPOUSE LIVES IN HH) DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you."

AL17
AL17 Did (you or your partner or both of you/you or your spouse or both of you/you) PAY any alimony or child support last month?

YES, RESPONDENT PAID ........................................................................... 1
YES, SPOUSE/PARTNER PAID ................................................................... 2
YES, BOTH PAID ....................................................................................... 3
NO ........................................................................................................... 4 [SKIP TO AL18A]
REFUSED .................................................................................................. -7 [SKIP TO AL18A]
DON'T KNOW .......................................................................................... -8 [SKIP TO AL18A]

AL18
AL18 What was the total amount (you/your spouse/your partner/you both) paid in alimony or support last month?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

________________ AMOUNT [HR: 000001-999995]
REFUSED .................................................................................................. -7
DON'T KNOW .......................................................................................... -8
PROGRAMMING NOTE AL18A:

**ENUM.AGE**

IF 

\( [(AAGE >= 65 OR AA2A = 6 \text{ (65 OR OLDER) OR ENUM.AGE >= 65}) \text{ AND AH43 <> 1 \text{ (MARRIED)}) OR [AAGE>= 65 OR AA2A = 6 \text{ (65 OR OLDER) OR ENUM.AGE >= 65}) \text{ AND AH43 = 1 \text{ (MARRIED) AND SPOUSE AGE < 65}], CONTINUE WITH AL18A AND DISPLAY "you";} \)

ELSE IF 

\( [(AAGE < 65 OR [AA2A = 1 \text{ (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39) OR 3 (BETWEEN 40 AND 44) OR 4 (BETWEEN 45 AND 49) OR 5 (BETWEEN 50 AND 64)) OR ENUM.AGE < 65}) \text{ AND AH43 = 1 \text{ (MARRIED) AND SPOUSE AGE >= 65}], CONTINUE WITH AL18B AND DISPLAY "you and/or your spouse"} \)

ELSE IF 

\( [(AAGE >= 65 OR AA2A = 6 \text{ (65 OR OLDER) OR ENUM.AGE >= 65}) \text{ AND AH43 = 1 \text{ (MARRIED) AND SPOUSE AGE >= 65}], CONTINUE WITH AL18B AND DISPLAY "you and/or your spouse"} \)

ELSE SKIP TO AL19

---

**AL18A**

Did {you/your spouse/you or your spouse} receive any Social Security or Pension payments last month?

- YES……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………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PROGRAMMING NOTE AL19:
IF AI1 = 1 OR AI6 = 1 OR AI7 = 1 OR AI8 = 1 OR AI11 = 1 OR AI16 = 1 OR AI17 = 1 OR (AI19 = 1-7, 9, OR 10) (R HAS ANY COVERAGE), SKIP TO AM1;
ELSE CONTINUE WITH AL19

AL19
What is the ONE main reason why you aren’t 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………………………………………………………………………11
- REFUSED……………………………………………………………………..-7
- DON'T KNOW……………………………………………………………….-8
These are my final few questions and they 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?

OFTEN TRUE
SOMETIMES TRUE
NEVER TRUE
REFUSED
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?

OFTEN TRUE
SOMETIMES TRUE
NEVER TRUE
REFUSED
DON'T KNOW

Please tell me yes or no, in the last 12 months, since (DATE 12 MONTHS AGO), 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?

YES
NO
REFUSED
DON'T KNOW
AM3A
How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

ALMOST EVERY MONTH ............................................................................. 1
SOME MONTHS BUT NOT EVERY MONTH......................................................... 2
ONLY IN 1 OR 2 MONTHS ............................................................................. 3
REFUSED ...........................................................................................................-7
DON'T KNOW ..................................................................................................-8

AM4
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

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

AM5
In the last 12 months, since [DATE 12 MONTHS AGO], were you ever hungry but didn't eat because you couldn't afford enough food?

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

On Jan. 12, 2001, this question was replaced with the combination of AM12 and AM13. All cases completed after that date have a value of "-1" for AM6, indicating that it was no longer being asked.

AM6
Just a few more questions and then we're all done. What was the total number of months, if any, that you were without telephone service during the past 12 months? That is since [DATE 12 MONTHS AGO]?

[ENTER NUMBER OF MONTHS 0 - 12]

MONTHS [HR: 0-12]
REFUSED ..........................................................................................................-7
DON'T KNOW ..................................................................................................-8

On Jan. 12, 2001, this question was added in combination with AM13 to replace AM6. Cases completed before that date have a value of "-9" for AM12, indicating that AM6 was asked instead.

AM12
During the past 12 months, has your household ever been without telephone service for more than 24 hours?

[DO NOT INCLUDE TEMPORARY LOSS OF SERVICE DUE TO STORMS, DAMAGED WIRES, OR PHONE COMPANY MAINTENANCE.]

YES ...................................................................................................................1
NO ...................................................................................................................2 [SKIP TO AM7]
REFUSED ..........................................................................................................-7 [SKIP TO AM7]
DON'T KNOW ..................................................................................................-8 [SKIP TO AM7]
On Jan. 12, 2001, this question was added in combination with AM12 to replace AM6.

AM13
What was the total amount of time your household was without telephone service for more than 24 hours?

[DO NOT INCLUDE TEMPORARY LOSS OF SERVICE DUE TO STORMS, DAMAGED WIRES, OR PHONE COMPANY MAINTENANCE.]

____ NUMBER [HR: 1-31 DAYS; 1-52 WEEKS; 1-12 MONTHS]

DAYS………………………………………………………………………………. 1
WEEKS……………………………………………………………………………… 2
MONTHS……………………………………………………………………………….3

AM7
What is your zip code?

_____(ZIP CODE) [RANGE TESTED]

REFUSED………………………………………………………………………………-7
DON'T KNOW…………………………………………………………………………-8
To be sure we are covering the entire state, what county do you live in?

ALAMEDA ................................................................. 1
ALPINE ......................................................................... 2
AMADOR ........................................................................ 3
BUTTE ........................................................................... 4
CALAVERAS .................................................................. 5
COLUSA .......................................................................... 6
CONTRA COSTA ................................................................ 7
DEL NORTE ...................................................................... 8
EL DORADO ...................................................................... 9
FRESNO .......................................................................... 10
GLENN ........................................................................... 11
HUMBOLDT ..................................................................... 12
IMPERIAL ....................................................................... 13
INYO .............................................................................. 14
KERN ............................................................................. 15
KINGS ............................................................................. 16
LAKE .............................................................................. 17
LASSEN ......................................................................... 18
LOS ANGELES .................................................................. 19
MADERA ........................................................................... 20
MARIN ............................................................................. 21
MARIPOSA ..................................................................... 22
MENOCINO ..................................................................... 23
MERCED ......................................................................... 24
MODOC ............................................................................ 25
MONO .............................................................................. 26
MONTEREY ..................................................................... 27
NAPA .............................................................................. 28
NEVADA ......................................................................... 29
ORANGE ......................................................................... 30
PLACER ......................................................................... 31
PLUMAS ......................................................................... 32
RIVERSIDE ...................................................................... 33
SACRAMENTO .................................................................. 34
SAN BENITO .................................................................... 35
SAN BERNARDINO ........................................................... 36
SAN DIEGO ...................................................................... 37
SAN FRANCISCO ................................................................ 38
SAN JOAQUIN .................................................................. 39
SAN LUIS OBISPO ............................................................. 40
SAN MATEO ..................................................................... 41
SANTA BARBARA ............................................................... 42
SANTA CLARA .................................................................. 43
SANTA CRUZ ..................................................................... 44
SHASTA .......................................................................... 45
SIERRA ............................................................................ 46
SISKIYOU ....................................................................... 47
SOLANO .......................................................................... 48
SONOMA ......................................................................... 49
STANISLAUS .................................................................... 50
CHIS 2001 ADULT SURVEY

Section M

SUTTER.................................................................51
TEHAMA..............................................................52
TRINITY...............................................................53
TULARE...............................................................54
TUOLUMNE..........................................................55
VENTURA............................................................56
YOLO.................................................................57
YUBA.................................................................58
REFUSED............................................................-7
DON'T KNOW......................................................-8

PROGRAMMING NOTE AM8:
FOR PILOT, IF AH42 = 19 (LOS ANGELES COUNTY), CONTINUE WITH AM8;
ELSE SKIP TO AM10;
FOR MAIN STUDY, IF AH42 = 19 (LOS ANGELES COUNTY) OR 37 (SAN DIEGO) COUNTY, CONTINUE WITH
AM8;
ELSE SKIP TO AM10

AM8
We don’t need to know your house address, just the name of the street you live on – what is the AM8
name of your street?

____________________________(NAME OF STREET)

REFUSED............................................................-7 [SKIP TO AM10]
DON'T KNOW......................................................-8 [SKIP TO AM10]

AM9
And what is the name of the street down the corner from you that crosses your street? AM9

____________________________(NAME OF CROSS-STREET)

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

PROGRAMMING NOTE AM10:
FOR PROXY VERSION, PUT BOTH WORDS "you" IN REVERSE VIDEO

AM10
Finally, do <you> think <you> might be interested in doing a follow-up to this survey some time AM10 in the future?

YES.................................................................1
MAYBE/PROBABLY YES........................................2
DEFINITELY NOT................................................3
REFUSED............................................................-7
DON'T KNOW......................................................-8

PROGRAMMING NOTE CLOSE2:
FOR PROXY VERSION, PUT THE WORDS "You" (ALL THREE TIMES) AND "Your" IN REVERSE VIDEO

CLOSE2
Thank <you>, those were my final questions. I really appreciate <your> time and cooperation. <You> have helped with a very important health survey for California. Thank <you>, again and good-bye.