CHIS 2007
Adolescent Questionnaire
Version 5.1
November 2008

Adolescents Age 12-17

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2007 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.
SECTION A – DEMOGRAPHIC INFORMATION PART I

PROGRAMMING NOTE QT07_A1:
SET TDATE = CURRENT DATE (YYYYMMDD);

QT07_A1 What is your date of birth?

TA1MON

_____ MONTH

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

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

TA1DAY

_____ DAY

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

TA1YR

_____ YEAR

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

PROGRAMMING NOTE QT07_A2:
IF QT07_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QT07_A2 ELSE GO TO QT07_A4;

QT07_A2 What month and year were you born?

TA1AMON

_____ MONTH

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

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

TA1AYR

_____ YEAR

REFUSED .................................................................... -7
DON’T KNOW .......................................................... -8
PROGRAMMING NOTE QT07_A3:
IF QT07_A2 = -7 OR -8 (REF/DK), CONTINUE WITH QT07_A3;
ELSE GO TO QT07_A4;

QT07_A3  How old are you?

TA2

____ YEARS OF AGE

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

QT07_A4  Are you male or female?

TA3

MALE ........................................................... 1
FEMALE......................................................... 2
REFUSED...................................................... -7

[END INTERVIEW]

QT07_A5  Did you attend school last week?

TA4

YES ................................................................. 1
NO ................................................................. 2
ON VACATION .................................................. 3
HOME SCHOOLED ........................................... 4
REFUSED...................................................... -7
DON'T KNOW................................................ -8

QT07_A5A  Did you attend school during the last school year?

TA4C

YES ................................................................. 1
NO ................................................................. 2
HOME SCHOOLED LAST YEAR ......................... 3
REFUSED...................................................... -7
DON'T KNOW................................................ -8

QT07_A6  What is the name of the school you go to or last attended?

TA4B

[INTERVIEWER NOTE: RECORD VERBATIM]

NAME OF SCHOOL..............................................

REFUSED...................................................... -7
DON'T KNOW................................................ -8
SECTION B – HEALTH STATUS, DIETING, AND HEALTH CONDITIONS

QT07_B1 In general, would you say your health is excellent, very good, good, fair or poor?

TB1

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

QT07_B2 About how tall are you without shoes?

TB2F/TB2I

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

_____ FEET  _____ INCHES

TB2M/TB2C

_____ METERS  _____ CENTIMETERS

TB2FMT

FEET, INCHES .......................................................... 1
METERS, CENTIMETERS ........................................... 2
REFUSED ............................................................... 7
DON’T KNOW .......................................................... 8

QT07_B3 About how much do you weigh without shoes?

TB3

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

_____ POUNDS

_____ KILOGRAMS

REFUSED ............................................................... 7
DON’T KNOW .......................................................... 8
**PROGRAMMING NOTE QT07_B4:**
IF QT07_A5= 1 (ATTENDED SCHOOL LAST WEEK) OR 4 (HOME SCHOOLED), CONTINUE WITH QT07_B4; ELSE GO TO QT07_B5.

**QT07_B4**
During the last four school weeks, how many days of school did you miss because of a health problem?

**TB4**

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS.]

_______ DAYS

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

**QT07_B5**
Has a doctor ever told you or your parents that you have asthma?

**TB5**

YES .................................................................1
NO .................................................................2 [GO TO QT07_B17]
REFUSED ..........................................................-7 [GO TO QT07_B17]
DON'T KNOW ....................................................-8 [GO TO QT07_B17]

**QT07_B6**
Do you still have asthma?

**TB17**

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

**QT07_B7**
During the past 12 months, have you had an episode of asthma or an asthma attack?

**TB18**

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

**PROGRAMMING NOTE QT07_B8:**
IF QT07_B6=2, -7, or -8 (NO, REFUSED, DON'T KNOW) AND QT07_B7 = 2, -7 or -8 (NO, REF, DON'T KNOW), GO TO QT07_B11; ELSE CONTINUE WITH QT07_B8.

**QT07_B8**
During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

**TB7**

NOT AT ALL ......................................................1
LESS THAN EVERY MONTH ..................................2
EVERY MONTH ..................................................3
EVERY WEEK .....................................................4
EVERY DAY ........................................................5
REFUSED ..........................................................-7
DON'T KNOW ....................................................-8
QT07_B9  During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?

TB19

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

QT07_B10  During the past 12 months, were you admitted to a hospital overnight or longer for your asthma?

TF4A

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

QT07_B11  Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

TB6

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

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

PROGRAMMING NOTE QT07_B12:
IF QT07_B6 = 1 (YES, STILL HAVE ASTHMA) OR QT07_B7 = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO QTR07_B15; ELSE CONTINUE WITH QT07_B12;

QT07_B12  During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

TB27

NOT AT ALL ......................................................... 1
LESS THAN EVERY MONTH ................................ 2
EVERY MONTH ............................................... 3
EVERY WEEK .................................................. 4
EVERY DAY ..................................................... 5
REFUSED ......................................................... -7
DON'T KNOW .................................................... -8

QT05_B13  During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?

TB28

YES ................................................................. 1
NO ................................................................. 2
REFUSED ......................................................... -7
DON'T KNOW .................................................... -8
During the past 12 months, were you admitted to a hospital overnight or longer for your asthma?

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

During the past 12 months, how many days of school did you miss due to asthma?

_______ DAYS

NOT GOING TO SCHOOL ......................... 996
REFUSED ......................................................-7
DON'T KNOW ...............................................-8

Has a doctor or other health professional ever given you an asthma management plan?

[INTERVIEWER NOTE: IF NEEDED SAY “An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.” INCLUDE NURSES, ASTHMA EDUCATORS]

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

Has a doctor ever told you or your parents that you have allergies?

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

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

[INTERVIEWER NOTE: IF R SAYS HE/SHE HAD FLUMIST SPRAY VACCINE, CODE YES]

YES ................................................................. 1
NO ................................................................. 2
REFUSED ......................................................-7
DON'T KNOW ...............................................-8
Has a doctor ever told you or your parents that you have diabetes or sugar diabetes?

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

Were you told you have Type 1 or Type 2 diabetes?

TYPE 1 ............................................................ 1
TYPE 2 ............................................................ 2
NO, I WASN'T TOLD ......................................... 3
REFUSED ........................................................-7
DON'T KNOW ................................................-8
SECTION C - DIET, NUTRITION, AND FOOD ENVIRONMENT

QT07_C1 Now, I’m going to ask about the foods you ate yesterday, including both meals and snacks.

Yesterday, how many glasses of 100% fruit juice, such as orange or apple juice, did you drink?

TE1

[INTERVIEWER NOTE: IF NEEDED SAY, “Only include 100% pure juices.” ALSO, PART OF A GLASS COUNTS AS 1 GLASS. ASK R TO ESTIMATE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE, CAN, OR CARTON.]

_____ GLASSES

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

QT07_C2 Yesterday, how many servings of fruit, such as an apple or banana, did you eat?

TE4

[INTERVIEWER NOTE: IF NEEDED SAY, “A serving is whatever it means to you.”]

_____ SERVINGS

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

QT07_C3 Yesterday, how many servings of French fries, home fries, or hash browns did you eat?

TD14

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

_____ SERVINGS

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

QT07_C4 Yesterday, how many servings of other vegetables like green salad, green beans, or potatoes did you have? Do not include fried potatoes.

TE6

_____ SERVINGS

REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QT07_C5
{Yesterday}, how many glasses or cans of soda, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks did you drink? Do not count diet drinks.

INTERVIEWER NOTE: THIS ALSO INCLUDES ANY DRINKS WITH ADDED SUGAR, SUCH AS SUNNY DELIGHT, ICED TEA DRINKS, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, GATORADE, SWEETENED WATER DRINKS, AND ENERGY DRINKS.

_____ GLASSES, CANS OR BOTTLES

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

PROGRAMMING NOTE QT07_C6:
IF QT07_A5 = 4 or QT07_A5A =3 (HOME SCHOoled), GO TO QT07_C8;
IF QT07_A5 = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), DISPLAY: “DURING A TYPICAL WEEK, HOW MANY TIMES DO”;
ELSE DISPLAY “NOW THINK ABOUT THE PAST WEEK. IN THE PAST 7 DAYS, HOW MANY TIMES DID” AND CONTINUE WITH QT07_C6;

QT07_C6
[During a typical week, how many times do /Now think about the past week. In the past 7 days, how many times did] you buy a soda or other sweetened drink at school? Do not include diet drinks.

INTERVIEWER NOTE: IF NEEDED SAY, “Such as drinks you bought from a school vending machine, school store, or cafeteria. Do not include sodas you bought outside of school.” THIS ALSO INCLUDES ANY DRINKS WITH ADDED SUGAR, SUCH AS SUNNY DELIGHT, ICED TEA DRINKS, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, GATORADE, SWEETENED WATER DRINKS, AND ENERGY DRINKS.

_____ TIMES IN PAST 7 DAYS

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

PROGRAMMING NOTE QT07_C7:
IF QT07_A5 = 4 or QT07_A5A =3 (HOME SCHOoled), GO TO QT07_C8;
IF QT07_A5 = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), DISPLAY: “DURING A TYPICAL WEEK, HOW MANY TIMES DO”;
ELSE DISPLAY “IN THE PAST 7 DAYS, HOW MANY TIMES DID” AND CONTINUE WITH QT07_C7;

QT07_C7
[During a typical week, how many times do/In the past 7 days] how many times did you eat the lunch served in the school cafeteria?

_____ TIMES

REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at school, at home or at fast-food restaurants, carryout, or drive thru.

_____ TIMES

REFUSED ............................................................... -7
DON'T KNOW .................................................. -8
SECTION D - PHYSICAL ACTIVITY AND SEDENTARY TIME

QT07_D1  These next questions are about physical activity such as running, walking fast, biking, dancing, and playing sports.

Not including school PE, in the past 7 days, on how many days were you physically active for at least 60 minutes total per day?

[INTERVIEWER NOTE: IF NEEDED SAY, “Add up the time you were active for each day of the past 7. Then tell me how many days you were active for at least 60 minutes.”]

______ DAYS

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

QT07_D2  During a typical week, on how many days are you physically active for at least 60 minutes total per day? Do not include PE.

[INTERVIEWER NOTE: IF NEEDED SAY, “Just in case the past week was unusual.”]

______ DAYS

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

PROGRAMMING NOTE QT07_D3:
IF QT07_A5 = 4 or QT07_A5A = 3 (HOME SCHOOLED), GO TO QT07_E6;
IF QT07_A5 = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION),
CONTINUE TO QT07_D6 AND SAY, “DURING THE SCHOOL YEAR, DO YOU TAKE”;
ELSE CONTINUE WITH QT07_D3 AND SAY, “ARE YOU CURRENTLY TAKING”;

QT07_D3  [During the school year, do you take/Are you currently taking] PE at school?

[INTERVIEWER NOTE: IF NEEDED SAY, “PE is physical education classes.”]

YES ................................................................. 1
NO ................................................................. 2 [GO TO QT07_D6]
REFUSED .............................................................. -7 [GO TO QT07_D6]
DON’T KNOW .......................................................... -8 [GO TO QT07_D6]

QT07_D4  How many days a week do you have PE?

____________ NUMBER OF DAYS

REFUSED .............................................................. -7
DON’T KNOW .......................................................... -8
QT07_D5  In a typical PE class, how many minutes do you usually spend actually exercising or playing sports?

TE59

MORE THAN 30 MINUTES ..................................... 1
21 TO 30 MINUTES .......................................... 2
10-20 MINUTES ............................................. 3
LESS THAN 10 MINUTES ................................. 4
I DO NOT TAKE PE ........................................... 5
REFUSED .................................................................. 7
DON’T KNOW .................................................. 8

QT07_D6  During the past 12 months, were you a member of any sports teams at school, such as soccer, basketball, or volleyball?

TE50

[INTERVIEWER NOTE: IF RESPONDENT ASKS, OTHER TEAMS, SUCH AS DANCE AND CHEERLEADING TEAMS, CAN ALSO BE INCLUDED.]

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

PROGRAMMING NOTE QT07_D7:
IF QT07_A5 = 4 or QT07_A5A = 3 (HOME Schooled), GO TO QT07_D12;
IF QT07_A5 = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), CONTINUE WITH QA07_D7 AND GO TO OPTION B;
ELSE CONTINUE WITH QA07_D7 AND GO TO OPTION A;

QC05_D7  A) How many days in the past week did you walk, bicycle, or skateboard to school?

B) During the school year, on how many days during a typical week do you walk, bicycle, or skateboard to school?

TE53

[INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES, OR NON-MOTORIZED SCOOTERS TO SCHOOL.]

______ DAYS

REFUSED ........................................................ 7
DON’T KNOW ................................................. 8
PROGRAMMING NOTE QT07_D8:
IF QT07_D7 = 0 DAYS, -7 OR -8, GO TO QT07_D9;
ELSE IF QT07_D7 > 0 DAYS, CONTINUE WITH QT07_D8
IF QT07_A5 = 2, SAY: “DID IT”;
IF QT07_A5A = 1, SAY: “DOES IT”;

QT07_D8
About how many minutes [did it/does it] take you without any stops?

________ MINUTES

INTERVIEWER NOTE: IF NEEDED SAY, “TO TALK, BICYCLE, OR SKATEBOARD TO SCHOOL.”

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

PROGRAMMING NOTE QT07_D7:
IF QT07_A5 = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), CONTINUE WITH QA07_D9 AND GO TO OPTION B;
ELSE CONTINUE WITH QA07_D7 AND GO TO OPTION A;

QC05_D9
A) How many days in the past week did you walk, bicycle, or skateboard home from school?

B) During the school year, on how many days during a typical week do you walk, bicycle, or skateboard home from school?

________ DAYS

INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES, OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL. IF R DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. ELSEWHERE, SUCH AS TO CHILDCARE, RELATIVE’S HOME, AFTER-SCHOOL PROGRAM, ETC.]

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

PROGRAMMING NOTE QT07_D10:
IF QT07_D9 = 0, -7 OR -8 (NO DAYS, REF/DK) AND IF QC05_D7 = 0, -7, -8 (NO DAYS, REF/DK)
GO TO QT07_D11
ELSE IF QT07_D9 = 0, -7 OR -8 (NO DAYS, REF/DK) AND IF QC05_E7 > 0), GO TO QT07_D12;
ELSE IF QT07_D9 > 0 (ONE OR MORE DAYS), CONTINUE WITH QT07_D10;
QT07_D10  About how many minutes [did it/does it] take you without any stops?

**TE56**

[INTERVIEWER NOTE: IF NEEDED SAY, “To walk, bicycle or skateboard home from school.”]

______ MINUTES

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

PROGRAMMING NOTE QT07_D11:
IF QT07_D9 > 0 (ONE OR MORE DAYS), GO TO QT07_D12;
ELSE CONTINUE WITH QT07_D11;

QT07_D11  Could you walk or bike home from school in 30 minutes or less?

**TE61**

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

QT07_D12  Thinking about your free time on MONDAY THROUGH FRIDAY, on a typical day, about how many hours do you usually watch TV or play video games?

**TE12**

[INTERVIEWER NOTE: IF > 0, BUT < 1, ENTER “94”. IF NO TV, ENTER “93”]

______ HOURS PER DAY

DOESN'T HAVE TV ................................................. 93
MORE THAN ZERO, LESS THAN 1 HOUR .......... 94
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8

QT07_D13  And about how many hours per day on MONDAY THROUGH FRIDAY do you use a computer for fun, not schoolwork?

**TE13**

[INTERVIEWER NOTE: IF > 0, BUT < 1, ENTER “94”]

______ HOURS

DOESN'T HAVE ACCESS TO A PC ..................... 93
MORE THAN ZERO, LESS THAN 1 HOUR ....... 94
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8
QT07_D14  Now, thinking about a typical SATURDAY AND SUNDAY, about how many hours per day do you usually watch TV or play video games?

[INTERVIEWER NOTE: IF > 1 HOUR, VERIFY: “That’s {xx} hours PER DAY?” IF > 0, BUT < 1, ENTER “94”]

______ HOURS

DOESN’T HAVE TV .............................................. 93
MORE THAN ZERO, LESS THAN 1 HOUR ...... 94
REFUSED .............................................................. -7
DON’T KNOW ....................................................... -8

PROGRAMMING NOTE QT07_D15:
IF QT07_D13 = 93 (DOESN’T HAVE ACCESS TO A PC), AUTOCODE AS “93” AND GO TO QT07_D16;
ELSE CONTINUE WITH QT07_D15;

QT07_D15  And about how many hours per day on a typical SATURDAY OR SUNDAY do you use a computer for fun, not schoolwork?

[INTERVIEWER NOTE: IF > 1 HOUR, VERIFY: “That’s {xx} hours PER DAY?” IF > 0, BUT < 1, ENTER “94”]

______ HOURS PER DAY

DOESN’T HAVE ACCESS TO A PC ................. 93
MORE THAN ZERO, LESS THAN 1 HOUR ...... 94
REFUSED .............................................................. -7
DON’T KNOW ....................................................... -8

QT07_D16  In the past 30 days, did you go to a park, playground or open space?

YES ................................................................. 1
NO ................................................................. 2  [GO TO QT07_D18]
REFUSED .......................................................... -7  [GO TO QT07_D18]
DON’T KNOW .................................................... -8  [GO TO QT07_D18]

QT07_D17  The last time you went to a park, playground or open space, were you physically active while you were there?

YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON’T KNOW .................................................... -8
QT07_D18  Is there a park, playground, or open space within walking distance of your home?

TC42

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

QT07_D19  Do you strongly agree, agree, disagree, or strongly disagree with the following statements?

The park or playground closest to where I live is safe during the day.

TC25

[INTERVIEWER NOTE: IF NEEDED SAY, “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE ......................................... 1
AGREE .......................................................... 2
DISAGREE ...................................................... 3
STRONGLY DISAGREE ................................. 4
REFUSED ......................................................... -7
DON'T KNOW .................................................. -8

QT07_D19  The park or playground closest to where I live is safe at night.

TC26

[INTERVIEWER NOTE: IF NEEDED SAY, “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE ......................................... 1
AGREE .......................................................... 2
DISAGREE ...................................................... 3
STRONGLY DISAGREE ................................. 4
REFUSED ......................................................... -7
DON'T KNOW .................................................. -8
SECTION E - TOBACCO, ALCOHOL, AND DRUG USE

QT07_E1  Now I'm going to ask about smoking.

Have you ever smoked cigarettes, even 1 or 2 puffs?

TC38

YES .......................................................................... 1
NO ............................................................................ 2 [GO TO QT07_E4]
REFUSED ...................................................................... -7 [GO TO QT07_E4]
DON'T KNOW ............................................................... -8 [GO TO QT07_E4]

QT07_E2  In the past 30 days, on how many days did you smoke cigarettes?

TE19

NONE ....................................................................... 0 [GO TO QT07_E4]
1 OR 2 DAYS ........................................................... 1
3-5 DAYS ............................................................... 2
6-9 DAYS ............................................................... 3
10-19 DAYS .......................................................... 4
20-29 DAYS .......................................................... 5
30 DAYS ............................................................... 6
REFUSED ...................................................................... -7
DON'T KNOW ............................................................... -8

QT07_E3  In the past 30 days, when you smoked, about how many cigarettes did you smoke per day?

TE20


_________ NUMBER OF CIGARETTES

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

QT07_E4  Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed drinks, or liquor?

TE22

YES .......................................................................... 1
NO ............................................................................ 2 [GO TO QT07_E9]
REFUSED ...................................................................... -7 [GO TO QT07_E9]
DON'T KNOW ............................................................... -8 [GO TO QT07_E9]
QT07_E5 If we consider one drink to be a can or bottle of beer, a glass of wine, a shot of liquor, or one mixed drink, on how many days in the past 30 days did you have at least one drink of alcohol?

<table>
<thead>
<tr>
<th>Options</th>
<th>Value</th>
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<tbody>
<tr>
<td>NONE</td>
<td>0</td>
</tr>
<tr>
<td>1 OR 2 DAYS</td>
<td>1</td>
</tr>
<tr>
<td>3 - 5 DAYS</td>
<td>2</td>
</tr>
<tr>
<td>6 - 9 DAYS</td>
<td>3</td>
</tr>
<tr>
<td>10 - 19 DAYS</td>
<td>4</td>
</tr>
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<td>20 - 29 DAYS</td>
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<tr>
<td>30 DAYS</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
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</table>

[GO TO QT07_E8]

PROGRAMMING NOTE QT07_E6:
IF QT07_A4 = 1 (MALE) GO TO QT07_E7;
ELSE CONTINUE WITH QT07_F6;

QT07_E6 How many days in the past 30 days did you have four or more drinks in a row, that is within a couple of hours?

<table>
<thead>
<tr>
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<th>Value</th>
</tr>
</thead>
<tbody>
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<td>0</td>
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<tr>
<td>1 DAY</td>
<td>1</td>
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<tr>
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<td>6 - 9 DAYS</td>
<td>4</td>
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<tr>
<td>20 DAYS OR MORE</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QT07_E8]

PROGRAMMING NOTE QT07_E7:
IF QT07_A4=2 (FEMALE) GO TO QT07_E8;

QT07_E7 How many days in the past 30 days did you have five or more drinks in a row, that is within a couple of hours?

<table>
<thead>
<tr>
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<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td>0</td>
</tr>
<tr>
<td>1 DAY</td>
<td>1</td>
</tr>
<tr>
<td>2 DAYS</td>
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<tr>
<td>3 - 5 DAYS</td>
<td>3</td>
</tr>
<tr>
<td>6 - 9 DAYS</td>
<td>4</td>
</tr>
<tr>
<td>10 - 19 DAYS</td>
<td>5</td>
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<tr>
<td>20 DAYS OR MORE</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QT07_E8  When you drink alcohol, about how many drinks do you usually have?

TE25

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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<tbody>
<tr>
<td>LESS THAN ONE</td>
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</tr>
<tr>
<td>1 - 2 DRINKS</td>
<td>2</td>
</tr>
<tr>
<td>3 - 4 DRINKS</td>
<td>3</td>
</tr>
<tr>
<td>5 OR MORE DRINKS</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QT07_E9:
IF PARENT/LEGAL GUARDIAN REQUESTED THAT TEEN NOT BE ASKED QUESTIONS ABOUT DRUGS, SKIP TO SECTION F;
ELSE CONTINUE WITH QT07_E9;

QT07_E9  Have you ever tried marijuana, cocaine, sniffing glue, or any other drugs?

TE28

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
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</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>

QT07_E10  In the past 12 months have you used marijuana?

TC39

<table>
<thead>
<tr>
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<tbody>
<tr>
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<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>

QT07_E11  In the past 30 days, on how many days did you use marijuana?

TE29

<table>
<thead>
<tr>
<th>Option</th>
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</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
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</tr>
<tr>
<td>1 DAY</td>
<td>1</td>
</tr>
<tr>
<td>2 DAYS</td>
<td>2</td>
</tr>
<tr>
<td>3 - 5 DAYS</td>
<td>3</td>
</tr>
<tr>
<td>6 - 9 DAYS</td>
<td>4</td>
</tr>
<tr>
<td>10 - 19 DAYS</td>
<td>5</td>
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<tr>
<td>20 DAYS OR MORE</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
SECTION F – EMOTIONAL FUNCTIONING

QT07_F1  The next questions are about how you have been feeling during the past 30 days.

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

TG11

ALL........................................................................... 1
MOST....................................................................... 2
SOME....................................................................... 3
A LITTLE ............................................................... 4
NONE....................................................................... 5
REFUSED............................................................... -7
DON'T KNOW ......................................................... -8

QT07_F2  During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

TG12

ALL........................................................................... 1
MOST....................................................................... 2
SOME....................................................................... 3
A LITTLE ............................................................... 4
NONE....................................................................... 5
REFUSED............................................................... -7
DON'T KNOW ......................................................... -8

QT07_F3  During the past 30 days, about how often did you feel restless or fidgety?

TG13

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

ALL........................................................................... 1
MOST....................................................................... 2
SOME....................................................................... 3
A LITTLE ............................................................... 4
NONE....................................................................... 5
REFUSED............................................................... -7
DON'T KNOW ......................................................... -8

QT07_F4  How often did you feel so depressed that nothing could cheer you up?

TG14

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

ALL........................................................................... 1
MOST....................................................................... 2
SOME....................................................................... 3
A LITTLE ............................................................... 4
NONE....................................................................... 5
REFUSED............................................................... -7
DON'T KNOW ......................................................... -8
QT07_F5  During the past 30 days, about how often did you feel that everything was an effort?

TG15  [INTERVIEWER NOTE: IF NEEDED SAY, “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL........................................................................... 1
MOST........................................................................ 2
SOME....................................................................... 3
A LITTLE .................................................................. 4
NONE....................................................................... 5
REFUSED.................................................................... 7
DON'T KNOW ......................................................... -8

QT07_F6  During the past 30 days, about how often did you feel worthless?

TG16  [INTERVIEWER NOTE: IF NEEDED SAY, “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]

ALL........................................................................... 1
MOST........................................................................ 2
SOME....................................................................... 3
A LITTLE .................................................................. 4
NONE....................................................................... 5
REFUSED.................................................................... 7
DON'T KNOW ......................................................... -8
SECTION G – SEXUAL BEHAVIORS

PROGRAMMING NOTE QT07_G1:
IF QT07_A4 = 1 (MALE) GO TO QT07_G2;

QT07_G1  How old were you when you had your first menstrual period?

TH27

[INTERVIEWER NOTE: CODE “0” IF HAVEN’T STARTED MENSES YET]

____________ AGE IN YEARS

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

PROGRAMMING NOTE QT07_G2:
IF PARENT/GUARDIAN DID NOT ALLOW RESPONDENT TO ANSWER SEXUAL BEHAVIOR QUESTIONS, GO TO QT07_G17;
ELSE CONTINUE WITH QUESTION QT07_G2;

The next questions are about sexual behaviors. All answers will be kept private and you can refuse to answer any question.

QT07_G2  Have you ever had oral sex?

TH34

[INTERVIEWER NOTE: IF NEEDED SAY, “Oral sex is mouth to genital sexual contact, such as mouth to penis or mouth to vagina.”]

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

QT07_G3  Have you ever had sexual intercourse?

TE32

[INTERVIEWER NOTE: IF NEEDED SAY, “By sexual intercourse, we mean sex with a penis in a vagina or an anus or rectum.”]

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

QT07_G4  How old were you when you had sexual intercourse for the first time?

TE33

_____ YEARS OLD

REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
**QT07_G5**  In the past 12 months, how many different people did you have sexual intercourse with?

- **TE36**  
  
  ____ PERSON/PEOPLE  
  
  REFUSED ............................................................... -7  
  DON'T KNOW ............................................................ -8

**PROGRAMMING NOTE QT07_G6:**

IF QT07_G5 = 0, -7, -8 (NO SEXUAL PARTNERS, PAST 12 MONTHS/REF/DK) GO TO QT07_G8;
ELSE CONTINUE WITH QT07_G6.

IF QT07_HG = 1, SAY "IS THAT PARTNER MALE OR FEMALE?";
ELSE, SAY "IN THE PAST 12 MONTHS...";

**QT07_G6**  
{Is that partner male or female?} In the past 12 months, have your sexual partners been male, female, or both male and female?

- **TH29**  
  
  MALE ................................................................. 1  
  FEMALE ............................................................... 2  
  BOTH MALE AND FEMALE ................................. 3  
  REFUSED ............................................................... -7  
  DON'T KNOW ............................................................ -8

**QT07_G7**  
Have you had sexual intercourse in the past 3 months?

- **TH30**  
  
  YES ................................................................. 1  
  NO ................................................................. 2  
  REFUSED ............................................................... -7  
  DON'T KNOW ............................................................ -8

**QT07_G8**  
The last time you had sexual intercourse, did you or your partner use a condom?

- **TH35**  
  
  YES ................................................................. 1  
  NO ................................................................. 2  
  REFUSED ............................................................... -7  
  DON'T KNOW ............................................................ -8

**QT07_G9**  
The last time you had sexual intercourse, did you or your partner use any other method to prevent pregnancy or disease?

- **TE37**  
  
  YES ................................................................. 1  
  NO ................................................................. 2  
  REFUSED ............................................................... -7  
  DON'T KNOW ............................................................ -8  
  [GO TO QT07_G11]  
  [GO TO QT07_G11]  
  [GO TO QT07_G11]
What method did you use? Do you want to tell me or shall I read from my list?

TE38

[Interviewer Note: Code all that apply. Probe: “Any Others?”]

A Female Condom.............................................. 1
Lunelle/Depo Provera or the Shot ............ 2
Norplant.............................................................. 3
The Pill................................................................. 4
Rhythm Method.................................................. 5
Suppository or an Insert...................................... 6
Withdrawal or Pulling Out............................. 7
The Patch.............................................................. 8
Some Other Method ........................................... 91
Refused............................................................... -7
Don’t Know......................................................... -8

Programming Note QT07_G11:
If male, say, “Have you ever gotten someone”; else if female, say “Have you ever been”;

Have you ever gotten someone/Have you ever been pregnant?

TE39

Yes ................................................................. 1
No ..................................................................... 2
Refused ........................................................... -7
Don’t Know ....................................................... -8

Have you ever been tested for HIV, the virus that causes AIDS?

TH31

Yes ................................................................. 1
No ..................................................................... 2
Refused ........................................................... -7
Don’t Know ....................................................... -8

Now thinking about other sexually transmitted diseases, besides HIV, in the past 12 months, have you been tested for a sexually transmitted disease?

TE43

Yes ................................................................. 1
No ..................................................................... 2
Refused ........................................................... -7
Don’t Know ....................................................... -8

[Go to QT07_G15]
What were you tested for?

-[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: “Any others?”]

- CHLAMYDIA ............................................................ 1
- GONORRHEA/CLAP ............................................... 2
- SYPHILIS/SYPH ...................................................... 3
- HIV/AIDS .................................................................. 4
- TRICH (TRICHOMONAS, TRICHOMONIASIS)...... 5
- OTHER (SPECIFY).................................................. 6
- REFUSED ...................................................................-7
- DON'T KNOW .......................................................-8

Can you get emergency contraception pills or the “morning after pill” over the counter from a drug store pharmacist without phoning or seeing a doctor first?

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

-[GO TO QT07_G17]

In the past 12 months, have you used emergency contraception pills or the “morning after pill”?

-[INTERVIEWER NOTE: IF NEEDED SAY, “Emergency contraception pills can prevent pregnancy if taken within 72 hours of unprotected sex or contraceptive failure. It is not RU486, also known as the ‘abortion pill’.”]

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

Have you ever heard of HPV? HPV stands for Human Papillomavirus.

- YES .......................................................................... 1
- NO ............................................................................ 2
- REFUSED ...................................................................-7
- DON'T KNOW .......................................................-8
QT07_G18 Where did you hear about HPV?

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

- HEALTH CARE PROVIDER/CLINIC ....................... 1
- FAMILY .................................................................... 2
- FRIENDS ................................................................. 3
- TV ADVERTISEMENT............................................. 4
- TV NEWS................................................................. 5
- TV SHOW ................................................................ 6
- NEWSPAPER OR MAGAZINE................................ 7
- INTERNET ............................................................... 8
- SCHOOL .................................................................. 9
- OTHER................................................................... 10
- REFUSED ................................................................ -7
- DON'T KNOW ....................................................... -8

QT07_G19 Have you ever heard of a vaccine or shot to prevent cervical cancer?

[INTERVIEWER NOTE: IF TEEN ASKS WHAT CERVICAL CANCER IS, SAY: “Cervical cancer is cancer of the lower end of the uterus or womb.”]

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

QT07_G20 Did you ever get the HPV vaccine or HPV shots?

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

QT07_G20A Did you get all three doses of the HPV vaccine?

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

QT07_G21 HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26. Would you be interested in getting the vaccine?

- YES .......................................................................... 1
- NO............................................................................ 2
- REFUSED ................................................................ -7
- DON'T KNOW ....................................................... -8
SECTION H – INTERPERSONAL VIOLENCE

QT07_H1  The next questions are about your relationships with people around your age. I’ll ask about fighting, unwanted sexual experiences, and your personal safety. Your answers will be kept private and you can refuse to answer any question.

In the past 12 months, about how many times did someone about your age threaten to hurt you or threaten to beat you up?

________________________ TIMES

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

QT07_H2  In the past 12 months, about how many times were you actually in a physical fight with a guy or girl, or a group of people around your age?

________________________ TIMES

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

QT07_H3  Have you ever been slapped, kicked, or physically hurt by a boyfriend or girlfriend, not just a friend?

[INTERVIEWER NOTE: IF NEEDED SAY, “This could be someone you see casually or someone you had a relationship with over time.”]

YES .......................................................................... 1
NO............................................................................ 2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
[GO TO QT07_H8]

QT07_H4  Has this happened at all in the past 12 months?

YES .......................................................................... 1
NO............................................................................ 2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
[GO TO QT07_H8]

QT07_H5  In the past 12 months, did this happen more than once?

YES .......................................................................... 1
NO............................................................................ 2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
[GO TO QT07_H8]
QT07_H6  The last time this happened, did you talk to anyone about it?

TL6  
YES .......................................................................... 1
NO............................................................................ 2
REFUSED............................................................... -7
DON’T KNOW.........................................................-8

QT07_H7  Did you get medical care because of any injuries?

TL7
YES .......................................................................... 1
NO............................................................................ 2
DIDN’T NEED MEDICAL CARE .............................. 3
REFUSED............................................................... -7
DON’T KNOW.........................................................-8

PROGRAMMING NOTE QT07_H8
IF PARENT/GUARDIAN REFUSED PERMISSION TO ASK SEX QUESTIONS, GO TO PROGRAMMING NOTE AFTER QT07_H9;
ELSE CONTINUE WITH QUESTION QT07_H8;

QT07_H8  Have you ever been physically forced to have sex when you did not want to?

TL8  
[INTERVIEWER NOTE: IF NEEDED SAY, “This includes being forced to have oral sex or sexual intercourse.”]
YES .......................................................................... 1
NO............................................................................ 2
REFUSED............................................................... -7
DON’T KNOW.........................................................-8

PROGRAM NOTE QT07_H9:
IF QT07_H8 = 2 (NO), -7 (REF), -8 (DK), GO TO PROGRAM NOTES AFTER QT07_H9;
ELSE ASK QT07_H9;

QT07_H9  Did you talk to anyone about what happened?

TL9
YES .......................................................................... 1
NO............................................................................ 2
REFUSED............................................................... -7
DON’T KNOW.........................................................-8
IF QT07_H4 = 1 (YES) OR IF QT07_H8 = 1 (YES), SAY: We have a toll-free number you can call if you’d like to talk to someone about what happened to you. Someone is available 24 hours a day to provide local information to help you. Would you like the toll-free number? [GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER IF REQUESTED. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

ELSE IF QT07_H4 = -7(REF), -8 (DK) OR IF QT07_H8 = -7(REF), -8 (DK), SAY: We have a toll free number you can call if you’d like to talk to someone about these issues. Someone is available 24 hours a day to provide local information that might be a help to you. Would you like the toll-free number? [GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL FREE NUMBER IF REQUESTED. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]
### SECTION I – HEALTH CARE UTILIZATION AND ACCESS

**QT07_I1**  
Now I’m going to ask about health care visits.  
Is there a place that you USUALLY go to when you are sick or need advice about your health?

<table>
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<tr>
<th>Code</th>
<th>Option</th>
<th>TF1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES ..........................................................................</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>NO .............................................................................</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>DOCTOR/MY DOCTOR ..................................................................</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>KAISER ...........................................................................</td>
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</tr>
<tr>
<td>5</td>
<td>MORE THAN ONE PLACE ................................................................</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>REFUSED ............................................................................</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>DON’T KNOW ......................................................................</td>
<td></td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QT07_I2:**
- IF QT07_I1 = 4 (KAISER), FILL IN QT07_I2 = 1 AND GO TO QT07_I3;
- ELSE IF QT07_I1 = 3 (DOCTOR/MY DOCTOR), DISPLAY “IS YOUR DOCTOR IN A PRIVATE”;
- ELSE DISPLAY “WHAT KIND OF PLACE DO YOU GO TO MOST OFTEN—A MEDICAL…”.

**QT07_I2**  
{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?

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>1</td>
<td>DOCTOR’S OFFICE/KAISER/OTHER HMO..............................................</td>
<td></td>
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<tr>
<td>3</td>
<td>EMERGENCY ROOM ...........................................................................</td>
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<td></td>
</tr>
<tr>
<td>8</td>
<td>DON’T KNOW .............................................................................</td>
<td></td>
</tr>
</tbody>
</table>

**QT07_I3**  
During the past 12 months, did you visit a hospital emergency room for your own health?

<table>
<thead>
<tr>
<th>Code</th>
<th>Option</th>
<th>TF3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES ..........................................................................</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>NO .............................................................................</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>REFUSED ............................................................................</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>DON’T KNOW ......................................................................</td>
<td></td>
</tr>
</tbody>
</table>

**QT07_I4**  
During the past 12 months, how many times have you seen a medical doctor?

<table>
<thead>
<tr>
<th>Code</th>
<th>Option</th>
<th>TF16</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES ..........................................................................</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>NO .............................................................................</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>REFUSED ............................................................................</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>DON’T KNOW ......................................................................</td>
<td></td>
</tr>
</tbody>
</table>
QT07_I5  When was the last time you saw a doctor for a physical exam or check-up?

<table>
<thead>
<tr>
<th>TF5</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 3 MONTHS AGO .................. 1</td>
</tr>
<tr>
<td>3 MONTHS UP TO 6 MONTHS AGO ........... 2</td>
</tr>
<tr>
<td>6 MONTHS UP TO 12 MONTHS AGO .......... 3</td>
</tr>
<tr>
<td>12 MONTHS UP TO 2 YEARS AGO .......... 4</td>
</tr>
<tr>
<td>2 OR MORE YEARS AGO ..................... 5</td>
</tr>
<tr>
<td>HAVE NEVER HAD A PHYSICAL .............. 0</td>
</tr>
<tr>
<td>REFUSED .................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ................................ 8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QT07_I6:**
IF QT07_I5 = 0 (NEVER HAD A PHYSICAL EXAM), 5 (LAST PHYSICAL EXAM 2 OR MORE YEARS AGO), -7, (REFUSED) -8 (DON'T KNOW), GO TO QT07_I10;
ELSE CONTINUE WITH QT07_I16;

QT07_I6  When you had your last routine physical exam, did you and a doctor talk about exercise or physical activity?

<table>
<thead>
<tr>
<th>TF8H</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................. 1</td>
</tr>
<tr>
<td>NO ..................................................... 2</td>
</tr>
<tr>
<td>REFUSED ........................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ................................. 8</td>
</tr>
</tbody>
</table>

QT07_I7  [When you had your last routine physical exam, did you and a doctor talk] ....about nutrition or healthy eating?

<table>
<thead>
<tr>
<th>TF8I</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................. 1</td>
</tr>
<tr>
<td>NO ..................................................... 2</td>
</tr>
<tr>
<td>REFUSED ........................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ................................. 8</td>
</tr>
</tbody>
</table>

QT07_I8  [When you had your last routine physical exam, did you and a doctor talk] ...about your emotions or moods?

<table>
<thead>
<tr>
<th>TF8F</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................. 1</td>
</tr>
<tr>
<td>NO ..................................................... 2</td>
</tr>
<tr>
<td>REFUSED ........................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ................................. 8</td>
</tr>
</tbody>
</table>

QT07_I9  [When you had your last routine physical exam, did you and a doctor talk] ...about having regular dental checkups?

<table>
<thead>
<tr>
<th>TF8J</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................. 1</td>
</tr>
<tr>
<td>NO ..................................................... 2</td>
</tr>
<tr>
<td>REFUSED ........................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ................................. 8</td>
</tr>
</tbody>
</table>
QT07_I10  During the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?

<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>

QT07_I11  In the past 12 months, have you received any psychological or emotional counseling?

<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>

PROGRAMMING NOTE QT07_I12:
IF QT07_E4 = 1 OR QT07_E9 = 1 CONTINUE WITH QT07_I12;
ELSE GO TO QT07_I13;

QT07_I12  In the past 12 months, did you receive any professional help for your use of alcohol or drugs?

<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>

QT07_I13  In the past 12 months, did you delay or not get any medical care you felt you needed?

<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>

QT07_I14  Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

<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>
SECTION J - DENTAL OR ORAL HEALTH

QT07_J1 About how long has it been since you last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

TF14

HAVE NEVER VISITED ........................................... 0 [GO TO QT07_J3]
LESS THAN 6 MONTHS AGO .................................. 1
6 MONTHS UP TO 1 YEAR AGO .............................. 2
1 YEAR UP TO 2 YEARS AGO ............................... 3
2 YEARS UP TO 5 YEARS AGO ............................... 4
MORE THAN 5 YEARS AGO .................................. 5
REFUSED ............................................................-7 [GO TO QT07_J3]
DON’T KNOW .........................................................-8

QT07_J2 Was it for a routine checkup or cleaning, or was it for a specific problem?

TF15

ROUTINE CHECKUP OR CLEANING .................... 1
SPECIFIC PROBLEM ........................................... 2
BOTH ................................................................. 3
REFUSED ............................................................-7
DON’T KNOW .........................................................-8

PROGRAM NOTE QT07_J3:
IF QT07_J1 = 1 (< 6 MONTHS AGO) OR 2 (6 MONTHS – 1 YEAR AGO), GO TO QT07_J4;
ELSE IF QT07_J1 = 0 (NEVER VISITED) OR 3 (1-2 YEARS AGO) OR 4 (2-5 YEARS AGO) OR 5
(MORE THAN 5 YEARS AGO), CONT. WITH QT07_J3 AND IF QT07_J1 = 0 say. (“IN THE PAST
YEAR”):

QT07_J3 What is the main reason you haven’t visited a dentist (in the past year)?

TM1

COST, COULD NOT AFFORD ............................... 1
NO INSURANCE .................................................. 2
DID NOT HAVE A DENTIST, NONE AVAILABLE... 3
FEAR, PAIN, NERVOUSNESS ............................ 4
NO TRANSPORTATION, TOO FAR AWAY ............ 5
NO PROBLEMS WITH TEETH ............................. 6
OTHER, SPECIFY: ____________________________ 7
REFUSED ............................................................-7
DON’T KNOW .........................................................-8

PROGRAM NOTE QT07_J4:
IF QT07_J1 = 0 (NEVER VISITED A DENTIST), GO TO QT07_J6;
ELSE CONTINUE WITH QT07_J4;
**QT07_J4**
Is there a particular dentist or place you usually go to for your dental care?

- **TF25**
  - YES ................................................................. 1
  - NO ................................................................. 2
  - MORE THAN ONE PLACE .............................. 3
  - REFUSED ...................................................... 7
  - DON’T KNOW .................................................. 8

**PROGRAM NOTE QT07_J5:**
IF QT07_J1 = 0 (NEVER VISITED A DENTIST) OR 3 (1-2 YEARS AGO) OR 4 (2-5 YEARS AGO) OR 5 (MORE THAN 5 YEARS AGO), GO TO QT07_J6;
ELSE CONTINUE WITH QT07_J5;

**QT07_J5**
During the past 12 months, about how many visits did you make to a dentist?

- **TM2**
  - _______ VISITS
  - REFUSED ...................................................... 7
  - DON’T KNOW .................................................. 8

**QT07_J6**
During the past 12 months, was there any time when you needed dental care but you could not afford it?

- **TF26**
  - YES ................................................................. 1
  - NO ................................................................. 2
  - REFUSED ...................................................... 7
  - DON’T KNOW .................................................. 8

**QT07_J7**
During the past 12 months, did you miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

- **TF28**
  - YES ................................................................. 1
  - NO ................................................................. 2
  - REFUSED ...................................................... 7
  - DON’T KNOW .................................................. 8

**QT07_J8**
How many days of school did you miss because of dental problems?

- **TF29**
  - _______ DAYS
  - LESS THAN ONE DAY ................................. 94
  - REFUSED ...................................................... 7
  - DON’T KNOW .................................................. 8
How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>1</td>
</tr>
<tr>
<td>Very good</td>
<td>2</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>Fair</td>
<td>4</td>
</tr>
<tr>
<td>Poor</td>
<td>5</td>
</tr>
<tr>
<td>Has no natural teeth</td>
<td>6</td>
</tr>
<tr>
<td>Don't know</td>
<td>-7</td>
</tr>
<tr>
<td>Refused</td>
<td>-8</td>
</tr>
</tbody>
</table>
SECTION K – ADULT SUPERVISION

QT07_K1 These next questions are about your parents. Are your parents:

<table>
<thead>
<tr>
<th>TH1</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Married to each other</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Divorced from each other</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Separated from each other</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Not married, but living with each other</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Not married, and not living with each other</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>ONE PARENT DECEASED</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>BOTH PARENTS DECEASED</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>OTHER</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QT07_K2 Do you live with both your parents in the same house or apartment?

<table>
<thead>
<tr>
<th>TH2</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QT07_K3 About how often is there an adult around during your after-school hours? Would you say:

<table>
<thead>
<tr>
<th>TH5</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Some of the time</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Almost never</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
SECTION L - DEMOGRAPHIC INFORMATION PART II

QT07_L1
So we can be sure we have included all races and ethnic groups in California, I need to ask a few questions about you.

Are you Latino or Hispanic?

[INTERVIEWER NOTE: IF NEEDED SAY, “Such as Mexican, Central or South American?”]

YES .......................................................................... 1
NO............................................................................ 2 [GO TO QT07_L3]
REFUSED ............................................................... -7 [GO TO QT07_L3]
DON’T KNOW ......................................................... -8 [GO TO QT07_L3]

QT07_L2
And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran -- and if you have more than one, tell me all of them.

[INTERVIEWER NOTE: IF NEEDED, GIVE MORE EXAMPLES. CODE ALL THAT APPLY]

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
OTHER LATINO (SPECIFY): ______________ ... 91
REFUSED ................................................................... -7
DON’T KNOW .......................................................... -8
PROGRAMMING NOTE QT07_L3:
IF QT07_L1 = 1 (YES), SAY, "YOU SAID YOU ARE LATINO OR HISPANIC. ALSO..."
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QT07_L3, CONTINUE
WITH PROGRAMMING NOTE QT07_L4;
ELSE GO TO SKIPS AS INDICATED FOR SINGLE RESPONSES;

QT07_L3
{You said you are Latino or Hispanic. Also,} Please tell me which one or more of the
following you would use to describe yourself: Would you describe yourself as Native
Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African
American, or White?

[INTERVIEWER NOTE: IF R GIVES AN "OTHER" RESPONSE YOU MUST SPECIFY
WHAT IT IS. CODE ALL THAT APPLY.]

WHITE........................................................................ 1 [GO TO QT07_L10]
BLACK OR AFRICAN AMERICAN............................ 2 [GO TO QT07_L10]
ASIAN ........................................................................ 3 [GO TO QT07_L7]
AMERICAN INDIAN, ALASKA NATIVE ................... 4 [GO TO QT07_L4]
OTHER PACIFIC ISLANDER .................................. 5 [GO TO QT07_L8]
NATIVE HAWAIIAN ............................................... 6 [GO TO QT07_L10]
OTHER (SPECIFY):__________________.............. 91 [GO TO QT07_L10]
REFUSED .................................................................. -7 [GO TO QT07_L10]
DON'T KNOW ...................................................... -8 [GO TO QT07_L10]

PROGRAMMING NOTE QT07_L4:
IF QT07_L3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QT07_L4;
ELSE GO TO PROGRAMMING NOTE AT QT07_L7;

QT07_L4
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.

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

APACHE ................................................................. 1
BLACKFEET ............................................................ 2
CHEROKEE ............................................................ 3
CHOCTAW ............................................................. 4
MEXICAN AMERICAN ........................................ 5
NAVAJO ................................................................. 6
POMO ................................................................. 7
PUEBLO ............................................................... 8
SIOUX ............................................................... 9
YAQUI ................................................................. 10
OTHER TRIBE (SPECIFY):____________________ .... 91
REFUSED .................................................................. -7
DON'T KNOW ...................................................... -8
**QT07_L5**  Are you an enrolled member in a federally or state recognized tribe?

<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>

**QT07_L6**  Which tribe are you enrolled in?

*INTERVIEWER NOTE: ASK FOR SPELLING OF OTHER TRIBE SPECIFIED*

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>APACHE</td>
<td></td>
</tr>
<tr>
<td>MESCALERO APACHE, NM</td>
<td>1</td>
</tr>
<tr>
<td>APACHE (NOT SPECIFIED)</td>
<td>2</td>
</tr>
<tr>
<td>OTHER APACHE (SPECIFY)</td>
<td>3</td>
</tr>
<tr>
<td>BLACKFEET</td>
<td></td>
</tr>
<tr>
<td>BLACKFOOT/BLACKFEET</td>
<td>4</td>
</tr>
<tr>
<td>CHEROKEE</td>
<td></td>
</tr>
<tr>
<td>WESTERN CHEROKEE</td>
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<tr>
<td>CHEROKEE (NOT SPECIFIED)</td>
<td>6</td>
</tr>
<tr>
<td>OTHER CHEROKEE (SPECIFY)</td>
<td>7</td>
</tr>
<tr>
<td>CHOCTAW</td>
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</tr>
<tr>
<td>CHOCTAW OKLAHOMA</td>
<td>8</td>
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<tr>
<td>CHOCTAW (NOT SPECIFIED)</td>
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</tr>
<tr>
<td>OTHER CHOCTAW (SPECIFY)</td>
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</tr>
<tr>
<td>NAVAJO</td>
<td></td>
</tr>
<tr>
<td>NAVAJO (NOT SPECIFIED)</td>
<td>11</td>
</tr>
<tr>
<td>POMO</td>
<td></td>
</tr>
<tr>
<td>HOPLAND BAND, HOPLAND RANCHERIA</td>
<td>12</td>
</tr>
<tr>
<td>SHERWOOD VALLEY RANCHERIA</td>
<td>13</td>
</tr>
<tr>
<td>POMO (NOT SPECIFIED)</td>
<td>14</td>
</tr>
<tr>
<td>OTHER POMO (SPECIFY)</td>
<td>15</td>
</tr>
<tr>
<td>PUEBLO</td>
<td></td>
</tr>
<tr>
<td>HOPI</td>
<td>16</td>
</tr>
<tr>
<td>YSLETA DEL SUR PUEBLO OF TEXAS</td>
<td>17</td>
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<tr>
<td>PUEBLO (NOT SPECIFIED)</td>
<td>18</td>
</tr>
<tr>
<td>OTHER PUEBLO (SPECIFY)</td>
<td>19</td>
</tr>
<tr>
<td>SIOUX</td>
<td></td>
</tr>
<tr>
<td>OGLALA/PINE RIDGE SIOUX</td>
<td>20</td>
</tr>
<tr>
<td>SIOUX (NOT SPECIFIED)</td>
<td>21</td>
</tr>
<tr>
<td>OTHER SIOUX (SPECIFY)</td>
<td>22</td>
</tr>
<tr>
<td>YAQUI</td>
<td></td>
</tr>
<tr>
<td>PASCUA YAQUI TRIBE OF ARIZONA</td>
<td>23</td>
</tr>
<tr>
<td>YAQUI (NOT SPECIFIED)</td>
<td>24</td>
</tr>
<tr>
<td>OTHER YAQUI (SPECIFY)</td>
<td>25</td>
</tr>
<tr>
<td>OTHER</td>
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<tr>
<td>OTHER (SPECIFY)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QT07_L7:
IF QT07_L3 = 3 (ASIAN) CONTINUE WITH QT07_L7;
ELSE GO TO PROGRAMMING NOTE QT07_L8;

QT07_L7
You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

TI2D

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

BANGLADESHI............................... 1
BURMESE ........................................ 2
CAMBODIAN .................................... 3
CHINESE ........................................ 4
FILIPINO ....................................... 5
HMONG .......................................... 6
INDIAN (INDIA) ............................. 7
INDONESIAN .................................. 8
JAPANESE ..................................... 9
KOREAN ......................................... 10
LAOTIAN ....................................... 11
MALAYSIAN .................................... 12
PAKISTANI ..................................... 13
SRI LANKAN .................................. 14
TAIWANESE ................................... 15
THAI ............................................. 16
VIETNAMESE ................................. 17
OTHER ASIAN (SPECIFY):___________ 91
REFUSED .................................... -7
DON'T KNOW ................................-8

PROGRAMMING NOTE QT07_L8:
IF QT07_L3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QT07_L8;
ELSE GO TO PROGRAMMING NOTE QT07_L9;

QT07_L8
You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

TI2D1

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN ............ 1
GUAMANIAN ................................... 2
TONGAN ......................................... 3
FIJIAN .......................................... 4
OTHER PACIFIC ISLANDER (SPECIFY): ____ 91
REFUSED .................................... -7
DON'T KNOW ................................-8
You said that you are: [RESPONSES FROM QT07_L2, QT07_L3, QT07_L4, QT07_L8].  
Do you identify with any one race in particular?

YES ........................................................................... 1  
NO ........................................................................... 2  [GO TO QA07_L10]  
REFUSED .................................................................. -7  [GO TO QA07_L10]  
DON'T KNOW .......................................................... -8  [GO TO QA07_L10]
**QT07_L9A** Which do you most identify with?

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEXICAN/MEXICANO</td>
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</tr>
<tr>
<td>MEXICAN AMERICAN</td>
<td>2</td>
</tr>
<tr>
<td>CHICANO</td>
<td>3</td>
</tr>
<tr>
<td>SALVADORAN</td>
<td>4</td>
</tr>
<tr>
<td>GUATEMALAN</td>
<td>5</td>
</tr>
<tr>
<td>COSTA RICAN</td>
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</tr>
<tr>
<td>HONDURAN</td>
<td>7</td>
</tr>
<tr>
<td>NICARAGUAN</td>
<td>8</td>
</tr>
<tr>
<td>PANAMANIAN</td>
<td>9</td>
</tr>
<tr>
<td>PUERTO RICAN</td>
<td>10</td>
</tr>
<tr>
<td>CUBAN</td>
<td>11</td>
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<tr>
<td>SPANISH-AMERICAN (FROM SPAIN)</td>
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<tr>
<td>LATINO, OTHER SPECIFY</td>
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</tr>
<tr>
<td>LATINO</td>
<td>14</td>
</tr>
<tr>
<td>NATIVE HAWAIIAN</td>
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<tr>
<td>OTHER PACIFIC ISLANDER</td>
<td>17</td>
</tr>
<tr>
<td>AMERICAN INDIAN OR ALASKA NATIVE</td>
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</tr>
<tr>
<td>ASIAN</td>
<td>19</td>
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</tr>
<tr>
<td>WHITE</td>
<td>21</td>
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<tr>
<td>RACE, OTHER SPECIFY</td>
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<td>BURMESE</td>
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<td>CAMBODIAN</td>
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<td>FILIPINO</td>
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<td>HMONG</td>
<td>35</td>
</tr>
<tr>
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<tr>
<td>INDONESIAN</td>
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</tr>
<tr>
<td>JAPANESE</td>
<td>38</td>
</tr>
<tr>
<td>KOREAN</td>
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<td>LAOTIAN</td>
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<td>MALAYSIAN</td>
<td>41</td>
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<td>SRI LANKAN</td>
<td>43</td>
</tr>
<tr>
<td>TAIWANESE</td>
<td>44</td>
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<tr>
<td>THAI</td>
<td>45</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>46</td>
</tr>
<tr>
<td>ASIAN, OTHER SPECIFY</td>
<td>49</td>
</tr>
<tr>
<td>SAMOAN/AMERICAN SAMOAN</td>
<td>50</td>
</tr>
<tr>
<td>GUAMANIAN</td>
<td>51</td>
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<tr>
<td>TONGAN</td>
<td>52</td>
</tr>
<tr>
<td>FIJIAN</td>
<td>53</td>
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<tr>
<td>PACIFIC ISLANDER, OTHER SPECIFY</td>
<td>55</td>
</tr>
<tr>
<td>BOTH/ALL/MULTIRACIAL</td>
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</tr>
<tr>
<td>NONE OF THESE</td>
<td>95</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>
### In what country were you born?

<table>
<thead>
<tr>
<th>Country</th>
<th>Code</th>
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<tbody>
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<td>UNITED STATES</td>
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</tr>
<tr>
<td>AMERICAN SAMOA</td>
<td>2</td>
</tr>
<tr>
<td>CANADA</td>
<td>3</td>
</tr>
<tr>
<td>CHINA</td>
<td>4</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>5</td>
</tr>
<tr>
<td>ENGLAND</td>
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<td>FRANCE</td>
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<td>GERMANY</td>
<td>8</td>
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<td>GUAM</td>
<td>9</td>
</tr>
<tr>
<td>GUATEMALA</td>
<td>10</td>
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<tr>
<td>HUNGARY</td>
<td>11</td>
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<tr>
<td>INDIA</td>
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<tr>
<td>IRAN</td>
<td>13</td>
</tr>
<tr>
<td>IRELAND</td>
<td>14</td>
</tr>
<tr>
<td>ITALY</td>
<td>15</td>
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<tr>
<td>JAPAN</td>
<td>16</td>
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<td>KOREA</td>
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<td>PUERTO RICO</td>
<td>22</td>
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<td>RUSSIA</td>
<td>23</td>
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<td>TAIWAN</td>
<td>24</td>
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<tr>
<td>VIETNAM</td>
<td>25</td>
</tr>
<tr>
<td>VIRGIN ISLANDS</td>
<td>26</td>
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<tr>
<td>OTHER (SPECIFY)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
</tbody>
</table>

### Are you a citizen of the United States?

<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>APPLICATION PENDING</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>
QT07_L12  Are you a permanent resident with a green card?

TI5  

[Interviewer note: If needed say, “People usually call this a “Green Card” but the color can also be pink, blue or white.”]

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

QT07_L13  About how many years have you lived in the United States?

TI6  

[Interviewer note: For less than a year, enter 1 year]

_____ NUMBER OF YEARS

TI6YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

TI6FMT

NUMBER OF YEARS ................................................................. 1
YEAR ............................................................................................ 2
REFUSED ......................................................................................... -7
DON’T KNOW .................................................................................. -8

QT07_L14  What languages do you speak at home?

TI7  

[Interviewer note: Code all that apply. Probe: “Any others?”]

ENGLISH ....................................................................................... 1
SPANISH ......................................................................................... 2
CANTONESE ................................................................................ 3
VIETNAMESE ................................................................................ 4
TAGALOG ....................................................................................... 5
MANDARIN ...................................................................................... 6
KOREAN .......................................................................................... 7
ASIAN INDIAN LANGUAGES ......................................................... 8
RUSSIAN ........................................................................................... 9
OTHER1 (SPECIFY): ___________________________________________ 91
OTHER2 (SPECIFY): ___________________________________________ 92
REFUSED ......................................................................................... -7
DON’T KNOW .................................................................................. -8
Those are my final questions. I appreciate your time and cooperation. Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

**TI10**

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

Thank you. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. E. Richard Brown, the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-275-2447. Goodbye.

**TI9**

[Interviewer Note: If needed say, “During this interview, even for a part of the time, do you think...”]

A PARENT WAS LISTENING ON AN EXTENSION 1
A PARENT WAS IN THE ROOM LISTENING .......... 2
OR NEITHER .............................................................. 3
DON'T KNOW .......................................................... -8

[END]