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Section A – Demographic Information, Part I

PROGRAMMING NOTE QA11_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA11_A1 What is your date of birth?

AA1MON MONTH _____ [RANGE: 1-12]
1. JANUARY    7. JULY
2. FEBRUARY    8. AUGUST
3. MARCH    9. SEPTEMBER
4. APRIL 10. OCTOBER
5. MAY 11. NOVEMBER
6. JUNE 12. DECEMBER

AA1DAY DAY _____ [RANGE: 1-31]

AA1YR YEAR _____ [RANGE: 1898-1994]

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

PROGRAMMING NOTE QA11_A2:
IF QA11_A1 = -7 OR -8 (REF/DK), THEN CONTINUE WITH QA11_A2;
ELSE GO TO QA11_A5

QA11_A2 What month and year were you born?

AA1AMON MONTH _____ [RANGE: 1-12]
1. JANUARY    7. JULY
2. FEBRUARY    8. AUGUST
3. MARCH    9. SEPTEMBER
4. APRIL 10. OCTOBER
5. MAY 11. NOVEMBER
6. JUNE 12. DECEMBER

AA1AYR YEAR _____ [RANGE: 1898-1994]

REFUSED............................................................... -7
DON'T KNOW......................................................... -8
QA11_A3  What is your age, please?

aa2

_____YEARS OF AGE   [RANGE: 0-120]   [GO TO QA11_A5]

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

QA11_A4  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?

aa2a

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

POST NOTE QA11_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA11_A1, QA11_A2, OR QA11_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA11_A1, QA11_A2, OR QA11_A3 = -7 OR -8 (REF/DK), THEN USE QA11_A4;
ELSE USE ENUM.AGE

QA11_A5  Are you male or female?

aa3

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

QA11_A6  Are you Latino or Hispanic?

aa4

YES .................................................................1 [GO TO PN QA11_A8]
NO .................................................................2 [GO TO PN QA11_A8]
REFUSED .........................................................-7 [GO TO PN QA11_A8]
DON'T KNOW ....................................................-8 [GO TO PN QA11_A8]
QA11_A7  And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODING ALL THAT APPLY]

- MEXICAN/MEXICAN AMERICAN/CHICANO ..........1
- SALVADORAN.................................................4
- GUATEMALAN.................................................5
- COSTA RICAN..................................................6
- HONDURAN......................................................7
- NICARAGUA......................................................8
- PANAMANIAN....................................................9
- PUERTO RICAN (FROM SPAIN).........................10
- SPANISH-AMERICAN (FROM SPAIN)....................12
- OTHER LATINO (SPECIFY: ____________) ....... 91
- REFUSED............................................................-7
- DON'T KNOW ......................................................-8

PROGRAMMING NOTE QA11_A8:

IF QA11_A6 = 1 (YES, LATINO/HISPANIC), THEN DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA11_A8, THEN CONTINUE
WITH PROGRAMMING NOTE QA11_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QA11_A8  (You said you are Latino or Hispanic. Also,) please tell me which one or more of the following
you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other
Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

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

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

[CODING ALL THAT APPLY]

- WHITE.............................................................1 [GO TO PN QA11_A16]
- BLACK OR AFRICAN AMERICAN.......................2 [GO TO PN QA11_A16]
- ASIAN.............................................................3 [GO TO PN QA11_A12]
- AMERICAN INDIAN OR ALASKA NATIVE ..........4 [GO TO PN QA11_A9]
- OTHER PACIFIC ISLANDER .........................5 [GO TO PN QA11_A13]
- NATIVE HAWAIIAN ........................................6 [GO TO PN QA11_A16]
- OTHER (SPECIFY: ____________) .................... 91
- REFUSED............................................................-7
- DON'T KNOW ......................................................-8
QA11_A9 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]

- Apache ................................................................. 1
- Blackfoot/Blackfeet ............................................. 2
- Cherokee .............................................................. 3
- Choctaw ............................................................... 4
- Mexican American Indian ................................. 5
- Navajo ................................................................. 6
- Pomo ................................................................. 7
- Pueblo ............................................................... 8
- Sioux ................................................................. 9
- Yaqui ................................................................. 10
- Other Tribe (Specify: ____________) ............... 91
- Refused .............................................................. -7
- Don’t Know ......................................................... -8

QA11_A10 Are you an enrolled member in a federally or state recognized tribe?

- Yes ........................................................................... 1
- No ............................................................................ 2 [GO TO PN QA11_A12]
- Refused .............................................................. -7 [GO TO PN QA11_A12]
- Don’t Know ......................................................... -8 [GO TO PN QA11_A12]
<table>
<thead>
<tr>
<th>Tribe</th>
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<th>Description</th>
</tr>
</thead>
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<td>APACHE</td>
<td>AA5D</td>
<td>MESCALERO APACHE, NM..................................1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>APACHE (NOT SPECIFIED).................................2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER APACHE [Ask for spelling]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SPECIFY:__________) ...................................3</td>
</tr>
<tr>
<td>BLACKFEET</td>
<td>AA5D</td>
<td>BLACKFOOT/BLACKFEET ..................................4</td>
</tr>
<tr>
<td>CHEROKEE</td>
<td>AA5D</td>
<td>WESTERN CHEROKEE ......................................5</td>
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<td>CHEROKEE (NOT SPECIFIED)................................6</td>
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<tr>
<td></td>
<td></td>
<td>(SPECIFY:__________) ...................................7</td>
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<td>CHOCTAW OKLAHOMA .......................................8</td>
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<td>(SPECIFY:__________) ...................................10</td>
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<td>HOPLAND BAND, HOPLAND RANCHERIA ......................12</td>
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<td>SHERWOOD VALLEY RANCHERIA ............................13</td>
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<td></td>
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<td>POMO (NOT SPECIFIED) ...................................14</td>
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<tr>
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<td>OTHER POMO [Ask for spelling]</td>
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<td></td>
<td></td>
<td>(SPECIFY:__________) ...................................15</td>
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<tr>
<td>PUEBLO</td>
<td>AA5D</td>
<td>HOPI ................................................................16</td>
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<td>YSLETA DEL SUR PUEBLO OF TEXAS ......................17</td>
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<tr>
<td></td>
<td></td>
<td>PUEBLO (NOT SPECIFIED) ................................18</td>
</tr>
<tr>
<td></td>
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<td>OTHER PUEBLO [Ask for spelling]</td>
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<tr>
<td></td>
<td></td>
<td>(SPECIFY:__________) ...................................19</td>
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<tr>
<td>SIOUX</td>
<td>AA5D</td>
<td>OGLALA/PINE RIDGE SIOUX ................................20</td>
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<td>SIOUX (NOT SPECIFIED) ..................................21</td>
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<td>(SPECIFY:__________) ...................................22</td>
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<tr>
<td>YAQUI</td>
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<td>PASCUA YAQUI TRIBE OF ARIZONA .......................23</td>
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<td>YAQUI (NOT SPECIFIED) ..................................24</td>
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<td>OTHER YAQUI [Ask for spelling] (SPECIFY:_____). .25</td>
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<td>OTHER</td>
<td></td>
<td>OTHER [Ask for spelling] (SPECIFY:____)............91</td>
</tr>
<tr>
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<td></td>
<td>REFUSED ..................................................-7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ...............................................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA11_A12:
IF QA11_A8 = 3 (ASIAN), THEN CONTINUE WITH QA11_A12;
ELSE GO TO PROGRAMMING NOTE QA11_A13

QA11_A12  You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, or Vietnamese? If you are more than one, tell me all of them.

AA5E

[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 QA11_A13:
IF QA11_A8 = 5 (OTHER PACIFIC ISLANDER), THEN CONTINUE WITH QA11_A13;
ELSE GO TO PROGRAMMING NOTE QA11_A14

QA11_A13  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.

AA5E1

[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: {INSERT MULTIPLE RESPONSES FROM QA11_A7, QA11_A8, QA11_A12 AND QA11_A13}.

Do you identify with any one race in particular?

**AA5G**

YES ...........................................................................1
NO .............................................................................2 [GO TO QA11_A16]
REFUSED ............................................................... -7 [GO TO QA11_A16]
DON’T KNOW ......................................................... -8 [GO TO QA11_A16]

Which do you most identify with?

**AA5F**

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

MEXICAN/MEXICAN AMERICAN/CHICANO……..……..1
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
Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

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

- MARRIED ..................................................... 1
- LIVING WITH PARTNER .................................. 2
- WIDOWED .................................................... 3
- DIVORCED ................................................... 4
- SEPARATED .................................................. 5
- NEVER MARRIED ......................................... 6
- REFUSED ..................................................... -7
- DON'T KNOW ............................................... -8
Section B – Health Conditions

QA11_B1  These next questions are about your health.

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

AB1

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

QA11_B2  Has a doctor ever told you that you have asthma?

AB17

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA11_B18]
REFUSED ............................................................... -7 [GO TO PN QA11_B18]
DON'T KNOW ..........................................................-8 [GO TO PN QA11_B18]

QA11_B3  Do you still have asthma?

AB40

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

QA11_B4  During the past 12 months, have you had an episode of asthma or an asthma attack?

AB41

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8
PROGRAMMING NOTE QA11_B5:
IF [QA11_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA OR REF/DK)] AND [QA11_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS OR REF/DK)], THEN GO TO QA11_B9;
ELSE CONTINUE WITH QA11_B5

QA11_B5  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…

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
<tr>
<td>Less than every month</td>
<td>2</td>
</tr>
<tr>
<td>Every month</td>
<td>3</td>
</tr>
<tr>
<td>Every week, or</td>
<td>4</td>
</tr>
<tr>
<td>Every day?</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>

QA11_B6  During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

<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>

QA11_B7  Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

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

<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>DOESN’T HAVE A DOCTOR</td>
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<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA11_B8  During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

<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>
QA11_B9 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

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

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

PROGRAMMING NOTE QA11_B10:
IF QA11_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA11_B4 = 1 (YES, EPISODE IN LAST 12 MOS), THEN GO TO PROGRAMMING NOTE QA11_B14; ELSE CONTINUE WITH QA11_B10

QA11_B10 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...

AB66

Not at all, ................................................................. 1
Less than every month, ......................................... 2
Every month, .......................................................... 3
Every week, or ....................................................... 4
Every day? ............................................................. 5
REFUSED ............................................................ -7
DON’T KNOW ....................................................... -8

QA11_B11 During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

AB67

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

QA11_B12 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

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

AB107

YES ................................................................. 1
NO ................................................................. 2
DOESN’T HAVE DOCTOR ........................................ 3
REFUSED ............................................................ -7
DON’T KNOW ....................................................... -8
QA11_B13  During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

AB80

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

PROGRAMMING NOTE QA11_B14:
IF AAGE > 69, THEN GO TO QA11_B15;
ELSE CONTINUE WITH QA11_B14

QA11_B14  During the past 12 months, how many days of work did you miss due to asthma?

AB42

[IF NOT WORKING, ENTER ZERO]

_______ DAYS (0 - 365)

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

QA11_B15  Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

AB43

YES ...........................................................................1
NO .............................................................................2 [GO TO QA11_B17]
REFUSED ....................................................................-7 [GO TO QA11_B17]
DON'T KNOW ............................................................-8 [GO TO QA11_B17]

QA11_B16  Do you have a written or printed copy of this plan?

AB98

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

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

QA11_B17  How confident are you that you can control and manage your asthma? Would you say you are…

AB108

Very confident, ..........................................................1
Somewhat confident, ................................................2
Not too confident, or ..................................................3
Not at all confident? ..................................................4
REFUSED ....................................................................-7
DON'T KNOW ............................................................-8
PROGRAMMING NOTE QA11_B18:
IF QA11_A5 = 2 (FEMALE), THEN DISPLAY "Other than during pregnancy, has";
ELSE DISPLAY "Has"

QA11_B18 {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

| AB22 | YES .................................................................1 |
|      | NO ........................................................................2 |
|      | BORDERLINE OR PRE-DIABETES ...........................3  [GO TO PN QA11_B34] |
|      | REFUSED ..........................................................-7 |
|      | DON'T KNOW .....................................................-8 |

PROGRAMMING NOTE QA11_B19:
IF QA11_A5 = 2 (FEMALE), THEN DISPLAY "Other than during pregnancy, has";
ELSE DISPLAY "Has"

QA11_B19 {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?

| AB99 | YES .................................................................1 |
|      | NO ........................................................................2 |
|      | REFUSED ..........................................................-7 |
|      | DON'T KNOW .....................................................-8 |

PROGRAMMING NOTE QA11_B20:
IF QA11_B18 = 1 (YES, HAS DIABETES), THEN CONTINUE WITH QA11_B20;
ELSE GO TO PROGRAMMING NOTE QA11_B39

QA11_B20 How old were you when a doctor first told you that you have diabetes?

| AB23 | ______ AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)] |
|      | REFUSED ..........................................................-7 |
|      | DON'T KNOW .....................................................-8 |

QA11_B21 Were you told that you had Type 1 or Type 2 diabetes?

| AB51 | [IF NEEDED, SAY: “Type 1 diabetes results from the body’s failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes.”] |
|      | TYPE 1 ..................................................................1 |
|      | TYPE 2 ..................................................................2 |
|      | ANOTHER TYPE ..................................................3 |
|      | REFUSED ..........................................................-7 |
|      | DON'T KNOW .....................................................-8 |
**QA11_B22**  Are you now taking insulin?

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

**QA11_B23**  Do you now take diabetic pills to lower your blood sugar?

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

**QA11_B24**  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

**QA11_B25**  About how many times in the last 12 months has a doctor or other health professional 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

**QA11_B26**  About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

- **[FILL IN TIME FRAME ANSWERED]**

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

  - **REFUSED** ..................................................-7
  - **DON'T KNOW** ...........................................-8
QA11_B27  When was the last time you had an eye exam in which the pupils were dilated?  This would have made your eyes sensitive to bright light for a short time.

AB63  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN THE PAST MONTH</td>
<td>1</td>
</tr>
<tr>
<td>WITHIN THE PAST YEAR (1-12 MONTHS AGO)</td>
<td>2</td>
</tr>
<tr>
<td>WITHIN THE PAST 2 YEARS (1-2 YEARS AGO)</td>
<td>3</td>
</tr>
<tr>
<td>2 OR MORE YEARS AGO</td>
<td>4</td>
</tr>
<tr>
<td>NEVER</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>

QA11_B28  During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?

AB109  

<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>

QA11_B29  Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?

AB110  

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

<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>DOESN'T HAVE DOCTOR</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>

QA11_B30  During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?

AB111  

<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>

QA11_B31  Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

AB112  

<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>
QA11_B32  Do you have a written or printed copy of this plan?

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

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

QA11_B33  How confident are you that you can control and manage your diabetes? Would you say you are...

Very confident, .....................................................1
Somewhat confident, .........................................2
Not too confident, or .........................................3
Not at all confident? ..........................................4
REFUSED ......................................................-7
DON’T KNOW .................................................-8

PROGRAMMING NOTE QA11_B34:
IF QA11_A5 = 2 (FEMALE), THEN CONTINUE WITH QA11_B34;
ELSE GO TO QA11_B35

QA11_B34  Has a doctor ever told you that you had diabetes only during pregnancy?

[IF NEEDED, SAY: “This is also known as gestational diabetes.”]

YES .................................................................1
NO .................................................................2
BORDERLINE GESTATIONAL DIABETES ............3
REFUSED ......................................................-7
DON’T KNOW .................................................-8

QA11_B35  Has a doctor ever told you that you have high blood pressure?

YES .................................................................1
NO .................................................................2
HIGH NORMAL/BORDERLINE/ PRE-HYPERTENSION ..................3
REFUSED ......................................................-7
DON’T KNOW .................................................-8

QA11_B36  Are you now taking any medications to control your high blood pressure?

YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON’T KNOW .................................................-8
Has a doctor ever told you that you have any kind of heart disease?

[AB34] 

YES .................................................................1 [GO TO QA11_B45]
NO .................................................................2
REFUSED ..........................................................-7 [GO TO QA11_B45]
DON'T KNOW ......................................................-8 [GO TO QA11_B45]

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

[AB52] 

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

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

[AB115] 

YES .................................................................1 [GO TO QA11_B41]
NO .................................................................2 [GO TO QA11_B41]
REFUSED ..........................................................-7 [GO TO QA11_B41]
DON'T KNOW ......................................................-8 [GO TO QA11_B41]

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

[AB116] 

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

YES .................................................................1
NO .................................................................2
DOESN'T HAVE DOCTOR .......................................3
REFUSED ..........................................................-7
DON'T KNOW ......................................................-8

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

[AB117] 

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

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

[AB118] 

YES .................................................................1 [GO TO QA11_B44]
NO .................................................................2 [GO TO QA11_B44]
REFUSED ..........................................................-7 [GO TO QA11_B44]
DON'T KNOW ......................................................-8 [GO TO QA11_B44]
QA11_B43  Do you have a written or printed copy of this plan?

AB119  
[IF NEEDED, SAY: “This can be an electronic or hard copy.”]

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

QA11_B44  How confident are you that you can control and manage your heart disease?  Would you say you are…

AB120

Very confident, .........................................................1
Somewhat confident, ............................................2
Not too confident, or ............................................3
Not at all confident? ...........................................4
REFUSED .....................................................-7
DON’T KNOW ..................................................-8

QA11_B45  Has a doctor ever told you that you had a stroke?

AC6

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

QA11_B46  Have you EVER been told by a doctor that you have some form of ARTHRITIS, gout, lupus or fibromyalgia [fy-bro-my-AL-jee-uh]?

AB64

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

QA11_B47  In the past 30 days, did you have any pain, aching, or stiffness in or around a joint?

AB127

[IF NEEDED, SAY: “Do not include the back or neck.”]

YES .................................................................1
NO .................................................................2
REFUSED .....................................................-7
DON’T KNOW ..................................................-8
PROGRAMMING NOTE QA11_B48: 
IF QA11_B46 = 1 (DIAGNOSED WITH ARTHRITIS, GOUT, LUPUS, OR FIBROMYALGIA) OR QA11_B47 = 1 (HAD SYMPTOMS OF JOINT PROBLEM IN PAST 30 DAYS), THEN CONTINUE WITH QA11_B48; ELSE GO TO QA11_B49

QA11_B48  How much are you limited in your activities by these problems? Would you say...

<table>
<thead>
<tr>
<th>AB16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all, ..............................1</td>
</tr>
<tr>
<td>A little bit, ............................2</td>
</tr>
<tr>
<td>Moderately, ..............................3</td>
</tr>
<tr>
<td>Quite a lot, or, .......................4</td>
</tr>
<tr>
<td>Extremely? ..............................5</td>
</tr>
<tr>
<td>REFUSED ..................................-7</td>
</tr>
<tr>
<td>DON'T KNOW .............................-8</td>
</tr>
</tbody>
</table>

QA11_B49  During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?

<table>
<thead>
<tr>
<th>AE30</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NEEDED, SAY: “A flu shot is usually given in the Fall and protects against influenza for the flu season.”]</td>
</tr>
<tr>
<td>YES ........................................1</td>
</tr>
<tr>
<td>NO ...........................................2 [GO TO QA11_B52]</td>
</tr>
<tr>
<td>REFUSED ................................-7 [GO TO QA11_B52]</td>
</tr>
<tr>
<td>DON'T KNOW .............................-8 [GO TO QA11_B52]</td>
</tr>
</tbody>
</table>

QA11_B50  Did you have the flu shot or the nasal flu vaccine?

<table>
<thead>
<tr>
<th>AB100</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLU SHOT ..................................1</td>
</tr>
<tr>
<td>NASAL/FLUMIST ..........................2</td>
</tr>
<tr>
<td>BOTH ........................................3</td>
</tr>
<tr>
<td>REFUSED ..................................-7</td>
</tr>
<tr>
<td>DON'T KNOW .............................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA11_B51:
IF QA11_B50 = 1, THEN DISPLAY “flu shot”;
ELSE IF QA11_B50 = 2, THEN DISPLAY “nasal flu vaccine”;
ELSE DISPLAY “vaccine”

QA11_B51 At what kind of place did you get your last {flu shot/nasal flu vaccine/vaccine}?

AB57

A DOCTOR’S OFFICE, KAISER, OR HMO .............1
A COMMUNITY HEALTH CENTER,
HEALTH DEPT., HEALTH DEPT. CLINIC,
OR OTHER TYPE OF CLINIC .........................2
A STORE (FOR EXAMPLE, MARKET,
DRUGSTORE, OR PHARMACY) .......................3
WORKPLACE .................................................4
A SENIOR, RECREATION,
OR COMMUNITY CENTER .............................5
A HOSPITAL OR EMERGENCY ROOM .................6
PLACE OF WORSHIP .....................................7
OTHER (SPECIFY: __________________) ...........91
REFUSED ......................................................-7
DON’T KNOW/ NOT SURE ............................-8

PROGRAMMING NOTE QA11_B52:
IF AAGE < 65 YEARS, GO TO QA11_C1;
ELSE CONTINUE WITH QA11_B52;

QA11_B52 During the past 12 months, have you fallen to the ground more than once?

AC7

YES .................................................................1
NO ...............................................................-2 [GO TO QA11_C1]
REFUSED ....................................................-7 [GO TO QA11_C1]
DON’T KNOW ..............................................-8 [GO TO QA11_C1]

QA11_B53 Did you get any medical care because of those falls?

AB91

YES .................................................................1
NO ...............................................................2 [GO TO QA11_B56]
REFUSED ....................................................-7 [GO TO QA11_B56]
DON’T KNOW ..............................................-8 [GO TO QA11_B56]

QA11_B54 Did you go to the emergency room because of any of those falls?

AB140

YES .................................................................1
NO ...............................................................2
REFUSED ....................................................-7
DON’T KNOW ..............................................-8
Were you hospitalized because of any of those falls?

Yes .................................................................1
No .................................................................2
Refused .......................................................... -7
Don't know ..................................................... -8

Did a health care professional talk with you about how to avoid falling?

Yes .................................................................1
No .................................................................2
Refused .......................................................... -7
Don't know ..................................................... -8

Did the health care professional make any specific recommendations?

Yes .................................................................1
No .................................................................2
Refused .......................................................... -7
Don't know ..................................................... -8

Because of those falls, did a health care professional review your medications?

Yes .................................................................1
No .................................................................2
Refused .......................................................... -7
Don't know ..................................................... -8

Did the health care professional recommend any changes to your medications?

Yes .................................................................1
No .................................................................2
Refused .......................................................... -7
Don't know ..................................................... -8

Because of those falls, did you start a physical therapy or exercise program?

Yes .................................................................1
No .................................................................2
Refused .......................................................... -7
Don't know ..................................................... -8

[IF NEEDED, SAY: “Include temporary changes during your recovery.”]
QA11_B61  Did you do this because a health care professional recommended it?

AB144

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

QA11_B62  Because of those falls, did you make changes to your home, such as adding grab bars or removing rugs?

AB95

[IF NEEDED, SAY: “Include temporary changes during your recovery.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7 [GO TO QA11_B64]
DON'T KNOW ......................................................... -8 [GO TO QA11_B64]

QA11_B63  Did you do this because a health care professional recommended it?

AB145

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

QA11_B64  Did you start using a cane or walker?

AB96

[IF NEEDED, SAY: “Because of those falls”]

[IF NEEDED, SAY: “Include temporary changes during your recovery.”]

YES ...........................................................................1
NO .............................................................................2 [GO TO QA11_B66]
REFUSED ............................................................... -7 [GO TO QA11_B66]
DON'T KNOW ......................................................... -8 [GO TO QA11_B66]

QA11_B65  Did you do this because a health care professional recommended it?

AB146

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA11_B66 Did you change your daily routines?

[IF NEEDED, SAY: “Because of those falls”]

[IF NEEDED, SAY: “Include temporary changes during your recovery.”]

YES .................................................................1
NO .................................................................2 [GO TO QA11_C1]
REFUSED ..........................................................-7 [GO TO QA11_C1]
DON’T KNOW ..................................................-8 [GO TO QA11_C1]

QA11_B67 Did you do this because a health care professional recommended it?

AB147

YES .................................................................1
NO .................................................................2
REFUSED ..........................................................-7
DON’T KNOW ..................................................-8
Section C – Health Behaviors

QA11_C1 The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.

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

AD37W

YES ........................................................................... 1
NO ............................................................................. 2
UNABLE TO WALK .................................................. 3
REFUSED .................................................................... -7
DON’T KNOW ........................................................... -8

[GO TO QA11_C4]

QA11_C2 In the past 7 days, how many times did you do that?

AD38W

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

______ TIMES PER WEEK

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

[GO TO QA11_C4]

PROGRAMMING NOTE QA11_C3:
IF QA11_C2 = 1, THEN DISPLAY “How long did that walk take”;
IF QA11_C2 > 1, THEN DISPLAY “On average, how long did those walks take”

QA11_C3 {How long did that walk take/On average, how long did those walks take}?

AD39W

______ MINUTES PER DAY
______ HOURS PER DAY

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

PROGRAMMING NOTE QA11_C4:
IF QA11_C1 = 1 (WALK FOR TRANSPORTATION), THEN DISPLAY “Please do not include walking for transportation.”

QA11_C4 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days, did you walk for at least 10 minutes for any of these reasons? {Please do not include walking for transportation.}

AD40W

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

[GO TO QA11_C7]
QA11_C5  In the past 7 days, how many times did you do that?

AD41W  [IF NEEDED, SAY: “Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog.”]

______ TIMES PER WEEK

REFUSED ............................................................... -7  [IF 0, GO TO QA11_C7]
DON’T KNOW ......................................................... -8  [GO TO QA11_C7]

PROGRAMMING NOTE QA11_C6:
IF QA11_C5 = 1, THEN DISPLAY “How long did that walk take”;
IF QA11_C5 > 1, THEN DISPLAY “On average, how long did those walks take”

QA11_C6  {How long did that walk take/On average, how long did those walks take}?

AD42W  

______ MINUTES PER DAY
______ HOURS PER DAY

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

QA11_C7  Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

During the past month, how many times did you eat fruit? Do not count juices.

AE2  [IF NEEDED, SAY: “Your best guess is fine.”]

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

_______ TIMES

PER DAY ...............................................................1 [HR: 0-20; SR: 0-9]
PER WEEK ............................................................2 [HR: 0-20; SR: 0-29]
PER MONTH ............................................................3 [HR: 0-210; SR: 0-149]
REFUSED ............................................................-7
DON’T KNOW ..........................................................-8
QA11_C8  [During the past month,] how many times did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?

 AE3  [IF RESPONDENT ASKS, SAY: “Do not include potato chips.”]

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

 __________ TIMES

   PER DAY ................................................................. 1 [HR: 0-20; SR: 0-5]
   PER WEEK ............................................................... 2 [HR: 0-35; SR: 0-11]
   PER MONTH ............................................................ 3 [HR: 0-90; SR: 0-30]
   REFUSED .................................................................. -7
   DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA11_C9:
IF QA11_C8 > 0 (ATE FRIED POTATOES) THEN DISPLAY “Do not include fried potatoes.”
ELSE DO NOT DISPLAY

QA11_C9  [During the past month,] how many times did you eat any other vegetables like green salad, green beans, or potatoes? {Do not include fried potatoes.}

 AE7  [IF STRONGLY NEEDED, SAY: “Such as tomatoes, carrots, onions, or broccoli.”]

 [ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: “Rice is not a vegetable.”]

 __________ TIMES

   PER DAY ................................................................. 1 [HR: 0-10; SR: 0-4]
   PER WEEK ............................................................... 2 [HR: 0-70; SR: 0-28]
   PER MONTH ............................................................ 3 [HR: 0-300; SR: 0-120]
   REFUSED .................................................................. -7
   DON'T KNOW ......................................................... -8

QA11_C10  [During the past month,] how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

 AC11  [IF NEEDED, SAY: “Do not include canned or bottled juices or teas. Your best guess is fine.”]

 __________ TIMES

   PER DAY ................................................................. 1 [HR: 0-10; SR: 0-7]
   PER WEEK ............................................................... 2 [HR: 0-25; SR: 0-11]
   PER MONTH ............................................................ 3 [HR: 0-60; SR: 0-30]
   REFUSED .................................................................. -7
   DON'T KNOW ......................................................... -8
QA11_C11  Now think about the past week. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

[IF NEEDED, SAY: “Such as food you get at McDonald’s, KFC, Panda Express, or Taco Bell.”]

__________# OF TIMES IN PAST 7 DAYS

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

QA11_C12  How often can you find fresh fruits and vegetables in your neighborhood? Would you say…

AC42

Never, ........................................................................1
Sometimes, ...............................................................2
Usually, or .................................................................3
Always? ....................................................................4
DOESN’T EAT F & V ................................................5
DOESN’T SHOP FOR F&V ......................................6
DOESN’T SHOP IN HIS/HER NEIGHBORHOOD ....7
REFUSED .................................................................. -7
DON’T KNOW ........................................................ -8

PROGRAMMING NOTE QA11_C13:
IF QA11_C12 = 2, 3, OR 4, THEN CONTINUE WITH QA11_C13;
ELSE GO TO PROGRAMMING NOTE QA11_C14

QA11_C13  How often are they affordable? Would you say…

AC44

Never .........................................................................1
Sometimes ...............................................................2
Usually, or .................................................................3
Always? ....................................................................4
REFUSED .................................................................. -7
DON’T KNOW ........................................................ -8
PROGRAMMING NOTE QA11_C14:
IF QA11_C12 = 5 (DOESN’T EAT FRUITS AND VEGETABLES) OR AAGE > 64, THEN GO TO QA11_C16;
ELSE CONTINUE WITH QA11_C14

QA11_C14 How often can you find fresh fruits and vegetables at or near your workplace? Would you say…

AC43

Never .................................................................1
Sometimes .........................................................2
Usually, or .........................................................3
Always? ...........................................................4
DOESN’T WORK ...............................................5
WORKS AT HOME ..........................................6
OTHER NOT APPLICABLE (DOESN’T WORK IN ONE PLACE, CAN’T LEAVE WORK, ETC.) ............7
REFUSED ....................................................... -7
DON’T KNOW .................................................. -8

PROGRAMMING NOTE QA11_C15:
IF QA11_C14 = 2, 3, OR 4 THEN CONTINUE WITH QA11_C15;
ELSE GO TO QA11_C16

QA11_C15 How often are they affordable? Would you say …

AC45

Never .................................................................1
Sometimes .........................................................2
Usually, or .........................................................3
Always? ...........................................................4
REFUSED ....................................................... -7
DON’T KNOW .................................................. -8

QA11_C16 Now, I am going to ask about various health behaviors.
Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

AE15

YES .................................................................1
NO .................................................................2 [GO TO QA11_C20]
REFUSED ....................................................... -7
DON’T KNOW .................................................. -8

QA11_C17 Do you now smoke cigarettes every day, some days, or not at all?

AE15A

EVERY DAY ........................................................1
SOME DAYS .......................................................2 [GO TO QA11_C19]
NOT AT ALL ......................................................3 [GO TO QA11_C20]
REFUSED ....................................................... -7 [GO TO QA11_C20]
DON’T KNOW .................................................. -8 [GO TO QA11_C20]
QA11_C18  On average, how many cigarettes do you now smoke a day?

AD32  [IF R SAYS, A “PACK”, CODE AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES  [HR: 0-120]  [GO TO QA11_C20]

REFUSED ............................................................... -7  [GO TO QA11_C20]
DON'T KNOW .......................................................... -8  [GO TO QA11_C20]

QA11_C19  In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

AE16  [IF NEEDED, SAY: “On the days you smoked.”]

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

_____ NUMBER OF CIGARETTES  [HR: 0-120]

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

QA11_C20  Is smoking ever allowed inside your home?

AC17

YES ................................................................. 1
NO ................................................................. 2  [GO TO QA11_C22]
REFUSED ............................................................... -7  [GO TO QA11_C22]
DON'T KNOW .......................................................... -8  [GO TO QA11_C22]

QA11_C21  On average, about how many days per week is there smoking inside your home?

AD34  [IF RARELY OR LESS THAN 1 DAY PER WEEK, ENTER 0]

_____ DAYS PER WEEK  [HR: 0-7]

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

QA11_C22  Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?

AC32  [IF NEEDED, SAY: “Your best guess is fine.”]

YES ................................................................. 1
NO ................................................................. 2  [GO TO QA11_D1]
REFUSED ............................................................... -7  [GO TO QA11_D1]
DON'T KNOW .......................................................... -8  [GO TO QA11_D1]
PROGRAMMING NOTE QA11_C23:
IF QA11_A5 = 1 (MALE), THEN CONTINUE WITH QA11_C23;
ELSE GO TO QA11_C24

QA11_C23 In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?

[IF NEEDED, SAY: “By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor.”]

__________TIMES [HR: 0-365; SR: 0-99] [GO TO QA11_D1]

REFUSED ................................................................. -7 [GO TO QA11_D1]
DON'T KNOW ........................................................... -8 [GO TO QA11_D1]

QA11_C24 In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?

[IF NEEDED, SAY: “By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor.”]

__________TIMES [HR: 0-365; SR: 0-99]

REFUSED ................................................................. -7
DON'T KNOW ........................................................... -8
Section D – General Health, Disability, and Sexual Health

QA11_D1  These next questions are about your height and weight.

How tall are you without shoes?

[IF NEEDED, SAY: “About how tall?”]

_____ FEET    _____ INCHES              [FT HR: 3-7, IN HR: 0-11]
_____ METERS _____ CENTIMETERS [M HR: 1-2, CM HR: 0-99]

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

PROGRAMMING NOTE QA11_D2:
IF QA11_A5 = 2 (FEMALE) AND AAGE < 50, THEN DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA11_D2  {When not pregnant, how/How} much do you weigh without shoes?

[IF NEEDED, SAY: “About how much?”]

_____ POUNDS [HR: 50-450]
_____ KILOGRAMS [HR: 20-220]

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

PROGRAMMING NOTE QA11_D3:
IF AAGE = 18, THEN GO TO QA11_D4;
ELSE CONTINUE WITH QA11_D3

QA11_D3  How much did you weigh at age 18?

[IF NEEDED, SAY: “About how much?”]

_____ POUNDS [HR: 50-450]
_____ KILOGRAMS [HR: 20-220]

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

QA11_D4  Are you blind or deaf, or do you have a severe vision or hearing problem?

YES .............................................................................1
NO .............................................................................2 [GO TO QA11_D6]
REFUSED ....................................................................... -7 [GO TO QA11_D6]
DON'T KNOW ..............................................................-8 [GO TO QA11_D6]
QA11_D5  Are you legally blind?

AL8

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

QA11_D6  Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

AD57

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

QA11_D7  Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

Any difficulty learning, remembering, or concentrating?

AD51

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

QA11_D8  Any difficulty dressing, bathing, or getting around inside the home?

AD52

[IF NEEDED, SAY: “Because of a physical, mental, or emotional condition lasting 6 months or more”]

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

QA11_D9  Any difficulty going outside the home alone to shop or visit a doctor’s office?

AD53

[IF NEEDED, SAY: “Because of a physical, mental, or emotional condition lasting 6 months or more”]

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON'T KNOW  ................................................. -8
PROGRAMMING NOTE QA11_D10:
IF AAGE > 64 GO TO PROGRAMMING NOTE QA11_D12;
ELSE CONTINUE WITH QA11_D10

QA11_D10  Any difficulty working at a job or business?

AD54  [IF NEEDED, SAY: “Because of a physical, mental, or emotional condition lasting 6 months or more.”]  

YES ...........................................................................1  [GO TO PN QA11_D12]
NO .................................................................2  [GO TO PN QA11_D12]
REFUSED ............................................................-7  [GO TO PN QA11_D12]
DON'T KNOW ....................................................-8  [GO TO PN QA11_D12]

QA11_D11  Do you have a physical or mental condition that has kept you from working for at least a year?

AL8A  [IF NEEDED, SAY: “Current condition.”]  

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

PROGRAMMING NOTE QA11_D12:
IF AAGE > 70 OR QA11_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO
PROGRAMMING NOTE QA11_E1;
ELSE CONTINUE WITH QA11_D12

QA11_D12  We are asking a few questions about people’s sexual experiences. All answers will be kept private.

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

AD43  _______ NUMBER OF SEXUAL PARTNERS  [GO TO PN QA11_D14]

REFUSED ............................................................-7  [GO TO PN QA11_D14]
DON'T KNOW ....................................................-8
QA11_D13 Can you give me your best guess?

AD44 [IF R PROVIDES EXACT NUMBER, ENTER AS GIVEN. OTHERWISE, CODE INTO CATEGORIES PROVIDED]

_____ NUMBER OF PARTNERS

1 PARTNER ..............................................................1
2-3 PARTNERS ........................................................2
4-5 PARTNERS ........................................................3
6-10 PARTNERS ......................................................4
MORE THAN 10 PARTNERS ...................................5
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA11_D14:
IF QA11_D12 = 0 OR QA11_D13 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), THEN GO TO
PROGRAMMING NOTE QA11_D15;
ELSE CONTINUE WITH QA11_D14;
IF QA11_D12 = 1 OR QA11_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), THEN DISPLAY “Is that partner
male or female”;
ELSE DISPLAY “In the past 12 months, have your sexual partners been male, female, or both male and
female”

QA11_D14 {Is that partner male or female/In the past 12 months, have your sexual partners been male,
female, or both male and female}?

AD45

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

PROGRAMMING NOTE QA11_D15:
IF QA11_A5 = 1 (MALE), THEN DISPLAY “Gay” IN QUESTION AND “Gay” IN HELP SCREEN;
ELSE IF QA11_A5 = 2 (FEMALE), THEN DISPLAY “Gay, Lesbian” IN QUESTION AND “Gay and Lesbian”
IN HELP SCREEN

QA11_D15 Do you think of yourself as straight or heterosexual, as {gay/gay, lesbian} or homosexual, or
bisexual?

AD46 [IF NEEDED, SAY: “Straight or Heterosexual people have sex with, or are primarily
attracted to people of the opposite sex, {Gay/Gay and Lesbian} people have sex with or are
primarily attracted to people of the same sex, and Bisexuals have sex with or are attracted
to people of both sexes.”]

STRAIGHT OR HETEROSEXUAL ...........................1
GAY, LESBIAN, OR HOMOSEXUAL .......................2
BISEXUAL .................................................................3
NOT SEXUAL/CELIBATE/NONE .............................4
OTHER (SPECIFY: _____________) ................... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA11_D16:
IF [QA11_A5 = 1 (MALE) AND QA11_D14 = 1 (MALE)] OR [QA11_A5 = 2 (FEMALE) AND QA11_D14 = 2 (FEMALE)] OR [QA11_D14 = 3, -7, OR -8] OR [IF QA11_D15 ≠ 1], THEN CONTINUE WITH QA11_D16;
ELSE GO TO QA11_E1

QA11_D16 Are you legally married to someone of the same sex?

AD60

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

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

QA11_D17 Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

AD61

YES ...........................................................................1
NO ............................................................................2
REFUSED .....................................................................-7
DON’T KNOW .......................................................... -8
Section E – Women’s Health

PROGRAMMING NOTE SECTION E:
IF QA11_A5 = 1 (MALE), THEN GO TO NEXT SECTION;
ELSE CONTINUE WITH SECTION E

PROGRAMMING NOTE QA11_E1:
IF AGE > 45, THEN GO TO PROGRAMMING NOTE QA11_E2;
ELSE CONTINUE WITH QA11_E1

QA11_E1 These next questions are about women's health.

To your knowledge, are you now pregnant?

AD13

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

PROGRAMMING NOTE QA11_E2:
IF AAGE < 30 OR QA11_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, THEN GO TO PROGRAMMING NOTE QA11_E21;
ELSE CONTINUE WITH QA11_E2 (INCLUDE WOMEN WITH AGE UNKNOWN);
IF AGE > 45, THEN DISPLAY "These next questions are about women's health."

QA11_E2 {These next questions are about women's health.} In the past 12 months, has a doctor examined your breasts for lumps?

AF37

[IF NEEDED, SAY: "This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth."]

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

QA11_E3 Have you ever had a mammogram?

AD14

[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]
REFUSED ......................................................-7
DON'T KNOW ................................................-8
PROGRAMMING NOTE QA11_E4:
IF AGE IS BETWEEN 40 AND 49, THEN CONTINUE WITH QA11_E4;
ELSE GO TO PROGRAMMING NOTE QA11_E5

QA11_E4  Has a doctor ever told you that women your age only need a mammogram every other year?

AE92

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

PROGRAMMING NOTE QA11_E5:
IF AGE IS BETWEEN 35 AND 49, THEN CONTINUE WITH QA11_E5;
ELSE GO TO PROGRAMMING NOTE QA11_E6

QA11_E5  Has a doctor ever talked with you about when women should start having mammograms?

AE93

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

PROGRAMMING NOTE QA11_E6:
IF AGE > 69, THEN CONTINUE WITH QA11_E6;
ELSE GO TO PROGRAMMING NOTE QA11_E7

QA11_E6  Has a doctor ever talked with you about stopping your mammograms?

AE94

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

PROGRAMMING NOTE QA11_E7:
IF QA11_E3 = 2 (NEVER HAD A MAMMOGRAM), THEN GO TO PROGRAMMING NOTE QA11_E19;
ELSE IF QA11_E3 = -7 OR -8, THEN GO TO PROGRAMMING NOTE QA11_E21;
ELSE CONTINUE WITH QA11_E7

QA11_E7  How many mammograms have you had in the last 6 years?  Your best estimate is fine.

AD16

_____ MAMMOGRAMS          [HR: 0-99]

NONE ...............................................................0       [GO TO PN QA11_E19]
REFUSED ...........................................................-7
DON'T KNOW .........................................................-8
QA11_E8  How long ago did you have your most recent mammogram?

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

[GO TO PN QA11_E21]

QA11_E9  Was your most recent mammogram recommended by a doctor?

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

PROGRAMMING NOTE QA11_E10:
IF QA11_E8 = 3, 4, OR 5 (MAMMOGRAM MORE THAN 2 YEARS AGO), THEN GO TO QA11_E11; ELSE CONTINUE WITH QA11_E10

QA11_E10  Tell me the main reason you had a mammogram. Was it...

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Part of a routine exam</td>
<td>1</td>
</tr>
<tr>
<td>Because of a specific breast problem</td>
<td>2</td>
</tr>
<tr>
<td>A follow-up to a previously identified breast problem, or</td>
<td>3</td>
</tr>
<tr>
<td>Due to family history</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
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<tr>
<td>DON'T KNOW</td>
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</tbody>
</table>

PROGRAMMING NOTE QA11_E11:
IF QA11_E8 = 1 (MOST RECENT MAMMOGRAM A YEAR AGO OR LESS), THEN CONTINUE WITH QA11_E11; ELSE GO TO QA11_E12

QA11_E11  How much did you pay for your most recent mammogram—did you pay none, some or all of the cost?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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<tbody>
<tr>
<td>NONE OF THE COST</td>
<td>1</td>
</tr>
<tr>
<td>SOME OF THE COST</td>
<td>2</td>
</tr>
<tr>
<td>ALL OF THE COST</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
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<tr>
<td>DON'T KNOW</td>
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</tbody>
</table>
**QA11_E12** Have you ever had a mammogram where the results were not normal?

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<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
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<tr>
<td>REFUSED</td>
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<td>DON'T KNOW</td>
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**QA11_E13** Have you ever had an operation to remove a lump from your breast?

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<tbody>
<tr>
<td>YES</td>
<td>1</td>
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<tr>
<td>NO</td>
<td>2</td>
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<tr>
<td>REFUSED</td>
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<td>DON'T KNOW</td>
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**QA11_E14** Did the lump turn out to be cancer?

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<tbody>
<tr>
<td>YES</td>
<td>1</td>
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<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
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<tr>
<td>DON'T KNOW</td>
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</table>

**QA11_E15** How many operations have you had to remove a lump that wasn’t cancer?

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<table>
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<tbody>
<tr>
<td>_____ NUMBER OF OPERATIONS</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
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</tbody>
</table>

**QA11_E16** Tell me how you first found out about your breast cancer. Was it by…

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>Finding it yourself by accident</td>
<td>1</td>
</tr>
<tr>
<td>Finding it yourself during a self breast examination</td>
<td>2</td>
</tr>
<tr>
<td>Your husband or partner finding it</td>
<td>3</td>
</tr>
<tr>
<td>Your doctor finding it during a routine breast exam</td>
<td>4</td>
</tr>
<tr>
<td>Finding it by a mammogram, or</td>
<td>5</td>
</tr>
<tr>
<td>Some other way? (IF OTHER, SPECIFY:______)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
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</table>

**QA11_E17** Did you have any other tests and/or surgery when your mammogram was not normal?

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<tbody>
<tr>
<td>YES</td>
<td>1</td>
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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>
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</tbody>
</table>

44
What additional tests and/or surgery did you have?

[CODE ALL THAT APPLY]

[IF NEEDED, SAY: “Any others?”]

- NO TESTS/NO SURGERY .............................................1
- MASTECTOMY (SURGERY TO REMOVE BREAST) .....................2
- LUMPECTOMY (SURGERY TO REMOVE LUMP) ..........................3
- NEEDLE BIOPSY ..................................................4
- ULTRASOUND TEST ...............................................5
- ANOTHER MAMMOGRAM .........................................6
- CLINICAL BREAST EXAM ........................................7
- REFUSED ...............................................................-7
- DON’T KNOW .......................................................-8

In the past 2 years, has a doctor recommended that you have a mammogram?

- YES ...........................................................................1
- NO .............................................................................2
- REFUSED ....................................................................-7
- DON’T KNOW .......................................................-8
PROGRAMMING NOTE QA11_E20:
IF QA11_E19 = 1 (YES, DOCTOR RECOMMENDED A MAMMOGRAM) AND (QA11_E3 = 2 OR QA11_E7 = 0 OR QA11_E8 > 2 YEARS), THEN CONTINUE WITH QA11_E20;
IF QA11_E8 = 3, 4, 5, OR -8 (MOST RECENT MAMMOGRAM > 2 YEARS OR DK), THEN DISPLAY “NOT had a mammogram in the past 2 years”;
IF QA11_E3 = 2 (NEVER HAD MAMMOGRAM), THEN DISPLAY “NEVER had a mammogram”; ELSE GO TO PROGRAMMING NOTE QA11_E21

**QA11_E20** What is the ONE most important reason why you have {NEVER had a mammogram/NOT had a mammogram in the past 2 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, EMBARRASSING .................................................7
- TOO YOUNG ............................................................8
- DON'T HAVE A DOCTOR ........................................9
- OTHER................................................................. 91
- REFUSED ............................................................-7
- DON'T KNOW ..........................................................-8
Section F – Mental Health

QA11_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?

AJ29

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

QA11_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?

AJ30

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

QA11_F3  During the past 30 days, about how often did you feel restless or fidgety?

AJ31

[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
QA11_F4  How often did you feel so depressed that nothing could cheer you up?

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

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

QA11_F5  During the past 30 days, about how often did you feel that everything was an effort?

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

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

QA11_F6  During the past 30 days, about how often did you feel worthless?

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

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

QA11_F7  Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

   YES ................................................................. 1
   NO ................................................................. 2
   REFUSED ....................................................-7
   DON'T KNOW ................................. -8
The next questions are about the one month in the past 12 months when you were at your worst emotionally.

During that same month, how often did you feel nervous—all of the time, most, some, a little, or none of the time?

### QA11_F8

**AF63**

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<th>Value</th>
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<tr>
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</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</table>

During that same month, how often did you feel hopeless—all of the time, most, some, a little, or none of the time?

### QA11_F9

**AF64**

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<tr>
<th>Response</th>
<th>Value</th>
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<tbody>
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<tr>
<td>SOME</td>
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<td>A LITTLE</td>
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<td>REFUSED</td>
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<td>DON'T KNOW</td>
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</tbody>
</table>

How often did you feel restless or fidgety?

### QA11_F10

**AF65**

[If needed, say: “All of the time, most of the time, some of the time, little of the time, or none of the time?”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>ALL</td>
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<tr>
<td>MOST</td>
<td>2</td>
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<tr>
<td>SOME</td>
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<td>A LITTLE</td>
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<td>NONE</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>
How often did you feel so depressed that nothing could cheer you up?

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

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

How often did you feel that everything was an effort?

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

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

How often did you feel worthless?

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

- ALL: 1
- MOST: 2
- SOME: 3
- A LITTLE: 4
- NONE: 5
- REFUSED: -7
- DON'T KNOW: -8
ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:
PROGRAMMING NOTE QA11_F14INTRO:
IF (QA11_F1 + QA11_F2 + QA11_F3 + QA11_F4 + QA11_F5 + QA11_F6 > 8) OR
(QA11_F8 + QA11_F9 + QA11_F10 + QA11_F11 + QA11_F12 + QA11_F13 > 8) OR
(QA11_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR
(QA11_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7), THEN CONTINUE WITH
QA11_F14INTRO;
IF QA11_F7 = 1, THEN DISPLAY “again, please”;
ELSE GO TO QA11_F19

QA11_F14INTRO  Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

PROGRAMMING NOTE QA11_F14:
IF AGE > 70, THEN GO TO QA11_F15;
ELSE CONTINUE WITH QA11_F14

QA11_F14  Did your emotions interfere a lot, some, or not at all with your performance at work?

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>SOME</td>
<td>2</td>
</tr>
<tr>
<td>NOT AT ALL</td>
<td>3</td>
</tr>
<tr>
<td>DOES NOT WORK</td>
<td>4</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>

QA11_F15  Did your emotions interfere a lot, some, or not at all with your household chores?

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>SOME</td>
<td>2</td>
</tr>
<tr>
<td>NOT AT ALL</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>

QA11_F16  Did your emotions interfere a lot, some, or not at all with your social life?

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>SOME</td>
<td>2</td>
</tr>
<tr>
<td>NOT AT ALL</td>
<td>3</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>

QA11_F17  Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A LOT</td>
<td>1</td>
</tr>
<tr>
<td>SOME</td>
<td>2</td>
</tr>
<tr>
<td>NOT AT ALL</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>
QA11_F18  Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

IF NEEDED, SAY: “You can use any number between 0 and 365 to answer.”

__________NUMBER OF DAYS

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

QA11_F19  Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

YES ............................................................... 1
NO ............................................................... 2 [GO TO QA11_F21]
REFUSED ............................................................... 7 [GO TO QA11_F21]
DON'T KNOW ............................................................. 8 [GO TO QA11_F21]

QA11_F20  Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

YES ............................................................... 1
NO ............................................................... 2
DON'T HAVE INSURANCE ........................................ 3
REFUSED ............................................................... 7
DON'T KNOW ............................................................. 8

QA11_F21  In the past 12 months, have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

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

QA11_F22  In the past 12 months, have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

YES ............................................................... 1
NO ............................................................... 2
REFUSED ............................................................... 7
DON'T KNOW ............................................................. 8
PROGRAMMING NOTE QA11_F23:
IF QA11_F21 = 1 OR QA11_F22 = 1, THEN CONTINUE WITH QA11_F23;
ELSE GO TO QA11_F28

QA11_F23  Did you seek help for your mental or emotional health or for an alcohol or drug problem?

AF76
MENTAL-EMOTIONAL HEALTH...............................1
ALCOHOL-DRUG PROBLEM ....................................2
BOTH MENTAL & ALCOHOL-DRUG .........................3
REFUSED ..................................................................-7
DON’T KNOW ..........................................................-8

PROGRAMMING NOTE QA11_F24:
IF QA11_F23 = 1, THEN DISPLAY “mental or emotional health”;
ELSE IF QA11_F23 = 2, THEN DISPLAY “use of alcohol or drugs”;
ELSE IF QA11_F23 = 3, THEN DISPLAY “mental or emotional health and your use of alcohol or drugs”;
ELSE GO TO QA11_F25

QA11_F24  In the past 12 months, how many visits did you make to a professional for problems with your
(mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of
alcohol or drugs)? Do not count overnight hospital stays.

AF77
_________ NUMBER OF VISITS
REFUSED ..........................................................-7
DON’T KNOW ..........................................................-8

QA11_F25  Are you still receiving treatment for these problems from one or more of these providers?

AF78
YES ...........................................................................1
NO ..........................................................................2
REFUSED ..................................................................-7
DON’T KNOW ..........................................................-8

QA11_F26  Did you complete the recommended full course of treatment?

AF79
YES ...........................................................................1
NO ..........................................................................2
REFUSED ..................................................................-7
DON’T KNOW ..........................................................-8
QA11_F27  What is the MAIN REASON you are no longer receiving treatment?

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<td>GOT BETTER/NO LONGER NEEDED ..........1</td>
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<tr>
<td>NOT GETTING BETTER ........................................2</td>
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<tr>
<td>WANTED TO HANDLE PROBLEM ON OWN .......3</td>
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<td>HAD BAD EXPERIENCES WITH TREATMENT ......4</td>
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<tr>
<td>LACK OF TIME/TRANSPORTATION ............5</td>
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<tr>
<td>TOO EXPENSIVE ...............................................6</td>
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<tr>
<td>INSURANCE DOES NOT COVER .....................7</td>
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<td>OTHER (SPECIFY:________) ............................... 91</td>
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</tr>
<tr>
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<td></td>
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<tr>
<td>DON'T KNOW .........................................................-8</td>
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</tbody>
</table>

QA11_F28  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?

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<tbody>
<tr>
<td>AJ5</td>
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<tr>
<td>YES ...........................................................................1</td>
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<tr>
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<tr>
<td>DON'T KNOW .........................................................-8</td>
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PROGRAMING NOTE QA11_F29:
IF QA11_F19 = 1 AND (QA11_F21 ≠ 1 AND QA11_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT), THEN CONTINUE WITH QA11_F29; ELSE GO TO QA11_G1

QA11_F29  Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.

You were concerned about the cost of treatment.

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<tr>
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<tr>
<td>NO .............................................................................2</td>
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QA11_F30  You did not feel comfortable talking with a professional about your personal problems.

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<tr>
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<td></td>
</tr>
<tr>
<td>NO .............................................................................2</td>
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<td>DON'T KNOW .........................................................-8</td>
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QA11_F31  You were concerned about what would happen if someone found out you had a problem.

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<tr>
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<td></td>
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<tr>
<td>REFUSED ............................................................... -7</td>
<td></td>
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<tr>
<td>DON'T KNOW .........................................................-8</td>
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</tbody>
</table>
QA11_F32  You had a hard time getting an appointment.

AF85

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
Section G – Demographic Information, Part II

QA11_G1  Now a few more questions about your background.

In what country were you born?

AH33  [SELECT FROM MOST LIKELY COUNTRIES]

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<td>POLAND</td>
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<tr>
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<tr>
<td>PUERTO RICO</td>
<td>22</td>
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<tr>
<td>RUSSIA</td>
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<tr>
<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>
</tr>
<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 QA11_G2:
IF QA11_G1 ≠ 1 (NOT BORN IN US), THEN GO TO QA11_G4;
ELSE IF QA11_G1 = 1, -7, OR -8 (BORN IN US, REFUSED, OR DON'T KNOW), THEN CONTINUE WITH QA11_G2

QA11_G2 In what country was your mother born?

[SELECT FROM MOST LIKELY COUNTRIES]
[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

UNITED STATES..................................................1
AMERICAN SAMOA...........................................2
CANADA .........................................................3
CHINA ............................................................4
EL SALVADOR ..................................................5
ENGLAND ..........................................................6
FRANCE ............................................................7
GERMANY ........................................................8
GUAM ..............................................................9
GUATEMALA ....................................................10
HUNGARY ..........................................................11
INDIA ..............................................................12
IRAN .................................................................13
IRELAND ..........................................................14
ITALY ...............................................................15
JAPAN ...............................................................16
KOREA .............................................................17
MEXICO ............................................................18
PHILIPPINES ...................................................19
POLAND ..........................................................20
PORTUGAL .......................................................21
PUERTO RICO ..................................................22
RUSSIA ...........................................................23
TAIWAN ..........................................................24
VIETNAM ..........................................................25
VIRGIN ISLANDS .............................................26
OTHER (SPECIFY:_______________) ..............91
REFUSED ..........................................................-7
DON'T KNOW ....................................................-8
In what country was your father born?

[SELECT FROM MOST LIKELY COUNTRIES]

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

UNITED STATES .............................................1
AMERICAN SAMOA ......................................2
CANADA ....................................................3
CHINA ....................................................4
EL SALVADOR ............................................5
ENGLAND ...................................................6
FRANCE ....................................................7
GERMANY ..................................................8
GUAM .......................................................9
GUATEMALA ..............................................10
HUNGARY ..................................................11
INDIA ......................................................12
IRAN .......................................................13
IRELAND ..................................................14
ITALY ......................................................15
JAPAN ......................................................16
KOREA .....................................................17
MEXICO ....................................................18
PHILIPPINES .............................................19
POLAND ....................................................20
PORTUGAL ...............................................21
PUERTO RICO ..........................................22
RUSSIA ....................................................23
TAIWAN ...................................................24
VIETNAM ..................................................25
VIRGIN ISLANDS .......................................26
OTHER (SPECIFY: ________________) ..........91
REFUSED .................................................. -7
DON'T KNOW ...........................................-8
QA11_G4  What languages do you speak at home?

[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
OTHER 1 (SPECIFY:____________) .................. 91
OTHER 2 (SPECIFY:____________) .................. 92
REFUSED ............................................................-7
DON'T KNOW .....................................................-8

PROGRAMMING NOTE QA11_G5 AND QA11_G6:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, THEN CONTINUE WITH QA11_G5;
IF INTERVIEW CONDUCTED IN ENGLISH AND QA11_G4 > 1 (SPEAKS LANGUAGE OTHER THAN
ENGLISH AT HOME), THEN CONTINUE WITH QA11_G5 AND DISPLAY: “Since you speak a language other
than English at home, we are interested in the languages you use in other situations”;
ELSE IF QA11_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), THEN GO TO QA11_G8

QA11_G5  (Since you speak a language other than English at home, we are interested in the languages you
use in other situations.) What language do you speak with your friends?

AG20

ONLY ENGLISH ..........................................................1
BOTH ENGLISH AND OTHER LANGUAGE(S) .......2
ONLY OTHER LANGUAGE(S) .................................3
REFUSED ............................................................-7
DON'T KNOW .....................................................-8

QA11_G6 In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen
or read?

AG21

ONLY ENGLISH ..........................................................1
BOTH ENGLISH AND OTHER LANGUAGE(S) .......2
ONLY OTHER LANGUAGE(S) .................................3
REFUSED ............................................................-7
DON'T KNOW .....................................................-8
PROGRAMMING NOTE QA11_G7:
IF INTERVIEW CONDUCTED IN ENGLISH AND QA11_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), THEN CONTINUE WITH QA11_G7 AND DISPLAY: “Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English” AND DROP RESPONSE CATEGORY “Not at all?”;
ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, THEN CONTINUE WITH QA11_G7;
ELSE GO TO PROGRAMMING NOTE QA11_G8

QA11_G7

(Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.) Would you say you speak English...

AH37

Very well,.................................................................1
Well, .................................................................2
Not well, or .............................................................3
Not at all? ...............................................................4
REFUSED ...........................................................-7
DON’T KNOW .....................................................-8

PROGRAMMING NOTE QA11_G8:
IF QA11_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), THEN GO TO PROGRAMMING NOTE QA11_G11;
ELSE CONTINUE WITH QA11_G8

QA11_G8

The next questions are about citizenship and immigration.

Are you a citizen of the United States?

AH39

YES .................................................................1  [GO TO QA11_G10]
NO .....................................................................2
APPLICATION PENDING ........................................3
REFUSED ...........................................................-7
DON’T KNOW .....................................................-8

QA11_G9

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

AH40

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

**Ah41**

**[FOR LESS THAN A YEAR, ENTER 1 YEAR]**

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

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

**PROGRAMMING NOTE QA11_G11:**
IF [QA11_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA11_G11;
IF QA11_A16 = 1, THEN DISPLAY “spouse”;
IF QA11_A16 = 2 OR QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY “partner”;
ELSE GO TO PROGRAMMING NOTE QA11_G13

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

**Ah44**

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

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

**Sc11a**

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

SPOUSE/PARTNER NAME ________________________________
SPOUSE/PARTNER AGE __________________________________
SPOUSE/PARTNER SEX __________________________________

**PROGRAMMING NOTE QA11_G13:**
IF [AAG < 30 OR QA11_A4 = 1 (AGE 18-29)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, THEN CONTINUE WITH QA11_G13;
IF [AAG < 30 OR QA11_A4 = 1 (AGE 18-29)] AND QA11_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, THEN CONTINUE WITH QA11_G13;
ELSE GO TO PROGRAMMING NOTE QA11_G14

Are you now living with either of your parents?

**Ah43a**

YES .................................................................1
NO .................................................................2
REFUSED .............................................................-7
DON'T KNOW ....................................................-8
PROGRAMMING NOTE QA11_G14:
IF COMPLETED CHILD 1ST INTERVIEW, THEN GO TO QA11_G20;
ELSE CONTINUE WITH QA11_G14

QA11_G14  Are there any children under the age of 18 living in the household, including babies?

SC12

YES ...........................................................................1
NO .............................................................................2 [GO TO QA11_G22]
REFUSED ............................................................... -7 [GO TO QA11_G22]
DON'T KNOW ......................................................... -8 [GO TO QA11_G22]

QA11_G15  Please tell me only the first names and ages of all the children under 18, including babies, who
normally live in your household.

SC13A

[PROBE: “Is there anyone else?”]

[ENTER AGE OF 0 (ZERO), IF LESS THAN 1 YEAR OLD]

<table>
<thead>
<tr>
<th>CHILD</th>
<th>FIRST NAME</th>
<th>AGE</th>
<th>M/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
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<td>4</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

QA11_G16  Is (CHILD) ...

SC15A

0 To 11 years old or ...............................................1 [CODE AS CHILD]
12 To 17 years old? ..................................................2 [CODE AS TEEN]
REFUSED ..................................................................-7 [CODE AS TEEN]
DON’T KNOW ................................................................-8 [CODE AS TEEN]

QA11_G17  I have recorded {number} {child/children} under 18 in the household. Have I missed any children
under 18 who usually live here but are temporarily away?

SC13

NO ONE MISSED -- ROSTER IS CORRECT ..........1 [GO BACK TO QA11_G15]
RETURN TO ROSTER.................................................2

PROGRAMMING NOTE QA11_G18:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA11_G18 ABOUT EACH PERSON UNDER 18

QA11_G18  Are you the parent or legal guardian of (PERSON NAME/AGE/SEX)?

SC14A

YES ...........................................................................1
NO .............................................................................2
REFUSED ..................................................................-7
DON’T KNOW ................................................................-8
PROGRAMMING NOTE QA11_G19:
IF ANY PEOPLE IN HH UNDER AGE 18 AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN HOUSEHOLD),
THEN ASK QA11_G19 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18;
ELSE GO TO QA11_G20

QA11_G19 Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

SC14B

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

PROGRAMMING NOTE QA11_G20:
IF QA11_G14 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA11_G15 ARE AGE 13 OR
LESS, THEN CONTINUE WITH QA11_G20;
ELSE GO TO QA11_G22;
IF ANY CHILD IN ROSTER QA11_G15 ≥ 14, DISPLAY “for any children under age 14”;
IF QA11_A16 = 1 (MARRIED) AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN HH), THEN DISPLAY “you
or your spouse”;
ELSE IF QA11_G11 = 1, THEN DISPLAY “you or your partner”;
ELSE DISPLAY “you”

QA11_G20 In the past month, did you use any paid childcare {for any children under age 14} while {you or
your spouse/you or your partner/you} worked, were in school, or looked for work?

AH44A

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

YES .................................................................1
NO .................................................................2 [GO TO QA11_G22]
REFUSED ..........................................................-7 [GO TO QA11_G22]
DON'T KNOW .....................................................-8 [GO TO QA11_G22]

QA11_G21 In the past month, how much did you pay for all child care arrangements and programs?

AH44B

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

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

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

NO PAYMENT IN LAST MONTH OR WEEK ...........3
REFUSED ..........................................................-7
DON'T KNOW .....................................................-8
**Educational Attainment**

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

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<thead>
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<th>NO FORMAL EDUCATION</th>
<th>30</th>
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<tbody>
<tr>
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<tr>
<td>1ST GRADE</td>
<td>1</td>
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<tr>
<td>2ND GRADE</td>
<td>2</td>
</tr>
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<td>3RD GRADE</td>
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<td>4TH GRADE</td>
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<td>5TH GRADE</td>
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<td>6TH GRADE</td>
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<td>7TH GRADE</td>
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<tr>
<td>8TH GRADE</td>
<td>8</td>
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<tr>
<td>HIGH SCHOOL OR EQUIVALENT</td>
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<tr>
<td>9TH GRADE</td>
<td>9</td>
</tr>
<tr>
<td>10TH GRADE</td>
<td>10</td>
</tr>
<tr>
<td>11TH GRADE</td>
<td>11</td>
</tr>
<tr>
<td>12TH GRADE</td>
<td>12</td>
</tr>
<tr>
<td>4-YEAR COLLEGE OR UNIVERSITY</td>
<td></td>
</tr>
<tr>
<td>1ST YEAR (FRESHMAN)</td>
<td>13</td>
</tr>
<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>
</tr>
<tr>
<td>5TH YEAR</td>
<td>17</td>
</tr>
<tr>
<td>GRADUATE OR PROFESSIONAL SCHOOL</td>
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</tr>
<tr>
<td>1ST YEAR GRAD OR PROF SCHOOL</td>
<td>18</td>
</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 (PhD)</td>
<td>21</td>
</tr>
<tr>
<td>2-YEAR JUNIOR OR COMMUNITY COLLEGE</td>
<td></td>
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<tr>
<td>1ST YEAR</td>
<td>22</td>
</tr>
<tr>
<td>2ND YEAR (AA/AS)</td>
<td>23</td>
</tr>
<tr>
<td>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</td>
<td></td>
</tr>
<tr>
<td>1ST YEAR</td>
<td>24</td>
</tr>
<tr>
<td>2ND YEAR</td>
<td>25</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS</td>
<td>26</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW (OUT OF RANGE)</td>
<td>-8</td>
</tr>
</tbody>
</table>

**Veteran Status**

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

| YES | 1 |
| NO  | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |
QA11_G24  When did you serve?

AG23

FROM _____ TO _____

OR

[CHECK ALL THAT APPLY]

World War II (Sept 1940 to July 1947) ......................1
Korean War (June 1950 to Jan 1955) .......................2
Vietnam War (Aug 1964 to April 1975) .....................3
Gulf War/Operation Desert
Storm (1990 to 1991) ..............................................4
Afghanistan/Operation Enduring
Freedom (2001 to present) ......................................5
Iraq War/Operation Iraqi
Freedom (2003 to present) .....................................6
REFUSED ....................................................................7
DON'T KNOW .........................................................8

QA11_G25  Altogether, how long did you serve?

AG24

_____ YEARS

_____ MONTHS

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

QA11_G26  Which of the following were you doing last week?

AK1

Working at a job or business.................................1 [GO TO QA11_G30]
With a job or business but not at work..................2
Looking for work, or ..............................................3
Not working at a job or business? .........................4
REFUSED ..............................................................7 [GO TO QA11_G30]
DON'T KNOW .......................................................8 [GO TO QA11_G30]
What is the main reason you did not work last week?

- Taking care of house or family: 1
- On planned vacation: 2
- Couldn't find a job: 3
- Going to school/student: 4
- Retired: 5
- Unable to work temporarily: 6
- On layoff or strike: 7
- On family or maternity leave: 8
- Off season: 9
- Sick: 10
- Other: 11
- Refused: -7
- Don't know: -8

Do you usually work?

- Yes: 1
- No: 2
- Looking for work: 3
- Refused: -7
- Don't know: -8

Are you receiving Social Security Disability Insurance or SSDI?

- Yes: 1
- No: 2
- Refused: -7
- Don't know: -8
PROGRAMMING NOTE QA11_G30:
IF (QA11_G26 = 1, 2, -7, OR -8 (WORKING AT A JOB, WITH A JOB BUT NOT AT WORK, REF, DK) OR QA11_G28 = 1 (USUALLY WORKS), THEN CONTINUE WITH QA11_G30;
ELSE GO TO PROGRAMMING NOTE QA11_G31

QA11_G30
On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

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

PRIVATE COMPANY, NON-PROFIT ORGANIZATION, OR FOUNDATION ......................1
GOVERNMENT ........................................................2
SELF-EMPLOYED ....................................................3
FAMILY BUSINESS OR FARM ................................4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QA11_G31:
IF QA11_A16 = 1 (MARRIED) OR [QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA11_G31;
IF QA11_A16 = 1, THEN DISPLAY “spouse”;
ELSE IF QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY “partner”;
ELSE GO TO QA11_H1

QA11_G31
Which of the following was your {spouse/partner} doing last week?

AG8
Working at a job or business, ....................................1 [GO TO QA11_G33]
With a job or business but not at work, .....................2 [GO TO QA11_G33]
Looking for work, or .............................................3
Not working at a job/business? .................................4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QA11_G32
Does your {spouse/partner} usually work?

AG11
YES .................................................................1 [GO TO QA11_H1]
NO ...........................................................................2 [GO TO QA11_H1]
LOOKING FOR WORK .............................................3 [GO TO QA11_H1]
REFUSED ............................................................... -7 [GO TO QA11_H1]
DON’T KNOW ......................................................... -8 [GO TO QA11_H1]
QA11_G33  On your {spouse’s/partner’s} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

AG9  [IF NEEDED, SAY: “Where did {he/she} work MOST hours?”]

PRIVATE COMPANY, NON-PROFIT
ORGANIZATION, OR FOUNDATION ......................1
GOVERNMENT .........................................................2
SELF-EMPLOYED ....................................................3
FAMILY BUSINESS OR FARM .................................4
REFUSED ....................................................................7
DON’T KNOW .........................................................-8
Section H – Health Insurance

QA11_H1  The next topics are about health insurance and health care.

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

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

YES ...........................................................................1
NO .............................................................................2 [GO TO QA11_H3]
DOCTOR/ MY DOCTOR ...........................................3
KAISER .....................................................................4
MORE THAN ONE PLACE .......................................5 [GO TO QA11_H3]
REFUSED ....................................................................-7
DON'T KNOW .........................................................-8 [GO TO QA11_H3]

PROGRAMMING NOTE QA11_H2:
IF QA11_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE), THEN DISPLAY "What kind of place do you go to most often—a medical"
ELSE IF QA11_H1 = 3 (DOCTOR/ MY DOCTOR), THEN DISPLAY "Is your doctor in a private";
ELSE IF QA11_H1 = 4 (KAISER), THEN CODE “1” FOR QA11_H2 AND GO TO QA11_H3

QA11_H2  {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?

DOCTOR’S OFFICE/KAISER/OTHER HMO ............1
CLINIC/HEALTH CENTER/HOSPITAL CLINIC ......2
EMERGENCY ROOM ..............................................3
SOME OTHER PLACE (SPECIFY:_________) .... 91
NO ONE PLACE .................................................... 92
REFUSED ....................................................................-7
DON’T KNOW .........................................................-8

PROGRAMMING NOTE QA11_H3:
IF QA11_B6 = 1 OR QA11_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA11_B27 = 1 (YES, R VISITED ER FOR DIABETES) OR QA11_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN GO TO QA11_H4;
ELSE CONTINUE WITH QA11_H3

QA11_H3  During the past 12 months, did you visit a hospital emergency room for your own health?

[GO TO QA11_H5]

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

[GO TO QA11_H5]
PROGRAMMING NOTE QA11_H4:
IF QA11_B6 = 1 OR QA11_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA11_B27 = 1 (YES, R VISITED ER FOR DIABETES) OR QA11_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY “During the past 12 months, how many times did you visit a hospital emergency room for your own health?”; ELSE DISPLAY “How many times did you do that?”

QA11_H4

(During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that)?

AH95

________ NUMBER OF TIMES

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

QA11_H5

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

AI1

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

YES ...........................................................................1 [GO TO PN QA11_H8]
NO .............................................................................2
REFUSED ............................................................... -7 [GO TO PN QA11_H15]
DON’T KNOW ......................................................... -8 [GO TO PN QA11_H15]

POST-NOTE QA11_H5:
IF QA11_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA11_H6:
IF [AAGE > 64 OR QA11_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA11_H5 = 2 (NOT COVERED BY MEDICARE), THEN CONTINUE WITH QA11_H6;
ELSE GO TO PROGRAMMING NOTE QA11_H8

QA11_H6

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

AI2

CORRECT, NOT COVERED BY MEDICARE ............1 [GO TO PN QA11_H15]
NOT CORRECT, R IS COVERED BY MEDICARE ....2 [GO TO PN QA11_H8]
AGE IS INCORRECT .............................................. 93
REFUSED ............................................................... -7 [GO TO PN QA11_H15]
DON’T KNOW ......................................................... -8 [GO TO PN QA11_H15]

POST-NOTE QA11_H6:
IF QA11_H6 = 2, SET ARMCARE = 1 AND SET ARINSURE = 1
**QA11_H7**  What is your age, please?

<table>
<thead>
<tr>
<th>Age</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-105</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>

**POST NOTE QA11_H7: AIDATE**

*SET AIDATE = CURRENT DATE (YYYYMMDD);*

*SET AAGE = QA11_H7;*

*IF AAGE < 18, CODE AS IA AND TERMINATE*

**PROGRAMMING NOTE QA11_H8:**

*IF ARMCARE = 1, THEN CONTINUE WITH QA11_H8;*

*ELSE GO TO PROGRAMMING NOTE QA11_H15*

**QA11_H8**  Is your MediCARE coverage provided through an HMO?

<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>

**POST-NOTE QA11_H8:**

*IF QA11_H8 = 1, SET ARMHMO = 1*

**QA11_H9**  What is the name of your MediCARE HMO plan?

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP MEDICARE COMPLETE</td>
<td>1</td>
</tr>
<tr>
<td>AETNA</td>
<td>2</td>
</tr>
<tr>
<td>AETNA MEDICARE (SELECT/PREMIER)</td>
<td>3</td>
</tr>
<tr>
<td>ALAMEDA ALLIANCE FOR HEALTH</td>
<td>4</td>
</tr>
<tr>
<td>ALLIANCE COMPLETE CARE</td>
<td>5</td>
</tr>
<tr>
<td>ANTHEM BLUE CROSS/BLUE CROSS</td>
<td>6</td>
</tr>
<tr>
<td>ARCADIAN COMMUNITY CARE</td>
<td>7</td>
</tr>
<tr>
<td>BLUE CROSS SENIOR SECURE</td>
<td>8</td>
</tr>
<tr>
<td>BLUE SHIELD 65 PLUS</td>
<td>9</td>
</tr>
<tr>
<td>BLUE SHIELD OF CALIFORNIA</td>
<td>10</td>
</tr>
<tr>
<td>CAL OPTIMA</td>
<td>11</td>
</tr>
<tr>
<td>CARE 1st HEALTH PLAN</td>
<td>12</td>
</tr>
<tr>
<td>CARE ADVANTAGE</td>
<td>13</td>
</tr>
<tr>
<td>CARE MORE</td>
<td>14</td>
</tr>
<tr>
<td>CEN CAL HEALTH</td>
<td>15</td>
</tr>
<tr>
<td>CENTRAL CALIFORNIA ALLIANCE FOR HEALTH</td>
<td>16</td>
</tr>
<tr>
<td>CENTRAL HEALTH PLAN OF CALIFORNIA</td>
<td>17</td>
</tr>
<tr>
<td>CHINESE COMMUNITY HEALTH PLAN</td>
<td>18</td>
</tr>
<tr>
<td>CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM</td>
<td>19</td>
</tr>
<tr>
<td>CIGNA</td>
<td>20</td>
</tr>
</tbody>
</table>
IF QA11_H9 = 62, 63, OR 64 THEN ARMILIT = 1
ALL ANSWERS GO TO PROGRAMMING NOTE QA11_H11;
POST-NOTE FOR QA11_H9:
CITIZENS CHOICE HEALTHPLAN ................................................................. 21
COMMUNICARE ADVANTAGE ....................................................................... 22
COMMUNITY HEALTH GROUP .............................................................. 23
COMMUNITY HEALTH PLAN ..................................................................... 24
CONTRA COSTA HEALTH PLAN .............................................................. 25
DEPARTMENT OF HEALTH SERVICES .................................................... 26
EASY CHOICE HEALTH PLAN ..................................................................... 27
GEM CARE ..................................................................................................... 28
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN ............................. 29
GREAT-WEST .............................................................................................. 30
HEALTH NET ................................................................................................ 31
HEALTH PLAN OF SAN JOAQUIN ............................................................ 32
HEALTH PLAN OF SAN MATEO ............................................................... 33
HUMANA GOLD PLUS .................................................................................. 34
IEHP (INLAND EMPIRE HEALTH PLAN) ................................................ 35
IEHP MEDICARE DUAL CHOICE ........................................................... 36
INTER VALLEY HEALTH PLAN ............................................................... 37
Kaiser ............................................................................................................ 38
KERN COUNTY HEALTH PLAN .............................................................. 39
L.A. CARE HEALTH PLAN .......................................................................... 40
MD CARE ....................................................................................................... 41
MOLINA HEALTH PLAN ............................................................................. 42
MOLINA MEDICARE OPTIONS .............................................................. 43
ON LOK ........................................................................................................... 44
ON LOK SENIOR HEALTH SERVICES .................................................. 45
ONE CARE ..................................................................................................... 46
PACIFICARE ................................................................................................. 47
PARTNERSHIP HEALTH PLAN OF CALIFORNIA .................................... 48
SALUD CON HEALTH NET .......................................................................... 49
SAN FRANCISCO HEALTH PLAN ............................................................ 50
SANTA CLARA FAMILY HEALTH PLAN ............................................... 51
SCAN HEALTH PLAN .................................................................................. 52
SECURE HORIZONS ..................................................................................... 53
SENIOR ADVANTAGE ................................................................................ 54
SENIORITY PLUS ........................................................................................ 55
SERVICE TO SENIORS ............................................................................... 56
SHARP HEALTH PLAN ................................................................................ 57
TOTAL FIT .................................................................................................... 58
VALLEY HEALTH PLAN ............................................................................... 59
VENTURA COUNTY HEALTH CARE PLAN ........................................... 60
WESTERN HEALTH ADVANTAGE .......................................................... 61
WESTERN HEALTH ADVANTAGE CARE+ ............................................ 62
CHAMPUS/CHAMP-VA ................................................................................ 63
TRICARE/TRICARE FOR LIFE/TRICARE PRIME ...................................... 64
VA HEALTH CARE SERVICES ................................................................. 65
MEDI-CAL ..................................................................................................... 66
MEDICARE ................................................................................................... 67
MEDICARE ADVANTAGE .......................................................................... 68
OTHER ........................................................................................................... 91
OTHER (SPECIFY: __________________) ..................................................... 92
REFUSED ....................................................................................................... -7
DON'T KNOW ............................................................................................. -8

72
QA11_H10
Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

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

YES .................................................................1
NO .................................................................2 [GO TO PN QA11_H15]
REFUSED .........................................................-7 [GO TO PN QA11_H15]
DON’T KNOW ..................................................-8 [GO TO PN QA11_H15]

POST-NOTE FOR QA11_H10:
IF QA11_H10 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA11_H11:
IF QA11_H8 = 1 (MEDICARE HMO), THEN CONTINUE WITH QA11_H11 AND DISPLAY “MediCARE HMO”; IF QA11_H10 = 1 (HAS SUPPLEMENT), THEN CONTINUE WITH QA11_H11 AND DISPLAY “MediCARE Supplement plan”; ELSE GO TO PROGRAMMING NOTE QA11_H15

QA11_H11
For the {MediCARE HMO/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

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

DIRECTLY .........................................................1
CURRENT EMPLOYER .......................................2
FORMER EMPLOYER .........................................3
UNION .............................................................4
FAMILY BUSINESS .............................................5
AARP ..............................................................6
SPOUSE’S EMPLOYER .......................................7
SPOUSE’S UNION ................................................8
PROFESSIONAL/FRATERNAL ORGANIZATION ...9
OTHER ........................................................... 91
REFUSED ........................................................-7
DON’T KNOW ..................................................-8
QA11_H12  Do you pay any or all of the premium or cost for this health plan?  Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AH53  [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."]

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

QA11_H13  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

AH54  YES ...........................................................................1
NO.............................................................................2  [GO TO PN QA11_H15]
REFUSED ...................................................................-7  [GO TO PN QA11_H15]
DON'T KNOW ..........................................................-8  [GO TO PN QA11_H15]

QA11_H14  Who is that?

AH55  [IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

CURRENT EMPLOYER .............................................1
FORMER EMPLOYER ...............................................2
UNION ........................................................................3
SPOUSE’S/PARTNER’S CURRENT EMPLOYER...4
SPOUSE’S/PARTNER’S FORMER EMPLOYER....5
PROFESSIONAL/FRATERNAL ORGANIZATION ...6
MEDICAID/MEDI-CAL ASSISTANCE .................7
HEALTHY FAMILIES ..............................................8
OTHER......................................................................91
REFUSED ..............................................................-7
DON’T KNOW .......................................................-8

POST-NOTE FOR QA11_H14:
IF QA11_H14 = 7, SET ARMCAL = 1;
IF QA11_H14 = 8, SET ARHFAM = 1
PROGRAMMING NOTE QA11_H15:
IF ARMCAL = 1, THEN DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA11_H15  {Is it correct that you are/Are you} covered by Medi-Cal?

A16

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

YES ...........................................................................1  [GO TO QA11_H17]
NO .............................................................................2
REFUSED ..................................................................-7
DON'T KNOW .........................................................-8

POST-NOTE FOR QA11_H15:
IF QA11_H15 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA11_H15 = 2, SET ARMCAL = 0

PROGRAMMING NOTE QA11_H16:
IF AAGE > 18 OR [QA11_A4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, THEN
GO TO PROGRAMMING NOTE QA11_H17;
ELSE IF [AAGE = 18 OR QA11_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1,
THEN CONTINUE WITH QA11_H16 AND DISPLAY "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA11_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], THEN CONTINUE
WITH QA11_H16 AND DISPLAY "Are you"

QA11_H16  {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?

A17

[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

POST-NOTE FOR QA11_H16:
IF QA11_H16 = 1, THEN SET ARHFAM = 1 AND ARINSURE = 1;
IF ARHFAM = 1 AND QA11_H16 = 2, THEN SET ARHFAM = 0
PROGRAMMING NOTE QA11_H17:
IF ARSUPP = 1, THEN DISPLAY “Besides the Medicare supplemental plan you told me about” AND “any other”;
ELSE IF ARMHMO = 1, THEN DISPLAY “Besides the Medicare HMO plan you told me about” AND “any other”; 
ELSE DISPLAY “a”

QA11_H17  
(Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO plan you told me about), Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

[IF NEEDED, SAY: “…either through your own or someone else's employment?”]

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

POST-NOTE FOR QA11_H17: 
IF QA11_H17 = 1, THEN SET AREMPOTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA11_H18:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER), THEN CONTINUE WITH QA11_H18;
ELSE GO TO PROGRAMMING NOTE QA11_H19

QA11_H18  
Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO?

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

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

POST-NOTE FOR QA11_H18: 
IF QA11_H18 = 1, THEN SET ARDIRECT = 1 AND ARINSURE = 1
PROGRAMMING NOTE QA11_H19:
IF QA11_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA11_H18 = 1 (PURCHASED OWN COVERAGE), THEN CONTINUE WITH QA11_H19; ELSE GO TO PROGRAMMING NOTE QA11_H24

QA11_H19  Was this plan obtained in your own name or in the name of someone else?

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

IN OWN NAME .................................................................1 [GO TO PN QA11_H21]
IN SOMEONE ELSE’S NAME ...........................................2
REFUSED ............................................................................ -7 [GO TO PN QA11_H21]
DON’T KNOW ...................................................................... -8 [GO TO PN QA11_H21]

POST-NOTE FOR QA11_H19:
IF QA11_H17 = 1 AND QA11_H19 = 1, THEN SET AREMPOWN = 1 AND ARINSURE = 1 AND AREMPOTH = 0;
IF QA11_H17 = 1 AND QA11_H19 = 2, -7, OR -8, THEN SET AREMPOTH = 1 AND ARINSURE = 1;
IF QA11_H18 = 1 AND QA11_H19 = 1, THEN SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA11_H18 = 1 AND QA11_H19 = 2, -7, OR -8, THEN SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA11_H20:
IF QA11_A16 = 1 (MARRIED) OR [QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] OR QA11_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 26, THEN CONTINUE WITH QA11_H20; ELSE GO TO PROGRAMMING NOTE QA11_H21;
IF QA11_A16 = 1, THEN DISPLAY “spouse’s name”;
IF QA11_A16 ≠ 1 AND (QA11_D16 = 1 OR QA11_D17 = 1), THEN DISPLAY “partner’s name;
IF QA11_G13 = 1 OR AAGE < 26, THEN DISPLAY “parent’s name”;

QA11_H20  Is the plan in your {spouse’s name}, {partner’s name}, {parent’s name}, or someone else’s name?

IN SPOUSE’S/PARTNER’S NAME ......................................1
IN PARENT’S NAME .........................................................2
IN SOMEONE ELSE’S NAME ..............................................3
REFUSED ............................................................................ -7
DON’T KNOW ...................................................................... -8

POST-NOTE FOR QA11_H20:
IF QA11_H17 = 1 AND QA11_H20 = 1, THEN SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF QA11_H17 = 1 AND QA11_H20 = 2, THEN SET AREMPAR =1 AND AREMPOTH = 0;
IF QA11_H18 = 1 AND QA11_H20 = 1, THEN SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF QA11_H18 = 1 AND QA11_H20 = 2, THEN SET ARDIRPAR = 1 AND ARDIROTH = 0
PROGRAMMING NOTE QA11_H21:
IF QA11_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA11_H18 = 1 (PURCHASED OWN COVERAGE),
THEN CONTINUE WITH QA11_H21;
ELSE GO TO PROGRAMMING NOTE QA11_H24

QA11_H21  Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any
copays or deductibles you or your family may have had to pay.

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

"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."]

YES ...........................................................................1
NO .............................................................................2  [GO TO PN QA11_H23]
REFUSED .....................................................................-7
DON'T KNOW ........................................................... -8

QA11_H22  Does anyone else, such as an employer, a union, or professional organization pay all or some
portion of the premium or cost for this health plan?

[GO TO PN QA11_H24]

[GO TO PN QA11_H24]

[GO TO PN QA11_H24]
PROGRAMMING NOTE QA11_H23:
IF QA11_H21 = 2, THEN DISPLAY “Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization”;
ELSE DISPLAY “Who is that”

QA11_H23

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

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

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

CURRENT EMPLOYER ...........................................1
FORMER EMPLOYER ...........................................2
UNION ...............................................................3
SPOUSE’S/PARTNER’S CURRENT EMPLOYER ...4
SPOUSE’S/PARTNER’S FORMER EMPLOYER .......5
PROFESSIONAL/FRATERNAL ORGANIZATION ...6
MEDICAID/MEDI-CAL ASSISTANCE ...............7
HEALTHY FAMILIES .............................................8
MEDICARE ...........................................................9
HEALTHY KIDS .....................................................10
OTHER .............................................................91
REFUSED ..........................................................-7
DON’T KNOW .....................................................-8

POST-NOTE QA11_H23:
IF QA11_H23 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA11_H23 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA11_H23 = 6, THEN SET AROTHER = 1;
IF QA11_H23 = 10, THEN SET ARHKID = 1;
IF QA11_H23 = 9, THEN SET ARMPCARE = 1 AND ARDIRECT = 0;
IF QA11_H23 = 7, THEN SET ARMCAL = 1 AND ARDIRECT = 0;
IF QA11_H23 = 8, THEN SET ARHFMAM = 1 AND ARDIRECT = 0;
IF QA11_H23 = 91, THEN SET AROTHER = 1

PROGRAMMING NOTE QA11_H24:
IF [QA11_G26 = 1 OR 2 (R WORKED LAST WEEK) OR QA11_G28 = 1 (R USUALLY WORKS)] AND QA11_G30 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), THEN CONTINUE WITH QA11_H24;
ELSE GO TO PROGRAMMING NOTE QA11_H28

QA11_H24

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

AI13

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA11_H28]
REFUSED ....................................................................-7 [GO TO PN QA11_H28]
DON’T KNOW .............................................................-8 [GO TO PN QA11_H28]
**QA11_H25**  Are you eligible to be in this plan?

<table>
<thead>
<tr>
<th>AI14</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>YES ................................................................. 1</td>
<td>[GO TO QA11_H27]</td>
</tr>
<tr>
<td>NO ................................................................. 2</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
<tr>
<td>REFUSED .......................................................... -7</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
<tr>
<td>DON’T KNOW ...................................................... -8</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
</tbody>
</table>

**QA11_H26**  What is the one main reason why you aren't in this plan?

<table>
<thead>
<tr>
<th>AI15</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COVERED BY ANOTHER PLAN ...................................... 1</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
<tr>
<td>TOO EXPENSIVE .................................................. 2</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
<tr>
<td>DIDN’T LIKE PLAN OFFERED .................................. 3</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
<tr>
<td>DON’T NEED OR BELIEVE IN HEALTH INSURANCE .......... 4</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ______________________) ............ 91</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
<tr>
<td>REFUSED .......................................................... -7</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
<tr>
<td>DON’T KNOW ...................................................... -8</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
</tbody>
</table>

**QA11_H27**  What is the one main reason why you are not eligible for this plan?

<table>
<thead>
<tr>
<th>AI15A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HAVEN’T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED .... 1</td>
<td></td>
</tr>
<tr>
<td>CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN ............. 2</td>
<td></td>
</tr>
<tr>
<td>DON’T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR ............. 3</td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY: ______________________) ................ 91</td>
<td></td>
</tr>
<tr>
<td>REFUSED .......................................................... -7</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
<tr>
<td>DON’T KNOW ...................................................... -8</td>
<td>[GO TO PN QA11_H28]</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA11_H28:**
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), THEN CONTINUE WITH QA11_H28;
ELSE GO TO PROGRAMMING NOTE QA11_H29

**QA11_H28**  Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

<table>
<thead>
<tr>
<th>AI16</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ................................................................. 1</td>
<td></td>
</tr>
<tr>
<td>NO ................................................................. 2</td>
<td></td>
</tr>
<tr>
<td>REFUSED .......................................................... -7</td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ...................................................... -8</td>
<td></td>
</tr>
</tbody>
</table>

**POST-NOTE QA11_H28:**
IF QA11_H28 = 1, THEN SET ARMILIT = 1 AND ARINSURE = 1
PROGRAMMING NOTE QA11_H29:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND AAGE = 18, THEN CONTINUE WITH QA11_H29 AND DISPLAY “Healthy Kids”;
ELSE GO TO PROGRAMMING NOTE QA11_H30

QA11_H29  Are you covered by the Healthy Kids program?

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]

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

POST-NOTE QA11_H29:
IF QA11_H29 = 1, THEN SET ARHKID = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA11_H30:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS), THEN CONTINUE WITH QA11_H30;
ELSE GO TO PROGRAMMING NOTE QA11_H32

QA11_H30  Are you covered by some other government health program, such as AIM, “Mister MIP,” the Family PACT program, PCIP, or something else?

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

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

POST-NOTE QA11_H30:
IF QA11_H30 = 1, THEN SET AROTHGOV = 1 AND ARINSURE = 1

QA11_H31  ASK IF NECESSARY: "What is the name of this program?"

AIM............................................................................1
MRMIP ("Mister Mip")..................................................2
FAMILY PACT............................................................3
PCIP .........................................................................4
OTHER (SPECIFY: ____________________) ..... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA11_H32:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEATHLY KIDS, AND OTHER GOVERNMENT PLAN), THEN CONTINUE WITH QA11_H32;
ELSE GO TO PROGRAMMING NOTE QA11_H36

QA11_H32  Do you have any health insurance coverage through a plan that I missed?

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**YES** .................................................................1
**NO** .................................................................2  [GO TO PN QA11_H36]
**REFUSED** ..........................................................-7  [GO TO PN QA11_H36]
**DON'T KNOW** .....................................................-8  [GO TO PN QA11_H36]
QA11_H33  What type of health insurance do you have?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

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

THROUGH CURRENT OR FORMER EMPLOYER/UNION .................................................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION ...................................2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) ..................................3
MEDICARE ...............................................................4
MEDI-CAL .................................................................5
HEALTHY FAMILIES ..................................................6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE ......7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC .................8
HEALTHY KIDS ..........................................................9
OTHER GOVERNMENT HEALTH PLAN ........ 91
OTHER NON-GOVERNMENT HEALTH PLAN ..... 92
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

POST-NOTE QA11_H33:
IF QA11_H33 = 1, THEN SET AREMPOTH = 1 AND ARINSURE = 1;
IF QA11_H33 = 2, THEN SET AREMPOTH = 1 AND ARINSURE = 1;
IF QA11_H33 = 3, THEN SET ARDIRECT = 1 AND ARINSURE = 1;
IF QA11_H33 = 4, THEN SET ARMILIT = 1 AND ARINSURE = 1;
IF QA11_H33 = 5, THEN SET ARDIRECT = 1 AND ARINSURE = 1;
IF QA11_H33 = 6, THEN SET ARMILIT = 1 AND ARINSURE = 1;
IF QA11_H33 = 7, THEN SET ARINSURE = 1;
IF QA11_H33 = 8, THEN SET ARIHS = 1;
IF QA11_H33 = 9, THEN SET ARINSURE = 1;
IF QA11_H33 = 91, THEN SET AROTHGOV = 1 AND ARINSURE = 1;
IF QA11_H33 = 92, -7, OR -8, THEN SET AROTH = 1 AND ARINSURE = 1
PROGRAMMING NOTE QA11_H34:
IF QA11_H33 = 1, 2, OR 3, THEN CONTINUE WITH QA11_H34;
ELSE GO TO PROGRAMMING NOTE QA11_H36

QA11_H34  Was this plan obtained in your own name or in the name of someone else?

AH59  [PROBE: “Even someone who does not live in this household?”]

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[GO TO PN QA11_H36]

POST-NOTE QA11_H34:
IF (QA11_H33 = 1 OR 2) AND QA11_H34 = 1, THEN SET AREMPOWN = 1 AND AREMPOTH = 0 AND ARINSURE = 1;
IF QA11_H33 = 3 AND QA11_H34 = 1, THEN SET ARDIROWN = 1 AND ARDIROTH = 0 AND ARINSURE = 1;
IF (QA11_H33 = 1 OR 2) AND (QA11_H34 = 2, -7, OR -8), THEN SET AREMPOTH = 1 AND AREMPOWN = 0 AND ARINSURE = 1;
IF QA11_H33 = 3 AND (QA11_H34 = 2, -7, OR -8), THEN SET ARDIROTH = 1 AND ARDIROWN = 0 AND ARINSURE = 1

PROGRAMMING NOTE QA11_H35:
IF QA11_A16 = 1 (MARRIED) OR (QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)) OR QA11_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 26, THEN CONTINUE WITH QA11_H35;
ELSE GO TO PROGRAMMING NOTE QA11_H36;

QA11_H35  Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name?

AH60

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POST-NOTE QA11_H35:
IF QA11_H35 = 1, SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMEP=1;
IF QA11_H35 = 2, SET AREMPPAR = 1 AND AREMPOTH = 0
**PROGRAMMING NOTE QA11_H36:**
If ARIHS ≠ 1 AND QA11_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), THEN CONTINUE WITH QA11_H36;
ELSE GO TO PROGRAMMING NOTE QA11_H37_INTRO

**QA11_H36** Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

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**POST-NOTE QA11_H36:**
IF QA11_H36 = 1, THEN SET ARIHS = 1

**PROGRAMMING NOTE QA11_H37_INTRO:**
IF [QA11_A16 = 1 (MARRIED) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN HH), THEN CONTINUE WITH QA11_H37_INTRO;
IF QA11_A16 = 1, THEN DISPLAY “spouse”;
ELSE IF QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY “partner”;
ELSE GO TO PROGRAMMING NOTE QA11_H57

**QA11_H37_INTRO** These next questions are about the type of health insurance your {spouse/partner} may have.

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**PROGRAMMING NOTE QA11_H37:**
IF SPOUSE 65 OR OLDER AND ARMCARE ≠ 1, THEN CONTINUE WITH QA11_H37 WITHOUT DISPLAY;
ELSE IF SPOUSE 65 OR OLDER AND ARMCARE = 1, THEN CONTINUE WITH QA11_H37 AND DISPLAY “You said that you are covered by Medicare.” AND “also”;
ELSE GO TO PROGRAMMING NOTE QA11_H40

**QA11_H37** {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

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**POST-NOTE QA11_H37:**
IF QA11_H37 = 1, THEN SET SPMCARE = 1 AND SPINSURE = 1
PROGRAMMING NOTE QA11_H38:
IF QA11_H37 = 1 AND ARMHMO ≠ 1, THEN CONTINUE WITH QA11_H38 WITHOUT DISPLAY;
ELSE IF QA11_H37 = 1 AND ARMHMO = 1, THEN CONTINUE WITH QA11_H38 AND DISPLAY “You said that your Medicare coverage is provided through an HMO.” AND “also”; 
IF QA11_A16 = 1 (MARRIED) THEN DISPLAY “spouse’s”; 
ELSE IF QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY “partner’s”; 
ELSE GO TO PROGRAMMING NOTE QA11_H39

QA11_H38
{You said that your Medicare coverage is provided through an HMO.} Is your {spouse's/partner's} Medicare {also} provided through an HMO?

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POST-NOTE QA11_H38:
IF QA11_H38 = 1, THEN SET SPMHMO = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA11_H39:
IF SPHMO = 1, THEN GO TO PROGRAMMING NOTE QA11_H40; 
ELSE IF QA11_H37 = 1 AND ARSUPP ≠ 1, THEN CONTINUE WITH QA11_H39 WITHOUT DISPLAY; 
ELSE IF QA11_H37 = 1 AND ARSUPP = 1, THEN CONTINUE WITH QA11_H39 AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”; 
IF QA11_A16 = 1 (MARRIED), THEN DISPLAY “spouse”; 
ELSE IF QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY “partner”; 
ELSE GO TO PROGRAMMING NOTE QA11_H40

QA11_H39
{You said that you have a Medicare Supplement plan.} Does your {spouse/partner} {also} have a Medicare supplemental policy?

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POST-NOTE QA11_H39:
IF QA11_H39 = 1, THEN SET SPSUPP = 1 AND SPINSURE = 1
PROGRAMMING NOTE QA11_H40:
IF ARMCAL = 1, THEN CONTINUE WITH QA11_H40 WITHOUT DISPLAY;
IF ARMCARE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA11_H41

QA11_H40  You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) {also} covered by Medi-Cal?

AI38

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

POST-NOTE QA11_H40:
IF QA11_H40 = 1, THEN SET SPMCAL = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA11_H41:
IF ARHFAM = 1 AND SPOUSE/PARTNER AGE ≤ 18, THEN CONTINUE WITH QA11_H41;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA11_H42

QA11_H41  You said you {also} have Healthy Families. Is (SPOUSE/PARTNER) {also} covered by Healthy Families?

AI39

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

POST-NOTE QA11_H41:
IF QA11_H41 = 1, THEN SET SPHFAM = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA11_H42:
IF AREMPOWN = 1, THEN CONTINUE WITH QA11_H42;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA11_H43

QA11_H42  You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer?

AI40

YES .................................................................1  [GO TO PN QA11_H44]
NO .................................................................2
OTHER ...........................................................3
REFUSED .....................................................-7
DON’T KNOW .............................................-8

POST-NOTE QA11_H42:
IF QA11_H42 = 1, THEN SET SPEMPSP = 1 AND SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE QA11_H43:
IF [QA11_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED)] OR QA11_G32 = 1 (SPOUSE/PARTNER USUALLY WORKS), THEN CONTINUE WITH QA11_H43;
IF AREMPSP = 1 AND QA11_A16 = 1, THEN DISPLAY “You said you have insurance from your spouse’s employer or union.”;
ELSE IF AREMPSP = 1 AND QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY “You said you have insurance from your partner’s employer or union.”;
IF SPINSURE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA11_H44

QA11_H43  {You said you have insurance from your spouse’s employer or union./You said you have insurance from your partner’s employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

AI40A

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

POST-NOTE QA11_H43:
IF QA11_H43 = 1, THEN SET SPEMPOWN = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA11_H44:
IF ARDIRECT = 1, THEN CONTINUE WITH QA11_H44;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA11_H45

QA11_H44  You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) also covered by this plan?

AI41

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

POST-NOTE QA11_H44:
IF QA11_H44 = 1, THEN SET SPMIRECT = 1 AND SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA11_H45:
IF ARMILIT = 1, THEN CONTINUE WITH QA11_H45;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA11_H46

QA11_H45  You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

AI42

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

POST-NOTE QA11_H45:
IF QA11_H45 = 1, THEN SET SPMILIT = 1 AND SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE QA11_H46:
IF AROTHGOV = 1, THEN CONTINUE WITH QA11_H46;
IF QA11_H31 = 1, THEN DISPLAY “AIM”;  
IF QA11_H31 = 2, THEN DISPLAY “MRMIP”;
IF QA11_H31 = 3, THEN DISPLAY “Family PACT”;
IF QA11_H31 = 4, THEN DISPLAY “PCIP”;
IF QA11_H31 = 91, THEN DISPLAY “some government health plan”: 
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA11_H47

QA11_H46 You said you {also} have health insurance through {AIM/MRMIP/Family PACT/PCIP/some government health plan}. Is (SPOUSE/PARTNER) also covered by this plan?

AI42A
YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON’T KNOW ........................................................ -8

POST-NOTE QA11_H46:
IF QA11_H46 = 1, THEN SET SPOTHGOV = 1 AND SPINSURE = 1

PROGRAMMING NOTE QA11_H47:
IF SPINSURE ≠ 1, THEN DISPLAY “any”;
ELSE DISPLAY “through any other source”

QA11_H47 Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

AI46
YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA11_H49]
REFUSED ............................................................... -7 [GO TO QA11_H53]
DON’T KNOW ........................................................ -8 [GO TO QA11_H53]
QA11_H48  What type of health insurance does (he/she) have?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

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

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

THROUGH CURRENT OR FORMER EMPLOYER/UNION .................................................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION .................................................2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) .................................3
MEDICARE ........................................................................................................ 4
MEDI-CAL ........................................................................................................ 5
HEALTHY FAMILIES ......................................................................................... 6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE ..........7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC ........ 8
HEALTHY KIDS ............................................................................................... 9
OTHER GOVERNMENT HEALTH PLAN ................. 91
OTHER NON-GOVERNMENT HEALTH PLAN .... 92
REFUSED ........................................................................................................ 7
DON'T KNOW ................................................................................................. 8

POST-NOTE QA11_H48:
IF QA11_H48 = 1, THEN SET SPEMPOTH = 1 AND SPINSURE = 1;
IF QA11_H48 = 2, THEN SET SPOMER = 1 AND SPINSURE = 1;
IF QA11_H48 = 3, THEN SET SPDIRECT = 1 AND SPINSURE = 1;
IF QA11_H48 = 4, THEN SET SPMACRE = 1 AND SPINSURE = 1;
IF QA11_H48 = 5, THEN SET SPMCAL = 1 AND SPINSURE = 1;
IF QA11_H48 = 6, THEN SET SPHFAM = 1 AND SPINSURE = 1;
IF QA11_H48 = 7, THEN SET SPMILIT = 1 AND SPINSURE = 1;
IF QA11_H48 = 8, THEN SET SPIHS = 1;
IF QA11_H48 = 9, THEN SET SPKID = 1 AND SPINSURE = 1;
IF QA11_H48 = 91, THEN SET SPOTHGOV = 1 AND SPINSURE = 1;
IF QA11_H48 = 92, -7, OR -8, THEN SET SPOMER = 1 AND SPINSURE = 1
You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

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[GO TO PN QA11_H53]
QA11_H50  What type of health insurance does (he/she) have?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

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

EMPLOYER/UNION ................................................................. 1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION,
TRADE GROUP OR OTHER ORGANIZATION .................. 2
PURCHASED DIRECTLY FROM HEALTH PLAN
(BY R OR ANYONE ELSE) ...................................................... 3
MEDICARE ............................................................................ 4
MEDI-CAL .............................................................................. 5
HEALTHY FAMILIES .............................................................. 6
CHAMPUS/CHAMP-VA, TRICARE, VA OR
SOME OTHER MILITARY HEALTH CARE .................... 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC ......................... 8
HEALTHY KIDS ................................................................. 9
OTHER GOVERNMENT HEALTH PLAN ....................... 91
OTHER NON-GOVERNMENT HEALTH PLAN .............. 92
REFUSED ............................................................................ -7
DON'T KNOW ..................................................................... -8

POST-NOTE QA11_H50:
IF QA11_H50 = 1, THEN SET SPEMPOTH = 1 AND SPINSURE = 1;
IF QA11_H50 = 2, THEN SET SPOther = 1 AND SPINSURE = 1;
IF QA11_H50 = 3, THEN SET SPDIRECT = 1 AND SPINSURE = 1;
IF QA11_H50 = 4, THEN SET SPMCARE = 1 AND SPINSURE = 1;
IF QA11_H50 = 5, THEN SET SPMCAL = 1 AND SPINSURE = 1;
IF QA11_H50 = 6, THEN SET SPMILIT = 1 AND SPINSURE = 1;
IF QA11_H50 = 7, THEN SET SPHFAM = 1 AND SPINSURE = 1;
IF QA11_H50 = 8, THEN SET SPIHS = 1;
IF QA11_H50 = 9, THEN SET SPKID = 1 AND SPINSURE = 1;
IF QA11_H50 = 91, THEN SET SPOTHGOV = 1 AND SPINSURE = 1;
IF QA11_H50 = 92, -7, OR -8, THEN SET SPOther = 1 AND SPINSURE = 1;
PROGRAMMING NOTE QA11_H51:
IF (QA11_H48 = 1, 2, OR 3) OR (QA11_H50 = 1, 2, OR 3), THEN CONTINUE WITH QA11_H51;
IF QA11_A16 = 1 (MARRIED), THEN DISPLAY “spouse's”;
ELSE IF QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY “partner's”;
ELSE GO TO PROGRAMMING NOTE QA11_H53

QA11_H51  Was this plan obtained in your {spouse’s/partner’s} name or in the name of someone else?

AH62

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

IN SPOUSE'S/PARTNER'S NAME .........................1
IN SOMEONE ELSE'S NAME .........................2
REFUSED .....................................................-7
DON'T KNOW .............................................-8

POST-NOTE QA11_H51:
IF QA11_H51 = 1 (SPOUSE'S/PARTNER'S NAME), THEN SET SPEMPOWN = 1 AND SPEMPOTH = 0;

QA11_H52  Is the plan in your name, parent’s name, or someone else’s name?

AH63

IN ADULT RESPONDENT'S NAME ......................1
IN ADULT RESPONDENT'S PARENT'S NAME .......2
IN SOMEONE ELSE'S NAME ..........................3
REFUSED .....................................................-7
DON'T KNOW .............................................-8

POST-NOTE QA11_H52:
IF QA11_H52 = 1, THEN SET SPEMPAR = 1 AND SPEMPOTH = 0 AND ARSAMESP=1;
IF QA11_H52 = 2, THEN SET SPARPAR = 1 AND SPEMPOTH = 0

PROGRAMMING NOTE QA11_H53:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), THEN GO TO QA11_H57;
ELSE IF [QA11_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA11_G32 = 1 (USUALLY WORKS)]
AND QA11_G33 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), THEN CONTINUE WITH QA11_H53;
IF QA11_A16 = 1 (MARRIED), THEN DISPLAY “spouse's”;
ELSE IF QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY “partner's”
ELSE GO TO PROGRAMMING NOTE QA11_H57

QA11_H53  Does your {spouse's/partner's} employer offer health insurance to any of its employees?

AI43

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

[GO TO PN QA11_H57]

[GO TO PN QA11_H57]

[GO TO PN QA11_H57]
QA11_H54  Is {he/she} eligible to be in this plan?

AI44

YES ................................................................. 1
NO .................................................................  2 [GO TO QA11_H56]
REFUSED ...................................................... -7 [GO TO PN QA11_H57]
DON'T KNOW .............................................. -8 [GO TO PN QA11_H57]

QA11_H55  What is the ONE main reason why {he/she} isn't in this plan?

AI45

COVERED BY ANOTHER PLAN ......................... 1 [GO TO PN QA11_H57]
TOO EXPENSIVE ......................................... 2 [GO TO PN QA11_H57]
DOESN'T LIKE PLAN OFFERED ....................... 3 [GO TO PN QA11_H57]
DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE
OTHER (SPECIFY: __________) ....................... 91 [GO TO PN QA11_H57]
REFUSED ................................................... -7 [GO TO PN QA11_H57]
DON'T KNOW ............................................ -8 [GO TO PN QA11_H57]

QA11_H56  What is the one main reason why {he/she} is not eligible for this plan?

AI45A

HASN'T YET WORKED FOR THIS EMPLOYER
LONG ENOUGH TO BE COVERED .................... 1
CONTRACT OR TEMPORARY EMPLOYEES
NOT ALLOWED IN PLAN ............................... 2
DOESN'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR ......................... 3
OTHER (SPECIFY: ________________) ............. 91
REFUSED ................................................... -7
DON'T KNOW ............................................ -8
QA11_H57

{Next, I have some questions about your own main health plan.}

Is your {Medi-Cal} health plan an HMO?

AI22C

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it’s an emergency.”]


[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]

YES .................................................................1
NO .....................................................................2
REFUSED ..........................................................-7
DON’T KNOW ................................................. -8
**PROGRAMMING NOTE QA11_H58:**

If (ARMCAL = 1 AND QA11_H56 = 1) OR (AROTHGOV = 1 AND QA11_H31 = 1), then list HMO MEDI-CAL by county;

Else if (ARHFAM = 1 OR ARHKIDS = 1) AND QA11_H57 = 1, then list HMO HEALTHY FAMILIES by county;

Else if QA11_H57 = 1 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA11_H31 = 2)], then list HMO COMMERCIAL by county;

Else if QA11_H57 = 2 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA11_H31 = 2)], then list NON-HMO by county.

---

**QA11_H58**

What is the name of your main health plan?

**AI22A**

[If R has difficulty recalling name, probe: “Do you have an insurance card or something else with the plan name on it?”]

<table>
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<tr>
<th>Health Plan Name</th>
<th>Code</th>
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OTHER (SPECIFY:________________) ......................................... 92
REFUSED ................................................................................ 7
DON'T KNOW ........................................................................... 8

POST NOTE QA11_H58:
IF QA11_H58 = 62, 63, OR 64 THEN SET ARMILIT=1

PROGRAMMING NOTE QA11_H59:
IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND [QA11_A16 = 1 (MARRIED) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX PARTNER)], THEN DISPLAY “Next, I have some questions about your own main health plan.”

QA11_H59  {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

AI25

YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW ...............................................-8
High Deductible Health Plans

PROGRAMMING NOTE QA11_H60:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA11_H60;
ELSE GO TO QA11_H65

QA11_H60 Does your health plan have a deductible that is more than $1,000?

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

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK ........3
REFUSED ......................................................................-7
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QA11_H61:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA11_H61;
ELSE GO TO QA11_H62

QA11_H61 Does your health plan have a deductible that is more than $2,000?

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

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK ........3
REFUSED ......................................................................-7
DON'T KNOW ..........................................................-8

QA11_H62 Does your health plan have a deductible for all covered persons that is more than $2,000?

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

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK ........3
REFUSED ......................................................................-7
DON'T KNOW ..........................................................-8
PROGRAMMING NOTE QA11_H63:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA11_H63;
ELSE GO TO PROGRAMMING NOTE QA11_H64

QA11_H63  Does your health plan have a deductible for all covered persons that is more than $4,000?

AH97  
[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK ........3
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QA11_H64:
IF (QA11_H60 = 1 OR 3) OR (QA11_H61 = 1 OR 3) OR (QA11_H62 = 1 OR 3), THEN CONTINUE WITH QA11_H64;
ELSE GO TO QA11_H65

QA11_H64  Do you have a special account or fund you can use to pay for medical expenses?

AH73  
[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts.”]

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

QA11_H65  Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

AI31  

YES ...........................................................................1 [GO TO PN QA11_H78]
NO .............................................................................2 [GO TO QA11_H68]
REFUSED ............................................................... -7 [GO TO QA11_H68]
DON’T KNOW ......................................................... -8

QA11_H66  During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

AI32  

YES ...........................................................................1 [GO TO QA11_H69]
NO .............................................................................2 [GO TO QA11_H68]
REFUSED ............................................................... -7 [GO TO QA11_H68]
DON’T KNOW ......................................................... -8 [GO TO QA11_H68]
**QA11_H67** Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, a plan you purchased directly from an insurance company, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- MEDI-CAL .................................................................1
- HEALTHY FAMILIES ................................................2
- THROUGH CURRENT OR FORMER EMPLOYER/UNION ......3
- HEALTHY KIDS ..........................................................4
- PURCHASED DIRECTLY .........................................5
- OTHER HEALTH PLAN ......................................... 91
- REFUSED .....................................................................-7
- DON'T KNOW ..............................................................-8

**QA11_H68** During the past 12 months, was there any time when you had no health insurance at all?

- YES ...........................................................................1
- NO .............................................................................2 [GO TO PN QA11_H78]
- REFUSED .....................................................................-7 [GO TO PN QA11_H78]
- DON'T KNOW ..............................................................-8 [GO TO PN QA11_H78]

**QA11_H69** For how many months of the past 12 months did you have no health insurance at all?

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

- __________ NUMBER OF MONTHS [HR: 0-11] [IF 0 GO TO PN QA11_H78]
- REFUSED .....................................................................-7 [GO TO PN QA11_H78]
- DON'T KNOW ..............................................................-8 [GO TO PN QA11_H78]
KA11_H70  What is the ONE MAIN reason why you did not have any health insurance during those months?

[AI36]

CAN'T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB ....................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS .............................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ........................................4
FAMILY SITUATION CHANGED ................................................5
DON'T BELIEVE IN INSURANCE .................................................................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ..............................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ................................................8
OTHER (SPECIFY:_________________ )...........91
REFUSED ..............................................................................-7
DON'T KNOW ...........................................................................-8

KA11_H71  During the time that you were uninsured, did you try to find health insurance on your own?

[AH74]

YES ...........................................................................1 [GO TO PN QA11_H78]
NO .............................................................................2 [GO TO PN QA11_H78]
REFUSED ..............................................................................-7 [GO TO PN QA11_H78]
DON'T KNOW ...........................................................................-8 [GO TO PN QA11_H78]

KA11_H72  What is the ONE MAIN reason why you do not have any health insurance?

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB ....................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS .............................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ........................................4
FAMILY SITUATION CHANGED ................................................5
DON'T BELIEVE IN INSURANCE .................................................................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ..............................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ................................................8
OTHER (SPECIFY:_________________ )...........91
REFUSED ..............................................................................-7
DON'T KNOW ...........................................................................-8
QA11_H73  During the time that you have been uninsured, have you tried to find health insurance on your own?

AH75

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

QA11_H74  Were you covered by health insurance at any time during the past 12 months?

AI27

YES ...........................................................................1 [GO TO QA11_H76]
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA11_H75  How long has it been since you last had health insurance?

AI28

MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO .......................1 [GO TO PN QA11_H78]
MORE THAN 3 YEARS AGO .......................2 [GO TO PN QA11_H78]
NEVER HAD HEALTH INSURANCE ...............3 [GO TO PN QA11_H78]
REFUSED ......................................................... -7 [GO TO PN QA11_H78]
DON'T KNOW ......................................................... -8 [GO TO PN QA11_H78]

QA11_H76  For how many months out of the last 12 months did you have health insurance?

AI29

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

______ MONTHS [HR: 0-12] [IF 0, THEN GO TO PN QA11_H78]

REFUSED ......................................................... -7
DON'T KNOW ......................................................... -8
During that time when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, a plan you purchased directly from an insurance company, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MEDI-CAL .................................................................1
HEALTHY FAMILIES ................................................2
THROUGH CURRENT OR FORMER EMPLOYER OR UNION ......................3
HEALTHY KIDS ........................................................4
PURCHASED DIRECTLY ...........................................5
OTHER HEALTH PLAN ......................................... 91
REFUSED ........................................................................ -7
DON’T KNOW ............................................................ -8

PROGRAMMING NOTE QA11_H78:
IF ARINSURE ≠ 1 OR QA11_H66 = 2 OR ARDIRECT = 1 OR QA11_H77 = 5 OR QA11_H67 = 5 THEN CONTINUE WITH QA11_H78;
ELSE GO TO PROGRAMMING NOTE QA11_H83

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

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

How difficult was it to find a plan with the coverage you needed? Was it…

Very difficult, ..............................................................1
Somewhat difficult, ...................................................2
Not too difficult, or .....................................................3
Not at all difficult? .....................................................4
REFUSED ........................................................................ -7
DON’T KNOW ............................................................ -8

How difficult was it to find a plan you could afford? Was it…

Very difficult, ..............................................................1
Somewhat difficult, ...................................................2
Not too difficult, or .....................................................3
Not at all difficult? .....................................................4
REFUSED ........................................................................ -7
DON’T KNOW ............................................................ -8
QA11_H81  Did anyone help you find a health plan?

**AH100**

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

QA11_H82  Who helped you?

**AH101**

BROKER ...................................................................1
FAMILY MEMBER/FRIEND ......................................2
INTERNET ............................................................3
OTHER (SPECIFY:__________________) .......... 91
REFUSED ...............................................................-7
DON'T KNOW .........................................................-8

**PROGRAMMING NOTE QA11_H83:**
IF QA11_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA11_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA11_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA11_B41 = 1 (HOSPITALIZED FOR HEART DISEASE) THEN GO TO PROGRAMMING NOTE QA11_H84;
ELSE CONTINUE WITH QA11_H83

QA11_H83  During the past 12 months, were you a patient in a hospital overnight or longer?

**AH14**

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

**PROGRAMMING NOTE QA11_H84:**
IF QA11_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA11_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA11_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA11_B41 = 1 (HOSPITALIZED FOR HEART DISEASE), THEN DISPLAY “During the past 12 months, when you were hospitalized for any reason,”

QA11_H84  {During the past 12 months, when you were hospitalized for any reason,) Altogether how many nights were you in the hospital?

**AH102**

________ NUMBER OF NIGHTS (HR: 1-365)

REFUSED ...............................................................-7
DON'T KNOW .........................................................-8
PROGRAMMING NOTE QA11_H85:
IF ARINSURE ≠ 1 OR QA11_H69 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA11_H85;
ELSE GO TO PROGRAMMING NOTE QA11_H86

QA11_H85  Was any of that hospital care paid for by Medi-Cal?

| AH76 | 
|------------------|-----|
| YES               | 1   |
| NO                | 2   |
| REFUSED           | -7  |
| DON'T KNOW        | -8  |

PROGRAMMING NOTE QA11_H86:
IF [ARINSURE ≠ 1 OR QA11_H69 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA11_A5 = 2 (FEMALE) AND [QA11_E1 = 1 (PREGNANT) OR QA11_G18 = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)], THEN CONTINUE WITH QA11_H86;
ELSE GO TO PROGRAMMING NOTE QA11_I1

QA11_H86  During the last 12 months, did you get prenatal care that you didn’t have to pay for?

| AH77 | 
|------------------|-----|
| YES               | 1   |
| NO                | 2   | [GO TO PN QA11_I1] |
| REFUSED           | -7  | [GO TO PN QA11_I1] |
| DON'T KNOW        | -8  | [GO TO PN QA11_I1] |

QA11_H87  Was it paid for by Medi-Cal?

| AH78 | 
|------------------|-----|
| YES               | 1   |
| NO                | 2   |
| REFUSED           | -7  |
| DON'T KNOW        | -8  |
Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA11_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA11_I37 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE # 1, THEN GO TO PROGRAMMING NOTE QA11_I2;
ELSE CONTINUE WITH QA11_I1

QA11_I1 These next questions are about health insurance (CHILD) may have.
Does (CHILD) have the same insurance as you?

CF10A

YES .................................................................1 [GO TO QA11_I31]
NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW ..........................................................-8

POST-NOTE QA11_I1:
IF QA11_I1 = 1 AND ARMCARE = 1, THEN SET CHMCARE = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND ARMCAL = 1, THEN SET CHMCAL = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND ARHFAM = 1, THEN SET CHHFAM = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND ARHKID = 1, THEN SET CHHKID = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND AREMPOWN = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND AREMPPAR = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND AREMPPSP = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND ARDIRECT = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND ARMILIT = 1, THEN SET CHMILIT = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND AROTHER = 1, THEN SET CHOTHER = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND AROTHGOV = 1, THEN SET CHOTHGOV = 1 AND CHINSURE = 1 AND ARSAMECH=1;
IF QA11_I1 = 1 AND ARIHS = 1, THEN SET CHIHS = 1
PROGRAMMING NOTE QA11_I2:
IF SPINSURE ≠ 1, THEN GO TO QA11_I3;
ELSE IF QA11_I1 = 2 AND ARSAMESP = 1, THEN GO TO QA11_I3;
ELSE CONTINUE WITH QA11_I2

QA11_I2  Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/PARTNER NAME}?

MA1

YES ...........................................................................1 [GO TO QA11_I18]
NO .............................................................................2
REFUSED ....................................................................-7
DON'T KNOW .........................................................-8

POST-NOTE QA11_I2:
IF QA11_I2 = 1 AND SPMCARE = 1, THEN SET CHMCARE = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPMCAL = 1, THEN SET CHMCAL = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPHFAM = 1, THEN SET CHHFAM = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPHKID = 1, THEN SET CHHKID = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPEMPSP = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPEMPPAR = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPEMPOWN = 1, THEN SET CHEMP = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPDIRECT = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPMILIT = 1, THEN SET CHMILIT = 1 AND CHINSURE = 1 AND SPSAMECH=1;
IF QA11_I2 = 1 AND SPIHS = 1, THEN SET CHIHS = 1

QA11_I3  Is {he/she} currently covered by Medi-CAL?

CF1

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

YES ...........................................................................1 [GO TO QA11_I5]
NO .............................................................................2
REFUSED ....................................................................-7
DON'T KNOW .........................................................-8

POST-NOTE QA11_I3:
IF QA11_I3 = 1, THEN SET CHMCAL = 1 AND CHINSURE = 1
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA11_I4</td>
<td>Is (CHILD) covered by the Healthy Families Program?</td>
<td>YES: 1, NO: 2, REFUSED: -7, DON'T KNOW: -8</td>
</tr>
<tr>
<td>CF2</td>
<td>[IF NEEDED, SAY: &quot;Healthy Families is a state program that pays for health insurance for children up to age 19.&quot;]</td>
<td></td>
</tr>
<tr>
<td>QA11_I5</td>
<td>Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?</td>
<td>YES: 1, NO: 2, REFUSED: -7, DON'T KNOW: -8</td>
</tr>
<tr>
<td>CF3</td>
<td>[GO TO QA11_I7]</td>
<td></td>
</tr>
<tr>
<td>QA11_I6</td>
<td>Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you &quot;extra cash&quot; if you are in a hospital.</td>
<td>YES: 1, NO: 2, REFUSED: -7, DON'T KNOW: -8</td>
</tr>
<tr>
<td>CF4</td>
<td>[GO TO PN QA11_I10]</td>
<td></td>
</tr>
</tbody>
</table>
QA11_I7  Do you pay any or all of the premium or cost for (CHILD)’s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AI54

[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."]

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

QA11_I8  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)’s health plan?

AI50

YES .................................................................1
NO .................................................................2
[GO TO PN QA11_I10]
REFUSED .........................................................-7
[GO TO PN QA11_I10]
DON’T KNOW ...................................................-8
[GO TO PN QA11_I10]

QA11_I9  Who else pays all or some portion of the cost for (CHILD)’s health plan?

AI51

CURRENT EMPLOYER .................................1
FORMER EMPLOYER .................................2
UNION .................................................3
SPouse’S/PARTNER’S CURRENT EMPLOYER ..4
SPouse’S/PARTNER’S FORMER EMPLOYER ....5
PROFESSIONAL/FRATERNAL ORGANIZATION ..6
MEDICAID/MEDI-CAL ASSISTANCE .............7
HEALTHY FAMILIES .................................8
HEALTHY KIDS ......................................9
OTHER ..................................................91
REFUSED ..................................................-7
DON’T KNOW ...........................................-8

POST-NOTE QA11_I9:
IF QA11_I9 = 1 THRU 6, THEN SET CHEMP = 1 AND CHDIRECT = 0;
IF QA11_I9 = 8, THEN SET CHHFAM = 1;
IF QA11_I9 = 7, THEN SET CHMICAL = 1;
IF QA11_I9 = 9, THEN SET CHHKID = 1
CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Child)

PROGRAMMING NOTE QA11_I10:
IF CHINSURE = 1, THEN GO TO PROGRAMMING NOTE QA11_I18;
ELSE CONTINUE WITH QA11_I10

QA11_I10  Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

CF6
YES .................................................................1 [GO TO PN QA11_I18]
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW .............................................-8

POST-NOTE QA11_I10:
IF QA11_I10 = 1, THEN SET CHMILIT = 1 AND CHINSURE = 1

Healthy Kids (Child)

PROGRAMMING NOTE QA11_I11:
IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), THEN CONTINUE WITH QA11_I11 AND DISPLAY “Healthy Kids”;

QA11_I11  Is {he/she} covered by the Healthy Kids program?

AI70  [IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]
YES .................................................................1 [GO TO PN QA11_I18]
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW .............................................-8

POST-NOTE QA11_I11:
IF QA11_I11 = 1, THEN SET CHHKID = 1 AND CHINSURE = 1

AIM, MRMIP, PCIP, Other Government Coverage (Child)

QA11_I12  Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", PCIP, or something else?

CF7  [IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; and PCIP is the pre-existing condition insurance plan."]
AIM ..............................................................1 [GO TO PN QA11_I18]
"MISTER MIP"/MRMIP ......................................2 [GO TO PN QA11_I18]
PCIP .............................................................3 [GO TO PN QA11_I18]
NO OTHER PLAN ...........................................4 [GO TO PN QA11_I18]
SOMETHING ELSE (SPECIFY: ________) ........ 91 [GO TO PN QA11_I18]
REFUSED .......................................................-7
DON'T KNOW .............................................-8

POST-NOTE QA11_I12:
IF QA11_I12 = 1, 2, 3, OR 91, THEN SET CHOTHGOV = 1 AND CHINSURE = 1
QA11_I13  Does {he/she} have any health insurance coverage through a plan that I missed?

[CF8]

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

[GO TO PN QA11_I18]

QA11_I14  What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

[CF9]

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

THROUGH CURRENT OR FORMER
EMPLOYER/UNION ........................................1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR OTHER
ORGANIZATION ...........................................2
PURCHASED DIRECTLY FROM A HEALTH
PLAN (BY R OR ANYONE ELSE) .................3
MEDICARE .........................................................4
MEDI-CAL ..........................................................5
HEALTHY FAMILIES .............................................6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR
SOMETHING ELSE MILITARY HEALTH CARE ....7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM, URBAN INDIAN CLINIC ..............8
HEALTHY KIDS ..................................................9
OTHER GOVERNMENT HEALTH PLAN ..........91
OTHER NON-GOVERNMENT HEALTH PLAN ....92
REFUSED ......................................................-7
DON'T KNOW ................................................-8

POST-NOTE QA11_I14:
IF QA11_I14 = 1, THEN SET CHEMP = 1 AND CHINSURE = 1
IF QA11_I14 = 2, THEN SET CHEMP = 1 AND CHINSURE = 1
IF QA11_I14 = 3, THEN SET CHDIRECT = 1 AND CHINSURE = 1
IF QA11_I14 = 4, THEN SET CHMILIT = 1 AND CHINSURE = 1
IF QA11_I14 = 5, THEN SET CHMILIT = 1 AND CHINSURE = 1
IF QA11_I14 = 6, THEN SET CHFAM = 1 AND CHINSURE = 1
IF QA11_I14 = 7, THEN SET CHMILIT = 1 AND CHINSURE = 1
IF QA11_I14 = 8, THEN SET CHIHS = 1
IF QA11_I14 = 9, THEN SET CHKID = 1 AND CHINSURE = 1
IF QA11_I14 = 91, THEN SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA11_I14 = 92, THEN SET CHOTHER = 1 AND CHINSURE = 1
IF QA11_I14 = -7 OR -8, THEN SET CHINSURE = 1
PROGRAMMING NOTE QA11_I15:
IF QA11_I14 = 4 (CHILD HAS MEDICARE), THEN CONTINUE WITH QA11_I15;
ELSE GO TO PROGRAMMING NOTE QA11_I16

QA11_I15
Just to verify, you said that (CHILD) gets health insurance through Medicare?

CF9VER
YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................  -7
DON'T KNOW .............................................  -8

PROGRAMMING NOTE QA11_I16:
IF CHINSURE ≠ 1, THEN CONTINUE WITH QA11_I16;
ELSE GO TO PROGRAMMING NOTE QA11_I18;

QA11_I16
What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?

CF1A
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 (SPECIFY: ________________) .......... 91
REFUSED .............................................  -7
DON'T KNOW .........................................  -8

QA11_I17
What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?

CF2A
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 (SPECIFY: ________________) .......... 91
REFUSED .............................................  -7
DON'T KNOW .........................................  -8
CHIS 2011-2012 Adult Questionnaire Version 10.1 July 3, 2013

**Managed-Care Plan Characteristics (Child)**

*PROGRAMMING NOTE QA11_I18:*

IF QA11_I1 = 1 AND ARMHCARE = 1, THEN SET QA11_I18 = QA11_H8 AND QA11_I19 = QA11_H9 AND GO TO QA11_I20;
ELSE IF QA11_I1 = 1, THEN SET QA11_I18 = QA11_H57 AND QA11_I19 = QA11_H58 AND QA11_I20 = QA11_H59 AND GO TO PN QA11_I21;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA11_I18;
ELSE GO TO PROGRAMMING NOTE QA11_I21

**QA11_I18**

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

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

*PROGRAMMING NOTE QA11_I19:*

IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), THEN CONTINUE WITH QA11_I19;
IF CHMCARE = 1 AND QA11_I18 = 1, THEN LIST HMO MEDICARE BY COUNTY;
ELSE IF [CHMCAL = 1 OR (CHOTHGOV = 1 AND QA11_I12 = 1)] AND QA11_I18 = 1, THEN LIST HMO MEDICAL BY COUNTY;
ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA11_I18 = 1, THEN LIST HMO HEALTHY FAMILIES BY COUNTY;
ELSE IF [CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA11_I12 = 2) OR CHOTHER = 1] AND QA11_I18 = 1, THEN LIST HMO COMMERCIAL BY COUNTY;
ELSE IF (CHEMP = 1 OR CHDIRECT =1 OR CHOTHER = 1) AND QA11_I18 = 2, THEN LIST NON-HMO BY COUNTY

**QA11_I19**

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

- AARP MEDICARE COMPLETE ........................................................................ 1
- AETNA .............................................................................................................. 2
- AETNA MEDICARE (SELECT/PREMIER) ........................................................ 3
- ALAMEDA ALLIANCE FOR HEALTH ............................................................ 4
- ALLIANCE COMPLETE CARE ....................................................................... 5
- ANTHEM BLUE CROSS/BLUE CROSS ............................................................ 6
- ARCADIAN COMMUNITY CARE ..................................................................... 7
- BLUE CROSS SENIOR SECURE ..................................................................... 8
- BLUE SHIELD 65 PLUS .................................................................................... 9
- BLUE SHIELD OF CALIFORNIA ................................................................... 10
- CAL OPTIMA .................................................................................................. 11
- CARE 1ST HEALTH PLAN ............................................................................... 12
- CARE ADVANTAGE ....................................................................................... 13
- CARE MORE .................................................................................................. 14
- CEN CAL HEALTH .......................................................................................... 15
- CENTRAL CALIFORNIA ALLIANCE FOR HEALTH ....................................... 16
- CENTRAL HEALTH PLAN OF CALIFORNIA ............................................... 17
- CHINESE COMMUNITY HEALTH PLAN ...................................................... 18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM ......................................................... 19
CIGNA .......................................................................................................................... 20
CITIZENS CHOICE HEALTHPLAN ............................................................................. 21
COMMUNICARE ADVANTAGE ................................................................................... 22
COMMUNITY HEALTH GROUP ............................................................................... 23
COMMUNITY HEALTH PLAN .................................................................................... 24
CONTRA COSTA HEALTH PLAN .............................................................................. 25
DEPARTMENT OF HEALTH SERVICES ..................................................................... 26
EASY CHOICE HEALTH PLAN ................................................................................. 27
GEM CARE .................................................................................................................. 28
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN ........................................... 29
GREAT-WEST ............................................................................................................ 30
HEALTH NET ............................................................................................................ 31
HEALTH PLAN OF SAN JOAQUIN ........................................................................... 32
HEALTH PLAN OF SAN MATEO .............................................................................. 33
HUMANA GOLD PLUS ............................................................................................... 34
IEHP (INLAND EMPIRE HEALTH PLAN) ................................................................... 35
IEHP MEDICARE DUAL CHOICE ............................................................................. 36
INTER VALLEY HEALTH PLAN ................................................................................. 37
KAISER ...................................................................................................................... 38
KERN COUNTY HEALTH PLAN .............................................................................. 39
L.A. CARE HEALTH PLAN ......................................................................................... 40
MD CARE .................................................................................................................... 41
MOLINA HEALTH PLAN ............................................................................................ 42
MOLINA MEDICARE OPTIONS .................................................................................. 43
ON LOK .................................................................................................................... 44
ON LOK SENIOR HEALTH SERVICES ..................................................................... 45
ONE CARE ................................................................................................................ 46
PACIFICARE ............................................................................................................. 47
PARTNERSHIP HEALTH PLAN OF CALIFORNIA .................................................... 48
SALUD CON HEALTH NET ....................................................................................... 49
SAN FRANCISCO HEALTH PLAN .............................................................................. 50
SANTA CLARA FAMILY HEALTH PLAN ................................................................... 51
SCAN HEALTH PLAN ............................................................................................... 52
SECURE HORIZONS .................................................................................................. 53
SENIOR ADVANTAGE ............................................................................................. 54
SENIORITY PLUS ..................................................................................................... 55
SERVICE TO SENIORS ............................................................................................ 56
SHARP HEALTH PLAN ............................................................................................. 57
TOTAL FIT ................................................................................................................ 58
VALLEY HEALTH PLAN .......................................................................................... 59
VENTURA COUNTY HEALTH CARE PLAN ........................................................... 60
WESTERN HEALTH ADVANTAGE ........................................................................... 61
WESTERN HEALTH ADVANTAGE CARE+ ............................................................. 62
CHAMPUS/CHAMP-VA ............................................................................................ 63
TRICARE/TRICARE FOR LIFE/TRICARE PRIME ................................................... 64
VA HEALTH CARE SERVICES ................................................................................. 65
MEDI-CAL ................................................................................................................... 66
MEDI-CARE ............................................................................................................. 67
MEDI-CARE ADVANTAGE ....................................................................................... 68
OTHER ..................................................................................................................... 91
OTHER (SPECIFY:________________) .......................................................................... 92
REFUSED ................................................................................................................. -7
DON'T KNOW .......................................................................................................... -8
QA11_I20  Is (CHILD) covered for prescription drugs?

CF14

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

PROGRAMMING NOTE QA11_I21:
IF (ARINSURE ≠ 1 OR QA11_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH QA11_I21;
ELSE GO TO PROGRAMMING NOTE QA11_I26

QA11_I21  Does (CHILD)'s health plan have a deductible that is more than $1,000?

AI79

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

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK .................3
[GO TO QA11_I23]
REFUSED ....................................................................-7
[GO TO QA11_I23]
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE FOR QA11_I22:
IF CHEMP = 1, THEN CONTINUE WITH QA11_I22;
ELSE GO TO QA11_I23

QA11_I22  Does (CHILD)'s health plan have a deductible that is more than $2,000?

AI85

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

YES ...........................................................................1
[GO TO PN QA11_I24]
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK .................3
[GO TO PN QA11_I25]
REFUSED ....................................................................-7
[GO TO PN QA11_I25]
DON'T KNOW ..........................................................-8

QA11_I23  Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?

AI80

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

YES ...........................................................................1
[GO TO PN QA11_I25]
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK .................3
[GO TO PN QA11_I25]
REFUSED ....................................................................-7
[GO TO PN QA11_I25]
DON'T KNOW ..........................................................-8
PROGRAMMING NOTE FOR QA11_I24:
IF CHEMP = 1, THEN CONTINUE WITH QA11_I24;
ELSE GO TO PROGRAMMING NOTE QA11_I25

QA11_I24
Does (CHILD)'s health plan have a deductible for all covered persons that is more than $4,000?

AI86
[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

YES ........................................................................... 1
NO ............................................................................. 2
YES, ONLY WHEN GO OUT OF NETWORK .......... 3
REFUSED ............................................................... -7
DON'T KNOW ............................................................ -8

PROGRAMMING NOTE QA11_I25:
IF (QA11_I21 = 1 OR 3) OR (QA11_I22 = 1 OR 3) OR (QA11_I23 = 1 OR 3), THEN CONTINUE WITH QA11_I25;
ELSE GO TO PROGRAMMING NOTE QA11_I26

QA11_I25
Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

AI81
[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal Care Accounts, Personal Medical Funds, or Choice Funds, and are different from employer provided Flexible Spending Accounts."]

YES ................................................................. 1
NO ...................................................................... 2
REFUSED ............................................................... -7
DON'T KNOW ............................................................ -8
PROGRAMMING NOTE QA11_I26:
IF CHINSURE = 1, THEN GO TO QA11_I31;
ELSE CONTINUE WITH QA11_I26

QA11_I26  What is the one main reason (CHILD) does not have any health insurance?

CF18

CAN'T AFFORD/TOO EXPENSIVE ..............................1
NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB ..................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ........................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ......................................4
FAMILY SITUATION CHANGED ..................................................5
DON'T BELIEVE IN INSURANCE ...................................................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ..............................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ........................................8
OTHER (SPECIFY:______________) ..................................................9
REFUSED ........................................................................-7
DON'T KNOW ........................................................................-8

QA11_I27  Was (CHILD) covered by health insurance at any time during the past 12 months?

CF20

YES .................................................................................1  [GO TO QA11_I29]
NO ....................................................................................2
REFUSED ...........................................................................-7
DON'T KNOW ........................................................................-8

QA11_I28  How long has it been since (CHILD) last had health insurance?

CF21

MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO .............................1  [GO TO PN QA11_I37]
MORE THAN 3 YEARS AGO ..................................................................................2  [GO TO PN QA11_I37]
NEVER HAD HEALTH INSURANCE COVERAGE ..............................................3  [GO TO PN QA11_I37]
REFUSED ...........................................................................-7  [GO TO PN QA11_I37]
DON'T KNOW ...........................................................................-8  [GO TO PN QA11_I37]

QA11_I29  For how many of the last 12 months did (he/she) have health insurance?

CF22

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

_____ MONTHS [HR: 0-12]  [IF 0, THEN GO TO PN QA11_I37]

REFUSED ...........................................................................-7
DON'T KNOW ...........................................................................-8
During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MEDI-CAL .................................................................1
HEALTHY FAMILIES ................................................2
THROUGH CURRENT OR FORMER EMPLOYER/UNION .................................................3
HEALTHY KIDS ........................................................4
OTHER HEALTH PLAN ......................................... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

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

YES ...........................................................................1
NO .............................................................................2
HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD) ...3
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

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

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

Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MEDI-CAL .................................................................1
HEALTHY FAMILIES ................................................2
HEALTHY KIDS ........................................................3
THROUGH CURRENT OR FORMER EMPLOYER/UNION .................................................4
OTHER HEALTH PLAN ......................................... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA11_I34  During the past 12 months, was there any time when {he/she} had no health insurance at all?

**CF27**

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

[GO TO PN QA11_I37]

QA11_I35  For how many of the past 12 months did {he/she} have no health insurance?

**CF28**

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS  [RANGE: 1-12]

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

QA11_I36  What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

**CF29**

[IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE .............................1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB .........................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ..................................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS .................................................4
FAMILY SITUATION CHANGED..................................5
DON'T BELIEVE IN INSURANCE ..............................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ...................................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE.....................................................8
OTHER (SPECIFY____________________) .......... 91
REFUSED ...............................................................-7
DON'T KNOW .........................................................-8
These next questions are about health insurance (TEEN) may have.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?

IA10A

YES ................................................................. 1 [GO TO QA11_I67]
NO ...................................................................... 2
REFUSED .................................................................. -7
DON'T KNOW ..................................................... -8

POST-NOTE QA11_I37:
IF QA11_I37 = 1 AND ARMCARE = 1, THEN SET TEMCARE = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND ARMCAL = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND ARHFAM = 1, THEN SET TEHFAM = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND ARHKID = 1, THEN SET TEHKID = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND AREMPOWN = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND AREMPSP = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND AREMPPAR = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND AREMPOTH = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND ARDIRECT = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND ARMILIT = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND AROTHGOV = 1, THEN SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND AROTHER = 1, THEN SET TEOTHER = 1 AND TEINSURE = 1;
IF QA11_I37 = 1 AND ARIHS = 1, THEN SET TEIHS = 1
PROGRAMMING NOTE QA11_I38:
IF SPINSURE ≠ 1, THEN GO TO QA11_I39;
ELSE IF QA11_I37 = 2 AND ARSAMESP = 1 THEN GO TO PROGRAMMING NOTE QA11_I39;
ELSE CONTINUE WITH QA11_I38

QA11_I38  Does (TEEN) have the same insurance as {your spouse/your partner/SPOUSE/PARTNER}?

MA5

YES ...........................................................................1  [GO TO QA11_I54]
NO .............................................................................2
REFUSED ....................................................................-7
DON'T KNOW ..........................................................-8

POST-NOTE QA11_I38:
IF QA11_I38 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPEMKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPEMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA11_I38 = 1 AND SPIHS = 1, SET TEIHS = 1

PROGRAMMING NOTE QA11_I39:
IF CHAINSURE ≠ 1, THEN GO TO QA11_I40;
ELSE IF (QA11_I37 = 2 AND ARSAMECH = 1) OR (QA11_I38 = 2 AND SPSAMECH = 1), THEN GO TO QA11_I40;
ELSE CONTINUE WITH QA11_I39;

QA11_I39  Does (TEEN) have the same insurance as (CHILD)?

MA6

YES ...........................................................................1  [GO TO PN QA11_I67]
NO .............................................................................2
REFUSED ....................................................................-7
DON'T KNOW ..........................................................-8

POST-NOTE QA11_I39:
IF QA11_I39 = 1 AND CHMCARE = 1, THEN SET TEMCARE = 1 AND TEINSURE = 1;
IF QA11_I39 = 1 AND CHMICAL = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1;
IF QA11_I39 = 1 AND CHHFAM = 1, THEN SET TEHFAM = 1 AND TEINSURE = 1;
IF QA11_I39 = 1 AND CHKID = 1, THEN SET TEHKID = 1 AND TEINSURE = 1;
IF QA11_I39 = 1 AND CHEMP = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA11_I39 = 1 AND CHDIRECT = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA11_I39 = 1 AND CHMILIT = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1;
IF QA11_I39 = 1 AND CHOThGOV = 1, THEN SET TEOTHER = 1 AND TEINSURE = 1;
IF QA11_I39 = 1 AND CHIHS = 1, THEN SET TEIHS = 1
QA11_I40  Is (he/she) currently covered by Medi-CAL?

IA1  

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

YES ...........................................................................1  [GO TO QA11_I42]
NO .................................................................2
REFUSED ...........................................................-7
DON'T KNOW ...................................................-8

POST-NOTE QA11_I40:
IF QA11_I40 = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1

QA11_I41  Is (TEEN) covered by the Healthy Families Program?

IA2  

[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

POST-NOTE QA11_I41:
IF QA11_I41 = 1, THEN SET TEHFAM = 1 AND TEINSURE = 1

QA11_I42  Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

IA3  

YES ...........................................................................1  [GO TO QA11_I44]
NO .................................................................2
REFUSED ...........................................................-7
DON'T KNOW ...................................................-8

POST-NOTE QA11_I42:
IF QA11_I42 = 1, THEN SET TEEMP = 1 AND TEINSURE = 1

QA11_I43  Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?  Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital.

IA4  

YES ...........................................................................1  [GO TO PN QA11_I47]
NO .................................................................2  [GO TO PN QA11_I47]
REFUSED ...........................................................-7  [GO TO PN QA11_I47]
DON'T KNOW ...................................................-8  [GO TO PN QA11_I47]

POST-NOTE QA11_I43:
IF QA11_I43 = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1
Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

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."]

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

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

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA11_I47]
REFUSED ....................................................................-7 [GO TO PN QA11_I47]
DON'T KNOW ..........................................................-8 [GO TO PN QA11_I47]

Who else pays all or some portion of the cost for (TEEN)'s health plan?

CURRENT EMPLOYER ...........................................1
FORMER EMPLOYER .............................................2
UNION .................................................................3
SPouse'S/PARTNER'S CURRENT EMPLOYER..4
SPouse'S/PARTNER'S FORMER EMPLOYER....5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE ...............7
HEALTHY FAMILIES .............................................8
HEALTHY KIDS ......................................................9
OTHER ......................................................................91
REFUSED ....................................................................-7
DON'T KNOW ..........................................................-8

POST-NOTE QA11_I46:
IF QA11_I46 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF QA11_I46 = 7, SET TEMCAL = 1;
IF QA11_I46 = 8, SET TEHFAM = 1;
IF QA11_I46 = 9, SET TEHKID = 1 AND SET TEINSURE = 1
PROGRAMMING NOTE QA11_I47:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA11_I54;
ELSE CONTINUE WITH QA11_I47

QA11_I47 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

IA6

YES .................................................................1 [GO TO PN QA11_I54]
NO.................................................................2
REFUSED ...........................................................-7
DON'T KNOW .........................................................-8

POST-NOTE QA11_I47:
IF QA11_I47 = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1

PROGRAMMING NOTE QA11_I48:
IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), THEN CONTINUE WITH QA11_I50 AND DISPLAY “Healthy Kids”; 

QA11_I48 Is {he/she} covered by the Healthy Kids program?

AI71

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]

YES .................................................................1 [GO TO PN QA11_I54]
NO.................................................................2
REFUSED ...........................................................-7
DON'T KNOW .........................................................-8

POST-NOTE QA11_I48:
IF QA11_I48 = 1, THEN SET TEHKID = 1 AND TEINSURE = 1

QA11_I49 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, PCIP or something else?

IA7

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

AIM.................................................................1 [GO TO PN QA11_I54]
"MISTER MIP"/MRMIP........................................2 [GO TO PN QA11_I54]
Family PACT ..................................................3 [GO TO PN QA11_I54]
PCIP.................................................................4 [GO TO PN QA11_I54]
NO OTHER PLAN .............................................5
SOMETHING ELSE (SPECIFY:_________) ....... 91 [GO TO PN QA11_I54]
REFUSED ...........................................................-7
DON'T KNOW .........................................................-8

POST-NOTE QA11_I49:
IF QA11_I49 = 1, 2, 3, 4, OR 91, THEN SET TEOTHGOV = 1 AND TEINSURE = 1
QA11_I50  Does {he/she} have any health insurance coverage through a plan that I missed?

| IA8  | YES ...........................................................................1 [GO TO PN QA11_I54] |
|      | NO .............................................................................2 [GO TO PN QA11_I54] |
|      | REFUSED ......................................................................-7 [GO TO PN QA11_I54] |
|      | DON'T KNOW ..................................................................-8 [GO TO PN QA11_I54] |

QA11_I51  What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

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

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION .....................................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.................................2
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)...............3
MEDICARE ......................................................................4 (VERIFY)
MEDI-CAL .........................................................................5
HEALTHY FAMILIES .........................................................6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE ......7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC...........8
HEALTHY KIDS .............................................................9
OTHER GOVERNMENT HEALTH PLAN ............ 91
OTHER NON-GOVERNMENT HEALTH PLAN ......... 92
REFUSED ......................................................................-7
DON'T KNOW ..................................................................-8

POST-NOTE QA11_I51:
IF QA11_I51_1 = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA11_I51_2 = 1, THEN SET TEEMP = 1 AND TEINSURE = 1;
IF QA11_I51_3 = 1, THEN SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA11_I51_4 = 1, THEN SET TEMCARE = 1 AND TEINSURE = 1;
IF QA11_I51_5 = 1, THEN SET TEMCAL = 1 AND TEINSURE = 1;
IF QA11_I51_6 = 1, THEN SET TEIHS = 1;
IF QA11_I51_7 = 1, THEN SET TEIHS = 1;
IF QA11_I51_8 = 1, THEN SET TEKID = 1 AND TEINSURE = 1;
IF QA11_I51_9 = 1, THEN SET TEKID = 1 AND TEINSURE = 1;
IF QA11_I51_91 = 1, THEN SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA11_I51_92 = 1, THEN SET TEOTHER = 1 AND TEINSURE = 1;
IF QA11_I51 = -7 OR -8, THEN SET TEINSURE = 1
PROGRAMMING NOTE QA11_I52:
IF TEINSURE ≠ 1, THEN CONTINUE WITH QA11_I52;
ELSE GO TO QA11_I54;

QA11_I52  What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

IA1A

PAPERWORK TOO DIFFICULT .........................1
DIDN'T KNOW IF ELIGIBLE ............................2
INCOME TOO HIGH, NOT ELIGIBLE .................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION
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 (SPECIFY: ________________________) 91
REFUSED ...............................................-7
DON'T KNOW ..........................................-8

QA11_I53  What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?

IA2A

PAPERWORK TOO DIFFICULT .........................1
DIDN'T KNOW IF ELIGIBLE ............................2
INCOME TOO HIGH, NOT ELIGIBLE .................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION
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 (SPECIFY: ________________________) 91
REFUSED ...............................................-7
DON'T KNOW ..........................................-8
QA11_I54 Is (TEEN)’s {Medi-Cal} health plan an HMO?

MA8

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

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: “[his/her] MAIN health plan.”]


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

QA11_I55 What is the name of (TEEN)’s main health plan?

MA7

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

AARP MEDICARE COMPLETE .................................................................1
AETNA ....................................................................................................2
AETNA MEDICARE (SELECT/PREMIER) ............................................3
ALAMEDA ALLIANCE FOR HEALTH ..................................................4
ALLIANCE COMPLETE CARE ............................................................5
ANTHEM BLUE CROSS/BLUE CROSS ..................................................6
ARCADIAN COMMUNITY CARE .........................................................7
BLUE CROSS SENIOR SECURE ............................................................8
BLUE SHIELD 65 PLUS ......................................................................9
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<td>TRICARE/TRICARE FOR LIFE/TRICARE PRIME</td>
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DON'T KNOW ................................................................................................... -8

QA11_I56 Is (TEEN) covered for prescription drugs?

IA14

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

PROGRAMMING NOTE QA11_I57:
IF (ARINSURE ≠ 1 OR QA11_I37 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOOTHER = 1), THEN CONTINUE WITH QA11_I57;
ELSE GO TO PROGRAMMING NOTE QA11_I62

QA11_I57 Does (TEEN)'s health plan have a deductible that is more than $1,000?

AI82

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

YES .................................................................1
NO .................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ......3 [GO TO QA11_I59]
REFUSED ....................................................-7 [GO TO QA11_I59]
DON'T KNOW ..............................................-8

PROGRAMMING NOTE QA11_I58:
IF TEEMP = 1, THEN CONTINUE WITH QA11_I58;
ELSE GO TO QA11_I59

QA11_I58 Does (TEEN)'s health plan have a deductible that is more than $2,000?

AI87

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

YES .................................................................1 [GO TO PN QA11_I60]
NO .................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ......3
REFUSED ....................................................-7
DON'T KNOW ..............................................-8

QA11_I59 Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?

AI83

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

YES .................................................................1 [GO TO PN QA11_I61]
NO .................................................................2 [GO TO PN QA11_I61]
YES, ONLY WHEN GO OUT OF NETWORK ......3
REFUSED ....................................................-7
DON'T KNOW ..............................................-8
PROGRAMMING NOTE QA11_I60:
IF TEEMP = 1, THEN CONTINUE WITH QA11_I60;
ELSE GO TO PROGRAMMING NOTE QA11_I61

QA11_I60  Does (TEEN)'s health plan have a deductible for all covered persons that is more than $4,000?

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

YES .................................................................1
NO ........................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ........3
REFUSED ..............................................................-7
DON'T KNOW ........................................................-8

PROGRAMMING NOTE QA11_I61:
IF (QA11_I57 = 1 OR 3) OR (QA11_I58 = 1 OR 3) OR (QA11_I59 = 1 OR 3), THEN CONTINUE WITH QA11_I61;
ELSE GO TO PROGRAMMING NOTE QA11_I62

QA11_I61  Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

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

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW ...............................................................-8
PROGRAMMING NOTE QA11_I62:
IF TEINSURE = 1, THEN GO TO QA11_I67;
ELSE CONTINUE WITH QA11_I62

QA11_I62  What is the one main reason (TEEN) does not have any health insurance?

IA18

CAN'T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB ......................2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS ........................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS ..................................4
FAMILY SITUATION CHANGED .........................5
DON'T BELIEVE IN INSURANCE ......................6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN ........................................7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE ...........................................8
OTHER (SPECIFY:____________)............... 91
REFUSED ..................................................-7
DON'T KNOW .............................................-8

QA11_I63  Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

YES ...............................................................1  [GO TO QA11_I65]
NO .............................................................2
REFUSED ..................................................-7
DON'T KNOW .............................................-8

QA11_I64  How long has it been since (TEEN) last had health insurance?

IA21

MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO .........................1  [GO TO PN QA11_I73]
MORE THAN 3 YEARS AGO .......................2  [GO TO PN QA11_I73]
NEVER HAD HEALTH INSURANCE COVERAGE ..3  [GO TO PN QA11_I73]
REFUSED ..................................................-7  [GO TO PN QA11_I73]
DON'T KNOW/NOT SURE ......................-8  [GO TO PN QA11_I73]

QA11_I65  For how many of the last 12 months did (he/she) have health insurance?

IA22

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

_____ MONTHS [HR: 0-12]  [IF 0, THEN GO TO PN QA11_I73]

REFUSED ..................................................-7
DON'T KNOW .............................................-8
QA11_I66  During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MEDI-CAL .................................................................1 [GO TO PN QA11_I73]
HEALTHY FAMILIES ................................................2 [GO TO PN QA11_I73]
THROUGH CURRENT OR FORMER EMPLOYER/UNION .................................................3 [GO TO PN QA11_I73]
HEALTHY KIDS ........................................................4 [GO TO PN QA11_I73]
OTHER HEALTH PLAN ................................................. 91 [GO TO PN QA11_I73]
REFUSED ............................................................... -7 [GO TO PN QA11_I73]
DON'T KNOW ......................................................... -8 [GO TO PN QA11_I73]

QA11_I67  Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

IA24

YES ...........................................................................1 [GO TO PN QA11_I73]
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA11_I68  When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

IA25

YES ...........................................................................1 [GO TO QA11_I70]
NO .............................................................................2 [GO TO QA11_I70]
REFUSED ............................................................... -7 [GO TO QA11_I70]
DON'T KNOW ......................................................... -8 [GO TO QA11_I70]

QA11_I69  Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MEDI-CAL .................................................................1
HEALTHY FAMILIES ................................................2
THROUGH CURRENT OR FORMER EMPLOYER/UNION .................................................3
HEALTHY KIDS ........................................................4
OTHER HEALTH PLAN ................................................. 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA11_I70  During the past 12 months, was there any time when (he/she) had no health insurance at all?

IA27

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7 [GO TO PN QA11_I73]
DON'T KNOW ................................................................-8 [GO TO PN QA11_I73]

QA11_I71  For how many of the past 12 months did (he/she) have no health insurance?

IA28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS    [HR: 1-12]

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

QA11_I72  What is the one main reason why (TEEN) did not have any health insurance during the time (he/she) wasn't covered?

IA29

[IF R SAYS, "No need," PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE .................................1
NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB ..........2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ............................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ................................................4
FAMILY SITUATION CHANGED ......................................................5
DON'T BELIEVE IN INSURANCE ..................................................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ........................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ..............................................8
OTHER (SPECIFY:_________________) ..............................................................91
REFUSED ...........................................................................-7
DON'T KNOW ...........................................................................-8
In what country was (TEEN) born?

- UNITED STATES .................................1
- AMERICAN SAMOA ...............................2
- CANADA .............................................3
- CHINA ..................................................4
- EL SALVADOR ....................................5
- ENGLAND ...........................................6
- FRANCE ..............................................7
- GERMANY ...........................................8
- GUAM ....................................................9
- GUATEMALA .....................................10
- HUNGARY ..........................................11
- INDIA ...............................................12
- IRAN ...................................................13
- IRELAND ............................................14
- ITALY ..................................................15
- JAPAN ...............................................16
- KOREA ...............................................17
- MEXICO ............................................18
- PHILIPPINES .....................................19
- POLAND ............................................20
- PORTUGAL ........................................21
- PUERTO RICO .....................................22
- RUSSIA .............................................23
- TAIWAN .............................................24
- VIETNAM ..........................................25
- VIRGIN ISLANDS ...............................26
- OTHER (SPECIFY: ________________) ....91
- REFUSED ..........................................-7
- DON'T KNOW ................................. -8

Is (TEEN) a citizen of the United States?

- YES .................................................1 [GO TO QA11_I76]
- NO ..................................................2
- APPLICATION PENDING ..................3
- REFUSED ..........................................-7
- DON'T KNOW ................................. -8
QA11_I75  Is (TEEN) a permanent resident with a green card?

AI59T

[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

QA11_I76  About how many years has (TEEN) lived in the United States?

AI60T

[IF < 1 YEAR, ENTER "1 YEAR"]

_____ NUMBER OF YEARS
_____ YEAR FIRST COME AND LIVE IN U.S.

REFUSED ......................................................... -7
DON'T KNOW ................................................... -8
PROGRAMMING NOTE QA11_I77:
IF QA11_A5 = 1 (R IS MALE), THEN DISPLAY “mother”;
ELSE IF QA11_A5 = 2 (R IS FEMALE), THEN DISPLAY “father”;

QA11_I77 In what country was (TEEN)’s {mother/father} born?

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

UNITED STATES ......................................................1
AMERICAN SAMOA ..................................................2
CANADA ....................................................................3
CHINA .....................................................................4
EL SALVADOR ........................................................5
ENGLAND ................................................................6
FRANCE ....................................................................7
GERMANY ................................................................8
GUAM ......................................................................9
GUATEMALA ...........................................................10
HUNGARY ................................................................11
INDIA .......................................................................12
IRAN ........................................................................13
IRELAND .................................................................14
ITALY .......................................................................15
JAPAN .......................................................................16
KOREA ......................................................................17
MEXICO ....................................................................18
PHILIPPINES .........................................................19
POLAND ....................................................................20
PORTUGAL ...........................................................21
PUERTO RICO ........................................................22
RUSSIA ....................................................................23
TAIWAN ....................................................................24
VIETNAM ..................................................................25
VIRGIN ISLANDS ......................................................26
OTHER (SPECIFY: __________________) ....................91
REFUSED ....................................................................-7
DON’T KNOW .........................................................-8
PROGRAMMING NOTE QA11_I78:
IF QA11_I77 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO PROGRAMMING NOTE QA11_I82;
ELSE CONTINUE WITH QA11_I78;
IF QA11_A5 = 1 (R IS MALE), THEN DISPLAY “mother”;
ELSE IF QA11_A5 = 2 (R IS FEMALE), THEN DISPLAY “father”

QA11_I78  Does (TEEN)’s {mother/father} now live in the U.S.?

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<tr>
<td>YES</td>
<td>.................................................................1</td>
</tr>
<tr>
<td>NO</td>
<td>.................................................................2</td>
</tr>
<tr>
<td>MOTHER/FATHER DECEASED</td>
<td>.............................................3</td>
</tr>
<tr>
<td>MOTHER/FATHER NEVER LIVED IN US</td>
<td>........................................4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>.............................................................-7</td>
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<tr>
<td>DON’T KNOW</td>
<td>..........................................................-8</td>
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PROGRAMMING NOTE QA11_I79:
IF QA11_A5 = 1 (R IS MALE), THEN DISPLAY “mother”;
ELSE IF QA11_A5 = 2 (R IS FEMALE), THEN DISPLAY “father”;
IF QA11_I78 = 3 (MOTHER/FATHER DECEASED), THEN DISPLAY “Was”;
ELSE DISPLAY “Is”

QA11_I79  {Is/Was} (TEEN)’s {mother/father} a citizen of the United States?

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<tbody>
<tr>
<td>YES</td>
<td>.................................................................1 [GO TO PN QA11_I81]</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>
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<td>DON’T KNOW</td>
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PROGRAMMING NOTE QA11_I80:
IF QA11_A5 = 1 (R IS MALE), THEN DISPLAY “mother”;
ELSE IF QA11_A5 = 2 (R IS FEMALE), THEN DISPLAY “father”;
IF QA11_I78 = 3 (MOTHER/FATHER DECEASED), THEN DISPLAY “Was”;
ELSE DISPLAY “Is”

QA11_I80  {Is/Was} (TEEN)’s {mother/father} a permanent resident with a green card?

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<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>
PROGRAMMING NOTE QA11_I81:
IF QA11_A5 = 1 (R IS MALE), THEN DISPLAY “mother”;
ELSE IF QA11_A5 = 2 (R IS FEMALE), THEN DISPLAY “father”

QA11_I81 About how many years has (TEEN)’s {mother/father} lived in the United States?

AI60 [IF < 1 YEAR, ENTER “1”]

____ NUMBER OF YEARS
____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED .................3
MOTHER/FATHER NEVER LIVED IN US ..........4
REFUSED ............................................................. -7
DON’T KNOW ....................................................... -8

PROGRAMMING NOTE QA11_I82:
IF CH8 ≠ -1 (ALREADY ANSWERED IN CHILD QUESTIONNAIRE), THEN GO TO SECTION J;
ELSE CONTINUE WITH QA11_I82

QA11_I82 In what country was (CHILD) born?

AI56C

UNITED STATES.........................................................1
AMERICAN SAMOA .................................................2
CANADA .................................................................3
CHINA .................................................................4
EL SALVADOR ..........................................................5
ENGLAND ...............................................................6
FRANCE .................................................................7
GERMANY .............................................................8
GUAM .................................................................9
GUATEMALA ........................................................10
HUNGARY ............................................................11
INDIA .................................................................12
IRAN .................................................................13
IRELAND ............................................................14
ITALY .................................................................15
JAPAN .................................................................16
KOREA ...............................................................17
MEXICO ..............................................................18
PHILIPPINES ......................................................19
POLAND .............................................................20
PORTUGAL ..........................................................21
PUERTO RICO ......................................................22
RUSSIA .............................................................23
TAIWAN .............................................................24
VIETNAM ...........................................................25
VIRGIN ISLANDS ..................................................26
OTHER (SPECIFY: ________________) .............. 91
REFUSED .............................................................-7
DON’T KNOW ......................................................-8

PROGRAMMING NOTE QA11_I83:
IF QA11_I73 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO SECTION J; ELSE CONTINUE WITH QA11_I83

QA11_I83 Is (CHILD) a citizen of the United States?

AI58C

YES ...........................................................................1  [GO TO QA11_I85]
NO .............................................................................2
APPLICATION PENDING .........................................3
REFUSED ......................................................................-7
DON'T KNOW ...........................................................-8

QA11_I84 Is (CHILD) a permanent resident with a green card?

AI59C

[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

QA11_I85 About how many years has (CHILD) lived in the United States?

AI60C

[IF < 1 YEAR, ENTER "1 YEAR"]

______ NUMBER OF YEARS
______ YEAR FIRST COME AND LIVE IN U.S.

REFUSED ......................................................................-7
DON'T KNOW ..................................................................-8
Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA11_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, THEN DISPLAY “Now, I’d like to ask about the health care YOU receive”;
ELSE BEGIN QUESTION WITH “During the past 12 months, how many times have you seen a medical doctor”

QA11_J1   {Now, I’d like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?

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

PROGRAMMING NOTE QA11_J2:
IF QA11_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), THEN CONTINUE WITH QA11_J2;
ELSE GO TO PROGRAMMING NOTE QA11_J3

QA11_J2   About how long has it been since you last saw a 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
   REFUSED.....................................-7
   DON'T KNOW...............................-8

PROGRAMMING NOTE QA11_J3:
IF QA11_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA11_J3;
ELSE GO TO PROGRAMMING NOTE QA11_J4

QA11_J3   Do you have a personal doctor or medical provider who is your main provider?

   [IF NEEDED, SAY: “This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.”]

   YES.................................................1
   NO...............................................2
   REFUSED.......................................-7
   DON'T KNOW...............................-8
PROGRAMMING NOTE QA11_J4:
IF QA11_J3 = 1 (HAS A PERSONAL DOCTOR) OR [QA11_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QA11_J1 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)], THEN CONTINUE WITH QA11_J4; ELSE GO TO PROGRAMMING NOTE QA11_J6

QA11_J4
During the past 12 months, did you phone or e-mail the doctor’s office with a medical question?

AJ78

YES .................................................................1
NO ..............................................................2 [GO TO PN QA11_J6]
REFUSED ....................................................-7 [GO TO PN QA11_J6]
DON’T KNOW .............................................-8 [GO TO PN QA11_J6]

QA11_J5
How often did you get an answer as soon as you needed it? Would you say…

AJ79

Never, ..............................................................1
Sometimes, ....................................................2
Usually, or .......................................................3
Always? ..........................................................4
REFUSED ......................................................-7
DON’T KNOW ................................................-8

PROGRAMMING NOTE QA11_J6:
IF QA11_J3 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA11_J6; ELSE GO TO PROGRAMMING NOTE QA11_J8

QA11_J6
How often does your doctor or medical provider listen carefully to you? Would you say…

AJ112

Never ..............................................................1
Sometimes ....................................................2
Usually, or .......................................................3
Always? ..........................................................4
REFUSED ......................................................-7
DON’T KNOW ................................................-8

QA11_J7
How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say…

AJ113

Never ..............................................................1
Sometimes ....................................................2
Usually, or .......................................................3
Always? ..........................................................4
REFUSED ......................................................-7
DON’T KNOW ................................................-8
In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]

YES .................................................................1
NO .................................................................2 [GO TO QA11_J10]
REFUSED .........................................................-7 [GO TO QA11_J10]
DON'T KNOW ..................................................-8 [GO TO QA11_J10]

How often were you able to get an appointment within two days? Would you say...

Never, .................................................................1 [GO TO PN QA11_J11]
Sometimes, .......................................................2 [GO TO PN QA11_J11]
Usually, or .........................................................3 [GO TO PN QA11_J11]
Always? .............................................................4 [GO TO PN QA11_J11]
REFUSED ..........................................................-7 [GO TO PN QA11_J11]
DON'T KNOW ..................................................-8 [GO TO PN QA11_J11]
PROGRAMMING NOTE QA11_J11:
IF QA11_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA11_J3 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [QA11_B3 = 1 OR QA11_B4 = 1 (HAS ASTHMA)] OR QA11_B18 = 1 (HAS DIABETES) OR QA11_B37 = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH QA11_J11; ELSE GO TO PROGRAMMING NOTE QA11_J12

QA11_J11 Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

AJ80

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

PROGRAMMING NOTE QA11_J12:
IF QA11_J1 > 0 OR QA11_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), THEN CONTINUE WITH QA11_J12; ELSE GO TO PROGRAMMING NOTE QA11_J17

QA11_J12 The last time you saw a doctor, did you have a hard time understanding the doctor?

AJ8

YES .................................................................1 [GO TO PN QA11_J14]
NO ...........................................................................2 [GO TO PN QA11_J17]
REFUSED ...............................................................-7 [GO TO PN QA11_J17]
DON'T KNOW .......................................................-8 [GO TO PN QA11_J17]

PROGRAMMING NOTE QA11_J13:
IF QA11_J12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA11_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], THEN CONTINUE WITH QA11_J13; ELSE GO TO PROGRAMMING NOTE QA11_J17

QA11_J13 In what language did the doctor speak to you?

AJ50

ENGLISH ............................................................1 [GO TO QA11_J15]
SPANISH ...........................................................2 [GO TO PN QA11_J17]
CANTONESE .........................................................3 [GO TO PN QA11_J17]
VIETNAMESE .........................................................4 [GO TO PN QA11_J17]
TAGALOG .............................................................5 [GO TO PN QA11_J17]
MANDARIN ...........................................................6 [GO TO PN QA11_J17]
KOREAN ...............................................................7 [GO TO PN QA11_J17]
ASIAN INDIAN LANGUAGES .................................8 [GO TO PN QA11_J17]
RUSSIAN .............................................................9 [GO TO PN QA11_J17]
OTHER (SPECIFY:__________) ..............................91 [GO TO PN QA11_J17]
REFUSED ............................................................-7 [GO TO PN QA11_J17]
DON'T KNOW .......................................................-8 [GO TO PN QA11_J17]
QA11_J14  Was this because you and the doctor spoke different languages?

AJ9

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

QA11_J15  Did you need someone to help you understand the doctor?

AJ10

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

QA11_J16  Who was this person who helped you understand the doctor?

AJ11

[IF R RESPONDS “MY CHILD,” PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS “ADULT FAMILY MEMBER”.

MINOR CHILD (UNDER AGE 18) .........................1
AN ADULT FAMILY MEMBER OR FRIEND OF MINE .........................2
NON-MEDICAL OFFICE STAFF ..........................3
MEDICAL STAFF INCLUDING NURSES/DOCTORS .........................4
PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE) ..........5
OTHER (PATIENTS, SOMEONE ELSE) .................6
DID NOT HAVE SOMEONE TO HELP .................7
DON'T KNOW ..................................................8

PROGRAMMING NOTE QA11_J17:
IF QA11_G7 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA11_J17;
ELSE GO TO PROGRAMMING NOTE QA11_J18

QA11_J17  In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

AJ105

YES .................................................................1
NO .................................................................2
REFUSED .........................................................-7
DON'T KNOW ..................................................-8
In the past 12 months, did you change where you usually go for health care?

**AJ106**
- YES .................................................................1
- NO .................................................................2 [GO TO QA11_J20]
- REFUSED .........................................................-7 [GO TO QA11_J20]
- DON’T KNOW ..................................................-8 [GO TO QA11_J20]

Did you have to change because of your health insurance plan?

**AJ107**
- YES .................................................................1
- NO .................................................................2
- REFUSED .........................................................-7
- DON’T KNOW ..................................................-8

During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

**AH16**
- YES .................................................................1
- NO .................................................................2 [GO TO PN QA11_J25]
- REFUSED .........................................................-7 [GO TO PN QA11_J25]
- DON’T KNOW ..................................................-8 [GO TO PN QA11_J25]

Was cost or lack of insurance a reason why you delayed or did not get the prescription?

**AJ19**
- YES .................................................................1
- NO .................................................................2
- REFUSED .........................................................-7
- DON’T KNOW ..................................................-8
PROGRAMMING NOTE QA11_J22:
IF [QA11_B3 = 1 OR QA11_B4 = 1 (HAS ASTHMA)] AND QA11_J13 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J22;
ELSE GO TO PROGRAMMING NOTE QA11_J23

QA11_J22  Was this prescription for your asthma?

AJ81

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

PROGRAMMING NOTE QA11_J23:
IF QA11_B18 = 1 (HAS DIABETES) AND QA11_J21 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J23;
ELSE GO TO PROGRAMMING NOTE QA11_J24

QA11_J23  Was this prescription for your diabetes?

AJ82

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

PROGRAMMING NOTE QA11_J24:
IF QA11_B37 = 1 (HAS HEART DISEASE) AND QA11_J21 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J24;
ELSE GO TO QA11_J25

QA11_J24  Was this prescription for your heart disease?

AJ83

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

QA11_J25  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?

AH22

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

[GO TO QA11_J30]
QA11_J26  Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

AJ20

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

PROGRAMMING NOTE QA11_J27:
IF [QA11_B3 = 1 OR QA11_B4 = 1 (HAS ASTHMA)] AND QA11_J26 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J27;
ELSE GO TO PROGRAMMING NOTE QA11_J28

QA11_J27  Was this medical care for your asthma?

AJ84

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

PROGRAMMING NOTE QA11_J28:
IF QA11_B18 = 1 (HAS DIABETES) AND QA11_J26 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J28;
ELSE GO TO PROGRAMMING NOTE QA11_J29

QA11_J28  Was this medical care for your diabetes?

AJ85

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

PROGRAMMING NOTE QA11_J29:
IF QA11_B37 = 1 (HAS HEART DISEASE) AND QA11_J26 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY), THEN CONTINUE WITH QA11_J29;
ELSE GO TO QA11_J30

QA11_J29  Was this medical care for your heart disease?

AJ86

YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DONT KNOW ...............................................-8
Have you ever used the Internet?

[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]

YES ......................................................1 [GO TO QA11_J33]
NO .....................................................2 [GO TO QA11_J33]
REFUSED .............................................-7 [GO TO QA11_J33]
DON’T KNOW .....................................-8 [GO TO QA11_J33]

In the past 12 months, did you use the Internet to look for health or medical information?

[IF NEEDED, SAY: “Include information about disease symptoms, diet or nutrition, physical activity, healthcare providers, and health insurance plans.”]

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

How confident are you that you can fill out an application on-line on your own? Would you say you are…

Very confident, ...........................................1 [GO TO PN QA11_K1]
Somewhat confident, ....................................2 [GO TO PN QA11_K1]
Not too confident, or, .....................................3
Not at all confident?, ....................................4
REFUSED .............................................-7
DON’T KNOW .....................................-8

If you wanted to fill out an application on-line, is there someone who could help you with it?

YES ......................................................1
NO .....................................................2
REFUSED .............................................-7
DON’T KNOW .....................................-8
Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA11_K1:
IF QA11_G26 = 1 OR 2 (WORKING AT JOB OR BUSINESS OR WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA11_G28 = 1 (R USUALLY WORKS), THEN CONTINUE WITH QA11_K1;
ELSE GO TO PROGRAMMING NOTE QA11_K5

QA11_K1  The next questions are about your employment.

How many hours per week do you usually work at all jobs or businesses?

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

______ HOURS  [HR: 0-95]

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

QA11_K2  How long have you worked at your main job?

[IF NEEDED, SAY: “That is, for your current employer.”]

______ MONTHS  [HR: 0-12]
______ YEARS  [HR: 0-50]

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

PROGRAMMING NOTE QA11_K3:
IF QA11_G30 = 2 (GOVERNMENT EMPLOYEE), THEN CODE QA11_K3 = 8 AND GO TO QA11_K4;
ELSE IF QA11_G30 = 3 (SELF-EMPLOYED), THEN CONTINUE WITH QA11_K3 AND DISPLAY “Including yourself, about” AND “you”;
ELSE CONTINUE WITH QA11_K3 AND DISPLAY “About” AND “your employer”

QA11_K3  {Including yourself, about/About} how many people are employed by {you/your employer} at all locations?

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

1 OR 2 ............................................................................. 1
3-9 ................................................................................. 2
10-24 .......................................................................... 3
25-50 .......................................................................... 4
51-100 ......................................................................... 5
101-200 ....................................................................... 6
201-999 ....................................................................... 7
1,000 OR MORE ....................................................... 8
REFUSED ........................................................................... -7
DON'T KNOW ..................................................................... -8
Programming Note Qa11_K4:
If qa11_g26 = 1 or 2 (working at job or business or with job or business but not at work) or qa11_g28 = 1 (usually works), then continue with qa11_K4;
Else go to programming note qa11_K5

Qa11_K4
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?

Ak10
[If amount greater than $999,995, enter "999,995"]

$_____________ Amount [hr: 0-999995]

Refused ............................................................... -7
Don’t know .......................................................... -8

Programming Note Qa11_K5:
If qa11_g31 = 1 or 2 (spouse/partner working at job or business or spouse/partner with job or business but not at work) or qa11_g32 = 1 (spouse/partner usually works), then continue with qa11_K5;
If qa11_g26 ≠ 1 or 2 (r not at a job or business last week, did not work, and does not have a job) and qa11_g28 ≠ 1 (r does not usually work) and qa11_a16 = 1 (married), then display “The next question is about your spouse’s employment.”
If qa11_a16 = 1 then display “spouse”;
Else if qa11_d16 = 1 or qa11_d17 = 1 then display “partner”;
Else go to qa11_K7

Qa11_K5
{The next question is about your spouse’s employment./ The next question is about your partner’s employment.}

How many hours per week does your {spouse/partner} usually work at all jobs or businesses?

Ak20
[If works > 95 hours, enter 95. If does not work, enter 0 (zero).]

______ hours [hr: 0-95]

Refused ............................................................... -7
Don’t know .......................................................... -8
PROGRAMMING NOTE QA11_K6:
IF QA11_K5 > 0, THEN CONTINUE WITH QA11_K6;
   IF QA11_QA11_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
   ELSE IF QA11_D16 = 1 OR QA11_D17 = 1, THEN DISPLAY “partner’s”;
   ELSE GO TO QA11_K7

QA11_K6  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?

AK10A  [IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$__________________ AMOUNT  [HR: 0-999995]

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

QA11_K7  What is your best estimate of your household’s total annual income from all sources before taxes in 2010?

AK22  [IF NEEDED, SAY: “Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.”]

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

$__________________ AMOUNT  [HR: 0-999995]

REFUSED ............................................................... -7  [GO TO PN QA11_K9]
DON’T KNOW .......................................................... -8  [GO TO PN QA11_K9]

QA11_K8  PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?

AK22A  YES ...........................................................................1  [GO TO PN QA11_K15]
NO .............................................................................2  [GO BACK TO QA11_K7]

PROGRAMMING NOTE QA11_K9:
IF QA11_K7 = -7 OR -8, THEN CONTINUE WITH QA11_K9;
ELSE GO TO PROGRAMMING NOTE QA11_K15

QA11_K9  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?

AK11  MORE .................................................................1  [GO TO QA11_K11]
EQual TO $20K OR LESS ..............................................2
REFUSED ......................................................................-7  [GO TO PN QA11_K15]
DON’T KNOW .......................................................... -8  [GO TO PN QA11_K15]
<table>
<thead>
<tr>
<th>Question (QA11_K10)</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
<th>Option 5</th>
<th>Option 6</th>
<th>Option 7</th>
<th>Option 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it …</td>
<td>$5,000 or less</td>
<td>$5,001 to $10,000</td>
<td>$10,001 to $15,000</td>
<td>$15,001 to 20,000</td>
<td>REFUSED</td>
<td>DON'T KNOW</td>
<td>[GO TO PN QA11_K15]</td>
<td>[GO TO PN QA11_K15]</td>
</tr>
<tr>
<td>QA11_K11</td>
<td>Is it more or less than $70,000 per year?</td>
<td>MORE</td>
<td>EQUAL TO $70K OR LESS</td>
<td>REFUSED</td>
<td>DON'T KNOW</td>
<td>[GO TO QA11_K13]</td>
<td>[GO TO PN QA11_K15]</td>
<td>[GO TO PN QA11_K15]</td>
</tr>
<tr>
<td>QA11_K12</td>
<td>Is it …</td>
<td>$20,001 to $30,000</td>
<td>$30,001 to $40,000</td>
<td>$40,001 to $50,000</td>
<td>$50,001 to $60,000</td>
<td>$60,001 to $70,000</td>
<td>REFUSED</td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>QA11_K13</td>
<td>Is it more or less than $135,000 per year?</td>
<td>MORE</td>
<td>EQUAL TO $135K OR LESS</td>
<td>REFUSED</td>
<td>DON'T KNOW</td>
<td>[GO TO QA11_K15]</td>
<td>[GO TO PN QA11_K15]</td>
<td>[GO TO PN QA11_K15]</td>
</tr>
<tr>
<td>QA11_K14</td>
<td>Is it …</td>
<td>$70,001 to $80,000</td>
<td>$80,001 to $90,000</td>
<td>$90,001 to $100,000</td>
<td>$100,001 to $135,000</td>
<td>REFUSED</td>
<td>DON'T KNOW</td>
<td>[GO TO PN QA11_K15]</td>
</tr>
</tbody>
</table>
**PROGRAMMING NOTE QA11_K15:**
IF R IS ONLY MEMBER OF HH, THEN GO TO PROGRAMMING NOTE QA11_K17;
ELSE CONTINUE WITH QA11_K15

**QA11_K15** Including yourself, how many people living in your household are supported by your total household income?

<table>
<thead>
<tr>
<th>AK17</th>
<th>_____ NUMBER OF PEOPLE  [HR: 1-20]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .......................................................... -8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA11_K16:**
QA11_K16 MUST BE LESS THAN QA11_K15;
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) = QA11_K15, THEN GO TO PROGRAMMING NOTE QA11_K17;
ELSE CONTINUE WITH QA11_K16

**QA11_K16** How many of these {INSERT NUMBER FROM QA11_K15} people are children under the age of 18?

<table>
<thead>
<tr>
<th>AK18</th>
<th>_____ NUMBER OF CHILDREN (UNDER AGE 18)  [HR: 0-20]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED ................................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .......................................................... -8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA11_K17:
OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS
FROM THE 2010 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER
OF CHILDREN FROM QA11_K15 AND QA11_K16 RESPECTIVELY.
(THE 50%, 133%, 200% 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS
POVERTY 2010 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS"
TABLE AMOUNTS BY 0.5, 1.33, 2 3, AND 4, RESPECTIVELY, THEN ROUNDBING TO THE NEAREST 100
DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2010" DOCUMENT FOR THE TABLE
OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE
100% VALUE IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200%
VALUE IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400%
VALUE IN CATI VARIABLE POVRT400.)
IF EITHER QA11_K15 OR QA11_K16 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 QA11_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...
1) AT OR BELOW 50% FPL;
2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
4) ABOVE 133% FPL BUT AT OR BELOW 200% FPL;
5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
7) ABOVE 400% FPL; OR
8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA11_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA11_K23;
ELSE IF THE HOUSEHOLD’S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10,
QA11_K12, OR QA11_K14, ASK QA11_K17 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE IF QA11_K7 = -7 OR -8 (REF/DK) AND IF QA11_K9 = -7 OR QA11_K11 = -7 OR QA11_K13 = -7, GO TO
PROGRAMMING NOTE QA11_K23
ELSE GO TO PROGRAMMING NOTE QA11_K18

QA11_K17 I need to ask just one more question about income.

Was your total annual household income before taxes less than or more than ${POVRT 50}?

| EQUAL TO OR LESS ...... | 1 | [GO TO PN QA11_K23] |
| MORE ................... | 2 | [GO TO PN QA11_K23] |
| REFUSED .................. | -7 | [GO TO PN QA11_K23] |
| DON'T KNOW ................ | -8 | [GO TO PN QA11_K23] |
I need to ask just one or two more questions about income.

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

**AK18A**

- EQUAL TO OR LESS ...............................................1 [GO TO PN QA11_K23]
- MORE .......................................................................2
- REFUSED ......................................................................-7 [GO TO PN QA11_K23]
- DON'T KNOW ................................................................-8 [GO TO PN QA11_K23]

**PROGRAMMING NOTE QA11_K19:**

IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10, QA11_K12, OR QA11_K14, THEN CONTINUE WITH QA11_K17 USING POVRT133 (133% POVERTY CUTOFF DISPLAY AMOUNT);

IF QA11_K18 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income.";

ELSE DISPLAY "Was it";

ELSE GO TO PROGRAMMING NOTE QA11_K20

(I need to ask just one more question about income. Was your total annual household income before taxes/Was it) less than or more than ${POVRT133}?

**AK30**

- EQUAL TO OR LESS ...............................................1 [GO TO PN QA11_K23]
- MORE .......................................................................2 [GO TO PN QA11_K23]
- REFUSED ......................................................................-7 [GO TO PN QA11_K23]
- DON'T KNOW ................................................................-8 [GO TO PN QA11_K23]

**PROGRAMMING NOTE QA11_K20:**

IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10, QA11_K12, OR QA11_K14, THEN CONTINUE WITH QA11_K20 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA11_K21

I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT200}?

**AK18B**

- EQUAL TO OR LESS ...............................................1 [GO TO PN QA11_K23]
- MORE .......................................................................2 [GO TO PN QA11_K23]
- REFUSED ......................................................................-7 [GO TO PN QA11_K23]
- DON'T KNOW ................................................................-8 [GO TO PN QA11_K23]
PROGRAMMING NOTE QA11_K21:
IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10, QA11_K12, OR QA11_K14, THEN CONTINUE WITH QA11_K21 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA11_K23

QA11_K21  I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \( \text{POVRT300} \)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUAL TO OR LESS</td>
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<td>[GO TO PN QA11_K23]</td>
</tr>
<tr>
<td>MORE</td>
<td>2</td>
<td>[GO TO PN QA11_K23]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO PN QA11_K23]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO PN QA11_K23]</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA11_K22:
IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10, QA11_K12, OR QA11_K14, THEN CONTINUE WITH QA11_K22 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA11_K23

QA11_K22  I need to ask just one more question about income. Was your total annual household income before taxes less than or more than \( \text{POVRT400} \)?

<table>
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<tr>
<th>Response</th>
<th>Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQUAL TO OR LESS</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td></td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA11_K23:
IF POVERTY < 3 (HH Income \( \leq \) 200% FPL) OR 5 (HH INCOME NOT KNOWN), THEN CONTINUE WITH QA11_K23;
ELSE GO TO QA11_L1

QA11_K23  These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is: "The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

<table>
<thead>
<tr>
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<th>Code</th>
</tr>
</thead>
<tbody>
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<td>OFTEN TRUE</td>
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</tr>
<tr>
<td>SOMETIMES TRUE</td>
<td>2</td>
</tr>
<tr>
<td>NEVER TRUE</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>
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?

AM2

OFTEN TRUE ...........................................................1
SOMETIMES TRUE ..................................................2
NEVER TRUE ...........................................................3
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

AM3

YES .................................................................1
NO ................................................................. 2 [GO TO QA11_K27]
REFUSED ........................................................... -7 [GO TO QA11_K27]
DON’T KNOW ......................................................... -8 [GO TO QA11_K27]

How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

AM3A

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

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

AM4

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

In the last 12 months, were you ever hungry but didn’t eat because you couldn’t afford enough food?

AM5

YES .................................................................1
NO ................................................................. 2
REFUSED ........................................................... -7
DON’T KNOW ......................................................... -8
Section L - Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L:
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = 1, 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5), THEN CONTINUE WITH SECTION L; ELSE GO TO QA11_M1

QA11_L1  Are you now receiving TANF or CalWORKs?

AL2

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.”]

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

PROGRAMMING NOTE QA11_L2:
IF SAMPLED TEEN IN HOUSEHOLD, THEN CONTINUE WITH QA11_L2; ELSE GO TO QA11_L3;

QA11_L2  Is (TEEN) now receiving TANF or CalWORKs?

IAP1

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.”]

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

QA11_L3  Are you receiving Food Stamp benefits, also known as CalFresh?

AL5

[IF NEEDED, SAY: “You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW .........................................................-8
Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]

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

Are you receiving SSI?

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security"]

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

Are you on WIC?

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]

YES ................................................................. 1
NO ................................................................. 2
REFUSED ...................................................... -7
DON'T KNOW .............................................. -8
PROGRAMMING NOTE QA11_L7:
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL
PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA11_K15.

IF QA11_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER
(GIVEN BY CATI VARIABLE RADLTcnt).

IF QA11_K15 = 1, THEN DISPLAY $3000;
IF QA11_K15 = 2, THEN DISPLAY $3000;
IF QA11_K15 = 3, THEN DISPLAY $3150;
IF QA11_K15 = 4, THEN DISPLAY $3300;
IF QA11_K15 = 5, THEN DISPLAY $3450;
IF QA11_K15 = 6, THEN DISPLAY $3600;
IF QA11_K15 = 7, THEN DISPLAY $3750;
IF QA11_K15 = 8, THEN DISPLAY $3900;
IF QA11_K15 = 9, THEN DISPLAY $4050;
IF QA11_K15 ≥ 10, THEN DISPLAY $4200;

IF QA11_A16 = 1 (MARRIED) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE), THEN
DISPLAY “your family’s”;
ELSE DISPLAY “your”

QA11_L7 Not counting the value of any house or car you may own, would you say that {your/your family’s} assets, that is, all {your/your family’s} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

<table>
<thead>
<tr>
<th>AL9</th>
<th></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 QA11_L8:
IF QA11_A16 = 1 (MARRIED) AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA11_A16 = 2 (LIVING WITH PARTNER) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA11_L8 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?

<table>
<thead>
<tr>
<th>AL15</th>
<th></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>

[GO TO PN QA11_L10]
PROGRAMMING NOTE QA11_L9:
IF QA11_A16 = 1 (MARRIED) AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA11_A16 = 2 (LIVING WITH PARTNER) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA11_L9 What was the {combined} total amount that you {and your spouse/and your partner} 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 QA11_L10:
IF QA11_A16 = 1 (MARRIED) AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA11_A16 = 2 (LIVING WITH PARTNER) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
ELSE DISPLAY "you"

QA11_L10 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?

AL17

YES, RESPONDENT PAID ........................................1
YES, SPOUSE/PARTNER PAID ................................2
YES, BOTH PAID..................................................3
NO .............................................................................4 [GO TO PN QA11_L12]
REFUSED ............................................................... -7 [GO TO PN QA11_L12]
DON'T KNOW ......................................................... -8 [GO TO PN QA11_L12]

PROGRAMMING NOTE QA11_L11:
IF QA11_A16 = 1 (MARRIED) AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA11_A16 = 2 (LIVING WITH PARTNER) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA11_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
ELSE DISPLAY "you"

QA11_L11 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 [000001-999995]

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA11_L12:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA11_A16 = 1 (MARRIED) AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA11_L12 AND DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND QA11_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA11_L12 AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA11_L12 AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE QA11_L14

QA11_L12 Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

AL18A

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA11_L14]
REFUSED ......................................................................-7 [GO TO PN QA11_L14]
DON'T KNOW ...............................................................-8 [GO TO PN QA11_L14]

QA11_L13 What was the total amount received last month from Social Security and Pensions?

AL18B

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

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

PROGRAMMING NOTE QA11_L14:
IF ARINSURE ≠ 1 (UNINSURED), THEN CONTINUE WITH QA11_L14;
ELSE GO TO QA11_M1

QA11_L14 What is the one main reason why you are not enrolled in the Medi-Cal program?

AL19

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 (SPECIFY: ___________________) .......... 91
REFUSED ...............................................................-7
DON'T KNOW ...............................................................-8
Section M – Housing and Social Cohesion

QA11_M1 These next questions are about your housing and neighborhood.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]

HOUSE .................................................................1
DUPLEX ...............................................................2
BUILDING WITH 3 OR MORE UNITS .................3
MOBILE HOME ..................................................4
REFUSED ................................................................-7
DON’T KNOW ....................................................-8

QA11_M2 Do you own or rent your home?

OWN ......................................................................1
RENT .....................................................................2
OTHER ARRANGEMENT ...................................3
REFUSED ...........................................................-7
DON’T KNOW ....................................................-8

PROGRAMMING NOTE QA11_M3:
IF AGE ≥ 65 AND QA11_M2 = 1 (OWNS HOME), THEN CONTINUE WITH QA11_M3
ELSE GO TO QA11_M4

QA11_M3 Are you currently paying off a mortgage or loan on this home?

[IF SPOUSE/PARTNER IS PAYING, CODE AS “YES”]

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

QA11_M4 About how long have you lived at your current address?

____________ MONTHS [HR: 1 - AAGEx12MONTHS]
____________ YEARS [HR: 1 - AAGE]

REFUSED ...........................................................-7
DON’T KNOW ....................................................-8
PROGRAMMING NOTE QA11_M5:
IF QA11_M4 ≥ 5 YEARS, THEN GO TO PROGRAMMING NOTE QA11_M7;
ELSE CONTINUE WITH QA11_M5

**QA11_M5**  About how long have you lived in your current neighborhood?

<table>
<thead>
<tr>
<th>AM15</th>
<th>______________ MONTHS [HR: 1 - AAGE x 12 MONTHS]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>______________ YEARS [HR: 1 - AAGE]</td>
</tr>
</tbody>
</table>

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

**QA11_M6**  The last time you moved, what was your main reason for moving?

<table>
<thead>
<tr>
<th>AM38</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE IN MARITAL/RELATIONSHIP STATUS ...1</td>
</tr>
<tr>
<td>TO ESTABLISH OWN HOUSEHOLD ...................2</td>
</tr>
<tr>
<td>FOR CHILD'S EDUCATION .............................3</td>
</tr>
<tr>
<td>TO ATTEND OR LEAVE COLLEGE .....................4</td>
</tr>
<tr>
<td>WORK RELATED ..............................................5</td>
</tr>
<tr>
<td>COULDN'T AFFORD MORTGAGE/RENT ...................6</td>
</tr>
<tr>
<td>OTHER HOUSING RELATED .............................7</td>
</tr>
<tr>
<td>BETTER NEIGHBORHOOD/LESS CRIME ...............8</td>
</tr>
<tr>
<td>OTHER .......................................................... 91</td>
</tr>
</tbody>
</table>

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

PROGRAMMING NOTE QA11_M7:
IF QA11_M7 THROUGH QA11_M10 NOT ANSWERED IN CHILD INTERVIEW, THEN CONTINUE WITH QA11_M7;
ELSE GO TO QA11_M11

**QA11_M7**  Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

<table>
<thead>
<tr>
<th>AM19</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE .................................................1</td>
</tr>
<tr>
<td>AGREE ......................................................................2</td>
</tr>
<tr>
<td>DISAGREE ..............................................................3</td>
</tr>
<tr>
<td>STRONGLY DISAGREE ..............................................4</td>
</tr>
<tr>
<td>REFUSED .................................................................... -7</td>
</tr>
</tbody>
</table>

[DO NOT PROBE A “DON'T KNOW” RESPONSE.]
QA11_M8 People in this neighborhood can be trusted.

AM21

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

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.”]

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

QA11_M9 You can count on adults in this neighborhood to watch out that children are safe and don’t get in trouble.

AM35

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

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.”]

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

QA11_M10 Do you feel safe in your neighborhood...

AK28

All of the time, ...........................................................1
Most of the time, .......................................................2
Some of the time, or ..................................................3
None of the time ........................................................4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QA11_M11 In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

AM36

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

QA11_M12 In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?

AM39

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QA11_M13  In the past 12 months, have you gotten together informally with others to deal with community problems?

[IF NEEDED SAY: For example, with a neighborhood watch group.]

YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ................................................-8
Section S – Suicide Ideation and Attempts

QA11_S1  The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don’t have to answer it.

Have you ever seriously thought about committing suicide?

AF86
YES ................................................................. 1
NO ................................................................. 2 [GO TO PN QA11_N1]
REFUSED .................................................. -7 [GO TO PN QA11_N1]
DON’T KNOW .............................................. -8 [GO TO PN QA11_N1]

QA11_S2  Have you seriously thought about committing suicide at any time in the past 12 months?

AF87
YES ................................................................. 1
NO ................................................................. 2 [GO TO QA11_S4]
REFUSED .................................................. -7 [GO TO QA11_S4]
DON’T KNOW .............................................. -8 [GO TO QA11_S4]

QA11_S3  Have you seriously thought about committing suicide at any time in the past 2 months?

AF91
YES ................................................................. 1
NO ................................................................. 2
REFUSED .................................................. -7
DON’T KNOW .............................................. -8

QA11_S4  Have you ever attempted suicide?

AF88
YES ................................................................. 1
NO ................................................................. 2
REFUSED .................................................. -7
DON’T KNOW .............................................. -8

PROGRAMMING NOTE QA11_S5:
IF QA11_S2 = 1 (SERIOUSLY THOUGHT ABOUT SUICIDE IN PAST 12 MONTHS) AND QA11_S4 = 1 (EVER ATTEMPTED SUICIDE), THEN CONTINUE WITH QA11_S5;
ELSE GO TO SUICIDE RESOURCE

QA11_S5  Have you attempted suicide at any time in the past 12 months?

AF89
YES ................................................................. 1
NO ................................................................. 2
REFUSED .................................................. -7
DON’T KNOW .............................................. -8
SUICIDE RESOURCE:

We have a number you can call if you’d like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.

POST-NOTE FOR SUICIDE RESOURCE:

IF QA11_S2 = (2, -7, -8) AND QA11_S4 = (2, -7, -8), THEN GO TO PROGRAMMING NOTE QA11_N1 (NEXT SECTION);
ELSE CONTINUE WITH QA11_S6

<table>
<thead>
<tr>
<th>QA11_S6</th>
<th>Would you like to discuss your thoughts with this person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>...........................................................................1 [GO TO SUICIDE PROTOCOL]</td>
</tr>
<tr>
<td>NO</td>
<td>.............................................................................2 [GO TO PN QA11_N1]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>...........................................................................-7 [GO TO PN QA11_N1]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>...............................................................-8 [GO TO PN QA11_N1]</td>
</tr>
</tbody>
</table>
Section N – Demographic Information Part III and Closing

PROGRAMMING NOTE QA11_N1:
IF NOT ALREADY ASKED IN CHILD INTERVIEW, CONTINUE WITH QA11_N1;
ELSE GO TO QA11_N7

QA11_N1
Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

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
MENDOCINO ..................................................... 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
PROGRAMMING NOTE QA11_N2:
IF ADVANCE LETTER SENT, ASK QA11_N2;
IF R’S ADDRESS IS A P.O. BOX, GO TO QA11_N3;
ELSE GO TO QA11_N3

QA11_N2  Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at {R’s ADDRESS AND STREET}?

AO1

YES .................................................................1  [GO TO QA11_N6]
NO ......................................................................2
REFUSED ............................................................-7
DON’T KNOW .....................................................-8

QA11_N3  What is your zip code?

AM7

_______ ZIP CODE

REFUSED ............................................................-7
DON’T KNOW .....................................................-8
QA11_N4  To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

________ HOUSE ADDRESS NUMBER
________ NAME OF STREET (VERIFY SPELLING)  [GO TO QA11_N6]
________ STREET TYPE
________ APT. NO

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

QA11_N5  Can you tell me just the name of the street you live on?

AM8

_________________________ NAME OF STREET

REFUSED ............................................................... -7  [GO TO PN QA11_N7]
DON'T KNOW .......................................................... -8  [GO TO PN QA11_N7]

QA11_N6  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 QA11_N7:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA11_N11;
ELSE CONTINUE WITH QA11_N7

QA11_N7  I won't ask you for the number, but do you have a working cell phone?

AM33

[CODE “SHARES CELL PHONE” ONLY IF VOLUNTEERED]

YES ................................................................. 1
NO ................................................................. 2
SHARES CELL PHONE ......................................... 3
REFUSED .......................................................... -7
DON'T KNOW ....................................................... -8
PROGRAMMING NOTE QA11_N8:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA11_N10;
ELSE CONTINUE WITH QA11_N8

QA11_N8  Is there a regular or landline telephone in your household?

AN6
YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7 [GO TO PN QA11_N10]
DON'T KNOW ..........................................................-8 [GO TO PN QA11_N10]

QA11_N9  Is that telephone for personal use or business use only?

AN7
PERSONAL USE ONLY ...........................................1
BUSINESS USE ONLY .............................................2
BOTH PERSONAL USE AND BUSINESS USE .......3
REFUSED ............................................................... -7 [GO TO PN QA11_N10]
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QA11_N10:
IF QA11_N7 = 1 OR 3 (HAS CELL PHONE OR SHARES CELL PHONE) OR QA11_N9 = 1 OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA11_N10;
ELSE GO TO PROGRAMMING NOTE QA11_N11

QA11_N10  Of all the telephone calls that you receive, are...

AM34
All or almost all calls received on a cell phone, .............. 1
Some on cell phones & some on regular phones, or ...... 2
Very few or none on cell phones............................... 3
REFUSED .................................................................. -7
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QA11_N11:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA11_N11

QA11_N11  Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

AM10
YES ...........................................................................1
MAYBE/PROBABLY YES ..........................................2
DEFINITELY NOT .....................................................3
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8
PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QA11_S6 = (2, -7, -8) AND [QA11_S3 = 1 OR (QA11_S3 = 2, -7, -8 AND QA11_S5=1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:
As I mentioned earlier, if you’d like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. The toll-free number is 1-800-273-TALK (8255).

Or you can visit their website at www.suicidepreventionlifeline.org

QA11_N12 Would you like to speak with someone now?

AN8

YES .................................................................1 [GO TO SUICIDE PROTOCOL]
NO .................................................................2 [GO TO PN CLOSE1 ]
REFUSED ........................................................-7 [GO TO PN CLOSE1 ]
DON’T KNOW .....................................................-8 [GO TO PN CLOSE1 ]

PROGRAMMING NOTE CLOSE1:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, GO TO CLOSE2;
ELSE CONTINUE WITH CLOSE1

CLOSE1 Let me check to see if there is anyone else. [GO TO HHSELECT]

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. E. Richard Brown, the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.