# CHIS 2011-2012 Adult Questionnaire

Version 10.1

July 3, 2013

Adult Respondents Age 18 and Older

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

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey.  In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2011 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

# Section A – Demographic Information, Part I

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

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**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

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**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

---

**PROGRAMMING NOTE QA11_A3:**
**IF QA11_A2 = -7 OR -8 (REF/DK), THEN CONTINUE WITH QA11_A3;**
**ELSE GO TO QA11_A5**

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**QA11_A3**       What is your age, please?

AA2

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

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

---

**PROGRAMMING NOTE QA11_A4:**
**IF QA11_A3 = -7 OR -8 (REF/DK), THEN CONTINUE WITH QA11_A4;**
**ELSE GO TO QA11_A5**

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**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**

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**QA11_A5**       Are you male or female?

AA3

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

**QA11_A6**       Are you Latino or Hispanic?

AA4

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

**AA5**

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

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
OTHER LATINO (SPECIFY: _____) ....... 91
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8

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**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 <u>or more</u> 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?

**AA5A**

[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]

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

[CODE 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

---

**PROGRAMMING NOTE QA11_A9:**
**IF QA11_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), THEN CONTINUE WITH QA11_A9;**
**ELSE GO TO PROGRAMMING NOTE QA11_A12**

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**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.

AA5B

**[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?

AA5C

```
                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]
```

**QA11_A11**       Which tribe are you enrolled in?

AA5D

**APACHE**
    MESCALERO APACHE, NM ....................................1
    APACHE (NOT SPECIFIED) ...................................2
    OTHER APACHE [Ask for spelling]
    (SPECIFY:_____) ......................................3
**BLACKFEET**
    BLACKFOOT/BLACKFEET .....................................4
**CHEROKEE**
    WESTERN CHEROKEE...........................................5
    CHEROKEE (NOT SPECIFIED).............................6
    OTHER CHEROKEE [Ask for spelling]
    (SPECIFY:_____) ......................................7
**CHOCTAW**
    CHOCTAW OKLAHOMA..........................................8
    CHOCTAW (NOT SPECIFIED) ...............................9
    OTHER CHOCTAW [Ask for spelling]
    (SPECIFY:_____) .....................................10
**NAVAJO**
    NAVAJO (NOT SPECIFIED)...................................11
**POMO**
    HOPLAND BAND, HOPLAND RANCHERIA............12
    SHERWOOD VALLEY RANCHERIA.......................13
    POMO (NOT SPECIFIED) .....................................14
    OTHER POMO [Ask for spelling]
    (SPECIFY:_____) .........................................15
**PUEBLO**
    HOPI .....................................................................16
    YSLETA DEL SUR PUEBLO OF TEXAS ................17
    PUEBLO (NOT SPECIFIED) .................................18
    OTHER PUEBLO [Ask for spelling]
    (SPECIFY:_____) .........................................19
**SIOUX**
    OGLALA/PINE RIDGE SIOUX................................20
    SIOUX (NOT SPECIFIED)......................................21
    OTHER SIOUX [Ask for spelling]
    (SPECIFY:_____ ) .........................................22
**YAQUI**
    PASCUA YAQUI TRIBE OF ARIZONA ...................23
    YAQUI (NOT SPECIFIED)......................................24
    OTHER YAQUI [Ask for spelling] (SPECIFY:____)..25
**OTHER**
    OTHER [Ask for spelling] (SPECIFY: _____) .......91
    REFUSED ...........................................................-7
    DON'T KNOW .......................................................-8

---

**PROGRAMMING NOTE QA11_A12:**
**IF QA11_A8 = 3 (ASIAN), THEN CONTINUE WITH QA11_A12;**
**ELSE GO TO PROGRAMMING NOTE QA11_A13**

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**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
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**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
```

PROGRAMMING NOTE QA11_A14:
IF QA11_A6 = 1 (LATINO) AND [QA11_A8 = 6 (NATIVE HAWAIIAN) OR QA11_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA11_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA11_A8 = 3 (ASIAN) OR QA11_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA11_A8 = 1 (WHITE) OR QA11_A8 = 91 (OTHER)], THEN CONTINUE WITH QA11_A14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA11_A8, QA11_A12, OR QA11_A13 [NOT COUNTING -7 OR -8 (REF/DK)], THEN CONTINUE WITH QA11_A14;
ELSE GO TO QA11_A16

QA11_A14　　　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]
```

PROGRAMMING NOTE QA11_A15:
IF QA11_A6 = 1 (YES, LATINO) AND QA11_A7 ≠ -7 OR -8, THEN DO NOT DISPLAY QA11_A15 = 14 (LATINO);
IF QA11_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA11_A13 = 1 TO 4 OR 91, THEN DO NOT DISPLAY QA11_A15 = 17 (OTHER PACIFIC ISLANDER);
IF QA11_A8 = 3 AND QA11_A12 = 1 TO 17 OR 91, THEN DO NOT DISPLAY QA11_A15 = 19 (ASIAN)

QA11_A15　　　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
```

```
            JAPANESE ......................................................................38
            KOREAN .........................................................................39
            LAOTIAN .........................................................................40
            MALAYSIAN......................................................................41
            PAKISTANI .......................................................................42
            SRI LANKAN .....................................................................43
            TAIWANESE ......................................................................44
            THAI ...............................................................................45
            VIETNAMESE ....................................................................46
            ASIAN, OTHER SPECIFY......................................................49
            SAMOAN/AMERICAN SAMOAN ....................................50
            GUAMANIAN ....................................................................51
            TONGAN...........................................................................52
            FIJIAN ..............................................................................53
            PACIFIC ISLANDER, OTHER SPECIFY ..........................55
            BOTH/ALL/MULTIRACIAL ...............................................90
            NONE OF THESE ...........................................................95
            REFUSED .......................................................................-7
            DON'T KNOW ................................................................. -8
```

**QA11_A16**    Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

**AH43**

**[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 <u>ever</u> 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 <u>past 12 months</u>, 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 <u>past 12 months</u>, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm?  Would you say…

AB19

> 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_B6**      During the <u>past 12 months</u>, have you had to visit a hospital emergency room because of <u>your</u> asthma?

AH13A

> YES .........................................................................1
> NO............................................................................2      **[GO TO QA11_B8]**
> REFUSED ............................................................. -7      **[GO TO QA11_B8]**
> DON'T KNOW ....................................................... -8      **[GO TO QA11_B8]**

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

AB106

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

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

**QA11_B8**      During the <u>past 12 months</u>, were you admitted to the hospital overnight or longer for your asthma?

AH15A

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

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

**AB18**

**[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 <u>past 12 months</u>, 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 <u>past 12 months</u>, have you had to visit a hospital emergency room because of <u>your</u> asthma?

**AB67**

```
YES ...................................................................1
NO .....................................................................2    [GO TO QA11_B13]
REFUSED ......................................................... -7    [GO TO QA11_B13]
DON'T KNOW .................................................... -8    [GO TO QA11_B13]
```

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

**AB107**

**[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
```

**QA11_B13**     During the <u>past 12 months</u>, 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 <u>ever</u> 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 <u>ever</u> 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 CONTINTUE 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?

AB24

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

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

AB25

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

          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?

AB26

**[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"?

AB27

**[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?

AB28

      _____ 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**

> WITHIN THE PAST MONTH .....................................1
> WITHIN THE PAST YEAR (1-12 MONTHS AGO) ...2
> WITHIN THE PAST 2 YEARS (1-2 YEARS AGO) ...3
> 2 OR MORE YEARS AGO.......................................4
> NEVER ...............................................................5
> REFUSED .............................................................. -7
> DON'T KNOW ......................................................... -8

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

**AB109**

> YES......................................................................1
> NO........................................................................2    **[GO TO QA11_B30]**
> REFUSED .............................................................. -7    **[GO TO QA11_B30]**
> DON'T KNOW ......................................................... -8    **[GO TO QA11_B30]**

**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.]**

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

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

**AB111**

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

**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**

> YES......................................................................1
> NO........................................................................2    **[GO TO QA11_B33]**
> REFUSED .............................................................. -7    **[GO TO QA11_B33]**
> DON'T KNOW ......................................................... -8    **[GO TO QA11_B33]**

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

AB113

**[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…

AB114

```
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 <u>only</u> during pregnancy?

AB81

**[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 <u>ever</u> told you that you have high blood pressure?

AB29

```
YES ..............................................................1
NO................................................................2     [GO TO QA11_B37]
HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION .........................................3     [GO TO QA11_B37]
REFUSED ................................................. -7     [GO TO QA11_B37]
DON'T KNOW ........................................... -8     [GO TO QA11_B37]
```

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

AB30

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

**QA11_B37**　Has a doctor ever told you that you have any kind of heart disease?

**AB34**

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

**QA11_B38**　Has a doctor <u>ever</u> told you that you have heart failure or congestive heart failure?

**AB52**

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

**QA11_B39**　During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?

**AB115**

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

**QA11_B40**　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
```

**QA11_B41**　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
```

**QA11_B42**　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
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 <u>ever</u> 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 <u>ARTHRITIS</u>, 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…

AB16

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

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

AE30

**[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]**

```
               YES .........................................................................1
               NO.............................................................................2    [GO TO QA11_B52]
               REFUSED .............................................................. -7    [GO TO QA11_B52]
               DON'T KNOW ......................................................... -8    [GO TO QA11_B52]
```

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

AB100

```
               FLU SHOT .................................................................1
               NASAL/FLUMIST ......................................................2
               BOTH ........................................................................3
               REFUSED .............................................................. -7
               DON'T KNOW ......................................................... -8
```

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, RECREATON,
> 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 <u>to the ground</u> 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

**QA11_B55**     Were you hospitalized because of any of those falls?

AB141

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

**QA11_B56**     Did a health care professional talk with you about how to avoid falling?

AB92

**[IF NEEDED, SAY: "A health care professional is a doctor, nurse, or other health care provider.]**

    YES ................................................................1
    NO ................................................................2     **[GO TO QA11_B58]**
    REFUSED ...................................................... -7     **[GO TO QA11_B58]**
    DON'T KNOW ................................................ -8     **[GO TO QA11_B58]**

**QA11_B57**     Did the health care professional make any specific recommendations?

AB142

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

**QA11_B58**     Because of those falls, did a health care professional review your medications?

AB93

    YES ................................................................1
    NO ................................................................2     **[GO TO QA11_B60]**
    REFUSED ...................................................... -7     **[GO TO QA11_B60]**
    DON'T KNOW ................................................ -8     **[GO TO QA11_B60]**

**QA11_B59**     Did the health care professional recommend any changes to your medications?

AB143

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

**QA11_B60**     Because of those falls, did you start a physical therapy or exercise program?

AB94

**[IF NEEDED, SAY: "Include temporary changes during your recovery."]**

    YES ................................................................1
    NO ................................................................2     **[GO TO QA11_B62]**
    REFUSED ...................................................... -7     **[GO TO QA11_B62]**
    DON'T KNOW ................................................ -8     **[GO TO QA11_B62]**

**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     **[GO TO QA11_B64]**
       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?

AB97

> **[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 <u>past 7 days</u>, did you walk to get some place that took you <u>at least 10 minutes</u>?

| AD37W |
| --- |

YES..........................................................................1
NO............................................................................2      **[GO TO QA11_C4]**
UNABLE TO WALK .................................................3      **[GO TO QA11_C7]**
REFUSED ............................................................... -7      **[GO TO QA11_C4]**
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                              **[IF 0, GO TO QA11_C4]**

REFUSED .................................................................. -7      **[GO TO QA11_C4]**
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      **[GO TO QA11_C7]**
REFUSED ............................................................... -7      **[GO TO QA11_C7]**
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                    **[IF 0, GO TO QA11_C7]**

REFUSED ...............................................................-7     **[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 <u>past week</u>. 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.

**AC31**

**[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?

AC34

     **[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?

AC35

     **[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?

AE17

**[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?

AE18

**[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?

AE19

**[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?

AD50

    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
> 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?

**AD17**

A YEAR AGO OR LESS ............................................1
MORE THAN 1 UP TO 2 YEARS AGO ...................2
MORE THAN 2 UP TO 3 YEARS AGO ...................3
MORE THAN 3 UP TO 5 YEARS AGO ...................4
MORE THAN 5 YEARS AGO .................................5
REFUSED ............................................................ -7      **[GO TO PN QA11_E21]**
DON'T KNOW ....................................................... -8      **[GO TO PN QA11_E21]**

**QA11_E9**      Was your most recent mammogram recommended by a doctor?

**AE50**

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

---

**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…

**AD18**

**[IF NEEDED, SAY: "The main reason is the most important reason."]**

Part of a routine exam,.............................................1
Because of a specific breast problem,......................2
A follow-up to a previously identified
breast problem, or....................................................3
Due to family history? ..............................................4
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8

---

**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?

**AE91**

NONE OF THE COST .............................................1
SOME OF THE COST .............................................2
ALL OF THE COST .................................................3
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8

**QA11_E12**     Have you ever had a mammogram where the results were not normal?

**AD19**

                              YES ....................................................................1
                              NO.....................................................................2      **[GO TO PN QA11_E19]**
                              REFUSED ...................................................... -7      **[GO TO PN QA11_E19]**
                              DON'T KNOW ................................................ -8      **[GO TO PN QA11_E19]**

**QA11_E13**     Have you ever had an operation to remove a lump from your breast?

**AD20**

                              YES ....................................................................1
                              NO.....................................................................2      **[GO TO QA11_E17]**
                              REFUSED ...................................................... -7      **[GO TO QA11_E17]**
                              DON'T KNOW ................................................ -8      **[GO TO QA11_E17]**

**QA11_E14**     Did the lump turn out to be cancer?

**AD21**

                              YES ....................................................................1      **[GO TO QA11_E16]**
                              NO.....................................................................2
                              REFUSED ...................................................... -7
                              DON'T KNOW ................................................ -8

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

**AD22**

                              _____ NUMBER OF OPERATIONS              **[GO TO QA11_E17]**

                              REFUSED ...................................................... -7      **[GO TO QA11_E17]**
                              DON'T KNOW ................................................ -8      **[GO TO QA11_E17]**

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

**AB60**

                              Finding it yourself by accident,.................................1
                              Finding it yourself during a
                              self breast examination, ............................................2
                              Your husband or partner finding it, .........................3
                              Your doctor finding it during a routine
                              breast exam, ...........................................................4
                              Finding it by a mammogram, or ...............................5
                              Some other way? (IF OTHER, SPECIFY:_____)  91
                              REFUSED ...................................................... -7
                              DON'T KNOW ................................................ -8

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

**AD23**

                              YES ....................................................................1
                              NO.....................................................................2      **[GO TO PN QA11_E19]**
                              REFUSED ...................................................... -7      **[GO TO PN QA11_E19]**
                              DON'T KNOW ................................................ -8      **[GO TO PN QA11_E19]**

**QA11_E18**     What additional tests and/or surgery did you have?

AD24

**[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
```

---

**PROGRAMMING NOTE QA11_E19:**
**IF QA11_E3 = 2 OR QA11_E7 = 0 OR QA11_E8 > 2 YEARS, THEN CONTINUE WITH QA11_E19;**
**ELSE GO TO PROGRAMMING NOTE QA11_E20**

---

**QA11_E19**     In the past 2 years, has a doctor recommended that you have a mammogram?

AD26

```
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}?

**AD25**

                            NO REASON/NEVER THOUGHT ABOUT IT ..........1
                            DIDN'T KNOW I NEEDED THIS TYPE OF
                            TEST ......................................................................2
                            DOCTOR DIDN'T TELL ME I NEEDED IT ..............3
                            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?

AJ32

**[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?

AJ33

**[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?

AJ34

**[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?

AF62

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

> **PROGRAMMING NOTE QA11_F8:**
> **IF QA11_F7 = 1, THEN CONTINUE WITH QA11_F8;**
> **ELSE GO TO PROGRAMMING NOTE QA11_F14**

**QA11_F8**     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?

**AF63**

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

**QA11_F9**     During that same month, how often did you feel hopeless— all of the time, most, some, a little, or none of the time?

**AF64**

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

**QA11_F10**    How often did you feel restless or fidgety?

**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?"]**

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

**QA11_F11**     How often did you feel so depressed that nothing could cheer you up?

AF66

**[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_F12**     How often did you feel that everything was an effort?

AF67

**[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_F13**     How often did you feel worthless?

AF68

**[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?

**AF69B**

A LOT ....................................................................1
SOME ...................................................................2
NOT AT ALL ..........................................................3
DOES NOT WORK ..................................................4
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8

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

**AF70B**

A LOT ....................................................................1
SOME ...................................................................2
NOT AT ALL ..........................................................3
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8

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

**AF71B**

A LOT ....................................................................1
SOME ...................................................................2
NOT AT ALL ..........................................................3
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8

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

**AF72B**

A LOT ....................................................................1
SOME ...................................................................2
NOT AT ALL ..........................................................3
REFUSED ............................................................ -7
DON'T KNOW ....................................................... -8

**QA11_F18**      Now think about the past 12 months.  About how many days out of the past 365 days were you
                  <u>totally unable</u> to work or carry out your normal activities because of your feeling nervous,
                  depressed, or emotionally stressed?

AF73B

     **[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?

AF81

     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?

AJ1

     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?

AF74

     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?

AF75

     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     **[GO TO QA11_F28]**
                         NO..........................................................2
                         REFUSED ................................................ -7     **[GO TO QA11_F28]**
                         DON'T KNOW ......................................... -8     **[GO TO QA11_F28]**

**QA11_F26**     Did you complete the recommended full course of treatment?

AF79

                         YES ........................................................1     **[GO TO QA11_F28]**
                         NO..........................................................2
                         REFUSED ................................................ -7     **[GO TO QA11_F28]**
                         DON'T KNOW ......................................... -8     **[GO TO QA11_F28]**

**QA11_F27**     What is the MAIN REASON you are no longer receiving treatment?

AF80

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

**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?

AJ5

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

**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.

AF82

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

**QA11_F30**     You did not feel comfortable talking with a professional about your personal problems.

AF83

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

**QA11_F31**     You were concerned about what would happen if someone found out you had a problem.

AF84

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

**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]**

```
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_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?

AH34

**[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_G3**      In what country was your father born?

AH35

**[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?

**AH36**

**[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

**QA11_G10**    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**

---

**QA11_G11**    Is your {spouse/partner} also living in your household?

AH44

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

**QA11_G12**    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 [AAGE < 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 [AAGE < 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**

---

**QA11_G13**    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]**

| CHILD | FIRST NAME | AGE | M/F |
|-------|-----------|-----|-----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

**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
RETURN TO ROSTER ...........................................2     **[GO BACK TO QA11_G15]**

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

**QA11_G22**     What is the highest grade of education you have completed and received credit for?

**AH47**

    **NO FORMAL EDUCATION**............................................ 30
**GRADE SCHOOL**
       1ST GRADE.............................................................1
       2ND GRADE ...........................................................2
       3RD GRADE ...........................................................3
       4TH GRADE............................................................4
       5TH GRADE............................................................5
       6TH GRADE............................................................6
       7TH GRADE............................................................7
       8TH GRADE............................................................8
**HIGH SCHOOL OR EQUIVALENT**
       9TH GRADE............................................................9
       10TH GRADE........................................................ 10
       11TH GRADE........................................................ 11
       12TH GRADE........................................................ 12
**4-YEAR COLLEGE OR UNIVERSITY**
       1ST YEAR (FRESHMAN) ..................................... 13
       2ND YEAR (SOPHOMORE)................................. 14
       3RD YEAR (JUNIOR) ........................................... 15
       4TH YEAR (SENIOR) (BA/BS) ............................ 16
       5TH YEAR............................................................ 17
**GRADUATE OR PROFESSIONAL SCHOOL**
       1ST YEAR GRAD OR PROF SCHOOL ............... 18
       2ND YEAR GRAD OR PROF SCHOOL (MA/MS). 19
       3RD YEAR GRAD OR PROF SCHOOL............... 20
       MORE THAN 3 YEARS GRAD OR
       PROF SCHOOL (PhD) ........................................ 21
**2-YEAR JUNIOR OR COMMUNITY COLLEGE**
       1ST YEAR............................................................ 22
       2ND YEAR (AA/AS) ............................................. 23
**VOCATIONAL, BUSINESS, OR TRADE SCHOOL**
       1ST YEAR............................................................ 24
       2ND YEAR ........................................................... 25
       MORE THAN 2 YEARS ....................................... 26
       REFUSED ............................................................ -7
       DON'T KNOW (OUT OF RANGE) ......................... -8

**QA11_G23**     Did you ever serve on active duty in the Armed Forces of the United States?

**AG22**

       YES....................................................................1
       NO.....................................................................2   **[GO TO QA11_G26]**
       REFUSED ............................................................ -7   **[GO TO QA11_G26]**
       DON'T KNOW ....................................................... -8   **[GO TO QA11_G26]**

**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 <u>you</u> 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]**

**QA11_G27**     What is the <u>main reason</u> you did not work last week?

AK2

**[IF NEEDED, SAY: "Main reason is the most important reason."]**

| | |
|---|---|
| TAKING CARE OF HOUSE OR FAMILY ................1 | |
| ON PLANNED VACATION ......................................2 | |
| COULDN'T FIND A JOB ..........................................3 | |
| GOING TO SCHOOL/STUDENT.............................4 | |
| RETIRED ................................................................5 | **[GO TO PN QA11_G29]** |
| DISABLED ..............................................................6 | **[GO TO PN QA11_G29]** |
| UNABLE TO WORK TEMPORARILY.......................7 | |
| ON LAYOFF OR STRIKE ........................................8 | |
| ON FAMILY OR MATERNITY LEAVE......................9 | |
| OFF SEASON ....................................................... 10 | |
| SICK...................................................................... 11 | |
| OTHER................................................................... 91 | |
| REFUSED ............................................................... -7 | |
| DON'T KNOW .......................................................... -8 | |

**QA11_G28**     Do you usually work?

AG10

YES.........................................................................1
NO...........................................................................2
LOOKING FOR WORK............................................3
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

---

**PROGRAMMING NOTE QA11_G29:**
**IF [(AAGE = -7 OR -8) OR AAGE < 65] AND QA11_G28 = 2 (DOES NOT USUALLY WORK), THEN
CONTINUE WITH QA11_G29;**
**IF [(AAGE = -7 OR -8) OR AAGE < 65] AND [QA11_G27 = 5 (RETIRED) OR 6 (DISABLED)], THEN
CONTINUE WITH QA11_G29;**
**ELSE GO TO PROGRAMMING NOTE QA11_G30**

---

**QA11_G29**     Are you receiving Social Security Disability Insurance or SSDI?

AL22

| | |
|---|---|
| YES .........................................................................1 | **[GO TO PN QA11_G31]** |
| NO...........................................................................2 | **[GO TO PN QA11_G31]** |
| REFUSED ............................................................... -7 | **[GO TO PN QA11_G31]** |
| DON'T KNOW .......................................................... -8 | **[GO TO PN QA11_G31]** |

**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 <u>main</u> job, are you employed by a private company, the government, <u>or</u> are you self-employed, <u>or</u> are you working without pay in a family business or farm?

**AK4**

**[IF NEEDED, SAY: "Where did you work <u>most</u> 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 5 (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
> 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} <u>main</u> job, is {he/she} employed by a private company, the government, <u>or</u> is {he/she} self-employed, <u>or</u> 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 <u>usually</u> go to when you are sick or need advice about your health?

**AH1**

**[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
REFUSED ............................................... -7      **[GO TO QA11_H3]**
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?

**AH3**

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?

**AH12**

YES...........................................................1
NO.................................................................2      **[GO TO QA11_H5]**
REFUSED .............................................. -7      **[GO TO QA11_H5]**
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 <u>not</u> 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?

AI3

_____ YEARS OF AGE        [HR: 18-105]        **[GO TO PN QA11_H15]**

REFUSED ................................................................ -7        **[GO TO PN QA11_H15]**
DON'T KNOW ......................................................... -8        **[GO TO PN QA11_H15]**

---

**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?

AH49

**[IF NEEDED, SAY: "With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]**

**[IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" OR "Blue Cross," CODE "1" (YES).]**

YES .......................................................................1
NO..........................................................................2        **[GO TO QA11_H10]**
REFUSED ............................................................ -7        **[GO TO QA11_H10]**
DON'T KNOW ....................................................... -8        **[GO TO QA11_H10]**

---

**POST-NOTE QA11_H8:**
**IF QA11_H8 = 1, SET ARMHMO = 1**

---

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

AH50

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
MEDICARE ................................................................................................... 67
MEDICARE ADVANTAGE ............................................................................ 68
OTHER.......................................................................................................... 91
OTHER (SPECIFY:_____) ..................................................... 92
REFUSED ....................................................................................................-7
DON'T KNOW ..............................................................................................-8

---

**POST-NOTE FOR QA11_H9:**
**ALL ANSWERS GO TO PROGRAMMING NOTE QA11_H11;**
**IF QA11_H9 = 62, 63, OR 64 THEN ARMILIT = 1**

**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?

AI4

**[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?

AH52

**[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?

AI6

[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?

AI7

[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?

AI8

**[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?

AI11

**[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?

AI9

[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?

AI9A

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 co-pays or deductibles you or your family may have had to pay.

AH57

**[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?

AH58

> YES.......................................................................1
> NO.........................................................................2     **[GO TO PN QA11_H24]**
> REFUSED ............................................................ -7     **[GO TO PN QA11_H24]**
> DON'T KNOW ....................................................... -8     **[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}?

AH56

[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 ARMCARE = 1 AND ARDIRECT = 0;**
**IF QA11_H23 = 7, THEN SET ARMCAL = 1 AND ARDIRECT = 0;**
**IF QA11_H23 = 8, THEN SET ARHFAM = 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?

    **AI14**

                   YES ...........................................................................1
                   NO...........................................................................2     **[GO TO QA11_H27]**
                   REFUSED ............................................................. -7     **[GO TO PN QA11_H28]**
                   DON'T KNOW ....................................................... -8

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

    **AI15**

                   COVERED BY ANOTHER PLAN ............................1     **[GO TO PN QA11_H28]**
                   TOO EXPENSIVE......................................................2     **[GO TO PN QA11_H28]**
                   DIDN'T LIKE PLAN OFFERED ...............................3     **[GO TO PN QA11_H28]**
                   DON'T NEED OR BELIEVE IN
                   HEALTH INSURANCE...........................................4     **[GO TO PN QA11_H28]**
                   OTHER (SPECIFY: _____) . 91     **[GO TO PN QA11_H28]**
                   REFUSED ............................................................. -7     **[GO TO PN QA11_H28]**
                   DON'T KNOW ....................................................... -8     **[GO TO PN QA11_H28]**

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

    **AI15A**

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

---

**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?

    **AI16**

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

---

**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?

AH70

          [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?

AI17

          [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     [GO TO PN QA11_H32]
                    REFUSED ............................................................... -7     [GO TO PN QA11_H32]
                    DON'T KNOW ......................................................... -8     [GO TO PN QA11_H32]

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?"

AI17A

                    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?

**AI18**

| | | |
|---|---|---|
| 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?

AI19

**[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 ARMCARE = 1 AND ARINSURE = 1;**
**IF QA11_H33 = 5, THEN SET ARMCAL = 1 AND ARINSURE = 1;**
**IF QA11_H33 = 6, THEN SET ARHFAM = 1 AND ARINSURE = 1;**
**IF QA11_H33 = 7, THEN SET ARMILIT = 1 AND ARINSURE = 1;**
**IF QA11_H33 = 8, THEN SET ARIHS = 1;**
**IF QA11_H33 = 9, THEN SET ARHKID = 1 AND ARINSURE = 1;**
**IF QA11_H33 = 91, THEN SET AROTHGOV = 1 AND ARINSURE = 1;**
**IF QA11_H33 = 92, -7, OR -8, THEN SET AROTHER = 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?"]**

```
                IN OWN NAME ..........................................1    [GO TO PN QA11_H36]
                IN SOMEONE ELSE'S NAME ..................................2
                REFUSED ................................................ -7    [GO TO PN QA11_H36]
                DON'T KNOW ............................................. -8    [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;**
> **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_H35**    Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

AH60

```
                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 QA11_H35:**
> **IF QA11_H35 = 1, SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;**
> **IF QA11_H35 = 2, SET AREMPPAR = 1 AND AREMPOTH = 0**

PROGRAMMING NOTE QA11_H36:
IF ARIHS ≠ 1 AND QA11_A8 = 4 (AMERCAN 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?

AI20

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

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.

AI37intro

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?

AI37

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

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?

AH61

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

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?

AI37A

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

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 <u>your</u> current or former employer or union.  Is (SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> 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} <u>own</u> 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 SPDIRECT = 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?

AI47

     **[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 SPOTHER = 1 AND SPINSURE = 1;**
**IF QA11_H48 = 3, THEN SET SPDIRECT = 1 AND SPINSURE = 1;**
**IF QA11_H48 = 4, THEN SET SPMCARE = 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 SPOTHER = 1 AND SPINSURE = 1**

PROGRAMMING NOTE QA11_H49:
IF SPINSURE ≠ 1, THEN CONTINUE WITH QA11_H49;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN GO TO PROGRAMMING NOTE QA11_H51;
ELSE GO TO PROGRAMMING NOTE QA11_H53

**QA11_H49**    You said that (SPOUSE/PARTNER) has <u>no</u> health insurance from any source.  Is this correct?

AI48

YES ...............................................................1    **[GO TO PN QA11_H53]**
NO..................................................................2
REFUSED ............................................... -7    **[GO TO PN QA11_H53]**
DON'T KNOW ......................................... -8    **[GO TO PN QA11_H53]**

**QA11_H50**    What type of health insurance does {he/she} have?

AI49

**[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 SPHFAM = 1 AND SPINSURE = 1;**
**IF QA11_H50 = 7, THEN SET SPMILIT = 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        **[GO TO PN QA11_H53]**
IN SOMEONE ELSE'S NAME ................................2
REFUSED .............................................................. -7        **[GO TO PN QA11_H53]**
DON'T KNOW ....................................................... -8        **[GO TO PN QA11_H53]**

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        **[GO TO PN QA11_H57]**
REFUSED .............................................................. -7        **[GO TO PN QA11_H57]**
DON'T KNOW ....................................................... -8        **[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..............................................4     **[GO TO PN QA11_H57]**
         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 <u>one</u> 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

> **PROGRAMMING NOTE QA11_H57:**
> **IF ARMHMO = 1 (R HAS MEDICARE HMO), THEN GO TO QA11_H59;**
> **ELSE IF ARHFAM = 1 OR ARHKID = 1, THEN GO TO QA11_H58;**
> **ELSE IF ARINSURE = 1 (R HAS ANY COVERAGE), THEN CONTINUE WITH QA11_H57;**
> **IF QA11_A16 = 1 (MARRIED) OR QA11_D16 = 1 OR QA11_D17 = 1 (LEGAL SAME-SEX COUPLE), THEN**
> **DISPLAY "Next, I have some questions about your own main health plan."**
> **IF ARMCAL = 1, THEN DISPLAY "Medi-Cal";**
> **ELSE GO TO QA11_H72**

**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 SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]**

**[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 AREMPOTH = 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 AREMPOTH = 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?"]**

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
MEDICARE .................................................................................................... 67
MEDICARE ADVANTAGE .............................................................................. 68
OTHER ........................................................................................................... 91
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

**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?

AH71

**[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      [GO TO QA11_H62]
YES, ONLY WHEN I GO OUT OF NETWORK ........3      [GO TO QA11_H62]
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?

AH96

**[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_H63]
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?

AH72

**[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      [GO TO PN QA11_H64]
YES, ONLY WHEN I GO OUT OF NETWORK ........3      [GO TO PN QA11_H64]
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 <u>all</u> 12 of the past 12 months?

**AI31**

YES .......................................................................1     **[GO TO PN QA11_H78]**
NO .........................................................................2
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
NO .........................................................................2     **[GO TO QA11_H69]**
REFUSED .............................................................. -7     **[GO TO QA11_H68]**
DON'T KNOW ........................................................ -8     **[GO TO QA11_H68]**

**QA11_H67**

**MODIFIED
AI33**

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**

**AI34**

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**

**AI35**

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

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

_____ NUMBER OF MONTHS     [HR: 0-11]    **[IF 0 GO TO PN  QA11_H78]**

```
REFUSED ............................................................. -7    [GO TO PN QA11_H78]
DON'T KNOW ....................................................... -8    [GO TO PN QA11_H78]
```

**QA11_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

**QA11_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]**

**QA11_H72**     What is the ONE MAIN reason why you do not have any health insurance?

**AI24**

**[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

**QA11_H77**     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?

**AI30**

               **[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**

---

**QA11_H78**     In the past 12 months, did you try to purchase a health insurance plan directly from an insurance
               company or HMO?

**AH103**

                         YES.....................................................................1
                         NO.......................................................................2     **[GO TO PN QA11_H83]**
                         REFUSED ............................................................ -7     **[GO TO PN QA11_H83]**
                         DON'T KNOW ....................................................... -8     **[GO TO PN QA11_H83]**

**QA11_H79**     How difficult was it to find a plan with the coverage you needed? Was it…

**AH98**

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

**QA11_H80**     How difficult  was it to find a plan you could afford? Was it…

**AH99**

                         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 | **[GO TO PN QA11_H83]** |
| REFUSED ............................................... -7 | **[GO TO PN QA11_H83]** |
| DON'T KNOW ........................................ -8 | **[GO TO PN QA11_H83]** |

**QA11_H82**     Who helped you?

AH101

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

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**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 | **[GO TO PN QA11_H86]** |
| REFUSED ............................................... -7 | **[GO TO PN QA11_H86]** |
| DON'T KNOW ........................................ -8 | **[GO TO PN QA11_H86]** |

---

**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 AREMPSP = 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 AREMPOTH = 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 AROTHGOV = 1, THEN SET CHOTHGOV = 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 ARIHS = 1, THEN SET CHIHS = 1**

---

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**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 SPEMPOWN = 1, THEN SET CHEMP = 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 SPEMPOTH = 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 SPOTHER = 1, THEN SET CHOTHER = 1 AND CHINSURE = 1 AND SPSAMECH=1;**
**IF QA11_I2 = 1 AND SPOTHGOV = 1, THEN SET CHOTHGOV = 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**

**QA11_I4**     Is (CHILD) covered by the Healthy Families Program?

CF2

>          **[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_I4:**
**IF QA11_I4 = 1, THEN SET CHHFAM = 1 AND CHINSURE = 1**

**QA11_I5**     Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's
employment or union?

CF3

>          YES ...........................................................1     **[GO TO QA11_I7]**
>          NO...........................................................2
>          REFUSED ............................................... -7
>          DON'T KNOW ......................................... -8

**POST-NOTE QA11_I5:**
**IF QA11_I5 = 1, THEN SET CHEMP = 1 AND CHINSURE = 1**

**QA11_I6**     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 "extra cash" if you are in a hospital.

CF4

>          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]**

**POST-NOTE QA11_I6:**
**IF QA11_I6 = 1, THEN SET CHDIRECT = 1 AND CHINSURE = 1**

**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 CHMCAL = 1;**
**IF QA11_I9 = 9, THEN SET CHHKID = 1**

---

**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**

---

**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**

---

**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
> 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 | **[GO TO PN QA11_I18]** |
| REFUSED ............................................................. -7 | **[GO TO PN QA11_I18]** |
| 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
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_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 CHMCARE = 1 AND CHINSURE = 1**
**IF QA11_I14 = 5, THEN SET CHMCAL = 1 AND CHINSURE = 1**
**IF QA11_I14 = 6, THEN SET CHHFAM = 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 CHHKID = 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

PROGRAMMING NOTE QA11_I18:
IF QA11_I1 = 1 AND ARMCARE = 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?

MA3

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

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 MEDI-CAL 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?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) 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
BLUE SHIELD OF CALIFORNIA ......................................................................... 10
CAL OPTIMA ......................................................................................................... 11
CARE 1$^{ST}$ 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

**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    [GO TO QA11_I23]
YES, ONLY WHEN GO OUT OF NETWORK .........3    [GO TO QA11_I23]
REFUSED ................................................. -7
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
REFUSED ................................................. -7
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
NO................................................................2    [GO TO PN QA11_I25]
YES, ONLY WHEN GO OUT OF NETWORK .........3    [GO TO PN QA11_I25]
REFUSED ................................................. -7
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 <u>one main</u> 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:_____) .................. 91
              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
```

**QA11_I30**

**CF23**

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 | **[GO TO PN QA11_I37]** |
| HEALTHY FAMILIES ...................................2 | **[GO TO PN QA11_I37]** |
| THROUGH CURRENT OR FORMER EMPLOYER/ | |
| UNION...........................................................3 | **[GO TO PN QA11_I37]** |
| HEALTHY KIDS ............................................4 | **[GO TO PN QA11_I37]** |
| OTHER HEALTH PLAN........................................ 91 | **[GO TO PN QA11_I37]** |
| REFUSED ................................................. -7 | **[GO TO PN QA11_I37]** |
| DON'T KNOW ............................................ -8 | **[GO TO PN QA11_I37]** |

**QA11_I31**

**CF24**

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

| | |
|---|---|
| YES ............................................................1 | **[GO TO PN QA11_I37]** |
| NO...............................................................2 | |
| HAD SAME INSURANCE SINCE BIRTH | |
| (FOR CHILDREN LESS THAN ONE YEAR OLD) ...3 | |
| REFUSED ................................................. -7 | |
| DON'T KNOW ............................................ -8 | |

**QA11_I32**

**CF25**

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 | **[GO TO QA11_I34]** |
| REFUSED ................................................. -7 | **[GO TO QA11_I34]** |
| DON'T KNOW ............................................ -8 | **[GO TO QA11_I34]** |

**QA11_I33**

**CF26**

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     **[GO TO PN QA11_I37]**
REFUSED ............................................................ -7     **[GO TO PN QA11_I37]**
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

---

**PROGRAMMING NOTE QA11_I37:**
**IF NO TEEN SELECTED, THEN GO TO PROGRAMMING NOTE QA11_I86;**
**IF ARINSURE = 1, THEN CONTINUE WITH QA11_I37;**
**IF ARINSURE = 0, THEN GO TO PROGRAMMING NOTE QA11_I38;**
**ELSE CONTINUE WITH QA11_I37**

---

QA11_I37          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 SPHKID = 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 SPOTHGOV = 1, SET TEOTHGOV = 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 CHINSURE ≠ 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 CHMCAL = 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 CHHKID = 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 TEOTHGOV = 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
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

**QA11_I44**     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.

**AI55**

**[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_I45**     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?

**AI52**

                    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]**

**QA11_I46**     Who else pays all or some portion of the cost for (TEEN)'s health plan?

**AI53**

                    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
                              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?

IA9

**[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 TEHFAM = 1 AND TEINSURE = 1;
IF QA11_I51_7 = 1, THEN SET TEMILIT = 1 AND TEINSURE = 1;
IF QA11_I51_8 = 1, THEN SET TEIHS = 1;
IF QA11_I51_9 = 1, THEN SET TEHKID = 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 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_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 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

---

**PROGRAMMING NOTE QA11_I54:**
**IF QA11_I37 = 1 AND ARMCARE = 1, THEN SET QA11_I54 = QA11_H8 AND QA11_I55 = QA11_H9 AND GO TO QA11_I56;**
**ELSE IF QA11_I37 = 1, THEN SET QA11_I54 = QA11_H57 AND QA11_I55 = QA11_H58 AND QA11_I56 = QA11_H59 AND GO TO PN QA11_I57;**
**ELSE IF QA11_I39 = 1, THEN SET QA11_I54 = QA11_I18 AND QA11_I55 = QA11_I19 AND QA11_I56 = QA11_I20 AND GO TO PN QA11_I57;**
**ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA11_I54;**
**ELSE GO TO PROGRAMMING NOTE QA11_I57**

---

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."]**
>
> **[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]**

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

---

**PROGRAMMING NOTE QA11_I55:**
**IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), THEN CONTINUE WITH QA11_I55;**
**IF TEMCARE = 1 AND QA11_I54 = 1, THEN LIST HMO MEDICARE BY COUNTY;**
**ELSE IF [TEMCAL = 1 OR (TEOTHGOV = 1 AND QA11_I49 = 1)] AND QA11_I54 = 1, THEN LIST HMO MEDI-CAL BY COUNTY;**
**ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA11_I54 = 1, THEN LIST HMO HEALTHY FAMILIES BY COUNTY;**
**ELSE IF [TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA11_I49 = 2) OR TEOTHER = 1] AND QA11_I54 = 1, THEN LIST HMO COMMERCIAL BY COUNTY;**
**ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1) AND QA11_I54 = 2 THEN LIST NON-HMO BY COUNTY**

---

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

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
MEDICARE ................................................................................................. 67
MEDICARE ADVANTAGE ........................................................................... 68
OTHER........................................................................................................ 91
OTHER (SPECIFY:_____) .................................................... 92
REFUSED ....................................................................................................-7

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 TEOTHER = 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    **[GO TO QA11_I59]**
YES, ONLY WHEN GO OUT OF NETWORK .........3    **[GO TO QA11_I59]**
REFUSED ............................................................... -7
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
NO......................................................................2    **[GO TO PN QA11_I61]**
YES, ONLY WHEN GO OUT OF NETWORK .........3    **[GO TO PN QA11_I61]**
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?

AI88

> **[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?

AI84

> **[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 <u>one main</u> 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?

**IA23**

**[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
> 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?

**IA26**

**[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     **[GO TO PN QA11_I73]**
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 <u>one main</u> 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

PROGRAMMING NOTE QA11_I73:
IF TI3 ≠ -1 (ALREADY ANSWERED IN ADOLESCENT QUESTIONNAIRE), THEN GO TO QA11_I77;
ELSE CONTINUE WITH QA11_I73

**QA11_I73**     In what country was (TEEN) born?

AI56T

| | |
|---|---|
| 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_I74:
IF QA11_I73 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), THEN GO TO PROGRAMMING
NOTE QA11_I77;
ELSE CONTINUE WITH QA11_I74

**QA11_I74**     Is (TEEN) a citizen of the United States?

AI58T

| | | |
|---|---|---|
| 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?

AI56

**[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.?

AI57

```
                          YES ...........................................................1
                          NO.............................................................2
                          MOTHER/FATHER DECEASED .............................3
                          MOTHER/FATHER NEVER LIVED IN US ..............4
                          REFUSED ............................................................ -7
                          DON'T KNOW ...................................................... -8
```

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?

AI58

**[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]**

```
                          YES .......................................................1   [GO TO PN QA11_I81]
                          NO.............................................................2
                          APPLICATION PENDING.......................................3
                          REFUSED ............................................................ -7
                          DON'T KNOW ...................................................... -8
```

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?

AI59

**[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
```

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

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**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 <u>you</u> receive.}  During the past 12 months, how many times have you seen a medical doctor?

> **AH5**

_____ TIMES                      [HR: 0-365]

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

---

**PROGRAMMING NOTE 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?

> **AH6**

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?

> **AJ77**

**[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

PROGRAMMING NOTE QA11_J8:
IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH
QA11_J8;
ELSE GO TO PROGRAMMING NOTE QA11_J11;
IF QA11_J3 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

QA11_J8     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?

AJ102

**[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]**

QA11_J9     How often were you able to get an appointment within two days? Would you say…

AJ103

    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_J10:
IF QA11_J3 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

QA11_J10    Could you get an appointment to see {your/a} doctor or medical provider within two days if you
needed to?

AJ104

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

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
> 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    **[GO TO PN QA11_J17]**
                              REFUSED ............................................................... -7    **[GO TO PN QA11_J17]**
                              DON'T KNOW ........................................................ -8    **[GO TO PN QA11_J17]**

**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
                              REFUSED ............................................................... -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

PROGRAMMING NOTE QA11_J18:
IF [ARINSURE = 1 OR QA11_H74 = 1 (HAD INSURANCE AT ANY TIME DURING THE PAST 12 MONTHS)]
AND QA11_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA11_J18;
ELSE GO TO QA11_J20

**QA11_J18**     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]**

**QA11_J19**     Did you have to change because of your health insurance plan?

AJ107

**[IF NEEDED, SAY: "Did you have to change where you usually go for health care because
of a reason related to your health insurance plan?"]**

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

**QA11_J20**     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]**

**QA11_J21**     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  **[GO TO QA11_J30]**
       REFUSED ............................................................... -7  **[GO TO QA11_J30]**
       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
> DON'T 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
> DON'T 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
> DON'T 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
> DON'T KNOW ....................................................... -8

**QA11_J30**      Have you ever used the Internet?

AJ108

**[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
> NO...........................................................................2     **[GO TO QA11_J33]**
> REFUSED .............................................................. -7     **[GO TO QA11_J33]**
> DON'T KNOW ......................................................... -8     **[GO TO QA11_J33]**

**QA11_J31**      In the past 12 months, did you use the Internet to look for health or medical information?

AJ109

**[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

**QA11_J32**      How confident are you that you can fill out an application on-line on your own? Would you say you are…

AJ110

> 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

**QA11_J33**      If you wanted to fill out an application on-line, is there someone who could help you with it?

AJ111

> 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 <u>usually</u> work at <u>all</u> jobs or businesses?

**AK3**

**[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 <u>main</u> job?

**AK7**

**[IF NEEDED, SAY: "That is, for your <u>current</u> 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?

**AK8**

**[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 <u>last month</u> 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."**
**ELSE 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_D16 = 1 OR**
**QA11_D17 = 1 (LEGAL SAME-SEX COUPLE), THEN DISPLAY "The next question is about your partner'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 <u>last month</u> 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 <u>household's total annual</u> income from all sources <u>before taxes</u> 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]**

---

**PROGAMMING 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 <u>household's annual</u> income from all sources <u>before taxes</u> 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]**

**QA11_K10**     Is it …

AK12

| | | |
|---|---|---|
| $5,000 or less,.......................................................1 | **[GO TO PN QA11_K15]** |
| $5,001 to $10,000, ................................................2 | **[GO TO PN QA11_K15]** |
| $10,001 to $15,000, or ..........................................3 | **[GO TO PN QA11_K15]** |
| $15,001 to 20,000? ...............................................4 | **[GO TO PN QA11_K15]** |
| REFUSED ..............................................................-7 | **[GO TO PN QA11_K15]** |
| DON'T KNOW .........................................................-8 | **[GO TO PN QA11_K15]** |

**QA11_K11**     Is it more or less than $70,000 per year?

AK13

| | |
|---|---|
| MORE ...................................................................1 | **[GO TO QA11_K13]** |
| EQUAL TO $70K OR LESS....................................2 | |
| REFUSED ..............................................................-7 | **[GO TO PN QA11_K15]** |
| DON'T KNOW .........................................................-8 | **[GO TO PN QA11_K15]** |

**QA11_K12**     Is it …

AK14

| | |
|---|---|
| $20,001 to $30,000, ...............................................1 | **[GO TO PN QA11_K15]** |
| $30,001 to $40,000, ...............................................2 | **[GO TO PN QA11_K15]** |
| $40,001 to $50,000, ...............................................3 | **[GO TO PN QA11_K15]** |
| $50,001 to $60,000, or ...........................................4 | **[GO TO PN QA11_K15]** |
| $60,001 to $70,000? ...............................................5 | **[GO TO PN QA11_K15]** |
| REFUSED ..............................................................-7 | **[GO TO PN QA11_K15]** |
| DON'T KNOW .........................................................-8 | **[GO TO PN QA11_K15]** |

**QA11_K13**     Is it more or less than $135,000 per year?

AK15

| | |
|---|---|
| MORE ...................................................................1 | **[GO TO PN QA11_K15]** |
| EQUAL TO $135K OR LESS..................................2 | |
| REFUSED ..............................................................-7 | **[GO TO PN QA11_K15]** |
| DON'T KNOW .........................................................-8 | **[GO TO PN QA11_K15]** |

**QA11_K14**     Is it …

AK16

| |
|---|
| $70,001 to $80,000, ...............................................1 |
| $80,001 to $90,000, ...............................................2 |
| $90,001 to $100,000, or ..........................................3 |
| $100,001 to $135,000? ...........................................4 |
| REFUSED ..............................................................-7 |
| DON'T KNOW .........................................................-8 |

---

**PROGRAMMING NOTE 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?

**AK17**

　　　　　\_\_\_\_\_ NUMBER OF PEOPLE  [HR: 1-20]

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

---

**PROGRAMMING NOTE QA11_K16:**
**QA11_K16 <u>MUST BE LESS</u> 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?

**AK18**

　　　　　\_\_\_\_\_ NUMBER OF CHILDREN (UNDER AGE 18)　　[HR: 0-20]

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

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 ROUNDING 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 ${POVRT50}?

AK29

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_K18:
IF THE HOUS, THEN CONTINUE WITH QA11_K18 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA11_K19
EHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11_K10, QA11_K12, OR QA11_K14

QA11_K18     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

QA11_K19     {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

QA11_K20     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 ${POVRT300}?

AK18C

| | | |
|---|---|---|
| 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_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 ${POVRT400}?

AK31

| | |
|---|---|
| EQUAL TO OR LESS | 1 |
| MORE | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

---

**PROGRAMMING NOTE QA11_K23:**
**IF POVERTY < 3 (HH Income ≤ 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?

AM1

| | |
|---|---|
| OFTEN TRUE | 1 |
| SOMETIMES TRUE | 2 |
| NEVER TRUE | 3 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

**QA11_K24**      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

**QA11_K25**      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]**

**QA11_K26**      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

**QA11_K27**      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

**QA11_K28**      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

---

**PROGRAMMING NOTE QA11_L4:**
**IF ELIGIBLE TEEN IN HOUSEHOLD, THEN CONTINUE WITH QA11_L4;**
**ELSE GO TO QA11_L5**

---

**QA11_L4**     Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

**IAP2**

> **[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

**QA11_L5**     Are you receiving SSI?

**AL6**

> **[IF NEEDED, SAY: "SSI means Supplemental Security Income.  This is different from Social Security".]**

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

---

**PROGRAMMING NOTE QA11_L6:**
**IF QA11_A5 = 2 (FEMALE) AND [QA11_E3 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)],**
**THEN CONTINUE WITH QA11_L6;**
**ELSE GO TO PROGRAMMING NOTE QA11_L7**

---

**QA11_L6**     Are you on WIC?

**AL7**

> **[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}?

**AL9**

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

---

**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 <u>last month</u> for alimony, child support, or money from a government or veteran program?

**AL15**

YES ....................................................................... 1
NO ......................................................................... 2          **[GO TO PN QA11_L10]**
REFUSED .............................................................. -7          **[GO TO PN QA11_L10]**
DON'T KNOW ....................................................... -8          **[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?

**AL16**

**[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?

**AL18**

**[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?

**AK23**

**[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?

**AK25**

| | |
|---|---|
| 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?

**AM37**

**[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?

**AM14**

_____ 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?

**AM15**

```
_____ MONTHS    [HR: 1 - AAGEx12MONTHS]
_____ YEARS     [HR: 1 - AAGE]
```

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

**QA11_M6**     The last time you moved, what was your main reason for moving?

**AM38**

```
CHANGE IN MARITAL/RELATIONSHIP STATUS...1
TO ESTABLISH OWN HOUSEHOLD......................2
FOR CHILD'S EDUCATION .................................3
TO ATTEND OR LEAVE COLLEGE ......................4
WORK RELATED ...................................................5
COULDN'T AFFORD MORTGAGE/RENT ..............6
OTHER HOUSING RELATED ................................7
BETTER NEIGHBORHOOD/LESS CRIME .............8
OTHER................................................................... 91
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.

**AM19**

**[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_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?

**AM40**

**[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 <u>ever</u> 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**

**QA11_S6**      Would you like to discuss your thoughts with this person?

**AF90**

YES ...........................................................................1     **[GO TO SUICIDE PROTOCOL]**
NO.............................................................................2     **[GO TO PN QA11_N1]**
REFUSED ............................................................... -7     **[GO TO PN QA11_N1]**
DON'T KNOW ......................................................... -8     **[GO TO PN QA11_N1]**

# 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?

**AH42**

|                           |     |
|---------------------------|-----|
| 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  |

```
SHASTA ............................................................. 45
SIERRA .............................................................. 46
SISKIYOU ........................................................... 47
SOLANO ............................................................ 48
SONOMA ........................................................... 49
STANISLAUS ...................................................... 50
SUTTER ............................................................. 51
TEHAMA ............................................................ 52
TRINITY ............................................................. 53
TULARE ............................................................. 54
TUOLUMNE ........................................................ 55
VENTURA ........................................................... 56
YOLO ................................................................ 57
YUBA ................................................................ 58
REFUSED ........................................................... -7
DON'T KNOW ...................................................... -8
```

**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.

AO2

       _____ 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          **[GO TO PN QA11_N10]**
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
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.