



CHIS 2005 Adult Questionnaire

Version 6.4
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(Adult Respondents Age 18 and older)

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- California Department of Health Services
- Public Health Institute

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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 2005 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographic Information, Part I

**PROGRAMMING NOTE QA05_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)**

QA05_A1 What is your date of birth?

AA1

MONTH _____ DAY _____ YEAR _____ **[GO TO QA05_A5]**
 [RANGE: 1-12] [RANGE: 1-31] [RANGE: 1898-1985]
 REFUSED -7
 DON'T KNOW -8
 1. JANUARY 7. JULY
 2. FEBRUARY 8. AUGUST
 3. MARCH 9. SEPTEMBER
 4. APRIL 10. OCTOBER
 5. MAY 11. NOVEMBER
 6. JUNE 12. DECEMBER

**PROGRAMMING NOTE QA05_A2:
IF QA05_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA05_A2;
ELSE GO TO QA05_A5**

QA05_A2 What month and year were you born?

AA1A

MONTH _____ YEAR _____ **[GO TO QA05_A5]**
 [RANGE: 1-12] [RANGE: 1898-1985]
 REFUSED -7
 DON'T KNOW -8
 1. JANUARY 7. JULY
 2. FEBRUARY 8. AUGUST
 3. MARCH 9. SEPTEMBER
 4. APRIL 10. OCTOBER
 5. MAY 11. NOVEMBER
 6. JUNE 12. DECEMBER

**PROGRAMMING NOTE QA05_A3:
IF QA05_A1 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A3;
ELSE GO TO QA05_A5**

QA05_A3 What is your age, please?

AA2

_____ YEARS OF AGE **[GO TO QA05_A5]**
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA05_A4:
IF QA05_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A4;
ELSE GO TO QA05_A5

QA05_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 291
- BETWEEN 30 AND 392
- BETWEEN 40 AND 443
- BETWEEN 45 AND 494
- BETWEEN 50 AND 645
- 65 OR OLDER6
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_A5: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA05_A1, QA05_A2, OR QA05_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA05_A1, QA05_A2, OR QA05_A3 = -7 OR -8 (REF/DK), THEN USE QA05_A4;
ELSE USE ENUM.AGE

QA05_A5 Are you male or female?

AA3

- MALE1
- FEMALE2
- REFUSED -7
- DON'T KNOW -8

QA05_A6 Are you Latino or Hispanic?

AA4

- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8
- } **[GO TO PN QA05_A8]**

QA05_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/MEXICANO1
- MEXICAN AMERICAN2
- CHICANO3
- SALVADORAN4
- GUATEMALAN5
- COSTA RICAN6
- HONDURAN7
- NICARAGUAN8
- PANAMANIAN9
- PUERTO RICAN10
- CUBAN11
- SPANISH-AMERICAN (FROM SPAIN)12
- OTHER LATINO (SPECIFY): _____ .91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_A8:
IF QA05_A6 = 1 (YES, LATINO/HISPANIC), DISPLAY “You said you are Latino or Hispanic. Also...”
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QA05_A8, CONTINUE WITH
PROGRAMMING NOTE QA05_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QA05_A8 {You said you are Latino or Hispanic. Also} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

AA5A

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

[CODE ALL THAT APPLY]

- WHITE1
 - BLACK OR AFRICAN AMERICAN2
 - ASIAN3
 - AMERICAN INDIAN OR ALASKA NATIVE4
 - OTHER PACIFIC ISLANDER5
 - NATIVE HAWAIIAN6
 - OTHER (SPECIFY): _____ .91
 - REFUSED -7 **[GO TO QA05_A14]**
 - DON'T KNOW -8 **[GO TO QA05_A14]**
- } **[GO TO PN QA05_A14
IF ONLY ONE RACE]**

**PROGRAMMING NOTE QA05_A9:
 IF QA05_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_A9;
 ELSE GO TO PROGRAMMING NOTE QA05_A12**

QA05_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]

- APACHE1
- BLACKFOOT/BLACKFEET2
- CHEROKEE3
- CHOCTAW4
- MEXICAN AMERICAN INDIAN5
- NAVAJO.....6
- POMO7
- PUEBLO8
- SIoux9
- YAQUI10
- OTHER TRIBE [Ask for spelling] (SPECIFY):_____ 91
- REFUSED-7
- DON'T KNOW-8

QA05_A10 Are you an enrolled member in a federally or state recognized tribe?

AA5C

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO PN QA05_A12]**

QA05_A11 Which tribe are you enrolled in?

AA5D

APACHE
 Mescalero Apache, NM..... 1
 Apache (Not Specified)..... 2
 Other Apache [Ask for spelling] (Specify): 91

BLACKFEET
 Blackfoot/Blackfeet 3

CHEROKEE
 Western Cherokee..... 4
 Cherokee (Not Specified)..... 5
 Other Cherokee [Ask for spelling] (Specify).. 92

CHOCTAW
 Choctaw Oklahoma..... 6
 Choctaw (Not Specified) 7
 Other Choctaw [Ask for spelling] (Specify): .. 93

NAVAJO
 Navajo (Not Specified) 8

POMO
 Hopland Band, Hopland Rancheria..... 9
 Sherwood Valley Rancheria 10
 Pomo (Not Specified)..... 11
 Other Pomo [Ask for spelling] (Specify): 94

PUEBLO
 Hopi 12
 Ysleta del Sur Pueblo of Texas 13
 Pueblo (Not Specified) 14
 Other Pueblo [Ask for spelling] (Specify): 95

SIOUX
 Oglala/Pine Ridge Sioux 15
 Sioux (Not Specified)..... 16
 Other Sioux [Ask for spelling] (Specify):..... 96

YAQUI
 Pascua Yaqui Tribe of Arizona 17
 Yaqui (Not Specified)..... 18
 Other Yaqui [Ask for spelling] (Specify):..... 97

OTHER
 Other [Ask for spelling] (Specify): _____ 98
 Refused -7
 Don't know -8

**PROGRAMMING NOTE QA05_A12: IF QA05_A8= 3 (ASIAN) CONTINUE WITH QA05_A12;
ELSE GO TO PROGRAMMING NOTE QA05_A13**

QA05_A12 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

AA5E

[CODE ALL THAT APPLY]

- BANGLADESHI1
- BURMESE2
- CAMBODIAN3
- CHINESE4
- FILIPINO5
- HMONG6
- INDIAN (INDIA).....7
- INDONESIAN.....8
- JAPANESE9
- KOREAN.....10
- LAOTIAN.....11
- MALAYSIAN12
- PAKISTANI13
- SRI LANKAN.....14
- TAIWANESE15
- THAI16
- VIETNAMESE.....17
- OTHER ASIAN (SPECIFY):91
- REFUSED-7
- DON'T KNOW-8

**PROGRAMMING NOTE QA05_A13:
IF QA05_A8= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA05_A13;
ELSE GO TO PROGRAMMING NOTE QA05_A14**

QA05_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
- GUAMANIAN2
- TONGAN.....3
- FIJIAN4
- OTHER PACIFIC ISLANDER (SPECIFY): 91
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_A14:

IF QA05_A6 = 1 (LATINO) AND [QA05_A8= 6 (NATIVE HAWAIIAN) OR QA05_A8= 5 (OTHER PACIFIC ISLANDER) OR QA05_A8= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA05_A8= 3 (ASIAN) OR QA05_A8= 2 (BLACK/AFRICAN AMERICAN) OR QA05_A8= 1 (WHITE) OR QA05_A8 = 91 (OTHER)], CONTINUE WITH QA05_A14;
 ELSE IF MULTIPLE RESPONSES TO QA05_A8, QA05_A12, OR QA05_A13 [NOT COUNTING -7 OR -8 (REF/DK)] CONTINUE WITH QA05_A14;
 ELSE GO TO QA05_A15

[NOTE: FOR QA05_A14 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF QA05_A7 = -7 (REFUSE), INSERT "Latino"]

IF QA05_A6 = 1 (YES, LATINO) AND ANY OF QA05_A7 = 1 THRU 12, DO NOT DISPLAY QA05_A14 = 14 (LATINO).

IF QA05_A8 = 5 (OTHER PACIFIC ISLANDER) AND QA05_A13 = 1 THRU 4, DO NOT DISPLAY QA05_A14 = 17 (OTHER PACIFIC ISLANDER).

IF QA05_A8= 3 (ASIAN) AND ANY OF QA05_A12 = 1 THRU 17, DO NOT SAY QA05_A14 = 19 (ASIAN)

QA05_A14 You said that you are: [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1]. Of these, which do you most identify with?

AA5F

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

- MEXICAN/MEXICANO1
- MEXICAN AMERICAN2
- CHICANO3
- SALVADORAN4
- GUATEMALAN5
- COSTA RICAN6
- HONDURAN7
- NICARAGUAN8
- PANAMANIAN9
- PUERTO RICAN.....10
- CUBAN11
- SPANISH-AMERICAN (FROM SPAIN)12
- LATINO, OTHER SPECIFY13
- LATINO14
- NATIVE HAWAIIAN16
- OTHER PACIFIC ISLANDER17
- AMERICAN INDIAN OR ALASKA NATIVE18
- ASIAN19
- BLACK OR AFRICAN AMERICAN20
- WHITE21
- RACE, OTHER SPECIFY22
- BANGLADESHI30
- BURMESE31
- CAMBODIAN32
- CHINESE33
- FILIPINO34
- HMONG35
- INDIAN (INDIA)36
- INDONESIAN.....37
- JAPANESE38
- KOREAN39
- LAOTIAN.....40

QA05_A14 CONTINUED...

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

QA05_A15 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

QA05_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

QA05_B2

Has a doctor ever told you that you have asthma?

AB17

- YES 1
- NO 2 [GO TO QA05_B12]
- REFUSED -7 [GO TO QA05_B12]
- DON'T KNOW -8 [GO TO QA05_B12]

QA05_B3

Do you still have asthma?

AB40

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

QA05_B4

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

AB41

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

PROGRAMMING NOTE QA05_B5:

**IF QA05_B3= 2, -7, or -8 (NO, REFUSED, DON'T KNOW) AND QA05_B4= 2, -7, or -8 (NO, REFUSED, DON'T KNOW), GO TO QA05_B7;
 ELSE CONTINUE WITH QA05_B5**

QA05_B5

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

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

QA05_B6 During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?

AH13A

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

QA05_B7 Are you now taking a daily 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 QA05_B8:
IF QA05_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA05_B4 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO PROGRAMMING NOTE QA05_B10
ELSE CONTINUE WITH QA05_B8

QA05_B8 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness or phlegm? Would you say ...

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

QA05_B9 During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?

AB67

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

PROGRAMMING NOTE QA05_B10;
IF AAGE > 69 GO TO QA05_B11
ELSE CONTINUE WITH QA05_B10

QA05_B10 During the past 12 months, how many days of work did you miss due to asthma?

AB42

- _____ 0-365 DAYS
- NOT WORKING -6
- REFUSED -7
- DON'T KNOW -8

QA05_B11 Has a doctor or other health professional ever given you an asthma management plan?

AB43

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

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

QA05_B12 Has a doctor ever told you that you have a lung disease other than asthma, such as emphysema or COPD?

AB62

[IF NEEDED, SAY: "COPD means Chronic Obstructive Pulmonary Disease and is also known as Chronic Lower Respiratory Disease. Do not include Tuberculosis (TB)."]

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

PROGRAMMING NOTE QA05_B13
IF QA05_A5 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA05_B13 {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

AB22

- YES 1
 - NO 2
 - BORDERLINE OR PRE-DIABETES 3
 - REFUSED -7
 - DON'T KNOW -8
- } **[GO TO QA05_B22]**

QA05_B14 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

QA05_B15 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
- REFUSED -7
- DON'T KNOW -8

QA05_B16 Are you now taking insulin?

AB24

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

QA05_B17 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

QA05_B18 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

QA05_B19 About how many times in the last 12 months has a doctor 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

QA05_B20 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

QA05_B21 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 MONTH1
- WITHIN THE PAST YEAR (1-12 MONTHS AGO) ...2
- WITHIN THE PAST 2 YEARS (1-2 YEARS AGO) ...3
- 2 OR MORE YEARS AGO4
- NEVER.....5
- REFUSED -7
- DON'T KNOW -8

QA05_B22 Has a doctor ever told you that you have high blood pressure?

AB29

- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8
- } **[GO TO QA05_B24]**

QA05_B23 Are you now taking any medications to control your high blood pressure?

AB30

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QA05_B24 About how long ago did you have your blood cholesterol checked?

AB35

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

- 1 TO 12 MONTHS AGO.....1
- 13 MONTHS TO 2 YEARS AGO.....2
- 25 MONTHS TO 5 YEARS AGO.....3
- MORE THAN 5 YEARS AGO.....4
- NEVER.....5 **[GO TO QA05_B26]**
- REFUSED -7 **[GO TO QA05_B26]**
- DON'T KNOW -8 **[GO TO QA05_B26]**

QA05_B25 The last time your cholesterol was checked, did a doctor tell you your blood cholesterol was high?

AB36

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QA05_B26 Has a doctor ever told you that you have any kind of heart disease?

AB34

- YES.....1
 - NO.....2
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } **[GO TO PN QA05_B28]**

QA05_B27 Has a doctor ever told you that you have heart failure or congestive heart failure?

AB52

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

QA05_B28 Has a doctor ever told you that you had a stroke?

AC6

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

QA05_B29 Have you **EVER** been told by a doctor that you have some form of arthritis, gout, lupus or fibromyalgia?

AB64

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

QA05_B30 Has a doctor ever told you that you have seizure disorder or epilepsy?

AB53

- YES.....1
 - NO.....2
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } **[GO TO QA05_B35]**

QA05_B31 Are you now taking any medicine to control your seizure disorder or epilepsy?

AB54

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

QA05_B32 How many seizures of any type have you had in the last three months?

AB55

[IF R NORMALLY COUNTS "AURAS" AS SEIZURES, ACCEPT THE RESPONSE]

- NO SEIZURES.....0
- ONE SEIZURE.....1
- MORE THAN ONE SEIZURE2
- NO LONGER HAVE EPILEPSY/SD3 **[GO TO QA05_B35]**
- REFUSED -7
- DON'T KNOW/ NOT SURE -8

Instructions to interviewer: If the respondent mentions and counts "auras" as seizures, accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

QA05_B33 In the past 12 months, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

AB65

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

QA05_B34 During the past month, to what extent has your epilepsy or its treatment interfered with normal activities like working, school, or getting together with family or friends? Would you say

AB56

- Not at all.....1
- Slightly2
- Moderately3
- Quite a bit or4
- Extremely?5
- REFUSED -7
- DON'T KNOW -8

Flu shot QA05_B35 During the past 12 months, have you had a flu shot?

AE30

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

Section C – Health Behaviors

QA05_C1 The next questions are about walking for transportation. Please only include walks that involved an errand or to get some place. I will ask you separately about walking for relaxation or exercise.

AD37

During the past seven days, did you walk for at least ten minutes at a time to get some place such as work, school, a store, or restaurant?

- YES1
- NO.....2 [GO TO QA05_C4]
- UNABLE TO WALK3 [GO TO QA05_C7]
- REFUSED-7 [GO TO QA05_C4]
- DON'T KNOW-8 [GO TO QA05_C4]

QA05_C2 On how many days did you do this?

AD38

- _____ DAYS PER WEEK [IF 0, GO TO QA05_C5]
- REFUSED-7 [GO TO QA05_C4]
- DON'T KNOW-8 [GO TO QA05_C4]

PROGRAMMING NOTE QA05_C3
IF QA05_C2 = 1 DO NOT DISPLAY “usually” and display “that day”
IF QA05_C2 > 1 OR QA05_C2= -7 OR -8 DISPLAY “usually” and “one of those days”

QA05_C3 How much time did you {usually} spend walking on {one of those days/that day}?

AD39

- _____ HOURS PER DAY
- _____ MINUTES PER DAY
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_C4
IF QA05_C1 = 1 [WALK FOR TRANS, DISPLAY “Please do not include any walking that you already told me about”

QA05_C4 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past seven days did you walk for at least ten minutes at a time for any of these reasons? Please do not include any walking that you already told me about.

AD40

- YES1
- NO.....2 [GO TO QA05_C7]
- REFUSED-7 [GO TO QA05_C7]
- DON'T KNOW-8 [GO TO QA05_C7]

QA05_C5 On how many days did you do this?

AD41

- _____ DAYS PER WEEK [IF 0, GO TO QA05_C7]
- REFUSED-7 [GO TO QA05_C7]
- DON'T KNOW-8 [GO TO QA05_C7]

PROGRAMMING NOTE QA05_C6
IF QA05_C5 = 1 DO NOT DISPLAY “usually” and display “that day”
IF QA05_C5 > 1 OR QA05_C5 = -7 OR -8 DISPLAY “usually” and “one of those days”

QA05_C6 How much time did you (usually) spend walking on (one of those days/on that day)?

AD42

[IF NEEDED SAY: “For fun, relaxation, exercise or to walk the dog?”]

_____ HOURS PER DAY
 _____ MINUTES PER DAY
 REFUSED -7
 DON'T KNOW -8

QA05_C7 The next questions are about physical activities or exercise you may do in your free time for at least 10 minutes, other than walking. First, think about activities that take moderate physical effort, such as bicycling, swimming, dancing, and gardening.

AE26

During the last 7 days, did you do any moderate physical activities in your free time for at least 10 minutes, other than walking?

[IF NEEDED SAY: Moderate physical activities make you breathe somewhat harder than normal.]

[IF NEEDED SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]

YES 1
 NO 2 [GO TO QA05_C10]
 REFUSED -7 [GO TO QA05_C10]
 DON'T KNOW -8 [GO TO QA05_C10]

QA05_C8 On how many days did you do this?

AE27

_____ DAYS PER WEEK [IF 0, GO TO QA05_C10]
 REFUSED -7 [GO TO QA05_C10]
 DON'T KNOW -8 [GO TO QA05_C10]

PROGRAMMING NOTE QA05_C9
IF QA05_C8 = 1 DO NOT DISPLAY “usually” AND DISPLAY “that day”
IF QA05_C8 > 1 DISPLAY “usually” and “one of those days”

QA05_C9 How much time did you {usually} spend on {one of those days/that day} doing moderate physical activities in your free time?

AE27A

[IF NEEDED SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]

_____ HOURS PER DAY
 _____ MINUTES PER DAY
 REFUSED -7
 DON'T KNOW -8

QA05_C10 Now think about **vigorous activities you did in your free time that** take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming. Again, do not include walking.

AE24

During the last 7 days, did you do any vigorous physical activities in your free time?

**[IF NEEDED SAY: “Vigorous activities make you breathe much harder than normal.”]
 [IF NEEDED SAY: “Think about only those vigorous physical activities that you did for at least 10 minutes at a time.”]**

- YES.....1
- NO.....2 [GO TO QA05_C13]
- REFUSED.....-7 [GO TO QA05_C13]
- DON'T KNOW.....-8 [GO TO QA05_C13]

QA05_C11 On how many days did you do this?

AE25

- _____ DAYS PER WEEK [IF 0, GO TO QA05_C13]
- REFUSED.....-7 [GO TO QA05_C13]
- DON'T KNOW.....-8 [GO TO QA05_C13]

PROGRAMMING NOTE QA05_C12
IF QA05_C11 = 1 DO NOT DISPLAY “usually” and display “that day”
IF QA05_C11 > 1 DISPLAY “usually” and “one of those days”

QA05_C12 How much time did you {usually} spend on {one of those days/on that day} doing **vigorous** physical activities in your free time?

AE25A

[IF NEEDED SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]

- _____ HOURS PER DAY
- _____ MINUTES PER DAY
- REFUSED.....-7
- DON'T KNOW.....-8

QA05_C13 Now think about activities specifically designed to **STRENGTHEN** your muscles, such as lifting weights or other strength-building exercises. Include all such activities even if you have mentioned them before.

AC20

During the last 7 days, on how many days did you do activities to strengthen your muscles?

- _____ DAYS PER WEEK
- REFUSED.....-7
- DON'T KNOW.....-8

QA05_C14

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

AE2

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

[IF NEEDED, SAY: "Your best guess is fine." "Include fruit mixed with other food, such as cereal or yogurt"

If R gives a number without a time frame, ASK: "Was that per day, week or month?"]

- _____ PER DAY
- _____ PER WEEK
- _____ PER MONTH
- REFUSED -7
- DON'T KNOW -8

QA05_C15

During the past month, how many times per day, week or month did you eat green leafy or lettuce salad?

AE6

[IF NEEDED, SAY: "Include spinach salads." "Your best guess is fine." If R gives a number without a time frame, ASK: "Was that per day, week or month?"]

- _____ PER DAY
- _____ PER WEEK
- _____ PER MONTH
- REFUSED -7
- DON'T KNOW -8

QA05_C16

During the past month, how many times did you eat French fries, home fries or hash browns?

AE3

[IF NEEDED, SAY: "Exclude potato chips." If R gives a number without a time frame, ASK: "Was that per day, week or month?"]

- _____ PER DAY
- _____ PER WEEK
- _____ PER MONTH
- REFUSED -7
- DON'T KNOW -8

QA05_C17 During the past month, how many times did you eat *other* white potatoes?

AE4

[IF NEEDED, SAY: "Do not include yams or sweet potatoes. Include red, yellow, purple, or brown-skinned potatoes."]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY: THIS INCLUDES POTATOES PREPARED IN ANY FASHION SUCH AS MASHED, BAKED, OR BOILED. IT INCLUDES POTATOES PREPARED IN OTHER DISHES, SUCH AS POTATO SALAD. IT INCLUDES DIFFERENT COLORED POTATOES AS LONG AS THE INSIDE OF THE POTATO IS WHITE.]

_____ PER DAY
_____ PER WEEK
_____ PER MONTH
REFUSED -7
DON'T KNOW -8

QA05_C18 During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.

AE5

[IF NEEDED, SAY: "Include red, black, white, pinto, or soy beans or lentils cooked in the same way."]

_____ PER DAY
_____ PER WEEK
_____ PER MONTH
REFUSED -7
DON'T KNOW -8

QA05_C19 During the past month, how many times did you eat any vegetables other than the foods you already told me about.

AE7

[IF NEEDED, SAY: "Such as tomatoes, carrots, onions, bell peppers, zucchini, or broccoli." IF STRONGLY NEEDED, SAY: "Rice is not a vegetable."]

_____ PER DAY
_____ PER WEEK
_____ PER MONTH
REFUSED -7
DON'T KNOW -8

QA05_C20 During the past month, how many times did you drink soda such as coke or 7-up? Do not include diet soda.

AC11

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

_____ PER DAY
_____ PER WEEK
_____ PER MONTH
REFUSED -7
DON'T KNOW -8

QA05_C21

During the past month, how many times did you drink 100% fruit juice such as orange or apple juice?

AE1

[IF NEEDED, SAY: "Only include 100% fruit juices. Your best guess is fine."]

- _____ PER DAY
- _____ PER WEEK
- _____ PER MONTH
- REFUSED -7
- DON'T KNOW -8

QA05_C22

During the past month, how many times did you drink fruit-flavored drinks such as lemonade, Sunny Delight, or Kool-aid? Do not include diet drinks.

AC12

[IF NEEDED, SAY: "Do not include yogurt drinks or mineral water."]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, , SUGAR CANE JUICE, GATORADE AND OTHER SPORTS DRINKS WITH ADDED SUGAR.]

- _____ PER DAY
- _____ PER WEEK
- _____ PER MONTH
- REFUSED -7
- DON'T KNOW -8

QA05_C23

During the past month, how many times did you eat cake, pie, brownies or cookies? Include low-fat kinds.

AC13

[IF NEEDED, SAY: "Include ANY sweet pastries." "Do not include sugar-free kinds.."]

- _____ PER DAY
- _____ PER WEEK
- _____ PER MONTH
- REFUSED -7
- DON'T KNOW -8

QA05_C24

During the past month, how many times did you eat ice cream or other frozen desserts? Include low-fat kinds.

AC14

[IF NEEDED, SAY: "Do not include sugar-free kinds. Your best guess is fine."]
[IF STRONGLY NEEDED, SAY: "Other examples are frozen yogurt and popsicles."]

- _____ PER DAY
- _____ PER WEEK
- _____ PER MONTH
- REFUSED -7
- DON'T KNOW -8

QA05_C25INTRO Do you now take any of the following types of medications regularly, that is, at least 3 times a week?

AC15

QA05_C25 Aspirin, Bayer, Bufferin, or Excedrin?

AC15A

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_C26 Advil, Ibuprofen, Motrin, or Nuprin.

AC15B

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_C27 Aleve, Naprosyn, Naproxen, or Celebrex?

AC15C

[NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_C28
IF (QA05_C25 = 1 OR QA05_C26 = 1 OR QA05_C27 =1) CONTINUE WITH QA05_C28;
ELSE GO TO QA05_C29

QA05_C28 Have you taken any of these kinds of medications regularly for the last 3 months?

AC16

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_C29 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

- YES1
- NO2 **[GO TO QA05_C33]**
- REFUSED-7
- DON'T KNOW-8

QA05_C30 Do you now smoke cigarettes every day, some days, or not at all?

AE15A

- EVERY DAY1
- SOME DAYS.....2 [GO TO QA05_C32]
- NOT AT ALL3 [GO TO QA05_C33]
- REFUSED-7 [GO TO QA05_C33]
- DON'T KNOW-8 [GO TO QA05_C33]

QA05_C31 On the average, how many cigarettes do you now smoke a day?

AD32

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

- _____ NUMBER OF CIGARETTES [GO TO QA05_C33]
- REFUSED-7 [GO TO QA05_C33]
- DON'T KNOW-8 [GO TO QA05_C33]

QA05_C32 In the past 30 days, when you smoked, how many cigarettes did you smoke per day (on the days you smoked)?

AE16

**[IF NEEDED, SAY: "On the days you smoked".]
[IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]**

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

QA05_C33 Is smoking ever allowed inside your home?

AC17

- YES1
- NO2 [GO TO QA05_C35]
- REFUSED-7 [GO TO QA05_C35]
- DON'T KNOW-8 [GO TO QA05_C35]

QA05_C34 On average, about how many days per week is there smoking inside your home?

AD34

- RARELY OR LESS THAN 1 DAY PER WEEK1
- _____DAYS (1-7).....2
- REFUSED-7
- DON'T KNOW-8

QA05_C35 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

AE11

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- } [GO TO QA05_D1]

QA05_C36 During the past 30 days, how many days per week or per month did you drink any alcoholic beverages, on the average?

AE12

_____ DAYS PER WEEK
_____ DAYS PER MONTH
REFUSED -7
DON'T KNOW -8

QA05_C37 On the days when you drank, about how many drinks did you drink on the average?

AE13

[IF NEEDED, SAY: A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.]

_____ NUMBER OF DRINKS
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA05_C38
IF QA05_A5 = 1 (MALE) CONTINUE WITH QA05_C38;
ELSE GO TO QA05_C39

QA05_C38 Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion?

AE14

_____ NUMBER OF TIMES
NONE 0
REFUSED -7
DON'T KNOW -8 } **[GO TO QA05_D1]**

QA05_C39 Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 4 or more drinks on an occasion?

AE14A

_____ NUMBER OF TIMES
NONE 0
REFUSED -7
DON'T KNOW -8

Section D – General Health, Disability, and Sexual Health

QA05_D1

Now, I am going to ask about your health over the past 30 days.
Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

AE31

[IF NEEDED, SAY: “On how many days was your physical health not good?”]

_____ NUMBER OF DAYS
 NONE.....0
 REFUSED.....-7
 DON'T KNOW.....-8

QA05_D2

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

AE32

[IF NEEDED, SAY: “Mental health includes stress, feeling sad or not feeling like yourself. On how many days was your mental health not good?”]

_____ NUMBER OF DAYS
 NONE.....0
 REFUSED.....-7
 DON'T KNOW.....-8

QA05_D3

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

AE33

[IF NEEDED, SAY: “On how many days did poor health keep you from doing your usual things, such as taking care of yourself, working, and having fun?”]

_____ NUMBER OF DAYS
 NONE.....0
 REFUSED.....-7
 DON'T KNOW.....-8

QA05_D4

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 QA05_D5:
IF QA05_5 = 2 (FEMALE) and AAGE<50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA05_D5 {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 QA05_D6:
IF AAGE = 18, GO TO QA05_D7;

QA05_D6 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

QA05_D7 Are you blind or deaf, or do you have a severe vision or hearing problem?

AD50

YES	1	}	[GO TO QA05_D9]
NO	2		
REFUSED	-7		
DON'T KNOW	-8		

QA05_D8 Are you legally blind?

AL8

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

PROGRAMMING NOTE QA05_D9:
IF QA05_C1 = 3 (UNABLE TO WALK), CODE QA05_D9 = 1 AND GO TO QA05_D10;
ELSE CONTINUE WITH QA05_D9

QA05_D9 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

QA05_D10 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

AD51

Any difficulty learning, remembering, or concentrating?

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QA05_D11 Any difficulty dressing, bathing, or getting around inside the home?

AD52

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QA05_D12 Any difficulty going outside the home alone to shop or visit a doctor's office?

AD53

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_D13:
IF AAGE > 64 GO TO PN QA05_D15;

QA05_D13 Any difficulty working at a job or business?

AD54

- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8
- } **[GO TO PN QA05_D15]**

QA05_D14 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"]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_D15:
IF AAGE > 70 OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA05_E1;
ELSE CONTINUE WITH QA05_D15

QA05_D15 We are asking a few questions about people’s sexual experiences. All answers will be kept private.

AD43

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

_____ NUMBER OF SEXUAL PARTNERS	[GO TO PN QA05_D17]
REFUSED	-7 [GO TO PN QA05_D17]
DON'T KNOW	-8

QA05_D16 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 QA05_D17:
IF QA05_D15 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), GO TO PROGRAMMING NOTE QA05_D18;
ELSE CONTINUE WITH QA05_D17
IF QA05_D15 OR QA05_D16 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY “Is that partner male or female?”

QA05_D17 {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 QA05_D18:
IF QA05_A5 = 1 (MALE), DISPLAY “Gay” in question and “Gay” in Help Screen,
ELSE IF QA05_A5 =2 (FEMALE), DISPLAY “Gay, Lesbian” in question and “Gay and Lesbian” in Help Screen

QA05_D18 {The next question is about sexual orientation. All answers will be kept private.} Do you think of yourself as straight or heterosexual, as 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 {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): _____ 5
- REFUSED -7
- DON'T KNOW -8

QA05_D19 Have you ever been tested for HIV, the virus that causes AIDS?

AD55

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

PROGRAMMING NOTE QA05_D20:
IF QA05_D15 =0 OR QA05_D16=0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO PROGRAMMING NOTE QA05_E1;
ELSE CONTINUE WITH QA05_D20

QA05_D20 Now thinking about other sexually transmitted diseases besides HIV—In the past 12 months, have you been tested for a sexually transmitted disease?

AD47

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

Section E – Women’s Health

**PROGRAMMING NOTE SECTION E:
IF QA05_A5 = 1 (MALE), GO NEXT SECTION;
ELSE CONTINUE QA05_E1**

QA05_E1 These next questions are about women's health.

AD1

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

_____ AGE [HR: 6-27]
NEVER STARTED MENSTRUAL CYCLE96
REFUSED -7
DON'T KNOW/REMEMBER -8

QA05_E2 Have you ever given birth to a live infant?

AD2

YES1
NO2 [GO TO PN QA05_E5]
REFUSED -7 [GO TO PN QA05_E5]
DON'T KNOW -8 [GO TO PN QA05_E5]

QA05_E3 How old were you when your first child was born?

AD3

_____ YEARS OLD [GO TO PN QA05_E5]
REFUSED -7 [GO TO PN QA05_E5]
DON'T KNOW -8

QA05_E4 In what year was your first child born?

AE55

_____ YEAR
REFUSED -7
DON'T KNOW -8

**PROGRAMMING NOTE QA05_E5
IF AGE<30 GO TO PROGRAMMING NOTE QA05_E7
ELSE CONTINUE WITH QA05_E5**

QA05_E5 Have you had a hysterectomy?

AD12

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

YES1
NO2 [GO TO PN QA05_E7]
REFUSED -7 [GO TO PN QA05_E7]
DON'T KNOW -8 [GO TO PN QA05_E7]

QA05_E6 Were your ovaries removed?

AD12A

- YES1
 - NO2
 - ONE OVARY REMOVED3
 - REFUSED-7
 - DON'T KNOW-8
- } [GO TO PN QA05_E16]

**PROGRAMMING NOTE QA05_E7:
IF AGE >49 GO TO QA05_E8**

QA05_E7 To your knowledge, are you now pregnant?

AD13

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_E8 Have you ever had a Pap smear test to check for cervical cancer?

AD4

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

- YES1
- NO2 [GO TO PN QA05_E11]
- REFUSED-7 [GO TO PN QA05_E13]
- DON'T KNOW-8 [GO TO PN QA05_E13]

QA05_E9 How many Pap smear tests have you had in the last 6 years?

AD5

- _____ PAP SMEARS [HR: 0-99] [IF 0 GO TO PN QA05_E11]
- NONE0 [GO TO PN QA05_E11]
 - REFUSED-7
 - DON'T KNOW-8

QA05_E10 How long ago did you have your most recent Pap smear test?

AD6

- A YEAR AGO OR LESS1 [GO TO PN QA05_E13]
- MORE THAN 1 UP TO 2 YEARS AGO2 [GO TO PN QA05_E13]
- MORE THAN 2 UP TO 3 YEARS AGO3
- MORE THAN 3 UP TO 5 YEARS AGO4
- MORE THAN 5 YEARS AGO5
- REFUSED-7 [GO TO PN QA05_E13]
- DON'T KNOW-8 [GO TO PN QA05_E13]

QA05_E11 In the past 12 months, has a doctor recommended that you have a Pap smear?

AD11

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_E12:
IF QA05_E11 = 1 (DOCTOR REC PAP SMEAR) AND ((QA05_E10 > 3 (NO PAP SMEAR WITHIN LAST 3 YEARS) OR QA05_E9=0 (NO PAP SMEARS IN LAST 6 YEARS) OR QA05_E8=2 (NEVER HAD PAP SMEAR)) CONTINUE WITH QA05_E12
IF QA05_E8 = 2 (NO, PAP SMEAR EVER), DISPLAY "Never had a Pap smear";
IF QA05_E10 = 4, 5 (MORE THAN 3 YEARS AGO) DISPLAY "NOT had a Pap smear in the last 3 years";
ELSE GO TO PROGRAMMING NOTE QA05_E13

QA05_E12 What is the ONE most important reason why you have {NEVER had a Pap smear/NOT had a Pap smear in the last 3 years}?

AD10

- NO REASON/NEVER THOUGHT ABOUT IT1
- DIDN'T KNOW I NEEDED THIS TYPE OF TEST2
- DOCTOR DIDN'T TELL ME I NEEDED IT3
- HAVEN'T HAD ANY PROBLEMS4
- PUT IT OFF/LAZINESS5
- TOO EXPENSIVE/NO INSURANCE/COST6
- TOO PAINFUL, UNPLEASANT, OR EMBARRASSING7
- HYSTERECTOMY8
- DON'T HAVE A DOCTOR9
- OTHER91
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_E13:
IF AAGE < 30 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QA05_F1;
ELSE CONTINUE WITH QA05_E13 (INCLUDE WOMEN WITH AGE UNKNOWN)

QA05_E13 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."]

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_E14 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, IF STILL NO, GO TO PN QA05_E24]
- REFUSED.....-7 [GO TO PN QA05_E27]
- DON'T KNOW.....-8 [GO TO PN QA05_E27]

QA05_E15 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 QA05_E18]
- REFUSED.....-7
- DON'T KNOW.....-8

QA05_E16 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 [GO TO QA05_E18]
- MORE THAN 3 UP TO 5 YEARS AGO.....4 [GO TO QA05_E18]
- MORE THAN 5 YEARS AGO.....5 [GO TO QA05_E18]
- REFUSED.....7 [GO TO PN QA05_E27]
- DON'T KNOW.....-8 [GO TO PN QA05_E27]

QA05_E17 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.....3
- Or due to family history?.....4
- REFUSED.....-7
- DON'T KNOW.....-8

QA05_E18 Have you ever had a mammogram where the results were not normal?

AD19

- YES.....1
 - NO.....2
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } [GO TO PN QA05_E24]

QA05_E19 Have you ever had an operation to remove a lump from your breast?

AD20

- YES1
- NO2 [GO TO PN QA05_E22]
- REFUSED-7 [GO TO PN QA05_E22]
- DON'T KNOW-8 [GO TO PN QA05_E22]

QA05_E20 Did the lump turn out to be cancer?

AD21

- YES1 [GO TO PN QA05_E22]
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_E21 How many breast operations have you had to remove a lump that wasn't cancer?

AD22

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

- _____ NUMBER OF OPERATIONS [HR: 0-20; SR: 0-5]
- REFUSED-7
- DON'T KNOW-8

QA05_E22 Did you have any other tests and/or surgery when your mammogram was not normal?

AD23

- YES1
- NO2 [GO TO PN QA05_E24]
- REFUSED-7 [GO TO PN QA05_E24]
- DON'T KNOW-8 [GO TO PN QA05_E24]

QA05_E23 What additional tests and/or surgery did you have?

AD24

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

- NO TESTS/NO SURGERY1
- MASTECTOMY (SURGERY TO REMOVE BREAST).....2
- LUMPECTOMY (SURGERY TO REMOVE LUMP) .3
- NEEDLE BIOPSY4
- ULTRASOUND TEST5
- ANOTHER MAMMOGRAM6
- CLINICAL BREAST EXAM7
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_E24:
IF QA05_E14 =2 OR QA05_E15 =0 OR QA05_16 > 2 (NO MAMMOGRAM IN PAST 2 YEARS) CONTINUE WITH QA05_E24
ELSE GO TO PROGRAMMING NOTE QA05_E25

QA05_E24 In the past 12 months has a doctor recommended that you have a mammogram?

AD26

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA05_E25:
IF QA05_E24 = 1 (YES, DOCTOR RECOMMENDED MAMMOGRAM) AND ((QA05_E16 >2 (NO MAMMOGRAM IN PAST 2 YEARS) OR QA05_E14 = 2 (NEVER HAD A MAMMOGRAM) OR QA05_E15=0 (NO MAMMOGRAMS IN PAST 6 YEARS))
CONTINUE WITH QA05_E25
IF QA05_E16 = 3, 4, 5, -8 (MOST RECENT MAMMOGRAM MORE THAN 2 YEARS AGO OR DK)
DISPLAY "NOT had a mammogram in the past 2 years";
IF QA05_E14 = 2 (NEVER HAD MAMMOGRAM), DISPLAY "NEVER had a mammogram"
ELSE GO TO PROGRAMMING NOTE QA05_E26

QA05_E25 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 IT1
 DIDN'T KNOW I NEEDED THIS TYPE OF TEST2
 DOCTOR DIDN'T TELL ME I NEEDED IT3
 HAVEN'T HAD ANY PROBLEMS4
 PUT IT OFF/LAZINESS5
 TOO EXPENSIVE/NO INSURANCE/COST6
 TOO PAINFUL, UNPLEASANT, EMBARRASSING.7
 TOO YOUNG8
 DON'T HAVE A DOCTOR9
 OTHER91
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA05_E26
IF QA05_E16 =1 OR 2 (MOST RECENT MAMMOGRAM WITHIN LAST 2 YEARS) CONTINUE WITH QA05_E26;
ELSE GO TO PROGRAMMING NOTE QA05E_27

QA05_E26 Was your most recent mammogram recommended by a doctor?

AE50

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA05_E27_INTRO
IF AGE<34 GO TO PROGRAMMING NOTE QA05_F1
ELSE CONTINUE WITH QA05_E27

QA05_E27_INTRO Are you currently taking any of the following medications?

PROGRAMMING NOTE QA05_E27
IF AGE>44 CONTINUE WITH QA05_E27
ELSE GO TO QA05_E28

QA05_E27 Hormone replacement therapy?

AD28

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_E28 Tamoxifen or Molvadex?

AE51

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_E29
IF AGE>44 CONTINUE WITH QA05_E29
ELSE GO TO QA05_E30

QA05_E29 Raloxifen or Evista?

AE52

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_E30
IF AGE<55 CONTINUE WITH QA05_E30
ELSE GO TO QA05_F1

QA05_E30 Birth control pills, the patch, or birth control shots?

AE53

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

Section F – Cancer History and Prevention

PROGRAMMING NOTE QA05_F1
IF QA05_E20 =1 (BREAST CANCER) DISPLAY “Besides the breast cancer you told me about”

QA05_F1 {Besides the breast cancer you told me about,} Has a doctor ever told you that you had a cancer of any kind?

AF1

- YES1
 - NO.....2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO PN QA05_F7]**

QA05_F2 What kind of cancer was it?

AF2

[CODE ALL THAT APPLY, ACCEPT ONLY FIRST 6 RESPONSES]
[PROBE: "Any others?"]

- BLADDER1
- BLOOD2
- BONE3
- BRAIN4
- BREAST.....5
- CERVIX.....6
- COLON7
- ESOPHAGUS8
- GALLBLADDER9
- KIDNEY.....10
- LARYNX-WINDPIPE.....11
- LEUKEMIA12
- LIVER.....13
- LUNG14
- LYMPHOMA15
- MOUTH/TONGUE/LIP16
- OVARY17
- PANCREAS18
- PROSTATE.....19
- RECTUM.....20
- SKIN.....21
- SOFT TISSUE (MUSCLE OR FAT).....24
- STOMACH25
- TESTIS26
- THROAT-PHARYNX.....27
- THYROID28
- UTERUS29
- OTHER91
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QA05_F3:
 IF QA05_F2 = 5 (BREAST CANCER) OR QA05_E20 = 1 (BREAST CANCER), CONTINUE WITH QA05_F3;
 ELSE GO TO PROGRAMMING NOTE QA05_F5**

QA05_F3 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 it3
- Your doctor finding it during a routine breast exam..4
- Finding it by a mammogram5
- Or Some other way? (IF OTHER, SPECIFY):_____91
- REFUSED -7
- DON'T KNOW -8

QA05_F4 Was your breast cancer diagnosed at an early or late stage?

AF52

- EARLY STAGE (STAGE 1 OR 2).....1
- LATE STAGE (STAGE 3 OR 4).....2
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QA05_F5:
 IF QA05_F2 = 21 (SKIN CANCER), CONTINUE WITH QA05_F5;
 ELSE GO TO QA05_F6**

QA05_F5 Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?

AF2A

**[CODE ALL THAT APPLY.]
 [PROBE: "Any others?"]**

[IF NEEDED, SAY "Melanoma is a serious form of skin cancer that usually begins as skin moles. Non-melanoma skin cancers are a more common but less serious form of skin cancer."]

- NON-MELANOMA1
- MELANOMA2
- UNKNOWN TYPE.....3
- REFUSED -7
- DON'T KNOW -8

QA05_F6 How old were you when cancer was first diagnosed?

AF3

[IF MORE THAN ONE CANCER, ASK FOR AGE WHEN EARLIEST CANCER WAS DIAGNOSED]

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

PROGRAMMING NOTE QA05_F7
IF AGE > 64 SKIP TO PROGRAMMING NOTE QA05_FB1;
ELSE, CONTINUE WITH QA05_F7;

QA05_F7 These next questions ask about your family history of cancer. By family we mean only your blood relatives, including half brothers and sisters.

AP7

First, have any of your grandparents ever had cancer of any kind?

[IF NEEDED, SAY: "We want you to include information about both living and deceased blood relatives. Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted."]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QA05_F8 Have any of your parents' brothers or sisters, that is, your uncles or aunts, ever had cancer of any kind?

AP8

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_F9
IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY "brothers or sisters"
ELSE DISPLAY "brothers, sisters, sons, or daughters"

QA05_F9 Has your father or mother, or have any of your {brothers or sisters/brothers, sisters, sons, or daughters} ever had cancer of any kind?

AP9

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_F10:
 IF QA05_F7 AND QA05_F8 AND QA05_F9 NE 1 (NO RELATIVE DIAGNOSED WITH CANCER), GO TO PN QA05_FB1;
 IF QA05_F7 = 1 AND QA05_F8 = 2 AND QA05_F9 = 2, GO TO QA05_F11A
 IF QA05_F7 = 2 AND QA05_F8 = 1 AND QA05_F9 = 2, GO TO QA05_F11B
 ELSE CONTINUE WITH QA05_F10
 ALSO, IF QA05_F9 = 2, DISPLAY "grandmothers and aunts."
 ELSE IF QA05_F7 NE 2, DISPLAY "grandmothers"
 ELSE IF QA05_F8 NE 2, DISPLAY "aunts"
 AND IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY "and sisters."
 ELSE DISPLAY "sisters, and daughters."

QA05_F10 Now, please think about your female relatives who have had cancer. By female relatives, I mean mother, grandmothers, aunts, {and} sisters, {and} daughters).

AP10

Have any of your female relatives been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum?

- YES 1
- NO 2 [GO TO QA05_F40]
- REFUSED -7 [GO TO QA05_F40]
- DON'T KNOW -8 [GO TO QA05_F40]

PROGRAMMING NOTE QA05_F11:
 IF QA05_F7 NE 2, DISPLAY "grandmother"
 IF QA05_F8 NE 2, DISPLAY "aunt"
 IF QA05_F9 NE 2, DISPLAY "mother and sister"
 IF QA05_F9 NE 2 AND AD2 NE 2, DISPLAY "daughter"

QA05_F11 Which female relatives have been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum? Was it your...

AP11

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

- Grandmother(s)..... 1
- Aunt(s) 2
- Mother 3
- Sister(s)..... 4
- Daughter(s) 5
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QA05_F12:
 IF QA05_F11=1 (GRANDMOTHER), CONTINUE WITH QA05_F12;
 ELSE GO TO PN QA05_F19**

QA05_F12 Is the grandmother on your mother's or father's side, or both?

AP12

- MOTHER'S MOTHER.....1
- FATHER'S MOTHER.....2
- BOTH GRANDMOTHERS.....3
- REFUSED.....-7
- DON'T KNOW.....-8

**PROGRAMMING NOTE QA05_F13
 IF QA05_F12 = 3 DISPLAY "First tell me about your mother's mother."**

QA05_F13 {First tell me about your mother's mother.} Did she have cancer of the breast, ovary, uterus, colon, or rectum?

AP13

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

- BREAST.....1
 - OVARIAN.....2
 - UTERINE OR ENDOMETRIAL.....3
 - COLON OR RECTAL.....4
 - "FEMALE PROBLEMS".....5
 - NONE OF THESE CANCER TYPES.....6
 - REFUSED.....-7
 - DON'T KNOW.....-8
- [GO TO PN QA05_F16]
 [GO TO PN QA05_F16]
 [GO TO PN QA05_F16]

**PROGRAMMING NOTE QA05_F14
 IF MORE THAN ONE CANCER REPORTED IN QA05_F13 DISPLAY "Were any of these diagnoses before age 50?"**

QA05_F14 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP14

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

PROGRAMMING NOTE QA05_F15
IF QA05_F14 =1 AND MORE THAN ONE CANCER REPORTED IN QA05_F13 CONTINUE WITH QA05_F15
ELSE GO TO PROGRAMMING NOTE QA05_F16

QA05_F15 Which of these cancers were diagnosed before age 50?

AP15

- BREAST.....1
- OVARIAN.....2
- UTERINE OR ENDOMETRIAL.....3
- COLON OR RECTAL.....4
- “FEMALE PROBLEMS”5
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F16
IF QA05_F12 = 3 (both grandmothers), CONTINUE WITH QA05_F16
ELSE GO TO PROGRAMMING NOTE QA05_F19

QA05_F16 Now, tell me about your father’s mother. Did she have cancer of the breast, ovary, uterus, colon, or rectum?

AP16

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

- BREAST.....1
- OVARIAN.....2
- UTERINE OR ENDOMETRIAL.....3
- COLON OR RECTAL.....4
- “FEMALE PROBLEMS”5
- NONE OF THESE CANCER TYPES6 **[GO TO PN QA05_F19]**
- REFUSED.....-7 **[GO TO PN QA05_F19]**
- DON'T KNOW-8 **[GO TO PN QA05_F19]**

PROGRAMMING NOTE QA05_F17
IF MORE THAN ONE CANCER REPORTED IN QA05_F16 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F17 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP17

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

PROGRAMMING NOTE QA05_F18
IF QA05_F17 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_16 CONTINUE WITH QA05_F18
ELSE GO TO PROGRAMMING NOTE QA05_F19

QA05_F18 Which of these cancers were diagnosed before age 50?

AP18

- BREAST.....1
- OVARIAN.....2
- UTERINE OR ENDOMETRIAL.....3
- COLON OR RECTAL.....4
- “FEMALE PROBLEMS”5
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F19:
IF QA05_F11 = 2, (AUNT/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F19; ELSE GO TO PN
QA05_F24

QA05_F19 Is the aunt or aunts you mentioned on your mother’s side, your father’s side, or on both sides?

AP19

- MOTHER’S SIDE.....1
- FATHER’S SIDE2
- BOTH SIDES3
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F20:
IF QA05_F19 = 1 (MOTHER’S SIDE) OR QA05_19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F20;
ELSE GO TO PN QA05_F24

QA05_F20 How many of your mother’s sisters had cancer of the breast, ovary, uterus, colon, or rectum?

AP20

- _____ NUMBER OF AUNTS
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F21:
IF QA05_F20 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_F20>1 DISPLAY "Thinking about the (youngest/next youngest) of your mother's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?" OR QA05_F19 = 3 (BOTH SIDES),
CONTINUE WITH QA05_F21; ELSE GO TO PN QA05_F24

QA05_F21 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your mother's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?

AP21

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

- BREAST.....1
- OVARIAN.....2
- UTERINE OR ENDOMETRIAL.....3
- COLON OR RECTAL.....4
- "FEMALE PROBLEMS"5
- NONE OF THESE CANCER TYPES6 **[GO TO PN_X1]**
- REFUSED.....-7 **[GO TO PN_X1]**
- DON'T KNOW-8 **[GO TO PN_X1]**

PROGRAMMING NOTE QA05_F22
IF MORE THAN ONE CANCER REPORTED IN QA05_F21 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F22 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP22

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

PROGRAMMING NOTE QA05_F23
IF QA05_F22 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F21 CONTINUE WITH QA05_F23
ELSE GO TO PROGRAMMING NOTE QA05_F24

QA05_F23 Which of these cancers were diagnosed before age 50?

AP23

- BREAST.....1
- OVARIAN.....2
- UTERINE OR ENDOMETRIAL.....3
- COLON OR RECTAL.....4
- "FEMALE PROBLEMS"5
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE X1
IF QA05_F20>1, REPEAT SERIES QA05_F21 THRU QA05_F23 FOR EACH MOTHER'S SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F24

PROGRAMMING NOTE QA05_F24
IF QA05_F19 = 2 or QA05_F19 = 3 CONTINUE WITH QA05_F20
ELSE GO TO PROGRAMMING NOTE QA05_F24

QA05_F24 How many of your father's sisters had cancer of the breast, ovary, uterus, colon, or rectum?

AP24

_____ NUMBER OF AUNTS
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA05_F25:
IF QA05_F24 = 1 DISPLAY "Did she have cancer of the breast, ovary, uterus, colon, or rectum?";
IF QA05_F24 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your father's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?" OR QA05_F19 = 3 (BOTH SIDES) ,
CONTINUE WITH QA05_F25;
ELSE GO TO PN QA05_F28

QA05_F25 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your father's sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?

AP25

BREAST.....1
 OVARIAN.....2
 UTERINE OR ENDOMETRIAL.....3
 COLON OR RECTAL.....4
 "FEMALE PROBLEMS"5
 NONE OF THESE CANCER TYPES6 [GO TO PN X2]
 REFUSED-7 [GO TO PN X2]
 DON'T KNOW-8 [GO TO PN X2]

PROGRAMMING NOTE QA05_F26
IF MORE THAN ONE CANCER REPORTED IN QA05_F25 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F26 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP26

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA05_F27
IF QA05_F26 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F25 CONTINUE WITH QA05_F27
ELSE GO TO PROGRAMMING NOTE QA05_F28

QA05_F27 Which of these cancers were diagnosed before age 50?

AP27

- BREAST.....1
- OVARIAN.....2
- UTERINE OR ENDOMETRIAL.....3
- COLON OR RECTAL.....4
- “FEMALE PROBLEMS”5
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE X2
IF QA05_F24 > 1, REPEAT SERIES QA05_F25 THRU QA05_F27 FOR EACH FATHER’S SISTER DIAGNOSED
WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F28

PROGRAMMING NOTE QA05_F28
IF QA05_F11 = 3 (MOTHER) CONTINUE WITH QA05_28
ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F28 Did your mother have cancer of the breast, ovary, uterus, colon, or rectum?

AP28

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

- BREAST.....1
- OVARIAN.....2
- UTERINE OR ENDOMETRIAL.....3
- COLON OR RECTAL.....4
- “FEMALE PROBLEMS”5
- NONE OF THESE CANCER TYPES6 **[GO TO PN QA05_F31]**
- REFUSED.....-7 **[GO TO PN QA05_F31]**
- DON'T KNOW-8 **[GO TO PN QA05_F31]**

PROGRAMMING NOTE QA05_F29
IF MORE THAN ONE CANCER REPORTED IN QA05_F28 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F29 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP29

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

PROGRAMMING NOTE QA05_F30
IF QA05_F29=1 AND MORE THAN ONE CANCER REPORTED IN QA05_F28 CONTINUE WITH QA05_F30
ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F30 Which of these cancers were diagnosed before age 50?

AP30

- BREAST.....1
- OVARIAN.....2
- UTERINE OR ENDOMETRIAL.....3
- COLON OR RECTAL.....4
- “FEMALE PROBLEMS”5
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F31
IF QA05_F11 = 4 (SISTER) CONTINUE WITH QA05_F31;
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F31 How many of your sisters had cancer of the breast, ovary, uterus, colon, or rectum?

AP31

- _____ NUMBER OF SISTERS
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F32:
IF QA05_F31 = 1 DISPLAY “Did she have cancer of the breast, ovary, uterus, colon, or rectum?”;
IF QA05_31 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?”
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F32 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?

AP32

- BREAST.....1
- OVARIAN.....2
- UTERINE OR ENDOMETRIAL.....3
- COLON OR RECTAL.....4
- “FEMALE PROBLEMS”5
- NONE OF THESE CANCER TYPES6 **[GO TO X3]**
- REFUSED-7 **[GO TO X3]**
- DON'T KNOW-8 **[GO TO X3]**

PROGRAMMING NOTE QA05_F33
IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F33 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP33

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F34
IF QA05_F33 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F32 CONTINUE WITH QA05_F34 ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F34 Which of these cancers were diagnosed before age 50?

AP34

- BREAST1
- OVARIAN2
- UTERINE OR ENDOMETRIAL3
- COLON OR RECTAL4
- "FEMALE PROBLEMS"5
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F35
ASK QA05_F35 A SINGLE TIME FOR EACH SISTER, DISPLAYING THE QUESTION AFTER SERIES QA05_F34 THRU QA05_F34 IS COMPLETED FOR THE SISTER.

QA05_F35 Was this sister a full sister, a half-sister on your father's side, or a half-sister on your mother's side?

AP35

- FULL1
- HALF ON FATHER'S SIDE2
- HALF ON MOTHER'S SIDE3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE X3
IF QA05_F31 > 1, REPEAT SERIES QA05_32 THRU QA05_F35 FOR EACH SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F36

PROGRAMMING NOTE QA05_F36
IF QA05_F11 = 5 (DAUGHTER) CONTINUE WITH QA05_F36;
ELSE GO TO QA05_F40

QA05_F36 How many of your daughters had cancer of the breast, ovary, uterus, colon, or rectum?

AP36

_____ NUMBER OF DAUGHTERS
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA05_F37:
IF QA05_F36 = 1 DISPLAY “Did she have cancer of the breast, ovary, uterus, colon, or rectum?”;
IF QA05_F36 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your daughters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?”
ELSE GO TO PROGRAMMING NOTE QA05_F40

QA05_F37 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your daughters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?

AP37

BREAST.....1
 OVARIAN.....2
 UTERINE OR ENDOMETRIAL.....3
 COLON OR RECTAL.....4
 “FEMALE PROBLEMS”5
 NONE OF THESE CANCER TYPES6 [GO TO PN X4]
 REFUSED -7 [GO TO PN X4]
 DON'T KNOW -8 [GO TO PN X4]

PROGRAMMING NOTE QA05_F38
IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F38 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP38

YES1
 NO.....2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA05_F39
IF QA05_F38 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F37 CONTINUE WITH QA05_F39
ELSE GO TO PROGRAMMING NOTE QA05_F40

QA05_F39 Which of these cancers were diagnosed before age 50?

AP39

- BREAST.....1
- OVARIAN.....2
- UTERINE OR ENDOMETRIAL.....3
- COLON OR RECTAL.....4
- “FEMALE PROBLEMS”5
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F40:
IF QA05_F7 AND QA05_F8 AND QA05_F9 NE 1 (NO RELATIVE DIAGNOSED WITH CANCER), GO TO PN QA05_FB1;
IF QA05_F7 = 1 AND QA05_F8 = 2 AND QA05_F9 = 2, GO TO QA05_F41A
IF QA05_F7 = 2 AND QA05_F8 = 1 AND QA05_F9 = 2, GO TO QA05_F41B
ELSE CONTINUE WITH QA05_F40
ALSO, IF QA05_F9 = 2, DISPLAY “grandfathers and uncles.”
ELSE IF QA05_F7 NE 2, DISPLAY “grandfathers”
ELSE IF QA05_F8 NE 2, DISPLAY “uncles”
AND IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY “and brothers.”
ELSE DISPLAY “brothers, and sons.”

QA05_F40 Now, I'll ask about your male relatives. By male relatives, I mean father, grandfathers, uncles, {and} brothers, {and sons}.

AP40

Have any of your male relatives been diagnosed with cancer of the prostate, colon, rectum, or breast?

- YES.....1
- NO.....2 [GO TO QA05_FB1]
- REFUSED.....-7 [GO TO QA05_FB1]
- DON'T KNOW-8 [GO TO QA05_FB1]

PROGRAMMING NOTE QA05_F11:
IF QA05_F7 NE 2, DISPLAY "grandfather"
IF QA05_F8 NE 2, DISPLAY "uncle"
IF QA05_F9 NE 2, DISPLAY "father and brother"
IF QA05_F9 NE 2 AND AD2 NE 2, DISPLAY son"

QA05_F41 Which male relatives have been diagnosed with cancer of the prostate, colon, rectum, or breast? Was it your...

AP41

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

- Grandfather(s).....1
- Uncle(s).....2
- Father.....3
- Brother(s).....4
- Son(s).....5
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE QA05_F42:
IF QA05_F41 =1 (GRANDFATHER), CONTINUE WITH QA05_F42;
ELSE GO TO PROGRAMMING NOTE QA05_F47

QA05_F42 Is the grandfather on your mother's or father's side, or both?

AP42

- MOTHER'S FATHER.....1
- FATHER'S FATHER.....2
- BOTH GRANDFATHERS.....3
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE QA05_F43
IF QA05_F42 = 3 DISPLAY "First tell me about your mother's father."

QA05_F43 {First tell me about your mother's father.} Did he have cancer of the prostate, colon, rectum, or breast?

AP43

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

- PROSTATE.....1
- COLON OR RECTAL.....2
- BREAST.....3
- NONE OF THESE CANCER TYPES.....4
- REFUSED.....-7
- DON'T KNOW.....-8

[GO TO PN QA05_F46]

PROGRAMMING NOTE QA05_F44
IF MORE THAN ONE CANCER REPORTED IN QA05_F43 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F44 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP44

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA05_F45
IF QA05_F44 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F43 CONTINUE WITH QA05_F45
ELSE GO TO PROGRAMMING NOTE QA05_F46

QA05_F45 Which of these cancers were diagnosed before age 50?

AP45

PROSTATE1
 COLON OR RECTAL2
 BREAST3
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA05_F46
IF QA05_F43 = 3 (BOTH GRANDFATHERS), CONTINUE WITH QA05_F46
ELSE GO TO PROGRAMMING NOTE QA05_F48

QA05_F46 Now tell me about your father’s father. Did he have cancer of the prostate, colon, rectum, or breast?

AP46

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

- PROSTATE.....1
- COLON OR RECTAL.....2
- BREAST.....3
- NONE OF THESE CANCER TYPES4 **[GO TO PN QA05_F49]**
- REFUSED-7 **[GO TO PN QA05_F49]**
- DON'T KNOW-8 **[GO TO PN QA05_F49]**

PROGRAMMING NOTE QA05_F47
IF MORE THAN ONE CANCER REPORTED IN QA05_F46 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F47 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP47

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F48
IF QA05_F47 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F46 CONTINUE WITH QA05_F48
ELSE GO TO PROGRAMMING NOTE QA05_F49

QA05_F48 Which of these cancers were diagnosed before age 50?

AP48

- PROSTATE.....1
- COLON OR RECTAL.....2
- BREAST.....3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F49
IF QA05_F41 = 2, (UNCLE/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F49;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F49 Is the uncle or uncles you mentioned on your mother’s side, your father’s side, or on both sides?

AP49

- MOTHER’S SIDE 1
- FATHER’S SIDE 2
- BOTH SIDES 3
- REFUSED -7
- DON’T KNOW -8

PROGRAMMING NOTE QA05_F50
IF QA05_F49 = 1 (MOTHER’S SIDE) OR QA05_F49 = 3 (BOTH SIDES), CONTINUE WITH QA05_F50;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F50 How many of your mother’s brothers had cancer of the prostate, colon, rectum, or breast?

AP50

- _____ NUMBER OF UNCLES
- REFUSED -7
- DON’T KNOW -8

PROGRAMMING NOTE QA05_F51
IF QA05_F50 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”;
IF QA05_F50 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your mother’s brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?” OR QA05_F42 = 3 (BOTH SIDES),
CONTINUE WITH QA05_F51;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F51 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your mother’s brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?

AP51

- PROSTATE 1
- COLON OR RECTAL 2
- BREAST 3
- NONE OF THESE CANCER TYPES 4 [GO TO PN X5]
- REFUSED -7 [GO TO PN X5]
- DON’T KNOW -8 [GO TO PN X5]

PROGRAMMING NOTE QA05_F52
IF MORE THAN ONE CANCER REPORTED IN QA05_F51 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F52 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP52

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

PROGRAMMING NOTE QA05_F53
IF QA05_F52 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F51 CONTINUE WITH QA05_F53
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F53 Which of these cancers were diagnosed before age 50?

AP53

PROSTATE.....1
 COLON OR RECTAL.....2
 BREAST.....3
 REFUSED.....-7
 DON'T KNOW-8

PROGRAMMING NOTE X5
IF QA05_F50 > 1, REPEAT SERIES QA05_F51 THRU QA05_F53 FOR EACH MOTHER'S BROTHER DIAGNOSED
WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F54

PROGRAMMING NOTE QA05_F54
IF QA05_F49 = 2 (FATHER'S SIDE) or QA05_F49 = 3 (BOTH SIDES) CONTINUE WITH QA05_F54
ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F54 How many of your father's brothers had cancer of the prostate, colon, rectum, or breast?

AP54

_____ NUMBER OF UNCLES
 REFUSED.....-7
 DON'T KNOW-8

PROGRAMMING NOTE QA05_F55
IF QA05_F54 = 1 DISPLAY "Did he have cancer of the prostate, colon, rectum, or breast?";
IF QA05_F54 > 1 DISPLAY "Thinking about the (youngest/next youngest) of your father's brothers who had
cancer, did he have cancer of the prostate, colon, rectum, or breast?";
ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F55 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your father's brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?

AP55

PROSTATE.....1
 COLON OR RECTAL.....2
 BREAST.....3
 NONE OF THESE CANCER TYPES4 **[GO TO PN X6]**
 REFUSED.....-7 **[GO TO PN X6]**
 DON'T KNOW-8 **[GO TO PN X6]**

PROGRAMMING NOTE QA05_F56
IF MORE THAN ONE CANCER REPORTED IN QA05_F55 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F56 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP56

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

PROGRAMMING NOTE QA05_F57
IF QA05_F56 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F55 CONTINUE WITH QA05_F57
ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F57 Which of these cancers were diagnosed before age 50?

AP57

- PROSTATE.....1
- COLON OR RECTAL.....2
- BREAST.....3
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE X6
IF QA05_F54 > 1, REPEAT SERIES QA05_F55 THRU QA05_F57 FOR EACH FATHER'S BROTHER DIAGNOSED
WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F58

PROGRAMMING NOTE QA05_F58
IF QA05_F42 = 3 (FATHER) CONTINUE WITH QA05_F58
ELSE GO TO QA05_F61

QA05_F58 Did your father have cancer of the prostate, colon, rectum, or breast?

AP58

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

- PROSTATE.....1
- COLON OR RECTAL.....2
- BREAST.....3
- NONE OF THESE CANCER TYPES.....4 [GO TO PN QA05_F61]
- REFUSED.....-7 [GO TO PN QA05_F61]
- DON'T KNOW.....-8 [GO TO PN QA05_F61]

PROGRAMMING NOTE QA05_F59
IF MORE THAN ONE CANCER REPORTED IN QA05_F58 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F59 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP59

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F60
IF QA05_F59 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F58 CONTINUE WITH QA05_F60 ELSE GO TO PROGRAMMING NOTE QA05_F61

QA05_F60 Which of these cancers were diagnosed before age 50?

AP60

- PROSTATE1
- COLON OR RECTAL2
- BREAST3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F61
IF QA05_F41 = 4 (BROTHER/S DIAGNOSED) CONTINUE WITH QA05_F61; ELSE GO TO QA05_F66

QA05_F61 How many of your brothers had cancer of the prostate, colon, rectum, or breast?

AP61

- _____ NUMBER OF BROTHERS
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_F62:
IF QA05_F61 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”;
IF QA05_F61 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?”
ELSE GO TO PROGRAMMING NOTE QA05_F66

QA05_F62 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?

AP62

- PROSTATE1
- COLON OR RECTAL2
- BREAST3
- NONE OF THESE CANCER TYPES4 [GO TO PN X7]
- REFUSED-7 [GO TO PN X7]
- DON'T KNOW-8 [GO TO PN X7]

PROGRAMMING NOTE QA05_F63
IF MORE THAN ONE CANCER REPORTED IN QA05_F62 DISPLAY "Were any of these diagnoses before age 50?"

QA05_F63 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP63

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA05_F64
IF QA05_F63 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F62 CONTINUE WITH QA05_F64 ELSE GO TO PROGRAMMING NOTE QA05_F65

QA05_F64 Which of these cancers were diagnosed before age 50?

AP64

PROSTATE1
 COLON OR RECTAL2
 BREAST3
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA05_F65
ASK QA05_F65 A SINGLE TIME FOR EACH BROTHER, DISPLAYING THE QUESTION AFTER SERIES QA05_F62 THRU QA05_F64 IS COMPLETED FOR THE BROTHER.

QA05_F65 Was this brother a full brother, a half-brother on your father's side, or a half-brother on your mother's side?

AP65

FULL1
 HALF ON FATHER'S SIDE2
 HALF ON MOTHER'S SIDE3
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE X7
IF QA05_F54 > 1, REPEAT SERIES QA05_F55 THRU QA05_F57 FOR EACH BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3) ELSE GO TO PROGRAMMING NOTE QA05_F66

PROGRAMMING NOTE QA05_F66
IF QA05_F41 = 5 (SON/S DIAGNOSED) CONTINUE WITH QA05_F66; ELSE GO TO QA05_FB1

QA05_F66 How many of your sons had cancer of the prostate, colon, rectum, or breast?

AP66

_____ NUMBER OF SONS
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA05_F67

**IF QA05_F66 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”;
 IF QA05_F66 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your sons who had cancer, did he have cancer of the prostate, colon, rectum, or breast?”**

QA05_F67 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your sons who had cancer, did he have cancer of the prostate, colon, rectum, or breast?

AP67

- PROSTATE.....1
- COLON OR RECTAL.....2
- BREAST.....3
- NONE OF THESE CANCER TYPES4 [GO TO X8]
- REFUSED.....-7 [GO TO X8]
- DON'T KNOW-8 [GO TO X8]

PROGRAMMING NOTE QA05_F68

IF MORE THAN ONE CANCER REPORTED IN QA05_F67 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F68 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP68

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

PROGRAMMING NOTE QA05_F69

**IF QA05_F68 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F67 CONTINUE WITH QA05_F69
 ELSE GO TO QA05_FB1**

QA05_F69 Which of these cancers were diagnosed before age 50?

AP69

- PROSTATE.....1
- COLON OR RECTAL.....2
- BREAST.....3
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE X8

**IF QA05_F66 > 1, REPEAT SERIES QA05_F67 THRU QA05_F69 FOR EACH BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
 ELSE GO TO QA05_FB1**

PROGRAMMING NOTE QA05_FB1:
IF AAGE < 40 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA05_FB9;
ELSE CONTINUE WITH QA05_FB1

QA05_FB1 Have you ever had a Sigmoidoscopy or Colonoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.

AF14

[IF NEEDED, SAY: "For a Sigmoidoscopy a flexible tube is inserted into the rectum to look for problems. A Colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home. "]

- YES 1
- NO 2 [GO TO PN QA05_FB4]
- REFUSED-7 [GO TO PN QA05_FB6]
- DON'T KNOW-8 [GO TO PN QA05_FB6]

QA05_FB2 How long ago did you have your most recent exam?

AF16

- A YEAR AGO OR LESS 1
- MORE THAN 1 UP TO 2 YEARS AGO2
- MORE THAN 2 UP TO 3 YEARS AGO3
- MORE THAN 3 UP TO 5 YEARS AGO4
- MORE THAN 5 UP TO 10 YEARS AGO5
- MORE THAN 10 YEARS AGO6 [GO TO PN QA05_FB4]
- REFUSED -7
- DON'T KNOW -8

QA05_FB3 Was your most recent exam a sigmoidoscopy a colonoscopy or something else?

AF61

[IF NEEDED, SAY: "For a Sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A Colonoscopy is similar but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy, and told to have someone else drive you home."]

- SIGMOIDOSCOPY1
- COLONOSCOPY2
- SOMETHING ELSE4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_FB4
IF QA05_FB1 = 2 (NEVER HAD) OR QA05_FB2 = 6 (NO EXAM IN LAST 10 YEARS, CONTINUE WITH QA05_FB4 ELSE GO TO QA05_FB5

QA05_FB4 During the past 12 months has a doctor recommended that you have a sigmoidoscopy or colonoscopy?

AF21

- YES1
- NO2 **[GO TO QA05_FB6]**
- DID NOT GO TO DOCTOR IN PAST 12 MONTHS92 **[GO TO QA05_FB6]**
- REFUSED-7 **[GO TO QA05_FB6]**
- DON'T KNOW-8 **[GO TO QA05_FB6]**

PROGRAMMING NOTE QA05_FB:
IF QA05_FB1 = 2 (NEVER HAD SIGMOIDOSCOPY OR COLONOSCOPY), DISPLAY "NEVER had";
IF QA05_FB2 = 6 (NO EXAM LAST 10 YEARS), DISPLAY "NOT had"

QA05_FB5 What is the ONE most important reason why you have {NEVER had/NOT had} one of these exams {in the last 10 years}?

AF20

- NO REASON/NEVER THOUGHT ABOUT IT1
- DIDN'T KNOW I NEEDED THIS TYPE OF TEST2
- DOCTOR DIDN'T TELL ME I NEEDED IT3
- HAVEN'T HAD ANY PROBLEMS4
- PUT IT OFF/LAZINESS5
- TOO EXPENSIVE/NO INSURANCE/COST6
- TOO PAINFUL, UNPLEASANT, OR EMBARRASSING7
- HAD ANOTHER TYPE OF COLORECTAL EXAM ..8
- DON'T HAVE A DOCTOR9
- OTHER91
- REFUSED-7
- DON'T KNOW-8

QA05_FB6 The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.

AF22

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

- YES1
- NO2 **[GO TO QA05_FB8]**
- REFUSED-7 **[GO TO QA05_FB10]**
- DON'T KNOW-8 **[GO TO QA05_FB10]**

QA05_FB7 How long ago did you do your most recent HOME blood stool test?

AF24

- A YEAR AGO OR LESS 1 [GO TO QA05_FB10]
- MORE THAN 1 YEAR AGO UP TO
2 YEARS AGO.....2
- MORE THAN 2 YEARS AGO UP TO
3 YEARS AGO.....3
- MORE THAN 3 YEARS AGO UP TO
5 YEARS AGO.....4
- MORE THAN 5 YEARS AGO5
- REFUSED.....-7 [GO TO QA05_FB10]
- DON'T KNOW-8 [GO TO QA05_FB10]

PROGRAMMING NOTE QA05_FB8
IF QA05_FB6 = 2 (NEVER HAD) OR QA05_FB7 > 1 (NO EXAM IN LAST YEAR), CONTINUE WITH QA05_FB8
ELSE GO TO PROGRAMMING NOTE QA05_FB10

QA05_FB8 In the past 12 months, has a doctor recommended that you have a home blood stool test?

AF29

- YES.....1
- NO.....2 [GO TO QA05_FB10]
- DID NOT GO TO DOCTOR
IN PAST 12 MONTHS92 [GO TO QA05_FB10]
- REFUSED.....-7 [GO TO QA05_FB10]
- DON'T KNOW-8 [GO TO QA05_FB10]

PROGRAMMING NOTE QA05_FB9:
IF QA05_FB6 = 2 (NEVER HAD HOME STOOL TEST), CONTINUE WITH QA05_FB9 AND DISPLAY "NEVER had";
ELSE IF QA05_FB7 > 1 (NONE IN PAST 12 months), CONTINUE WITH QA05_FB9 AND DISPLAY "NOT had" and "in the past 12 months ";
ELSE GO TO QA05_FB10

QA05_FB9 What is the most important reason you have {NEVER had /NOT had} a HOME blood stool test {in the past 12 months }?

AF28

- NO REASON/NEVER THOUGHT ABOUT IT1
- DIDN'T NEED/DIDN'T KNOW I NEEDED
THIS TYPE OF TEST2
- DOCTOR DIDN'T TELL ME I NEEDED IT3
- HAVEN'T HAD ANY PROBLEMS4
- PUT IT OFF/LAZINESS.....5
- TOO EXPENSIVE/NO INSURANCE/COST6
- TOO PAINFUL, UNPLEASANT, EMBARRASSING.7
- HAD ANOTHER TYPE OF COLORECTAL EXAM ..8
- DON'T HAVE A DOCTOR9
- OTHER91
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_FB10:
IF FEMALE, GO TO QA05_G1;
IF MALE AND [AGE < 40 OR BETWEEN 18 AND 29 OR BETWEEN 30 AND 39 OR ENUM.AGE < 45 OR IF AGE IS UNKNOWN], GO TO QA05_G1;
ELSE CONTINUE WITH QA05_FB10

QA05_FB10 Have you ever HEARD OF a PSA or "prostate-specific antigen" test to detect prostate cancer? A PSA test is a blood test to detect prostate cancer.

AF30

- YES1
- NO2 [GO TO QA05_G1]
- REFUSED-7 [GO TO QA05_G1]
- DON'T KNOW-8 [GO TO QA05_G1]

QA05_FB11 Have you ever HAD a PSA test?

AF31

- YES1
- NO2 [GO TO QA05_G1]
- REFUSED-7 [GO TO QA05_G1]
- DON'T KNOW-8 [GO TO QA05_G1]

QA05_FB12 How long ago did you have your most recent PSA test?

AF33

- YEAR AGO OR LESS1
- MORE THAN 1 YEAR AGO UP TO
2 YEARS AGO2
- MORE THAN 2 YEARS AGO UP TO
3 YEARS AGO3
- MORE THAN 3 YEARS AGO UP TO
5 YEARS AGO4
- MORE THAN 5 YEARS AGO5
- REFUSED-7
- DON'T KNOW-8

Section G – Demographic Information, Part II

QA05_G1 Now a few more questions about you.

AH33

In what country were you born?

[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 QA05_G2:
IF QA05_G1 NE 1 (NOT BORN IN US), GO TO QA05_G4
ELSE IF QA05_G1 = 1 (BORN IN US) CONTINUE WITH QA05_G2

QA05_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

QA05_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

QA05_G4 Thinking about your race or ethnicity, how often have you felt treated badly or unfairly because of your race or ethnicity? Would you say ...

AG4

- Never.....1
- Rarely.....2
- Sometimes.....3
- Often.....4
- Or all the time?.....5
- REFUSED.....7
- DON'T KNOW.....8

QA05_G5 What languages do you speak at home?

AH36

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]

- ENGLISH1
- SPANISH2
- CANTONESE.....3
- VIETNAMESE4
- TAGALOG.....5
- MANDARIN6
- KOREAN.....7
- ASIAN INDIAN LANGUAGES8
- RUSSIAN9
- OTHER1 (SPECIFY):.....91
- OTHER2 (SPECIFY):.....92
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_G6:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA05_G6
IF INTERVIEW CONDUCTED IN ENGLISH AND QA05_G5 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA05_G6 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 QA05_G5 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PN QA05_G7

QA05_G6 {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 well1
- Well2
- Not well or3
- Not at all?.....4
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_G7:
IF QA05_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PN QA05_G10;
ELSE CONTINUE WITH QA05_G7

QA05_G7 The next questions are about citizenship and immigration.
 Are you a citizen of the United States?

AH39

- YES.....1 **[GO TO QA05_G9]**
- NO.....2
- APPLICATION PENDING.....3
- REFUSED.....-7
- DON'T KNOW-8

QA05_G8 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."

- YES1
- NO2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

QA05_G9 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 QA05_G10:
IF QA05_G1 = 1 (USA) OR (AAGE – QA05_G9) < 18 (R CAME TO U.S. PRIOR TO 18TH BIRTHDAY), CONTINUE WITH QA05_G10;
ELSE GO TO PROGRAMMING NOTE QA05_G11

QA05_G10 Thinking back to your childhood, that is, before your 18th birthday, were you ever removed from your home by the state, county, or court, and went to live with people other than your mother or father?

AG5

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_G11:
IF QA05_A15 =1 (MARRIED) CONTINUE WITH QA05_G11
IF A15 = 2 (LIVING WITH PARTNER, GO TO G12)
ELSE GO TO PROGRAMMING NOTE QA05_G13

QA05_G11 Is your spouse also living in your household?

AH44

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_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 QA05_G13:
IF AAGE<30 OR QA05_A4 = 1 (AGE 18-29) AND QA05_A15 = 1 (MARRIED) AND QA05_G11 =1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA05_G13;
IF AAGE<30 OR QA05_A4 =1 (AGE 18-29) AND QA05_A15 =2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA05_G13;
IF AAGE<30 OR QA05_A4 =1 (AGE 18-29) AND QA05_A15 = 3, 4, 5, 6, OR -7, -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA05_G13;
ELSE GO TO QA05_G14

QA05_G13 Are you now living with either of your parents?

AH43A

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

QA05_G14 Are there any children under the age of 18 living in the household, including babies?

SC12

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

} **[GO TO PN QA05_G21]**

QA05_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			

QA05_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]

QA05_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 QA05_G15]

PROGRAMMING NOTE QA05_G18:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA05_G18A ABOUT EACH PERSON UNDER 18

QA05_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 QA05_G18A:
IF ANY PEOPLE IN HH UNDER AGE 18 AND [AH44=1 OR AH43=2], ASK QA05_G18A ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18

QA05_G18A 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 QA05_G19:
IF QA05_G13 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA05_G14 ARE AGE 13 OR LESS, CONTINUE WITH QA05_G19; ELSE GO TO QA05_G21
IF ANY CHILD IN ROSTER QA05_G13 < 14 AND >= 14 display "for any children under age 13"
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 =1 (SPOUSE LIVING IN HH), DISPLAY "you or your spouse",
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner", ELSE DISPLAY "you".

QA05_G19 In the past month, did you use any paid childcare {for any children under age 13} while {you or your spouse/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
 - REFUSED -7
 - DON'T KNOW -8
- } [GO TO QA05_G21]

QA05_G20 In the past month, how much did you pay for all child care arrangements and programs?

[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical week last month."

AH44B

"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 WEEK3
- REFUSED -7
- DON'T KNOW -8

QA05_G21 What is the highest grade of education you have completed and received credit for?

AH47

- NO FORMAL EDUCATION30**
- GRADE SCHOOL**
- 1ST GRADE.....1
- 2ND GRADE2
- 3RD GRADE3
- 4TH GRADE4
- 5TH GRADE5
- 6TH GRADE6 (Primaria)
- 7TH GRADE7
- 8TH GRADE8
- HIGH SCHOOL OR EQUIVALENT**
- 9TH GRADE9 (Secundaria)
- 10TH GRADE10
- 11TH GRADE11
- 12TH GRAD.....12 (Preparatoria)
- 4-YEAR COLLEGE OR UNIVERSITY**
- 1ST YEAR (FRESHMAN).....13
- 2ND YEAR (SOPHOMORE).....14
- 3RD YEAR (JUNIOR)15
- 4TH YEAR (SENIOR) (BA/BS)16
- 5TH YEAR17
- GRADUATE OR PROFESSIONAL SCHOOL**
- 1ST YEAR GRAD OR PROF SCHOOL18
- 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 YEAR25
- MORE THAN 2 YEARS26
- REFUSED -7
- DON'T KNOW (OUT OF RANGE) -8

QA05_G22 Which of the following were you doing last week?

AK1

- Working at a job or business 1 **[GO TO QA05_G26]**
- With a job or business but not at work2
- Looking for work or3
- Not working at a job or business?.....4
- REFUSED -7
- DON'T KNOW -8

QA05_G23 What is the main reason 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 VACATION2
- COULDN'T FIND A JOB3
- GOING TO SCHOOL/STUDENT4
- RETIRED5 **[GO TO PN QA05_G25]**
- DISABLED6 **[GO TO PN QA05_G25]**
- UNABLE TO WORK TEMPORARILY7
- ON LAYOFF OR STRIKE8
- ON FAMILY OR MATERNITY LEAVE.....9
- OFF SEASON10
- OTHER91
- REFUSED -7
- DON'T KNOW -8

QA05_G24 Do you usually work?

AG10

- YES 1
- NO2
- LOOKING FOR WORK.....3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_G25;
IF AAGE = -7 OR -8 OR AAGE < 65 AND QA05_G24 = 2 (NO) CONTINUE WITH QA05_G25
OR IF AAGE = -7 OR -8 or AAGE<65 AND QA05_G23 = 5 (RETIRED) or 6 (DISABLED) CONTINUE WITH QA05_G25;
ELSE GO TO PROGRAMMING NOTE QA05_G26

QA05_G25 Are you receiving Social Security Disability Insurance or SSDI?

AL22

- YES 1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO PN QA05_G28]**

**PROGRAMMING NOTE QA05_G26: (FOR PROXY VERSION, GO TO QA05_G29)
 ELSE IF (QA05_G22 = 1, 2, -7, -8) OR (QA05_G24 = 1) THEN CONTINUE WITH QA05_G26;
 ELSE GO TO PROGRAMMING NOTE QA05_G27**

QA05_G26 On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

AK4

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

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

**PROGRAMMING NOTE QA05_G27
 IF QA05_G22 =1 or 2 OR QA05_G24 =1 (R WORKS/USUALLY WORKS) CONTINUE WITH QA05_G27;
 ELSE GO TO QA05_G28**

QA05_G27 Thinking about what you normally do at work, not counting your free time, would you say that that you sit most of the day, stand most of the day, or walk around a lot?

AE22

- SIT 1
 - STAND 2
 - WALK AROUND 3
 - DOES NOT WORK 4
 - SIT/STAND EQUALLY 5
 - SIT/WALK EQUALLY 6
 - STAND/WALK EQUALLY 7
 - REFUSED -7
 - DON'T KNOW -8
- } **[GO TO PN QA05_G29]**

QA05_G28 Thinking about what you normally do during a typical day, which best describes your activity: Would you say that you sit most of the day, stand most of the day, or walk around a lot?

AOAL11

- SIT 1
- STAND 2
- WALK AROUND 3
- LIE DOWN 4
- SIT/STAND EQUALLY 5
- SIT/WALK EQUALLY 6
- STAND/WALK EQUALLY 7
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_G29:
IF QA05_A15 = 1 (MARRIED), CONTINUE WITH QA05_G29;
ELSE GO TO QA05_H1

QA05_G29 Which of the following was your spouse doing last week?

AG8

- Working at a job/ business.....1 **[GO TO QA05_G31]**
- With a job/business but not at work2 **[GO TO QA05_G31]**
- Looking for work, or3
- Not working at a job/business?4
- REFUSED-7
- DON'T KNOW-8

QA05_G30 Does your spouse usually work?

AG11

- YES1
- NO2
- LOOKING FOR WORK.....3 **[GO TO QA05_H1]**
- REFUSED-7
- DON'T KNOW-8

QA05_G31 On your spouse's main job, is he/she employed by a private company, the government, or is he/she self-employed, or is he/she working without pay in a family business or farm?

AG9

[IF NEEDED, SAY: "Where did he/she work MOST hours"]

- PRIVATE COMPANY,
NON-PROFIT ORGANIZATION, FOUNDATION1
- GOVERNMENT2
- SELF-EMPLOYED.....3
- FAMILY BUSINESS OR FARM4
- REFUSED-7
- DON'T KNOW-8

Section H – Health Insurance

QA05_H1 The next topics are about health insurance and health care.

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

AH1

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

- | | | |
|---------------------------|----|---------------------------|
| YES | 1 | [GO TO PN QA05_H3] |
| NO | 2 | |
| DOCTOR/MY DOCTOR | 3 | [GO TO PN QA05_H3] |
| KAISER | 4 | |
| MORE THAN ONE PLACE | 5 | |
| REFUSED | -7 | |
| DON'T KNOW | -8 | |

QA05_H2 What is the ONE main reason you do not have a usual source of health care?

AH2

- | | | |
|--|----|------------------------|
| PROVIDER DIDN'T ACCEPT INSURANCE
OR INSURANCE PROBLEM | 1 | [GO TO QA05_H4] |
| NO INSURANCE OR LOST INSURANCE | 2 | |
| COST OF MEDICAL CARE | 3 | |
| DON'T WANT/NEED | 4 | |
| OTHER REASON | 91 | |
| REFUSED | -7 | |
| DON'T KNOW | -8 | |

PROGRAMMING NOTE QA05_H3:
IF QA05_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), SAY "What kind of place do you go to most often--a medical";
ELSE IF QA05_H1 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";
ELSE IF QA05_H1 = 4 (KAISER) CIRCLE "1" FOR QA05_H3 AND GO TO QA05_H5

QA05_H3 {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 | [GO TO QA05_H5] |
| CLINIC/HEALTH CENTER/HOSPITAL CLINIC | 2 | |
| EMERGENCY ROOM | 3 | [GO TO QA05_H5] |
| SOME OTHER PLACE (SPECIFY): _____ | 91 | [GO TO QA05_H5] |
| NO ONE PLACE | 94 | [GO TO QA05_H5] |
| REFUSED | -7 | [GO TO QA05_H5] |
| DON'T KNOW | -8 | [GO TO QA05_H5] |

QA05_H4 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

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

- | | | |
|------------------|----|-------------------------|
| YES | 1 | [GO TO QA05_H7] |
| NO | 2 | |
| REFUSED | -7 | [GO TO QA05_H14] |
| DON'T KNOW | -8 | |

IF QA05_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H5:

**IF [AAGE > 64 OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA05_H4= 2, OR -8 (NO, NOT COVERED BY MEDICARE OR DK)], CONTINUE WITH QA05_H5;
ELSE GO TO PROGRAMMING NOTE QA05_H7**

QA05_H5 Is it correct that you are NOT covered by MediCARE even though you told me earlier that you are 65 or older?

AI2

CORRECT, NOT COVERED BY MEDICARE.....	1	[GO TO QA05_H14]
NOT CORRECT, R IS COVERED BY MEDICARE..	2	[GO TO QA05_H7]
AGE IS INCORRECT.....	93	
REFUSED.....	-7	[GO TO QA05_H14]
DON'T KNOW.....	-8	[GO TO QA05_H14]

IF QA05_H5 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA05_H6: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA05_H6;
IF AAGE < 18, CODE AS IA AND TERMINATE**

QA05_H6 What is your age, please?

AI3

_____ YEARS OF AGE [HR: 18-105]		[GO TO QA05_H14]
REFUSED.....	-7	[GO TO QA05_H14]
DON'T KNOW.....	-8	[GO TO QA05_H14]

PROGRAMMING NOTE QA05_H7:

**IF ARMCARE = 1, CONTINUE WITH QA05_H7;
ELSE GO TO QA05_H14**

QA05_H7 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."]

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

YES.....	1	
NO.....	2	[GO TO QA05_H9]
REFUSED.....	-7	[GO TO QA05_H9]
DON'T KNOW.....	-8	[GO TO QA05_H9]

IF QA05_H7 = 1, SET ARMHMO = 1

QA05_H8 What is the name of your MediCARE HMO plan?

AH50

- KAISER.....1
 - BLUE CROSS/CALIFORNIACARE2
 - PACIFICARE3
 - BLUE SHIELD/CAREAMERICA4
 - HEALTH NET.....5
 - AETNA/US HEALTHCARE/PRUDENTIAL.....6
 - CIGNA HEALTHCARE7
 - MEDICARE8
 - MEDI-CAL OR MEDICAID9
 - (NAME OF COUNTY MEDI-CAL PLAN)10
 - OTHER91
 - REFUSED.....-7
 - DON'T KNOW-8
- } **[GO TO PN QA05_H10]**

QA05_H9 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 QA05_H14]**
- REFUSED.....-7 **[GO TO QA05_H14]**
- DON'T KNOW-8 **[GO TO QA05_H14]**

IF QA05_H9 = 1, SET ARSUPP = 1.
PROGRAMMING NOTE QA05_H10:
IF QA05_H7 = 1 (MEDICARE HMO) CONTINUE WITH QA05_H11 AND DISPLAY "MediCARE HMO"
IF QA05_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA05_H11 AND DISPLAY "MediCARE Supplement plan"
ELSE GO TO QA05_H14

QA05_H10 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"]

- DIRECTLY1
- CURRENT EMPLOYER2
- FORMER EMPLOYER3
- UNION4
- FAMILY BUSINESS.....5
- AARP6
- SPOUSE'S EMPLOYER.....7
- SPOUSE'S UNION8
- PROFESSIONAL/FRATERNAL ORGANIZATION...9
- OTHER91
- REFUSED.....-7
- DON'T KNOW-8

QA05_H11

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

QA05_H12

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
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO PN QA05_H14]**

QA05_H13

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?]

- CURRENT EMPLOYER 1
- FORMER EMPLOYER 2
- UNION 3
- SPOUSE'S CURRENT EMPLOYER 4
- SPOUSE'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

IF QA05_H13 = 7, SET ARMCAL = 1
IF QA05_H13 =8, SET ARHFAM = 1

PROGRAMMING NOTE QA05_H14:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA05_H14 {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."]
[NOTE: Include HMO or managed care plans, as well as the traditional Medi-CAL]

YES 1 [GO TO QA05_H16]
 NO 2
 REFUSED -7
 DON'T KNOW -8

IF QA05_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1
IF ARMCAL = 1 AND QA05_H15 = 2, SET ARMCAL = 0

PROGRAMMING NOTE QA05_H15:
IF AAGE > 18 OR [QA05_4 <> -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO QA05_H16;
ELSE IF [AAGE = 18 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA05_H15 AND DISPLAY: "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA05_H15 AND DISPLAY: "Are you"

QA05_H15 {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

IF QA05_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1
IF ARHFAM = 1 AND QA05_H15 = 2, SET ARHFAM = 0

PROGRAMMING NOTE QA05_H16
IF ARSUPP = 1, DISPLAY "Besides the Medicare supplemental plan you told me about" and "any other"
IF ARMHMO = 1, DISPLAY "Besides the Medicare HMO plan you told me about"

QA05_H16 {Besides the Medicare supplemental 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 [GO TO QA05_H19]
 NO 2 [GO TO QA05_H19]
 REFUSED -7 [GO TO QA05_H19]
 DON'T KNOW -8 [GO TO QA05_H19]

QA05_H17 Was this plan obtained in your own name or in the name of someone else?

AI9

[PROBE: "Even someone who does not live in this household?"]

- IN OWN NAME1 [GO TO QA05_H20]
- IN SOMEONE ELSE'S NAME2
- REFUSED-7 [GO TO QA05_H20]
- DON'T KNOW-8 [GO TO QA05_H20]

IF QA05_H17 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H17 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H18:
****IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H18;**
ELSE GO TO QA05_H20;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's";
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's";
IF QA05_G12 = 1, DISPLAY "parent's"; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

QA05_H18 Is the plan in your (husband's/wife's) (or) (parent's) name?

AI9A

- IN husband's/wife's NAME1 [GO TO QA05_H20]
- IN PARENT'S NAME2 [GO TO QA05_H20]
- IN SOMEONE ELSE'S NAME3 [GO TO QA05_H20]
- REFUSED-7 [GO TO QA05_H20]
- DON'T KNOW-8 [GO TO QA05_H20]

IF QA05_H18 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
IF QA05_H18 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H19:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES AND EMPLOYER), CONTINUE WITH QA05_H19;
ELSE GO TO QA05_H22

QA05_H19 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."

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA05_H19 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H20:
IF QA05_H16 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA05_H19 = 1 (YES, PURCHASED OWN COVERAGE), CONTINUE WITH QA05_H20;
ELSE GO TO QA05_H22

QA05_H20 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
- REFUSED -7
- DON'T KNOW -8

QA05_H21 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
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO PN QA05_H23]**

QA05_H22 Who is that?

AH56

[IF NEEDED, SAY "WHO BESIDES YOURSELF PAYS ANY PORTION OF THAT COST FOR THAT PLAN, SUCH AS YOUR EMPLOYER, A UNION, OR PROFESSIONAL ORGANIZATION?]

- CURRENT EMPLOYER 1
- FORMER EMPLOYER 2
- UNION 3
- SPOUSE'S CURRENT EMPLOYER 4
- SPOUSE'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

IF QA05_H22 = 1, SET AREMPOWN = 1
IF QA05_H22= 4, SET AREMPSP = 1
IF QA05_H22 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0
IF QA05_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0
IF QA05_H22 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0

PROGRAMMING NOTE QA05_H23:
IF [QA05_G22 =1 (R WORKED LAST WEEK) OR QA05_G23 =1 (R USUALLY WORKS)] AND AREMPOWN NE 1,
CONTINUE WITH QA05_H23;
ELSE GO TO PROGRAMMING NOTE QA05_H27

QA05_H23 Does your employer offer health insurance to any of its employees?

A113

- YES1
- NO2 [GO TO PN QA05_H27]
- REFUSED-7 [GO TO PN QA05_H27]
- DON'T KNOW-8 [GO TO PN QA05_H27]

QA05_H24 Are you eligible to be in this plan?

A114

- YES1
- NO2 [GO TO QA05_H26]
- REFUSED-7 [GO TO PN QA05_H27]
- DON'T KNOW-8

QA05_H25 What is the one main reason why you aren't in this plan?

A115

- COVERED BY ANOTHER PLAN1 [GO TO PN QA05_H27]
- TOO EXPENSIVE2 [GO TO PN QA05_H27]
- DIDN'T LIKE PLAN OFFERED3 [GO TO PN QA05_H27]
- DON'T NEED OR BELIEVE IN
HEALTH INSURANCE4 [GO TO PN QA05_H27]
- OTHER (SPECIFY):91 [GO TO PN QA05_H27]
- REFUSED-7 [GO TO PN QA05_H27]
- DON'T KNOW-8 [GO TO PN QA05_H27]

QA05_H26 What is the ONE main reason why you are not eligible for this plan?

A115A

- 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 YEAR3
- OTHER (SPECIFY):91
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_H27:
IF ARINSURE NE 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA05_H27;
ELSE GO TO PROGRAMMING NOTE QA05_H28

QA05_H27 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

A116

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA05_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H28:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH QA05_H28;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H28 Are you covered by some other government health plan, such as AIM, "Mister MIP," the Family PACT program, or something else?

A117

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

- YES1
- NO2 [GO TO PN QA05_H30]
- REFUSED-7 [GO TO PN QA05_H30]
- DON'T KNOW-8 [GO TO PN QA05_H30]

IF QA05_H28= 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA05_H29 ASK IF NECESSARY: "What is the name of this plan?"

A117A

- AIM1 [GO TO QA05_H34]
- MRMIP ("Mister Mip")2 [GO TO QA05_H34]
- FAMILY PACT3 [GO TO QA05_H34]
- OTHER (SPECIFY): _____ 91 [GO TO QA05_H34]
- REFUSED-7 [GO TO QA05_H34]
- DON'T KNOW-8 [GO TO QA05_H34]

PROGRAMMING NOTE QA05_H30:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA05_H30;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H30 Do you have any health insurance coverage through a plan that I missed?

A118

- YES1
- NO2 [GO TO PN QA05_H34]
- REFUSED-7 [GO TO PN QA05_H34]
- DON'T KNOW-8 [GO TO PN QA05_H34]

QA05_H31 What type of health insurance do you have?

A119

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

[PROBE: "Any others?"]

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

- THROUGH CURRENT OR FORMER EMPLOYER/UNION1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION2
- PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)3
- MEDICARE4
- MEDI-CAL5
- HEALTHY FAMILIES6
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC8
- HEALTHY KIDS9
- OTHER GOVERNMENT HEALTH PLAN91
- OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED-7
- DON'T KNOW-8

IF QA05_H31= 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
IF QA05_H31 = 2, SET AROther = 1 AND SET ARINSURE = 1
IF QA05_H31 = 3, SET ARDirect = 1 AND SET ARINSURE = 1
IF QA05_H31 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1
IF QA05_H31 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1
IF QA05_H31 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1
IF QA05_H31 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 8, SET ARIHS = 1
IF QA05_H31 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1
IF QA05_H31 = 92 OR QA05_H29 = [-7,-8], SET AROther = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H32
IF QA05_H31 = 1 CONTINUE WITH QA05_H32;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H32 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 QA05_H34]
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	[GO TO PN QA05_H34]
DON'T KNOW	-8	[GO TO PN QA05_H34]

IF QA05_H32 = 1, AREMPOW = 1 AND SET ARINSURE = 1
IF QA05_H32 = [2, -7, -8], AREMPOH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H33:
****IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H33;**
ELSE GO TO PROGRAMMING NOTE QA05_H34;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's";
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's";
IF QA05_G12 = 1, DISPLAY "parent's"; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"

QA05_H33 Is the plan in your (husband's/wife's) (or) (parent's) name?

AH60

IN husband's/wife's NAME	1
IN PARENT'S NAME	2
IN SOMEONE ELSE'S NAME	3
REFUSED	-7
DON'T KNOW	-8

IF QA05_H33 = 1, SET AREMPSP = 1 AND SET AREMPOH = 0
IF QA05_H33 = 2, SET AREMPPAR = 1 AND SET AREMPOH = 0

PROGRAMMING NOTE QA05_H34:
IF ARIHS = 0 AND QA05_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_H34;
ELSE GO TO PROGRAMMING NOTE QA05_H35

QA05_H34 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

IF QA05_H34 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA05_H35_INTRO
IF QA05_A15 = 1 (MARRIED) CONTINUE WITH QA05_H35_INTRO;
ELSE GO TO PROGRAMMING NOTE QA05_H55

QA05_H35_INTRO These next questions are about the type of health insurance your spouse may have.

A137intro

PROGRAMMING NOTE QA05_H35:
IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 1 AND/OR SPOUSE AGE 65 OR OLDER, CONTINUE WITH QA05_H35 AND DISPLAY “You said that you are covered by Medicare.” And “also”;
ELSE IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 0 AND SPOUSE AGE 65 OR OLDER, CONTINUE WITH QA05_H35 AND DISPLAY “Is {SPOUSE NAME} covered by Medicare?”
IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 0 AND/OR SPOUSE LESS THAN AGE 65, GO TO QA05_H38

QA05_H35 You said that you are covered by Medicare. Is {SPOUSE NAME} (also) covered by Medicare?

A137

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA05_H35 = 1, SET SPMPCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE H36
IF QA05_H35 = 1 AND ARMHMO = 1 CONTINUE WITH QA05_H36;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE
IF QA05_A5 = 1 (MALE) DISPLAY “wife”; IF QA05_A5 = 2 (FEMALE) DISPLAY “husband”; ELSE DISPLAY
“spouse”;
ELSE GO TO PROGRAMMING NOTE QA05_H37

QA05_H36 You said that your Medicare coverage is provided through an HMO. Is your {husband’s/wife’s/spouse’s} Medicare also provided through an HMO?

AH61

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE H37
IF QA05_H35 = 1 AND ARMSUPP = 1 CONTINUE WITH QA05_H37;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE
IF QA05_A5 = 1 (MALE) DISPLAY "wife"; IF QA05_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY
"spouse";
ELSE GO TO PROGRAMMING NOTE QA05_H38

QA05_H37 You said that you have a Medicare Supplement plan. Does your {husband/wife/spouse} [also] have a Medicare supplemental policy?

A137A

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA05_H38:
IF ARMCAL = 1 , CONTINUE WITH QA05_H38;
ELSE GO TO PROGRAMMING NOTE QA05_H39.
IF ARMCARE = 1, THEN DISPLAY "also".

QA05_H38 You said you {also} have Medi-Cal. Is {SPOUSE NAME} also covered by Medi-Cal?

A138

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

IF QA05_H38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H39:
IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA05_H39;
ELSE GO TO PROGRAMMING NOTE QA05_H40.
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY "also".

QA05_H39 You said you {also} have Healthy Families. Is {SPOUSE NAME} also covered by Healthy Families?

A139

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

IF QA05_H39 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H40:
IF AREMPOWN =1, CONTINUE WITH QA05_H40;
IF ARMCARE = 1 OR AMRCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”
ELSE GO TO PROGRAMMING NOTE QA05_H41

QA05_H40 You said you have insurance from YOUR current or former employer or union. Is {SPOUSE NAME} also covered by the insurance from YOUR employer?

AI40

YES	1
NO	2
OTHER	5
REFUSED	-7
DON'T KNOW	-8

IF QA05_H40 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H41:
IF QA05_G29 =1 OR 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H41;
IF QA05_H18 = 1, DISPLAY “You said you have insurance from your {XXX}'s employer or union.”;
IF SPINSURE = 1, THEN DISPLAY “also”;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN
IF QA05_A5 = 1(MALE), DISPLAY “wife,” “she” and “her”;
IF QA05_A5 =2 (FEMALE), DISPLAY “husband” “he” and “his”
ELSE DISPLAY “spouse,” “he or she” and “his or her”;
ELSE GO TO PROGRAMMING NOTE QA05_H42

QA05_H41 {You said you have insurance from your spouse’s employer or union.} Does {SPOUSE NAME} (also) have coverage through {his/her} OWN employer?

AI40A

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

IF QA05_H41 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H42:
IF ARDIRECT = 1, CONTINUE WITH QA05_H42;
ELSE GO TO PROGRAMMING NOTE QA05_H43.
IF QA05_H4 = 1 (MEDICARE) OR QA05_H14 = 1 (MEDI-CAL) OR QA05_H15 = 1 (HEALTHY FAMILIES) OR QA05_H16 = 1 (EMPLOYER BASED), DISPLAY “also.”

QA05_H42 You said you {also} have a plan you purchased directly from the insurer. Is {SPOUSE NAME} also covered by this plan?

AI41

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

IF QA05_H42 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H43:
IF ARMILIT = 1, CONTINUE WITH QA05_H43;
ELSE, GO TO PROGRAMMING NOTE QA05_H44.
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also".

QA05_H43 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is {SPOUSE NAME} also covered by this plan?

AI42

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA05_H43 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H44:
IF AROTHGOV = 1, CONTINUE WITH QA05_H44;
ELSE, GO TO PROGRAMMING NOTE QA05_H45.
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also".

QA05_H44 You said you {also} have health insurance through some government health plan like AIM or Mister MIP. Is {SPOUSE NAME} also covered by this plan?

AI42A

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA05_H44 = 1, SET SPDOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H45:
IF SPINSURE NE 1, DISPLAY "any."
ELSE DISPLAY "through any other source."

QA05_H45 Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?

AI46

- YES1
- NO2 **[GO TO QA05_H47]**
- REFUSED-7 **[GO TO QA05_H51]**
- DON'T KNOW-8 **[GO TO QA05_H51]**

QA05_H46 What type of health insurance does {he/she} have?

AI47

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

[PROBE: "Any others?"]

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

[NOTE: 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/UNION1 [GO TO QA05_H49]
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.....2
- PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)3
- MEDICARE4
- MEDI-CAL.....5
- HEALTHY FAMILIES6
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE.....7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC8
- HEALTHY KIDS.....9
- OTHER GOVERNMENT HEALTH PLAN.....91
- OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED.....7
- DON'T KNOW8

IF QA05_H46 = 1, SET SPENPOTH = 1 AND SET SPINSURE = 1
 IF QA05_H46 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
 IF QA05_H46 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
 IF QA05_H46 = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1
 IF QA05_H46 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
 IF QA05_H46 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
 IF QA05_H46 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
 IF QA05_H46 = 8, SET SPIHS = 1
 IF QA05_H46 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1
 IF QA05_H46 = 92, SET SPOTHER = 1 AND SET SPINSURE = 1
 IF QA05_H46 = [-7, -8], SET SPINSURE = 1

PROGRAMMING NOTE QA05_H47
 IF SPINSURE NE 1, CONTINUE WITH QA05_H47
 ELSE GO TO PROGRAMMING NOTE QA05_H51

QA05_H47 You said that {SPOUSE NAME} has NO health insurance from any source. Is this correct?

AI48

- YES1 [GO TO PN QA05_H51]
- NO2
- REFUSED-7 [GO TO PN QA05_H51]
- DON'T KNOW-8 [GO TO PN QA05_H51]

QA05_H48 What type of health insurance does {he/she} have?

A149

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

[NOTE: 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/UNION1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION2
- PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)3
- MEDICARE4
- MEDI-CAL5
- HEALTHY FAMILIES6
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC8
- HEALTHY KIDS9
- OTHER GOVERNMENT HEALTH PLAN91
- OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED7
- DON'T KNOW8

IF QA05_H48 = 1, SET SPMPOTH = 1 AND SET SPINSURE = 1
IF QA05_H48 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H48 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 4, SET SPMPCARE = 1 AND SET SPINSURE = 1
IF QA05_H48 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA05_H48 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
IF QA05_H48 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 8, SET SPIHS = 1
IF QA05_H48 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA05_H48 = 92, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H48 = [-7, -8], SET SPINSURE = 1

QA05_H49 Was this plan obtained in your spouse's name or in the name of someone else?

AH62

[PROBE: "Even someone who does not live in this household?"]

- IN SPOUSE'S NAME1 **[GO TO PN QA05_H51]**
- IN SOMEONE ELSE'S NAME2
- REFUSED-7 **[GO TO PN QA05_H51]**
- DON'T KNOW-8 **[GO TO PN QA05_H51]**

IF QA05_H49 = 1, AREMPOW = 1 AND SET ARINSURE = 1
IF QA05_H49 = [2, -7, -8], AREMPOW = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H50:

****IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H50;
 ELSE GO TO PROGRAMMING NOTE QA05_H51;
 IF QA05_A15 = 1 AND R IS MALE, DISPLAY "wife's";
 IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY "husband's";
 IF QA05_G12 = 1, DISPLAY "parent's"; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY "or"**

QA05_H50 Is the plan in your or your 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

**IF QA05_H50 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
 IF QA05_H50 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0**

PROGRAMMING NOTE QA05_H51:

**IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA05_H55;
 ELSE IF QA05_G29 = 1 or 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H51;
 ELSE GO TO QA05_H55**

QA05_H51 Does your spouse's employer offer health insurance to any of its employees?

AI43

- YES 1
- NO 2 [GO TO PN QA05_H55]
- REFUSED -7 [GO TO PN QA05_H55]
- DON'T KNOW -8 [GO TO PN QA05_H55]

QA05_H52 Is {she/he} eligible to be in this plan?

AI44

- YES 1
- NO 2 [GO TO QA05_H54]
- REFUSED -7 [GO TO PN QA05_H55]
- DON'T KNOW -8 [GO TO PN QA05_H55]

QA05_H53 What is the ONE main reason why {she/he} isn't in this plan?

AI45

- COVERED BY ANOTHER PLAN 1 [GO TO PN QA05_H55]
- TOO EXPENSIVE 2 [GO TO PN QA05_H55]
- DOESN'T LIKE PLAN OFFERED 3 [GO TO PN QA05_H55]
- DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE 4 [GO TO PN QA05_H55]
- OTHER (SPECIFY): _____ 91 [GO TO PN QA05_H55]
- REFUSED -7 [GO TO PN QA05_H55]
- DON'T KNOW -8 [GO TO PN QA05_H55]

QA05_H54 What is the ONE main reason why {she/he} 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 YEAR3
- OTHER (SPECIFY): _____ .91
- REFUSED-7..... -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_H55:
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA05_H55;
IF QA05_H7=1 (R HAS MEDICARE HMO), GO TO QA05_H57;
ELSE GO TO PROGRAMMING NOTE QA05_H65
IF QA05_A15 = 1 (MARRIED), DISPLAY "Next, I have some questions about your own main health plan."

QA05_H55 {Next, I have some questions about your own main health plan.}
 What is the name of your main health plan?

AI22A

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]

- KAISER..... 1
- BLUE CROSS/CALIFORNIACARE2
- PACIFICARE3
- BLUE SHIELD/CAREAMERICA4
- HEALTH NET.....5
- AETNA/ US HEALTHCARE.....6
- CIGNA HEALTHCARE7
- MEDICARE8
- MEDI-CAL OR MEDICAID9
- (NAME OF COUNTY MEDI-CAL PLAN)10
- OTHER91
- REFUSED..... -7
- DON'T KNOW -8

QA05_H56 Is your {QA05_H55 CODE/ main health} plan an HMO (Health Maintenance Organization)?

AI22C

[NOTE: IF R ASKS WHAT AN HMO IS, 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 SAYS "POS" OR "POINT OF SERVICE", CODE AS "YES." IF R SAYS PPO, CODE "NO"]

- YES 1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_H57
IF QA05_H7=1 (R HAS MEDI-CAREHMO) DISPLAY "Next I have some questions about your own main health plan"

QA05_H57 {Next, I have some questions about your own main health plan.} How long have you been on this plan?

AI22D

_____ MONTHS
 OR
 _____ YEARS

QA05_H58 Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

AI25

YES1
 NO2
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA05_H59
IF QA05_H57 < 12 MONTHS, GO TO QA05_H60;
ELSE, CONTINUE WITH QA05_H59

QA05_H59 Thinking about your current health insurance, did you have this same insurance for ALL 12 of the past 12 months?

AI31

YES1 [GO TO PN QA05_I1]
 NO2
 REFUSED-7 [GO TO QA05_H62]
 DON'T KNOW-8

QA05_H60 During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

AI32

YES1
 NO2 [GO TO QA05_H63]
 REFUSED-7 [GO TO QA05_H62]
 DON'T KNOW-8 [GO TO QA05_H62]

QA05_H61 Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

AI33

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

MEDI-CAL1
 HEALTHY FAMILIES2
 THROUGH CURRENT OR
 FORMER EMPLOYER/UNION3
 HEALTHY KIDS4
 OTHER HEALTH PLAN91
 REFUSED-7
 DON'T KNOW-8

QA05_H62 During the past 12 months, was there any time when you had no health insurance at all?

A134

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO PN QA05_I1]**

QA05_H63 For how many months of the past 12 months did you have no health insurance at all?

A135

- _____ NUMBER OF MONTHS [HR: 0-11]
- REFUSED-7 **[GO TO PN QA05_I1]**
- DON'T KNOW-8 **[GO TO PN QA05_I1]**

QA05_H64 What is the ONE MAIN reason why you did not have any health insurance during those months?

A136

- CHANGED EMPLOYER/LOST JOB1
 - EMPLOYER DID NOT OFFER2
 - NOT ELIGIBLE DUE TO WORKING STATUS3
 - NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS4
 - NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS5
 - COULDN'T AFFORD/TOO EXPENSIVE6
 - FAMILY SITUATION CHANGED7
 - LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC)8
 - DON'T BELIEVE IN INSURANCE9
 - HEALTHY -- NO NEED10
 - PAID FOR OWN CARE -- NO NEED11
 - GOT HEALTH CARE FREE -- NO NEED12
 - HAD INSURANCE ALL 12 MONTHS, JUST LOST
DENIED COVERAGE, NOT SPECIFIED/
DOESN'T QUALIFY NOT SPECIFIED14
 - DO HAVE COVERAGE BUT DON'T KNOW TYPE
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN16
 - DIDN'T LIKE INSURANCE OFFERED/
DIDN'T WANT IT17
 - OTHER (SPECIFY)91
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO PN QA05_I1]**

QA05_H65 What is the ONE MAIN reason why you do not have any health insurance?

A124

[IF R SAYS NO NEED, PROBE WHY]

- CHANGED EMPLOYER/LOST JOB1
- EMPLOYER DID NOT OFFER.....2
- NOT ELIGIBLE DUE TO WORKING STATUS.....3
- NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS4
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS5
- COULDN'T AFFORD/TOO EXPENSIVE.....6
- FAMILY SITUATION CHANGED.....7
- LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC)8
- DON'T BELIEVE IN INSURANCE9
- HEALTHY -- NO NEED10
- PAID FOR OWN CARE -- NO NEED11
- GOT HEALTH CARE FREE -- NO NEED12
- HAD INSURANCE ALL 12 MONTHS,
JUST NOW LOST13
- DENIED COVERAGE, NOT SPECIFIED/
DOESN'T QUALIFY NOT14
- SPECIFIED
- DO HAVE COVERAGE BUT DON'T KNOW TYPE15
- SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN16
- DIDN'T LIKE INSURANCED OFFERED/
DIDN'T WANT IT17
- OTHER (SPECIFY).....91
- REFUSED-7
- DON'T KNOW-8

QA05_H66 Were you covered by health insurance at any time during the past 12 months?

A127

- YES1 **[GO TO QA05_H68]**
- NO.....2
- REFUSED-7
- DON'T KNOW-8

QA05_H67 How long has it been since you last had health insurance?

A128

- MORE THAN 12 MONTHS AGO, BUT NOT
MORE THAN 3 YEARS AGO1
 - MORE THAN 3 YEARS AGO2
 - NEVER HAD HEALTH INSURANCE3
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO PN QA05_I1]**

QA05_H68 For how many months out of the last 12 months did you have health insurance?

A129

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

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

QA05_H69 During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

A130

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

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

Section I – Child and Adolescent Health Insurance

Child

PROGRAMMING NOTE QA05_I1

**IF NO SELECTED CHILD, GO TO PN QA05_I30 TO ASK ABOUT SELECTED ADOLESCENT;
 IF ARINSURE = 0, GO TO PN QA05_I2
 ELSE CONTINUE WITH QA05_I1**

QA05_I1 These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same insurance as {you/ADULT RESPONDENT NAME}?

CF10A

YES.....1 **[GO TO QA05_I24]**
 NO.....2
 REFUSED.....-7
 DON'T KNOW.....-8

**IF QA05_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND ARMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND AREMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND AREMPSP= 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND AREMPPAR= 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND AREMPOTH= 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND ARDIRECT= 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND ARMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND AROTHGOV= 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND AROTHER = 1, SET CHOTHER =1 AND SET CHINSURE = 1
 IF QA05_I1 = 1 AND ARIHS= 1, SET CHIHS = 1**

PROGRAMMING NOTE QA05_I2

**IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2
 ELSE GO TO QA05_I3**

QA05_I2 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

MA1

YES.....1 **[GO TO QA05_I16]**
 NO.....2
 REFUSED.....-7
 DON'T KNOW.....-8

**IF QA05_I2 = 1 AND SPMPCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
 IF QA05_I2 = 1 AND SPMCAL= 1, SET CHMCAL = 1 AND SET CHINSURE = 1
 IF QA05_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
 IF QA05_I2 = 1 AND SPEMPOWN= 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA05_I2 = 1 AND SPEMPSP= 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA05_I2 = 1 AND SPDIRECT= 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
 IF QA05_I2 = 1 AND SPMILIT= 1, SET CHMILIT = 1 AND SET CHINSURE = 1
 IF QA05_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1
 IF QA05_I2 = 1 AND SPOTHGOV= 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1**

QA05_I3 Is {he/she/he or 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."]

- YES1 [GO TO QA05_I7]
- NO.....2
- REFUSED-7 [GO TO QA05_I5]
- DON'T KNOW-8 [GO TO QA05_I5]

IF QA05_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA05_I4 What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?

CF1A

- PAPERWORK TOO DIFFICULT1
- DIDN'T KNOW IF ELIGIBLE2
- 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 WELFARE10
- OTHER91
- REFUSED-7
- DON'T KNOW-8

QA05_I5 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."]

- YES1 [GO TO QA05_I7]
- NO.....2
- REFUSED-7 [GO TO QA05_I7]
- DON'T KNOW-8 [GO TO QA05_I7]

IF QA05_I5, SET CHHFAM = 1 AND SET CHINSURE = 1

QA05_I6 What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?

CF2A

- PAPERWORK TOO DIFFICULT1
- DIDN'T KNOW IF ELIGIBLE2
- INCOME TOO HIGH, NOT ELIGIBLE3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS4
- OTHER NOT ELIGIBLE5
- DON'T BELIEVE IN HEALTH INSURANCE6
- DON'T NEED IT BECAUSE HEALTHY7
- ALREADY HAVE INSURANCE8
- DIDN'T KNOW IT EXISTED9
- DON'T LIKE / WANT WELFARE10
- OTHER91
- REFUSED-7
- DON'T KNOW-8

QA05_I7 Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

CF3

- YES1 **[GO TO QA05_I9]**
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA05_I7 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA05_I8 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

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO PN QA05_I12]**

IF QA05_I8 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

QA05_I9 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."]

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_I10 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

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO PN QA05_I12]**

QA05_I11 Who else pays all or some portion of the cost for (CHILD's) health plan?

AI51

- CURRENT EMPLOYER1
- FORMER EMPLOYER2
- UNION3
- SPOUSE'S CURRENT EMPLOYER4
- SPOUSE'S FORMER EMPLOYER5
- PROFESSIONAL/FRATERNAL ORGANIZATION...6
- MEDICAID/MEDI-CAL ASSISTANCE7
- HEALTHY FAMILIES8
- HEALTHY KIDS9
- OTHER91
- REFUSED-7
- DON'T KNOW-8

IF QA05_I11 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0

IF QA05_I11 = 8, SET CHHFAM = 1

IF QA05_I11 = 7, SET CHMCAL = 1

PROGRAMMING NOTE QA05_I12

IF CHINSURE = 1, GO TO PN QA05_I16;

ELSE CONTINUE WITH QA05_I12

QA05_I12 Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

CF6

- YES1 **[GO TO PN QA05_I16]**
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA05_I12 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA05_I13 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program"]

- AIM1 **[GO TO PN QA05_I16]**
- "MISTER MIP"/MRMIP2 **[GO TO PN QA05_I16]**
- NO OTHER PLAN3
- SOMETHING ELSE (SPECIFY): _____91 **[GO TO PN QA05_I16]**
- REFUSED-7
- DON'T KNOW-8

IF QA05_I13 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA05_I14 Does {he/she/he or she} have any health insurance coverage through a plan that I missed?

CF8

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO PN QA05_I16]**

QA05_I15 What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

CF9

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]

- THROUGH CURRENT OR FORMER EMPLOYER/UNION1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION2
- PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)3
- MEDICARE4
- MEDI-CAL5
- HEALTHY FAMILIES6
- CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC8
- HEALTHY KIDS9
- OTHER GOVERNMENT HEALTH PLAN91
- OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED-7
- DON'T KNOW-8

IF QA05_I15 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA05_I15 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA05_I15 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA05_I15 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA05_I15 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA05_I15 = 6, SET CHHFAM = 1 AND CHINSURE = 1
IF QA05_I15 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA05_I15 = 8, SET CHIHS = 1
IF QA05_I15 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA05_I15 = 92, SET CHINSURE = 1 AND CHOTHER = 1
IF QA05_I15 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA05_I16
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA05_I16,
ELSE GO TO PN QA05_I19

QA05_I16 What is the name of (CHILD)'s main health plan?

MA2

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

- KAISER1
- BLUE CROSS/CALIFORNIACARE2
- PACIFICARE3
- BLUE SHIELD/CAREAMERICA4
- HEALTH NET5
- MEDICARE6
- MEDI-CAL OR MEDICAID7
- (NAME OF COUNTY MEDI-CAL PLAN)8
- OTHER91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_I17
IF QA05_I16 = 1 (KAISER), CODE QA05_I17 =1 (YES) AND GO TO QA05_I18.

QA05_I17 Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA3

[NOTE: IF R SAYS WHAT AN HMO IS, THEN SAY: "With an HMO, {he/she} must generally receive care from HMO doctors or the expense is not covered, unless {he/she} was referred by the HMO or there was a medical emergency."]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QA05_I18 Is (CHILD) covered for prescription drugs?

CF14

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_I19
IF CHINSURE = 1, GO TO QA05_I24;
ELSE CONTINUE WITH QA05_I19.

QA05_I19 What is the one main reason (CHILD) does not have any health insurance?

CF18

- CHANGED EMPLOYER/LOST JOB1
- EMPLOYER DOES NOT OFFER.....2
- NOT ELIGIBLE DUE TO WORKING STATUS.....3
- NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS4
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS5
- CAN'T AFFORD/TOO EXPENSIVE6
- FAMILY SITUATION CHANGED.....7
- LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC.)8
- DON'T BELIEVE IN INSURANCE9
- HEALTHY -- NO NEED10
- PAYS FOR OWN CARE -- NO NEED11
- GETS HEALTH CARE FREE -- NO NEED12
- OTHER (SPECIFY) _____91
- REFUSED-7
- DON'T KNOW-8

QA05_I20 Was (CHILD) covered by health insurance at any time during the past 12 months?

CF20

- YES1 **[GO TO QA05_I22]**
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_I21 How long has it been since (CHILD) last had health insurance?

CF21

- MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO1
- MORE THAN 3 YEARS AGO2
- NEVER HAD HEALTH INSURANCE COVERAGE ..3 **[GO TO PN QA05_I30]**
- REFUSED-7
- DON'T KNOW/NOT SURE-8

QA05_I22 For how many of the last 12 months did {he/she/he or she} have health insurance?

CF22

- [NOTE: IF LESS THAN ONE MONTH, ENTER 1]**
- _____ MONTHS [RANGE: 0-12]
 - REFUSED-7
 - DON'T KNOW-8

QA05_I23

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

CF23

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]

- MEDI-CAL.....1
 - HEALTHY FAMILIES2
 - THROUGH CURRENT OR FORMER EMPLOYER UNION3
 - HEALTHY KIDS4
 - OTHER HEALTH PLAN.....91
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO PN QA05_I30]**

QA05_I24

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

CF24

- YES.....1
 - NO.....2
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO PN QA05_I30]**

QA05_I25

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

CF25

- YES.....1
 - NO.....2
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO QA05_I27]**

QA05_I26

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

CF26

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]

- MEDI-CAL.....1
- HEALTHY FAMILIES2
- THROUGH CURRENT OR FORMER EMPLOYER/UNION3
- HEALTHY KIDS4
- OTHER HEALTH PLAN.....91
- REFUSED-7
- DON'T KNOW-8

QA05_I27

During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

CF27

- YES.....1
 - NO.....2
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO PN QA05_I30]**

QA05_I28 For how many of the past 12 months did {he/she/he or she} have no health insurance?

CF28

_____ MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]
REFUSED -7
DON'T KNOW -8

QA05_I29 What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she/he or she} wasn't covered?

CF29

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

CHANGED EMPLOYER/LOST JOB1
EMPLOYER DID NOT OFFER.....2
NOT ELIGIBLE DUE TO WORKING STATUS.....3
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS4
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS5
COULDN'T AFFORD/TOO EXPENSIVE.....6
FAMILY SITUATION CHANGED.....7
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC.)8
DIDN'T BELIEVE IN INSURANCE9
HEALTHY -- NO NEED10
PAID FOR OWN CARE -- NO NEED11
GOT HEALTH CARE FREE -- NO NEED12
OTHER (SPECIFY) _____ .91
REFUSED -7
DON'T KNOW -8

Teen

PROGRAMMING NOTE QA05_I30
IF NO TEEN SELECTED, GO TO QA05_J1;
IF ARINSURE = 1, CONTINUE WITH QA05_I30
IF ARINSURE = 0, GO TO PN QA05_I31
ELSE CONTINUE WITH QA05_I30

QA05_I30 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 QA05_I54]
 NO.....2
 REFUSED.....-7
 DON'T KNOW.....-8

IF QA05_I30 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPPAR= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AREMPOTH= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND AROTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA05_I30 = 1 AND ARIHS= 1, SET TEIHS = 1

PROGRAMMING NOTE QA05_I31
IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I31
ELSE GO TO PN QA05_I32

QA05_I31 Does (TEEN) have the same insurance as your spouse?

MA5

YES.....1 [GO TO QA05_I46]
 NO.....2
 REFUSED.....-7
 DON'T KNOW.....-8

IF QA05_I31 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPEMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPEMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I31 = 1 AND SPOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA05_I32
IF CHINSURE = 1, CONTINUE WITH QA05_I32
ELSE GO TO QA05_I33

QA05_I32 Does (TEEN) have the same insurance as (CHILD)?

MA6

YES.....1 [GO TO PN QA05_I54]
 NO.....2
 REFUSED.....-7
 DON'T KNOW.....-8

IF QA05_I32 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA05_I32= 1 AND CHIHS= 1, SET TEIHS = 1

QA05_I33 Is {he/she/he or 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 QA05_I37]
 NO.....2
 REFUSED.....-7 [GO TO QA05_I35]
 DON'T KNOW.....-8 [GO TO QA05_I35]

IF QA05_I33 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA05_I34 What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

IA1A

PAPERWORK TOO DIFFICULT1
 DIDN'T KNOW IF ELIGIBLE.....2
 INCOME TOO HIGH, NOT ELIGIBLE3
 NOT ELIGIBLE DUE TO CITIZENSHIP/
 IMMIGRATION STATUS4
 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 EXISTED9
 DON'T LIKE / WANT WELFARE10
 OTHER91
 REFUSED.....-7
 DON'T KNOW.....-8

QA05_I35 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."]

- YES1 [GO TO QA05_I37]
- NO.....2
- REFUSED-7 [GO TO QA05_I37]
- DON'T KNOW-8 [GO TO QA05_I37]

IF QA05_I35 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

QA05_I36 What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?

IA2A

- PAPERWORK TOO DIFFICULT1
- DIDN'T KNOW IF ELIGIBLE2
- INCOME TOO HIGH, NOT ELIGIBLE3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS4
- OTHER NOT ELIGIBLE5
- DON'T BELIEVE IN HEALTH INSURANCE6
- DON'T NEED IT BECAUSE HEALTHY7
- ALREADY HAVE INSURANCE8
- DIDN'T KNOW IT EXISTED9
- DON'T LIKE / WANT WELFARE10
- OTHER91
- REFUSED-7
- DON'T KNOW-8

QA05_I37 Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

IA3

- YES1 [GO TO QA05_I39]
- NO.....2
- REFUSED-7
- DON'T KNOW-8

IF QA05_I37 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA05_I38 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

- YES1
 - NO.....2
 - REFUSED-7
 - DON'T KNOW-8
- } [GO TO PN QA05_I42]

IF QA05_I38 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

QA05_I39

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."]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QA05_I40

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

- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO PN QA05_I42]**

QA05_I41

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

AI53

- CURRENT EMPLOYER1
- FORMER EMPLOYER2
- UNION3
- SPOUSE'S CURRENT EMPLOYER4
- SPOUSE'S FORMER EMPLOYER5
- PROFESSIONAL/FRATERNAL ORGANIZATION...6
- MEDICAID/MEDI-CAL ASSISTANCE7
- HEALTHY FAMILIES8
- HEALTHY KIDS9
- OTHER91
- REFUSED -7
- DON'T KNOW -8

IF QA05_I41 = 1-6, SET TEEMP = 1
IF QA05_I41 = 7, SET TEMCAL = 1
IF QA05_I41 =8, SET TEHFAM = 1

PROGRAMMING NOTE QA05_I42

IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA05_I46; ELSE CONTINUE WITH QA05_I42

QA05_I42

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

IA6

- YES1 **[GO TO PN QA05_I46]**
- NO2
- REFUSED -7
- DON'T KNOW -8

IF QA05_I42 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA05_I43 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program"]

- AIM.....1 [GO TO PN QA05_I46]
- "MISTER MIP"/MRMIP2 [GO TO PN QA05_I46]
- NO OTHER PLAN.....3
- SOMETHING ELSE (SPECIFY): _____91 [GO TO PN QA05_I46]
- REFUSED-7
- DON'T KNOW-8

IF QA05_I43 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA05_I44 Does {he/she/he or she} have any health insurance coverage through a plan that I missed?

IA8

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- } [GO TO PN QA05_I49]

QA05_I45 What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

IA9

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]

- THROUGH CURRENT OR FORMER EMPLOYER/UNION1
- 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 FAMILIES6
- CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC.....8
- HEALTHY KIDS.....9
- OTHER GOVERNMENT HEALTH PLAN.....91
- OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED-7
- DON'T KNOW-8

IF QA05_I45 = 1, SET TTEMP = 1 AND TEINSURE = 1
IF QA05_I45 = 2, SET TTEMP = 1 AND TEINSURE = 1
IF QA05_I45 = 3, SET TEDIRECT = 1 AND TEINSURE = 1
IF QA05_I45 = 4, SET TEMCARE = 1 AND TEINSURE = 1
IF QA05_I45 = 5, SET TEMCAL = 1 AND TEINSURE = 1
IF QA05_I45 = 6, SET TEHFAM = 1 AND TEINSURE = 1

IF QA05_I45 = 7, SET TEMILIT = 1 AND TEINSURE = 1
 IF QA05_I45 = 8, SET TEIHS = 1
 IF QA05_I45 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1
 IF QA05_I45 = 92, SET TEINSURE = 1 AND TEOTHER = 1
 IF QA05_I45 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA05_I46
 IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA05_I46,
 ELSE GO TO PN QA05_I49

QA05_I46 What is the name of (TEEN)'s main health plan?

MA7

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (TEEN) have an insurance card or something else with the plan name on it?"]

- KAISER1
- BLUE CROSS/CALIFORNIACARE2
- PACIFICARE3
- BLUE SHIELD/CAREAMERICA4
- HEALTH NET5
- MEDICARE6
- MEDI-CAL OR MEDICAID7
- (NAME OF COUNTY MEDI-CAL PLAN)8
- OTHER91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA05_I47:
 IF QA05_I46 = 1 (KAISER), CODE QA05_I47 = 1 (YES) AND GO TO QA05_I48

QA05_I47 Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA8

[NOTE: IF R ASKS WHAT AN HMO IS, THEN SAY: "With an HMO, {he/she} must generally receive care from HMO doctors or the expense is not covered, unless {he/she} was referred by the HMO or there was a medical emergency."]

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QA05_I48 Is (TEEN) covered for prescription drugs?

IA14

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QA05_I49:
IF TEINSURE = 1, GO TO QA05_I54;
ELSE CONTINUE WITH QA05_I49.**

QA05_I49 What is the ONE MAIN reason (TEEN) does not have any health insurance?

IA18

- CHANGED EMPLOYER/LOST JOB1
- EMPLOYER DID NOT OFFER2
- NOT ELIGIBLE DUE TO WORKING STATUS.....3
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS4
- NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS5
- COULDN'T AFFORD/TOO EXPENSIVE.....6
- FAMILY SITUATION CHANGED.....7
- LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.)8
- DIDN'T BELIEVE IN INSURANCE9
- HEALTHY -- NO NEED10
- PAID FOR OWN CARE -- NO NEED11
- GOT HEALTH CARE FREE -- NO NEED12
- OTHER (SPECIFY) _____91
- REFUSED-7
- DON'T KNOW-8

QA05_I50 Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

- YES1 **[GO TO QA05_I52]**
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_I51 How long has it been since (TEEN) last had health insurance?

IA21

- MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO1
 - MORE THAN 3 YEARS AGO2
 - NEVER HAD HEALTH INSURANCE COVERAGE ..3
 - REFUSED-7
 - DON'T KNOW/NOT SURE-8
- } **[GO TO QA05_I60]**

QA05_I52 For how many of the last 12 months did {he/she/he or she} have health insurance?

IA22

[NOTE: IF LESS THAN ONE MONTH, ENTER 1]

- _____ MONTHS [RANGE: 0-12]
- REFUSED-7
- DON'T KNOW-8

QA05_I53

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

IA23

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]

- MEDI-CAL.....1
 - HEALTHY FAMILIES2
 - THROUGH CURRENT OR FORMER
 - EMPLOYER/UNION3
 - HEALTHY KIDS4
 - OTHER HEALTH PLAN.....91
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO QA05_I60]**

QA05_I54

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

IA24

- YES.....1
 - NO.....2
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO QA05_I60]**

QA05_I55

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

IA25

- YES.....1
 - NO.....2
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO QA05_I57]**

QA05_I56

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

IA26

[CIRCLE ALL THAT APPLY.]
[PROBE: "Any others?"]

- MEDI-CAL.....1
- HEALTHY FAMILIES2
- THROUGH CURRENT OR FORMER
- EMPLOYER/UNION3
- HEALTHY KIDS4
- OTHER HEALTH PLAN.....91
- REFUSED-7
- DON'T KNOW-8

QA05_I57

During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

IA27

- YES.....1
 - NO.....2
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO QA05_I60]**

QA05_I58 For how many of the past 12 months did {he/she/he or she} have no health insurance?

IA28

_____ MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]
REFUSED -7
DON'T KNOW -8

QA05_I59 What is the ONE MAIN reason (TEEN) did not have any health insurance during the time {he/she/he or she} wasn't covered?

IA29

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

CHANGED EMPLOYER/LOST JOB1
EMPLOYER DID NOT OFFER2
NOT ELIGIBLE DUE TO WORKING STATUS3
NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS4
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS5
COULDN'T AFFORD/TOO EXPENSIVE6
FAMILY SITUATION CHANGED7
LOST PUBLIC PROGRAM COVERAGE
(MEDI-CAL, ETC.)8
DIDN'T BELIEVE IN INSURANCE9
HEALTHY -- NO NEED10
PAID FOR OWN CARE -- NO NEED11
GOT HEALTH CARE FREE -- NO NEED12
OTHER (SPECIFY) _____91
REFUSED -7
DON'T KNOW -8

QA05_I60 Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

MA10

YES1
NO2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE QA05_I61:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I61 In what country was {TEEN'S} {mother/father} born?

A156

UNITED STATES.....	1	[GO TO QA05_J1]
AMERICAN SAMOA.....	2	
CAMBODIA.....	3	
CANADA.....	4	
CHINA.....	5	
CUBA.....	6	
EL SALVADOR.....	7	
ENGLAND.....	8	
GERMANY.....	9	
GUAM.....	10	
GUATEMALA.....	11	
HONG KONG.....	12	
INDIA.....	13	
IRAN.....	14	
JAPAN.....	15	
KOREA.....	16	
MEXICO.....	17	
NICARAGUA.....	18	
PAKISTAN.....	19	
PERU.....	20	
PHILIPPINES.....	21	
RUSSIA.....	22	
TAIWAN.....	23	
VIETNAM.....	24	
VIRGIN ISLANDS.....	25	
.....OTHER (SPECIFY):.....	91	
REFUSED.....	-7	
DON'T KNOW.....	-8	

PROGRAMMING NOTE QA05_I62:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I62 Does {TEEN'S} {mother/father} now live in the U.S.?

A157

YES.....	1	
NO.....	2	[GO TO QA05_J1]
REFUSED.....	-7	
DON'T KNOW.....	-8	

PROGRAMMING NOTE QA05_I63:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I63 Is {TEEN'S} {mother/father} a citizen of the United States?

A158

- YES1 **[GO TO PN QA05_I65]**
- NO2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_I64:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I64 Is {TEEN'S} {mother/father} a permanent resident with a green card?

A159

- YES1
- NO2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_I65:
IF QA05_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA05_I65 About how many years has {TEEN'S} {mother/father} lived in the United States?

A160

- _____ NUMBER OF YEARS [IF < 1 YEAR, ENTER "1"]
 OR YEAR TO FIRST COME AND LIVE IN U.S.
- MOTHER/FATHER DECEASED3
- REFUSED-7
- DON'T KNOW-8

Section J – Health Care Utilization and Access, Mental Health

QA05_J1 Now, I'd like to ask about the health care you receive.
During the past 12 months, how many times have you seen a medical doctor?

AH5

_____ TIMES [RANGE: 0-365]
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA05_J2:
IF QA05_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA05_J2;
ELSE GO TO PROGRAMMING NOTE QA05_J3

QA05_J2 About how long has it been since you last saw a doctor about your own health?

AH6

ONE YEAR AGO OR LESS0
 MORE THAN 1 UP TO 2 YEARS AGO1
 MORE THAN 2 UP TO 5 YEARS AGO2 [GO TO QA05_J7]
 MORE THAN 5 YEARS AGO3 [GO TO QA05_J7]
 NEVER4 [GO TO QA05_J7]
 REFUSED -7 [GO TO QA05_J9]
 DON'T KNOW -8 [GO TO QA05_J9]

PROGRAMMING NOTE QA05_J3:
IF QA05_J1 > 0 OR QA05_J2 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA05_J3;
ELSE GO TO QA05_J7

QA05_J3 The last time you saw a doctor, did you have a hard time understanding the doctor?

AJ8

YES1
 NO2 } [GO TO QA05_J7]
 REFUSED -7
 DON'T KNOW -8

QA05_J4 Was this because you and the doctor spoke different languages?

AJ9

YES1
 NO2 } [GO TO QA05_J7]
 REFUSED -7
 DON'T KNOW -8

QA05_J5 Did you need someone else to help you understand the doctor?

AJ10

YES1
 NO2 } [GO TO QA05_J7]
 REFUSED -7
 DON'T KNOW -8

QA05_J6 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+, CODE AS ADULT FAMILY MEMBER]

- MINOR CHILD (UNDER AGE 18)1
- AN ADULT FAMILY MEMBER OR
FRIEND OF MINE.....2
- NON-MEDICAL OFFICE STAFF3
- 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 HELP7
- REFUSED-7
- DON'T KNOW-8

QA05_J7 Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

AJ17

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO QA05_J9]**

QA05_J8 Think about the last time this happened. How long ago was that?

AJ18

- A YEAR AGO OR LESS1
- MORE THAN 1 UP TO 2 YEARS AGO2
- MORE THAN 2 UP TO 3 YEARS AGO3
- MORE THAN 3 UP TO 5 YEARS AGO4
- MORE THAN 5 UP TO 10 YEARS AGO5
- MORE THAN 10 UP TO 20 YEARS AGO6
- MORE THAN 20 YEARS AGO7
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_J9
IF QA05_B6 = 1 (YES, R VISITED ER FOR ASTHMA) CODE QA05_J9 = 1 AND GO TO QA05_J10;
ELSE, CONTINUE WITH QA05_J9

QA05_J9 During the past 12 months, did you visit a hospital emergency room for your own health?

AH12

- YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

QA05_J10

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

QA05_J11

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

QA05_J12

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

QA05_J13

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

QA05_J14 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

QA05_J15 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

QA05_J16 During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?

AJ2

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

QA05_J17 Not counting overnight stays, emergency room visits, or visits for drug or alcohol problems, in the past 12 months, have you seen a psychiatrist, psychologist, social worker, or counselor for emotional or mental health problems?

AJ3

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

PROGRAMMING NOTE QA05_J18:
 (IF QA05_J16 = 1 OR QA05_J17=1) AND ARINSURE = 1, CONTINUE WITH QA05_J18;
 (IF QA05_J16 = 1 OR QA05_J17 = 1) AND ARINSURE NE 1, GO TO QA05_J19;
 ELSE GO TO QA05_J22;

QA05_J18 Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

AJ1

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

QA05_J19 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

QA05_J20 During the past 12 months, did you have difficulties or delays in getting mental health treatment?

AJ6

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

PROGRAMMING NOTE QA05_J21;
 IF QA05_J9 =2 (NO ER VISIT PAST 12 MONTHS, GO TO PN QA05_J22
 ELSE, CONTINUE WITH QA05_J21

QA05_J21 In the past 12 months, did you receive care in an emergency room for emotional or mental health problems?

AJ7

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

PROGRAMMING NOTE QA05_J23
 IF QA05_J1 > 0 OR QA05_J2 = 0 (R HAS SEEN DOCTOR IN LAST 12 MONTHS) CONTINUE WITH QA05_J23
 ELSE GO TO QA05_K1

QA05_J22 Doctors, nurses, or other health providers sometimes talk with patients about low-fat, low-salt, or reduced calorie diets. In the last 12 months, did your health provider talk with you or give you information about how much or what kinds of food you eat?

AJ27

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

QA05_J23

In the last 12 months, did your health provider talk with you or give you information about how much or what kind of exercise you get?

AJ28

YES1
NO.....2
REFUSED -7
DON'T KNOW -7

Section K – Employment, Income, Poverty Status

PROGRAMMING NOTE QA05_K1:
IF QA05_G22 = 1 (R WORKED LAST WEEK) OR QA05_G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA05_K1;
ELSE GO TO PROGRAMMING NOTE QA05_K7

QA05_K1 This is about the work you do. How many hours per week do you usually work at all 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

PROGRAMMING NOTE QA05_K2
IF QA05_K1 = 0 (NO HOURS WORKED), GO TO PROGRAMMING NOTE QA05_K7;
ELSE CONTINUE WITH QA05_K2 AND
IF QA05_G26 = 1 (PRIVATE COMPANY), DISPLAY “employed by a private company”,
IF QA05_G26 = 2 (GOVERNMENT), CODE QA05_K2 AS “GOVERNMENT” AND GO TO QA05_K3
IF QA05_G26 = 3 (SELF-EMPLOYED), DISPLAY “self-employed”,
IF QA05_G26 = 4 (FAMILY BUSINESS OR FARM), DISPLAY “working without pay in a family business or farm”.

QA05_K2 Earlier, you told me that on your main job, you are {employed by a private company/ / self-employed/ working without pay in a family business or farm}. What kind of business or industry is this?

AK5

[IF NEEDED, SAY: “What do they make or do at this business?”]
[INTERVIEWER: ENTER DESCRIPTION]

_____ (BUSINESS OR INDUSTRY)
 REFUSED -7
 DON'T KNOW -8

QA05_K3 What is the main kind of work you do?

AK6

[MAIN JOB = WHERE WORKS MOST HOURS.]
[INTERVIEWER: ENTER DESCRIPTION]

_____ (OCCUPATION)
 REFUSED -7
 DON'T KNOW -8

QA05_K4 How long have you worked at your main job?

AK7

[IF NEEDED, SAY: “That is, for your current employer?”]

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

PROGRAMMING NOTE QA05_K5:

**IF QA05_G26 = 2 (GOVERNMENT EMPLOYEE), CODE QA05_K5 = 5 AND GO TO QA05_K7;
 IF QA05_G26 = 3 (SELF-EMPLOYED), CONTINUE WITH QA05_K5 AND DISPLAY "Including yourself, about";
 ELSE CONTINUE WITH QA05_K5 AND DISPLAY "About"**

QA05_K5 {Including yourself, about / About} how many people are employed by {your employer/you} at all locations?

AK8

[IF NEEDED SAY: "Your best guess is fine."]

- FEWER THAN 101
 - 10-502
 - 51-993
 - 100-9994
 - 1,000 OR MORE5
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO QA05_K7]**

QA05_K6 What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

AK10

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

- \$ _____ AMOUNT
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_K7

**IF QA05_G29 = 1 or 2 (SPOUSE WORKS) OR QA05_G30 = 1 (SPOUSE USUALLY WORKS), CONTINUE WITH QA05_K7;
 ELSE GO TO QA05_K9**

QA05_K7 How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

- _____ HOURS
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_K8

**IF QA05_K7 > 0 CONTINUE WITH QA05_K8;
 ELSE GO TO QA05_K9**

QA05_K8 What is your best estimate of all your spouse's earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

AK10A

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

- \$ _____ AMOUNT
- REFUSED-7
- DON'T KNOW-8

QA05_K9 What is your best estimate of your household's total annual income from all sources before taxes in 2004?

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
 REFUSED -7 }
 DON'T KNOW -8 } **[GO TO PN QA05_K11]**

QA05_K10 I have entered that your annual household income is (AMOUNT). Is that correct?

AK22A

YES1 **[GO TO PN QA05_K17]**
 NO2 **[GO BACK TO QA05_K9]**
 REFUSED -7 **[GO TO PN QA05_K17]**
 DON'T KNOW -8 **[GO TO PN QA05_K17]**

PROGRAMMING NOTE QA05_K11:
IF QA05_K9 = -7 or -8 CONTINUE WITH QA05_K11;
ELSE GO TO PROGRAMMING NOTE QA05_K17

QA05_K11 We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?

AK11

MORE1 **[GO TO QA05_K13]**
 EQUAL TO \$20K OR LESS2
 REFUSED -7 **[GO TO PN QA05_K17]**
 DON'T KNOW -8 **[GO TO PN QA05_K17]**

QA05_K12 Is it ...

AK12

\$5,000 or less, or1
 \$5,001 to \$10,000, or2
 \$10,001 to \$15,000, or3
 \$15,001 to 20,000?4 **[GO TO PN QA05_K17]**
 REFUSED -7
 DON'T KNOW -8

QA05_K13 Is it more or less than \$70,000 per year?

AK13

MORE1 **[GO TO QA05_K15]**
 EQUAL TO \$70K OR LESS2
 REFUSED -7 **[GO TO PN QA05_K17]**
 DON'T KNOW -8 **[GO TO PN QA05_K17]**

QA05_K14 Is it ...

AK14

- \$20,001 to \$30,000,1
 - \$30,001 to \$40,000,2
 - \$40,001 to \$50,000,3
 - \$50,001 to \$60,000, or.....4
 - \$60,001 to \$70,000?5
 - REFUSED-7
 - DON'T KNOW-8
- } [GO TO PN QA05_K17]

QA05_K15 Is it more or less than \$135,000 per year?

AK15

- MORE1 [GO TO PN QA05_K17]
- EQUAL TO \$135K OR LESS.....2
- REFUSED-7 [GO TO PN QA05_K17]
- DON'T KNOW-8 [GO TO PN QA05_K17]

QA05_K16 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 QA05_K17:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA05_K18;
ELSE CONTINUE WITH QA05_K17

QA05_K17 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 QA05_K18:
QA05_K18 MUST BE LESS THAN QA05_K17
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) = QA05_K20,
GO TO PROGRAMMING NOTE QA05_K19;
ELSE CONTINUE WITH QA05_K18

QA05_K18 How many of these {INSERT NUMBER FROM QA05_K17} people are children under the age of 18?

AK18

- _____ NUMBER OF CHILDREN (UNDER AGE 18)
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_K19: [BASE.POVRT100, BASE.POVRT130, BASEPOVRT200]
OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2005 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA05_K17 AND QA05_K18 RESPECTIVELY. SCRN.RADLTCNT
SCRN.KIDCNT

(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2002 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM xxx FOR THE TABLE OF VALUES. THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI VARIABLE POVRT300).

IF EITHER QA05_K17 OR QA05_K18 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 QA05_G14 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...

- 1) AT OR BELOW 100% FPL,
- 2) ABOVE 100% FPL BUT AT OR BELOW 130% FPL,
- 3) ABOVE 130% FPL BUT AT OR BELOW 200% FPL
- 3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL,
- 4) ABOVE 300% FPL, OR
- 5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA05_K9= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, ASK QA05_K19 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA05_K20

QA05_K19 I need to ask just one last, very specific question about income.
 Was your total annual household income before taxes less than or more than \${POVRT100}?

AK18A	EQUAL TO OR LESS1	[GO TO QA05_K23]
	MORE2	
	REFUSED-7	
	DON'T KNOW-8	

PROGRAMMING NOTE QA05_K20:
IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15= -7, CONTINUE WITH QA05_K20 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA05_K22

QA05_K20 {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT200}?

AK18B	EQUAL TO OR LESS1	[GO TO QA05_K23]
	MORE2	
	REFUSED-7	
	DON'T KNOW-8	

PROGRAMMING NOTE QA05_K21:
IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13= -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K21 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO QA05_K23

QA05_K21 {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT130}?

AK18D

- EQUAL TO OR LESS1 **[GO TO QA05_K23]**
- MORE2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_K22:
IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13= -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K22 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO QA05_K23

QA05_K22 {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT300}?

AK18C

- EQUAL TO OR LESS1
- MORE2
- REFUSED-7
- DON'T KNOW-8

QA05_K23 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".]

- HOUSE1
- DUPLEX.....2
- BUILDING WITH 3 OR MORE UNITS.....3
- MOBILE HOME.....4
- REFUSED-7
- DON'T KNOW-8

QA05_K24 Do you own or rent your home?

AK25

- OWN1
 - RENT2
 - OTHER ARRANGEMENT3
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO PN QA05_L1]**

QA05_K25 About how long have you lived at your current address?

AM14

_____ (MONTHS/YEARS)
REFUSED -7
DON'T KNOW -8

QA05_K26 Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?

AK28

ALL OF THE TIME 1
MOST OF THE TIME 2
SOME OF THE TIME 3
NONE OF THE TIME 4
REFUSED -7
DON'T KNOW -8

Section L- Public Program Participation

PROGRAMMING NOTE QA05_L1:

IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5) CONTINUE WITH SECTION L; ELSE GO TO PROGRAMMING NOTE QA05_M1

QA05_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 QA05_L2:

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L2 ELSE GO TO QA05_L3

QA05_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

QA05_L3 Are you receiving Food Stamp benefits?

AL5

[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

**PROGRAMMING NOTE QA05_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L4;
ELSE GO TO PROGRAMMING NOTE QA05_L5**

QA05_L4 Is {TEEN} receiving Food Stamp benefits?

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

QA05_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 QA05_L6:
IF QA05_A5 = 2 (FEMALE) AND QA05_E12 = 1 (PREGNANT) OR IF CHILD AGE < 7 (6 YEARS OR YOUNGER),
CONTINUE WITH QA05_L6;
ELSE GO TO QA05_L7**

QA05_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

QA05_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 cash, savings, investments, and furniture together are worth more than \$5,000?

AL9

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

PROGRAMMING NOTE QA05_L8:

IF QA05_G10 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA05_L8

Did {you or your spouse/you or your partner/you} receive any money last month for alimony, child support, or money from a government or veteran program?

AL15

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- } [GO TO QA05_L10]

PROGRAMMING NOTE QA05_L9:

IF QA05_L8 = 1 (YES), CONTINUE WITH QA05_L9
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 2 (SPOUSE NOT MEMBER OF HH), DISPLAY "What was the total amount that you received from all these sources?";
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 = 1 (SPOUSE IN HH),
DISPLAY: "What was the combined total amount that you and your {spouse} received from all these sources?";
ELSE GO TO PROGRAMMING NOTE QA05_L10

QA05_L9

What was the {combined} total amount that you {and your spouse} 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 QA05_L10:

IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";
IF QA05_G10 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you."

QA05_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 PAID1
 - YES, SPOUSE/PARTNER PAID2
 - YES, BOTH PAID3
 - NO4
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO QA05_L12]
 [GO TO QA05_L12]
 [GO TO QA05_L12]

QA05_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
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_L12:

**IF AGE IS 65 OR OLDER AND QA05_A15 ≠ 1 (MARRIED) CONTINUE WITH QA05_L12 AND DISPLAY "you";
IF AGE ≥ 65 AND QA05_A15 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA05_L12 AND DISPLAY "you or your partner";
ELSE GO TO PROGRAMMING NOTE QA05_L14**

IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA05_14 =1 (MARRIED) AND QA05_G10 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA05_L12 AND DISPLAY "you or your spouse";

QA05_L12 Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments last month?

AL18A

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- } **[GO TO PN QA05_L14]**

QA05_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
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA05_L14:

IF ARMCAL = 1, GO TO QA05_M1

ELSE CONTINUE WITH QA05_L14

QA05_L14 What is the one main reason why you are not enrolled in the Medi-Cal program?

AL19

- PAPERWORK TOO DIFFICULT1
- DIDN'T KNOW IF ELIGIBLE2
- INCOME TOO HIGH, NOT ELIGIBLE3
- NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS4
- OTHER NOT ELIGIBLE5
- DON'T BELIEVE IN HEALTH INSURANCE6
- DON'T NEED IT BECAUSE HEALTHY7
- ALREADY HAVE INSURANCE8
- DIDN'T KNOW IT EXISTED9
- DON'T LIKE/WANT WELFARE10
- OTHER11
- REFUSED-7
- DON'T KNOW-8

Section M – Food Insecurity and Hunger

**PROGRAMMING NOTE QA05_M1
 IF POVERTY < 3 (HH Income <= 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA05_M1;
 ELSE GO TO QA05_N1**

QA05_M1 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.

AM1

The first statement is:
 "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."
 Was that often true, sometimes true, or never true for you and your household in the last 12 months?

- OFTEN TRUE1
- SOMETIMES TRUE.....2
- NEVER TRUE3
- REFUSED -7
- DON'T KNOW -8

QA05_M2 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 TRUE1
- SOMETIMES TRUE.....2
- NEVER TRUE3
- REFUSED -7
- DON'T KNOW -8

QA05_M3 Please tell me yes or no. In the last 12 months, since {DATE 12 MONTHS AGO}, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

AM3

- YES1
- NO.....2 **[GO TO QA05_M5]**
- REFUSED -7 **[GO TO QA05_M5]**
- DON'T KNOW -8 **[GO TO QA05_M5]**

QA05_M4 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 MONTH2
- ONLY IN 1 OR 2 MONTHS3
- REFUSED -7
- DON'T KNOW -8

QA05_M5

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

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

QA05_M6

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

AM5

- YES1
- NO2
- REFUSED -7
- DON'T KNOW -8

Section N –Demographic Information Part III and Closing

QA05_N1 Just a few final questions and then we are done.

AH42

To be sure we are covering the entire state, what county do you live in?

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

QA05_N1 CONTINUED...

SONOMA49
 STANISLAUS.....50
 SUTTER.....51
 TEHAMA52
 TRINITY53
 TULARE.....54
 TUOLUMNE.....55
 VENTURA.....56
 YOLO57
 YUBA58
 REFUSED.....-7
 DON'T KNOW-8

**PROGRAMMING NOTE QA05_N2:
 IF ADVANCE LETTER SENT, ASK QA05_N2;
 IF R'S ADDRESS IS A P.O. BOX, GO TO QA05_N3
 ELSE GO TO QA05_N3**

QA05_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.

AO1

Do you now live at {R's address and street}?

YES.....1 **[GO TO QA05_N6]**
 NO.....2
 REFUSED.....-7
 DON'T KNOW-8

QA05_N3 What is your zip code?

AM7

_____(ZIP CODE)
 REFUSED.....-7
 DON'T KNOW-8

QA05_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.

AO2

_____(HOUSE ADDRESS NUMBER)
 _____(NAME OF STREET, VERIFY SPELLING) **[GO TO QA05_N6]**
 NO.....2
 REFUSED.....-7
 DON'T KNOW-8

QA05_N5 Can you tell me just the name of the street you live on?

AM8

_____(NAME OF STREET)
 REFUSED.....-7 **[GO TO CLOSE1]**
 DON'T KNOW-8 **[GO TO CLOSE1]**

QA05_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

CLOSE1 Those are my final questions. I really appreciate your patience.

QA05_N7 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 [GO TO CLOSE2]
DON'T KNOW -8 [GO TO CLOSE2]

QA05_N8 In case we do call you back for another study, would you give me your full name so that we will know who to ask for?

AO5

_____ (First name)
_____ (Last name, confirm spelling)
REFUSED -7 [GO TO CLOSE2]
DON'T KNOW -8 [GO TO CLOSE2]

QA05_N9 Is there another number where we might be able to reach you if this one doesn't work?

AO6

_____ (read back to confirm alternate telephone number)
REFUSED -7
DON'T KNOW -8

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. Thank you and good-bye.