CHIS 2007
Adult Questionnaire
Version 5.2
February 10, 2011

Adult Respondents Age 18 and older

Collaborating Agencies:
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☐ California Department of Health Care Services
☐ California Department of Public Health
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Section A – Demographic Information, Part I

QA07_A1 What is your date of birth?

AA1MON MONTH ______

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

AA1DAY DAY ______

AA1YR YEAR _____

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

PROGRAMMING NOTE FOR QA07_A2:
IF QA07_A1 = -7 OR -8 THEN CONTINUE WITH QA07_A2;
ELSE GO TO QA07_A5

QA07_A2 What month and year were you born?

AA1AMON MONTH ______

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

AA1AYR YEAR _____

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

PROGRAMMING NOTE FOR QA07_A3:
IF QA07_A2 = -7 OR -8 THEN CONTINUE WITH QA07_A3;
ELSE GO TO QA07_A5

QA07_A3 What is your age, please?

AA2 _____YEARS OF AGE

REFUSED .......................................................... -7
DON'T KNOW .................................................. -8
PROGRAMMING NOTE FOR QA07_A4:
IF QA07_A3 = -7 OR -8 THEN CONTINUE WITH QA07_A4;
ELSE GO TO QA07_A5

QA07_A4 Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

AA2A

BETWEEN 18 AND 29 ............................................. 1
BETWEEN 30 AND 39 ............................................. 2
BETWEEN 40 AND 44 ............................................. 3
BETWEEN 45 AND 49 ............................................. 4
BETWEEN 50 AND 64 ............................................. 5
65 OR OLDER ....................................................... 6
REFUSED ........................................................... -7
DON’T KNOW ................................................... -8

PROGRAMMING NOTE:
CALCULATE VALUE OF AGE (AAGE) BASED ON QA07_A1, QA07_A2, OR QA07_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA07_A1, QA07_A2, OR QA07_A3 = -7 OR -8 THEN USE QA07_A4;
ELSE USE ENUM.AGE (FROM SCREENER SEGMENT OF INTERVIEW);

QA07_A5 Are you male or female?

AA3

MALE ................................................................. 1
FEMALE ............................................................. 2
REFUSED ........................................................... -7
DON’T KNOW ................................................... -8

QA07_A6 Are you Latino or Hispanic?

AA4

YES ................................................................. 1
NO ................................................................. 2 [GO TO QA07_A8]
REFUSED ........................................................ -7 [GO TO QA07_A8]
DON’T KNOW ................................................... -8 [GO TO QA07_A8]
And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran -- and if you have more than one, tell me all of them.

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

- MEXICAN/MEXICANO ............................................. 1
- MEXICAN AMERICAN ............................................. 2
- CHICANO ................................................................. 3
- SALVADORAN ......................................................... 4
- GUATEMALAN ......................................................... 5
- COSTA RICAN ................................................................. 6
- HONDURAN ............................................................. 7
- NICARAGUAN ......................................................... 8
- PANAMANIAN ................................................................. 9
- PUERTO RICAN................................................................. 10
- CUBAN ................................................................. 11
- SPANISH-AMERICAN (FROM SPAIN) .................. 12
- OTHER LATINO (SPECIFY): _________________ .... 91
- REFUSED ............................................................... -7
- DON’T KNOW ......................................................... -8

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

[INTERVIEWER NOTE: IF R GIVES ANOTHER RESPONSE, SPECIFY. CODE ALL THAT APPLY]

- WHITE ...................................................................... 1
- BLACK OR AFRICAN AMERICAN ........................... 2
- ASIAN ....................................................................... 3
- AMERICAN INDIAN OR ALASKA NATIVE .............. 4
- OTHER PACIFIC ISLANDER ....................................... 5
- NATIVE HAWAIIAN .................................................. 6
- OTHER (SPECIFY): _______________________________ 91
- REFUSED ............................................................... -7
- DON’T KNOW ................................................................. -8
PROGRAMMING NOTE FOR QA07_A9:
IF QA07_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA07_A9;
ELSE GO TO PROGRAMMING NOTE QA07_A12;

QA07_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.

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

- APACHE .................................................................... 1
- BLACKFOOT/BLACKFEET ....................................... 2
- CHEROKEE ............................................................... 3
- CHOCTAW ............................................................... 4
- MEXICAN AMERICAN INDIAN ................................. 5
- NAVAJO .................................................................. 6
- POMO ........................................................................ 7
- PUEBLO .................................................................... 8
- SIOUX ....................................................................... 9
- YAQUI ...................................................................... 10
- OTHER TRIBE (SPECIFY):___________________________ 91
- REFUSED .................................................................. 97
- DON'T KNOW ......................................................... -78

QA07_A10  Are you an enrolled member in a federally or state recognized tribe?

- YES ............................................................................ 1
- NO .............................................................................. 2
- REFUSED .................................................................. 97
- DON'T KNOW ......................................................... -78

[GO TO QA07_A12]
<table>
<thead>
<tr>
<th>Tribe</th>
<th>Code</th>
<th>Level</th>
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</thead>
<tbody>
<tr>
<td>APACHE</td>
<td>AA5D</td>
<td>1</td>
</tr>
<tr>
<td>MESCALERO APACHE, NM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APACHE (NOT SPECIFIC)</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>OTHER APACHE (SPECIFY)</td>
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<td>3</td>
</tr>
<tr>
<td>BLACKFEET</td>
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<td>4</td>
</tr>
<tr>
<td>BLACKFOOT/BLACKFEET</td>
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<td>CHEROKEE (NOT SPECIFIC)</td>
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<td>6</td>
</tr>
<tr>
<td>OTHER CHEROKEE (SPECIFY)</td>
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<td>CHOCTAW OKLAHOMA</td>
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</tr>
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</tr>
<tr>
<td>OTHER CHOCTAW (SPECIFY)</td>
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</tr>
<tr>
<td>NAVAJO</td>
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<td>11</td>
</tr>
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<td>NAVAJO (NOT SPECIFIC)</td>
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<td></td>
</tr>
<tr>
<td>POMO</td>
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<td>12</td>
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<tr>
<td>HOPLAND BAND, HOPLAND RANCHERIA</td>
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<td>SHERWOOD VALLEY RANCHERIA</td>
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<td>POMO (NOT SPECIFIC)</td>
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<tr>
<td>OTHER POMO (SPECIFY)</td>
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<td>15</td>
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<td>PUEBLO</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>HOPI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YSLETA DEL SUR PUEBLO OF TEXAS</td>
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<td>17</td>
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<td>PUEBLO (NOT SPECIFIC)</td>
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<td>OTHER PUEBLO (SPECIFY)</td>
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<td>19</td>
</tr>
<tr>
<td>SIOUX</td>
<td></td>
<td>20</td>
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<tr>
<td>OGLALA/PINE RIDGE SIOUX</td>
<td></td>
<td></td>
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<td>SIOUX (NOT SPECIFIC)</td>
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<td>OTHER SIOUX (SPECIFY)</td>
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<tr>
<td>YAQUI</td>
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<td>PASCUA YAQUI TRIBE OF ARIZONA</td>
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<td>YAQUI (NOT SPECIFIC)</td>
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<td>OTHER YAQUI (SPECIFY)</td>
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<td>OTHER</td>
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<td>91</td>
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<tr>
<td>OTHER (SPECIFY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE FOR QA07_A12:
IF QA07_A8= 3 (ASIAN) CONTINUE WITH QA07_A12;
ELSE GO TO PROGRAMMING NOTE QA07_A13;

QA07_A12  You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, or Vietnamese? If you are more than one, tell me all of them.

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

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

PROGRAMMING NOTE FOR QA07_A13:
IF QA07_A8= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA07_A13;
ELSE GO TO PROGRAMMING NOTE QA07_A15;

QA07_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.

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN ............................... 1
GUAMANIAN ........................................................... 2
TONGAN .................................................................... 3
FIJIAN ....................................................................... 4
OTHER PACIFIC ISLANDER (SPECIFY): ______ 91
REFUSED ..................................................................... 7
DON’T KNOW ............................................................ 8
**PROGRAMMING NOTE FOR QA07_A14:**

If QA07_A6 = 1 (LATINO) AND [QA07_A8 = 6 (NATIVE HAWAIIAN) OR QA07_A8= 5 (OTHER PACIFIC ISLANDER) OR QA07_A8= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA07_A8= 3 (ASIAN) OR QA07_A8= 2 (BLACK/AFRICAN AMERICAN) OR QA07_A8= 1 (WHITE) OR QA07_A8 = 91 (OTHER)], continue with QA07_A14; else if there were multiple responses to QA07_A8, QA07_A12, or QA07_A13 (not counting -7 or -8) continue with QA07_A14; else skip to QA07_A15;

**QA07_A14** You said that you are: [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1]. Do you identify with any one race in particular?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td>[GO TO QA07_A16]</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>[GO TO QA07_A16]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO QA07_A16]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO QA07_A16]</td>
</tr>
</tbody>
</table>
**PROGRAMMING NOTE FOR QA07_A15:**

If QA07_A6 = 1 (YES, LATINO) AND QA07_A7 ≠ -7 or -8, DO NOT DISPLAY QA07_A15 = 14 (LATINO);
If QA07_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA07_A12 = 1 to 5, DO NOT DISPLAY QA07_A15 = 17 (OTHER PACIFIC ISLANDER);
If QA07_A8 = 3 AND QA07_A12 = 1 to 18 (ANY OF AA5E1 THROUGH AA5E18 = 1), DO NOT DISPLAY QA07_A15 = 19 (ASIAN);

**QA07_A15** Which do you most identify with?

**AA5F**

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

<table>
<thead>
<tr>
<th>Race/Culture</th>
<th>Code</th>
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<tbody>
<tr>
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<td>MEXICAN AMERICAN</td>
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<tr>
<td>CHICANO</td>
<td>3</td>
</tr>
<tr>
<td>SALVADORAN</td>
<td>4</td>
</tr>
<tr>
<td>GUATEMALAN</td>
<td>5</td>
</tr>
<tr>
<td>COSTA RICAN</td>
<td>6</td>
</tr>
<tr>
<td>HONDURAN</td>
<td>7</td>
</tr>
<tr>
<td>NICARAGUAN</td>
<td>8</td>
</tr>
<tr>
<td>PANAMANIAN</td>
<td>9</td>
</tr>
<tr>
<td>PUERTO RICAN</td>
<td>10</td>
</tr>
<tr>
<td>CUBAN</td>
<td>11</td>
</tr>
<tr>
<td>SPANISH-AMERICAN (FROM SPAIN)</td>
<td>12</td>
</tr>
<tr>
<td>LATINO, OTHER SPECIFY</td>
<td>13</td>
</tr>
<tr>
<td>LATINO</td>
<td>14</td>
</tr>
<tr>
<td>NATIVE HAWAIAN</td>
<td>16</td>
</tr>
<tr>
<td>OTHER PACIFIC ISLANDER</td>
<td>17</td>
</tr>
<tr>
<td>AMERICAN INDIAN OR ALASKA NATIVE</td>
<td>18</td>
</tr>
<tr>
<td>ASIAN</td>
<td>19</td>
</tr>
<tr>
<td>BLACK OR AFRICAN AMERICAN</td>
<td>20</td>
</tr>
<tr>
<td>WHITE</td>
<td>21</td>
</tr>
<tr>
<td>RACE, OTHER SPECIFY</td>
<td>22</td>
</tr>
<tr>
<td>BANGLADESHI</td>
<td>30</td>
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<tr>
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</tr>
<tr>
<td>CAMBODIAN</td>
<td>32</td>
</tr>
<tr>
<td>CHINESE</td>
<td>33</td>
</tr>
<tr>
<td>FILIPINO</td>
<td>34</td>
</tr>
<tr>
<td>HMONG</td>
<td>35</td>
</tr>
<tr>
<td>INDIAN (INDIA)</td>
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<td>LAOTIAN</td>
<td>40</td>
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<td>41</td>
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<td>44</td>
</tr>
<tr>
<td>THAI</td>
<td>45</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>46</td>
</tr>
<tr>
<td>ASIAN, OTHER SPECIFY</td>
<td>49</td>
</tr>
<tr>
<td>SAMOAN/AMERICAN SAMOAN</td>
<td>50</td>
</tr>
<tr>
<td>GUAMANIAN</td>
<td>51</td>
</tr>
<tr>
<td>TONGAN</td>
<td>52</td>
</tr>
<tr>
<td>FIJIAN</td>
<td>53</td>
</tr>
<tr>
<td>PACIFIC ISLANDER, OTHER SPECIFY</td>
<td>55</td>
</tr>
<tr>
<td>BOTH/ALL/MULTIRACIAL</td>
<td>90</td>
</tr>
<tr>
<td>NONE OF THESE</td>
<td>95</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA07_A16 Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

[INTERVIEWER NOTE: 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

QA07_B1 These next questions are about your health. Would you say that in general your health is excellent very good, good, fair, or poor?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>1</td>
</tr>
<tr>
<td>Very Good</td>
<td>2</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>Fair</td>
<td>4</td>
</tr>
<tr>
<td>Poor</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA07_B2 Has a doctor ever told you that you have asthma?

<table>
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<th>Code</th>
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</thead>
<tbody>
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<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA07_B3 Do you still have asthma?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA07_B4 During the past 12 months, have you had an episode of asthma or an asthma attack?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE FOR QA07_B5:
If QA07_B3 = 2, -7, or -8 (No, Refused, Don’t know) AND QA07_B4 = 2, -7, or -8 (No, Refused, Don’t know), GO TO QA07_B8;
ELSE CONTINUE WITH QA07_B5

QA07_B5 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
<tr>
<td>Less than every month</td>
<td>2</td>
</tr>
<tr>
<td>Every month</td>
<td>3</td>
</tr>
<tr>
<td>Every week, or</td>
<td>4</td>
</tr>
<tr>
<td>Every day</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA07_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

QA07_B7  During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

   [AH15A]
   YES ............................................................................ 1
   NO .............................................................................. 2
   REFUSED ..................................................................... -7
   DON'T KNOW ............................................................. -8

QA07_B8  Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

   [AB18]
   [INTERVIEWER NOTE: IF NEEDED SAY, "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]
   YES ............................................................................ 1
   NO .............................................................................. 2
   REFUSED ..................................................................... -7
   DON'T KNOW ............................................................. -8

PROGRAMMING NOTE FOR QA07_B9:
   IF QA07_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA07_B4 = 1 (YES, EPISODE IN LAST 12 MOS), SKIP TO QA07_B12;
   ELSE CONTINUE WITH QA07_B9;

QA07_B9  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

QA07_B10 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
QA07_B11  During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

[AB80]

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

PROGRAMMING NOTE FOR QA07_B12;
IF AAGE > 69 THEN SKIP TO QA07_B13;
ELSE CONTINUE WITH QA07_B12;

QA07_B12  During the past 12 months, how many days of work did you miss due to asthma?

[AB42]

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

______ DAYS (0 – 365)

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

QA07_B13  Has a doctor or other health professional ever given you an asthma management plan?

[AB43]

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

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

PROGRAMMING NOTE FOR QA07_B14:
IF QA07_A5 = 2 (FEMALE), DISPLAY “Other than during pregnancy, has”;
ELSE BEGIN DISPLAY WITH “Has”;

QA07_B14  {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

[AB22]

YES ................................................................. 1  [GO TO QA07_B23]
NO ................................................................. 2  [GO TO QA07_B23]
BORDERLINE OR PRE-DIABETES .................. 3  [GO TO QA07_B23]
REFUSED ....................................................... 7  [GO TO QA07_B23]
DON'T KNOW ............................................... 8  [GO TO QA07_B23]

QA07_B15  How old were you when a doctor first told you that you have diabetes?

[AB23]

______ AGE IN YEARS

REFUSED ....................................................... 7
DON'T KNOW ............................................... 8
QA07_B16  Were you told that you had Type 1 or Type 2 diabetes?

AB51

[INTERVIEWER NOTE: 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

QA07_B17  Are you now taking insulin?

AB24

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

QA07_B18  Do you now take diabetic pills to lower your blood sugar?

AB25

[INTERVIEWER NOTE: IF NEEDED SAY, “These are sometimes called oral agents or oral hypoglycemic agents.”]

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

QA07_B19  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

- _____ TIMES

AB26UNT

- PER DAY ............................................................. 1
- PER WEEK ......................................................... 2
- PER MONTH ...................................................... 3
- PER YEAR .......................................................... 4
- REFUSED ..........................................................-7
- DON’T KNOW ..................................................-8

QA07_B20  About how many times in the last 12 months has a doctor checked you for hemoglobin “A one C”?

AB27

[INTERVIEWER NOTE: IF NEVER HEARD OF IT, ENTER 995.]

- _____ NUMBER OF TIMES

- REFUSED ..........................................................-7
- DON’T KNOW ..................................................-8
QA07_B21  About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

AB28

_______ NUMBER OF TIMES

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

QA07_B22  When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

AB63

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

PROGRAMMING NOTE QA07_B23; IF OR QA07_B14 = 1 (HAS DIABETES), THEN SKIP TO QA07_B24; ELSE IF QA07_A5 = 2 (FEMALE), CONTINUE WITH QA07_B23; ELSE GO TO QA07_B24;

QA07_B23  Has a doctor ever told you that you had diabetes only during pregnancy?

AB81

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

QA07_B24  Has a doctor ever told you that you have high blood pressure?

AB29

YES ............................................................................. 1 [GO TO QA07_B26]
NO ............................................................................. 2 [GO TO QA07_B26]
REFUSED ............................................................... -7 [GO TO QA07_B26]
DON'T KNOW .......................................................... -8 [GO TO QA07_B26]

QA07_B25  Are you now taking any medications to control your high blood pressure?

AB30

YES ............................................................................. 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
QA07_B26 Has a doctor ever told you that you have any kind of heart disease?

AB34

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

[GO TO QA07_B28]

QA07_B27 Has a doctor ever told you that you have heart failure or congestive heart failure?

AB52

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

[GO TO QA07_B28]

QA07_B28 During the past 12 months, have you had a flu shot?

AE30

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

[GO TO QA07_B32]

PROGRAMMING NOTE QA07_B29:

IF AAGE < 40 OR [QA07_A4 = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR AGE IS UNKNOWN, SKIP TO QA07_C1;
ELSE CONTINUE WITH QA07_B29;

QA07_B29 A stool or fecal blood test is done at home to check for colon cancer. You send your stool sample to the doctor's office or lab for testing. Have you ever done a stool or fecal blood test?

[INTERVIEWER NOTE: IF NEEDED SAY, "Do not include over-the-counter test kits from a drugstore or pharmacy."]

AF22

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

[GO TO QA07_B32]

QA07_B30 When did you do your most recent blood test using a home kit to check for colon cancer?

AF24

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A YEAR AGO OR LESS</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS AGO UP TO 5 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS AGO</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA07_B31  What was the main reason you had your most recent stool blood test using a home kit? Was it...

AB83

 PART OF A ROUTINE EXAM .................................. 1
 BECAUSE OF A PROBLEM .................................. 2
 SOME OTHER REASON .................................... 3
 REFUSED ..................................................... -7
 DON'T KNOW ............................................... -8

QA07_B32  A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home. Have you ever had a colonoscopy?

AB84

 YES ............................................................... 1
 NO ............................................................... 2 [GO TO QA07_B35]
 REFUSED ..................................................... -7 [GO TO QA07_B35]
 DON'T KNOW ............................................... -8 [GO TO QA07_B35]

QA07_B33  When did you have your most recent colonoscopy to check for colon cancer?

AB85

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

QA07_B34  What was the main reason you had your most recent colonoscopy? Was it...

AB86

 PART OF A ROUTINE EXAM .............................. 1
 BECAUSE OF A PROBLEM, OR ...................... 2
 SOME OTHER REASON ................................. 3
 REFUSED ..................................................... -7
 DON'T KNOW ............................................... -8

QA07_B35  Have you ever had a sigmoidoscopy?

AB87

 YES ............................................................... 1
 NO ............................................................... 2 [GO TO QA07_B38]
 REFUSED ..................................................... -7 [GO TO QA07_B38]
 DON'T KNOW ............................................... -8 [GO TO QA07_B38]
QA07_B36 When did you have your most recent sigmoidoscopy to check for colon cancer?

**AB88**

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

QA07_B37 What was the main reason you did your most recent sigmoidoscopy? Was it...

**AB89**

- PART OF A ROUTINE EXAM .................................. 1
- BECAUSE OF A PROBLEM, OR ............................. 2
- SOME OTHER REASON ......................................... 3
- REFUSED .................................................................. 7
- DON'T KNOW ......................................................... 8

QA07_B38 In the past 5 years, has a doctor recommended that you have a sigmoidoscopy, colonoscopy, or stool blood test?

**AB90**

- YES ........................................................................... 1
- NO ............................................................................. 2
- DID NOT GO TO A DOCTOR IN PAST 5 YRS ...... 92
- REFUSED .................................................................. 7
- DON'T KNOW ......................................................... 8

**PROGRAMMING NOTE QA07_B39:**
IF AAGE < 65 YEARS, GO TO QA07_C1;
ELSE CONTINUE WITH QA07_B39;

QA07_B39 During the past 12 months, have you fallen to the ground more than once?

**AC7**

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

QA07_B40 Did you get any medical care because of those falls?

**AB91**

- YES ............................................................................. 1 
- NO ............................................................................. 2 
- REFUSED .................................................................. 7 
- DON'T KNOW ......................................................... 8
QA07_B41  Did a health care professional talk with you about how to avoid falling?

AB92

[INTERVIEWER NOTE: IF NEEDED SAY, “A health care professional is a doctor, nurse, or other health care provider.”]

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

QA07_B42  Because of those falls, did a health care professional review your medications?

AB93

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

QA07_B43  Because of those falls, did you start a physical therapy or exercise program?

AB94

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

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

QA07_B44  Because of those falls, did you make changes to your home, such as adding grab bars or removing rugs?

AB95

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

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

QA07_B45  Did you start using a cane or walker?

AB96

[INTERVIEWER NOTE: IF NEEDED SAY, “Because of those falls” OR IF NEEDED SAY, “Include temporary changes during your recovery.”]

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

[INTERVIEWER NOTE: IF NEEDED SAY, “Because of those falls” OR IF NEEDED SAY, “Include temporary changes during your recovery.”]

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

QA07_C1 The next questions are about physical activities or exercise you may do in your free time. First think about activities that take moderate physical effort, such as walking, bicycling, swimming, dancing, or gardening.

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

AE26

[INTERVIEWER NOTE: IF NEEDED SAY, “Moderate physical activities make you breathe somewhat harder than normal.” OR “Think about only those physical activities that you did for at least 10 minutes at a time.”]

YES ................................................................. 1
NO ..................................................................... 2 [GO TO QA07_C4]
REFUSED ........................................................... -7 [GO TO QA07_C4]
DON’T KNOW ................................................. -8 [GO TO QA07_C4]

QA07_C2 On how many days did you do this?

AE27

______ DAYS PER WEEK [IF 0, GO TO QA07_C4]

REFUSED ........................................................... -7 [GO TO QA07_C4]
DON’T KNOW .................................................. -8 [GO TO QA07_C4]

PROGRAMMING NOTE QA07_C3
IF QA07_C2 = 1 DO NOT DISPLAY “usually” AND DISPLAY “that day”;
IF QA07_C2 > 1 DISPLAY “usually” and “one of those days”;

QA07_C3 How much time did you {usually} spend on {one of those days/that day} doing moderate physical activities in your free time?

AE27A

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

______ TIMES

AE27AUNT

HOURS PER DAY ............................................... 1
MINUTES PER DAY .......................................... 2
REFUSED ......................................................... -7
DON’T KNOW .................................................. -8
Now think about **vigorous** activities you may do in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming.

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

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

On how many days did you do this?

<table>
<thead>
<tr>
<th>______ DAYS PER WEEK</th>
</tr>
</thead>
</table>

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

How much time did you (usually) spend on (one of those days/on that day) doing vigorous physical activities in your free time?

| ______ TIMES |

<table>
<thead>
<tr>
<th>HOURS PER DAY</th>
<th>MINUTES PER DAY</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

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

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

| ______ DAYS PER WEEK [HR: 0-7] |

<table>
<thead>
<tr>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA07_C8  
Now think about all the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

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

[INTERVIEWER NOTE: IF NEEDED SAY, “Your best guess is fine.” IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK “Was that per day, week or month?”]

__________TIMES

AE2UNT

PER DAY .................................................................1
PER WEEK ............................................................2
PER MONTH ..........................................................3
REFUSED ............................................................7
DON’T KNOW ....................................................-8

QA07_C9  
During the past month, how many times per day, week or month did you eat French fries, home fries, or hash browns?

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

__________TIMES

AE3UNT

PER DAY .................................................................1
PER WEEK ............................................................2
PER MONTH ..........................................................3
REFUSED ............................................................7
DON’T KNOW ....................................................-8

QA07_C10  
During the past month, how many times did you eat vegetables, like green salad, green beans, or potatoes? Do not include fried potatoes.

[INTERVIEWER NOTE: IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK “Was that per day, week or month?” AND ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: “Rice is not a vegetable.”]

__________TIMES

AE7UNT

PER DAY .................................................................1
PER WEEK ............................................................2
PER MONTH ..........................................................3
REFUSED ............................................................7
DON’T KNOW ....................................................-8
QA07_C11 During the past month, how many times per day, week, or month did you drink soda such as coke or 7-up? Do not include diet soda.

AC11

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

________ TIMES

AC11UNT

PER DAY .................................................................1
PER WEEK ..............................................................2
PER MONTH .............................................................3
REFUSED ..............................................................-7
DON’T KNOW .........................................................-8

QA07_C12 Now think about the past week. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

AC31

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

________ # OF TIMES IN PAST 7 DAYS

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

QA07_C13 Now, I am going to ask about various health behaviors. Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

AE15

YES .................................................................1
NO .................................................................2 [GO TO QA07_C17]
REFUSED ..............................................................-7
DON’T KNOW .........................................................-8

QA07_C14 Do you now smoke cigarettes every day, some days, or not at all?

AE15A

EVERY DAY .............................................................1
SOME DAYS .............................................................2 [GO TO QA07_C16]
NOT AT ALL .............................................................3 [GO TO QA07_C17]
REFUSED ..............................................................-7 [GO TO QA07_C17]
DON’T KNOW .........................................................-8 [GO TO QA07_C17]

QA07_C15 On the average, how many cigarettes do you now smoke a day?

AD32

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

_____ NUMBER OF CIGARETTES [GO TO QA07_C17]

REFUSED ..............................................................-7 [GO TO QA07_C17]
DON’T KNOW .........................................................-8 [GO TO QA07_C17]
QA07_C16  In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

AE16

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

_____ NUMBER OF CIGARETTES

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

QA07_C17  Is smoking ever allowed inside your home?

AC17

YES ................................................................. 1
NO ................................................................. 2 [GO TO QA07_C19]
REFUSED ............................................................... -7 [GO TO QA07_C19]
DON'T KNOW ......................................................... -8 [GO TO QA07_C19]

QA07_C18  On average, about how many days per week is there smoking inside your home?

AD34

[INTERVIEWER NOTE: IF RARELY OR LESS THAN 1 DAY PER WEEK, ENTER 0]

_____ DAYS PER WEEK

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

QA07_C19  Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?

AC32

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

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

QA07_C20  About how many drinks did you have on a typical day when you drank alcohol?

AC33

[INTERVIEWER NOTE: IF NEEDED SAY, "In the past 12 months." OR IF NEEDED SAY, "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor." ALSO, NOTE THAT LESS THAN 1 DRINK SHOULD BE RECORDED AS 1 DRINK]

_______ # OF DRINKS

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
**PROGRAMMING NOTE QA07_C21;**

IF QA07_A5 = 1 (MALE) CONTINUE WITH QA07_C21;
ELSE GO TO QA07_C22;

<table>
<thead>
<tr>
<th>QA07_C21</th>
<th>In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC34</td>
<td>__________ TIMES [GO TO QA07_D1]</td>
</tr>
<tr>
<td></td>
<td>REFUSED .............................................................. -7 [GO TO QA07_D1]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................................................... -8 [GO TO QA07_D1]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA07_C22</th>
<th>In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC35</td>
<td>__________ TIMES</td>
</tr>
<tr>
<td></td>
<td>REFUSED .............................................................. -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................................................... -8</td>
</tr>
</tbody>
</table>
Section D – General Health, Disability, and Sexual Health

QA07_D1 These next questions are about your height and weight.

How tall are you without shoes?

[INTERVIEWER NOTE: IF NEEDED SAY, “About how tall?”]

_____ FEET _____ INCHES

[INTERVIEWER NOTE: IF NEEDED SAY, “About how much?”]

_____ POUNDS

_____ KILOGRAMS

PROGRAMMING NOTE QA07_D2:
IF QA07_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how"; ELSE DISPLAY "How";

QA07_D2 {When not pregnant, how/How} much do you weigh without shoes?

PROGRAMMING NOTE QA07_D3:
IF AAGE = 18, GO TO QA07_D4;

QA07_D3 How much did you weigh at age 18?

[INTERVIEWER NOTE: IF NEEDED SAY, “About how much?”]

_____ POUNDS

_____ KILOGRAMS

PROGRAMMING NOTE QA07_D4:
IF AAGE > 50, GO TO QA07_D5;

QA07_D4 How much do you weigh without shoes at age 60?

[INTERVIEWER NOTE: IF NEEDED SAY, “About how much?”]

_____ POUNDS

_____ KILOGRAMS

PROGRAMMING NOTE QA07_D5:
IF AAGE > 60, GO TO QA07_D6;

QA07_D5 How much did you weigh at age 70?

[INTERVIEWER NOTE: IF NEEDED SAY, “About how much?”]

_____ POUNDS

_____ KILOGRAMS

PROGRAMMING NOTE QA07_D6:
IF AAGE > 70, GO TO QA07_D7;

QA07_D6 How much do you weigh without shoes at age 80?

[INTERVIEWER NOTE: IF NEEDED SAY, “About how much?”]

_____ POUNDS

_____ KILOGRAMS

PROGRAMMING NOTE QA07_D7:
IF AAGE > 80, GO TO QA07_D8;

QA07_D7 How much did you weigh at age 90?

[INTERVIEWER NOTE: IF NEEDED SAY, “About how much?”]

_____ POUNDS

_____ KILOGRAMS

PROGRAMMING NOTE QA07_D8:
IF AAGE > 90, GO TO QA07_D9;

QA07_D8 How much do you weigh without shoes at age 100?

[INTERVIEWER NOTE: IF NEEDED SAY, “About how much?”]

_____ POUNDS

_____ KILOGRAMS

PROGRAMMING NOTE QA07_D9:
IF AAGE = 100, END.

QA07_D9 How much did you weigh at age 100?
QA07_D4  Are you blind or deaf, or do you have a severe vision or hearing problem?

AD50

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

[GO TO QA07_D6]

QA07_D5  Are you legally blind?

AL8

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

QA07_D6  Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

AD57

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

QA07_D7  Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

Any difficulty learning, remembering, or concentrating?

AD51

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

QA07_D8  Any difficulty dressing, bathing, or getting around inside the home?

AD52

[INTERVIEWER NOTE: IF NEEDED SAY, “Because of a physical, mental, or emotional condition.”]

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

QA07_D9  Any difficulty going outside the home alone to shop or visit a doctor’s office?

AD53

[INTERVIEWER NOTE: IF NEEDED SAY, “Because of a physical, mental, or emotional condition.”]

YES ................................................................. 1
NO ................................................................. 2
REFUSED ..................................................... -7
DON'T KNOW ............................................. -8
PROGRAMMING NOTE QA07_D10:
IF AAGE > 64 GO TO QA07_D12;

QA07_D10  Any difficulty working at a job or business?

AD54  

[INTERVIEWER NOTE: IF NEEDED SAY, “Because of a physical, mental, or emotional condition.”]

YES.................................................................1  [GO TO QA07_D12]
NO.................................................................2  [GO TO QA07_D12]
REFUSED..........................................................-7  [GO TO QA07_D12]
DON'T KNOW....................................................-8  [GO TO QA07_D12]

QA07_D11  Do you have a physical or mental condition that has kept you from working for at least a year?

AL8A  

[INTERVIEWER NOTE: IF NEEDED SAY, “Current condition”]

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

PROGRAMMING NOTE QA07_D12:
IF AAGE > 70 OR QA07_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA07_E1;
ELSE CONTINUE WITH QA07_D12;

QA07_D12  We are asking a few questions about people’s sexual experiences. All answers will be kept private.

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

AD43  

_______ NUMBER OF SEXUAL PARTNERS  [GO TO QA07_D14]

REFUSED..........................................................-7  [GO TO QA07_D14]
DON'T KNOW....................................................-8

QA07_D13  Can you give me your best guess?

AD44  

[INTERVIEWER NOTE: 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 QA07_D14:
IF QA07_D12 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA07_D13 = 0, GO TO PROGRAMMING NOTE QA07_D15; ELSE CONTINUE WITH QA07_D14;
IF QA07_D12 OR QA07_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female?"

QA07_D14 {Is that partner male or female?} In the past 12 months, have your sexual partners been male, female, or both male and female?

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>1</td>
</tr>
<tr>
<td>FEMALE</td>
<td>2</td>
</tr>
<tr>
<td>BOTH MALE AND FEMALE</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA07_D15:
IF QA07_A5 = 1 (MALE), DISPLAY “Gay” in question and “Gay” in Help Screen,
ELSE IF QA07_A5 =2 (FEMALE), DISPLAY “Gay, Lesbian” in question and “Gay and Lesbian” in Help Screen

QA07_D15 Do you think of yourself as straight or heterosexual, as gay {, lesbian,} or homosexual, or bisexual?

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRAIGHT OR HETEROSEXUAL</td>
<td>1</td>
</tr>
<tr>
<td>GAY, LESBIAN, OR HOMOSEXUAL</td>
<td>2</td>
</tr>
<tr>
<td>BISEXUAL</td>
<td>3</td>
</tr>
<tr>
<td>NOT SEXUAL/ CELIBATE/ NONE</td>
<td>4</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA07_D16 Have you ever been tested for HIV, the virus that causes AIDS?

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA07_D17:
IF QA07_D12 = 0 OR QA07_D13 = 0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO PROGRAMMING
NOTE QA07_E1;
ELSE CONTINUE WITH QA07_D17;

QA07_D17  Now thinking about other sexually transmitted diseases besides HIV—In the past 12 months, have you been tested for a sexually transmitted disease?

<table>
<thead>
<tr>
<th>AD47</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ........................................................................... 1</td>
</tr>
<tr>
<td>NO ............................................................................. 2</td>
</tr>
<tr>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................................................... -8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA07_D18:
IF FEMALE OR AAGE > 50, GO TO QA07_E1;
ELSE CONTINUE WITH QA07_D18;

QA07_D18  Have you and a partner ever tried for more than 12 months to get pregnant but were not able to?

<table>
<thead>
<tr>
<th>AD58</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ........................................................................... 1</td>
</tr>
<tr>
<td>NO ............................................................................. 2</td>
</tr>
<tr>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................................................... -8</td>
</tr>
</tbody>
</table>
Section E – Women’s Health

PROGRAMMING NOTE SECTION E:
IF QA07_A5 = 1 (MALE), GO NEXT SECTION; ELSE CONTINUE QA07_E1;

**QA07_E1**
These next questions are about women’s health.

**AD1**
How old were you when your periods or menstrual cycles started?

**INTERVIEWER NOTE: IF NEVER STARTED MENSTRUAL CYCLE, ENTER 96**

_____ AGE

NEVER STARTED MENSTRUAL CYCLE ............. 96
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA07_E2:
IF QA07_E1 = -8 (DON'T KNOW), CONTINUE WITH QA07_E2; ELSE GO TO QA07_E3;

**QA07_E2**
Were you younger than 12, about 12-13, or older than 13?

**AE70**

YOUNGER THAN 12.............................................. 1
ABOUT 12 to 13................................................. 2
OLDER THAN 13.................................................. 3
REFUSED ............................................................. -7
DON'T KNOW ..................................................... -8

PROGRAMMING NOTE QA07_E3:
IF AGE > 45 GO TO PROGRAMMING NOTE FOR QA07_E4;

**QA07_E3**
To your knowledge, are you now pregnant?

**AD13**

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

PROGRAMMING NOTE QA07_E4:
IF AAGE > 50 GO TO QA07_E5;
ELSE CONTINUE WITH QA07_E4;

**QA07_E4**
Have you and a partner ever tried for more than 12 months to get pregnant but were not able to?

**AE86**

YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8
PROGRAMMING NOTE QA07_E5:
IF AGE < 30 OR QA07_E3=1 (CURRENTLY PREGNANT) GO TO PROGRAMMING NOTE QA07_E6;
ELSE CONTINUE WITH QA07_5;

QA07_E5 Have you had a hysterectomy?

AD12

[Interviewer Note: If needed say, “A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy.”]

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

QA07_E6 Have you ever had a Pap test to check for cervical cancer?

AD4

[Interviewer Note: If needed say, “Sometimes, when a woman has a routine pelvic exam, she also has a Pap smear to test for cancer of the cervix. A doctor takes a cell sample from the cervix with a small stick or brush and sends it to the lab.”]

YES ........................................................................... 1
NO ............................................................................. 2
[GO TO QA07_E9]
REFUSED .................................................................. -7
[GO TO QA07_E10]
DON’T KNOW ......................................................... -8
[GO TO QA07_E10]

QA07_E7 How many Pap tests have you had in the last 6 years?

AD5

_____ PAP SMEARS

NONE ............................................................................ 0
[IF 0 GO TO QA07_E9]
REFUSED .................................................................. -7
DON’T KNOW ......................................................... -8
[GO TO QA07_E10]

QA07_E8 How long ago did you have your most recent Pap test?

AD6

A YEAR AGO OR LESS ................................................ 1
[GO TO QA07_E10]
MORE THAN 1 UP TO 2 YEARS AGO ........................ 2
[GO TO QA07_E10]
MORE THAN 2 UP TO 3 YEARS AGO ....................... 3
[GO TO QA07_E10]
MORE THAN 3 UP TO 5 YEARS AGO ....................... 4
MORE THAN 5 YEARS AGO ................................. 5
REFUSED .................................................................... -7
[GO TO QA07_E10]
DON’T KNOW ......................................................... -8
[GO TO QA07_E10]
PROGRAMMING NOTE QA07_E9:
IF (QA07_E8 > 3 (NO PAP SMEAR WITHIN LAST 3 YEARS) OR QA07_E7= 0 (NO PAP SMEARS IN LAST 6 YEARS) OR QA07_E6= 2 (NEVER HAD PAP SMEAR)), THEN CONTINUE WITH QA07_E9;
IF QA07_E6 = 2 (NO, PAP SMEAR EVER), DISPLAY "Never had a Pap smear";
IF QA07_E8 = 4, 5 (MORE THAN 3 YEARS AGO) DISPLAY "NOT had a Pap smear in the last 3 years";
ELSE GO TO PROGRAMMING NOTE QA07_E10;

QA07_E9  What is the ONE most important reason why you have {NEVER had a Pap test/NOT had a Pap test in the last 3 years}?

AD10

NO REASON/NEVER THOUGHT ABOUT IT ........1
DIDN'T KNOW I NEEDED THIS TYPE OF TEST ....2
DOCTOR DIDN'T TELL ME I NEEDED IT ..........3
HAVEN'T HAD ANY PROBLEMS ..................4
PUT IT OFF/LAZINESS .............................5
TOO EXPENSIVE/NO INSURANCE/COST ..........6
TOO PAINFUL, UNPLEASANT,
OR EMBARRASSING .............................7 [GO TO QA07_E13]
HYSTERECTOMY ................................8
DON'T HAVE A DOCTOR ..........................9
HAVED HPV VACCINE .........................10
HAVED HPV DNA TEST .........................11
OTHER ..................................................91
REFUSED .......................................... -7
DON'T KNOW ......................................-8

QA07_E10  In the past 3 years, has a doctor recommended that you have a Pap test?

AE71

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

PROGRAMMING NOTE QA07_E11;
IF AGE <28 THEN CONTINUE WITH QA07_E11;
ELSE SKIP TO QA07_E12;

QA07_E11  When do you expect to have your next Pap test?

AE79

A YEAR OR LESS FROM NOW ..................1
1-3 YEARS FROM NOW ............................2
3-5 YEARS FROM NOW ............................3
MORE THAN 5 YEARS FROM NOW .............4
WHEN DOCTOR RECOMMENDS IT .............5
NEVER, HAD HPV DNA TEST ................6
NEVER, HAD HPV VACCINE ..................7
NEVER, OTHER REASON .......................8
REFUSED .......................................... -7
DON'T KNOW ......................................-8
PROGRAMMING NOTE QA07_E12;
IF QA07_E6 = 1 (Ever had a Pap test) CONTINUE WITH QA07_E12;
ELSE GO TO QA07_E13;

QA07_E12  Have you ever had a Pap test where the results were NOT normal?

AD8

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

PROGRAMMING NOTE QA07_E13;
IF AGE > 65, GO TO PROGRAMMING NOTE QA07_E22;
ELSE CONTINUE WITH QA07_E13;

QA07_E13  Have you ever heard of HPV? HPV stands for Human Papillomavirus.

AE72

YES........................................................................... 1
NO............................................................................. 2  [GO TO QA07_E16]
REFUSED.................................................................... -7  [GO TO QA07_E16]
DON'T KNOW......................................................... -8  [GO TO QA07_E16]

QA07_E14  Where did you hear about HPV?

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

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

QA07_E15a  Do you think HPV can cause cervical cancer?

AE74

YES........................................................................... 1
NO............................................................................. 2
REFUSED .................................................................... -7
DON'T KNOW......................................................... -8
QA07_E15b  Do you think you can get HPV through sexual contact?

AE75

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

QA07_E15c  Do you think HPV causes AIDS?

AE76

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

QA07_E15d  Do you think HPV can go away on its own without treatment?

AE87

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

PROGRAMMING NOTE QA07_E16;
IF AGE > 27 GO TO PROGRAMMING NOTE QA07_E22;
ELSE CONTINUE WITH QA07_E16;

QA07_E16  Have you ever heard of the HPV vaccine or shot to prevent cervical cancer?

AE77

[INTERVIEWER NOTE: IF RESPONDENT MENTIONS "GARDASIL", THEN CODE YES.]

YES .......................................................... 1
NO .............................................................. 2
[GO TO QA07_E18]
REFUSED .................................................... -7
[GO TO QA07_E18]
DON'T KNOW .............................................. -8
[GO TO QA07_E18]

QA07_E17  Have you ever received the HPV vaccine or HPV shots?

AE78

YES .......................................................... 1
NO .............................................................. 2
[GO TO QA07_E18]
REFUSED .................................................... -7
[GO TO QA07_E18]
DON'T KNOW .............................................. -8
[GO TO QA07_E18]

QA07_E17A Did you receive all three doses of the HPV vaccine?

AE88

YES .......................................................... 1
NO .............................................................. 2
[GO TO QA07_E22]
REFUSED .................................................... -7
[GO TO QA07_E22]
DON'T KNOW .............................................. -8
[GO TO QA07_E22]
PROGRAMMING NOTE QA07_E16;
IF QA07_E16 = 2, -7, OR -8 OR QA07_E17 = 2, -7, OR -8 THEN DISPLAY: "HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26."

QA07_E18  {HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26.} Would you be interested in getting the vaccine?

   AE80
   YES ................................................................. 1 [GO TO QA07_E20]  
   NO ................................................................. 2  
   REFUSED ...................................................... -7  
   DON'T KNOW ............................................... -8

QA07_E19  What is the main reason you would not want to get the vaccine?

   AE81
   DOES NOT NEED VACCINE ............................. 1 [GO TO QA07_E22]  
   NOT SEXUALLY ACTIVE ................................. 2 [GO TO QA07_E22]  
   TOO EXPENSIVE .......................................... 3 [GO TO QA07_E21]  
   TOO OLD FOR VACCINE ............................... 4 [GO TO QA07_E22]  
   DOCTOR DIDN'T RECOMMEND IT ................. 5 [GO TO QA07_E22]  
   WORRIED ABOUT SAFETY OF VACCINE ........ 6 [GO TO QA07_E22]  
   DON'T KNOW WHERE TO GET VACCINE .......... 7 [GO TO QA07_E22]  
   MY SPOUSE/FAMILY MEMBER IS AGAINST IT .... 8 [GO TO QA07_E22]  
   DON'T KNOW ENOUGH ABOUT VACCINE ....... 9 [GO TO QA07_E22]  
   OTHER ....................................................... 10 [GO TO QA07_E22]  
   REFUSED ...................................................... -7 [GO TO QA07_E22]  
   DON'T KNOW ............................................... -8 [GO TO QA07_E22]

QA07_E20  The cost of the vaccine may be about $360. Would you get the HPV vaccine if you had to pay this amount?

   AE82
   YES ................................................................. 1 [GO TO QA07_E22]  
   NO ................................................................. 2  
   REFUSED ...................................................... -7 [GO TO QA07_E22]  
   DON'T KNOW ............................................... -8 [GO TO QA07_E22]

QA07_E21  If you could get the HPV vaccine free or at a much lower cost, would you get it?

   AE83
   YES ................................................................. 1  
   NO ................................................................. 2  
   REFUSED ...................................................... -7  
   DON'T KNOW ............................................... -8
PROGRAMMING NOTE QA07_E22:
IF AGE > 45 GO TO PROGRAMMING NOTE QA07_E24;
ELSE CONTINUE WITH QA07_E22;

QA07_E22  The next few questions are about emergency contraception.

Do you think you can get emergency contraception or the "morning after pill" over the counter from a drug store pharmacist without phoning or seeing a doctor first?

AE85

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

QA07_E23  In the past 12 months, have you used emergency contraception pills or the "morning after pill"?

AF44

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

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

PROGRAMMING NOTE QA07_E24:
IF AAGE < 30 OR QA07_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QA07__E28;
ELSE CONTINUE WITH QA07_E24 (INCLUDE WOMEN WITH AGE UNKNOWN);

QA07_E24  Have you ever had a mammogram?

AD14

[INTERVIEWER NOTE: IF NEEDED SAY, "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast." AND READ DEFINITION IF R ANSWERS "No." IF STILL NO, FOLLOW SKIP INSTRUCTIONS]

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

QA07_E25  How many mammograms have you had in the last 6 years? Your best estimate is fine.

AD16

_____ MAMMOGRAMS

REFUSED ..................................................................... -7
DON'T KNOW .......................................................... -8
PROGRAMMING NOTE QA07_E26:
IF QA07_E25 = 0 (NO MAMMOGRAMS IN LAST 6 YEARS), SKIP TO QA07_E27;
ELSE CONTINUE WITH QA07_E26

QA07_E26  How long ago did you have your most recent mammogram?

AD17

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

[GO TO QA07_E28]  [GO TO QA07_E28]

QA07_E27  In the past 2 years, has a doctor recommended that you have a mammogram?

AD26

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

PROGRAMMING NOTE QA07_E28;
IF AGE > 39 AND AD13 = 2 THEN CONTINUE WITH QA07_E28;
ELSE GO TO QA07_F1;

QA07_E28  Are you currently taking hormone replacement therapy or HRT for menopause?

AD28

[INTERVIEWER NOTE: IF NEEDED SAY, “This is a pill, patch or treatment that gives women more of the female hormone, estrogen.”]

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

[GO TO NEXT SECTION]  [GO TO NEXT SECTION]  [GO TO NEXT SECTION]

QA07_E29  Some women go on and off hormone replacement therapy. Altogether, how long have you taken HRT?

AE84

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

[GO TO NEXT SECTION]  [GO TO NEXT SECTION]  [GO TO NEXT SECTION]
Section F – Mental Health

**QA07_F1** The next questions are about how you have been feeling during the past 30 days.

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

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

**QA07_F2** During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

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

**QA07_F3** During the past 30 days, about how often did you feel restless or fidgety?

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

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

**QA07_F4** How often did you feel so depressed that nothing could cheer you up?

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

- ALL ................................................................. 1
- MOST ......................................................... 2
- SOME ....................................................... 3
- A LITTLE .................................................. 4
- NONE ........................................................ 5
- REFUSED .................................................. -7
- DON'T KNOW ......................................... -8
QA07_F5  During the past 30 days, about how often did you feel that everything was an effort?

AJ33

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

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

QA07_F6  During the past 30 days, about how often did you feel worthless?

AJ34

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

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

QA07_F7  Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

AF62

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

PROGRAMMING NOTE QA07_F8;
IF QA07_F7 = 1 THEN CONTINUE WITH QA07_F8;
ELSE SKIP TO PROGRAMMING NOTE QA07_F14;

QA07_F8  The next questions are about the one month in the past 12 months when you were at your worst emotionally.

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

AF63

ALL............................................................................ 1
MOST........................................................................ 2
SOME ..................................................................... 3
A LITTLE................................................................. 4
NONE.................................................................... 5
REFUSED............................................................... -7
DON’T KNOW....................................................... -8
QA07_F9  During that same month, how often did you feel hopeless— all of the time, most, some, a little, or none of the time?

AF64

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<td>Refused</td>
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</tr>
<tr>
<td>Don’t Know</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA07_F10  How often did you feel restless or fidgety?

AF65

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

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<th>Code</th>
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<td>A little</td>
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<td>None</td>
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<td>Refused</td>
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<tr>
<td>Don’t Know</td>
<td>-8</td>
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</tbody>
</table>

QA07_F11  How often did you feel so depressed that nothing could cheer you up?

AF66

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

<table>
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<th>Frequency</th>
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<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t Know</td>
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</tbody>
</table>

QA07_F12  How often did you feel that everything was an effort?

AF67

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

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<th>Frequency</th>
<th>Code</th>
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</table>
QA07_F13  How often did you feel worthless?

[INTERVIEWER NOTE: IF NEEDED SAY, “All of the time, most of the time, some of the time, a little of the

time, or none of the time?”]

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

PROGRAMMING NOTE QA07_F14intro;
IF (QA07_F1 + QA07_F2 + QA07_F3 + QA07_F4 + QA07_F5 + QA07_F6 > 5) OR
(QA07_F8 + QA07_F9 + QA07_F10 + QA07_F11 + QA07_F12 + QA07_F13 > 5) OR
(IF QA07_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 4) OR
(IF QA07_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 4) THEN CONTINUE WITH
QA07_F14intro;
IF QA07_F7 = 1 THEN CATI HIGHLIGHT {AGAIN, PLEASE};
ELSE SKIP TO QA07_F19;

QA07_F14intro  Think (again, please) about the month in the past 12 months when you were at your worst
emotionally.

PROGRAMMING NOTE QA07_F14;
IF AGE > 70 GO TO QA07_F15;
ELSE CONTINUE WITH QA07_F14;

QA07_F14  Did your emotions interfere a lot, some, or not at all with your performance at work?

AF69

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

QA07_F15  Did your emotions interfere a lot, some, or not at all with your household chores?

AF70

A LOT.................................................................1
SOME ..............................................................2
NOT AT ALL....................................................3
REFUSED........................................................7
DON'T KNOW.................................................8
Did your emotions interfere a lot, some, or not at all with your social life?

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

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

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

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

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

NUMBER OF DAYS

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

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

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

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

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

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

YES ................................................................. 1
NO ................................................................. 2
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8
PROGRAMMING NOTE QA07_F22:
IF QA07_F20 = 1 OR QA07_F21 = 1 THEN CONTINUE WITH QA07_F22;
ELSE SKIP TO QA07_F27;

QA07_F22 Did you seek help for your mental or emotional health or for an alcohol or drug problem?

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

PROGRAMMING NOTE QA07_F23:
IF QA07_F22 = 1, DISPLAY: "MENTAL OR EMOTIONAL HEALTH"
IF QA07_F22 = 2, DISPLAY: "USE OF ALCOHOL OR DRUGS"
IF QA07_F22 = 3, DISPLAY: "MENTAL OR EMOTIONAL HEALTH AND YOUR USE OF ALCOHOL OR DRUGS"
ELSE SKIP TO QA07_F24;

QA07_F23 In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health?/use of alcohol or drugs?/mental or emotional health and your use of alcohol or drugs?} Do not count overnight hospital stays.

| AF77 | __________ NUMBER OF VISITS
|      | REFUSED ....................................................-7
|      | DON'T KNOW ................................................-8

QA07_F24 Are you still receiving treatment for these problems from one or more of these providers?

| AF78 | YES .............................................................1  [GO TO QA07_F27]
|      | NO ...............................................................2  [GO TO QA07_F27]
|      | REFUSED .....................................................-7  [GO TO QA07_F27]
|      | DON'T KNOW ................................................-8  [GO TO QA07_F27]

QA07_F25 Did you complete the recommended full course of treatment?

| AF79 | YES .............................................................1  [GO TO QA07_F27]
|      | NO ...............................................................2
|      | REFUSED .....................................................-7
|      | DON'T KNOW ................................................-8
What is the MAIN REASON you are no longer receiving treatment?

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

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

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

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

You were concerned about the cost of treatment.

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

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

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

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

YES ............................................................... 1
NO ................................................................. 2
REFUSED ...................................................... -7
DON'T KNOW ............................................... -8
QA07_F31 You had a hard time getting an appointment.

<table>
<thead>
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<tbody>
<tr>
<td>YES</td>
<td>........................................... 1</td>
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<tr>
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<td>........................................... 2</td>
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Section G – Demographic Information, Part II

QA07_G1 Now a few more questions about you.

AH33 In what country were you born?

UNITED STATES.........................................................1
AMERICAN SAMOA.............................................2
CANADA...............................................................3
CHINA.....................................................................4
EL SALVADOR......................................................5
ENGLAND..............................................................6
FRANCE .................................................................7
GERMANY..............................................................8
GUAM ....................................................................9
GUATEMALA.......................................................10
HUNGARY.............................................................11
INDIA .....................................................................12
IRAN .......................................................................13
IRELAND .............................................................14
ITALY .................................................................15
JAPAN .....................................................................16
KOREA .................................................................17
MEXICO ...............................................................18
PHILIPPINES.......................................................19
POLAND ..............................................................20
PORTUGAL ........................................................21
PUERTO RICO......................................................22
RUSSIA ...............................................................23
TAIWAN ...............................................................24
VIETNAM ...........................................................25
VIRGIN ISLANDS ................................................26
OTHER (SPECIFY):_______________________________91
REFUSED ............................................................-7
DON'T KNOW......................................................-8
In what country was your mother born?

<table>
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</table>
QA07_G3  In what country was your father born?

[INTERVIEWER NOTE: 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
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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

QA07_G4  What languages do you speak at home?

[INTERVIEWER NOTE: CODE ALL THAT APPLY. ALSO PROBE, "Any others?"]

ENGLISH ................................................................. 1
SPANISH ............................................................... 2
CANTONESE .......................................................... 3
VIETNAMESE .......................................................... 4
TAGALOG ............................................................. 5
MANDARIN ............................................................ 6
KOREAN .............................................................. 7
ASIAN INDIAN LANGUAGES ........................................ 8
RUSSIAN ............................................................ 9
OTHER 1 (SPECIFY):_________________________ 91
OTHER 2 (SPECIFY):_________________________ 92
REFUSED .......................................................... -7
DON'T KNOW .................................................. -8
PROGRAMMING NOTE QA07_G5A and QA07_G5B:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA07_G5A;
IF INTERVIEW CONDUCTED IN ENGLISH AND QA07_G5 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA07_G5A AND DISPLAY: “Since you speak a language other than English at home, we are interested in the languages you use in other situations” AND DROP RESPONSE CATEGORY “NOT AT ALL”;
REPLACE OTHER LANGUAGE FOR QA07_G5A and QA07_G5B WITH LANGUAGE PROVIDED IN QA07_G4 OR INTERVIEW LANGUAGE;
ELSE IF QA07_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA07_G7;

QA07_G5A What language do you speak with your friends?

AG20

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

QA07_G5B In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen, or read?

AG21

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

PROGRAMMING NOTE QA07_G6:
IF INTERVIEW CONDUCTED IN ENGLISH AND QA07_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA07_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 QA07_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA07_G7;

QA07_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 well ............................................................... 1
Well ................................................................. 2
Not well ............................................................ 3
Not at all ............................................................. 4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QA07_G7  The next questions are about citizenship and immigration.

Are you a citizen of the United States?

AH39

YES ........................................................................... 1 [GO TO QA07_G9]
NO ............................................................................. 2
APPLICATION PENDING ......................................... 3
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA07_G8  Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

AH40

[INTERVIEWER NOTE: IF NEEDED SAY, "People usually call this a "Green Card" but the color can also be pink, blue, or white."]

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

QA07_G9  About how many years have you lived in the United States?

AH41

[INTERVIEWER NOTE: 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

QA07_G11  Is your spouse also living in your household?

AH44

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA07_G12  May I have your {spouse/partner}'s first name and age?

[INTERVIEWER NOTE: ENTER SPOUSE'S/PARTNER'S NAME, AGE, AND SEX]

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

PROGRAMMING NOTE QA07_G13:
If AAGE < 30 OR QA07_A4 = 1 (AGE 18-29) AND QA07_A16 = 1 (MARRIED) AND QA07_G11 = 1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA07_G13;
If AAGE < 30 OR QA07_A4 = 1 (AGE 18-29) AND QA07_A16 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA07_G13;
If AAGE < 30 OR QA07_A4 = 1 (AGE 18-29) AND QA07_A16 = 3, 4, 5, 6, OR -7, -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA07_G13;
ELSE GO TO QA07_G14;

QA07_G13  Are you now living with either of your parents?

AH43A

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

PROGRAMMING NOTE QA07_G14;
If COMPLETED CHILD 1ST INTERVIEW, SKIP TO QA07_G15;
ELSE CONTINUE WITH QA07_G14;

QA07_G14  Are there any children under the age of 18 living in the household, including babies?

SC12

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA07_G21]
REFUSED ............................................................... -7 [GO TO QA07_G21]
DON'T KNOW ......................................................... -8 [GO TO QA07_G21]

QA07_G15  Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.

[INTERVIEWER NOTE: PROBE, “Is there anyone else?” ALSO, ENTER AGE OF 0 (ZERO), IF LESS THAN 1 YEAR OLD]

<table>
<thead>
<tr>
<th>CHILD</th>
<th>FIRST NAME</th>
<th>AGE</th>
<th>M/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QA07_G16  Is (CHILD)…

SC15A

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 To 11 years old</td>
<td>1</td>
</tr>
<tr>
<td>12 To 17 years old</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA07_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

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO ONE MISSED -- ROSTER IS CORRECT</td>
<td>1</td>
</tr>
</tbody>
</table>
| RETURN TO ROSTER              | 2     | [GO BACK TO QA07_G15]

PROGRAMMING NOTE QA07_G18: IF ANY PEOPLE IN HH UNDER 18, ASK ABOUT EACH PERSON < 18;

QA07_G18  Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?  

SC14A

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

PROGRAMMING NOTE QA07_G18A:

IF ANY PEOPLE IN HH UNDER AGE 18 AND [AH44 = 1 OR AH43 = 2], ASK QA07_G18A ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18; ELSE SKIP TO QA07_G19;

QA07_G18A  Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

SC14B

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

PROGRAMMING NOTE QA07_G19:

IF QA07_G14 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA07_G15 ARE AGE 13 OR LESS, CONTINUE WITH QA07_G19; ELSE GO TO QA07_G21

IF ANY CHILD IN ROSTER QA07_G15 < 14 AND ≥ 14 display "for any children under age 13";

IF QA07_A16 = 1 (MARRIED) AND QA07_G11 = 1 (SPOUSE LIVING IN HH), DISPLAY "you or your spouse";

IF QA07_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner"; ELSE DISPLAY "you";

QA07_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

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

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
</tbody>
</table>
| NO                            | 2     | [GO TO QA07_G21]
| REFUSED                       | -7    | [GO TO QA07_G21]
| DON'T KNOW                    | -8    | [GO TO QA07_G21]
QA07_G20  In the past month, how much did you pay for all child care arrangements and programs?

<table>
<thead>
<tr>
<th>AMOUNT LAST MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMOUNT IN TYPICAL WEEK</td>
</tr>
<tr>
<td>NO PAYMENT IN LAST MONTH OR WEEK</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

QA07_G21  What is the highest grade of education you have completed and received credit for?

<table>
<thead>
<tr>
<th>NO FORMAL EDUCATION</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE SCHOOL</td>
<td></td>
</tr>
<tr>
<td>1ST GRADE</td>
<td>1</td>
</tr>
<tr>
<td>2ND GRADE</td>
<td>2</td>
</tr>
<tr>
<td>3RD GRADE</td>
<td>3</td>
</tr>
<tr>
<td>4TH GRADE</td>
<td>4</td>
</tr>
<tr>
<td>5TH GRADE</td>
<td>5</td>
</tr>
<tr>
<td>6TH GRADE</td>
<td>6</td>
</tr>
<tr>
<td>7TH GRADE</td>
<td>7</td>
</tr>
<tr>
<td>8TH GRADE</td>
<td>8</td>
</tr>
<tr>
<td>HIGH SCHOOL OR EQUIVALENT</td>
<td></td>
</tr>
<tr>
<td>9TH GRADE</td>
<td>9</td>
</tr>
<tr>
<td>10TH GRADE</td>
<td>10</td>
</tr>
<tr>
<td>11TH GRADE</td>
<td>11</td>
</tr>
<tr>
<td>12TH GRADE</td>
<td>12</td>
</tr>
<tr>
<td>4-YEAR COLLEGE OR UNIVERSITY</td>
<td></td>
</tr>
<tr>
<td>1ST YEAR (FRESHMAN)</td>
<td>13</td>
</tr>
<tr>
<td>2ND YEAR (SOPHOMORE)</td>
<td>14</td>
</tr>
<tr>
<td>3RD YEAR (JUNIOR)</td>
<td>15</td>
</tr>
<tr>
<td>4TH YEAR (SENIOR) (BA/BS)</td>
<td>16</td>
</tr>
<tr>
<td>5TH YEAR</td>
<td>17</td>
</tr>
<tr>
<td>GRADUATE OR PROFESSIONAL SCHOOL</td>
<td></td>
</tr>
<tr>
<td>1ST YEAR GRAD OR PROF SCHOOL</td>
<td>18</td>
</tr>
<tr>
<td>2ND YEAR GRAD OR PROF SCHOOL (MA/MS)</td>
<td>19</td>
</tr>
<tr>
<td>3RD YEAR GRAD OR PROF SCHOOL</td>
<td>20</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)</td>
<td>21</td>
</tr>
<tr>
<td>2-YEAR JUNIOR OR COMMUNITY COLLEGE</td>
<td></td>
</tr>
<tr>
<td>1ST YEAR</td>
<td>22</td>
</tr>
<tr>
<td>2ND YEAR (AA/AS)</td>
<td>23</td>
</tr>
<tr>
<td>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</td>
<td></td>
</tr>
<tr>
<td>1ST YEAR</td>
<td>24</td>
</tr>
<tr>
<td>2ND YEAR</td>
<td>25</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS</td>
<td>26</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW (OUT OF RANGE)</td>
<td>-8</td>
</tr>
</tbody>
</table>
Which of the following were you doing last week?

**AK1**
- Working at a job or business ........................................ 1
- With a job or business but not at work ............................... 2
- Looking for work ............................................................ 3
- Not working at a job or business ....................................... 4
- REFUSED ........................................................................ 7
- DON'T KNOW .......................................................... 8

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

**AK2**

[Interviewer Note: If needed say, “Main reason is the most important reason.”]

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

Do you usually work?

**AG10**

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

**PROGRAMMING NOTE QA07_G25:**

IF AAGE = -7 OR -8 OR AAGE < 65 AND QA07_G24 = 2 (NO) CONTINUE WITH QA07_G25;  
IF AAGE = -7 OR -8 OR AAGE < 65 AND QA07_G23 = 5 (RETIRED) or 6 (DISABLED) CONTINUE WITH QA07_G25;  
ELSE GO TO PROGRAMMING NOTE QA07_G27;

Are you receiving Social Security Disability Insurance or SSDI?

**AL22**

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

[GO TO QA07_G27]
PROGRAMMING NOTE QA07_G26:
ELSE IF QA07_G22 = 1, 2, -7, -8 OR QA07_G24 = 1, CONTINUE WITH QA07_G26;
ELSE GO TO PROGRAMMING NOTE QA07_G27;

QA07_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

[INTERVIEWER NOTE: 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 QA07_G27;
IF QA07_A16 = 1 (MARRIED), CONTINUE WITH QA07_G27;
ELSE GO TO QA07_H1;

QA07_G27  Which of the following was your spouse doing last week?

AG8

Working at a job or business ......................... 1  [GO TO QA07_G29]
With a job or business but not at work ............ 2  [GO TO QA07_G29]
Looking for work ......................................... 3
Not working at a job/business .......................... 4
REFUSED ...................................................... -7
DON’T KNOW ................................................ -8

QA07_G28  Does your spouse usually work?

AG11

YES ............................................................... 1  [GO TO QA07_H1]
NO .............................................................. 2  [GO TO QA07_H1]
LOOKING FOR WORK .................................... 3  [GO TO QA07_H1]
REFUSED .................................................... -7  [GO TO QA07_H1]
DON’T KNOW ................................................ -8  [GO TO QA07_H1]

QA07_G29  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

[INTERVIEWER NOTE: IF NEEDED SAY, “Where did he/she 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
Section H – Health Insurance

QA07_H1  Is there a place that you usually go to when you are sick or need advice about your health?

AH1

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

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA07_H3]
DOCTOR/MY DOCTOR ............................................... 3
KAISER .................................................................... 4
MORE THAN ONE PLACE ....................................... 5
REFUSED ............................................................... -7 [GO TO QA07_H3]
DON'T KNOW ......................................................... -8 [GO TO QA07_H3]

PROGRAMMING NOTE QA07_H2:
IF QA07_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 QA07_H1 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";
ELSE IF QA07_H1 = 4 (KAISER) CIRCLE “1” FOR QA07_H2 AND GO TO QA07_H3;

QA07_H2  What kind of place do you go to most often—a medical/Is your doctor in a private) doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

AH3

DOCTOR'S OFFICE/KAISER/OTHER HMO ........ 1
CLINIC/HEALTH CENTER/HOSPITAL CLINIC ....... 2
EMERGENCY ROOM .............................................. 3
SOME OTHER PLACE (SPECIFY): ___________ ....... 91
NO ONE PLACE ..................................................... 92
REFUSED ............................................................... -7 [GO TO QA07_H3]
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA07_H3:
IF QA07_B6 = 1 (YES, R VISITED ER FOR ASTHMA), SKIP TO QA07_H4;
ELSE CONTINUE WITH AH12;

QA07_H3  During the past 12 months, did you visit a hospital emergency room for your own health?

AH12

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

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

YES ........................................................................... 1  [GO TO QA07_H7]
NO ............................................................................. 2
REFUSED ............................................................... -7  [GO TO QA07_H14]
DON'T KNOW ......................................................... -8  [GO TO QA07_H14]

IF QA07_H4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA07_H5:
IF [AAGE > 64 OR QA07_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA07_H4= 2 (NO, NOT COVERED BY MEDICARE)], CONTINUE WITH QA07_H5;
ELSE GO TO PROGRAMMING NOTE QA07_H7;

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

CORRECT, NOT COVERED BY MEDICARE...........1  [GO TO QA07_H14]
NOT CORRECT, R COVERED BY MEDICARE ...... 2  [GO TO QA07_H7]
AGE IS INCORRECT.........................................93
REFUSED ........................................................... -7  [GO TO QA07_H14]
DON'T KNOW ..................................................... -8  [GO TO QA07_H14]

POST-NOTE FOR QA07_H5:
IF QA07_H5 = 2, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA07_H6: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD); SET AAGE = QA07_H6;
IF AAGE < 18, CODE AS IA AND TERMINATE

What is your age, please?

_____ YEARS OF AGE  [GO TO QA07_H14]
REFUSED ........................................................... -7  [GO TO QA07_H14]
DON'T KNOW ..................................................... -8  [GO TO QA07_H14]
PROGRAMMING NOTE QA07_H7:
IF ARMCARE = 1, CONTINUE WITH QA07_H7;
ELSE GO TO QA07_H14;

QA07_H7  Is your MediCARE coverage provided through an HMO?

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

YES.................................................................1
NO.................................................................2 [GO TO QA07_H9]
REFUSED......................................................-7 [GO TO QA07_H9]
DON'T KNOW...............................................-8 [GO TO QA07_H9]

POST-NOTE FOR QA07_H7:
IF QA07_H7 = 1, SET ARMHMO = 1;
What is the name of your MediCARE HMO plan?

Aetna Us Healthcare ............................................................. 1
Aids Healthcare Foundation, LA ........................................... 2
Alameda Alliance For Health ............................................... 3
Altamed Health Services .................................................... 4
Blue Cross/Californiacare .................................................. 5
Blue Shield/Careamerica ................................................... 6
California Medicare ........................................................... 7
CalKids ............................................................................. 8
Caloptima .......................................................................... 9
Care 1st Health Plan/UHP .................................................. 10
Caremore Insurance Services, Inc ..................................... 11
Center For Elders Independence ....................................... 12
Central Coast Alliance/Santa Cruz-Monterey .................... 13
Chinese Community Health Plan .................................... 14
Chinese Community Health Plan Senior .......................... 15
Cigna Healthcare Of California ....................................... 16
Citizens Choice Healthplan .............................................. 17
Community Health Group (San Diego Co) ......................... 18
Community Health Plan of LA ......................................... 19
Contra Costa Health Plan ................................................. 20
Golden Medicare ............................................................. 21
Health Advantage ........................................................... 22
Health Net/Foundation ................................................... 23
Inland Empire Health Plan ............................................... 24
Inter Valley Health Plan ................................................... 25
Kaiser Foundation Health Plan ....................................... 26
Kern Health Systems ....................................................... 27
LA Care Health Plan ....................................................... 28
Molina Healthcare of California ..................................... 29
On Lok Senior Health Services ........................................ 30
One Health Plan Of California ......................................... 31
Pacificeare/FHP ................................................................ 32
San Francisco Health Dept./Family Mosaic Project .............. 33
San Francisco Health Plan ................................................. 34
San Joaquin Health Plan .................................................... 35
San Mateo Health Commission ........................................ 36
Santa Barbara Health Plan ................................................ 37
Santa Clara Family Health Plan ........................................ 38
Scan Health Plan ............................................................. 39
Secure Horizons .............................................................. 40
Senior Advantage ............................................................ 41
Senior Secure ................................................................. 42
Seniority Plus ................................................................. 43
Service to Seniors ........................................................... 44
Sharp Health Plan ........................................................... 45
Solano/Napa County Network ......................................... 46
Sutter Senior Care ............................................................ 47
Universal Care/Healthmax ............................................... 48
Valley Health Plan, Santa Clara ........................................ 49
Ventura County Health Care Plan .................................... 50
Western Health Advantage .............................................. 51
Western Health Advantage Care+ .................................. 52
65 Plus ............................................................................ 53
Medi-CAL .......................................................................... 54
OTHER ............................................................................ 91
OTHER (SPECIFY) ......................................................... 92
REFUSED ........................................................................ -7
DON'T KNOW .................................................................... -8

POST-NOTE FOR QA07_H8: ALL ANSWERS GO TO QA07_H10;
Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

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

YES .................................................................1
NO .................................................................2 [GO TO QA07_H14]
REFUSED .......................................................-7 [GO TO QA07_H14]
DON’T KNOW ...............................................-8 [GO TO QA07_H14]

POST-NOTE FOR QA07_H9:
IF QA07_H9 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA07_H10:
IF QA07_H7 = 1 (MEDIicare HMO) CONTINUE WITH QA07_H10 AND DISPLAY “MEDIcare HMO”
IF QA07_H9 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA07_H10 AND DISPLAY “MEDIcare Supplement plan”
ELSE GO TO QA07_H14

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?

DIRECTLY ......................................................1
CURRENT EMPLOYER ....................................2
FORMER EMPLOYER .................................3
UNION .........................................................4
FAMILY BUSINESS .......................................5
AARP ...........................................................6
SPOUSE’S EMPLOYER ...............................7
SPOUSE’S UNION .........................................8
PROFESSIONAL/FRATERNAL ORGANIZATION...9
OTHER .........................................................91
REFUSED ....................................................-7
DON’T KNOW ...............................................-8

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.

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

YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON’T KNOW ...............................................-8
QUESTION 12 (AQ07.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?

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

[GO TO QA07.H14]

QUESTION 13 (AQ07.H13)

Who is that?

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
OTHER: 91
REFUSED: -7
DON'T KNOW: -8

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

POST-NOTE FOR QA07.H13:
IF QA07.H13 = 7, SET ARMCAL = 1;
IF QA07.H13 = 8, SET ARHFAM = 1;

PROGRAMMING NOTE QA07.H14:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you";

QUESTION 14 (AQ07.H14)

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

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

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

POST-NOTE FOR QA07.H14:
IF QA07.H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA07.H14 = 2, SET ARMCAL = 0;
<table>
<thead>
<tr>
<th>Programming Note QA07_H15:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF AAGE &gt; 18 OR [QA07_4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE &gt; 18 OR IF AGE IS UNKNOWN, GO TO QA07_H16;</td>
</tr>
<tr>
<td>ELSE IF [AAGE = 18 OR QA07_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA07_H15 AND DISPLAY: &quot;Is it correct, then, that you are&quot;;</td>
</tr>
<tr>
<td>ELSE IF [AAGE = 18 OR QA07_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA07_H15 AND DISPLAY: &quot;Are you&quot;;</td>
</tr>
</tbody>
</table>

**QA07_H15**  
{Is it correct, then, that you are/Are you} covered by the Healthy Families Program?

**AI7**

[PROGRAMMING NOTE: IF NEEDED SAY, "Healthy Families is a State program that pays for health insurance for children up to age 19."]

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

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

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

DON'T KNOW .......................................................... -8

**POST-NOTE FOR QA07_H15:**

If QA07_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;  
If ARHFAM = 1 AND QA07_H15 = 2, SET ARHFAM = 0;

**Programming Note QA07_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";

**QA07_H16**  
{Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO plan you told me about} Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

**AI8**

[INTERVIEWER NOTE: IF NEEDED SAY, "…either through your own or someone else’s employment?"]

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

NO ............................................................................. 2  
[GO TO QA07_H19]

REFUSED ...................................................................... -7  
[GO TO QA07_H19]

DON'T KNOW .......................................................... -8  
[GO TO QA07_H19]

**QA07_H17**  
Was this plan obtained in your own name or in the name of someone else?

**AI9**

[INTERVIEWER NOTE: IF NEEDED SAY, "Even someone who does not live in this household"]

IN OWN NAME .......................................................... 1  
[GO TO QA07_H20]

IN SOMEONE ELSE’S NAME ............................... 2  
[GO TO QA07_H20]

REFUSED .............................................................. -7  
[GO TO QA07_H20]

DON'T KNOW .......................................................... -8  
[GO TO QA07_H20]

**POST-NOTE FOR QA07_H17:**

If QA07_H17 = 1, SET AREMPOWN = 1 AND SET ARINSURE = 1  
If QA07_H17 = [2, -7, -8], SET AREMPOTH = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA07_H18:
IF QA07_A16 = 1 (R HAS SPOUSE) OR IF QA07_G13 = 1 (LIVING WITH PARENTS) OR IF AAGE < 25,
CONTINUE WITH QA07_H18;
ELSE GO TO QA07_H20;
IF QA07_A16 = 1 AND R IS MALE, DISPLAY “wife’s;”
IF QA07_A16 = 1 AND R IS FEMALE, DISPLAY “husband’s;”
IF QA07_G13 = 1 OR AAGE < 25, DISPLAY “parent’s;”
IF QA07_A16 = 1 AND QA07_G13 = 1, DISPLAY “or”; 

QA07_H18 Is the plan in your (husband’s/wife’s) (or) (parent’s) name? 

A19A

IN HUSBAND’S/WIFE NAME ................................... 1 [GO TO QA07_H20]
IN PARENT’S NAME ................................................. 2 [GO TO QA07_H20]
IN SOMEONE ELSE’S NAME ................................. 3 [GO TO QA07_H20]
REFUSED .................................................................. -7 [GO TO QA07_H20]
DON’T KNOW ....................................................... -8 [GO TO QA07_H20]

POST-NOTE FOR QA07_H17:
IF QA07_H18 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0;
IF QA07_H18 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0;

PROGRAMMING NOTE QA07_H19:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER), CONTINUE WITH QA07_H19;
ELSE GO TO QA07_H23;

QA07_H19 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO?

A11

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

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

POST-NOTE FOR QA07_H97:
IF QA07_H19 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1;
PROGRAMMING NOTE QA07_H20:
IF QA07_H16 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA07_H19 = 1 (YES, PURCHASED OWN COVERAGE), CONTINUE WITH QA07_H20;
ELSE GO TO QA07_H23;

QA07_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.

[INTERVIEWER NOTE: 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." AND/OR "A deductible is the amount you pay for medical care before your health plan starts paying." AND/OR "Premium is the monthly charge for the cost of your health insurance plan."]

YES............................................................................................................1
NO...........................................................................................................2  [GO TO QA07_H22]
REFUSED..............................................................................................-7
DON'T KNOW ....................................................................................-8

QA07_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?

[INTERVIEWER NOTE: 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." AND/OR "A deductible is the amount you pay for medical care before your health plan starts paying." AND/OR "Premium is the monthly charge for the cost of your health insurance plan."]

YES............................................................................................................1
NO...........................................................................................................2  [GO TO QA07_H23]
REFUSED..............................................................................................-7  [GO TO QA07_H23]
DON'T KNOW ....................................................................................-8  [GO TO QA07_H23]
PROGRAMMING NOTE: QA07_H22:
IF QA07_H20 = 2 THEN DISPLAY “WHO BESIDES YOURSELF PAYS ANY PORTION OF THE COST FOR THAT PLAN?”;
ELSE DISPLAY “WHO IS THAT?”;

QA07_H22 {Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization?} Who is that?

AH56

[INTERVIEWER NOTE: IF NEEDED SAY, “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?” ALSO, CODE ALL THAT APPLY. PROBE: “Any others?”]

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

POST-NOTE QA07_H22:
IF QA07_H22 = 1,2,3, THEN SET AREMPOWN = 1;
IF QA07_H22 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA07_H22 = 10, THEN SET ARHKID = 1;
IF QA07_H22 = 9, SET ARMCP = 1 AND SET ARDIRECT = 0;
IF QA07_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF QA07_H22 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0;
IF QA07_H22 = 91, THEN SET AROTHER = 1;

PROGRAMMING NOTE QA07_H23:
IF [QA07_G22 = 1 (R WORKED LAST WEEK) OR QA07_G24 = 1 (R USUALLY WORKS)] AND QA07_G28 ≠ 3 AND AREMPOWN ≠ 1, CONTINUE WITH QA07_H23;
ELSE GO TO PROGRAMMING NOTE QA07_H27;

QA07_H23 Does your employer offer health insurance to any of its employees?

AI13

YES................................................................... 1
NO................................................................... 2 [GO TO QA07_H27]
REFUSED.......................................................... -7 [GO TO QA07_H27]
DON’T KNOW.................................................. -8 [GO TO QA07_H27]
QA07_H24  Are you eligible to be in this plan?

[AI14]
YES ........................................................................... 1
NO ............................................................................. 2  [GO TO QA07_H26]
REFUSED ............................................................... -7  [GO TO QA07_H27]
DON'T KNOW ........................................................ -8

QA07_H25  What is the one main reason why you aren't in this plan?

[AI15]
COVERED BY ANOTHER PLAN .................................. 1  [GO TO QA07_H27]
TOO EXPENSIVE ..................................................... 2  [GO TO QA07_H27]
DIDN'T LIKE PLAN OFFERED .................................. 3  [GO TO QA07_H27]
DON'T NEED OR BELIEVE IN HEALTH INSURANCE .... 4  [GO TO QA07_H27]
OTHER (SPECIFY): ____________________ ............ 91  [GO TO QA07_H27]
REFUSED ............................................................... -7  [GO TO QA07_H27]
DON'T KNOW ........................................................ -8  [GO TO QA07_H27]

QA07_H26  What is the one main reason why you are not eligible for this plan?

[AI15A]
HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED .. 1
CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN.......................... 2
DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR .................. 3
OTHER (SPECIFY): ____________________ ............ 91
REFUSED ............................................................... -7  [GO TO QA07_H27]
DON'T KNOW ........................................................ -8

PROGRAMMING NOTE QA07_H27:
IF ARINSURE ≠ 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA07_H27;
ELSE GO TO QA07_H28A;

QA07_H27  Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA, or some other military health care?

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

POST-NOTE QA07_H27:
IF QA07_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA07_H28A:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND R_AGE = 18, CONTINUE WITH QA07_H28A AND DISPLAY “HEALTHY KIDS”; IF COUNTY = SAN FRANCISCO AND AGE < 25, DISPLAY “HEALTHY KIDS & YOUNG ADULTS”; IF COUNTY = EL DORADO, YUBA, COLUSA, OR SACRAMENTO AND AGE = 18, DISPLAY “HEALTHY KIDS, HEALTHY FUTURES.”; ELSE GO TO PROGRAMMING NOTE QA07_H28;

QA07_H28A Are you covered by the {Healthy Kids/ Healthy Kids & Young Adults/ Healthy Kids, Healthy Futures} program?

[INTERVIEWER NOTE: IF NEEDED SAY, “Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures] is a program for children in your county.”]

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

POST-NOTE QA07_H28A:
IF QA07_H28A = 1, SET ARHKID = 1 AND SET ARINSURE = 1;

PROGRAMMING NOTE QA07_H28:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QA07_H28; ELSE GO TO PROGRAMMING NOTE QA07_H30;

QA07_H28 Are you covered by some other government health program, such as AIM, “Mister MIP,” the Family PACT program, or something else?

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

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

POST-NOTE QA07_H28:
IF QA07_H28 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1;

QA07_H29 ASK IF NECESSARY: "What is the name of this program?"

AIM ................................................................. 1
MRMIP ("Mister Mip") ........................................... 2
FAMILY PACT .................................................. 3
OTHER (SPECIFY): ____________________________ 91
REFUSED ......................................................... -7
DON’T KNOW ................................................... -8
PROGRAMMING NOTE QA07_H30:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEALTHY KIDS, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA07_H30; ELSE GO TO PROGRAMMING NOTE QA07_H34;

QA07_H30  Do you have any health insurance coverage through a plan that I missed?

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

AI18

YES ................................................................. 1
NO ............................................................... 2 [GO TO QA07_H34]
REFUSED .................................................... -7 [GO TO QA07_H34]
DON'T KNOW ............................................... -8 [GO TO QA07_H34]

QA07_H31  What type of health insurance do you have?

AI19

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

POST-NOTE QA07_H31:
IF QA07_H31_1 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA07_H31_2 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA07_H31_3 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA07_H31_4 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA07_H31_5 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA07_H31_6 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF QA07_H31_7 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA07_H31_8 = 1, SET ARIHS = 1;
IF QA07_H31_9 = 1, SET ARHKID = 1 AND SET ARINSURE = 1;
IF QA07_H31_91 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA07_H31_92 = 1 OR QA07_H31 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1;
PROGRAMMING NOTE QA07_H32:
IF QA07_H31 = 1 OR 2 CONTINUE WITH QA07_H32;
ELSE GO TO PROGRAMMING NOTE QA07_H34;

QA07_H32  Was this plan obtained in your own name or in the name of someone else?

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

IN OWN NAME ......................................................... 1  [GO TO QA07_H34]
IN SOMEONE ELSE’S NAME ........................................ 2  [GO TO QA07_H34]
REFUSED ............................................................... -7  [GO TO QA07_H34]
DON’T KNOW .......................................................... -8  [GO TO QA07_H34]

POST-NOTE QA07_H32:
IF QA07_H32 = 1, SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF QA07_H32 = [2, -7, -8], SET AREMPOTH = 1 AND SET AREMPOWN = 0 AND SET ARINSURE = 1;

PROGRAMMING NOTE QA07_H33:
IF QA07_A16 = 1 (R HAS SPOUSE) OR IF QA07_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 25, CONTINUE WITH QA07_H33; AND
ELSE GO TO PROGRAMMING NOTE QA07_H34;
IF QA07_A16 = 1 AND R IS MALE, DISPLAY “wife’s;”
IF QA07_A16 = 1 AND R IS FEMALE, DISPLAY “husband’s;”
IF QA07_G13 = 1, DISPLAY “parent’s;” IF QA07_A16 = 1 AND QA07_G13 = 1, DISPLAY “or;”

QA07_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

POST-NOTE QA07_H33:
IF QA07_H33 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0;
IF QA07_H33 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0;

PROGRAMMING NOTE QA07_H34:
IF ARIHS ≠ 1 AND QA07_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA07_H34;
ELSE GO TO PROGRAMMING NOTE QA07_H35_INTRO;

QA07_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

POST-NOTE QA07_H34:
IF QA07_H34 = 1, SET ARIHS = 1;
These next questions are about the type of health insurance your spouse may have.

**AI37intro**

**PROGRAMMING NOTE QA07_H35:***

IF SPOUSE 65 OR OLDER THEN
IF ARMCARE ≠ 1, CONTINUE WITH AI37 WITHOUT DISPLAY;
ELSE IF ARMCARE = 1, CONTINUE WITH QA07_H35 AND DISPLAY “You said that you are covered by Medicare.” AND “also”;
ELSE GO TO PROGRAMMING NOTE QA07_H38;

**QA07_H35**

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

**AI37**

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

**POST-NOTE QA07_H35:**

IF QA07_H35 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1;

**PROGRAMMING NOTE QA07_H36:**

IF QA07_H35 = 1 AND ARMHMO ≠ 1, CONTINUE WITH QA07_H36 WITHOUT DISPLAY;
ELSE IF QA07_H35 = 1 AND ARMHMO = 1, CONTINUE WITH QA07_H36 AND DISPLAY “You said that your Medicare coverage is provided through an HMO.” AND “also”;
ELSE GO TO PROGRAMMING NOTE QA07_H37;

**QA07_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**

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

**POST-NOTE QA07_H36:**

IF QA07_H36 = 1, THEN SET SPMHMO = 1 AND SET SPINSURE = 1;
PROGRAMMING NOTE QA07_H37:
IF SPHMO = 1, THEN SKIP TO QA07_H38;
ELSE IF QA07_H35 = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA07_H37 WITHOUT DISPLAY;
ELSE IF QA07_H35 = 1 AND ARSUPP = 1, CONTINUE WITH QA07_H37 AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN
IF QA07_A5 = 1 (MALE) DISPLAY "wife"; IF QA07_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";
ELSE GO TO PROGRAMMING NOTE QA07_H38;

QA07_H37 {You said that you have a Medicare Supplement plan.} Does your {husband/wife/spouse} {also} have a Medicare supplemental policy?

AI37A

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

POST-NOTE QA07_H37:
IF QA07_H37 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H38:
IF ARMCAL = 1, CONTINUE WITH QA07_H38;
IF ARMCARE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA07_H39;

QA07_H38 You said you {also} have Medi-Cal. Is {SPOUSE NAME} also covered by Medi-Cal?

AI38

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

POST-NOTE QA07_H38:
IF QA07_H38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H39:
IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA07_H39;
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA07_H40;

QA07_H39 You said you {also} have Healthy Families. Is {SPOUSE NAME} also covered by Healthy Families?

AI39

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

POST-NOTE QA07_H39:
IF QA07_H39 = 1, SET SPHFM = 1 AND SET SPINSURE = 1;
PROGRAMMING NOTE QA07_H40:
IF AREMPOWN = 1, CONTINUE WITH QA07_H40;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA07_H41;

QA07_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  [GO TO QA07_H42]
NO ............................................................................. 2
OTHER ..................................................................... 3
REFUSED .................................................................. -7
DON'T KNOW ....................................................... -8

POST-NOTE QA07_H40:
IF QA07_H40 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H41:
IF QA07_G27 =1 OR 2 (SPOUSE EMPLOYED) OR QA07_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA07_H41;
IF AREMPSP = 1, DISPLAY "You said you have insurance from your spouse's employer or union."
IF SPINSURE = 1, THEN DISPLAY "also";
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP GENDER THEN IF QA07_A5 = 1 (MALE), DISPLAY "wife", "she", and "her"; IF QA07_A5 =2 (FEMALE), DISPLAY "husband", "he", and "his"; ELSE DISPLAY "spouse", "he or she", and "his or her";
ELSE GO TO PROGRAMMING NOTE QA07_H42;

QA07_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

POST-NOTE QA07_H41:
IF QA07_H41 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA07_H42:
IF ARDIRECT = 1, CONTINUE WITH QA07_H42;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA07_H43;

QA07_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

POST-NOTE QA07_H42:
IF QA07_H42 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;
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
YES ........................................................................... 1
NO ............................................................................. 2
REFUSED .................................................................... -7
DON'T KNOW ............................................................. -8

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

Does (SPOUSE NAME) have (any) health insurance coverage (through any other source)?

AI46
YES ........................................................................... 1
NO ............................................................................. 2
REFUSED .................................................................... -7
DON'T KNOW ............................................................. -8
QA07_H46  What type of health insurance does (he/she) have?

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE, "Any others?" IF NEEDED SAY, "Such as from a current or former employer, or that they purchased directly from a health plan." IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did (she/he) get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?]

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

POST-NOTE QA07_H46:
IF QA07_H46_1 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA07_H46_2 = 1, SET SPOther = 1 AND SET SPINSURE = 1;
IF QA07_H46_3 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA07_H46_4 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA07_H46_5 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA07_H46_6 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA07_H46_7 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA07_H46_8 = 1, SET SPIHS = 1;
IF QA07_H46_9 = 1, SET SPIHS = 1;
IF QA07_H46_91 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA07_H46_92 = 1, SET SPOther = 1 AND SET SPINSURE = 1;
IF QA07_H46_1 = [-7, -8], SET SPOther = 1 AND SET SPINSURE = 1;
PROGRAMMING NOTE QA07_H47:
IF SPINSURE ≠ 1, CONTINUE WITH QA07_H47;
ELSE IF SPINSURE = 1 AND SPEMPTH = 1, THEN SKIP TO QA07_H50;
ELSE GO TO PROGRAMMING NOTE QA07_H51;

QA07_H47
You said that (SPOUSE NAME) has no health insurance from any source. Is this correct?

[INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE, "Any others?" IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did (he/she) get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization, or directly from the health plan?"]

QA07_H48
What type of health insurance does (he/she) have?

POST-NOTE QA07_H48:
IF QA07_H48_1 = 1, SET SPEMPTH = 1 AND SET SPINSURE = 1;
IF QA07_H48_2 = 1, SET SPOOTHER = 1 AND SET SPINSURE = 1;
IF QA07_H48_3 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA07_H48_4 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA07_H48_5 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA07_H48_6 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA07_H48_7 = 1, SET SMPMILIT = 1 AND SET SPINSURE = 1;
IF QA07_H48_8 = 1, SET SPIHS = 1;
IF QA07_H48_9 = 1, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA07_H48_91 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA07_H48_92 = 1, SET SPOOTHER = 1 AND SET SPINSURE = 1;
IF QA07_H48_1 = [-7, -8], SET SPINSURE = 1;
PROGRAMMING NOTE QA07_H49:
IF QA07_H46 = 1 OR 2 OR QA07_H48 = 1 OR 2 THEN CONTINUE WITH QA07_H49;
ELSE SKIP TO QA07_H51;

QA07_H49  Was this plan obtained in your spouse’s name or in the name of someone else?

AH62

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

IN SPOUSE’S NAME ................................................ 1 [GO TO QA07_H51]
IN SOMEONE ELSE’S NAME .................................. 2 [GO TO QA07_H51]
REFUSED ............................................................... -7 [GO TO QA07_H51]
DON’T KNOW ......................................................... -8 [GO TO QA07_H51]

PROGRAMMING NOTE QA07_H49:
IF QA07_H49 = 1 (SPOUSE’S NAME), SET SPEMPOWN = 1 AND SET SPEMPOTH = 0;

QA07_H50  Is the plan in your name, parent’s name or someone else’s name?

AH63

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

POST-NOTE QA07_H50:
IF QA07_H50 = 1, SET AREMPSP = 1 AND SET AREMPTH = 0;
IF QA07_H50 = 2, SET AREMPPAR = 1 AND SET AREMPTH = 0;

PROGRAMMING NOTE QA07_H51:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA07_H55;
ELSE IF QA07_G27 = 1 or 2 (SPOUSE EMPLOYED) OR QA07_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA07_H51;
ELSE GO TO QA07_H55;

QA07_H51  Does your spouse’s employer offer health insurance to any of its employees?

AI43

YES ................................................................. 1 [GO TO QA07_H55]
NO ................................................................. 2 [GO TO QA07_H55]
REFUSED ............................................................... -7 [GO TO QA07_H55]
DON’T KNOW ......................................................... -8 [GO TO QA07_H55]

QA07_H52  Is (she/he) eligible to be in this plan?

AI44

YES ................................................................. 1 [GO TO QA07_H54]
NO ................................................................. 2 [GO TO QA07_H55]
REFUSED ............................................................... -7 [GO TO QA07_H55]
DON’T KNOW ......................................................... -8 [GO TO QA07_H55]
QA07_H53  What is the ONE main reason why {she/he} isn’t in this plan?

AI45

COVERED BY ANOTHER PLAN .........................1  [GO TO QA07_H55]
TOO EXPENSIVE ...........................................2  [GO TO QA07_H55]
DOESN’T LIKE PLAN OFFERED .......................3  [GO TO QA07_H55]
DOESN’T NEED OR BELIEVE IN HEALTH INSURANCE ............................4  [GO TO QA07_H55]
OTHER (SPECIFY):__________________________91  [GO TO QA07_H55]
REFUSED ....................................................-7  [GO TO QA07_H55]
DON’T KNOW ..............................................-8  [GO TO QA07_H55]

QA07_H54  What is the one main reason why {she/he} is not eligible for this plan?

AI45A

HASN’T YET WORKED FOR THIS EMPLOYER ........................................1
LONG ENOUGH TO BE COVERED .................................................1
CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN ..........2
DOESN’T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR ........3
OTHER (SPECIFY):_____________________________91
REFUSED  ....................................................-7
DON’T KNOW ..............................................-8

PROGRAMMING NOTE QA07_H55:
IF ARMHMO = 1 (R HAS MEDICARE HMO), GO TO QA07_H57;
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA07_H55;
IF QA07_A16 = 1 (MARRIED), DISPLAY “Next, I have some questions about your own main health plan.”
IF ARMCAL = 1, DISPLAY “Medi-Cal”
ELSE GO TO PROGRAMMING NOTE QA07_H68;

QA07_H55  {Next, I have some questions about your own main health plan.}

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

AI22C

[INTERVIEWER NOTE: IF NEEDED SAY, “HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it’s an emergency.” IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO”. IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................-7
DON’T KNOW ......................................................-8
### PROGRAMMING NOTE QA07_H56:

IF (ARMCAL = 1 AND QA07_H55 = 1) OR (AROTHGOV = 1 AND QA07_H29 = 1) THEN list HMO Medi-Cal by county;
ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA07_H55 = 1 THEN list HMO Healthy Families by county;
ELSE IF QA07_H55 = 1 AND (AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA07_H29 = 2)) THEN list HMO Commercial by county;
ELSE IF QA07_H55 = 2 AND (AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA07_H29 = 2)) THEN list Non-HMO by county;

### QA07_H56
What is the name of your main health plan?

#### AI22A

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

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Us Healthcare</td>
<td>1</td>
</tr>
<tr>
<td>Aids Healthcare Foundation, LA</td>
<td>2</td>
</tr>
<tr>
<td>Alameda Alliance For Health</td>
<td>3</td>
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<tr>
<td>Altamed Health Services</td>
<td>4</td>
</tr>
<tr>
<td>Blue Cross/Californiacare</td>
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<tr>
<td>Blue Shield/Careamerica</td>
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<tr>
<td>Care 1st Health Plan/UHP</td>
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<tr>
<td>Caremore Insurance Services, Inc</td>
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<tr>
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OTHER ................................................................. 91
OTHER (specify:________________) ................... 92
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA07_H57:
IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND QA07_A16 = 1 (R IS MARRIED), DISPLAY “Next I have some questions about your own main health plan”;

QA07_H57

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

AI25

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

PROGRAMMING NOTE QA07_H58:
IF AREMPOWN = 1 OR AREMPS = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH QA07_H58, ELSE GO TO QA07_H61;

QA07_H58

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

AH71

[INTERVIEWER NOTE: IF NEEDED: A deductible is the amount you have to pay before your plan begins to pay for your medical care]

YES ........................................................................... 1
NO ............................................................................. 2
YES, ONLY WHEN GO OUT OF NETWORK .......... 3
DON’T KNOW ............................................................... -7
REFUSED ..................................................................... -8
QA07_H59  Does your health plan have a deductible for all covered persons that is more than $2,000?

AH72  

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

YES.................................................................1
NO.................................................................2  [GO TO QA07_H61]
YES, ONLY WHEN GO OUT OF NETWORK.........3  [GO TO QA07_H61]
REFUSED......................................................-7  [GO TO QA07_H61]
DON’T KNOW...............................................-8  [GO TO QA07_H61]

PROGRAMMING NOTE QA07_H60;
IF QA07_H58 = (1 or 3) OR QA07_H59 = (1 or 3), CONTINUE WITH QA07_H60;
ELSE SKIP TO QA07_H61;

QA07_H60  Do you have a special account or fund you can use to pay for medical expenses?

AH73  

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

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

QA07_H61  Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

AI31  

YES.................................................................1  [GO TO QA07_H78]
NO.................................................................2  [GO TO QA07_H64]
REFUSED......................................................-7  [GO TO QA07_H64]
DON’T KNOW...............................................-8  [GO TO QA07_H64]

QA07_H62  During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

AI32  

YES.................................................................1  [GO TO QA07_H65]
NO.................................................................2  [GO TO QA07_H64]
REFUSED......................................................-7  [GO TO QA07_H64]
DON’T KNOW...............................................-8  [GO TO QA07_H64]
QA07_H63  Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

[INTERVIEWER NOTE: CODE ALL THAT APPLY AND PROBE: "Any others?"]

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

QA07_H64  During the past 12 months, was there any time when you had no health insurance at all?

- YES ........................................................................... 1
- NO ............................................................................. 2 [GO TO QA07_H78]
- REFUSED ............................................................... -7 [GO TO QA07_H78]
- DON'T KNOW ......................................................... -8 [GO TO QA07_H78]

QA07_H65  For how many months of the past 12 months did you have no health insurance at all?

- _____ NUMBER OF MONTHS                   [HR: 0-11] [IF 0 GO TO QA07_H78]
- REFUSED ............................................................... -7 [GO TO QA07_H78]
- DON'T KNOW ......................................................... -8 [GO TO QA07_H78]

QA07_H66  What is the ONE MAIN reason why you did not have any health insurance during those months?

- CAN'T AFFORD/TOO EXPENSIVE .............................. 1
- NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB .......................... 2
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ................................................ 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ........................................... 4
- FAMILY SITUATION CHANGED ........................................... 5
- DON'T BELIEVE IN INSURANCE .............................. 6
- SWITCHED INSURANCE COMPANIES, DELAY BETWEEN .......................................................... 7
- CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ...................................................... 8
- OTHER (SPECIFY) .............................................................. 91
- REFUSED ............................................................... -7
- DON'T KNOW ......................................................... -8
QA07_H67  During the time that you were uninsured, did you try to find health insurance on your own?

AH74

YES.................................................................1 [GO TO QA07_H74]
NO......................................................................2 [GO TO QA07_H74]
DON’T KNOW......................................................-7 [GO TO QA07_H74]
REFUSED............................................................-8 [GO TO QA07_H74]

QA07_H68  What is the ONE MAIN reason why you do not have any health insurance?

AI24

[INTERVIEWER NOTE: IF R SAYS NO NEED, PROBE WHY]

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

QA07_H69  During the time that you have been uninsured, have you tried to find health insurance on your own?

AH75

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

QA07_H70  Were you covered by health insurance at any time during the past 12 months?

AI27

YES.................................................................1 [GO TO QA07_H72]
NO......................................................................2
REFUSED............................................................-7
DON’T KNOW......................................................................-8

QA07_H71  How long has it been since you last had health insurance?

AI28

MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO .........................1 [GO TO QA07_H74]
MORE THAN 3 YEARS AGO .............................................1 [GO TO QA07_H74]
NEVER HAD HEALTH INSURANCE .........................3 [GO TO QA07_H74]
REFUSED...............................................................................................-7 [GO TO QA07_H74]
DON’T KNOW .........................................................................................-8 [GO TO QA07_H74]
QA07_H72  For how many months out of the last 12 months did you have health insurance?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 0]

_____ MONTHS

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

QA07_H73  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?

[INTERVIEWER NOTE: CODE ALL THAT APPLY. 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

PROGRAMMING NOTE FOR QA07_H74;
IF QA07_H64 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), CONTINUE WITH QA07_H74;
ELSE SKIP TO PROGRAMMING NOTE FOR QA07_H78;

QA07_H74  During the past 12 months, were you a patient in a hospital overnight or longer?

AH14

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

[GO TO QA07_H76]

QA07_H75  Was any of that hospital care paid for by Medi-Cal?

AH76

YES ........................................................................... 1
NO ............................................................................. 2
DON'T KNOW ............................................................... -7
REFUSED ............................................................... -8
PROGRAMMING NOTE FOR QA07_H76:
IF QA07_H64 = 1 (UNINSURED AT ANY TIME IN PAST 12 MONTHS) AND QA07_A5 = 2 (FEMALE) AND [QA07_E3 = 1 (PREGNANT) OR SC14A = 1 (R IS PARENT OR LEGAL GUARDIAN)] FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD CONTINUE WITH QA07_H76;
ELSE SKIP TO PROGRAMMING NOTE FOR QA07_H78;

QA07_H76  During the last 12 months, did you get prenatal care that you didn’t have to pay for?

AH77  
YES ........................................................................... 1  [GO TO QA07_H78]
NO ............................................................................. 2  [GO TO QA07_H78]
REFUSED .................................................................. -7  [GO TO QA07_H78]
DON’T KNOW ......................................................... -8  [GO TO QA07_H78]

QA07_H77  Was it paid for by Medi-Cal?

AH78  
YES ........................................................................... 1
NO ............................................................................. 2
DON’T KNOW ......................................................... -7
REFUSED .................................................................. -8

PROGRAMMING NOTE QA07_H78:
IF AREMPOWN = 1 OR AREMPPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 (CURRENTLY HAVE EMPLOYER-BASED COVERAGE) OR ARDIRECT = 1 (PRIVATE INSURANCE), CONTINUE WITH QA07_H78;
ELSE IF ARMCAL = 1 (CURRENTLY HAVE MEDI-CAL) OR ARINSURE ≠ 1 (CURRENTLY UNINSURED), SKIP TO QA07_80;
ELSE IF ARINSURE = 1 SKIP TO QA07_H88 (DENTAL HEALTH);

QA07_H78  The following questions are about your current health plan.
While you’ve had your current health plan, have you reached the limit of what your insurance company would pay for?

AH79  [INTERVIEWER NOTE: IF NEEDED SAY, “EVER for your current health plan”]
YES ........................................................................... 1  [GO TO QA07_H80]
NO ............................................................................. 2  [GO TO QA07_H80]
REFUSED .................................................................. -7  [GO TO QA07_H80]
DON’T KNOW ......................................................... -8  [GO TO QA07_H80]

QA07_H79  Did this happen in the past 12 months?

AH80  
YES ........................................................................... 1
NO ............................................................................. 2
DON’T KNOW ......................................................... -7
REFUSED .................................................................. -8
QA07_H80  During the past 12 months, were you unable to pay or had problems paying for medical bills, either for yourself or any family member in your household?

AH81

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

QA07_H81  Are you currently paying off any medical bills?

AH82

[INTERVIEWER NOTE: IF NEEDED SAY, “This could include medical bills you are paying off with your credit card, through personal loans, or bill paying arrangements with hospitals or other providers.”]

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

QA07_H82  What is the total amount of medical bills that you are paying off over time?

AH83

[INTERVIEWER NOTE: IF NECESSARY SAY, “The bills can be from earlier years as well as this year.”]

LESS THAN $2,000 ..........................................................1
$2,000 TO LESS THAN $4,000 ......................................2
$4,000 TO LESS THAN $8,000 ......................................3
$8,000 OR MORE .......................................................4
NONE ................................................................................5
DON'T KNOW ..........................................................-7
REFUSED ........................................................................ -8

PROGRAMMING NOTE QA07_H83;
IF QA07_H80=1 (UNABLE TO PAY MEDICAL BILLS) OR QA07_H81=1 (CURRENTLY PAYING OFF MEDICAL BILLS), CONTINUE WITH QA07_H83;
ELSE SKIP TO QA07_H88;

QA07_H83  Were you or your family member uninsured at the time care was provided?

AH84

YES ..................................................................................1
NO ..................................................................................2
MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS AND ONE PERSON UNINSURED AND THE OTHER INSURED ...........................................3
DON'T KNOW ..........................................................-7
REFUSED ........................................................................ -8
QA07_H84 Because of these medical bills, were you unable to pay for basic necessities like food, heat or rent?

AH85

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

QA07_H85 Because of these medical bills, did you take on credit card debt?

AH86

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

QA07_H86 Did you take out a loan or use up your savings?

AH87

[INTERVIEWER NOTE: IF NEEDED SAY, “Because of these medical bills.”]

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

QA07_H87 Did you declare bankruptcy?

AH88

[INTERVIEWER NOTE: IF NEEDED SAY, “Because of these medical bills.”]

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

PROGRAMMING NOTE QA07_H88;
IF ARMCAL = 1 AND QA07_H61 = 1, SKIP TO QA07_I1;
ELSE CONTINUE WITH QA07_H88;

QA07_H88 For how many months of the past 12 months did you have any kind of dental insurance that pays for some or all of your routine dental care?

AH92

______ Number of months

DON’T KNOW ................................................... -7
REFUSED ......................................................... -8
Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA07_I1:
IF NO SELECTED CHILD, GO TO QA07_I30 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO QA07_I2 ELSE CONTINUE WITH QA07_I1;

QA07_I1 These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same insurance as you?

CF10A

YES.................................................................1 [GO TO QA07_I24]
NO...........................................................................2
REFUSED..............................................................-7
DON’T KNOW.......................................................-8

POST-NOTE QA07_I1:
IF QA07_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1;
IF QA07_I1 = 1 AND ARIHS = 1, SET CHIHS = 1;

PROGRAMMING NOTE QA07_I2:
IF SPINSURE ≠ 1, CONTINUE WITH QA07_I2; ELSE GO TO QA07_I3;

QA07_I2 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE/PRTNER NAME}?

MA1

YES.................................................................1 [GO TO QA07_I16]
NO...........................................................................2
REFUSED..............................................................-7
DON’T KNOW.......................................................-8

POST-NOTE QA07_I2:
IF QA07_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1;
IF QA07_I2 = 1 AND SPIHS = 1, SET CHIHS = 1;
QA07_I3  Is {he/she/he or she} currently covered by Medi-CAL?

[INTERVIEWER NOTE: 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 QA07_I7]
NO ................................................................. 2
REFUSED ..................................................... -7
DON'T KNOW ........................................... -8

POST-NOTE QA07_I3: IF QA07_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1;

QA07_I5  Is (CHILD) covered by the Healthy Families Program?

[INTERVIEWER NOTE: IF NEEDED SAY, "Healthy Families is a state program that pays for health insurance for children up to age 19."]

YES ................................................................. 1 [GO TO QA07_I7]
NO ................................................................. 2 [GO TO QA07_I7]
REFUSED ..................................................... -7 [GO TO QA07_I7]
DON'T KNOW ........................................... -8 [GO TO QA07_I7]

POST-NOTE QA07_I4: IF QA07_I5 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1;

QA07_I6  What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?

PAPERWORK TOO DIFFICULT ........................................ 1
DIDN'T KNOW IF ELIGIBLE ........................................ 2
INCOME TOO HIGH, NOT ELIGIBLE ........................ 3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ........................................ 4
OTHER NOT ELIGIBLE ............................................ 5
DON'T BELIEVE IN HEALTH INSURANCE .................. 6
DON'T NEED IT BECAUSE HEALTHY ......................... 7
ALREADY HAVE INSURANCE ................................... 8
DIDN'T KNOW IT EXISTED .................................... 9
DON'T LIKE/WANT WELFARE ................................. 10
OTHER .................................................................... 91
REFUSED ..................................................... -7
DON'T KNOW ........................................... -8

QA07_I7  Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

YES ................................................................. 1 [GO TO QA07_I9]
NO ................................................................. 2
REFUSED ..................................................... -7
DON'T KNOW ........................................... -8

POST-NOTE QA07_I7: IF QA07_I7 = 1, SET CHEMP = 1 AND CHINSURE = 1
QA07_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

YES.................................................................1
NO...............................................................2 [GO TO QA07_I12]
REFUSED ......................................................-7 [GO TO QA07_I12]
DON’T KNOW...............................................-8 [GO TO QA07_I12]

POST-NOTE QA07_I8:
IF QA07_I8 = 1, SET CHDIRECT = 1 AND CHINSURE = 1;

QA07_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

[INTERVIEWER NOTE: 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." OR "A deductible is the amount you pay for medical care before your health plan starts paying." OR "Premium is the monthly charge for the cost of your health insurance plan.”]

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

QA07_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

YES.................................................................1
NO...............................................................2 [GO TO QA07_I12]
REFUSED ......................................................-7 [GO TO QA07_I12]
DON’T KNOW...............................................-8 [GO TO QA07_I12]

QA07_I11  Who else pays all or some portion of the cost for (CHILD’s) health plan?

AI51

CURRENT EMPLOYER ....................................1
FORMER EMPLOYER .....................................2
UNION ........................................................3
SPOUSE’S 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

POST-NOTE QA07_I11:
IF QA07_I11 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF QA07_I11 = 8, SET CHHFAM = 1;
IF QA07_I11 = 7, SET CHMCAL = 1;
IF QA07_I11 = 9, SET CHHKID = 1;
QA07_I12
Is (he/she/he or she) covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

CF6

[PROGRAMMING NOTE QA07_I12]
IF CHINSURE = 1, GO TO QA07_I16;
ELSE CONTINUE WITH QA07_I12;

QA07_I12

[INTERVIEWER NOTE: IF NEEDED SAY, "{Healthy Kids/ Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} is a program for children in your county."]

AI70

[INTERVIEWER NOTE: IF NEEDED SAY, "AIM means Access for Infants and Mothers, 'Mister MIP' or MRMIP means Major Risk Medical Insurance Program"]

CF7

[POST-NOTE QA07_I12:
IF QA07_I12 = 1, SET CHMILIT = 1 AND CHINSURE = 1;

QA07_I13A
Is (he/she/he or she) covered by the {Healthy Kids/Healthy Kids & Young Adults/Healthy Kids, Healthy Futures} program?

AI70

[POST-NOTE QA07_I12:
IF QA07_I13A = 1, SET CHHKID = 1 AND CHINSURE = 1;

QA07_I13
Is (he/she/he or she) covered by some other government health plan such as AIM, "Mister MIP", or something else?

CF7

[POST-NOTE QA07_I13:
IF QA07_I13 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1;]
QA07_I14  Does {he/she/he or she} have any health insurance coverage through a plan that I missed?

   YES .................................................................  1
   NO .................................................................  2 [GO TO QA07_I16]
   REFUSED ...................................................... -7 [GO TO QA07_I16]
   DON'T KNOW .................................................. -8 [GO TO QA07_I16]

QA07_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?

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

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

POST-NOTE QA07_I15:
IF QA07_I15 = 1, SET CHEMP = 1 AND CHINSURE = 1;
IF QA07_I15 = 2, SET CHEMP = 1 AND CHINSURE = 1;
IF QA07_I15 = 3, SET CHDIRECT = 1 AND CHINSURE = 1;
IF QA07_I15 = 4, SET CHMCALE = 1 AND CHINSURE = 1;
IF QA07_I15 = 5, SET CHMICAL = 1 AND CHINSURE = 1;
IF QA07_I15 = 6, SET CHHFAM = 1 AND CHINSURE = 1;
IF QA07_I15 = 7, SET CHMILIT = 1 AND CHINSURE = 1;
IF QA07_I15 = 8, SET CHIHS = 1;
IF QA07_I15 = 9, SET CHHKID = 1 AND CHINSURE = 1;
IF QA07_I15 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1;
IF QA07_I15 = 92, SET CHINSURE = 1 AND CHOTHER = 1;
IF QA07_I15 = -7 OR -8, SET CHINSURE = 1;
PROGRAMMING NOTE QA07_I16:
IF QA07_I1 = 1 AND ARMCARE = 1, THEN QA07_I16 = QA07_H7 AND QA07_I17 = QA07_H8 AND SKIP TO QA07_I18;
ELSE IF QA07_I1 = 1, THEN QA07_I16 = QA07_H55 AND QA07_I17 = QA07_H56 AND GO TO QA07_I18;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA07_I16;
ELSE GO TO QA07_I19;

QA07_I16  Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

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

MA3

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

PROGRAMMING NOTE QA07_I17:
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA07_I17
IF CHMCARE = 1 AND QA07_I16 = 1 THEN list HMO MediCare by county
ELSE IF CHMCAL = 1 OR (CHOTHGOV = 1 AND QA07_I13 = 1) AND QA07_I16 = 1 THEN list HMO MEDI-CAL by county;
ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA07_I16 = 1 THEN list HMO Healthy Families by county;
ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA07_I13 = 2) OR CHOTHER = 1) AND QA07_I16 = 1 THEN list HMO Commercial by county;
ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1) AND QA07_I16 = 2 THEN list Non-HMO by county;

QA07_I17  What is the name of (CHILD)’s main health plan?

MA2

[INTERVIEWER NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (CHILD) have an insurance card or something else with the plan name on it?”

Aetna Us Healthcare................................................. 1
Aids Healthcare Foundation, LA.................................. 2
Alameda Alliance For Health........................................ 3
Altamed Health Services ........................................... 4
Blue Cross/Californiacare........................................... 5
Blue Shield/Careamerica............................................ 6
California Medicare.................................................... 7
CallKids..................................................................... 8
Caloptima................................................................... 9
Care 1st Health Plan/UHP ........................................ 10
Caremore Insurance Services, Inc.............................. 11
Center For Elders Independence................................. 12
Central Coast Alliance/Santa Cruz-Monterey.............. 13
Chinese Community Health Plan............................... 14
Chinese Community Health Plan Senior .................... 15
Cigna Healthcare Of California.................................. 16
Citizens Choice Healthplan....................................... 17
Community Choice (San Diego Co)............................. 18
Community Health Plan of LA.................................. 19
Contra Costa Health Plan......................................... 20
Golden Medicare..................................................... 21
Is (CHILD) covered for prescription drugs?

CF14

YES ................................................................. 1
NO ..................................................................... 2
REFUSED ......................................................... 7
DON’T KNOW ................................................... 8
PROGRAMMING NOTE QA07_I19:
IF CHINSURE = 1, GO TO QA07_I24;
ELSE CONTINUE WITH QA07_I19;

QA07_I19  What is the one main reason (CHILD) does not have any health insurance?

CF18

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

QA07_I20  Was (CHILD) covered by health insurance at any time during the past 12 months?

CF20

YES.................................................................1  [GO TO QA07_I22]
NO..................................................................2
REFUSED..........................................................-7
DON'T KNOW ..................................................-8

QA07_I21  How long has it been since (CHILD) last had health insurance?

CF21

MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO ..............................1  [GO TO QA07_I30]
MORE THAN 3 YEARS AGO .........................2  [GO TO QA07_I30]
NEVER HAD HEALTH INSURANCE COVERAGE ..3  [GO TO QA07_I30]
REFUSED........................................................-7  [GO TO QA07_I30]
DON'T KNOW/NOT SURE ................................-8  [GO TO QA07_I30]

QA07_I22  For how many of the last 12 months did {he/she/he or she} have health insurance?

CF22

[INTERVIEWER NOTE: IF < 1 MONTH, ENTER "1".]

_____ MONTHS

REFUSED..........................................................-7
DON'T KNOW ..................................................-8
QA07_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?

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

MEDI-CAL ................................................................. 1 [GO TO QA07_I30]
HEALTHY FAMILIES ................................................ 2 [GO TO QA07_I30]
THROUGH CURRENT OR FORMER EMPLOYER UNION .............................................................. 3 [GO TO QA07_I30]
HEALTHY KIDS ........................................................ 4 [GO TO QA07_I30]
OTHER HEALTH PLAN .......................................... 91 [GO TO QA07_I30]
REFUSED ............................................................... -7 [GO TO QA07_I30]
DON'T KNOW ........................................................ -8 [GO TO QA07_I30]

QA07_I24 Thinking about {his/her/his or her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

YES ........................................................................... 1 [GO TO QA07_I30]
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ........................................................ -8

QA07_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?

YES ........................................................................... 1 [GO TO QA07_I27]
NO ............................................................................. 2 [GO TO QA07_I27]
REFUSED ............................................................... -7 [GO TO QA07_I27]
DON'T KNOW ........................................................ -8 [GO TO QA07_I27]

QA07_I26 Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

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

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

QA07_I27 During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

YES ........................................................................... 1 [GO TO QA07_I30]
NO ............................................................................. 2 [GO TO QA07_I30]
REFUSED ............................................................... -7 [GO TO QA07_I30]
DON'T KNOW ........................................................ -8 [GO TO QA07_I30]
**QA07_I28**

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

**[INTERVIEWER NOTE: IF < 1 MONTH, ENTER "1".]**

_____ MONTHS

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

**QA07_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?

**[INTERVIEWER NOTE: IF R SAYS, "No need," PROBE WHY]**

CAN'T AFFORD/TOO EXPENSIVE ............................1  
NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB ..................2  
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ..............................................3  
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ........................................4  
FAMILY SITUATION CHANGED ................................5  
DON'T BELIEVE IN INSURANCE .............................6  
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ................................................7  
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE .....................................................8  
OTHER (SPECIFY) ..................................................91  
REFUSED ............................................................... -7  
DON'T KNOW ........................................................... -8
PROGRAMMING NOTE QA07_I30:
IF NO TEEN SELECTED, GO TO QA07_I66;
IF ARINSURE = 1, CONTINUE WITH QA07_I30;
IF ARINSURE = 0, GO TO QA07_I31;
ELSE CONTINUE WITH QA07_I30;

QA07_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  QA07_I54]
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

POST-NOTE QA07_I30:
IF QA07_I30 = 1 AND ARMCA...
PROGRAMMING NOTE QA07_I32:
IF CHINSURE = 1, CONTINUE WITH QA07_I32;
ELSE GO TO QA07_I33;

QA07_I32  Does (TEEN) have the same insurance as (CHILD)?

MA6

YES...........................................................................1 [GO TO QA07_I54]
NO.............................................................................2
REFUSED.....................................................................-7
DON'T KNOW...................................................................-8

POST-NOTE QA07_I32:
IF QA07_I32 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA07_I32 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA07_I32= 1 AND CHIHS = 1, SET TEIHS = 1

QA07_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 QA07_I37]
NO.............................................................................2 [GO TO QA07_I35]
REFUSED.....................................................................-7 [GO TO QA07_I35]
DON'T KNOW...................................................................-8 [GO TO QA07_I35]

POST-NOTE QA07_I33:
IF QA07_I33 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA07_I35  Is (TEEN) covered by the Healthy Families Program?

IA2

[INTERVIEWER NOTE: IF NEEDED SAY, "Healthy Families is a state program that pays for health insurance for children up to age 19."]

YES...........................................................................1 [GO TO QA07_I37]
NO.............................................................................2 [GO TO QA07_I37]
REFUSED.....................................................................-7 [GO TO QA07_I37]
DON'T KNOW...................................................................-8 [GO TO QA07_I37]

POST-NOTE QA07_I35:
IF QA07_I35 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
QA07_I36  What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?

IA2A

- PAPERWORK TOO DIFFICULT ........................................ 1
- DIDN'T KNOW IF ELIGIBLE ............................................. 2
- INCOME TOO HIGH, NOT ELIGIBLE ............................... 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ........ 4
- OTHER NOT ELIGIBLE .................................................. 5
- DON'T BELIEVE IN HEALTH INSURANCE ....................... 6
- DON'T NEED IT BECAUSE HEALTHY ............................... 7
- ALREADY HAVE INSURANCE ......................................... 8
- DIDN'T KNOW IT EXISTED ............................................ 9
- DON'T LIKE / WANT WELFARE ..................................... 10
- OTHER ......................................................................... 91
- REFUSED ....................................................................... -7
- DON'T KNOW .................................................................. -8

QA07_I37  Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

IA3

- YES ............................................................................... 1  [GO TO QA07_I39]
- NO .................................................................................. 2
- REFUSED ......................................................................... -7
- DON'T KNOW .................................................................... -8

POST-NOTE QA07_I37:
IF QA07_I35 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA07_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

- YES ............................................................................... 1  [GO TO QA07_I42]
- NO .................................................................................. 2  [GO TO QA07_I42]
- REFUSED ......................................................................... -7  [GO TO QA07_I42]
- DON'T KNOW .................................................................... -8  [GO TO QA07_I42]

POST-NOTE QA07_I38:
IF QA07_I38 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
QA07_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

[INTERVIEWER NOTE: 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.” OR “A deductible is the amount you pay for medical care before your health plan starts paying.” OR “Premium is the monthly charge for the cost of your health insurance plan.”]

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

QA07_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

YES .............................................................. 1  [GO TO QA07_I42]
NO ................................................................. 2  [GO TO QA07_I42]
REFUSED ....................................................... -7  [GO TO QA07_I42]
DON’T KNOW ................................................ -8  [GO TO QA07_I42]

QA07_I41  Who else pays all or some portion of the cost for (TEEN’s) health plan?

AI53

CURRENT EMPLOYER ........................................... 1
FORMER EMPLOYER ........................................... 2
UNION ............................................................ 3
SPOUSE’S 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

POST-NOTE QA07_I41:
IF QA07_I41 = 1-6, SET TEEMP = 1; IF QA07_I41 = 7, SET TEMCAL = 1;
IF QA07_I41 = 8, SET TEHFAM = 1; IF QA07_41 = 8, SET TEHKID = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA07_I42:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA07_I46; ELSE CONTINUE WITH QA07_I42

QA07_I42  Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

IA6

YES .............................................................. 1  [GO TO QA07_I46]
NO ................................................................. 2
REFUSED ....................................................... -7
DON’T KNOW ................................................ -8

POST-NOTE QA07_I42:
IF QA07_I42 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
PROGRAMMING NOTE FOR QA07_I43A:
IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE
PLAN, OR MILITARY PLAN) CONTINUE WITH QA07_I43A AND DISPLAY "HEALTHY KIDS";
IF COUNTY=SAN FRANCISCO DISPLAY "HEALTHY KIDS & YOUNG ADULTS";
IF COUNTY=EL DORADO, YUBA, COLUSA, OR SACRAMENTO DISPLAY "HEALTHY KIDS, HEALTHY
FUTURES";

QA07_I43A Is {he/she/he or she} covered by the {Healthy Kids/ Healthy Kids & Young Adults/Healthy Kids,
Healthy Futures} program?

[INTERVIEWER NOTE: IF NEEDED SAY, "{Healthy Kids/ Healthy Kids & Young Adults/ Healthy Kids, Healthy
Futures} is a program for children in your county."]

YES ......................................................... 1 [GO TO QA07_I46]
NO .......................................................... 2
REFUSED ................................................ 7
DON'T KNOW ......................................... 8

POST-NOTE QA07_I43A:
IF QA07_I43A = 1, SET TEHKID = 1 AND SET TEINSURE = 1

QA07_I43 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or
something else?

[INTERVIEWER NOTE: IF NEEDED SAY, "AIM means Access for Infants and Mothers, 'Mister MIP' or
MRMIP means Major Risk Medical Insurance Program"]

AIM ......................................................... 1 [GO TO QA07_I46]
"MISTER MIP"/MRMIP .................................. 2 [GO TO QA07_I46]
NO OTHER PLAN .................................... 3
SOMETHING ELSE (SPECIFY): ______________ 91 [GO TO QA07_I46]
REFUSED .............................................. 7
DON'T KNOW ....................................... 8

POST-NOTE QA07_I143:
IF QA07_I43 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

QA07_I44 Does {he/she/he or she} have any health insurance coverage through a plan that I missed?

[INTERVIEWER NOTE: IF NEEDED SAY, "AIM means Access for Infants and Mothers, 'Mister MIP' or
MRMIP means Major Risk Medical Insurance Program"]

YES ......................................................... 1 [GO TO QA07_I46]
NO .......................................................... 2 [GO TO QA07_I46]
REFUSED .............................................. 7 [GO TO QA07_I46]
DON'T KNOW ....................................... 8 [GO TO QA07_I46]
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?

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

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

POST-NOTE QA07_I45:
IF QA07_I45_1 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA07_I45_2 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA07_I45_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1
IF QA07_I45_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1
IF QA07_I45_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1
IF QA07_I45_6 = 1, SET TEHFAM = 1 AND TEINSURE = 1
IF QA07_I45_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1
IF QA07_I45_8 = 1, SET TEIHS = 1
IF QA07_I45_9 = 1, SET TEHKID = 1 AND SET TEINSURE = 1
IF QA07_I45_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1
IF QA07_I45_92 = 1, SET TEINSURE = 1 AND TEOTHER = 1
IF QA07_I45=-7 OR -8, SET TEINSURE = 1
PROGRAMMING NOTE QA07_I46:
IF QA07_I30 = 1 AND ARMCCARE = 1, THEN QA07_I46 = QA07_H7 AND QA07_I47 = QA07_H8 AND SKIP TO QA07_I48;
ELSE IF QA07_I30 = 1, THEN QA07_I46 = QA07_H55 AND QA07_I47 = QA07_H56 AND GO TO QA07_I48;
ELSE IF QA07_I32 = 1, THEN QA07_I46 = QA07_I16 AND QA07_I47 = QA07_I17 AND GO TO QA07_I48;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA07_I46
ELSE GO TO QA07_I49;

QA07_I46  Is (TEEN)'s {Medi-Cal} health plan an HMO?

MA8

[INTERVIEWER NOTE: IF NEEDED SAY, “HMO stands for Health Maintenance Organization. With an HMO, {he/she/he or she} must use the doctors and hospitals belonging to its network. If {he/she/he or she} goes outside the network, generally it will not be paid unless it’s an emergency.” IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: “{his/her/his or her} MAIN health plan.” IF R SAYS “POS” OR “POINT OF SERVICE,” CODE AS “YES.” IF R SAYS “PPO,” CODE AS “NO.”]

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

PROGRAMMING NOTE QA07_I47:
IF QA07_I46 = 1 (KAISER), CODE QA07_I47 = 1 (YES) AND GO TO QA07_I48;
IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA07_I47;
IF TEMCARE = 1 AND QA07_I47 = 1 THEN LIST HMO MEDICARE BY COUNTY
ELSE IF TEMCAL = 1 OR (CHOTHGOV = 1 AND QA07_I13 = 1) AND QA07_I46 = 1 THEN LIST HMO MEDI-CAL BY COUNTY;
ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA07_I46 = 1 THEN LIST HMO HEALTHY FAMILIES BY COUNTY;
ELSE IF (TEEMP = 1 OR TEDIRECT = 1) OR (TEOTHGOV = 1 AND QA07_I43 = 2) OR TEOOTHER = 1) AND QA07_I46 = 1 THEN LIST HMO COMMERCIAL BY COUNTY;
ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOOTHER = 1) AND QA07_I46 = 2 THEN LIST NON-HMO BY COUNTY;
What is the name of (TEEN)'s main health plan?

[INTERVIEWER NOTE: IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE, “Does (TEEN) have an insurance card or something else with the plan name on it?”]

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Us Healthcare</td>
<td>1</td>
</tr>
<tr>
<td>Aids Healthcare Foundation, LA</td>
<td>2</td>
</tr>
<tr>
<td>Alameda Alliance For Health</td>
<td>3</td>
</tr>
<tr>
<td>Altamed Health Services</td>
<td>4</td>
</tr>
<tr>
<td>Blue Cross/Californiacare</td>
<td>5</td>
</tr>
<tr>
<td>Blue Shield/Careamerica</td>
<td>6</td>
</tr>
<tr>
<td>California Medicare</td>
<td>7</td>
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<tr>
<td>CalKids</td>
<td>8</td>
</tr>
<tr>
<td>Caloptima</td>
<td>9</td>
</tr>
<tr>
<td>Care 1st Health Plan/UHP</td>
<td>10</td>
</tr>
<tr>
<td>Caremore Insurance Services, Inc.</td>
<td>11</td>
</tr>
<tr>
<td>Center For Elders Independence</td>
<td>12</td>
</tr>
<tr>
<td>Central Coast Alliance/Santa Cruz-Monterey</td>
<td>13</td>
</tr>
<tr>
<td>Chinese Community Health Plan</td>
<td>14</td>
</tr>
<tr>
<td>Chinese Community Health Plan Senior</td>
<td>15</td>
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<tr>
<td>Cigna Healthcare Of California</td>
<td>16</td>
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<tr>
<td>Citizens Choice Healthplan</td>
<td>17</td>
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<tr>
<td>Community Health Group (San Diego Co)</td>
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<tr>
<td>Community Health Plan of LA</td>
<td>19</td>
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<td>Contra Costa Health Plan</td>
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<td>Golden Medicare</td>
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<td>Health Advantage</td>
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<td>Health Net/Foundation</td>
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<td>Inland Empire Health Plan</td>
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<td>Inter Valley Health Plan</td>
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<tr>
<td>Kaiser Foundation Health Plan</td>
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<td>Kern Health Systems</td>
<td>27</td>
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<tr>
<td>LA Care Health Plan</td>
<td>28</td>
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<tr>
<td>Molina Healthcare of California</td>
<td>29</td>
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<td>On Lok Senior Health Services</td>
<td>30</td>
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<td>One Health Plan Of California</td>
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<td>Pacificare/FHP</td>
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<tr>
<td>San Francisco Health Dept./Family Mosaic Project</td>
<td>33</td>
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<tr>
<td>San Francisco Health Plan</td>
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<tr>
<td>San Joaquin Health Plan</td>
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<tr>
<td>San Mateo Health Commission</td>
<td>36</td>
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<td>Santa Barbara Health Plan</td>
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<tr>
<td>Santa Clara Family Health Plan</td>
<td>38</td>
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<tr>
<td>Scan Health Plan</td>
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<td>Secure Horizons</td>
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<td>Senior Advantage</td>
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<td>Senior Secure</td>
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<td>Seniority Plus</td>
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<td>Service to Seniors</td>
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<tr>
<td>Sharp Health Plan</td>
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<td>Solano/Napa County Network</td>
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<tr>
<td>Sutter Senior Care</td>
<td>47</td>
</tr>
<tr>
<td>Universal Care/Healthmax</td>
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<tr>
<td>Valley Health Plan, Santa Clara</td>
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<td>Ventura County Health Care Plan</td>
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<tr>
<td>Western Health Advantage</td>
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<td>Western Health Advantage Care+</td>
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<tr>
<td>65 Plus</td>
<td>53</td>
</tr>
<tr>
<td>Medi-CAL</td>
<td>54</td>
</tr>
<tr>
<td>OTHER</td>
<td>55</td>
</tr>
<tr>
<td>OTHER (SPECIFY:)</td>
<td>92</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA07_I48  Is (TEEN) covered for prescription drugs?

IA14

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

PROGRAMMING NOTE QA07_I49:
IF TEINSURE = 1, GO TO QA07_I54;
ELSE CONTINUE WITH QA07_I49;

QA07_I49  What is the one main reason (TEEN) does not have any health insurance?

IA18

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

QA07_I50  Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

YES ........................................................................... 1  [GO TO QA07_I52]
NO ............................................................................. 2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QA07_I51  How long has it been since (TEEN) last had health insurance?

IA21

MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO ................................... 1  [GO TO QA07_I60]
MORE THAN 3 YEARS AGO ................................... 2  [GO TO QA07_I60]
NEVER HAD HEALTH INSURANCE COVERAGE .......... 3  [GO TO QA07_I60]
REFUSED ........................................................... -7  [GO TO QA07_I60]
DON'T KNOW/NOT SURE ..................................... -8  [GO TO QA07_I60]

QA07_I52  For how many of the last 12 months did {he/she/he or she} have health insurance?

IA22

INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1

_____ MONTHS

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

QA07_I53  During those months when (TEEN) had health insurance, was {his/her/his or her} insurance Medi-

CALE, Healthy Families, a plan you obtained through an employer, or some other plan?

IA23

INTERVIEWER NOTE: CODE ALL THAT APPLY. PROBE: "Any others?")

MEDI-CAL ............................................................ 1  [GO TO QA07_I60]
HEALTHY FAMILIES ............................................. 2  [GO TO QA07_I60]
THROUGH CURRENT OR FORMER
EMPLOYER/UNION ............................................ 3  [GO TO QA07_I60]
HEALTHY KIDS ................................................... 4  [GO TO QA07_I60]
OTHER HEALTH PLAN ........................................ 9  [GO TO QA07_I60]
REFUSED ........................................................... -7  [GO TO QA07_I60]
DON'T KNOW ..................................................... -8

QA07_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  [GO TO QA07_I60]
NO ................................................................. 2
REFUSED ........................................................... -7
DON'T KNOW ..................................................... -8

QA07_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  [GO TO QA07_I57]
DON'T KNOW ..................................................... -8
Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

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

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

During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

- YES ........................................................................... 1
- NO ........................................................................... 2 [GO TO QA07_I60]
- REFUSED .................................................................. -7 [GO TO QA07_I60]
- DON'T KNOW .......................................................... -8 [GO TO QA07_I60]

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

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH, ENTER 1]

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

What is the one main reason why (TEEN) did not have any health insurance during the time {he/she/he or she} wasn’t covered?

[INTERVIEWER NOTE: IF R SAYS, "No need," PROBE WHY]

- CAN'T AFFORD/TOO EXPENSIVE .......................... 1
- NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB ..................... 2
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ................................................ 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ........................................... 4
- FAMILY SITUATION CHANGED .............................. 5
- DON'T BELIEVE IN INSURANCE ............................ 6
- SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ................................................... 7
- CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE ................................................... 8
- OTHER (SPECIFY) ................................................... 91
- REFUSED .................................................................. -7
- DON'T KNOW .......................................................... -8
QA07_I60  Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

MA10

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

PROGRAMMING NOTE QA07_I61T:
IF TI3 ≠ -1 (ALREADY ANSWERED IN ADOLESCENT QUESTIONNAIRE) THEN SKIP TO QA07_I61;
ELSE CONTINUE WITH QA07_I61T;

QA07_I61T  In what country was (ADOLESCENT/AGE/SEX) born?

AI56T

UNITED STATES………………………………………... 1
AMERICAN SAMOA………………………………… 2
CANADA.................................................................. 3
CHINA ................................................................... 4
EL SALVADOR ......................................................... 5
ENGLAND ................................................................ 6
FRANCE ................................................................. 7
GERMANY ................................................................ 8
GUAM ....................................................................... 9
GUATEMALA ........................................................ 10
HUNGARY .............................................................. 11
INDIA ..................................................................... 12
IRAN ....................................................................... 13
IRELAND .................................................................. 14
ITALY ...................................................................... 15
JAPAN .................................................................... 16
KOREA ................................................................... 17
MEXICO ................................................................... 18
PHILIPPINES .......................................................... 19
POLAND ................................................................. 20
PORTUGAL ........................................................... 21
PUERTO RICO ................................................................ 22
RUSSIA ................................................................. 23
TAIWAN ................................................................... 24
VIETNAM ............................................................... 25
VIRGIN ISLANDS ................................................... 26
OTHER (SPECIFY):_____________________________ 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA07_I63T:
IF QA07_I61T = 1,2,9,22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA07_I61;
ELSE CONTINUE WITH QA07_I63T;

QA07_I63T  Is {ADOLESCENT/AGE/SEX} a citizen of the United States?

A158T

YES.............................................................................1  [GO TO QA07_I65T]
NO.............................................................................2
APPLICATION PENDING...........................................3
REFUSED...................................................................-7
DON'T KNOW.........................................................-8

QA07_I64T  Is {ADOLESCENT/AGE/SEX} a permanent resident with a green card?

A159T

[INTERVIEWER NOTE: IF NEEDED SAY, “People usually call this a “Green Card” but the color can also be
pink, blue, or white”]

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

QA07_I65T  About how many years has {ADOLESCENT/AGE/SEX} lived in the United States?

A160T

[INTERVIEWER NOTE: IF < 1 YEAR, ENTER “1 YEAR”]

_____ NUMBER OF YEARS

A160TYR

_____ YEAR FIRST COME AND LIVE IN U.S.

A160TFMT

# YEARS....................................................................1
YEAR CAME TO U.S...................................................2
REFUSED...................................................................-7
DON'T KNOW.........................................................-8
PROGRAMMING NOTE QA07_I62:
IF QA07_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA07_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA07_I61 In what country was {ADOLESCENT/AGE/SEX}'s {mother/father} born?

[INTERVIEWER NOTE: FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

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

NOTE: Items AI56-AI60 are asked about the teen's parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.
PROGRAMMING NOTE QA07_I62:
IF QA07_I61 = 1,2,9,22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA07_I61C;
ELSE CONTINUE WITH QA07_I62
IF QA07_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA07_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA07_I62 Does {TEEN’S} {mother/father} now live in the U.S.?

AI57

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

NOTE: Items AI56-AI60 are asked about the teen’s parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.

PROGRAMMING NOTE QA07_I63:
IF QA07_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA07_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA07_I63 Is {ADOLESCENT/AGE/SEX}’s {mother/father} a citizen of the United States?

AI58

[INTERVIEWER NOTE: IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

YES ........................................................................... 1 [GO TO QA07_I65]
NO ............................................................................. 2
APPLICATION PENDING ........................................... 3
REFUSED ..................................................................... -7
DON’T KNOW ................................................................... -8

NOTE: Items AI56-AI60 are asked about the teen’s parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.

PROGRAMMING NOTE QA07_I64:
IF QA07_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA07_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA07_I64 Is {ADOLESCENT/AGE/SEX}’s {mother/father} a permanent resident with a green card?

AI59

[INTERVIEWER NOTE: IF NEEDED SAY, “People usually call this a “Green Card” but the color can also be pink, blue, or white”]

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

NOTE: Items AI56-AI60 are asked about the teen’s parent who is NOT being interviewed. The displays are determined by using the opposite sex from that of the adult respondent (AR) as stored in AA3.
PROGRAMMING NOTE QA07_I65:
IF QA07_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA07_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA07_I65  About how many years has {ADOLESCENT/AGE/SEX}’s {mother/father} lived in the United States?

   A160  _____ NUMBER OF YEARS ................................... 1  [IF < 1 YEAR, ENTER ”1”]
   A160YR  _____ YEAR FIRST COME LIVE IN U.S ................. 2

   A160FMT
   MOTHER/FATHER DECEASED .............................. 3
   MOTHER/FATHER NEVER LIVED IN U.S .............. 4
   REFUSED ............................................................... -7
   DON’T KNOW .......................................................... -8

PROGRAMMING NOTE QA07_I61C:
IF CH8 ≠ -1 (ALREADY ANSWERED IN CHILD QUESTIONNAIRE) THEN SKIP TO QA07_I66;
ELSE CONTINUE WITH QA07_I61;

QA07_I61C  In what country was {CHILD/AGE/SEX} born?

   A156C
   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 QA07_I63C:
IF QA07_I61T = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO QA07_I61;
ELSE CONTINUE WITH QA07_I62T;

QA07_I63C  Is {CHILD/AGE/SEX} a citizen of the United States?


YES........................................................................... 1 [GO TO QA07_I66]
NO............................................................................. 2
APPLICATION PENDING......................................... 3
REFUSED.............................................................. -7
DON'T KNOW....................................................... -8

QA07_I64C  Is {CHILD/AGE/SEX} a permanent resident with a green card?


[INTERVIEWER NOTE: IF NEEDED SAY, “People usually call this a “Green Card” but the color can also be pink, blue, or white”]

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

QA07_I65C  About how many years has {CHILD/AGE/SEX} lived in the United States?


[INTERVIEWER NOTE: IF < 1 YEAR, ENTER "1 YEAR"]

_____ NUMBER OF YEARS

_____ YEAR FIRST COME AND LIVE IN U.S.

# YEARS.............................................................. 1
YEAR CAME TO U.S.............................................. 2
REFUSED........................................................... -7
DON'T KNOW....................................................... -8
PROGRAMMING NOTE QA07_I66;
IF RESPONDENT IS PARENT OF ANY FEMALE CHILDREN IN HOUSEHOLD AGE ≥ 8, THEN:
IF ONLY ONE SUCH CHILD, SELECT THAT ONE,
ELSE IF MORE THAN ONE, RANDOMLY SELECT ONE USING RANNUM1 AND IF QA07_E16 (HEARD OF HPV SHOT) = 1, 2, -7, OR -8, SKIP TO QA07_I67; ELSE CONTINUE WITH QA07_I66;
ELSE SKIP TO NEXT SECTION, QA07_J1;

QA07_I66 Have you ever heard of a vaccine or shot to prevent cervical cancer?

[INTERVIEWER NOTE: IF R MENTIONS “GARDASIL”, CODE YES]

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA07_I68]
REFUSED .....................................................................-7 [GO TO QA07_I68]
DON’T KNOW ................................................................-8 [GO TO QA07_I68]

QA07_I67 Did {DAUGHTER NAME/AGE} ever receive the HPV vaccine or HPV shots?

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA07_I68]
REFUSED .....................................................................-7 [GO TO QA07_I68]
DON’T KNOW ................................................................-8 [GO TO QA07_I68]

QA07_I67A Did {DAUGHTER NAME/AGE} receive all three doses of the HPV vaccine?

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA07_J1]
REFUSED .....................................................................-7 [GO TO QA07_J1]
DON’T KNOW ................................................................-8 [GO TO QA07_J1]

PROGRAMMING NOTE QA07_I68;
IF QA07_I66 = 2, -7, OR -8 OR QA07_I67 = 2, -7, OR -8 THEN DISPLAY: “{HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26.”

QA07_I68 {HPV is a virus that can cause cervical cancer. A vaccine that protects against HPV has been approved for females ages 9 to 26.} If {DAUGHTER NAME/AGE}’s doctor recommended the HPV vaccine, would you have her get it?

YES ........................................................................... 1 [GO TO QA07_I70]
NO ............................................................................. 2
REFUSED .....................................................................-7
DON’T KNOW ................................................................-8
QA07_I69 What is the MAIN reason you would NOT want {DAUGHTER NAME/AGE} to get the vaccine?

- DOES NOT NEED VACCINE ................................... 1  [GO TO QA07_J1]
- NOT SEXUALLY ACTIVE ..................................... 2  [GO TO QA07_J1]
- TOO EXPENSIVE ............................................. 3  [GO TO QA07_I71]
- TOO YOUNG ...................................................... 4  [GO TO QA07_I71]
- DOCTOR DIDN'T RECOMMEND IT .......................... 5  [GO TO QA07_J1]
- WORRIED ABOUT SAFETY OF VACCINE ............... 6  [GO TO QA07_J1]
- DON'T KNOW WHERE TO GET VACCINE .............. 7  [GO TO QA07_J1]
- MY SPOUSE/FAMILY MEMBER IS AGAINST IT .......... 8  [GO TO QA07_J1]
- DON'T KNOW ENOUGH ABOUT VACCINE ............. 9  [GO TO QA07_J1]
- OTHER ............................................................ 10  [GO TO QA07_I71]
- REFUSED .......................................................... 11  [GO TO QA07_J1]
- DON'T KNOW ..................................................... 12  [GO TO QA07_J1]

QA07_I70 The cost of the vaccine may be about $360. Would you have {DAUGHTER NAME/AGE} get the vaccine if you had to pay this amount?

- YES .................................................................... 1  [GO TO QA07_J1]
- NO ..................................................................... 2  [GO TO QA07_J1]
- REFUSED .......................................................... 7  [GO TO QA07_J1]
- DON'T KNOW ..................................................... 8  [GO TO QA07_J1]

QA07_I71 If {DAUGHTER NAME/AGE} could get the vaccine free or at a much lower cost, would you have her get it?

- YES .................................................................... 1
- NO ..................................................................... 2
- REFUSED .......................................................... 7
- DON'T KNOW ..................................................... 8
Section J – Health Care Utilization and Access, Violence

PROGRAMMING NOTE QA07_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “NOW I’D LIKE TO ASK ABOUT THE HEALTH CARE YOU RECEIVE”;
ELSE BEGIN QUESTION WITH “DURING THE PAST...”;

QA07_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

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

PROGRAMMING NOTE QA07_J2:
IF QA07_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA07_J2; ELSE GO TO PROGRAMMING NOTE QA07_J3;

QA07_J2  About how long has it been since you last saw a doctor about your own health?

AH6

ONE YEAR AGO OR LESS ........................................... 0
MORE THAN 1 UP TO 2 YEARS AGO ..................... 1
MORE THAN 2 UP TO 5 YEARS AGO ..................... 2  [GO TO QA07_J16]
MORE THAN 5 YEARS AGO ................................... 3  [GO TO QA07_J16]
NEVER ...................................................................... 4  [GO TO QA07_J16]
REFUSED .................................................................... -7 [GO TO QA07_J16]
DON’T KNOW .......................................................... -8 [GO TO QA07_J16]

PROGRAMMING NOTE QA07_J3:
IF QA07_J1 > 0 OR QA07_J2 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA07_J3;
ELSE GO TO QA07_J16;

QA07_J3  The last time you saw a doctor, did you have a hard time understanding the doctor?

AJ8

YES ............................................................................. 1  [GO TO QA07_J5]
NO ............................................................................. 2
REFUSED ..................................................................... -7 [GO TO QA07_J8]
DON’T KNOW .......................................................... -8 [GO TO QA07_J8]
**PROGRAMMING NOTE QA07_J4:**

IF QA07_J3 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA07_G5 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA07_J4;
ELSE SKIP TO QA07_J8;

**QA07_J4**  
In what language does your doctor speak to you?

| AJ50 |  
|-------------------------------|-----------------|  
| ENGLISH .......................................................... | 1 [GO TO QA07_J6] |
| SPANISH ........................................................... | 2 [GO TO QA07_J8] |
| CANTONESE ....................................................... | 3 [GO TO QA07_J8] |
| VIETNAMESE ..................................................... | 4 [GO TO QA07_J8] |
| TAGALOG ............................................................ | 5 [GO TO QA07_J8] |
| MANDARIN .......................................................... | 6 [GO TO QA07_J8] |
| KOREAN ............................................................. | 7 [GO TO QA07_J8] |
| ASIAN INDIAN LANGUAGES ..................... | 8 [GO TO QA07_J8] |
| RUSSIAN ........................................................... | 9 [GO TO QA07_J8] |
| OTHER (SPECIFY):_________________ | 91 [GO TO QA07_J8] |
| REFUSED ......................................................... | -7 [GO TO QA07_J8] |
| DON'T KNOW ..................................................... | -8 [GO TO QA07_J8] |

**PROGRAMMING NOTE QA07_J5:**

IF QA07_J3 = 1 CONTINUE WITH QA07_J5; ELSE SKIP TO QA07_J8;

**QA07_J5**  
Was this because you and the doctor spoke different languages?

| AJ9 |  
|-------------------------------|-----------------|  
| YES ............................................................... | 1 |
| NO ................................................................. | 2 |
| REFUSED ....................................................... | -7 |
| DON'T KNOW .................................................. | -8 |

**QA07_J6**  
Did you need someone to help you understand the doctor?

| AJ10 |  
|-------------------------------|-----------------|  
| YES ............................................................... | 1 [GO TO QA07_J8] |
| NO ................................................................. | 2 [GO TO QA07_J8] |
| REFUSED ....................................................... | -7 [GO TO QA07_J8] |
| DON'T KNOW .................................................. | -8 [GO TO QA07_J8] |
**QA07_J7** Who was this person who helped you understand the doctor?

**AJ11**

[INTERVIEWER NOTE: IF R Responsive "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER"]:]

- MINOR CHILD (UNDER AGE 18) ................................ 1
- AN ADULT FAMILY MEMBER OR FRIEND OF MINE .............................................. 2
- NON-MEDICAL OFFICE STAFF ................................................................. 3
- MEDICAL STAFF INCLUDING NURSES/DOCTORS ............................................. 4
- PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE) ............ 5
- OTHER (PATIENTS, SOMEONE ELSE) ...................................................... 6
- DID NOT HAVE SOMEONE TO HELP ........................................ 7
- REFUSED .............................................................................. -7
- DON'T KNOW ........................................................................ -8

**QA07_J8** When you had your last routine exam, did you and your doctor talk about your emotions or moods?

**AJ53**

[INTERVIEWER NOTE: IF NEEDED SAY, "By doctor, I also mean nurses or other health providers"]

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

**QA07_J9** Did your doctor talk about your emotions or moods in a way that you could understand?

**AJ54**

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

**PROGRAMMING NOTE QA07_J10:**

IF QA07_F19 = 1 (FELT NEED TO SEE PROFESSIONAL IN PAST 12 MONTHS) OR [T3 = 0 AND T1 > 5 (NONE MISSING IN AJ29-AJ34 AND SUM OF AJ29-AJ34 > 5)] OR [T3 = 1 AND T1 > 4 (ONLY ONE MISSING IN AJ29-AJ34 AND SUM OF AJ29-AJ34 > 4)] OR [T4 = 0 AND T2 > 5 (NONE MISSING IN AF63-AF68 AND SUM OF AF63-AF68 > 5)] OR [T4 = 1 AND T2 > 4 (ONLY ONE MISSING IN AF63-AF68 AND SUM OF AF63-AF68 > 4)],

THEN CONTINUE WITH QA07_J10 (AJ55); ELSE SKIP TO QA07_J12 (AJ51);

**QA07_J10** Did your doctor provide or arrange treatment for your emotions or moods, such as medications, counseling, or other treatment?

**AJ55**

- YES ....................................................................................... 1
- NO .......................................................................................... 2
- REFUSED .................................................................................. -7
- DON'T KNOW .............................................................................. -8
QA07_J11 Has the treatment made your emotions or moods better, worse, or about the same?

AJ56

- BETTER .............................................................. 1
- WORSE .............................................................. 2
- SAME ............................................................... 3
- REFUSED ............................................................ -7
- DON’T KNOW .................................................... -8

QA07_J12 When you read the instructions on a prescription bottle, would you say it is very easy, somewhat difficult, or very difficult to understand?

AJ51

- VERY EASY ......................................................... 1
- SOMEWHAT EASY ............................................... 2
- SOMEWHAT DIFFICULT ...................................... 3
- VERY DIFFICULT ................................============ 4
- DON’T GET PRESCRIPTIONS ............................ 5
- REFUSED ............................................................ -7
- DON’T KNOW .................................................... -8

QA07_J13 When you get written information at a doctor’s office, would you say it is very easy, somewhat difficult, or very difficult to understand?

AJ52

- VERY EASY ......................................................... 1
- SOMEWHAT EASY ............................................... 2
- SOMEWHAT DIFFICULT ...................................... 3
- VERY DIFFICULT ................................============ 4
- DON’T GET WRITTEN INFORMATION .............. 5
- REFUSED ............................................................ -7
- DON’T KNOW .................................................... -8

QA07_J14 During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for you?

AH16

- YES ................................................................. 1
- NO ................................................................. 2 [GO TO QA07_J16]
- REFUSED ........................................................ -7 [GO TO QA07_J20]
- DON’T KNOW .................................................. -8 [GO TO QA07_J20]

QA07_J15 Was cost or lack of insurance a reason why you delayed or did not get the prescription?

AJ19

- YES ................................................................. 1
- NO ................................................................. 2
- REFUSED ........................................................ -7
- DON’T KNOW .................................................. -8
During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist or other health professional?

YES.................................................................1
NO.................................................................2 [GO TO QA07_J20]
REFUSED................................................................-7 [GO TO QA07_J20]
DON'T KNOW..........................................................8 [GO TO QA07_J20]

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

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

The next questions are about relationships with intimate partners and your personal safety. By intimate partner, I mean any husband, wife, boyfriend, girlfriend, or someone you lived with or dated. Some questions ask about threats or about being slapped or hit; others ask about unwanted sexual experiences. If any question upsets you, you don't have to answer it and your answers will be kept private.

Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked or physically hurt you in any way?

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

Since you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?

[INTERVIEWER NOTE: IF NEEDED SAY, “Unwanted” means you did not consent or agree.” ONLY IF RESPONDENT ASKS WHAT “unwanted sex” stands for, SAY: “Unwanted sexual intercourse.” ONLY IF FEMALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: “By oral sex, we mean someone touched your vagina, rectum or buttocks with their mouth or tongue, or a male put his penis in your mouth.”] ONLY IF MALE R ASKS FOR A DEFINITION OF ORAL SEX, SAY: “By oral sex, we mean someone touched your rectum or buttocks with their mouth or tongue or a male put his penis in your mouth.” ONLY IF R ASKS FOR A DEFINITION OF ANAL SEX, SAY: “By anal sex, we mean that a male put his penis in your rectum or buttocks.” ONLY IF FEMALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: “By sex with an object, we mean that someone put fingers or objects in your vagina, rectum or buttocks or touched your breast.” ONLY IF MALE R ASKS FOR A DEFINITION OF SEX WITH AN OBJECT, SAY: “By sex with an object, we mean that someone put fingers or objects in your rectum or buttocks or touched your penis.”]

YES.................................................................1
NO.................................................................2
REFUSED................................................................-7
DON'T KNOW..........................................................8
PROGRAMMING NOTE QA07_J22:
IF QA07_J20 = 1 (YES TO PHYSICAL VIOLENCE), CONTINUE WITH QA07_J22:
IF QA07_J20 = 2, -7, -8 (NO, REFUSED, DON'T KNOW) AND IF QA07_J21 = 1 (YES) [I.E. NO PHYSICAL VIOLENCE, YES TO SEXUAL VIOLENCE], GO TO QA07_J29;
IF QA07_J20 = 2, -7, -8 (NO, REFUSED, DON'T KNOW) AND IF QA07_J21 = 2, -7, -8 (NO, REFUSED, DON'T KNOW) [I.E. NO PHYSICAL AND NOSEXUAL VIOLENCE], SKIP TO QA07_J39;
IF 18 YEARS OLD, DISPLAY “SINCE YOU TURNED 18” ELSE IF > 18 YEARS OLD, DISPLAY “IN THE PAST 12 MONTHS”

QA07_J22 \{Since you turned 18/In the past 12 months\} did any intimate partner do any of the following: Throw something at you that could hurt you?

AJ59

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

QA07_J23 \{Since you turned 18/In the past 12 months\} did any intimate partner do any of the following: Push, grab, or slap you?

AJ60

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

QA07_J24 \{Since you turned 18/In the past 12 months\} did any intimate partner do any of the following: Kick, bite you, or hit you with a fist?

AJ61

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

QA07_J25 \{Since you turned 18/In the past 12 months\} did any intimate partner do any of the following: Beat you up, choke you, or try to drown you?

AJ62

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

QA07_J26 \{Since you turned 18/In the past 12 months\} did any intimate partner do any of the following: Hit you with an object?

AJ63

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QA07_J27  {Since you turned 18/In the past 12 months} did any intimate partner do any of the following: Threaten you with a gun, knife or other weapon?

AJ64

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

QA07_J28  {Since you turned 18/In the past 12 months} did any intimate partner do any of the following: Use a gun, knife or other weapon on you?

AJ65

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

PROGRAMMING NOTE QA07_J29;
IF QA07_J21 = 2, -7, -8 (NO SEXUAL VIOLENCE), SKIP TO QA07_J30;
ELSE IF QA07_J20 = 2, -7, -8 (NO PHYSICAL VIOLENCE) AND QA07_J21 = 1 (YES TO SEXUAL VIOLENCE), CONTINUE WITH QA07_J29 AND DISPLAY "IN THE PAST 12 MONTHS, DID ANY INTIMATE PARTNER,";
ELSE IF QA07_J20 = 1 (YES, PHYSICAL VIOLENCE) AND QA07_J21 = 1 (YES, SEXUAL VIOLENCE), CONTINUE WITH QA07_J29;
ELSE IF 18 YEARS OLD, CONTINUE WITH QA07_J29 WITHOUT DISPLAY;

QA07_J29  {In the past 12 months, did any intimate partner} Force you to have unwanted sex, oral, or anal sex, or sex with an object by using force or threatening to hurt you?

AJ66

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

PROGRAMMING NOTE QA07_J30:
IF QA07_J22 TO QA07_J29 = 1 (YES TO ANY 12 MONTH PHYSICAL OR SEXUAL VIOLENCE), CONTINUE WITH QA07_J30; ELSE SKIP TO QA07_J39;
IF QA07_J22 - QA07_J29 = MORE THAN ONE YES RESPONSE, DISPLAY, "ANY OF THESE THINGS";
ELSE IF QA07_J22 – QA_07_29 = ONE YES RESPONSE, DISPLAY, "this";
IF 18 YEARS OLD, DISPLAY: "SINCE YOU TURNED 18";
ELSE IF > 18 YEARS OLD, DISPLAY, "IN THE PAST 12 MONTHS" AND "NUMBER OF TIMES IN PAST 12 MONTHS"

QA07_J30  How many times has any intimate partner done {this/any of these things} to you {since you turned 18/in the past 12 months}?

AJ67

___________Number of times past 12 months

REFUSED......................................................................-7
DON'T KNOW..........................................................-8
PROGRAMMING NOTE QA07_J31;
IF QA07_J30 = 1, SKIP TO QA07_J32;
ELSE CONTINUE WITH QA07_J31 AND IF QA07_J22 - QA07_J29 = MORE THAN ONE YES RESPONSE, DISPLAY, "ANY OF THESE THINGS"; ELSE IF QA07_J22 – QA07_J29 = ONE YES RESPONSE, DISPLAY, "THIS";
IF 18 YEARS OLD, DISPLAY: “SINCE YOU TURNED 18”; ELSE IF > 18 YEARS OLD, DISPLAY, “IN THE PAST 12 MONTHS” AND "NUMBER OF TIMES IN PAST 12 MONTHS”

QA07_J31  How many different partners have done {this/any of these things} to you {since you turned 18/in the past 12 months}?

AJ68

_________________ Number of partners past 12 months

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

PROGRAMMING NOTE QA07_J32:
IF QA07_J31 > 1 SAY: "IF MORE THAN ONE PERSON WAS INVOLVED, PLEASE TELL ME ALL OF THEM";

QA07_J32  Thinking about the most recent incident, what was this person’s relationship to you?  {If more than one person was involved, please tell me all of them.}

AJ69

[INTERVIEWER NOTE: IF R ASKS WHAT AN INCIDENT IS SAY: “An incident is an event or something that happened.” CODE ALL THAT APPLY.]

CURRENT SPOUSE ................................................ 1
FORMER OR EX-SPOUSE ........................................ 2
CURRENT PARTNER ............................................. 3
FORMER PARTNER ................................................ 4
CURRENT BOYFRIEND ......................................... 5
FORMER BOYFRIEND ............................................ 6
CURRENT GIRLFRIEND ....................................... 7
FORMER GIRLFRIEND ......................................... 8
A DATE9
OTHER: SPECIFY: _____________________________ .91
REFUSED ............................................................... -7
DON’T KNOW -8
PROGRAM NOTE QA07_J33:
IF QA07_J32 = 5, 6, 7, 8, -7, -8 ONLY (ONLY CURRENT OR FORMER BOYFRIEND OR GIRLFRIEND OR REF/DK), SKIP TO QA07_J34;
ELSE IF QA07_J32 = 1, 2, 3, 4, 9, 91 (CURRENT OR FORMER SPOUSE OR PARTNER OR DATE OR OTHER), THEN IF QA07_D15 = 1 (HETEROSEXUAL, SKIP TO QA07_J34
ELSE IF QA07_D15 > 1 (NOT HETEROSEXUAL, CONTINUE WITH QA07_J33, AND IF QA07_J31 = 1 (ONE PARTNER), DISPLAY “WAS”/“PERSON” IN QUESTION AND DO NOT DISPLAY RESPONSE CATEGORY 3 (BOTH);
IF QA07_J31 > 1 (MORE THAN ONE PARTNER) OR -7 OR -8 (REF/DK), DISPLAY “WERE”/“PEOPLE”

QA07_J33  {Were/Was} the {people/person} male(s) or female(s)?

AJ70
MALE(S) ................................................................. 1
FEMALE(S) ............................................................ 2
BOTH ..................................................................... 3
DON’T KNOW ....................................................... -7
REFUSED ............................................................. -8

QA07_J34  Was the most recent incident only physical, or was it also sexual?

AJ71
Physical only .......................................................... 1
Both physical and sexual ....................................... 2
DON’T KNOW ....................................................... -7
REFUSED ............................................................. -8

[PROGRAM NOTE QA07_J35:
IF QA07_J31 > 1, DISPLAY “PEOPLE”; ELSE IF QA07_J31 = 1, DISPLAY “PERSON”;

QA07_J35  When this happened, did the {person/people} who did this to you appear to have been drinking?

AJ72
[INTERVIEWER NOTE: IF NEEDED SAY, “By drinking, I mean drinking alcohol.” IF MORE THAN ONE PERSON, AND R SAYS ONLY ONE PERSON APPEARED TO BE DRINKING, CODE “YES”]
YES ................................................................. 1
NO ................................................................... 2
MAYBE ............................................................ 3
DON’T KNOW ................................................... -7
REFUSED .......................................................... -8
When this happened, did the {person} {people} who did this to you appear to have been using drugs, such as cocaine, methamphetamines or other drugs?

[NOTE TO INTERVIEWER: IF MORE THAN ONE PERSON WAS INVOLVED, AND RESPONDENT SAYS ONLY ONE PERSON APPEARED TO BE USING DRUGS, CODE “YES”]

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Did you ever talk to anyone about what happened?

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Did you seek medical care for any injuries from this incident?

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<td>NO, DIDN'T NEED MEDICAL CARE</td>
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<td>DON'T KNOW</td>
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Now think about acquaintances. {Since you turned 18/In the past 12 months}, has an acquaintance forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?

[INTERVIEWER NOTE: IF NEEDED SAY, “An acquaintance is someone you know or someone you barely know who isn’t an intimate partner or stranger.”]

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<tr>
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<td>DON'T KNOW</td>
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PROGRAMMING NOTE QA07_J39b:

A.) IF QA07_J20 OR QA07_J21 = 1 (YES TO PHYSICAL OR SEXUAL VIOLENCE) OR IF 18 YEARS AND IF QA07_J22 THROUGH QA0_J29 = 1 (18 YRS AND YES TO ANY DOMESTIC VIOLENCE), INTERVIEWER SAYS:

“We have a toll-free number you can call if you’d like to talk to someone about what happened to you or your personal safety. Someone is available 24 hours a day to provide information to help you. Would you like the toll-free number?” [IF R SAY “YES”, GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

B.) ELSE IF QA07_J20 OR QA07_J21 OR QA07_J39 = -7 (DON’T KNOW) OR -8 (REFUSED), OR IF 18 YEARS OLD AND IF -7 (DON’T KNOW) OR -8 (REFUSED) TO J22 THROUGH J29, INTERVIEWER SAYS:

We have a toll free number you can call if you’d like to talk to someone about these issues. Someone is available 24 hours a day to provide local information that might be a help to you. Would you like the toll-free number? [IF R SAYS “YES”, GIVE OUT 1-800-799-7233; TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

C.) ELSE IF QA07_J39 = 1 (YES), -7 (DON’T KNOW) OR -8 (REFUSED), AND J20 THROUGH J29 = 2 (NO) (YES TO ONLY ACQUAINTANCE SEXUAL VIOLENCE), INTERVIEWER SAYS:

We have a toll-free number you can call if you’d like to talk to someone about what happened to you. Someone is available 24 hours a day to provide information to help you. Would you like the toll-free number? [IF R SAYS “YES”, GIVE OUT 1-800-656-4673 TOLL-FREE NUMBER. THIS IS THE NATIONAL SEXUAL ASSAULT HOTLINE.]
Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA07_K1:
IF QA07_G22 = 1 (WORKING AT JOB OR BUSINESS) OR QA07_G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA07_K1;
ELSE GO TO PROGRAMMING NOTE QA07_K5;

QA07_K1
This is about the work you do.

How many hours per week do you usually work at all jobs or businesses?

_____ HOURS

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

QA07_K2
How long have you worked at your main job?

_____ AMOUNT OF TIME

____ MONTHS ...................................................... 1
____ YEARS ........................................................ 2

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

PROGRAMMING NOTE QA05_K3:
IF QA05_G26 = 2 (GOVERNMENT EMPLOYEE), CODE QA05_K3 = 5 AND GO TO QA05_K4;
IF QA05_G26 = 3 (SELF-EMPLOYED), CONTINUE WITH QA05_K3 AND DISPLAY "INCLUDING YOURSELF, ABOUT"; ELSE CONTINUE WITH QA05_K3 AND DISPLAY "ABOUT";

QA07_K3
{Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

_____ FEWER THAN 10 ............................................. 1
10-50 .................................................................... 2
51-99 .................................................................... 3
100-999 ................................................................  4
1,000 OR MORE ..................................................  5

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

[INTERVIEWER NOTE: IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

[INTERVIEWER NOTE: IF NEEDED SAY, “That is, for your current employer?”]
**PROGRAMMING NOTE QA05_K4:**

QA07_G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA07_G24 = 1 (USUALLY WORKS), CONTINUE WITH QA05_K3
ELSE SKIP TO QA07_K5

**QA07_K4**

What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

**AK10**

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

$_____________ AMOUNT

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

DON'T KNOW......................................................... -8

**PROGRAMMING NOTE QA07_K5;**

IF QA07_G27 = 1 (SPOUSE WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE WITH JOB OR BUSINESS BUT NOT AT WORK), CONTINUE WITH QA07_K5 AND:

IF QA07_G22 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB)] AND QA07_G24 ≠ 1 (R DOES NOT USUALLY WORK), DISPLAY "THE NEXT QUESTION IS ABOUT YOUR SPOUSE’S EMPLOYMENT”
ELSE SKIP TO QA07_K7;

**QA07_K5**

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?

**AK20**

[INTERVIEWER NOTE: IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS

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

DON'T KNOW......................................................... -8

**PROGRAMMING NOTE QA07_K6;**

IF QA07_K5 > 0 CONTINUE WITH QA07_K6;
ELSE GO TO QA07_K7;

**QA07_K6**

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**

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

$_____________ AMOUNT

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

DON'T KNOW......................................................... -8
What is your best estimate of your household’s total annual income from all sources before taxes in 2006?

[ 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 [GO TO QA07_K9]
DON’T KNOW.............................................-8 [GO TO QA07_K9]

I have entered that your annual household income is (AMOUNT). Is that correct?

YES.............................................................1 [GO TO QA07_K15]
NO.............................................................2 [GO BACK TO QA07_K7]
REFUSED..................................................-7 [GO TO QA07_K15]
DON’T KNOW.............................................-8 [GO TO QA07_K15]

We don’t need to know exactly, but could you tell me if your household’s annual income from all sources before taxes is more than $20,000 per year or is it less?

MORE ..........................................................1 [GO TO QA07_K11]
EQUAL TO $20K OR LESS..............................2 [GO TO QA07_K15]
REFUSED..................................................-7 [GO TO QA07_K15]
DON’T KNOW.............................................-8 [GO TO QA07_K15]

Is it …

$5,000 or less, or .............................................1 [GO TO QA07_K15]
$5,001 to $10,000, or.................................2 [GO TO QA07_K15]
$10,001 to $15,000, or...............................3 [GO TO QA07_K15]
$15,001 to 20,000? .....................................4 [GO TO QA07_K15]
REFUSED..................................................-7 [GO TO QA07_K15]
DON’T KNOW.............................................-8 [GO TO QA07_K15]

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

MORE ..........................................................1 [GO TO QA07_K13]
EQUAL TO $70K OR LESS............................2 [GO TO QA07_K15]
REFUSED..................................................-7 [GO TO QA07_K15]
DON’T KNOW.............................................-8 [GO TO QA07_K15]
QA07_K12  Is it …

AK14

$20,001 to $30,000, .................................................. 1 [GO TO QA07_K15]
$30,001 to $40,000, .................................................. 2 [GO TO QA07_K15]
$40,001 to $50,000, .................................................. 3 [GO TO QA07_K15]
$50,001 to $60,000, or .............................................. 4 [GO TO QA07_K15]
$60,001 to $70,000? ................................................. 5 [GO TO QA07_K15]
REFUSED ..................................................................... -7 [GO TO QA07_K15]
DON’T KNOW ............................................................ -8 [GO TO QA07_K15]

QA07_K13  Is it more or less than $135,000 per year?

AK15

MORE ................................................................. 1 [GO TO QA07_K15]
EQUAL TO $135K OR LESS .................................... 2 [GO TO QA07_K15]
REFUSED .............................................................. -7 [GO TO QA07_K15]
DON’T KNOW ........................................................... -8 [GO TO QA07_K15]

QA07_K14  Is it…

AK16

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

PROGRAMMING NOTE QA07_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA07_K17;
ELSE CONTINUE WITH QA07_K15;

QA07_K15  Including yourself, how many people living in your household are supported by your total household income?

AK17

_____ NUMBER OF PEOPLE

REFUSED .............................................................. -7
DON’T KNOW ........................................................... -8
PROGRAMMING NOTE QA07_K16:
QA07_K16 MUST BE LESS THAN QA07_K15
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL
NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) =
QA07_K16; GO TO PROGRAMMING NOTE QA07_K17;
ELSE CONTINUE WITH QA07_K16;

QA07_K16  How many of these [INSERT NUMBER FROM QA07_K15] people are children under the age of
18?

AK18  ____ NUMBER OF CHILDREN (UNDER AGE 18)

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

PROGRAMMING NOTE QA07_K17:

OBTAIN THE FEDERAL POVERTY 100%, 130% 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2006
FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN
FROM QA07_K15 AND QA07_K16 RESPECTIVELY.

( THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2006
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 "Poverty Level 2006" DOCUMENT 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 QA07_K15 OR QA07_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN
THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN
ENUMERATED AT QA07_G15 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

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

IF QA07_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A
RESPONSE FROM QA07_K10, QA07_K12, OR QA07_K14 OR QA07_K9 = -7 OR QA07_K11 = -7 OR
QA07_K13 = -7, ASK QA07_K17 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA07_K20

QA07_K17  I need to ask just one or two more questions about income.
Was your total annual household income before taxes less than or more than ${POVRT100}?

AK18A  EQUAL TO OR LESS ............................................ 1 [GO TO QA07_K21]
MORE ........................................................................ 2 [GO TO QA07_K21]
REFUSED ............................................................... -7 [GO TO QA07_K21]
DON'T KNOW ......................................................... -8 [GO TO QA07_K21]
PROGRAMMING NOTE QA07_K18:
IF QA07_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD’S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA07_K10, QA07_K12, OR QA07_K14 OR IF QA07_K9 = -7 OR QA07_K11 = -7 OR QA07_K13 = -7, CONTINUE WITH QA07_K18 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA07_K21;

QA07_K18  {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than ${POVRT200}?

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[GO TO QA07_K20]

PROGRAMMING NOTE QA07_K19:
IF QA07_K18 = 1 (YES), CONTINUE WITH QA07_K19 USING POVRT130 (130% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE SKIP TO QA07_K20

QA07_K19  {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than ${POVRT130}?

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[GO TO QA07_K21]

PROGRAMMING NOTE QA07_K20:
IF QA07_K7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD’S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA07_K10, QA07_K12, OR QA07_K14 OR IF QA07_K9 = -7 OR QA07_K11 = -7 OR QA07_K13 = -7, CONTINUE WITH QA07_K20 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT) AND IF NEITHER QA07_K17 OR QA07_K18 WAS ASKED, DISPLAY “I need to ask just one or two more questions about income. Was your total annual household income before taxes”; ELSE DISPLAY “Was it”;
ELSE GO TO QA07_K21;

QA07_K20  {I need to ask just one or two more questions about income.} Was your total annual household income before taxes less than or more than ${POVRT300}?

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[GO TO QA07_K21]
These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

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

The second statement is:

"(I/We) couldn't afford to eat balanced meals."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

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

Please tell me yes or no. In the last 12 months, since {DATE 12 MONTHS AGO}, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

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

How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

- ALMOST EVERY MONTH ........................................ 1
- SOME MONTHS BUT NOT EVERY MONTH .......... 2
- ONLY IN 1 OR 2 MONTHS ...................................... 3
- REFUSED ............................................................... -7
- DON'T KNOW ........................................................ -8
QA07_K25 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

AM4

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

QA07_K26 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

YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ..............................................-8
Section L - Public Program Participation

PROGRAMMING NOTE QA07_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 QA07_M1;

QA07_L1 Are you now receiving TANF or CalWORKS?

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PROGRAMMING NOTE QA07_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA07_L2;
ELSE GO TO QA07_L3;

QA07_L2 Is {TEEN} now receiving TANF, or CalWORKS?

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QA07_L3 Are you receiving Food Stamp benefits?

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<td>DON'T KNOW</td>
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</table>
PROGRAMMING NOTE QA07_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA07_L4;
ELSE GO TO PROGRAMMING NOTE QA07_L5;

QA07_L4  Is {TEEN} receiving Food Stamp benefits?

IAP2

[INTERVIEWER NOTE: IF NEEDED SAY "You may receive benefits as stamps or through an EBT card," OR "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

QA07_L5  Are you receiving SSI?

AL6

[INTERVIEWER NOTE: 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 QA07_L6:
IF QA07_A5 = 2 (FEMALE) AND [QA07_E12 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH QA07_L6;
ELSE GO TO QA07_L7;

QA07_L6  Are you on WIC?

AL7

[INTERVIEWER NOTE: IF NEEDED SAY，“WIC is the Supplemental Food Program for Women, Infants and children.”]

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

PROGRAMMING NOTE QA07_L7:
IF AH43 = 1 (MARRIED), DISPLAY “YOUR FAMILY’S”;
ELSE DISPLAY “YOUR”;

QA07_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
**QA07_L8** Did {you or your spouse} receive any money last month for alimony, child support, or money from a government or veteran program?

**AL15**

- YES........................................................................... 1
- NO............................................................................. 2 [GO TO QA07_L10]
- REFUSED......................................................................-7 [GO TO QA07_L10]
- DON'T KNOW.................................................................-8 [GO TO QA07_L10]

**PROGRAMMING NOTE QA07_L9:**

IF QA07_L8 = 1 (YES), CONTINUE WITH QA07_L9

IF QA07_A16 = 1 (MARRIED) AND QA07_G10 = 2 (SPOUSE NOT MEMBER OF HH), ASK QUESTION WITHOUT DISPLAYS;
ELSE IF QA07_A16 = 1 (MARRIED) AND QA07_G10 = 1 (SPOUSE IN HH), DISPLAY, "COMBINED" AND "AND YOUR SPOUSE";
ELSE SKIP TO PROGRAMMING NOTE QA07_L10;

**QA07_L9** What was the combined total amount that you {and your spouse} received from all these sources last month?

**AL16**

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

$______________ AMOUNT [000001-999995]

- REFUSED......................................................................-7 [GO TO QA07_L10]
- DON'T KNOW.................................................................-8 [GO TO QA07_L10]

**PROGRAMMING NOTE QA07_L10:**

IF QA07_A16 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";

IF QA07_G10 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you.";

**QA07_L10** Did {you or your partner or both of you} pay any alimony or child support last month?

**AL17**

- YES, RESPONDENT PAID .......................................... 1
- YES, SPOUSE/PARTNER PAID .................................... 2
- YES, BOTH PAID ....................................................... 3
- NO............................................................................. 4 [GO TO QA07_L12]
- REFUSED......................................................................-7 [GO TO QA07_L12]
- DON'T KNOW.................................................................-8 [GO TO QA07_L12]

**QA07_L11** What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?

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

_______________ AMOUNT

- REFUSED......................................................................-7
- DON'T KNOW.................................................................-8
PROGRAMMING NOTE QA07_L12:
IF AGE IS 65 OR OLDER AND QA07_A16 ≠ 1 (NOT MARRIED) CONTINUE WITH QA07_L12 AND DISPLAY "YOU";
IF AGE ≥ 65 AND QA07_A16 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA07_L12 AND DISPLAY "YOU OR YOUR PARTNER";
IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA07_14 = 1 (MARRIED) AND QA07_G10 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA07_L12 AND DISPLAY "YOU OR YOUR SPOUSE";
ELSE GO TO PROGRAMMING NOTE QA07_L14;

QA07_L12  Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments last month?

AL18A
YES.........................................................................................1
NO.........................................................................................2 [GO TO QA07_L14]
REFUSED...................................................................-7 [GO TO QA07_L14]
DON'T KNOW...............................................................-8 [GO TO QA07_L14]

QA07_L13  What was the total amount received last month from Social Security and Pensions?

AL18B
[INTERVIEWER NOTE: IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

________________ AMOUNT

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

PROGRAMMING NOTE QA07_L14:
IF ARMCAL = 1 R ENROLLED IN MEDI-CAL), GO TO QA07_M1
ELSE CONTINUE WITH QA07_L14;

QA07_L14  What is the one main reason why you are not enrolled in the Medi-Cal program?

AL19
CAN'T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB ....................2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS .................................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ............................................4
FAMILY SITUATION CHANGED..........................................5
DON'T BELIEVE IN INSURANCE ..................6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN .................................................7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE..............................................8
OTHER (SPECIFY).................................................................91
REFUSED...................................................................-7
DON'T KNOW...............................................................-8
Section M – Housing, Parks, Transportation

QA07_M1 These next questions are about your housing and neighborhood.
Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

AK23
[INTERVIEWER NOTE: IF NEEDED SAY, "A duplex is a building with 2 units."]

HOUSE ................................................................. 1
DUPLEX ................................................................. 2
BUILDING WITH 3 OR MORE UNITS .................... 3
MOBILE HOME ........................................................ 4
REFUSED ................................................................ 7
DON'T KNOW ....................................................... 8

QA07_M2 Do you own or rent your home?

AK25
OWN ........................................................................ 1
RENT ...................................................................... 2
OTHER ARRANGEMENT ........................................ 3
REFUSED ................................................................ 7
DON'T KNOW ....................................................... 8

QA07_M3 About how long have you lived at your current address?

AM14
____________ LENGTH OF TIME

AM14UNT
MONTHS ................................................................. 1
YEARS ................................................................. 2
REFUSED ............................................................. 7
DON'T KNOW ....................................................... 8

QA07_M4 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

QA07_M5 Is there a park, playground, or open space within walking distance of your home?

AM18
YES ........................................................................ 1
NO ....................................................................... 2
REFUSED ............................................................ 7
DON'T KNOW ....................................................... 8
**QA07_M6**  In the past 30 days, have you been to a park, playground, or public open space?

**AM27**

[INTERVIEWER NOTE: An open space refers to a beach, sports field, hiking trail or other recreation area. Include public places for hiking, biking, golf, basketball, baseball, tennis, soccer, football, skateboarding, etc]

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

**QA07_M7**  The last time you went to a park, playground or open space, were you physically active while you were there?

**AM28**

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

**QA07_M8**  Do you or members of your household have a car for regular use?

**AM29**

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

**QA07_M9**  How do you usually get to the doctor’s office or to other medical visits?

**AM30**

PERSONAL VEHICLE AS DRIVER .................. 1
PERSONAL VEHICLE AS PASSENGER ............ 2
PUBLIC TRANSPORTATION ......................... 3
PARATRANSIT/TRANS PROVIDED BY HHS ........ 4
TAXICAB ...................................................... 5
WALK OR RIDE BIKE .................................... 6
OTHER (Specify) __________________________ 91
REFUSED ............................................................. -7
DON'T KNOW .................................................. -8

**QA07_M10**  How do you usually get to the grocery store?

**AM31**

PERSONAL VEHICLE AS DRIVER .................. 1
PERSONAL VEHICLE AS PASSENGER ............ 2
PUBLIC TRANSPORTATION ......................... 3
FOOD DELIVERED BY PUBLIC PROGRAM ........ 4
TAXICAB ...................................................... 5
WALK OR RIDE BIKE .................................... 6
OTHER (SPECIFY) __________________________ 91
REFUSED ............................................................. -7
DON'T KNOW .................................................. -8
## Section N – Demographic Information Part III and Closing

**QA07**  **_N1_**  Just a few final questions and then we are done.

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PROGRAMMING NOTE QA07_N2:
IF ADVANCE LETTER SENT, ASK QA07_N2;
IF R’S ADDRESS IS A P.O. BOX, GO TO QA07_N3
ELSE GO TO QA07_N3;

QA07_N2 Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

AO1 Do you now live at (R’s address and street)?
YES ........................................................................... 1 [GO TO QA07_N6]
NO ............................................................................. 2
REFUSED ................................................................... -7
DON’T KNOW .......................................................... -8

QA07_N3 What is your zip code?

AM7 _______ (ZIP CODE)

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

QA07_N4 To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

AO2 _______ HOUSE ADDRESS NUMBER
________ NAME OF STREET [GO TO QA07_N6]

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

QA07_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]

QA07_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
**QA07_N6A**  Do you have a working cell phone?

**AM33**

YES ........................................................................... 1  
NO ............................................................................. 2  
SHARES CELL PHONE ........................................... 3  
REFUSED ..................................................................... -7  
DON'T KNOW ................................................................ -8  

**PROGRAMMING NOTE QA07_N6B:**  
IF QA07_N6B = 1 (YES) OR 3 (SHARES CELL PHONE, CONTINUE WITH QA07_N6B;  ELSE SKIP TO AM10;  

**QA07_N6B**  Of all the telephone calls that you receive, are...

**AM34**

All or almost all calls received on a cell phone ....... 1  
Some on cell phones & some on regular phones ....... 2  
Very few or none on cell phones ............................ 3  
REFUSED ..................................................................... -7  
DON'T KNOW ................................................................ -8  

**QA07_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  
DON'T KNOW ................................................................ -8  

**PROGRAMMING NOTE CLOSE1 and CLOSE2:**  
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;  ELSE CONTINUE WITH CLOSE1;  

**CLOSE1**  Let me check to see if there is anyone else.  
**[INTERVIEWER NOTE: GO TO HHSELECT]**

**CLOSE2**  Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. E. Richard Brown, the Principal Investigator. Dr. Brown can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.