CHIS 2009
Adolescent Questionnaire
Version 7.8
October 14, 2010
(Ages Respondents 12-17)

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

Contact: California Health Interview Survey
UCLA Center for Health Policy Research
10960 Wilshire Blvd, Suite 1550
Los Angeles, CA 90024
Telephone: (866) 275-2447
Fax: (310) 794-2686
Web: www.chis.ucla.edu

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2009 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.
## SECTION A – DEMOGRAPHICS PART I

**PROGRAMMING NOTE QT09_A1:**

```sql
SET TDATE = CURRENT DATE (YYYYMMDD)
```

**QT09_A1** What is your date of birth?

<table>
<thead>
<tr>
<th>TA1MON</th>
<th>MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td></td>
</tr>
<tr>
<td>1. JANUARY</td>
<td>7. JULY</td>
</tr>
<tr>
<td>2. FEBRUARY</td>
<td>8. AUGUST</td>
</tr>
<tr>
<td>3. MARCH</td>
<td>9. SEPTEMBER</td>
</tr>
<tr>
<td>4. APRIL</td>
<td>10. OCTOBER</td>
</tr>
<tr>
<td>5. MAY</td>
<td>11. NOVEMBER</td>
</tr>
<tr>
<td>6. JUNE</td>
<td>12. DECEMBER</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TA1DAY</th>
<th>DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TA1YR</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td></td>
</tr>
</tbody>
</table>

REFUSED ............................................................... -7  
DON'T KNOW ........................................................... -8
PROGRAMMING NOTE QT09_A2:
IF QT09_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QT09_A2;
ELSE GO TO QT09_A4

QT09_A2  What month and year were you born?

TA1AMON  

_____ MONTH

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

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

TA1AYR  

_____ YEAR

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

PROGRAMMING NOTE QT09_A3:
IF QT09_A2 = -7 OR -8 (REF/DK), CONTINUE WITH QT09_A3;
ELSE GO TO QT09_A4

QT09_A3  How old are you?

TA2  

______________ YEARS OF AGE [SR: 12-17]

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

POST-NOTE QT09_A3:
IF QT09_A1 AND QT09_A3 ARE NOT KNOWN, USE CHILD ROSTER AGE (ENUM.AGE);
IF TEENAGE < 12 OR TEENAGE > 17, THEN TERMINATE INTERVIEW AND CODE INELIGIBLE (IT)

QT09_A4  Are you male or female?

TA3  

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

[END INTERVIEW
CODE INELIGIBLE.]
QT09_A5  Did you attend school last week?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>ON VACATION</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>HOME SCHOoled</td>
<td></td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
<td></td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
<td></td>
</tr>
</tbody>
</table>

[GO TO QT09_A7]

QT09_A6  Did you attend school during the last school year?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>HOME SCHOoled LAST YEAR</td>
<td></td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
<td></td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
<td></td>
</tr>
</tbody>
</table>

[GO TO QT09_B1]

QT09_A7  What is the name of the school you go to or last attended?

[IF NEEDED, ASK: “Is that an elementary, middle, junior high, or high school?”]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>TEEN NOT IN SCHOOL</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>ELEMENTARY</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>INTERMEDIATE</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>JUNIOR HIGH</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>MIDDLE SCHOOL</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>HIGH SCHOOL</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>SENIOR HIGH SCHOOL</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>CONTINUATION</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>CHARTER SCHOOL</td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>OTHER (SPECIFY: __________________)</td>
<td></td>
</tr>
<tr>
<td>-7</td>
<td>REFUSED</td>
<td></td>
</tr>
<tr>
<td>-8</td>
<td>DON'T KNOW</td>
<td></td>
</tr>
</tbody>
</table>

[INTERVIEWER NOTE: RECORD VERBATIM]

NAME OF SCHOOL _________________________________________

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

TYPE

____TYPE OF SCHOOL

TEEN NOT IN SCHOOL ............................................ 0
ELEMENTARY ...................................................... 1
INTERMEDIATE .................................................... 2
JUNIOR HIGH .................................................... 3
MIDDLE SCHOOL .................................................. 4
HIGH SCHOOL ..................................................... 5
SENIOR HIGH SCHOOL ........................................... 6
CONTINUATION .................................................... 7
CHARTER SCHOOL ................................................ 8
OTHER (SPECIFY: ______________ ) ......................... 91
REFUSED .................................................................. -7
DON'T KNOW ...................................................... -8
SECTION B – HEALTH STATUS AND HEALTH CONDITIONS

QT09_B1  Now I’m going to ask about your health.

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

TB1  
EXCELLENT ............................................................. 1
VERY GOOD ........................................................... 2
GOOD ................................................................. 3
FAIR .............................................................. 4
POOR ............................................................... 5
REFUSED ........................................................... -7
DON’T KNOW ................................................... -8

QT09_B2  About how tall are you without shoes?

TB2F/ TB2I  
[IF NEEDED, SAY: “Your best guess is fine.”]

_____ FEET  _____ INCHES

TB2M/ TB2C  
_____ METERS  _____ CENTIMETERS

TB2FMT  
FEET, INCHES .................................................... 1
METERS, CENTIMETERS ...................................... 2
REFUSED ........................................................... -7
DON’T KNOW ................................................... -8

QT09_B3  About how much do you weigh without shoes?

TB3  
[IF NEEDED, SAY: “Your best guess is fine.”]

_______ POUNDS  [HR: 50-450]

_______ KILOGRAMS  [HR: 20-220]

REFUSED ........................................................... -7
DON’T KNOW ................................................... -8
PROGRAMMING NOTE QT09_B4:
IF QT09_A5 = 1 (ATTENDED SCHOOL LAST WEEK) OR 4 (HOME SCHOOLED), CONTINUE WITH QT09_B4;
ELSE GO TO QT09_B5

QT09_B4  During the last four school weeks, how many days of school did you miss because of a health problem?

**TB4**

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

\[\text{_______ DAYS [HR: 0-20]}\]

REFUSED \[\text{..........................-7}\]
DON'T KNOW \[\text{..........................-8}\]

QT09_B5  Has a doctor ever told you or your parents that you have asthma?

**TB5**

YES \[\text{..........................1}\]
NO \[\text{..........................2}\]
REFUSED \[\text{..........................-7}\]
DON'T KNOW \[\text{..........................-8}\]

QT09_B6  Do you still have asthma?

**TB17**

YES \[\text{..........................1}\]
NO \[\text{..........................2}\]
REFUSED \[\text{..........................-7}\]
DON'T KNOW \[\text{..........................-8}\]

QT09_B7  During the **past 12 months**, have you had an episode of asthma or an asthma attack?

**TB18**

YES \[\text{..........................1}\]
NO \[\text{..........................2}\]
REFUSED \[\text{..........................-7}\]
DON'T KNOW \[\text{..........................-8}\]
PROGRAMMING NOTE QT09_B8:
IF QT09_B6 = 2, -7, OR -8 (NO, REFUSED, OR DON'T KNOW) AND QT09_B7 = 2, -7, OR -8 (NO, REFUSED, OR DON'T KNOW), GO TO QT09_B12;
ELSE CONTINUE WITH QT09_B8

QT09_B8 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

- TB7
  Not at all, .................................................................1
  Less than every month, ............................................2
  Every month, ..........................................................3
  Every week, or .........................................................4
  Every day? ...............................................................5
  REFUSED ..............................................................-7
  DON'T KNOW .......................................................-8

QT09_B9 During the past 12 months, have you had to visit an emergency room because of your asthma?

- TB19
  YES ...........................................................................1
  NO ............................................................................2
  REFUSED ..............................................................-7
  DON'T KNOW .......................................................-8
  [GO TO QT09_B11]

QT09_B10 Did you visit an emergency room for your asthma because you were unable to see your doctor?

- TB31
  [INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]
  YES ...........................................................................1
  NO ............................................................................2
  DOESN'T HAVE DOCTOR .........................................3
  REFUSED ..............................................................-7
  DON'T KNOW .......................................................-8

QT09_B11 During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

- TF4A
  YES ...........................................................................1
  NO ............................................................................2
  REFUSED ..............................................................-7
  DON'T KNOW .......................................................-8
QT09_B12  Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

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

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

PROGRAMMING NOTE QT09_B13:
IF QT09_B6 = 1 (YES, STILL HAVE ASTHMA) OR QT09_B7 = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO QT09_B17;
ELSE CONTINUE WITH QT09_B13

QT09_B13  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…

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

QT05_B14  During the past 12 months, have you had to visit an emergency room because of your asthma?

YES .................................................................1
NO .................................................................2
[GO TO QT09_B16]
REFUSED .........................................................-7
[GO TO QT09_B16]
DON'T KNOW ..................................................-8
[GO TO QT09_B16]

QT09_B15  Did you visit an emergency room for your asthma because you were unable to see your doctor?

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

YES .................................................................1
NO .................................................................2
DOESN'T HAVE DOCTOR ....................................3
REFUSED .........................................................-7
DON'T KNOW ..................................................-8
**QT09_B16** During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

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

**QT09_B17** During the past 12 months, how many days of school did you miss due to asthma?

[Interviewer Note: Include home schoolers]

- **_____ DAYS [HR: 0-365]**
  - **NOT GOING TO SCHOOL** .................................996
  - **REFUSED** ......................................................-7
  - **DON'T KNOW** ...............................................-8

**QT09_B18** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

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

**QT09_B19** Do you have a written or printed copy of this plan?

[Int If needed, say: “This can be an electronic or hard copy.”]

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

**QT09_B20** How confident are you that you can control and manage your asthma? Would you say you are...

- **Very confident,** ..............................................1
- **Somewhat confident,** ......................................2
- **Not too confident,** or ......................................3
- **Not at all confident?** .....................................4
- **REFUSED** ......................................................-7
- **DON'T KNOW** ...............................................-8
SECTION C – SUN EXPOSURE

QT09_C1  Next, I am going to ask you about your exposure to the sun.
During the past 12 months, how many times have you had a sunburn?

TC44  [IF NEEDED, SAY: “By sunburn, we mean even a small part of your skin turns red or hurts for 12 hours or more.”]
ENTER TIMES: __________ [HR: 0-365]
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QT09_C2  During the past 12 months, how many times have you used an indoor tanning device, such as a sunlamp, sun bed, or tanning booth? Do not include a spray-on tan.

TC45  ENTER TIMES: __________ [HR: 0-365]
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
SECTION D - DIET, NUTRITION, AND FOOD ENVIRONMENT

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

QT09_D1  Yesterday, how many glasses of 100% fruit juice, such as orange or apple juice, did you drink?

[IF NEEDED, SAY: “Only include 100% pure juices.”]

[INTERVIEWER NOTE: PART OF A GLASS COUNTS AS 1 GLASS. ASK R TO ESTIMATE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE, CAN OR CARTON.]

_____ GLASSES

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

QT09_D2  Yesterday, how many servings of fruit, such as an apple or banana, did you eat?

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

_____ SERVINGS [HR: 0-20; SR: 0-9]

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

QT09_D3  Yesterday, how many servings of any kind of fried potatoes, including French fries, home fries, or hash browns did you eat?

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

_____ SERVINGS

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

QT09_D4  [Yesterday,] how many servings of other vegetables like green salad, green beans, or potatoes did you have? Do not include fried potatoes.

_____ SERVINGS [HR: 0-20; SR: 0-4]

REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8
QT09_D5  [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did you drink? Do not include diet soda.

[IF NEEDED, SAY: “Do not include canned or bottled juices or teas.”]

_____ GLASSES, CANS OR BOTTLES

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

QT09_D6  [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did you drink?

[IF NEEDED, SAY: “Such as lemonade, Gatorade, Snapple, or Red Bull.”]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

_____ GLASSES, CANS, OR BOTTLES

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

QT09_D7  In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at school, at home or at fast-food restaurants, carryout or drive thru.

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

_____ TIMES

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

PROGRAMMING NOTE QT09_D8:
IF QT09_A5 = 4 OR QT09_A6 = 3 (HOME SCHOoled), GO TO QT09_E1;
ELSE CONTINUE WITH QT09_D8

QT09_D8  During the school year, about how many times a week do you usually bring your own lunch to school from home?

_____ TIMES

REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
SECTION E - PHYSICAL ACTIVITY AND SEDENTARY TIME

PROGRAMMING NOTE QT09_E1:
IF QT09_A5 = 1 (YES, IN SCHOOL LAST WEEK) OR 4 (HOMESCHOoled), CONTINUE WITH QT09_E1;
ELSE IF QT09_A5 = 2, 3, -7, OR -8 (NO, ON VACATION, REFUSED OR DK), GO TO QT09_E2

QT09_E1

These next questions are about physical activity.

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

TE8

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

______ DAYS [HR: 0-7]

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

PROGRAMMING NOTE QT09_E2:
IF QT09_A5 = 2, 3, -7, OR -8 (NOT IN SCHOOL LAST WEEK, ON VACATION, REFUSED, OR DK), CONTINUE WITH QT09_E2;
ELSE GO TO QT09_E3

QT09_E2

These next questions are about physical activity.

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

TE49

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

______ DAYS [HR: 0-7]

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

PROGRAMMING NOTE QT09_E3:
IF QT09_A5 = 4 OR QT09_A6 = 3 (HOME SCHOoled), GO TO QT09_E9;
IF QT09_A5 = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), CONTINUE WITH QT09_E3 AND DISPLAY, “During the school year, do you take”;
ELSE CONTINUE WITH QT09_E3 AND DISPLAY, “Are you currently taking”

QT09_E3

{During the school year, do you take/Are you currently taking} PE at school?

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

TE57

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QT09_E6]
REFUSED ............................................................... -7 [GO TO QT09_E6]
DON'T KNOW ......................................................... -8 [GO TO QT09_E6]
How many days a week \{do/did\} you have PE?

\[\text{TE58} \]

\[ \underline{\text{NUMBER OF DAYS}} \]

REFUSED

DON’T KNOW

In a typical PE class, how many minutes \{do/did\} you usually spend actually exercising or playing sports?

\[\text{TE59}\]

MORE THAN 30 MINUTES
21 TO 30 MINUTES
10-20 MINUTES
LESS THAN 10 MINUTES
I DO NOT TAKE PE

REFUSED
DON’T KNOW

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

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

\[\text{TE55}\]

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

\[ \underline{\text{DAYS}} \]

REFUSED
DON’T KNOW
PROGRAMMING NOTE QT09_E7:
IF QT09_E6 = 0, -7 OR -8 (NO DAYS, REF/DK) GO TO QT09_E8;
ELSE IF QT09_E6 > 0 DAYS, CONTINUE WITH QT09_E7;
IF QT09_A5 = 1, DISPLAY “does it”;
IF QT09_A6 = 1, DISPLAY “did it”

QT09_E7  About how many minutes {did it/does it} take you without any stops?

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

_____ MINUTES

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

PROGRAMMING NOTE QT09_E8:
IF QT09_E6 = 0 DAYS, -7, OR -8, CONTINUE WITH QT09_E8;
ELSE IF QT09_E6 > 0 DAYS (ONE OR MORE DAYS), GO TO QT09_E9

QT09_E8  Could you walk or bike home from school in 30 minutes or less?

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

QT09_E9  Now, thinking about a typical SATURDAY AND SUNDAY, about how many hours per day
do you usually watch TV or play video games?

[IF > 1 HOUR, VERIFY: “That’s {xx} hours PER DAY?”]

[IF > 0, BUT < 1, ENTER “94”]

_____ HOURS

DOESN'T HAVE TV ......................................................... 93
MORE THAN ZERO, LESS THAN 1 HOUR .......... 94
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QT09_E10  And about how many hours per day on a typical SATURDAY OR SUNDAY do you use a computer for fun, not schoolwork?

[IF > 1 HOUR, VERIFY: “That's {xx} hours PER DAY?”]

[IF > 0, BUT < 1, ENTER “94”]

_____ HOURS PER DAY

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

QT09_E11  In the past 30 days, did you go to a park, playground, or open space?

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

QT09_E12  Is there a park, playground, or open space within walking distance of your home?

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

QT09_E13  Do you strongly agree, agree, disagree, or strongly disagree with the following statements?

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

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

STRONGLY AGREE .............................................1
AGREE .....................................................................2
DISAGREE .............................................................3
STRONGLY DISAGREE ..........................................4
REFUSED ..............................................................-7
DON'T KNOW .......................................................-8
QT09_E14  The park or playground closest to where I live is safe at night.

TC26  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

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

QT09_E15  Do you feel safe in your neighborhood…

TE64

All of the time, ...........................................................1
Most of the time, ........................................................2
Some of the time, or ....................................................3
None of the time? ......................................................4
REFUSED ...............................................................-7
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QT09_E16:
IF QT09_A5 = 4 (HOME SCHOOL LAST WEEK) OR QT09_A6 = 3 (HOME SCHOOLED LAST YEAR),
GO TO QT09_F1;
ELSE CONTINUE WITH QT09_E16

QT09_E16  How often do you feel safe at your school? Would you say…

TE65

All of the time, ...........................................................1
Most of the time ..........................................................2
Some of the time, or ....................................................3
None of the time? ......................................................4
REFUSED ...............................................................-7
DON'T KNOW ..........................................................-8
SECTION F - TOBACCO, ALCOHOL AND DRUG USE

QT09_F1  Now I'm going to ask about smoking.

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

TC38  
YES .................................................................1 [GO TO QT09_F4]
NO .................................................................2 [GO TO QT09_F4]
REFUSED ....................................................-7 [GO TO QT09_F4]
DON'T KNOW ............................................. -8 [GO TO QT09_F4]

QT09_F2  In the past 30 days, on how many days did you smoke cigarettes?

TE19  
NONE .........................................................0 [GO TO QT09_F4]
1 OR 2 DAYS ..............................................1
3-5 DAYS ..................................................2
6-9 DAYS ..................................................3
10-19 DAYS .............................................4
20-29 DAYS .............................................5
30 DAYS ..................................................6
REFUSED ................................................ -7
DON'T KNOW .......................................... -8

QT09_F3  In the past 30 days, when you smoked, about how many cigarettes did you smoke per day?

TE20  
[IF NEEDED, SAY: “On average.”]
[IF NEEDED, SAY: “On the days you smoked?”]
[IF R SAYS “A Pack”, CODE THIS AS 20 CIGARETTES]

_________NUMBER OF CIGARETTES  
REFUSED .................................................... -7
DON'T KNOW ........................................... -8

QT09_F4  Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed drinks, or liquor?

TE22  
YES .................................................................1 [GO TO QT09_F9]
NO .................................................................2 [GO TO QT09_F9]
REFUSED ....................................................-7 [GO TO QT09_F9]
DON'T KNOW ............................................. -8 [GO TO QT09_F9]
If we consider one drink to be a can or bottle of beer, a glass of wine, a shot of liquor, or one mixed drink, on how many days in the past 30 days did you have at least one drink of alcohol?

NONE...........................................................................0 [GO TO QT09_F8]
1 OR 2 DAYS .............................................................1
3 - 5 DAYS .............................................................2
6 - 9 DAYS ............................................................3
10 - 19 DAYS ..........................................................4
20 - 29 DAYS ..........................................................5
30 DAYS ..................................................................6
REFUSED ..................................................................-7 [GO TO QT09_F8]
DON'T KNOW ................................................................-8 [GO TO QT09_F8]

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

NONE...........................................................................0
1 DAY........................................................................1
2 DAYS ......................................................................2
3 - 5 DAYS .............................................................3
6 - 9 DAYS ............................................................4
10 - 19 DAYS ..........................................................5
20 DAYS OR MORE .................................................6
REFUSED ..................................................................-7
DON'T KNOW ................................................................-8

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

NONE...........................................................................0
1 DAY........................................................................1
2 DAYS ......................................................................2
3 - 5 DAYS .............................................................3
6 - 9 DAYS ............................................................4
10 - 19 DAYS ..........................................................5
20 DAYS OR MORE .................................................6
REFUSED ..................................................................-7
DON'T KNOW ................................................................-8
QT09_F8  When you drink alcohol, about how many drinks do you usually have?

- TE25
  - LESS THAN ONE .....................................................1
  - 1 - 2 DRINKS ............................................................2
  - 3 - 4 DRINKS ............................................................3
  - 5 OR MORE DRINKS ...............................................4
  - REFUSED ..................................................................-7
  - DON'T KNOW .........................................................-8

PROGRAMMING NOTE QT09_F9:
IF SC24 = 3 OR 5 (PARENT/LEGAL GUARDIAN REQUESTED THAT TEEN NOT BE ASKED QUESTIONS ABOUT DRUGS), SKIP TO SECTION G;
ELSE CONTINUE WITH QT09_F9

QT09_F9  Have you ever tried marijuana, cocaine, sniffing glue, or any other drugs?

- TE28
  - YES ...........................................................................1
  - NO .............................................................................2
  - REFUSED ..................................................................-7
  - DON'T KNOW .........................................................-8

QT09_F10  In the past 12 months have you used marijuana?

- TC39
  - YES ...........................................................................1
  - NO .............................................................................2
  - REFUSED ..................................................................-7
  - DON'T KNOW .........................................................-8
SECTION G – EMOTIONAL FUNCTIONING

**QT09_G1** 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?

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**QT09_G2** 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?

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**QT09_G3** During the past 30 days, about how often did you feel restless or fidgety?

**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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**QT09_G4** How often did you feel so depressed that nothing could cheer you up?

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

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QT09_G5  During the past 30 days, about how often did you feel that everything was an effort?

TG15

[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

QT09_G6  During the past 30 days, about how often did you feel worthless?

TG16

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

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

PROGRAMMING NOTE QT09_H1:
IF PARENT/GUARDIAN DID NOT ALLOW RESPONDENT TO ANSWER SEXUAL BEHAVIOR QUESTIONS, GO TO QT09_I1;
ELSE CONTINUE WITH QT09_H1

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

 QT09_H1 Have you ever had oral sex?

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

   TH34
   YES ...........................................................................1
   NO .............................................................................2
   REFUSED .....................................................................-7
   DON’T KNOW ..............................................................-8

 QT09_H2 Have you ever had sexual intercourse?

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

   TE32
   YES ...........................................................................1
   NO .............................................................................2  [GO TO QT09_I1]
   REFUSED .....................................................................-7  [GO TO QT09_I1]
   DON’T KNOW ..............................................................-8  [GO TO QT09_I1]

 QT09_H3 How old were you when you had sexual intercourse for the first time?

   TE33
   _____ YEARS OLD [HR: 1-17; SR: 10-17]
   REFUSED .....................................................................-7
   DON’T KNOW ..............................................................-8

 QT09_H4 In the past 12 months, how many different people did you have sexual intercourse with?

   TE36
   _____ PERSON/PEOPLE [HR: 0-90; SR: 0-10]
   REFUSED .....................................................................-7
   DON’T KNOW ..............................................................-8
PROGRAMMING NOTE QT09_H5:
IF QT09_H4 = 0, -7, OR -8 (NO SEXUAL PARTNERS PAST 12 MONTHS, REF, OR DK) GO TO QT09_H7;
ELSE CONTINUE WITH QT09_H5;
IF QT09_H4 = 1, DISPLAY “Is that partner male or female?”;
ELSE, DISPLAY, “In the past 12 months, have your sexual partners been male, female, or both male and female?”

QT09_H5
(Is that partner male or female?/In the past 12 months, have your sexual partners been male, female, or both male and female?)

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

QT09_H6
Have you had sexual intercourse in the past 3 months?

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

PROGRAMMING NOTE QT09_H7:
IF QT09_H1 = 2, -7, OR -8 (NO SEXUAL INTERCOURSE EVER, DK, OR REFUSE), GO TO QT09_I1;
ELSE IF QT09_H1 = 1 (YES SEXUAL INTERCOURSE EVER), CONTINUE WITH QT09_H7;
IF MALE, DISPLAY “Have you ever gotten someone”;
ELSE IF FEMALE, DISPLAY “Have you ever been pregnant”

QT09_H7
(Have you ever gotten someone/Have you ever been) pregnant?

TE39
YES ......................................................................1
NO ......................................................................2
REFUSED ...........................................................-7
DON’T KNOW ....................................................-8

PROGRAMMING NOTE QT09_H8:
IF QT09_A4 = 1 (MALE), GO TO QT09_H9;
ELSE IF QT09_A4 = 2 (FEMALE), CONTINUE WITH QT09_H8

QT09_H8
Are you currently pregnant?

TH43
YES ......................................................................1
NO ......................................................................2
REFUSED ...........................................................-7
DON’T KNOW ....................................................-8
QT09_H9  Have you ever been tested for HIV, the virus that causes AIDS?

TH31

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

QT09_H10  Now thinking about other sexually transmitted diseases, besides HIV, in the past 12 months, have you been tested for a sexually transmitted disease?

TE43

YES ...........................................................................1
NO .............................................................................2 [GO TO QT09_I1]
REFUSED ............................................................... -7 [GO TO QT09_I1]
DON'T KNOW ......................................................... -8 [GO TO QT09_I1]

QT09_H11  What were you tested for?

TH32

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

CHLAMYDIA .............................................................1
GONORRHEA/CLAP ................................................2
SYPHILIS/SYPH .......................................................3
HIV/AIDS ...............................................................4
TRICH (Trichomonas, Trichomaniasis) ..............5
A PANEL – ALL OF THEM ......................................6
OTHER (SPECIFY) ................................................91
REFUSED .....................................................................7
DON'T KNOW ..........................................................-8
SECTION I – HEALTH CARE UTILIZATION AND ACCESS

QT09_I1  Now I’m going to ask about health care visits.
Is there a place that you usually go to when you are sick or need advice about your health?

[TF1]

YES ...........................................................................1
NO .............................................................................2
DOCTOR/MY DOCTOR ...........................................3
KAISER .....................................................................4
MORE THAN ONE PLACE .......................................5
REFUSED ..................................................................-7
DON’T KNOW ..........................................................-8

PROGRAMMING NOTE QT09_I2:
IF QT09_I1 = 4 (KAISER), FILL IN QT09_I2 = 1 AND GO TO QT09_I3;
ELSE IF QT09_I1 = 3 (DOCTOR/MY DOCTOR), DISPLAY “Is your doctor in a private”;
ELSE DISPLAY “What kind of place do you go to most often—a medical…”.

QT09_I2  {What kind of place do you go to most often—a medical…/Is your doctor in a private…} doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?

[TF2]

DOCTOR’S OFFICE/KAISER/OTHER HMO ............1
CLINIC/HEALTH CENTER/HOSPITAL CLINIC .......2
EMERGENCY ROOM ...............................................3
SOME OTHER PLACE (SPECIFY)________________. 91
NO ONE PLACE .................................................... 94
REFUSED ..................................................................-7
DON’T KNOW ..........................................................-8

PROGRAMMING NOTE QT09_I3:
IF QT09_B9 = 1 OR QT09_B14 = 1 (YES, WENT TO ER PAST 12 MONTHS FOR THEIR ASTHMA),
MARK ‘YES=1’ ON QT09_I3 AND GO TO QT09_I4;
ELSE CONTINUE WITH QT09_I3

QT09_I3  During the past 12 months, did you visit a hospital emergency room for your own health?

[TF3]

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

QT09_I4  During the past 12 months, how many times have you seen a medical doctor?

[TF16]

______________ TIMES [RANGE: 0-365]

REFUSED ..................................................................-7
DON’T KNOW ..........................................................-8
**QT09_I5**  When was the last time you saw a doctor for a physical exam or check-up?

**TF5**

- 3 MONTHS AGO OR LESS ............................................ 1
- MORE THAN 3 MONTHS UP TO 6 MONTHS AGO .......... 2
- MORE THAN 6 MONTHS UP TO 12 MONTHS AGO .... 3
- MORE THAN 12 MONTHS UP TO 2 YEARS AGO ...... 4
- MORE THAN 2 YEARS AGO ........................................ 5
- HAVE NEVER HAD A PHYSICAL ......................... 0
- REFUSED ........................................................... -7
- DON'T KNOW ....................................................... -8

**PROGRAMMING NOTE QT09_I6:**

*IF QT09_I5 = 0 (NEVER HAD A PHYSICAL EXAM), 5 (LAST PHYSICAL EXAM 2 OR MORE YEARS AGO), -7 (REFUSED), -8 (DON'T KNOW), GO TO QT09_I8; ELSE CONTINUE WITH QT09_I6*

**QT09_I6**  When you had your last routine physical exam, did you and a doctor talk about exercise or physical activity?

**TF8H**

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

**QT09_I7**  ...about nutrition or healthy eating?

**TF8I**

*IF NEEDED, SAY: “When you had your last routine physical exam, did you and a doctor talk about nutrition or healthy eating?”*

- YES ................................................................. 1
- NO ................................................................. 2
- REFUSED ....................................................... -7
- DON'T KNOW ................................................... -8
PROGRAMMING NOTE QT09_I8:
IF QT09_I1 = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE) AND IF [QT09_B6 = 1 (YES, CURRENTLY HAS ASTHMA) OR IF QT09_B7 = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS)], CONTINUE WITH QT09_I8; ELSE GO TO QT09_I9

QT09_I8  Do you have a personal doctor or medical provider who is your main provider?

[IF NEEDED, SAY: “This can be a general doctor, a specialist doctor, a physician assistant, a nurse or other health provider.”]

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

PROGRAMMING NOTE QT09_I9:
IF QT09_B6 = 1 (YES, STILL HAVE ASTHMA) OR QT09_B7 = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS) AND IF [QT09_I4 > 0 (SAW A DOCTOR AT LEAST ONCE IN PAST 12 MONTHS) OR QT09_I5 = 1 OR 2 OR 3 (SAW DOCTOR LESS THAN A YEAR AGO)], CONTINUE WITH QT09_I9; ELSE GO TO QT09_I11

QT09_I9  During the past 12 months, did you or a parent phone or e-mail the doctor’s office with a medical question?

YES .................................................................1
NO ..................................................................2 [GO TO QT09_I11]
REFUSED .....................................................-7 [GO TO QT09_I11]
DON’T KNOW ...............................................-8 [GO TO QT09_I11]

QT09_I10 How often did you get an answer as soon as you needed it? Would you say...

Never, .................................................................1
Sometimes, ......................................................2
Usually, or .........................................................3
Always? ...........................................................4
REFUSED .....................................................-7
DON’T KNOW ...............................................-8
PROGRAMMING NOTE QT09_I11:
If QT09_B6 = 1 (YES, STILL HAVE ASTHMA) or QT09_B7 = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS) and if QT09_I1 = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE) and if QT09_I8 = 1 (YES HAS PERSONAL DOCTOR), continue with QT09_I11; else go to QT09_I12

QT09_I11 Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services, such as tests or treatments?

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

QT09_I12 During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

   YES .................................................................1
   NO .................................................................2 [GO TO QT09_I15]
   REFUSED .........................................................-7 [GO TO QT09_I15]
   DON'T KNOW ..................................................-8 [GO TO QT09_I15]

QT09_I13 Was cost or lack of insurance a reason why you delayed or did not get the prescription?

   YES .................................................................1
   NO .................................................................2 [GO TO QT09_I15]
   REFUSED .........................................................-7 [GO TO QT09_I15]
   DON'T KNOW ..................................................-8 [GO TO QT09_I15]

PROGRAMMING NOTE QT09_I14:
If QT09_B6 = 1 (YES, STILL HAVE ASTHMA) or QT09_B7 = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS), continue with QT09_I14; else go to QT09_I15

QT09_I14 Was this prescription for your asthma?

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

QT09_I15 During the past 12 months, did you delay or not get any medical care you felt you needed?

   YES .................................................................1
   NO .................................................................2 [GO TO QT09_I18]
   REFUSED .........................................................-7 [GO TO QT09_I18]
   DON'T KNOW ..................................................-8 [GO TO QT09_I18]
QT09_I16  Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

TF22

YES ................................................................. 1
NO ................................................................. 2  [GO TO QT09_I18]
REFUSED ...................................................... -7  [GO TO QT09_I18]
DON'T KNOW .............................................. -8  [GO TO QT09_I18]

PROGRAMMING NOTE QT09_I17:
IF QT09_B6 = 1 (YES, STILL HAVE ASTHMA) OR QT09_B7 = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS), CONTINUE WITH QT09_I17;
ELSE GO TO QT09_I18

QT09_I17  Was this medical care for your asthma?

TI20

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

QT09_I18  In the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?

TI11

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

QT09_I19  In the past 12 months, have you received any psychological or emotional counseling?

TF11

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

PROGRAMMING NOTE QT09_I20:
IF QT09_F4 = 1 (MORE THAN SIP OF ALCOHOL) OR QT09_F9 = 1 (DRUG USE EVER) CONTINUE WITH QT09_I20;
ELSE GO TO QT09_M1

QT09_I20  In the past 12 months, did you receive any professional help for your use of alcohol or drugs?

TI13

YES ................................................................. 1
NO ................................................................. 2
REFUSED ...................................................... -7
DON'T KNOW .............................................. -8
SECTION M - DENTAL OR ORAL HEALTH

QT09_M1  About how long has it been since you last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

TF14

HAVE NEVER VISITED ............................................0 [GO TO QT09_J1]
6 MONTHS AGO OR LESS ........................................1 [GO TO QT09_J1]
MORE THAN 6 MONTHS UP TO 1 YEAR AGO ................2 [GO TO QT09_J1]
MORE THAN 1 YEAR UP TO 2 YEARS AGO ..................3
MORE THAN 2 YEARS UP TO 5 YEARS AGO ...............4
MORE THAN 5 YEARS AGO ....................................5
REFUSED ..............................................................-7 [GO TO QT09_J1]
DON'T KNOW ..........................................................-8 [GO TO QT09_J1]

PROGRAM NOTE QT09_M2:
IF QT09_M1 = 1 (≤ 6 MONTHS AGO) OR 2 (MORE THAN 6 MONTHS – 1 YEAR AGO), GO TO QT09_J1;
ELSE IF QT09_M1 = 0 (NEVER VISITED) OR 3 (MORE THAN 1-2 YEARS AGO) OR 4 (MORE THAN 2-5 YEARS AGO) OR 5 (MORE THAN 5 YEARS AGO), CONTINUE WITH QT09_M2;
AND IF QT09_M1 ≥ 3 DISPLAY “in the past year”

QT09_M2  What is the main reason you haven’t visited a dentist {in the past year}?

TM1

COST, COULD NOT AFFORD ....................................1
NO INSURANCE ......................................................2
DID NOT HAVE A DENTIST, NONE AVAILABLE ..........3
FEAR, PAIN, NERVOUSNESS .................................4
NO TRANSPORTATION, TOO FAR AWAY .................5
NO PROBLEMS WITH TEETH .................................6
OTHER, SPECIFY: ________________________________7
REFUSED ..............................................................-7
DON'T KNOW ..........................................................-8
SECTION J – ADULT SUPERVISION, ROLE MODELS, AND CIVIC ENGAGEMENT

These next questions are about your parents.

QT09_J1 Are your parents:

TH1

Married to each other.................................................1
Divorced from each other..........................................2
Separated from each other, ....................................3
Not married but living with each other, ......................4
Not married and not living with each other? ..............5
ONE PARENT DECEASED ..................................6
BOTH PARENTS DECEASED .................................7
OTHER..................................................................91
REFUSED ..........................................................-7
DON'T KNOW ...................................................-8

QT09_J2 Do you live with both your parents in the same house or apartment?

TH2

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

QT09_J3 About how often is there an adult around during your after-school hours? Would you say:

TH5

Always, .....................................................................1
Most of the time, ....................................................2
Some of the time, ..................................................3
Almost never, or ...................................................4
Never? ...................................................................5
REFUSED ..........................................................-7
DON’T KNOW ....................................................-8

QT09_J4 How much do your parents really know about where you go out at night? Would you say…

TH6A

A lot, .................................................................1
A little, or ..........................................................2
Nothing? ...........................................................3
DOESN’T GO OUT AT NIGHT ............................4
REFUSED ..........................................................-7
DON’T KNOW ....................................................-8
QT09_J5  Is there a person you know or have read about that you admire and would want to be like?

TH22  
YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ....................................................................... -7
DON'T KNOW .......................................................... -8

PROGRAM NOTE QT09_J6:
IF QT09_J5 = 2, -7, OR -8 (NO, REFUSED OR DK) GO TO QT09_J10;
ELSE CONTINUE WITH QT09_J6

QT09_J6  Is this person a family member, an athlete, an entertainer, a teacher, a friend your own age, or someone else?

TH23  
FAMILY MEMBER .................................................... 1
ATHLETE .................................................................. 2
ENTERTAINER ......................................................... 3
TEACHER ................................................................. 4
FRIEND ..................................................................... 5
OTHER (SPECIFY:)___________________ ........ 91
REFUSED ....................................................................... -7
DON'T KNOW .......................................................... -8

QT09_J7  Is this person male or female?

TH24  
MALE ........................................................................ 1
FEMALE .................................................................... 2
REFUSED ....................................................................... -7
DON'T KNOW .......................................................... -8

PROGRAMMING NOTE QT09_J8:
IF QT09_J7 = 1 DISPLAY “his”;  
IF QT09_J7 = 2 DISPLAY “her”

QT09_J8  What is {his/her} race or ethnicity?

TH25  
WHITE ........................................................................ 1
AFRICAN AMERICAN ............................................... 2
HISPANIC/LATINO ................................................ 3
ASIAN/ASIAN-AMERICAN ......................................... 4
PACIFIC ISLANDER .................................................. 5
AMERICAN INDIAN/ALASKA NATIVE/NATIVE AMERICAN ...... 6
NATIVE HAWAIIAN .................................................... 7
OTHER/MULTI-ETHNIC (SPECIFY):___________________ ........ 91
REFUSED ....................................................................... -7
DON'T KNOW .......................................................... -8
QT09_J9  For how many years have you admired this person?

TJ1  

_______ YEARS

LESS THAN ONE YEAR ........................................... 91
REFUSED ................................................................-7
DON'T KNOW ................................................... -8

QT09_J10  In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

TH21  

YES ...........................................................................1
NO ............................................................................2
REFUSED ................................................................-7
DON'T KNOW ................................................... -8
SECTION K - DEMOGRAPHIC INFORMATION PART II

QT09_K1
So we can be sure we have included all races and ethnic groups in California, I need to ask a few questions about you.

Are you Latino or Hispanic?

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

YES ...........................................................................1
NO...........................................................................2 [GO TO QT09_K3]
REFUSED ............................................................... -7 [GO TO QT09_K3]
DON’T KNOW ......................................................... -8 [GO TO QT09_K3]

QT09_K2
And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran -- and if you have more than one, tell me all of them.

[IF NEEDED, GIVE MORE EXAMPLES] [CODE ALL THAT APPLY]

MEXICAN/MEXICAN AMERICAN/ OR CHICANO ...1
SALVADORAN ..........................................................4
GUATEMALAN ..........................................................5
COSTA RICAN ..........................................................6
HONDURAN .............................................................7
NICARAGUAN ..........................................................8
PANAMANIAN ..........................................................9
PUERTO RICAN .................................................... 10
CUBAN ................................................................. 11
SPANISH-AMERICAN (FROM SPAIN) ................. 12
OTHER LATINO (SPECIFY: ______________) ... 91
REFUSED ............................................................... -7
DON’T KNOW ..........................................................-8
PROGRAMMING NOTE QT09_K3:
IF QT09_K1 = 1 (YES), DISPLAY “You said you are Latino or Hispanic. Also,”;
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QT09_K3, CONTINUE WITH PROGRAMMING NOTE QT09_K4;
ELSE GO TO SKIPS AS INDICATED FOR SINGLE RESPONSES

QT09_K3 {You said you are Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe yourself: Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

[IF R GIVES AN “OTHER” RESPONSE YOU MUST SPECIFY WHAT IT IS]
[CODE ALL THAT APPLY]

WHITE .......................................................................1 [GO TO QT09_K11]
BLACK OR AFRICAN AMERICAN ...........................2 [GO TO QT09_K11]
ASIAN .......................................................................3 [GO TO QT09_K11]
AMERICAN INDIAN, ALASKA NATIVE ....................4 [GO TO QT09_K4]
OTHER PACIFIC ISLANDER ...................................5 [GO TO QT09_K8]
NATIVE HAWAIIAN ..................................................6 [GO TO QT09_K11]
OTHER (SPECIFY: _________________) ........... 91 [GO TO QT09_K11]
REFUSED ............................................................... -7 [GO TO QT09_K11]
DON’T KNOW ...........................................................-8 [GO TO QT09_K11]

PROGRAMMING NOTE QT09_K4:
IF QT09_ K3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QT09_K4;
ELSE GO TO PROGRAMMING NOTE QT09_K7

QT09_K4 You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

[CODE ALL THAT APPLY]

APACHE .........................................................................1
BLACKFEET ................................................................... 2
CHEROKEE ..................................................................... 3
CHOCTAW ...................................................................... 4
MEXICAN AMERICAN .................................................... 5
NAVAJO .......................................................................... 6
POMO ............................................................................. 7
PUEBLO .......................................................................... 8
SIOUX ............................................................................. 9
YAQUI ........................................................................... 10
OTHER TRIBE [Ask for spelling] (SPECIFY:_____) .... 91
REFUSED ............................................................... -7 [GO TO QT09_K11]
DON’T KNOW ...........................................................-8 [GO TO QT09_K11]

QT09_K5 Are you an enrolled member in a federally or state recognized tribe?

[CODE ALL THAT APPLY]

YES ...........................................................................1 [GO TO QT09_K7]
NO .............................................................................2 [GO TO QT09_K7]
REFUSED ...............................................................-7 [GO TO QT09_K7]
DON’T KNOW ...........................................................-8 [GO TO QT09_K7]
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PROGRAMMING NOTE QT09_K7:
IF QT09_K3 = 3 (ASIAN) CONTINUE WITH QT09_K7;
ELSE GO TO PROGRAMMING NOTE QT09_K8

QT09_K7 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

**TI2D** [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 QT09_K8:
IF QT09_K3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QT09_K8;
ELSE GO TO PROGRAMMING NOTE QT09_K8

QT09_K8 You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

**TI2D1** [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 QT09_K9:
IF QT09_K1 = 1 (YES, LATINO) AND [QT09_K3 = 6 (NATIVE HAWAIIAN) OR 5 (OTHER PACIFIC ISLANDER) OR 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 3 (ASIAN) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH QT09_K9;
ELSE IF MULTIPLE RESPONSES TO QT09_K3 OR QT09_K7 OR QT09_K8 [NOT COUNTING -7 OR - 8 (REF/DK)], CONTINUE WITH QT09_K9;
ELSE GO TO QT09_K10;
FOR QT09_K2 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF QT09_K1 = -7 (REFUSE), INSERT "Latino"

QT09_K9  You said that you are: [RESPONSES FROM QT09_K2, QT09_K3, QT09_K7, QT09_K8]. Do you identify with any one race in particular?

    YES ...........................................................................1
    NO .............................................................................2  [GO TO QA07_K11]
    REFUSED ...................................................................-7  [GO TO QA07_K11]
    DON'T KNOW ..........................................................-8  [GO TO QA07_K11]
**Which do you most identify with?**

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QT09_K11  In what country were you born?

TI3

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

QT09_K12  Are you a citizen of the United States?

TI4

YES ................................................................. 1 [GO TO QT09_K14]
NO ............................................................................. 2
APPLICATION PENDING ......................................... 3
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
QT09_K13  Are you a permanent resident with a green card?

TI5  
[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

QT09_K14  About how many years have you lived in the United States?

TI6  
[FOR LESS THAN A YEAR, ENTER 1 YEAR]

TI6YR  ____ NUMBER OF YEARS {OR} [HR: 0-17]

TI6FMT  ____ YEAR FIRST CAME TO LIVE IN U.S. [HR: 1990-2008]

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

QT09_K15  What languages do you speak at home?

TI7  
[CODE ALL THAT APPLY] [PROBE: “Any others?”]

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

**TI10**

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

**CLOSE**

Thank you. You have helped with a very important health survey. If you have any questions, you can contact Dr. Brown, who heads the study. **Would you like the number?** [IF YES, SAY: Dr. Brown can be reached toll-free at 1-866-275-2447. Goodbye. [IF NO, SAY: Goodbye.]

**TI9**

[INTERVIEWER: DURING THIS INTERVIEW, EVEN FOR PART OF THE TIME, DO YOU THINK...]

- A parent was listening on an extension, ......................... 1
- A parent was in the room listening, or ............................ 2
- Neither ............................................................................. 3
- DON'T KNOW .............................................................. -8

[END]