

CHIS 2023 Adult CAWI Questionnaire (Self- administered) Version 3.03 April 23, 2024 Adult Respondents Age 18 and Older

#### **Collaborating Agencies:**

- UCLA Center for Health Policy Research
- California Department of Health Care Services
- California Department of Public Health

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# Guide to Questionnaire Formatting

The following are from the CHIS Adult questionnaire, slightly modified and in no given order.

#### Legend (each item is identified only once)

Programming note	Defines a skip pattern or text display for the subsequent question(s).
QID	Designates location of question, i.e. <b>'QA23_A1'</b> : Adult questionnaire, Section A, question #1. The question # in the QID denotes question order. This may
	vary between survey cycles.
Var ID	Unique ID of each question. This generally stays the same between survey cycles. This variable name correlates with the name found in the data file.
Question and	On CAWI, this text is displayed.
Response Text	
Uppercase Text	On CAWI, this text is NOT shown to the respondent.
Range	On CAWI, this text is not read. SR: indicates soft range- allowable entry but will prompt verification message. HR: indicates hard range- not an allowable entry.
Skip note	Defines skip patterns dependent on the responses of the current question.
Dynamic text	{} and () Denotes that text is automatically filled based on previous responses.

#### **PROGRAMMING NOTE 'QA23\_A1':** SET AADATE = CURRENT DATE (YYYYMMDD)

#### **'QA23\_A1'** What is your date of birth?

AA1

# Month \_\_\_\_\_ [Range: 1-12]

0	January1
0	February2
0	March
0	April4
0	
0	June6
0	July7
0	August8
0	September9
0	October 10
0	November11
0	December12
0	REFUSED/ DON'T KNOW3
0	Day <mark>[Range: 1-31]</mark> REFUSED/ DON'T KNOW3
•	Year <mark>[Range: 1907-2005]</mark> REFUSED/ DON'T KNOW3

'QA23\_G20'
 In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

This includes Head Start, day care centres, before- or after-school care programs, and any baby-sitting arrangements.

0	Yes1	
0	No2	[GO TO 'QA23_A22']
0	REFUSED/DON'T KNOW3	[GO TO 'QA23_A22']

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NOTE: Please consult the CHIS 2022 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

# Section A: Demographic Information, Part I

Age

#### **PROGRAMMING NOTE 'QA23\_A1':** SET AADATE = CURRENT DATE (YYYYMMDD)

**'QA23\_A1'** What is your date of birth?

AA1

## Month \_\_\_\_\_ [Range: 1-12]

0	January	1
0	February	
0	March	
0	April	4
0	Мау	
0	June	
0	July	7
0	August	
0	September	
0	October	10
0	November	11
0	December	
0	REFUSED/DON'T KNOW	3
	Day [Range: 1-31]	
0	REFUSED/DON'T KNOW	-3

	Year	[Range: 1907-2005]	
0	REFUSE	ED/DON'T KNOW3	

- 'QA23\_A2' What month and year were you born?
- AA1A

Month \_\_\_\_\_ [Range: 1-12]

0	January	1
0	February	
0	March	
0	April	4
0		
0	June	
0	July	7
0	August	
0	September	9
0	October	
0	November	11
0	December	12
0	REFUSED/DON'T KNOW	3
	Year [Range: 1907-2005]	
0	REFUSED/DON'T KNOW	3

'QA23\_A3' What is your age?

AA2

\_\_\_\_\_Years of age [RANGE: 0-120]

- O REFUSED/DON'T KNOW......-3
- **'QA23\_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

0	Between 18 and 29	1
0	Between 30 and 39	2
Ο	Between 40 and 44	3
0	Between 45 and 49	4
0	Between 50 and 64	5
0	65 or older	6
0	REFUSED/DON'T NOW	3

#### POST NOTE 'QA23\_A4': AAGE ENUM.AGE CALCULATE VALUE OF AAGE BASED ON 'QA23\_A1', 'QA23\_A2', OR 'QA23\_A3' TO USE IN ALL AGE-RELATED QUESTIONS; IF 'QA23\_A1', 'QA23\_A2', OR 'QA23\_A3' = -3, THEN USE 'QA23\_A4'; ELSE USE ENUM.AGE

Gender Identity

'QA23\_A5' What sex were you assigned at birth, on your original birth certificate?

AD65E

0	Female	2
Ο	Male	1
Ο	Don't know	3
Ο	Prefer not to answer	9
Ο	Refused	3

'QA23\_A6' What is your current gender?

#### AD66C

0	Female	2
Ο	Male	1
Ο	Transgender	3
0	Non-binary	5
Ο	I use a different term: ()	
Ο	Don't know	8
0	Prefer not to answer	9
0	Refused	3

IF ['QA23_A5	<b>QA23_A6'</b> = 1,	23_A7': BIRTH) AND <b>'QA23_A6'</b> = 2, 3, 5, 7] OR [ <b>'QA23</b> 3, 5, 7] THEN CONTINUE WITH <b>'QA23_A7'</b> ;	<b>_A5'</b> = 2 (FEMALE AT
'QA23_A7'	Just to confirm and now desc	n, you were assigned {INSERT RESPONSE FRO ribe yourself as {INSERT RESPONSE FROM <b>'Q</b> ,	M <b>'QA23_A5'</b> } at birth <b>A23_A6'</b> }. Is that correct?
AD68B			
	0	Yes1	
	O	No	[GO TO 'QA23_A5']
	O	REFUSED/DON'T KNOW3	
POST NOTE:	ON SECOND A	TTEMPT IF = 2 GO TO ' <b>QA23_A5</b> ' AND FLAG '	<b>QA23_A7</b> ' = 1
Ethnicity			
'QA23_A8'	Are you Lating	o or Hispanic?	
AA4			
	0	Yes1	
	0	No2	
	О	REFUSED/DON'T KNOW3	'PN_QA23_A10'] [GO TO 'PN_QA23_A10']
'QA23_A9'	And what is y	our Latino or Hispanic ancestry or origin?	
AA5			
	Check all that	apply	
	Ο	Mexican/Mexican American/Chicano1	
	0	Salvadoran4	
	O	Guatemalan5	
	0	Costa Rican	
	O O	Honduran7 Nicaraguan8	
	0	Panamanian9	
	Ō	Puerto Rican	
	0	Cuban11	
	0	Spanish-American (from Spain)12	
	0		
	0	Other Latino (Specify:)	

#### Race

PROGRAMMING NOTE 'QA23_A10':
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA23_A10',
CONTINUE WITH 'PN_QA23_A13'
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES
DISPLAY INSTRUCTIONS:
IF 'QA23_A8' = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic.
Also,";

'QA23_A10'	{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

AA5A

	White1 Black or African American2	[GO TO
	Asian3	<sup>·</sup> PN_QA23_A12'] [GO TO
	American Indian or Alaska Native4	'PN_QA23_A16'] [GO TO 'PN_QA22_A12']
	Pacific Islander5	'PN_QA23_A13'] [GO TO 'PN_QA23_A17']
	Native Hawaiian6	[GO TO 'PN_QA23_A18']
	Other (Specify:)91	[GO ΤΟ
0	REFUSED/DON'T KNOW3	'PN_QA23_A18'] [GO TO 'QA23_A20']

'QA23\_A11' What are your white origin or origins?

AA5H

For example, German, Irish, English, Italian, Armenian, Iranian, etc.

 O
 Specify: (\_\_\_\_).....1

 O
 REFUSED/DON'T KNOW......3

#### PROGRAMMING NOTE 'QA23\_A12': IF 'QA23\_A10' = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QA23\_A12'; ELSE GO TO 'PN\_QA23\_A13'

#### 'QA23\_A12' What are your Black origin or origins?

AA5I

For example, African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghanaian, etc.

#### PROGRAMMING NOTE 'QA23\_A13': IF 'QA23\_A10' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA23\_A13'; ELSE GO TO 'PN\_QA23\_A16'

'QA23\_A13' You said, American Indian or Alaska Native, and what is your tribal heritage?

### AA5B

Check all that apply

(11 maximum responses)

	Apache	1
L	Blackfoot/Blackfeet	
	Cherokee	3
	Choctaw	4
	Mexican American India	5
	Navajo	6
	Pomo	
	Pueblo	
	Sioux	9
	Yaqui	10
	Other tribe (Specify:)	91
0	REFUSED/DON'T KNOW	

'QA23\_A14' Are you an enrolled member in a federally or state recognized tribe?

### AA5C

0	Yes1	
0	No2	[GO TO
		<sup>-</sup> PN_QA23_A16']
0	REFUSED/DON'T KNOW3	[GO TO
		'PN_QA23_A16']

## **'QA23\_A15'** Which tribe are you enrolled in?

## AA5D

Apache O O O	Mescalero Apache, NM1 Apache (not specified)2 Other Apache (Specify:)3
Blackfeet O	Blackfoot/Blackfeet4
Cherokee O O O	Western Cherokee5 Cherokee (not specified)6 Other Cherokee (Specify:)7
Choctaw O O O	Choctaw Oklahoma8 Choctaw (not specified)9 Other Choctaw (Specify:) 10
Navajo O	Navajo (not specified) 11
Pomo O O O	Hopland Band, Hopland Rancheria
Pueblo O O O	Hopi
Sioux O O O	Oglala/ Pine Ridge Sioux
Yaqui O O	Pascua Yaqui Tribe of Arizona
Other O O	Other (Specify:)

#### PROGRAMMING NOTE 'QA23\_A16': IF 'QA23\_A10' = 3 (ASIAN) CONTINUE WITH 'QA23\_A16'; ELSE GO TO 'PN\_QA23\_A17'

'QA23\_A16' You said Asian, and what specific ethnic group are you?

## AA5E

Check all that apply

(18 maximum responses)

	Bangladeshi1
	Burmese2
	Cambodian
	Chinese4
	Filipino5
	Hmong6
	Indian (India)7
	Indonesian
	Japanese9
	Korean
	Laotian 11
	Malaysian 12
	Pakistani
	Sri Lankan 14
	Taiwanese15
	Thai 16
	Vietnamese 17
	Other Asian (Specify:)
0	REFUSED/DON'T KNOW3

#### PROGRAMMING NOTE 'QA23\_A17': IF 'QA23\_A10' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'QA23\_A17'; ELSE GO TO PROGRAMMING NOTE 'PN\_QA23\_A18'

#### AA5E1

Check all that apply

(5 maximum responses)

	Samoan/American Samoan	1
	Guamanian	2
	Tongan	3
	Fijian	4
	Other Pacific Islander (Specify:	
0	REFUSED/DON'T KNOW	

<sup>&#</sup>x27;QA23\_A17' You said you are Pacific Islander. What specific ethnic group are you?

PROGRAMMING NOTE 'QA23_A18':
IF 'QA23_A8' = 1 (LATINO) AND ['QA23_A10' = 6 (NATIVE HAWAIIAN) OR 'QA23_A10' = 5 (OTHER
PACIFIC ISLANDER) OR 'QA23_A10' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA23_A10'
= 3 (ASIAN) OR 'QA23_A10' = 2 (BLACK/AFRICAN AMERICAN) OR 'QA23_A10' = 1 (WHITE) OR
'QA23_A10' = 91 (OTHER)], CONTINUE WITH 'QA23_A18';
ELSE IF THERE WERE MULTIPLE RESPONSES TO 'QA23_A10', 'QA23_A16', OR 'QA23_A17' [NOT
COUNTING -3, CONTINUE WITH 'QA23_A18';
ELSE SKIP TO 'QA23_A20'

# 'QA23\_A18' You said that you are: {INSERT MULTIPLE RESPONSES FROM 'QA23\_A9', 'QA23\_A10', 'QA23\_A16' AND 'QA23\_A17'}.

AA5G

Do you identify with any one race in particular?

0	Yes1	
$\cap$	No	

[GO TO 'QA23\_A20'] [GO TO 'QA23\_A20']

**PROGRAMMING NOTE FOR 'QA23\_A19':** IF 'QA23\_A8' = 1 (YES, LATINO) AND 'QA23\_A9'  $\neq$  -3, DO NOT DISPLAY 'QA23\_A19' = 14 (LATINO); IF 'QA23\_A10' = 5 (YES, OTHER PACIFIC ISLANDER) AND 'QA23\_A17' = 1 TO 4 OR 91, DO NOT DISPLAY 'QA23\_A19' = 17 (OTHER PACIFIC ISLANDER); IF 'QA23\_A10' = 3 AND 'QA23\_A16' = 1 TO 17 OR 91, DO NOT DISPLAY 'QA23\_A19' = 19 (ASIAN)

AA5F

000	Mexican/Mexican American/ Chicano1 Salvadoran4	
0	Guatemalan	
0	Costa Rican6	
O O	Honduran	
0	Nicaraguan8	
0	Panamanian9	
0	Puerto Rican 10	
0	Cuban 11	
0	Spanish-American (from Spain) 12	
0	Latino, Other Specify 13	
Ο	Latino 14	
0	Native Hawaiian 16	
0	Other Pacific Islander 17	
0	American Indian or Alaskan Native	
0	Asian 19	
0	Black or African American 20	
0	White	
0	Race, Other Specify 22	
0	Bangladeshi	
0	Burmese	
Ō	Cambodian	
õ	Chinese	
õ	Filipino	
õ	Hmong	
ŏ	Indian (India)	
õ	Indonesian	
9	Indonesian	

<sup>&#</sup>x27;QA23\_A19' Which do you most identify with?

0	Japanese
0	Korean
0	Laotian 40
0	Malaysian 41
0	Pakistani
0	Sri Lankan 43
0	Taiwanese 44
0	Thai 45
0	Vietnamese 46
0	Asian, Other Specify 49
0	Samoan/ American Samoan 50
0	Guamanian51
0	Tongan
0	Fijian
0	Pacific Islander, Other Specify 55
0	Both/All/Multiracial
0	None of these95
0	Other (Specify)
0	REFUSED/DON'T KNOW3

Language Spoken at Home

'QA23\_A20' What languages do you speak at home?

## AH36

Check all that apply

	English	1
	Spanish	2
	Cantonese	3
	Vietnamese	4
	Tagalog	5
	Mandarin	6
	Korean	7
	Asian Indian languages	8
	Russian	9
	Japanese	12
	French	14
	German	15
	Farsi	
	Armenian	19
	Arabic	
	Other 1 (Specify:)	
	Other 2 (Specify:)	92
0	REFUSED/DON'T KNOW	3

Additional Language Use

PROGRAMMING NOTE 'QA23_A21':
IF 'QA23_A20' = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO
'PN_QA23_A23';
DISPLAY INSTRUCTIONS:
IE (0423 420' >1 (SDEAKS LANGUAGE OTHED THAN ENGLISH AT HOME) CONTINUE WITH

IF 'QA23\_A20' >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH 'QA23\_A21' 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?";

SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA23\_A21' WAS ASKED

**'QA23\_A21'** {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

0	Very well	1
0	Well	2
0	Not well	3
0	Not at all	4
0	REFUSED/DON'T KNOW	3

**Educational Attainment** 

'QA23 A22'	What is the highest grade of education	you have completed and received credit for?
	What is the highest grade of sadeaton	you have completed and received credit for .

#### AH47

Grade		No Formal Education30Grade School2High School or Equivalent34-Year College or University4Graduate or Professional School52-Year Junior or Community College6Vocational, Business, or Trade School7
Grade	$\circ$	1 at Crada
	0	1st Grade1
	0	2nd Grade2
	0	3rd Grade
	0	4th Grade4
	0	5th Grade5
	0	6th Grade6
	0	7th Grade7
	0	8th Grade8
High		
-	0	9th Grade9
	0	10th Grade 10
	0	11th Grade 11
	0	12th Grade 12
College		-
	0	1st year of college or
	-	university (Freshman)
	0	2nd year of college or

	000	university (Sophomore)
	•	Stirlyear of conege of university
Graduate		
	0	1st year of graduate or professional School
	0	2nd year of graduate or professional school (MA/MS)
	0	3rd year of graduate or professional
	0	School
Community		professional school (PhD)21
Community	0	1st year of junior or community college 22
	o o	2nd year of junior or
	-	community college (AA/AS)
Business		
	0	1st year of vocational, business, or trade school
	О	2nd year of vocational, business, or trade school
	O	More than 2 years of vocational,
	,	business,or trade school

#### Marital Status

'QA23_A23'	Are you <u>now</u> married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?				
	$\circ$	Manufad			
	0	Married1			
	0	Living with partner2			
	Ο	Widowed	IGO TO		
	0	Divorced4	- 'PN_QA23_A27'] [GO TO		
	0	Separated5	'PN_QA23_A27'] [GO TO		
	0	Never married6	'PN_QA23_A27'] [GO TO		
	О	REFUSED/DON'T KNOW3	'PN_QA23_A27'] [GO TO 'PN_QA23_A27']		

Spouse/Partner

PROGRAMMI	NG NOTE 'QA2	3_A24':			
PROGRAMMING NOTE 'QA23_A24': DISPLAY INSTRUCTIONS: IF 'QA23_A23' = 1, THEN DISPLAY "spouse"; IF 'QA23_A23' = 2, THEN DISPLAY "partner";					
'QA23_A24'	ls your {spous	e/partner} also living in your household?			
AH44	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3			
'QA23_A25'	May I have yo	ur {spouse/partner}'s age and gender?			
SC11A	Enter spouse's	s/Partner's age and sex			
	О	Spouse/Partner age [SR: 18-120] Spouse/Partner sex REFUSED/DON'T KNOW3			
IF 'WSC6' = -3	NG NOTE 'QA2 IN SCREENER ) 'PN_QA23_A2	R, CONTINUE WITH <b>'QA23_A26'</b> ;			
Adult Roster					
'QA23_A26' PRE-ROSTE	<u>currently</u> living	elf (and your spouse/partner), are there other adults, age 18 or older, in this household?			
		Yes1 No2 REFUSED/DON'T KNOW3			
		<b>3_A27':</b> EADY COMPLETE, CONTINUE;			
'QA23_A27'	How many chi household?	ldren, age 11 and younger including babies, normally live in this			
SC7B	O O	Children under 12 REFUSED/DON'T KNOW3			

'QA23\_A28' And how many adolescents age 12-17, normally live in this household?

SC8B

- O Children 12 -17
- O REFUSED/DON'T KNOW......-3

## POST NOTE 'QA23\_A28': SET KIDCNT = 'QA23\_A27' + 'QA23\_A28'

'QA23\_A29' {Let's start with the oldest} What is {the child's/this child's/the next child's} first name or initials?
SC13A1

- Name/ Initials given (Specify)
   REFUSED/DON'T KNOW.....--3
- 'QA23\_A30' What is {the child's/this child's} age?

SC13A2

**PROGRAMMING NOTE 'QA23\_A31':** IF KIDCNT = 1 INSERT "the child's" IF KIDCNT > 1 INSERT "this child's"

'QA23\_A31' What is {the child's/this child's} gender?

GENDER6

0	Male	1
0	Female	2
0	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23\_A32': IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK 'QA23\_A32' FOR EACH ROSTER MEMBER WITHOUT AN AGE NOTE 'QA23\_A32' IS PART OF THE CHILD ROSTER (IF 'QA23\_A30' = -3. ASK 'QA23\_A32' IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD) (IF 'QA23\_A30' = -3 AND 'QA23\_A29' = -3 INSERT "the child" AND DO NOT DISPLAY CHILD NAME/SEX)

'QA23\_A32' Is {CHILD NAME/ the child}...

SC15A4

0	0 to 5 years old	.1
0	6 to 11 years old	2
0	12 to 17 years old	
0	REFUSED/DON'T KNOW	

PROGRAMMING NOTE 'QA23_A33': IF 'KIDCNT' = 1 INSERT "the child"		
IF 'KIDCNT' >	1 INSERT "all th	ne children"
'QA23_A33'	Are you the pa	arent or legal guardian of (the child/all the children) in your household?
SC14B4		
	0	Yes1
	0	No2
	O	REFUSED/DON'T KNOW3
IF 'QA23_A33	2 = 2 ASK <b>'QA2</b>	3_A34' FOR EACH CHILD IN THE ROSTER
'QA23_A34'	Are you the pa	arent or legal guardian of {CHILD NAME/AGE/SEX}?
SC14B		
	0	Yes1
	0	No2
	O	REFUSED/DON'T KNOW3
		25' INSERT 'QA23_A25' NAME
IF 'KIDCNT' =	1 INSERT "the c 1 INSERT "all th	
IF 'KIDCNT' =' IF 'KIDCNT' >' <b>'QA23_A35'</b>	1 INSERT "the c 1 INSERT "all th Is {SC11A NA	hild"
IF 'KIDCNT' =' IF 'KIDCNT' >'	1 INSERT "the c 1 INSERT "all th Is {SC11A NA guard	hild" e children" ME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal ian of (the child/all the children) in your household?
IF 'KIDCNT' =' IF 'KIDCNT' >' <b>'QA23_A35'</b>	1 INSERT "the c 1 INSERT "all th Is {SC11A NA guard O	hild" e children" ME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal ian of (the child/all the children) in your household? Yes1
IF 'KIDCNT' =' IF 'KIDCNT' >' <b>'QA23_A35'</b>	1 INSERT "the c 1 INSERT "all th Is {SC11A NA guard	hild" e children" ME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal ian of (the child/all the children) in your household?
IF 'KIDCNT' = IF 'KIDCNT' > 'QA23_A35' SC14C1	1 INSERT "the c 1 INSERT "all th Is {SC11A NA guard O O O QA23_A35': IF	hild" e children" ME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal ian of (the child/all the children) in your household? Yes1 No2
IF 'KIDCNT' =' IF 'KIDCNT' >' 'QA23_A35' SC14C1 POST NOTE '	1 INSERT "the c 1 INSERT "all th Is {SC11A NA guard O O O QA23_A35': IF	child" e children" ME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal ian of (the child/all the children) in your household? Yes1 No2 REFUSED/DON'T KNOW3
IF 'KIDCNT' =' IF 'KIDCNT' >' 'QA23_A35' SC14C1 POST NOTE ' CHILDREN IN	1 INSERT "the c 1 INSERT "all th Is {SC11A NA guard O O QA23_A35': IF HH	hild" e children" ME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal ian of (the child/all the children) in your household? Yes1 No2 REFUSED/DON'T KNOW2 REFUSED/DON'T KNOW
IF 'KIDCNT' =' IF 'KIDCNT' >' 'QA23_A35' SC14C1 POST NOTE ' CHILDREN IN	1 INSERT "the c 1 INSERT "all th Is {SC11A NA guard 0 0 0 0 0 0 0 0 0 0 0 0 0	<pre>child" e children"  ME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal ian of (the child/all the children) in your household?  Yes1 No2 REFUSED/DON'T KNOW</pre>

O No......2 O REFUSED/DON'T KNOW......3

0

Ο

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interview takes about 15 minutes."

	NG NOTE 'QA2	3_A37':
IF 'QA23_A34		
		HILDREN IN 'QA23_A34' AGED 0 TO 5 YRS
		HILDREN IN 'QA23_A34' AGED 6 TO 11 YRS
		DREN IN 'QA23_A34' AGED 12 TO 17 YRS
		se with ' <b>QA23_A34'=</b> 1
IF CHILD2CN		
		ED 0 TO 5 YRS IS [SELECTED CHILD],
		ECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT
ELSE IF CHIL		
		ED 6 TO 11 YRS IS [SELECTED CHILD]
		ECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT
	ACH CHILD AGI	ED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT +
CHILD2CNT)		
		0 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT +
	SELECT [SELEC	CTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY
CHILDPROB		
		se with ' <b>QA23_A34</b> '=1
		0 12 TO 17 YRS IS [SELECTED TEEN] ,
ELSE IF TEEN	NCNT IS > 1, SE	LECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT
'QA23_A37'		rded {CHILD1CNT+CHILD2CNT+TEENCNT} child{ren} 17 or younger in d. Have we missed anyone aged 17 or younger who usually lives here but is vay?
5015A	~	
	O O	No, no one missed
	Ο	Yes2 [GO TO 'QA23_A29'
	$\circ$	_LOOP] REFUSED/DON'T KNOW3
	O	REFUSED/DOINT KNOW3
DOST NOTE (	0 4 9 2 4 9 7 1 DC	
		CHILD AND TEEN SELECTION BASED ON CRITERIA
		ALUE OF THE SELECTED CHILD ALUE OF THE SELECTED TEEN
		CHILD IS SELECTED
SET_TEEN IS	SEITOTIFA	TEEN IS SELECTED
'QA23_A38'	What is your re	elationship to {CHILD NAME/ AGE/SEX}?
SC17B		
00170	0	Mother (Birth/Adoptive/Step)1
	0	Father (Birth/Adoptive/Step)2
	0	Sister (Birth/Adoptive/Step)
	0	Brother (Birth/Adoptive/Step)4
	0	Grandmother5

Grandfather......6

Aunt......7

Cousin ......9

Nonrelative ..... 11

REFUSED/DON'T KNOW......-3

**POST NOTE 'QA23\_A38'**: IF A CHILD IS SELECTED, CONDUCT CHILD INTERVIEW FIRST AND DISPLAY INTRO1C "We would now like to ask you some questions about (CHILD). This section of the

## **Section B: Health Conditions**

General Health	ı		
'QA23_B1'	Would you say	y that in general your health is excellent, very goo	od, good, fair, or poor?
AB1		Excellent	
Asthma			
'QA23_B2'	Has a doctor <u>e</u>	ever told you that you have asthma?	
AB17B	0 0 0	Yes	[GO TO 'PN_QA23_B9'] [GO TO 'PN_QA23_B9']
'QA23_B3'	Do you still ha	ve asthma?	
AB40	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3	
'QA23_B4'	During the pas	<u>st 12 months</u> , have you had an episode of asthma	a or an asthma attack?
AB41		Yes1 No2 REFUSED/DON'T KNOW3	
'QA23_B5'	During the pas	st 12 months, how many days of work did you mis	ss due to asthma?
AB42	lf not working,		(0
	0	DAYS REFUSED/DON'T KNOW3	(0 - 365)
'QA23_B6' AB18	given to you b	aking a <u>daily</u> medication to control your asthma th y a doctor. <i>both oral medicine and inhalers. This is different f</i>	
	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3	

**'QA23\_B7'** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

AB43

0	Yes1	
0	No2	[GO TO 'PN_AB22']
О	REFUSED/DON'T KNOW3	[GO TO 'PN_AB22']

'QA23\_B8' Do you have a written or printed copy of this plan?

AB98

This can be an electronic or hard copy.

Ο	Yes1
0	No2
0	REFUSED/DON'T KNOW

Diabetes

PROGRAMMING NOTE 'QA23\_B9': IF 'QA23\_A5' = 2 (FEMALE AT BIRTH) DISPLAY "Other than during pregnancy, has"; ELSE BEGIN DISPLAY WITH "Has" 'QA23\_B9' {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes? AB22 0 Yes.....1 No......2 Ο [GO TO 'QA23\_B16'] Ο REFUSED/DON'T KNOW ......-3 [GO TO 'QA23 B16'] 'QA23\_B10' Are you now taking insulin? AB24 Yes ......1 Ο Ο No.....2 Ο 'QA23 B11' Do you now take diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic agents. AB25 Ο Yes ......1 Ο No.....2 Ο REFUSED/DON'T KNOW ......-3 About how many times in the last 12 months has a doctor or other health professional 'QA23 B12' checked you for hemoglobin A1c? **AB27** \_ Number of times [HR: 0-52] Ο

**'QA23\_B13'** During the past 12 months, has a doctor, nurse, or health professional told you your hemoglobin A1C level is less than 9%?

Normal level is under 5.7%; Prediabetes is between 5.7 and 6.4%; Diabetes is over 6.5; and Uncontrolled Diabetes is over 9%.

#### AB150

0	Yes	1
0	No	2
0	Don't know	3
0	REFUSED	3

**'QA23\_B14'** 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

0	Less than 1 month ago1
0	Between 1 and 12 months ago2
0	Between 1 and 2 years ago
0	2 or more years ago4
Ο	Never5
0	REFUSED/DON'T KNOW

# **'QA23\_B15'** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

#### AB112

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

#### Hypertension

'QA23\_B16' Has a doctor ever told you that you have high blood pressure?

#### AB29

Ο	Yes1	
0	No2	[GO TO 'QA23_B20']
Ο	Borderline or pre-hypertension	[GO TO 'QA23_B20']
О	REFUSED/DON'T KNOW	[GO TO 'QA23_B20']

#### **'QA23\_B17'** Are you now taking any medications for high blood pressure?

#### AB30

0	Yes1	
0	No2	
0	REFUSED/DON'T KNOW3	

# **'QA23\_B18'** The last time you had your blood pressure checked by a doctor, nurse, or health professional in the past 12 months, was it under control (less than 140/90)?

#### AB152

0	Yes1
0	No2
0	Don't know3
Ο	REFUSED3

'QA23\_B19' During the past 12 months, did you reduce the salt in your diet to help control your high blood pressure?AB153

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

**'QA23\_B20'** During the past 12 months, has a doctor, nurse, or health professional ever told you that you had high cholesterol (high cholesterol is defined as a total cholesterol greater than **240**)?

#### AB154

0	Yes1	
0	No2	[GO TO 'QA23_B22']
Ο	Don't know3	[GO TO 'QA23_B22']
0	REFUSED/DON'T KNOW3	[GO TO 'QA23_B22']

'QA23\_B21' The last time a doctor, nurse, or health professional checked your cholesterol, was it less than 200?
 AB155

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	3

#### Heart Disease

'QA23_B22'	Has a doctor <u>ever</u> told you that you have any kind of heart disease?

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

'QA23\_B23' Has a doctor, nurse, or other health professional ever told you that you had a stroke?

#### AB156

AC6

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

# Section CV: COVID-19

'QA23_CV1'	Did you ever receive a positive test result for COVID-19?		
CV5B			
	Ο	Yes1	
	Ο	No2	[GO TO 'QA23_CV4']
	О	REFUSED/DON'T KNOW3	[GO TO 'QA23_CV4']
'QA23_CV2'	How did you g	et your positive test result for COVID-19?	
CV23			
	О	From a clinic, hospital, lab or	
		other testing site1	
	0	From a self-test kit2	
	0	From both a testing site and a self-test kit3	
	0	REFUSED/DON'T KNOW3	
'QA23_CV3'	to taste or smo	COVID-19 symptoms could include tiredness, sho ell, finding it hard to concentrate, or any other syn tioning. Did you experience any of these symptor	nptoms that impact on
CV15			
	Ο	Yes1	
	Ο	No2	
	0	REFUSED/DON'T KNOW3	
'QA23_CV4'		erienced any of the following situations because or COVID-19 pandemic?	of the
CV7B			
	Check all that	apply	
		l've quit my regular job to take care of myself or a family member due to	
	_	COVID-19 illness7	
		I've had difficulty in obtaining childcare,	
		or had an increase in childcare expenses8 I've had financial difficulties with paying	
		rent or mortgage	
		I've been treated unfairly	
		because of my race/ethnicity	
		I have had financial difficulties	
	$\sim$	with paying Covid-19 medical bills	
	O O	None of these	
'QA23_CV5'	Have you com	pleted the primary vaccine series for COVID-19?	
	Completed pri	imary vaccine series means one of the following: .	Receiving two shots of the
		erna vaccine, a single shot of the Johnson & John	
CV16A			
	О	Yes1	
	Ο	No2	[GO TO 'QA23_CV7']
	О	REFUSED/DON'T KNOW3	[GO TO 'QA23_CV7']

'QA23_CV6'	Have you received any additional doses or boosters after your primary vaccine series?		
CV16B			
OVIOD	Ο	Yes1	[GO TO 'QA23_CV8']
	ŏ	No2	[GO TO 'QA23_CV8']
	Ō	REFUSED/DON'T KNOW3	[GO TO 'QA23_CV8']
'QA23_CV7'	What are the	reasons why you have not completed the primary	vaccine series for
_	COVID-19?		
CV17	Chaok all the	topply	
	Check all tha	<i>тарру</i>	
		I am worried about side effects1	
		I think the vaccine was	
	-	developed too quickly2	
		I don't know enough about the vaccine	
		to make the decision to get it	
		is unnecessary4	
		I don't believe in vaccines in general5	
		I do plan to get fully vaccinated	
		Something else, (specify:)	
	0	REFUSED/DON'T KNOW3	
'QA23_CV8'	If health guid	elines recommend additional COVID-19 vaccine o	loses will you get them?
CV24			
0124	0	Yes1	[GO TO 'QA23_CV10']
	ŏ	No2	
	Õ	REFUSED/DON'T KNOW3	[GO TO 'QA23_CV10']
'QA23_CV9'	What would r	nake you more likely to get the additional COVID-	19 vaccine doses?
_		, , , ,	
CV25			
	O		
	0	I would not get them	
	O O	Don't know3 REFUSED3	
	0	REF03ED	
'QA23_CV10'	Do you have	an N95, KN95 or KF94 mask?	
CV26			
0110	0	Yes1	[GO TO 'SECTION C']
	ŏ	No	
	õ	REFUSED/DON'T KNOW3	[GO TO 'SECTION C']
'QA23_CV11'	Can you get :	an N95, KN95, or KN94 mask if public health reco	mmended it to protect you
	from COVID-		
CV27			
	0	Yes1	[GO TO 'SECTION C']
	Ŏ	No	rec is crouch of
	Ŏ	I would not wear one3	[GO TO 'SECTION C']
	Ō	Don't know4	[GO TO 'SECTION C']
	0	Refused3	[GO TO 'SECTION C']

## **'QA23\_CV12'** Why are you not able to get an N95, KN95, or KF94 mask?

## CV28

	They are too expensive	1
	I don't know where to buy them/	
	can't find them	
0	Don't know	3
0	Refused	3

# **Section C: Health Behaviors**

Physical Activities				
Physical Activities				
'QA23_C1' AC212	Moderate physical activities make you breathe somewhat harder than normal. Think about moderate physical activities you do in your <u>free time</u> , like walking, bicycling, dancing, swimming, and gardening. During the past 7 days, did you do any moderate physical activity for a total of 150 minutes (2.5 hours)?			
	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3		
Cigarette Use				
'QA23_C2'	Altogether, ha	ave you smoked at least 100 or more cigarettes in	your entire lifetime?	
AE15	0 0	Yes1 No2		
	О	REFUSED/DON'T KNOW3	'PN_QA23_C5'] [GO TO 'PN_QA23_C5']	
'QA23_C3'	Do you now s	moke cigarettes every day, some days, or not at a	all?	
AE15A	O	Every day1	[GO TO 'PN_QA23_C5']	
	О	Some days2	[GO TO	
	0 0	Not at all3 REFUSED/DON'T KNOW3	'PN_QA23_C5']	
'QA23_C4'	How long ha	s it been since you last smoked a cigarette, even	one or two puffs?	
AC173		Amount of time	[IF 'QA23_C4' > 30 DAYS OR > 5 WEEKS OR MONTH OR= -3, GO TO 'PN_QA23_C11']	
		Unit of time		
		Days         1           Weeks         2           Months         3           Years         4           REFUSED/DON'T KNOW3	[HR: 0-365] [HR: 0-52] [HR: 0-12] [HR: 0-AAGE]	

#### Version 3.03

IF 'QA23_C2'	NG NOTE 'QA23_C5': = 2, -3 OR 'QA23_C3' = 1, 2 OR 'QA23_C4' <= 30 DAYS OR 'QA23_C4' <= 5 WEEKS I' <= 1 MONTH, CONTINUE WITH 'QA23_C5'; 'QA23_C16':
'QA23_C5'	During the past 30 days, on how many days did you smoke cigarettes?
AC174	
	<ul> <li>Number of days [HR: 0-30]</li> <li>REFUSED/DON'T KNOW3</li> </ul>
IF 'QA23_C3'	NG NOTE 'QA23_C6': = 1 (SMOKE EVERY DAY), CONTINUE WITH 'QA23_C6'; :3_C3' = 2 (SMOKE SOME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY SMOKER), GO TO 'QA23_C9';
'QA23_C6'	On average, how many cigarettes do you now smoke a day?
AD32	A pack usually contains 20 cigarettes
	• Number of cigarettes [HR: 0-120] • REFUSED/DON'T KNOW
A	Any answer, goto 'AC54B'
'QA23_C7'	In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?
AE16	If you did not smoke every day in the past 30 days, consider the days you did smoke. A pack usually contains 20 cigarettes.
	ONumber of cigarettes[HR: 0-120]OREFUSED/DON'T KNOW3
IF 'QA23_C3' ELSE IF 'QA2	NG NOTE 'QA23_C8': = 1 (SMOKE EVERY DAY), THEN READ "How"; 3_C3' = 2 (SMOKE SOME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY SMOKER), THEN ys when you smoke, how";
'QA23_C8'	{On days when you smoke, how/How} soon after you are awake do you usually smoke your first cigarette?
AC54B	Amount of time [0-24 HOURS]
	O Minutes1

0 0

	NG NOTE 'QA2		
IF 'QA23_C3'	= 1 (SMOKE EV	ERY DAY) OR 2 (SMOKE SOME DAYS), CONT	INUE WITH 'QA23_C9'
'QA23_C9'	Were any of th	e cigarettes you smoked menthol flavored?	
AC175B			
//emob	0	Yes1	
	ŏ	No2	
	ŏ	REFUSED/DON'T KNOW3	
	-		
'QA23_C10'	How old were	you when you smoked your first whole cigarette?	
AC176			
	Ο	Age in years	[HR: 1 THRU AAGE
			(OR 105 IF AAGE = -
	0		3)]
	O	REFUSED/DON'T KNOW3	
	NG NOTE 'QA2	2 C11'	
		ERY DAY) OR <b>'QA23_C3'</b> = 2 (SMOKE SOME I	$\Delta VS \setminus OR (OA23 C5' > 0$
(PAST 30-DA)		'QA23_C4' <= 365 DAYS OR 'QA23_C4' <= 52	WEEKS OR ' <b>QA23_C4</b> '
	ONTINUE WITH		
ELSE GO TO			
	-		
'QA23_C11'	Were you smo	king cigarettes at all around this time 12 months	ago?
AC177			
	Ο	Yes1	
	Ο	No2	
	0	REFUSED/DON'T KNOW3	
DDOODANN		0.0401	
'QA23_C3'	= I (SINOKE EV	ERY DAY) OR <b>'QA23_C3'</b> = 2 (SMOKE SOME I	DAYS), CONTINUE WITH
ELSE GO TO	OA23 C16'		
	QA23_010		
'QA23_C12'	During the pas	t 12 months, have you stopped smoking for one	day or longer because
Q/120_012		g to quit smoking?	ady of longor booddoo
AC49	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	
	0	Yes1	
	Ō	No2	[GO TO 'QA23_C14']
	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_C14']

32

0

[HR: 0-365]

**'QA23\_C13'** We'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

## AC178

0	Weeks	2	[HR: 0-52]
0	Months	3	[HR: 0-12]
0	Years	4	[HR: 0-10]
0	REFUSED/DON'T KNOW	3	

**'QA23\_C14'** In the past 12 months, did a doctor or other health professional advise you to quit smoking?

## AC77

0	Yes1
Ο	No2
О	REFUSED/DON'T KNOW3

'QA23\_C15' Are you thinking about quitting smoking in the next six months?

#### AC50

Ο	Yes1
Ο	No2
Ο	REFUSED/DON'T KNOW3

#### E-cigarette Use

'QA23\_C16' Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?AC81C

Do not include products used only for marijuana.

0	Yes1	
0	No2	[GO TO 'QA23_C28']
Ο	REFUSED/DON'T KNOW3	[GO TO 'QA23_C28']

**'QA23\_C17'** In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

AC82C

0	Number of days	[HR: 0-30]
	REFUSED/DON'T KNOW3	

'QA23\_C18' Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

AC134

Ο	Yes1	
Ο	No2	[GO TO
-		<sup>-</sup> PN_QA23_C27']
O	REFUSED/DON'T KNOW3	[GO TO 'PN QA23 C27']

'QA23_C19'	Which flavor di	id you use in e-cigarettes or other electronic vaping products? Was it
AC179		
	Fruit flavored (	e.g., cherry, grape, mango)?
	0 0	Yes1 No2
	EFUSED/DON'T	
'QA23_C20'	which havor di	id you use in e-cigarettes or other electronic vaping products? Was it
AC180		
	Candy or swee	et flavored (e.g., chocolate, vanilla)?
	0	Yes1
	0	
	0	REFUSED/DON'T KNOW3
'QA23_C21'	Which flavor di	id you use in e-cigarettes or other electronic vaping products? Was it
AC181		
	Alcohol or lique	or flavored (e.g., wine, Russian cream, honey bourbon, cognac)?
	Ο	Yes1
	0	No2
	O	REFUSED/DON'T KNOW3
'QA23_C22'	Which flavor di	id you use in e-cigarettes or other electronic vaping products? Was it
AC182A		
	Mint flavored (	e.g., arctic ice, wintergreen)?
	0	Yes1
	0	No2
	0	REFUSED/DON'T KNOW3
'QA23_C23'	Which flavor di	id you use in e-cigarettes or other electronic vaping products? Was it
AC182B		
	Menthol flavore	ed?
	Ο	Yes1
	0	No2
	O	REFUSED/DON'T KNOW3
'QA23_C24'	Which flavor di	id you use in e-cigarettes or other electronic vaping products? Was it
AC183		
	Tobacco flavor	red?
	0	Yes1
	Ō	No2
	O	REFUSED/DON'T KNOW3

'QA23\_C25' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

#### AC184

Some other flavor?

- Yes (Specify:\_\_\_\_\_).....1 No......2 Ο Ο
- 0

#### PROGRAMMING NOTE 'QA23 C26': IF 'QA23\_C17'=1 TO 30 CONTINUE; ELSE SKIP TO 'QA23\_C28'

#### 'QA23 C26' In the past 30 days, have you stopped using e-cigarettes or other electronic vaping products for one day or longer because you were trying to quit?

AC214

0	Yes	.1
0	No	.2
0	Not applicable	.3
О	REFUSED/DON'T KNOW	-3

PROGRAMMING NOTE 'QA23\_C27': IF 'QA23\_C17' > 0, THEN CONTINUE; ELSE SKIP TO 'QA23\_C28'

'QA23\_C27' Do you plan to quit using e-cigarette or other electronic vaping products for good...?

#### AC185

0	In the next 30 days	.1
Ο	In the next 3 months	
0	In the next 6 months	.3
0	In the next year	.4
0	Do not have a plan to quit	
0	REFUSED/DON'T KNOW	-3

'QA23 C28' During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

#### AC135

0	0 days1	[GO TO 'QA23_C30']
0	1-2 days2	
0	3-5 days3	
0	6-9 days4	
0	10-19 days5	
0	20-29 days6	
0	30 days7	
0	REFUSED/DON'T KNOW	[GO TO 'QA23_C30']

'QA23\_C29' Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?

AC136

0	Yes1
0	No2
0	REFUSED/DON'T KNOW

'QA23 C30' During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

AC427			
AC137	$\circ$	0 deve	
	0 0	0 days1 1-2 days2	[GO TO 'QA23_C32']
	0		
		3-5 days	
	0	6-9 days	
	0	10-19 days5	
	0	20-29 days6	
	O O	30 days	
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_C32']
'QA23_C31'	Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?		
AC138			
	Ο	Yes1	
	Ο	No2	
	O	REFUSED/DON'T KNOW3	
'QA23_C32'	During the past 30 days, on how many days did you smoke big cigars?		
AC139			
	Ο	0 days1	[GO TO 'QA23_C34']
	ŏ	1-2 days2	
	Ŏ	3-5 days	
	ŏ	6-9 days4	
	ŏ	10-19 days5	
	ŏ	20-29 days6	
	ŏ		
	0	30 days7 REFUSED/DON'T KNOW3	[GO TO 'QA23_C34']
	0	REFUSED/DON T KNOW3	[GO 10 QA25_034]
'QA23_C33'	Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?		
AC140			
	0	Yes1	
	ŏ	No2	
	Ŏ	REFUSED/DON'T KNOW	
'QA23_C34'	During the past 30 days, on how many days did you use a hookah water pipe?		
AC141			
AUITI	0	0 dave 1	
	0	0 days1	[GO TO 'QA23_C36']
	0	1-2 days2	
	0	3-5 days	
	-	6-9 days4	
	O O	10-19 days5	
	0	20-29 days	
	0	30 days7 REFUSED/DON'T KNOW3	
	O	KEFUSED/DUN I KNUVV3	[GO TO 'QA23_C36']

'QA23\_C35' Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

#### AC142

0	Yes1
Ο	No2
0	REFUSED/DON'T KNOW

#### PROGRAMMING NOTE AC186':

```
IF 'QA23_C3' = 1, 2 OR 'QA23_C5' > 0 OR 'QA23_C17' > 0 OR 'QA23_C28' > 1 OR 'QA23_C30' > 1
OR 'QA23_C32' > 1 OR 'QA23_C34' > 1, CONTINUE WITH 'QA23_C36';
ELSE GO TO 'QA23_C37'
```

# **'QA23\_C36'** When you first started using tobacco products, did you start with a flavored tobacco product, such as those flavored with mint or menthol, fruit, candy or wine?

AC186

0	Yes1
0	No2
0	REFUSED/DON'T KNOW

**'QA23\_C37'** "During the past year, when has someone else smoked tobacco or vaped around you in California?

#### AC187

eek	1
vo weeks	
onth	3 [GO TO 'QA23_C42']
a month ago, but	
st year	4 [GO TO 'QA23_C42']
smoked tobacco c	vaped
ithin the past yea	5 <b>[GO TO 'QA23_C42']</b>
ON'T KNOW	
st year smoked tobacco c vithin the past yea	r vaped 5 <b>[GO TO 'QA23_C42</b>

**'QA23\_C38'** In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor....

#### AC188

on the sidewalks?

Ο	Yes1	
0	No2	
0	REFUSED/DON'T KNOW3	

**'QA23\_C39'** {In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor...

AC189

Inside your home?

0	Yes1
Ο	No2
0	REFUSED/DON'T KNOW3

'QA23\_C40' {In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor...

# AC190

Inside your workplace (do not include home-based workplace)? Please indicate if you did not work in the past two weeks.

Ο	Yes1
Ο	No2
О	Did not work in the past two weeks
О	REFUSED/DON'T KNOW3

**'QA23\_C41'** {In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor

### AC191

At a public park or beach?

0	Yes1	
0	No2	
0	REFUSED/DON'T KNOW3	

#### Marijuana Use

**'QA23\_C42'** There are many methods for consuming marijuana, also called cannabis weed, or hashish, and other products containing THC. Methods for consuming these products, include smoking, vaporizing, dabbing, eating, or drinking.

#### AC115

Have you ever, even once, tried marijuana or hashish in any form?

Ο	Yes1	
0	No2	[GO TO 'QA23 C57']
0	REFUSED/DON'T KNOW3	[GO TO 'QA23_C57']

#### 'QA23\_C43' How long has it been since you last used marijuana or hashish in any form?

#### AC116

If less than one day since last used marijuana or hashish, enter 0

0	Days1	[HR: 0-365]
Ο	Months2	[HR: 0-12]
Ο	Years	[0-99]
0	REFUSED/DON'T KNOW3	

PROGRAMMING NOTE 'QA23_C44': IF 'QA23_C43' >30 DAYS OR >1 MONTH, THEN GO TO 'QA23_C57'; ELSE CONTINUE WITH 'QA23_C44';				
'QA23_C44'	During the pas THC product?	st 30 days, on how many days did you use marijuan	a, hashish, or another	
AC117				
	Ο		[GO TO 'QA23_C57']	
	O	1-2 days2		
	Ο	3-5 days3		
	Ο	6-9 days4		
	Ο	10-19 days5		
	Ο	20-29 days6		
	Ο	30 days7		
	О	REFUSED/DON'T KNOW3		
'QA23_C45'	How often have	e you used tobacco and marijuana at the same time	e?	
AC118				
	0	Usually1		
	Ο	Sometimes2		
	Ο	Never		
	0	REFUSED/DON'T KNOW3		
'QA23_C46'	During the pas	t 30 days, how did you use marijuana? Did you…		
AC119				
ACTIS	0			
	Smoke it in a jo	oint, bong, or pipe?		
	Ο	Yes1		
	Ŏ	No2		
	0	REFUSED/DON'T KNOW		
'QA23_C47'	During the pas	at 30 days, how did you use marijuana? Did you…		
AC120				
	Smoke part or	all of a cigar with marijuana in it, which is sometime	es called a blunt?	
	Ο	Yes1		
	Ο	No2		
	О	REFUSED/DON'T KNOW3		
'QA23_C48'	During the pas	st 30 days, how did you use marijuana? Did you…		
AC121	Eat it?			
	For example, i	n brownies, cakes, cookies or candy		
	Ο	Yes1		
	ŏ	No		
	ŏ	REFUSED/DON'T KNOW3		
	•			

'QA23_C49'	During the past 30 days, how did you use marijuana? Did you		
AC122	Drink it?		
	For example, i	n tea, cola, alcohol or other drinks	
	0 0 0	Yes No REFUSED/DON'T KNOW	2
'QA23_C50'	During the pas	t 30 days, how did you use marijuana? Did yo	u
AC123	Vaporize it?		
	For example, i	n an e-cigarette type vaporizer	
	0 0 0	Yes No REFUSED/DON'T KNOW	2
'QA23_C51'	During the pas	t 30 days, how did you use marijuana? Did yo	u
AC124	Dab it?		
	For example, u	ising butane hash oil, wax or concentrates	
		Yes No REFUSED/DON'T KNOW	2
'QA23_C52'	During the pas	t 30 days, how did you use marijuana? Did yo	u
AC125	Use it some ot	her way?	
		Yes No REFUSED/DON'T KNOW	2
'QA23_C53'	Was <u>any</u> of you health care pro	ur marijuana use in the past month recommen wider?	ded by a doctor or other
	0 0 0	Yes No REFUSED/DON'T KNOW	2 [GO TO 'QA23_C55']
'QA23_C54'	Was <u>all</u> of you health care pro	marijuana use in the past month recommend wider?	ed by a doctor or other
		Yes No REFUSED/DON'T KNOW	2

#### PROGRAMMING NOTE 'QA23\_C55': IF 'QA23\_C43' >30 DAYS OR >1 MONTH, THEN GO TO 'QA23\_C57' IF USED MORE THAN 1 METHOD USED IN 'QA23\_C46' -'QA23\_C52' CONTINUE WITH 'QA23\_C55' AND DISPLAY ONLY RESPONSE OPTIONS WHERE =1 FOR 'QA23\_C46' - 'QA23\_C52'; ELSE GO TO 'QA23\_C56'

'QA23\_C55' During the past 30 days, how did you use marijuana or cannabis most often?

# AC193

0	Smoke it in a joint, bong, or pipe	1
0	Smoke part or all of a cigar	
	with marijuana in it	2
0	Eat it	3
0	Drink it	1
0	Vaporize it	5
0	Dab it6	3
0	Other, specify:9	1
0	REFUSED/DON'T KNOW	3

'QA23\_C56' Where did you get the marijuana or cannabis you used in the past 30 days?

# AC194

	Licensed cannabis dispensary	1
	Vape or smoke shop	2
	Another type of shop	3
	Cannabis delivery service	4
	Website	5
	Pop-up shop	6
	Family or friend	7
	Another person	8
	I grow or make it myself	9
	Other, specify	91
0	REFUSED/DON'T KNOW	3

**'QA23\_C57'** During the past year, when has someone else smoked marijuana around you in California?

# AC192

0	In the past week1
0	In the past two weeks2
0	In the past month
0	Longer than a month ago but
	within the past year4
0	No one has smoked marijuana around
	me within the past year5
0	REFUSED/DON'T KNOW

CBD Use

**'QA23\_C58'** CBD, or cannabidiol, is a chemical found in both marijuana and hemp plants that many people use for medicinal purposes. CBD does not make the user high.

#### AC195

These questions specifically ask about products that contain CBD, but not THC.

Have you ever, even once, tried CBD in any form?

0	Yes1	
Ο	No2	[GO TO 'QA23_C70']
0	REFUSED/DON'T KNOW	[GO TO 'QA23_C70']

'QA23\_C59' How long has it been since you last used CBD in any form?

#### AC196

If less than one day since last used CBD, enter 0

0	Days [HR: 0-365]1
0	Months [HR: 0-12]2
0	Years [0-99]3
Ο	REFUŠED/DON'T KNOW3

POST NOTE 'QA23_C59':
COMPUTE CBDLASTUSE = (YEAR*365) + (MONTH*30) + (DAY)
IF CBDLASTUSE > 30, GO TO 'QA23_C70'

'QA23\_C60' During the past 30 days, on how many days did you use CBD or CBD product?

# AC197

0	0 days	1
Ο	1-2 days	2
Ο	3-5 days	
Ο	6-9 days	
Ο	10-19 days	5
Ο	20-29 days	6
Ο	30 days	7
0	REFUSED/DON'T KNOW	3

[GO TO 'QA23\_C70']

'QA23\_C61' During the past 30 days, how did you use CBD? Did you...

#### AC198

Take it orally?

For example, sublingual tinctures, pills, capsules, or drops

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

'QA23_C62'	Did you	
AC199	Eat it?	
		edibles, like cookies or gummies
		Yes1 No2 REFUSED/DON'T KNOW3
'QA23_C63'	Did you…	
AC200	Drink it?	
	For example,	in a tea or soda
'QA23_C64'	O O O Did you	Yes1 No2 REFUSED/DON'T KNOW3
AC201	apply it on yo	pur skin?
	For example,	in a cream, lotion, or oil that is applied to the skin.
	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3
'QA23_C65'	Did you	
AC202	Smoke it?	
	For example,	in a joint, bong, cigar (blunt), or pipe
	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3
'QA23_C66'	Did you…	
AC203	vaporize it?	
	For example,	in an e-cigarette type vaporizer.
	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3

# 'QA23\_C67' Did you...

#### AC204

dab it?

For example, inhaling the smoke made from heating concentrated CBD wax, resin, or oils.

0	Yes1
0	No2
Ο	REFUSED/DON'T KNOW3

'QA23\_C68' Did you...

#### AC205

use it some other way?

- Yes, specify:(\_\_\_\_\_).....1
- PROGRAMMING NOTE 'QA23\_C69': IF USED MORE THAN 1 METHOD USED IN 'QA23\_C61' - 'QA23\_C68' CONTINUE WITH 'QA23\_C69' AND DISPLAY ONLY RESPONSE OPTIONS WHERE 'QA23\_C61' - 'QA23\_C68' = 1;

```
ELSE GO TO 'QA23_C70'
```

**'QA23\_C69'** During the past 30 days, how did you use CBD most often?

# AC206

	0	Take it orally1
	0	Eat it2
	Ο	Drink it3
	0	Apply it on your skin4
	O	Smoke it5
	0	Vaporize it6
	O	Dab it7
	O	Use it another way 91
	O	REFUSED/DON'T KNOW3
'QA23_C70'	Have you used	heroin in the past 12 months?
AC128		
	Ο	Yes1
	Ο	No2
	Ο	REFUSED/DON'T KNOW3
'QA23_C71'	Have you used	methamphetamines in the past 12 months?
AC166		
	Ο	Yes1
	Ο	No2
	О	REFUSED/DON'T KNOW3

Prescription painkiller Use

**'QA23\_C72'** Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. Have you used prescription painkillers in the past 12 months? Please include prescription painkillers, whether or not a doctor prescribed them.

AC215

0	Yes1	
0	No2	[GO TO 'QA23_C78']
О	REFUSED/DON'T KNOW3	[GO TO 'QA23_C78']

**'QA23\_C73'** Think about the prescription painkiller you took in the last 12 months. Why did you take this prescription painkiller?

#### AC222

Check all that apply.

Dental work/dental pain	1
Pain after surgery, not accident related	2
Pain after an accident or injury	3
Chronic pain, regardless of cause	4
Recreational use	5
Depression, anxiety, or stress	6
To treat substance use disorder	7
Addiction to painkillers	8
Other (Specify)	91
REFUSED/DON'T KNOW	3

**'QA23\_C74'** Think about the prescription painkiller you took in the last 12 months. Where did you get it from?

# AC217

Check all that apply.

	A prescription from my doctor1
--	--------------------------------

A prescription from someone else's doctor	
(a friend, a family friend)2	
Not from a prescription	
(bought or received from elsewhere)3	
REFUSED/DON'T KNOW3	

#### PROGRAMMING NOTE 'QA23\_C75': IF 'QA23\_C72' = 1 CONTINUE; ELSE SKIP TO 'QA23\_C78'

**'QA23\_C75'** In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor's directions?

AC129

*Examples of prescription painkillers are Vicodin*®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone.

О	Yes1	
Ο	No2	[GO TO 'QA23_C78']
0	REFUSED/DON'T KNOW3	

'QA23\_C76' Did you get the prescription(s) from one doctor or from more than one doctor?

#### AC131

0	One doctor1	
0	More than one doctor2	2
Ο	Didn't get it from a doctor	5
Ο	REFUSED/DON'T KNOW	5

'QA23\_C77' What condition or conditions have you taken the medicine for?

# AC133

Check all that apply

Dental work/ dental pain	1
Surgery, not accident related	
Recent injury	3
Chronic pain, regardless of cause	4
Other (Specify)	
	- ^

#### O REFUSED/DON'T KNOW......--3

#### Alcohol Use

'QA23\_C78' In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.
 AC207

Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

0	Yes1	
0	No2	[GO TO 'QA23_C83']
0	REFUSED/DON'T KNOW3	[GO TO 'QA23_C83']

'QA23\_C79' How long has it been since you last drank an alcoholic beverage?

#### AC208

0	Within the past 30 days1	
0	More than 30 days ago, but	
	within the past 12 months2	[GO TO 'QA23_C83']
Ο	More than 12 months ago3	[GO TO 'QA23_C83']
Ο	REFUSED/DON'T KNOW	[GO TO 'QA23_C83']

**'QA23\_C80'** Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

AC209

In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

0	Number of days	[RANGE 1-30]
0	REFUSED/DON'T KNOW3	

**'QA23\_C81'** On the days that you drank during the past 30 days, how many drinks did you usually have each day? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

AC210			
	0	Number of drinks	[SR: 1-20, HR: 0-99]
	0	REFUSED/DON'T KNOW	3
	IG NOTE 'QA23		
ELSE IF QAZS	<b>_A3</b> - 2 I HEN	DISPLAY "5 or more"	
'QA23_C82'		t 30 days, on how many days did you have {4, ? By 'occasion,' we mean at the same time or	
AC211			
	O	Number of days REFUSED/DON'T KNOW	[RANGE: 0-30]
Gambling			
<b>'QA23_C83'</b> Gambling is an activity where you bet (or place a wager) or take many forms for example, casino games, playing the lot sports, fantasy leagues, bingo, loteria, and some online games.			ery or scratch-offs, betting on
AC218	sports, lantasy	leagues, billigo, lotena, and some online gam	
ROZIU	Have you gaml	oled in the past 12 months?	
	Ο	Yes	l
	Ο	No	2 [GO TO 'QA23_GV1']
	0	REFUSED/DON'T KNOW	3 [GO TO 'QA23_GV1']
'QA23_C84'	During the pasi stop/ cut down	t 12 months, have you become restless, irrita on gambling?	ble or anxious when trying to
AC219		laying the lottery, buying scratch offs, playing cards on line, betting on sports]	bingo, playing casino games,
	0	Yes	
	Ο	No	
	Ο	REFUSED/DON'T KNOW	3
'QA23_C85'	During the past much you gam	: 12 months, have you tried to keep your family ble?	or friends from knowing how
AC220			
	0	Yes	
	0		
	0	REFUSED/DON'T KNOW	5

**'QA23\_C86'** During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?

# AC221

0	Yes1
0	No2
Ο	REFUSED/DON'T KNOW3

# Section GV: Gun Violence

'QA23_GV1'	How many fire	earms are kept in or around your home?			
AGV1		ons such as pistols, shotguns, and rifles. Include t ge area, or motor vehicle. Do not count BB guns, s			
		We are asking about firearms in a health survey because of our interest in firearm- related injuries.			
		Number of firearms [0-999]	[IF 'QA23_GV1'= 0, GO TO 'QA23_GV5'] [IF 'QA23_GV1'= 1, GO TO 'QA23_GV3'] [IF 'QA23_GV1'> 1, GO TO 'QA23_GV2']		
	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_GV5']		
'QA23_GV2'	How r	many of these firearms are handguns?			
AGV2					
		Number of handguns [0-999]	[IF > 1, GO TO		
	0	REFUSED/DON'T KNOW3	'QA23_GV4']		
'QA23_GV3'	Is that firearm	a handgun?			
AGV3	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3			
'QA23_GV4'	Are any of you	ur firearms kept loaded and unlocked?			
AGV9	Unlocked mea	ans not using a trigger lock, cable lock, or lock bo	x or cabinet/container.		
		Yes1 No2 REFUSED/DON'T KNOW3			

# **PROGRAMMING NOTE 'QA23\_GV5':** IF AGE < 21 YEARS THEN CONTINUE; ELSE GO TO 'SECTION D'

**'QA23\_GV5'** If you wanted a firearm, do you think you would be able to get one within 2 days?

AGV8

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	3

# Section D: General Health, Disability, and Sexual Health

Height and Weight

**'QA23\_D1'** These next questions are about your height and weight. How tall are you without shoes? You answer in feet and inches or centimetres

AE17

- O \_\_\_\_ Feet
- O \_\_\_\_ Inches
- O Centimetres
- REFUSED/DON'T KNOW......-3

# PROGRAMMING NOTE 'QA23\_D2':

# **DISPLAY INSTRUCTIONS:**

IF 'AD65D' = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR <b>'QA23_A4'</b> < 5 (YOUNGER THAN 50 YEARS
OLD)], DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

'QA23\_D2' {When not pregnant, how/How} much do you weigh without shoes? You may answer in pounds or kilograms
 AE18

0		Pounds
Ο		Kilograms
О	REFUSED/DON'T KNOW	

Disability

'QA23_D3'	Are you blind or deaf, or do you have a severe vision or hearing problem?

AD50

0	Yes1	
0	No2	[GO TO 'QA23 D5']
О	REFUSED/DON'T KNOW3	[GO TO 'QA23_D5']

**'QA23\_D4'** Are you legally blind?

AL8

0	Yes1
Ο	No2
0	REFUSED/DON'T KNOW3

'QA23\_D5' Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	3

**'QA23\_D6'** Do you have difficulty dressing or bathing?

# AL11

0	Yes1
0	No2
Ο	REFUSED/DON'T KNOW

SR: 0 - 20]

'QA23\_D7' Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
 AL12

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	3

# Sexual Partners

'QA23_D8'	We are asking a few questions about people's sexual experiences. All answers will be
	kept private.
AD43B	

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

	Number of partners [HR: 0-99, SR: 0-20]	[IF 'QA23_D8'>=0 GO TO 'PN_QA23_D10']
0	REFUSED/DON'T KNOW3	[IF 'QA23_D8'>=0 GO TO 'PN_QA23_D9']

'QA23\_D9' Can you give me your best guess of the number of sexual partners you have had <u>in the past 12 months</u>?AD44B

	Number of partners	[HR: 0 - 99,
OR		
0	0 partners1	
0	1 partner2	
0	2-3 partners3	
0	4-5 partners4	
0	6-10 partners5	
0	More than 10 partners6	
Ο	REFUSED/DON'T KNOW3	

Sexual Orientation

PROGRAMMING NOTE 'QA23_D10': IF 'QA23_D8' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR 'AD44' = 0, GO TO PROGRAMMING NOTE 'QA23_D11'; ELSE CONTINUE WITH 'QA23_D10';				
male or female	OR <b>'QA23_D9'</b> = ";	= 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner months, have your sexual partners been male, female, or both male and		
'QA23_D10' AD45B		male or female/In the past 12 months, have your sexual partners been or both male and female}?		
	Ο	Male1		
	0	Female2		
	0	Both male and female		
		REFUSED/DON'T KNOW3		
'QA23_D11'	Which of the fo	llowing best represents how you think of yourself?		
AD46C				
	0	Lesbian or Gay2		
	0	Straight, that is, not lesbian or gay1		
	0	Bisexual or pansexual6		
	0	l use a different term: ()7		
	0	Don't know8		
	0	Prefer not to answer9		
		REFUSED		

Registered Domestic Partner

```
PROGRAMMING NOTE 'QA23_D12':
IF ['QA23_A6' = 1 (IDENTIFIES AS MALE) AND 'QA23_D10' = 1 (MALE)] OR ['QA23_A6' = 2
(IDENTIFIES AS FEMALE) AND 'QA23_D10' = 2 (FEMALE)] OR ['QA23_D10' = 3, -3] OR [IF 'QA23_D8'
\neq 1] CONTINUE WITH 'QA23_D12';
ELSE GO TO 'QA23_D11'
```

'QA23\_D12' Are you legally married to someone of the same sex?

AD60B

Do not include legal domestic partnership. Include legal same sex marriages performed in California and other states

0	Yes1	[GO TO 'PN_QA23_D14']
Ο	No2	
Ο	REFUSED/DON'T KNOW3	

**'QA23\_D13'** Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

AD61B

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	3

Pre-Exposure Prophylaxis

IF ['QA23_A5' = 1 OR 3 (SEX 'QA23_D14'; ELSE IF ('QA2 CONTINUE W ELSE IF 'QA2	(UAL PARTNER 23_A6' = 2 AND ITH 'QA23_D14 3_A6' = 3 (IDEN 3_A6' = 1 AND '	<ul> <li>A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS M S MALE OR BOTH FEMALE AND MALE), THEN</li> <li>'QA23_A5' = 1) OR ('QA23_A6' = 1 AND 'QA23</li> </ul>	I COÑTINUE WITH 5_ <b>A5'</b> = 2), THEN 5 WITH <b>'QA23_D14'</b> ;
'QA23_D14' AD79	People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.		
	At any time in	the past 30 days, have you taken PrEP or Truvad	a®?
		Yes1 No2 REFUSED/DON'T KNOW3	[GO TO 'QA23_D18']
'QA23_D15'	In the past 12	months, have you taken any PrEP or Truvada®?	
AD80		Yes1 No2 REFUSED/DON'T KNOW3	[GO TO 'QA23_D18']
'QA23_D16'	Have you ever	r taken any PrEP or Truvada®?	
AD81	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3	[GO TO 'QA23_D18']
'QA23_D17'	Before today,	have you ever heard of PrEP or Truvada®?	
AD82	0 0 0	Yes	

HIV Testing			
'QA23_D18'	Have you eve	r been tested for HIV, the virus that causes AIDS	?
AD83	0 0	Yes1 No2	[GO TO 'QA23 D20']
	° °	REFUSED/DON'T KNOW3	[GO TO 'QA23_D20']
'QA23_D19'	For your most	recent HIV test, were you offered the test or did	ou ask for the test?
AD84		I was offered the test	[GO TO 'PN_QA23_F1'] [GO TO 'PN_QA23_F1'] [GO TO 'PN_QA23_F1'] [GO TO
	О	REFUSED/DON'T KNOW3	'PN_QA23_F1'] [GO TO 'PN_QA23_F1']
'QA23_D20'	Were you eve	r offered an HIV test?	
AD85	0	Yes1 No2	

0	REFUSED/DON'T KNOW3

# **Section F: Mental Health**

K6 Mental Health Assessment

**'QA23\_F1'** The following questions ask about how you have been feeling during the past 30 days. For each question, please mark the category that best describes how often you had this feeling.

AJ29	feeling.	
AJZJ	About how ofte	en during the past 30 days did you feelnervous?
	Ο	All of the time1
	Ŏ	Most of the time2
	Ŏ	Some of the time
	ŏ	A little of the time4
	Ŏ	None of the time
	ŏ	REFUSED/DON'T KNOW3
'QA23_F2'	hopeless?	
Q, (10_1 1	nopoloco.	
AJ30		
	0	All of the time1
	Ŏ	Most of the time2
	Ŏ	Some of the time
	Ŏ	A little of the time4
	ŏ	None of the time
	Ŏ	REFUSED/DON'T KNOW3
'QA23_F3'	restless or fi	dgety?
AJ31	_	
	0	All of the time1
	O	Most of the time2
	O	Some of the time3
	Ο	A little of the time4
	O	None of the time5
	O	REFUSED/DON'T KNOW3
'QA23_F4'	so depresse	d that nothing could cheer you up?
A 120		
AJ32	Q	All of the time1
	0	Most of the time2
	0	Some of the time
	0	A little of the time4
	0	None of the time
	0	REFUSED/DON'T KNOW3
'QA23_F5'	that everythi	ing was an effort?
A 122		
AJ33	~	
	O	All of the time1
	O	Most of the time2
	O	Some of the time
	O	A little of the time4
	O	None of the time
	0	REFUSED/DON'T KNOW3

'QA23_F6'	worthless?		
AJ34		All of the time1Most of the time2Some of the time3A little of the time4None of the time5REFUSED/DON'T KNOW-3	
Repeated K6			
'QA23_F7'		a month in the past 12 months when these feel the past 30 days?	ings occurred more often
		Yes1 No2 REFUSED/DON'T KNOW3	[GO TO 'QA23_F14'] [GO TO 'QA23_F14']
'QA23_F8'	The next quest your worst emo	ions are about the one month in the past 12 mor tionally.	nths when you were at
	During that san	ne month, how often did you feelnervous?	
		All of the time1Most of the time2Some of the time3A little of the time4None of the time5REFUSED/DON'T KNOW-3	
'QA23_F9'	hopeless?		
AF64		All of the time	
'QA23_F10'	restless or f	idgety?	
AF65		All of the time1Most of the time2Some of the time3A little of the time4None of the time5REFUSED/DON'T KNOW-3	

'QA23_F11'	so depresse	ed that nothing could cheer you up?
AF66		All of the time
'QA23_F12'	that everytl	hing was an effort?
	0	All of the time1

O	All of the time1
0	Most of the time2
0	Some of the time3
0	A little of the time4
0	None of the time5
0	REFUSED/DON'T KNOW3

'QA23\_F13' ... worthless?

# AF68

0	All of the time	1
Ο	Most of the time	2
Ο	Some of the time	3
0	A little of the time	4
0	None of the time	5
0	REFUSED/DON'T KNOW	3

Sheehan Scale

PROGRAMMING NOTE 'QA23_F14':
IF 'QA23_F1'-'QA23_F6' > 0 THEN,
IF <b>'QA23_F1'-'QA23_F6'</b> = 1 THEN <b>'QA23_F1'_</b> R- <b>'QA23_F6'_</b> R = 4;
ELSE IF 'QA23_F1'-'QA23_F6' = 2 THEN 'QA23_F1'_R-'QA23_F6'_R = 3;
ELSE IF 'QA23_F1'-'QA23_F6' = 3 THEN 'QA23_F1'_R-'QA23_F6'_R = 2;
ELSE IF <b>'QA23_F1'-'QA23_F6'</b> = 4 THEN <b>'QA23_F1'_</b> R- <b>'QA23_F6'_</b> R = 1;
ELSE IF <b>'QA23_F1'-'QA23_F6'</b> = 5 THEN <b>'QA23_F1'_</b> R- <b>'QA23_F6'_</b> R = 0;
ELSE <b>'QA23_F1</b> '_R- <b>'QA23_F6</b> '-R = <b>'QA23_F1</b> '- <b>'QA23_F6</b> ';
IF <b>'QA23_F8'-'QA23_F13'</b> > 0 THEN,
IF <b>'QA23_F8'-'QA23_F13'</b> = 1 THEN <b>'QA23_F8'_</b> R- <b>'QA23_F13'_</b> R = 4;
ELSE IF <b>'QA23_F8'-'QA23_F13'</b> = 2 THEN <b>'QA23_F8'_</b> R- <b>'QA23_F13'_</b> R = 3;
ELSE IF <b>'QA23_F8'-'QA23_F13'</b> = 3 THEN <b>'QA23_F8'_</b> R- <b>'QA23_F13'</b> _R = 2;
ELSE IF <b>'QA23_F8'-'QA23_F13'</b> = 4 THEN <b>'QA23_F8'_</b> R- <b>'QA23_F13'_</b> R = 1;
ELSE IF <b>'QA23_F8'-'QA23_F13'</b> = 5 THEN <b>'QA23_F8'_</b> R- <b>'QA23_F13'_</b> R = 0;
ELSE <b>'QA23_F8'_</b> R- <b>'QA23_F13'_</b> R = <b>'QA23_F8'-'QA23_F13'</b> ;
IF ( <b>'QA23_F1</b> '_R - <b>'QA23_F6</b> '_R) >= 0 (NON-MISSING) THEN DO;
IF ('QA23_F1'_R + 'QA23_F2'_R + 'QA23_F3'_R + 'QA23_F4'_R + 'QA23_F5'_R + 'QA23_F6'_R) > 8
('QA23_F8' R + 'QA23_F9' R + 'QA23_F10' R + 'QA23_F11' R + 'QA23_F12' R + 'QA23_F13' R) >
8, THEN CONTINUE WITH 'QA23_F15' INTRO;
IF ( <b>'QA23_F8'</b> R – <b>'QA23_F13'</b> R) 7 OR
('QA23_F8'_R+ 'QA23_F9'_R + 'QA23_F10'_R + 'QA23_F11'_R + 'QA23_F12'_R + 'QA23_F13'_R) >
7, THEN CONTINUE WITH 'QA23_F15' INTRO;
_
IF ' <b>QA23_F7</b> ' = 1 THEN DISPLAY "again, please";
ELSE SKIP TO 'QA23_F20';

**'QA23\_F14'** Think {again, please,} about the month in the past 12 months when you were at you worst emotionally.

# AF69B\_INTRO

PROGRAMMING NOTE 'QA23_F15':	
IF AGE > 70 GO TO <b>'QA23_F16'</b> ;	
ELSE CONTINUE WITH <b>'QA23_F15'</b> ;	

**'QA23\_F15'** Did your emotions interfere a lot, some, or not at all with your performance at work/school?

AF69B

0	A lot1
0	Some 2
Ο	Not at all 3
Ο	I do not work 4
О	REFUSED/DON'T KNOW3

'QA23\_F16' Did your emotions interfere a lot, some, or not at all with your household chores?

AF70B

0	A lot1
0	Some 2
0	Not at all 3
Ο	REFUSED/DON'T KNOW

'QA23 F17' Did your emotions interfere a lot, some, or not at all with your social life?

AF71B

0	A lot 1	
0	Some 2	
0	Not at all 3	
0	REFUSED/DON'T KNOW3	

'QA23 F18' Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

#### AF72B

0	A lot	1
0	Some	2
0	Not at all	3
0	REFUSED/DON'T KNOW	-3

'QA23 F19' 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?

AF73B

	NUMBER OF DAYS	
0	REFUSED/DON'T KNOW3	

Access & Utilization

'QA23\_F20' 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 or nerves or your use of alcohol or drugs?

0	Yes1	
Ο	No2	[GO TO 'QA23_F22']
Ο	REFUSED/DON'T KNOW	

'QA23\_F21' Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

AJ1

AF81

0	Yes1
Ο	No2
Ο	Don't have insurance3
Ο	REFUSED/DON'T KNOW3

#### 'QA23\_F22' In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

AF74

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

**'QA23\_F23'** 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, <u>or</u> your use of alcohol or drugs?

AF75

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23\_F24': IF 'QA23\_F22'= 1 OR 'QA23\_F23'= 1, THEN CONTINUE; ELSE GOTO 'QA23\_F28'

**'QA23\_F24'** Think about your problems with mental health, emotions, nerves, or use of alcohol or drugs in the past 12 months. Did you receive care from an in-person visit, video visit, or telephone visit?

#### AF114

Check all that apply

	In-person visit1	
	Video visit2	
	Telephone visit3	
О	No4	
0	REFUSED/DON'T KNOW3	

[GO TO 'QA23_F25']
[GO TO 'QA23_F26']
[GO TO 'QA23_F27']
[GO TO
'PN_QA23_F28']
[GO TO
'PN_QA23_F28']

**'QA23\_F25'** How satisfied are you with the in-person visit?

AF115

0	Very satisfied	1
0	Somewhat satisfied	2
0	Somewhat dissatisfied	3
0	Very dissatisfied	4
0	REFUSED/DON'T KNOW	

'QA23\_F26' How satisfied are you with the video visit?

# AF116

0	Very satisfied	1
0	Somewhat satisfied	
0	Somewhat dissatisfied	3
0	Very dissatisfied	4
0	REFUSED/DON'T KNOW	

#### **'QA23\_F27'** How satisfied are you with the telephone visit?

#### AF117

0	Very satisfied	1
Ο	Somewhat satisfied	
0	Somewhat dissatisfied	3
0	Very dissatisfied	4
Ο	REFUSED/DON'T KNOW	

PROGRAMMING NOTE 'QA23_F28': IF 'QA23_F22' = 1 OR 'QA23_F23' = 1 THEN CONTINUE WITH 'QA23_F28'; ELSE SKIP TO 'QA23_F33'			
'QA23_F28'	Did you seek h	elp for your mental or emotional health <u>or</u> for an a	alcohol or drug problem?
4570			
AF76	0	Manufal and Grand Landel	
	0	Mental-emotional health1	
	<b>O</b> <b>O</b>	Alcohol-drug problem2 Both mental and alcohol-drug problems3	
	0	REFUSED/DON'T KNOW	
	9		
PROGRAMMIN	NG NOTE 'QA23	3 F29':	
		ental or emotional health";	
		e of alcohol or drugs";	
		ental or emotional health and your use of alcohol	or drugs";
ELSE SKIP TO	'QA23_F30'		
(0.4.00 E00)			
'QA23_F29'		months, how many visits did you make to a profes	
		r emotional health/use of alcohol or drugs/mental ohol or drugs}? Do not count overnight hospital s	
AF77	your use of alco		lays.
		Number of visite	[HR:0-365, SR:0-52]
	Ο	Number of visits REFUSED/DON'T KNOW3	[1117.0-303, 317.0-32]
'QA23_F30'	Are you still red	ceiving treatment for these problems from one or	more of these providers?
· <b>_</b>	,	0	·
AF78			
	0	Yes1	[GO TO 'QA23_F33']
	Ο	No2	
	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_F33']
(OA22 E24)	Did you comple	ate the recommended full equires of treatment?	
'QA23_F31'		ete the recommended full course of treatment?	
AF79			
74.70	0	Yes1	[GO TO 'QA23_F33']
	Ŏ	No2	
	Ō	REFUSED/DON'T KNOW3	[GO TO 'QA23_F33']
'QA23_F32'	What is the <u>ma</u>	in reason you are no longer receiving treatment?	
AF80	-	• · · · · · · · · · · · · · ·	
	0	Got better/ no longer needed treatment1	
	0	Not getting better	
	O O	Wanted to handle problem on my own	
	-	Had bad experiences with treatment4	
	<b>O</b> <b>O</b>	Lack of time or transportation5 Too expensive6	
	0	Insurance does not cover7	
	0		
	ŏ	Other (Specify:)91 REFUSED/DON'T KNOW3	

**'QA23\_F33'** During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

AJ5

0	Yes1
0	No2
0	REFUSED/DON'T KNOW

Stigma

PROGRAMING NOTE 'QA23_F34': IF 'QA23_F20' = 1 AND ('QA23_F22' $\neq$ 1 AND 'QA23_F23' $\neq$ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH 'QA23_F34'; ELSE SKIP TO 'QA23_F38'				
'QA23_F34'	Here are some reasons people have for not seeking help even when they think they might need it. Please mark 'yes' or 'no' for whether each statement applies to why you did not see a professional.			
AF82	You were con	cerned about the cost of treatment.		
	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3		
'QA23_F35'	You did not fe	el comfortable talking with a professional about your personal problems.		
AF83		Yes1 No2 REFUSED/DON'T KNOW3		
'QA23_F36'	You were con	cerned about what would happen if someone found out you had a problem.		
AF84		Yes1 No2 REFUSED/DON'T KNOW3		
'QA23_F37'	You had a ha	rd time getting an appointment.		
AF85		Yes1 No2 REFUSED/DON'T KNOW3		

Climate Change

PROGRAMMING NOTE 'QA23_F38': IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR MEMBERS OF YOUR HOUSEHOLD"			
'QA23_F38' AF110B	Potentially dangerous weather-related events are increasing in California. These include extreme heat waves, flooding, wildfires, and smoke from wildfires. In the past two years, have you or members of your household personally experienced extreme heat wave?		
		Yes1 No2 REFUSED/DON'T KNOW3	
'QA23_F39'	Wildfire?		
AF110C	0 0 0	Yes	
'QA23_F40'	Smoke fro	om wildfire?	
AF110D	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3	
'QA23_F41'	Flood/risin	g sea levels/mudslide?	
AF110E		Yes1 No2 REFUSED/DON'T KNOW3	

# PROGRAMMING NOTE 'AF111B:

IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE PHYSICAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD" IF 'QA23\_F38' = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves', OR 'QA23\_F39' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR OR 'QA23\_F40' = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR OR 'QA23\_F41' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding" ALWAYS DISPLAY 'Not applicable' ELSE GOTO 'SECTION G'

# **'QA23\_F42'** Was your physical health {or the physical health of members of your household} harmed by any of these events?

# AF111B

# PROGRAMMING NOTE 'QA23\_F43':

IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE MENTAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD" IF 'QA23\_F38' = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves', OR 'QA23\_F39' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR 'QA23\_F40' =1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR 'QA23\_F41' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding" ALWAYS DISPLAY 'Not applicable' ELSE GOTO 'SECTION G'

# **'QA23\_F43'** Was your mental health {or the mental health of members of your household} harmed by any of these events?

# AF112B

### PROGRAMMING NOTE AF118: IF 'QA23\_F40' = 1 CONTINUE; ELSE SKIP TO PROGRAMMING NOTE 'QA23\_G1' IN 'SECTION G'

**'QA23\_F44'** When you experienced wildfire smoke in your community, did you access a space that provided filtered air?

# AF118

	Yes, my home	1
	Yes, a friend or neighbour's home	2
	Yes, a community cleaner air shelter	3
	Yes, a commercial building	
	(mall, movie theater, etc.)	4
0	No	5
0	Not applicable	6
0	REFUSED/DON'T KNOW	

# Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

# PROGRAMMING NOTE 'QA23\_G1':

# DISPLAY INSTRUCTIONS:

IF CHILD INTERVIEW COMPLETED AND '**QA23\_A38**' = 1 AND 'CH12' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services." OR IF CHILD INTERVIEW COMPLETED AND '**QA23\_A38**' = 2 AND 'CH15' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services."

**'QA23\_G1'** Now a few more questions about your background. {Your answers are confidential and will not be reported to Immigration Services.}

PROGRAMMING NOTE 'QA23\_G2': IF CHILD INTERVIEW COMPLETED AND 'QA23\_A38'=1, MARK 'QA23\_G2'= 'CH11' AND GO TO 'QA23\_G3'; IF CHILD INTERVIEW COMPLETED AND 'QA23\_A38'=2, MARK 'QA23\_G2'= 'CH14' AND GO TO 'QA23\_G3'; ELSE CONTINUE WITH 'QA23\_G2'

**'QA23\_G2'** In what country were you born?

# AH33

0	United States	1
0	American Samoa	2
0	Canada	3
0	China	4
0	Guam	9
0	Japan	16
0	Korea	
0	Mexico	18
0	Philippines	19
0	Puerto Rico	22
0	Vietnam	25
0	Virgin Islands	
0	Other (Specify:)	91
0	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23\_G3': IF 'QA23\_G2' ≠ 1, (NOT BORN IN US) GO TO 'PN\_QA23\_G5'; ELSE IF 'QA23\_G2' = 1 OR -3 (BORN IN US, SKIPPED) CONTINUE WITH 'QA23\_G3'; IF CHILD INTERVIEW COMPLETED [ 'QA23\_A38' = 1, 2 AND 'QA23\_G2' = 1 DISPLAY "You previously mentioned you were born in the United States."]; ELSE DISPLAY "In what country was your mother born"

# **'QA23\_G3'** {You previously mentioned you were born in the United States}. In what country was your mother born?

# AH34

000000000000000000000000000000000000000	United States.1American Samoa2Canada3China4Guam9Japan16Korea17Mexico18Philippines19Puerto Rico22Vietnam25Virgin Islands26Other (Specify:91
0 0	Other (Specify:)

'QA23_G4'	In what country was your	father born?
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# AH35

0	United States	
0	American Samoa	2
0	Canada	3
0	China	4
0	Guam	9
0	Japan	
0	Korea	17
0	Mexico	
0	Philippines	19
0	Puerto Rico	22
0	Vietnam	
0	Virgin Islands	
0	Other (Specify:	) 91
0	REFUSED/DON'T KNOW	-3

Citizenship and Immigration

PROGRAMMING NOTE 'QA23_G5': IF 'QA23_G2' = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [ IF CHILD INTERVIEW COMPLETED AND '[(SC17B'=1 AND CH11A=1) OR (SC17B=2 AND CH14A=1)], CODE 'QA23_G5' = 1 AND GO TO 'PN_QA23_G11' ELSE CONTINUE WITH 'QA23_G5'		
'QA23_G5'	Are you a citiz	en of the United States?
AH39		
	Ο	Yes1
	Õ	No2
	ŏ	Application pending3
	ŏ	REFUSED/DON'T KNOW
PROGRAMMI	NG NOTE 'QA2	3 G6':
		JE ELSE GOTO 'QA23_G7'
		I SAMOA), GO TO <b>'PN_QA23_G9</b> '
		GANIOA), 60 10 1 N_QAZJ_63
(OA02 CC)	A	energy weident with a green could Vey answere are confidential and will
'QA23_G6'		nanent resident with a green card? Your answers are confidential and will
	not be reported	d to Immigration Services.
AH40		
	People usually	call this a "Green Card" but the color can also be pink, blue, or white.
	0	
	O	Yes1
	0	No2
	O	Application pending
	O	REFUSED/DON'T KNOW3
'QA23_G7'	About how ma	ny years have you lived in the United States?
AH41		
	For less than a	a year, enter 1 year
		Number of years
	Ο	REFUSED/DON'T KNOW3
PROGRAMMI	NG NOTE AH41	Y:
		23-25 OR 91-99) AND <b>'QA23_G7'</b> = MISSING, CONTINUE;
	PROGRAMMINI	G NOTE <b>'QA23 A24</b> '
'QA23_G8'		

AH41Y

IF <b>'QA23_G5</b> '	<b>NG NOTE 'QA2</b> ) = 1 (NATURALI) IUE WITH <b>'QA2</b> )	ZED) OR <b>'QA23_G6'</b> = 1 (HAS GREEN CARD), •	GO TO <b>'QA23_G11'</b> ;
'QA23_G9'		atly here on any of the following: a tourist visa, a s ermit, or another document which permits you to s t of	
AG36B	0	Termistuise	
	O	Tourist visa1	
	0	Student visa2	
	O	Work visa or permit3	
	Ο	Deferred action for childhood arrivals	
	Ο	or "DACA"4	
	0	Another document which permits stay	
	2	for limited time6	
	O	Refugee/asylum status8	[GO TO 'QA23_G11']
	O	Other (specify:)	
	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_G11']
'QA23_G10'	Is this visa or c	document still valid or has it expired?	
AG37B			

0	Valid	1
0	Expired	2
0	Application pending	
0	REFUSED/DON'T KNOW	

Living with Parents

#### PROGRAMMING NOTE 'QA23\_G11': IF ['AAGE' < 30 OR 'QA23\_A4' = 1 (AGE 18-29)] AND ['QA23\_A24' = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR 'QA23\_A23' = 3, 4, 5, 6, OR -3 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, SKIPPED) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH 'QA23\_G11'; ELSE GO TO 'PN\_QA23\_G20'

'QA23\_G11' Are you now living with either of your parents?

# AH43A

This includes your parents as well as your spouse/partner's parents

0	Yes1	
0	No2	
0	REFUSED/DON'T KNOW3	

#### Teen Permission

'QA23\_G12' {Earlier you mentioned you had at least one adolescent age 12 to 17 in your household.} We would like to survey {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} for our study. It is a web survey and should take {him/her} about 15 minutes to complete. Your teen's answers may help other teens in your community and across California.

TP1

As a token of our appreciation, we will send your teen a \$10 gift card for completing the survey.

We will mail the survey information to your home with instructions on how your teen can complete the survey.

1. Click here to see the types of questions we will ask

[Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issues including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, and using drugs. There are also some questions about bullying, violence, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need.

Your teen can skip any question they want or stop the survey at any time.]

2. Click here to learn about how we intend to contact your teen

[We will send a letter to your home asking you to provide a sealed envelope to your teen. This envelope will include the study link and their unique secure access code. With your permission, we will also obtain a best phone number to try and complete the survey over the phone in the event your teen does not complete the survey on the web. Your teen's name and any contact information we have will be erased from our records after the study is complete.]

3. Click here for our privacy protection policy

[Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete. For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.]

Do we have your permission to contact {him/her} and ask if {he/she} will participate in the survey?

0	Yes1
0	No2
0	Refused/Don't know3

#### PROGRAMMING NOTE 'QA23\_G13': IF 'QA23\_G12' =2, -3 SKIP TO 'QA23\_G14'; ELSE CONTINUE WITH 'QA23\_G13'; ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA23\_G12', DO NOT DISPLAY "Questions in teen survey....in need.; ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA23\_G12', DO NOT DISPLAY "Like your answers, {his/her} answers....8714." ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'QA23\_G12'=1, SKIP TO 'QA23\_G15'

**'QA23\_G13'** Thank you. Your teen's answers may help other teens in your community and across California. {Before we proceed, there is some text we are required to show you.}

# TP1\_A

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need. He/she} can skip any questions {he/she} wants or stop the survey at any time}

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.

For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.} To confirm, do we have your permission to contact {him/her} and ask {him/her} to participate in the survey?

Ο	Yes1
0	No2
0	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23\_G14': IF 'QA23\_G12'\_A =2, -3 CONTINUE WITH 'QA23\_G14' AND DISPLAY "However,....interview"; ELSE IF 'QA23\_G12'=2, CONTINUE WITH 'QA23\_G14' AND DISPLAY "Questions in the teen survey are a lot like the ones you are answering, but it is much shorter... 8714." ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA23\_G12', DO NOT DISPLAY "Questions in teen survey....any time." ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA23\_G12', DO NOT DISPLAY "Like your answers, {his/her} answers ....8714." ELSE SKIP TO 'QA23\_G15'

### **'QA23\_G14'** We understand that you would prefer that your teen not participate in the survey.

### TP1\_BRC

{However, these are important public health issues facing California. Some parents choose to not let their teen participate because they are not comfortable having their teen answer questions about drugs or sexual behavior. If you prefer, we can make sure that questions about drugs or sexual behavior are not included in the interview.}

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counselling and support information for any teen in need. {He/she} can skip any questions {he/she} wants or stop the survey at any time.}

These are important public health issues facing California. Some parents choose to not let their teen participate because they are not comfortable having their teen answer questions about drugs or sexual behavior. If you prefer, we can make sure that questions about drugs or sexual behavior are not included in the interview.

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.} For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.}

Given this information, would you reconsidering giving us your permission to contact {him/her} and ask {him/her} if {he/she} will participate in the survey?

О	Yes1	[GO TO 'QA23_G15']
0	Yes if no questions on drugs2	[GO TO 'QA23_G15']
0	Yes if no questions on sexual behavior3	[GO TO 'QA23_G15']
0	Yes if no questions on drugs and	
	sexual behavior4	[GO TO 'QA23_G15']
0	No5	[GO TO 'QA23_G18']
О	REFUSED/DON'T KNOW3	[GO TO 'QA23_G18']

'QA23_G15'	Thank you for permitting your teen to participate in this important study. In order to properly contact your teen, please provide {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} first and last name. Remember {his/her} name is never connected with {his/her} answers.		
	First name		
	Last name		
	In the event your teen does not complete the web survey, we would like your permission to try and call your teen and have {him/her} complete the survey over the phone. Because it is important that we contact {ADOLESCENT'S FIRST NAME} to complete the survey, it would be helpful if you could provide the best phone number to try and contact {him/her}. This phone number will be erased from our records after the study is complete. This may be a home, landline, or cell phone number.		
	Would you please provide a home, landline, or other cell phone number that we may call to contact {ADOLESCENT'S FIRST NAME}?		
		<sup>_</sup>	
	0 0 0	Landline1 Cell phone2 REFUSED/DON'T KNOW3	[GO TO 'QA23_G16']
'QA23_G16'	Is the cell phon	e number you just provided your teen's personal	phone number?
TP2_CELL2	0	X	
	<b>O</b> <b>O</b>	Yes1 No2	
	õ	REFUSED/DON'T KNOW3	
'QA23_G17' TP3	Are you willing survey?	to let us send your teen a text message reminder	to participate in the
	0	Yes1	[GO TO 'QA23_G19']
	0	No2	[GO TO 'QA23_G19']
	О	REFUSED/DON'T KNOW3	[GO TO 'QA23_G19']
'QA23_G18'	We understand for your consid	l that you would prefer your teen not participate in eration.	the survey. Thank you
IF 'QA23_G12'	PROGRAMMING NOTE 'QA23_G19': IF 'QA23_G12' = 1 OR 'QA23_G12'_RC =1,2,3, CONTINUE WITH 'QA23_G19'; ELSE SKIP TO 'QA23_G20'		, ,

'QA23\_G19' Thank you for allowing your teen to participate. We have some more questions for you.

### TP\_END

Paid Child Care

PROGRAMMING NOTE 'QA23_G20':
ANY CHILDREN IN 'QA23_A37' ARE AGE 13 OR LESS, CONTINUE WITH 'QA23_G20';
ELSE GO TO <b>'QA23_A22'</b> ;
IF ANY CHILD IN ROSTER 'QA23_A37' < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY "for any children
under age 14";
IF 'QA23_A23' = 1 (MARRIED) AND 'QA23_A24' =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY
"you or your spouse";
ELSE IF <b>'QA23_A24'</b> = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
ELSE DISPLAY "you"

**'QA23\_G20'** In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.

0	Yes1	
Ο	No2	[GO TO 'QA23_A22']
Ο	REFUSED/DON'T KNOW3	[GO TO 'QA23_A22']

'QA23\_G21' In the past month, how much did you pay for all child care arrangements and programs?

### AH44B

You or another adult in your household may pay for this arrangement or program

*If it easier for you, how much do you pay for all child care arrangements and programs in a <u>typical week</u> last month.* 

0	Amount last month	[HR: 0-8,000]
Ο	Amount in typical week	[HR: 0-3,000]
0	There was no payment	
	in the last month3	
0	REFUSED/DON'T KNOW3	

### Veteran Status

'QA23\_G22' Did you ever serve on active duty in the Armed Forces of the United States?

0	Yes1	
0	No2	[GO TO 'QA23_G27']
0	REFUSED/DON'T KNOW3	[GO TO 'QA23_G27']

#### 'QA23\_G23' When did you serve?

### AG23

- 0 From \_\_\_\_\_ (Dynamic range - Starting range for each person should be their Birth year) То
- 0 Still serving

OR

### Check all that apply

(6 maximum responses)

		World War II (Sept 1940 to July 1947)1
		Korean War (June 1950 to Jan 1955)2
		Vietnam War (Aug 1964 to April 1975)3
		Gulf War/ Operation Desert Storm
		(19901991)4
		Afghanistan/ Operation Enduring Freedom
		(2001 to 2021)5
		Iraq War / Operation Iragi Freedom
		(2003 to 2021)6
	0	REFUSED/DÓN'T KNOW3
(0.4.02, 0.2.4)	Alterather her	
'QA23_G24'	Allogether, no	w long did you serve?
AG24		
	Ο	Years
	Ο	Months

		•
0	REFUSED/DON'T KNOW	3

'QA23\_G25' Do you have a VA service-connected disability rating?

AG31

0	Yes1	
0	No2	[GO TO 'QA23_G27']
0	REFUSED/DON'T KNOW3	[GO TO 'QA23_G27']

'QA23\_G26' What is your service-connected disability rating?

0	0 Percent1
Ο	10 or 20 Percent2
Ο	30 or 40 Percent3
Ο	50 or 60 Percent4
Ο	70 Percent or higher5
О	REFUSED/DON'T KNOW3

### Employment

### 'QA23\_G27' Which of the following were you doing last week?

### AK1

If you worked remotely from home, please select working at a job or business.

0	Working at a job or business1	[GO TO 'PN_QA23_G31']
Ο	With a job or business but not at work2	
Ο	Looking for work	
0	Not working at a job or business4	
0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_G31']

'QA23_G28'
------------

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

AK2

Main reason is the most important reason

0	Taking care of house or family On planned vacation		
0	Couldn't find a job		
õ	Going to school/student		
0	Retired		[GO TO 'QA23_G30']
0	Disabled	6	[GO TO 'QA23_G30']
Ο	Unable to work temporarily	7	
Ο	On layoff or strike	8	
Ο	On family or maternity leave	9	
Ο	Off season	10	
Ο	Sick	11	
0	Other	91	
О	REFUSED/DON'T KNOW	3	

'QA23\_G29' Do you usually work?

0	Yes1
0	No2
0	Looking for work3
0	REFUSED/DON'T KNOW

#### PROGRAMMING NOTE 'QA23 G30': IF ['AAGE' = -3 OR 'AAGE' < 65] AND ['QA23\_G29'= 2 (DOES NOT USUALLY WORK) OR 'QA23\_G28' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH 'QA23\_G30'; ELSE GO TO PROGRAMMING NOTE 'QA23 G31'

'QA23\_G30' Are you receiving Social Security Disability Insurance or SSDI?

### AL22

0	Yes1	[GO TO 'PN_QA23_G35']
0	No2	[GO TO
0	REFUSED/DON'T KNOW3	'PN_QA23_G35'] [GO TO 'PN_QA23_G35']

PROGRAMMING NOTE 'QA23\_G31': IF 'QA23 G27' = 1, 2, -3 (working, with job, skipped) OR 'QA23 G29' = 1 (usually works), CONTINUE WITH 'QA23 G31'; ELSE GO TO 'PN QA23 G35'

'QA23 G31' 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

Your main job is where you work the most hours

0	Private company, non-profit organization
•	i mate company, non pront organization

- or foundation .....1
- Government ......2 0
- 0
- Family business or farm ......4 Ο
- Ο

### PROGRAMMING NOTE 'QA23 G32':

IF 'QA23 G31' = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and ["Include both the level of government (such as state, or local) and the function (such as budget, office, police, etc.);

ELSE DISPLAY "What kind of business or industry is this?" AND [ "What do they make or do at this business?"]

'QA23 G32' {What kind of agency or department is this? / What kind of business or industry is this?}

AK5

{[Include both the level of government (such as state, or local) and the function (such as budget office, police, etc./ 'What do they make or do at this business?'}]

Ο

'QA23\_G33' What is the main kind of work you do?

AK6

Main job = where works most hours.

Enter description

O REFUSED/DON'T KNOW......-3

### PROGRAMMING NOTE 'QA23\_G34': IF 'QA23\_G31' = 2 (GOVERNMENT EMPLOYEE), CODE 'QA23\_G34' = 8 AND GO TO 'QA23\_G35'; IF 'QA23\_G31' = 3 (SELF-EMPLOYED), CONTINUE WITH 'QA23\_G34' AND DISPLAY "Including yourself, about" and "you"; ELSE CONTINUE WITH 'QA23\_G34' AND DISPLAY "About" and "your employer";

**'QA23\_G34'** {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

AK8

Your best guess is fine

0	1 or 2	1
Ο	3-9	2
Ο	10-24	3
Ο	25-50	4
Ο	51-100	5
0	101-200	6
Ο	201-9997	8
0	1,000 or more	9
0	REFUSED/DON'T KNOW	3

Employment (Spouse/Partner)

PROGRAMMING NOTE 'QA23\_G35': IF 'QA23\_A23' = 1 (MARRIED) OR 'QA23\_D12' = 1 OR 'QA23\_D13' = 1, CONTINUE WITH 'QA23\_G35'; IF 'QA23\_A23' = 1, THEN DISPLAY "spouse"; ELSE IF 'QA23\_D12' = 1 OR 'QA23\_D13' = 1, THEN DISPLAY "partner"; ELSE GO TO 'QA23\_H1'

'QA23\_G35' Which of the following was your {spouse/partner} doing last week?

Ο	Working at a job or business1	[GO TO 'QA23_G37']
0	With a job or business but not at work2	[GO TO 'QA23_G37']
Ο	Looking for work3	
Ο	Not working at a job or business4	
0	REFUSED/DON'T KNOW3	

### 'QA23\_G36' Does your {spouse/partner} usually work?

### AG11

0	Yes1	
0	No2	[GO TO 'QA23_H1']
Ο	Looking for work3	[GO TO 'QA23_H1']
Ο	REFUSED/DON'T KNOW3	[GO TO 'QA23_H1']

**'QA23\_G37'** On your {spouse's/partner's} <u>main</u> job, is {he/she} employed by a private company, the government, <u>or</u> is {he/she} self-employed, <u>or</u> is {he/she} working without pay in a family business or farm?

AG9
-----

Ο	Private company, non-profit organization	
	or foundation	1
0	Government	2
0	Self-employed	3
0	Family business or farm	4
0	REFUSED/DON'T KNOW	

Usual Source of Care  'QA23_H1' Is there a place that you usually go to when you are sick or need advice about your health?  AH1  O Yes				
AH1       O       Yes       1       [GO TO 'QA23_H3']         O       No       2       [GO TO 'QA23_H3']         O       REFUSED/DON'T KNOW       -3       [GO TO 'QA23_H3']         PROGRAMMING NOTE 'QA23_H2':       [ELSE SKIP TO 'QA23_H3']         PIF 'QA23_H2'       What kind of place do you go to most often—a medical doctor's office, a clinic or hospite clinic, an emergency room, or some other place?         AH3       O       Medical doctor's office         O       Clinic/ Hospital clinic       2         O       Emergency Room       3         O       Some other place (Specify:)       91         O       No one place       92         O       REFUSED/DON'T KNOW       -3         Emergency Room Visits       'QA23_H3'       During the past 12 months, did you visit a hospital emergency room for your own health'         AH12       Yes       1       [GO TO 'QA23_H5']         O       REFUSED/DON'T KNOW       -3       [GO TO 'QA23_H5']         'QA23_H4'       How many times did you do that?				
O       Yes       1       [GO TO 'QA23_H3']         O       REFUSED/DON'T KNOW       -3       [GO TO 'QA23_H3']         PROGRAMMING NOTE 'QA23_H2':       [IF 'QA23_H1' = 1, CONTINUE WITH 'QA23_H2';       [ELSE SKIP TO 'QA23_H3']         'QA23_H2'       What kind of place do you go to most often—a medical doctor's office, a clinic or hospita clinic, an emergency room, or some other place?       1         AH3       O       Medical doctor's office       1         O       Clinic/ Hospital clinic       2       2         O       Emergency Room       3       3         O       No one place       92       92         O       REFUSED/DON'T KNOW       -3         Emergency Room Visits       'QA23_H3'       During the past 12 months, did you visit a hospital emergency room for your own health'         AH12       Yes       1       [GO TO 'QA23_H5']         O       REFUSED/DON'T KNOW       -3       [GO TO 'QA23_H5']         'QA23_H4'       How many times did you do that?       1       [GO TO 'QA23_H5']         'QA23_H4'       How many times did you do that?       [HR: 0 - 200]			ce that you usually go to when you are sick or nee	d advice about your
O       No	AH1	0		
<ul> <li>REFUSED/DON'T KNOW</li></ul>				IGO TO 'OA23 H3'I
IF 'QA23_H1' = 1, CONTINUE WITH 'QA23_H2';         ELSE SKIP TO 'QA23_H3'         'QA23_H2'         What kind of place do you go to most often—a medical doctor's office, a clinic or hospita clinic, an emergency room, or some other place?         AH3 <ul> <li>Medical doctor's office</li></ul>				
<ul> <li>'QA23_H2' What kind of place do you go to most often—a medical doctor's office, a clinic or hospita clinic, an emergency room, or some other place?</li> <li>AH3</li> <li>O Medical doctor's office.</li> <li>Clinic/ Hospital clinic</li> <li>Some other place (Specify:)</li> <li>No one place</li> <li>No one place</li> <li>REFUSED/DON'T KNOW.</li> <li>-3</li> </ul>	IF 'QA23_H1'	= 1, CONTINU		
clinic, an emergency room, or some other place?         AH3         O       Medical doctor's office	LOE SKIP IC			
AH3       O       Medical doctor's office	QA23_H2'			office, a clinic or hospita
O       Medical doctor's office	AH3	clinic, an enit	eigency room, or some other place?	
Clinic/ Hospital clinic		0	Medical doctor's office1	
Some other place (Specify:) 91     No one place		0	Clinic/ Hospital clinic2	
<ul> <li>No one place</li></ul>				
<ul> <li>REFUSED/DON'T KNOW</li></ul>				
Emergency Room Visits 'QA23_H3' During the past 12 months, did you visit a hospital emergency room for your own health' AH12 O Yes				
'QA23_H3'       During the past 12 months, did you visit a hospital emergency room for your own health?         AH12       O       Yes       1       0       No       2       [GO TO 'QA23_H5']         O       REFUSED/DON'T KNOW       -3       [GO TO 'QA23_H5']       [GO TO 'QA23_H5']       (QA23_H4')         'QA23_H4'       How many times did you do that?       -3       [GO TO 'QA23_H5']         'QA23_H4'       How many times did you do that?       -3       [HR: 0 - 200]         Count times you visited a hospital emergency room for your own health.       0		0	REFUSED/DON'T KNOW3	
AH12       O       Yes       1         O       No       2       [GO TO 'QA23_H5']         O       REFUSED/DON'T KNOW       -3       [GO TO 'QA23_H5']         'QA23_H4'       How many times did you do that?         AH95       Count times you visited a hospital emergency room for your own health.         O	Emergency Ro	oom Visits		
O       Yes       1         O       No       2         O       REFUSED/DON'T KNOW       -3         GO TO 'QA23_H5']       GO TO 'QA23_H5']         FQA23_H4'       How many times did you do that?         AH95       Count times you visited a hospital emergency room for your own health.         O	QA23_H3'	During the pa	ast 12 months, did you visit a hospital emergency r	oom for your own health?
<ul> <li>Yes</li></ul>	AH12			
<ul> <li>No</li></ul>	7.1112	0	Yes 1	
<ul> <li>REFUSED/DON'T KNOW</li></ul>				[GO TO 'QA23 H5']
AH95       Count times you visited a hospital emergency room for your own health.         O      Number of times       [HR: 0 - 200]         O       REFUSED/DON'T KNOW		0	REFUSED/DON'T KNOW3	
Count times you visited a hospital emergency room for your own health.         O      Number of times       [HR: 0 - 200]         O       REFUSED/DON'T KNOW3         Medicare Coverage         'QA23_H5'       Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by Medicare?         Al1       O       Yes	QA23_H4'	How many tir	nes did you do that?	
Count times you visited a hospital emergency room for your own health.         O      Number of times       [HR: 0 - 200]         O       REFUSED/DON'T KNOW3         Medicare Coverage         'QA23_H5'       Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by Medicare?         Al1       O       Yes	AH95			
<ul> <li>REFUSED/DON'T KNOW</li></ul>	74100	Count times	you visited a hospital emergency room for your ow	n health.
<ul> <li>REFUSED/DON'T KNOW</li></ul>		Ο	Number of times	[HR: 0 - 200]
<ul> <li>'QA23_H5'</li> <li>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?</li> <li>Al1</li> <li>O Yes</li></ul>		0		
Al1       O       Yes       1       [GO TO 'QA23_H7']         O       No       2       2       [GO TO 'QA23_H7']         O       REFUSED/DON'T KNOW       -3       [GO TO 'QA23_H13']	Medicare Cove	erage		
Al1       O       Yes	'QA23_H5'			d older or persons with
O         Yes         1         [GO TO 'QA23_H7']           O         No         2           O         REFUSED/DON'T KNOW         -3         [GO TO 'QA23_H13']		certain disabi	ilities. At this time, are you covered by Medicare?	
<ul> <li>No</li></ul>	Al1	0		
• REFUSED/DON'T KNOW3 [GO TO 'QA23_H13']				[GO TO 'QA23_H7']
POST NOTE 'QA23_H5': IF 'QA23_H5' = 1, SET ARMCARE = 1 AND SET ARINSURE = 1		_		[GO TO 'QA23_H13']
	POST NOTE '		<b>DA23 H5'</b> = 1. SET ARMCARE = 1 AND SET AF	RINSURE = 1
		<u></u>		

#### PROGRAMMING NOTE 'QA23\_H6': IF ['AAGE' > 64 OR 'QA23 A4'= 6 (65 OR OLDER) OR ENUM.AGE > 64] AND 'QA23 H5' = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH 'QA23 H6'; ELSE GO TO PROGRAMMING NOTE 'QA23\_H7' 'QA23 H6' Is it correct that you are not covered by Medicare even though you told me earlier that you are 65 or older? Al2 0 Correct, I am not covered by Medicare.....1 [GO TO 'PN QA23 H13'] Ο Not correct, I am covered by Medicare ......2 [GO TO 'PN QA23 H7'1 Ο IGO TO 'PN\_QA23\_H13'] POST NOTE 'QA23 H6': AIDATE SET AIDATE= CURRENT DATE (YYYYMMDD); SET AAGE= 'QA23\_H7'; IF AAGE< 18, CODE AS IA AND TERMINATE PROGRAMMING NOTE 'QA23 H7': IF ARMCARE = 1, CONTINUE WITH 'QA23 H7'; ELSE GO TO PROGRAMMING NOTE 'QA23\_H13' Is this a Medicare Advantage Plan? 'QA23 H7' AH123 Medicare Advantage plans, sometimes called Part C plans, are offered by private companies approved by Medicare. Medicare Advantage plans provide Medicare Part A and Part B coverage. 0 Yes.....1 [GO TO 'QA23 H9'] Ο No.....2 Ο POST NOTE 'QA23\_H7': IF 'QA23\_H7'= 1, SET ARMADV= 1 'QA23 H8' 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? Al4 These are policies that cover health care costs not covered by Medicare alone. Ο Yes .....1 Ο **IGO TO** No.....2 'PN\_QA23\_H13'] Ο [GO TO 'PN QA23 H13'] POST-NOTE FOR 'QA23\_H8': IF 'QA23\_H8'= 1, SET ARSUPP= 1

### PROGRAMMING NOTE 'QA23\_H9': IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA23\_H13'; DISPLAYS; IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan"; IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";

**'QA23\_H9'** For the {Medicare Advantage plan/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?

### AH126

AARP stands for the American Association of Retired Persons

0	Directly	1
0	Your current employer	2
Ο	Your former employer	3
Ο	Union	4
0	Family Business	5
0	AARP	6
0	Spouse's / Partner's employer	7
Ο	Spouse's / Partner's union	8
0	Professional/Fraternal Organization	9
0	Other	
О	REFUSED/DON'T KNOW	3

# **'QA23\_H10'** Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AH53

<u>Premium</u> is the monthly charge for the cost of your health insurance plan.

<u>Co-pays</u> are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage.

A <u>deductible</u> is the amount you pay for medical care before your health plan starts paying.

0	Yes1
0	No2
Ο	REFUSED/DON'T KNOW3

## **'QA23\_H11'** Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

AH54

0	Yes1	
Ο	No2	[GO TO
О	REFUSED/DON'T KNOW3	<sup>·</sup> PN_QA23_H13'] [GO TO 'PN_QA23_H13']

**'QA23\_H12'** Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?

### AH55

Check all that apply

	Your current employer1
	Your former employer2
	Union
	Spouse's/Partner's current employer4
	Spouse's/Partner's former employer5
	Professional/Fraternal organization6
	Medicaid/Medi-Cal assistance7
	Other
0	REFUSED/DON'T KNOW3

**POST NOTE FOR 'QA23\_H12':** IF **'QA23\_H12'** = 7, SET ARMCAL = 1;

Medi-Cal Coverage

### PROGRAMMING NOTE 'QA23\_H13':

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

**'QA23\_H13'** {Is it correct that you are/Are you} covered by Medi-CAL?

Al6

Medi-Cal is a health insurance program for low-income individuals in California

- O Yes.....1 O No.....2

**POST NOTE FOR 'QA23\_H13'**: IF **'QA23\_H13'**= 1, SET ARMCAL= 1 AND SET ARINSURE= 1; IF ARMCAL= 1 AND **'QA23\_H13'**= 2, SET ARMCAL= 0

Employer-Based Coverage

#### PROGRAMMING NOTE 'QA23\_H14':

### **DISPLAY INSTRUCTIONS:**

IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other"; ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other"; ELSE DISPLAY "a"

'QA23_H14'	{Besides the Medicare supplement plan you told me about/Besides the Medicare
	Advantage 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?

Al8

You may be covered either through your own or someone else's employment

- O Yes.....1 O No.....2
- O REFUSED/DON'T KNOW.....--3

### POST NOTE FOR 'QA23\_H14': IF 'QA23\_H14' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE 'QA23_H15':
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE
WITH <b>'QA23_H15</b> ';
ELSE GO TO PROGRAMMING NOTE 'QA23 H17'

**'QA23\_H15'** Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

AI11

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.

0	Yes1	
0	No2	[GO TO
		<sup>-</sup> PN_QA2
0	REFUSED/DON'T KNOW3	[GO TO

'PN\_QA23\_H17'] [GO TO 'PN\_QA23\_H17']

POST NOTE FOR 'QA23\_H15': IF 'QA23\_H15' = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

#### PROGRAMMING NOTE 'QA23 H16': IF ARDIRECT = 1, THEN CONTINUE WITH 'QA23 H16'; ELSE GO TO 'PN\_QA23\_H17'

Ο

'QA23 H16' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

AH104

- Ο Insurance company or HMO .....1
  - Covered California ......2 )..... 92
- Ο Other (Specify:
- $\mathbf{O}$

POST NOTE FOR 'QA23 H16': IF 'QA23 H16' = 2, THEN SET ARHBEX = 1

**PROGRAMMING NOTE FOR 'QA23 H17':** IF 'QA23 H14' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA23 H15' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23\_H17'; ELSE GO TO 'PN QA23 H19'

'QA23\_H17' Was this plan obtained in your own name or in the name of someone else?

Al9

This may include someone who does not live in this household

О	In my own name1	
		'PN_QA23_H19']
0	In someone else's name2	
Ο	REFUSED/DON'T KNOW	[GO TO
		<sup>-</sup> PN_QA23_H19']

### POST NOTE FOR 'QA23 H17':

IF 'QA23 H14' = 1 AND 'QA23 H17' = 1 SET AREMPOWN = 1 AND SET ARINSURE= 1 AND SET AREMPOTH= 0: IF 'QA23\_H14' = 1 AND 'QA23\_H17' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE= 1; IF 'QA23 H15' = 1 AND 'QA23 H17' = 1 SET ARDIROWN= 1 AND ARINSURE = 1; IF 'QA23 H15' = 1 AND 'QA23 H17' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1 IF 'QA23\_H15' = 1 AND 'QA23\_H17' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = PROGRAMMING NOTE 'QA23\_H18': IF 'QA23\_A23' = 1 (MARRIED) OR 'QA23\_D12' = 1 OR 'QA23 D13'= 10R IF 'QA23 G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA23 A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA23\_H18'; ELSE GO TO PROGRAMMING NOTE 'QA23\_H19'; IF 'QA23\_A23' = 1, THEN DISPLAY "spouse's name"; IF 'QA23\_A23' ≠ 1 AND ('QA23\_D12'= 1 OR 'QA23\_D13'= 1), THEN DISPLAY "partner's name; IF 'QA23\_G11'= 1 OR AAGE < 26, THEN DISPLAY "parent's name";

### **PROGRAMMING NOTE 'QA23 H18':**

IF 'QA23 A23' = 1 (MARRIED) OR 'QA23 D12' = 1 OR 'QA23 D13' = 1 OR IF 'QA23 G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA23 A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA23 H18': ELSE GO TO PROGRAMMING NOTE 'QA23 H19'; IF 'QA23 A23' = 1. THEN DISPLAY "spouse's name": IF 'QA23\_A23' ≠ 1 AND ('QA23\_D12' = 1 OR 'QA23\_D13' = 1), THEN DISPLAY "partner's name; IF 'QA23\_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

**'QA23\_H18'** Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

Al9A

0	In spouse's/partner's name1
Ο	In parent's name2
О	In someone else's name3
0	REFUSED/DON'T KNOW3

POST NOTE FOR 'QA23\_H18': IF 'QA23\_H14' = 1 AND 'QA23\_H18' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1; IF 'QA23\_H16' = 2 AND 'QA23\_H18' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1; IF 'QA23\_H14' = 1 AND 'QA23\_H18' = 2 SET AREMPPAR = 1 AND AREMPOTH = 0; IF 'QA23\_H15' = 1 AND 'QA23\_H18' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1; IF 'QA23\_H15' = 1 AND 'QA23\_H18' = 2 SET ARDIRSP = 1 AND ARDIROTH = 0

### PROGRAMMING NOTE 'QA23\_H19':

IF 'QA23\_H14' = 1 (EMPLOYER-BASED COVERAGE) AND 'QA23\_G34' =< 5 (FIRM SIZE <= 100), CONTINUE WITH 'QA23\_H19' AND DISPLAY; IF AREMPOWN = 1 THEN DISPLAY {you}; IF AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 THEN DISPLAY {he or she}; ELSE GO TO PROGRAMMING NOTE 'QA23\_H20';

**'QA23\_H19'** How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

### AH105

SHOP is the Small Business Health Options Program administered by Covered California

- O Employer .....1
- O Union......2

### POST NOTE FOR 'QA23\_H19': IF 'QA23\_H19' = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE 'QA23\_H20': IF ARHBEX = 1, THEN CONTINUE WITH 'QA23\_H20'; ELSE GO TO 'PN\_QA23\_H22';

**'QA23\_H20'** Was this a bronze, silver, gold or platinum plan?

### AH106

0	Bronze1	
0	Silver2	
0	Gold	
0	Platinum4	
0	Medi-CAL / Medicaid5	
0	Minimum coverage plan / Catastrophic6	
0	Other (Specify:)	
0	REFUSED/DON'T KNOW3	

IF 'QA23_H19'	<b>IG NOTE 'QA23</b> = 3, THEN GO JE WITH <b>'QA23</b>	TO <b>'QA23_H22'</b> ;			
'QA23_H21'	Was there a su	bsidy or discount on the premium for th	nis plan?		
AH107		Yes No REFUSED/DON'T KNOW	2		
IF <b>'QA23_H14'</b> COVERAGE), (	PROGRAMMING NOTE 'QA23_H22': IF 'QA23_H14' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA23_H15'= 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23_H22'; ELSE GO TO PROGRAMMING NOTE 'QA23_H27'				
'QA23_H22'		or all of the premium or cost for this h or deductibles you or your family may			
74107	<u>Premium</u> is the	monthly charge for the cost of your he	alth insurance plan.		
		e partial payments you make for your h he health care system, while someone			
	A <u>deductible is</u> paying.	the amount you pay for medical care b	efore your health plan starts		
	0 0 0	Yes No REFUSED/DON'T KNOW	2 [GO TO 'PN QA23 H25']		
'QA23_H23'		ou {does your family} pay each month ? Your best guess is fine.	for your {your family} health		
AH 120	Do not include : pay.	the cost of any co-pays or deductibles	you or your family may have had to		
	<u>Premium</u> is the	monthly charge for the cost of your he	alth insurance plan.		
		e partial payments you make for your h he health care system, while someone			
	A <u>deductible</u> is	the amount you pay for medical care b	efore your health plan starts paying		
		(Amount)	[HR:0-9997, SR:0-2000]		
	0	REFUSED/DON'T KNOW	3		

**'QA23\_H24'** Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

### AH58

0	Yes1	
0	No2	

REFUSED/DON'T KNOW......-3

[GO TO 'PN\_QA23\_H27'] [GO TO 'PN\_QA23\_H27']

PROGRAMMING NOTE 'QA23\_H25': IF 'QA23\_H22'= 2, CONTINUE WITH 'QA23\_H25'; ELSE SKIP TO 'PN\_QA23\_H27'

0

**'QA23\_H25'** Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization?

AH56

Check all that apply

	Your current employer	.1
	Your former employer	.2
	Union	.3
	Spouse's/Partner's current employer	4
	Spouse's/Partner's former employer	5
	Professional/Fraternal organization	6
	Medicaid/Medi-Cal assistance	7
	Medicare	9
	Covered California 1	1
	Other 9	)1
О	REFUSED/DON'T KNOW	.3

POST-NOTE 'QA23_H25':
IF 'QA23_H25'= 1, 2, OR 3, THEN SET AREMPOWN= 1;
IF <b>'QA23_H25'</b> = 4 OR 5, THEN SET AREMPSP= 1;
IF <b>'QA23_H25'</b> = 6, THEN SET AROTHER= 1;
IF <b>'QA23_H25'</b> = 9, SET ARMCARE= 1 AND SET ARDIRECT= 0;
IF <b>'QA23_H25'</b> = 7, SET ARMCAL= 1 AND SET ARDIRECT= 0;
IF <b>'QA23_H25'</b> = 11, SET ARHBEX= 1;
IF ' <b>QA23_H25</b> '= 91, THEN SET AROTHER= 1

**'QA23\_H26'** How much do they contribute to your plan each month?

### AH129

• (Amount) • REFUSED/DON'T KNOW......-3 [HR:0-9997,SR:0-2000]

POST NOTE 'QA23_H26':
IF RESPONDENT GIVES AMOUNT GREATER THAN SR DISPLAY "Just to confirm, you said (DISPLAY
AMOUNT ENTERED)"

PROGRAMMING NOTE 'QA23_H27':IF ['QA23_G27'= 1 OR 2 (R WORKED LAST WEEK) OR 'QA23_G29'= 1 (R USUALLY WORKS)] AND'QA23_G31' $\neq$ 3 (NOT SELF-EMPLOYED) AND AREMPOWN $\neq$ 1 (NO EMPLOYER-BASEDCOVERAGE), CONTINUE WITH 'QA23_H27';ELSE GO TO PROGRAMMING NOTE 'QA23_H31'			
'QA23_H27'	Does your emp	ployer offer health insurance to any of its employed	ees?
AI13			
	Ο	Yes1	
	0	No2	[GO TO 'PN_QA23_H31']
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H31']
'QA23_H28'	Are you eligible	e to be in this plan?	
AI14			
	Ο	Yes1	
	O	No2	[GO TO
	-		'PN_QA23_H30']
	Ο	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H31']
'QA23_H29'	What is the on	e main reason why you aren't in this plan?	
A145			
AI15	Ο	Covered by another plan1	[GO TO 'PN_QA23_H31']
	Ο	Plan too expensive2	[GO TO 'PN_QA23_H31']
	О	Didn't like plan offered3	[GO TO 'PN_QA23_H31']
	Ο	Don't need or believe in health insurance4	[GO TO 'PN_QA23_H31']
	Ο	Other (Specify:)91	[GO TO 'PN_QA23_H31']
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H31']
'QA23_H30'	What is the on	e main reason why you are not eligible for this pl	an?
AI15A	$\sim$	Howen't yet worked for this approximate	
	O	Haven't yet worked for this employer	
	Ο	long enough to be covered1 Contract or temporary employees	
	•	not allowed in plan2	
	0	Don't work enough hours per week	
	<b>`</b>	or weeks per year	
	Ο	Other (Specify: )	
	Ō	Other (Specify:)	

### CHAMPUS/CHAMPVA, TRICARE, VA Coverage

**PROGRAMMING NOTE 'QA23\_H31':** IF ARINSURE  $\neq$  1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH '**QA23\_H31'**; ELSE GO TO '**PN\_QA23\_H32**'

- **'QA23\_H31'** Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?
- AI16

POST NOTE 'QA23\_H31': IF 'QA23\_H31' = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

AIM, MRMIP, Family PACT, HEALTHY KIDS, Other Government Coverage

## **PROGRAMMING NOTE 'QA23\_H32':** IF ARINSURE $\neq$ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH **'QA23\_H32'**; ELSE GO TO PROGRAMMING NOTE **'QA23\_H33'**

**'QA23\_H32'** Are you covered by some other government health program, such as AIM, 'Mister MIP,' the Family PACT program, Healthy Kids, or something else?

AI17

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

### POST-NOTE 'QA23\_H32': IF 'QA23\_H32'= 1, SET AROTHGOV= 1 AND SET ARINSURE= 1

Other Coverage

**PROGRAMMING NOTE 'QA23\_H33':** IF ARINSURE  $\neq$  1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH **'QA23\_H33'**; ELSE GO TO PROGRAMMING NOTE **'QA23\_H37'** 

**'QA23\_H33'** Do you have any health insurance coverage through a plan that I missed?

0	Yes1	
0	No2	IGO TO
		'PN_QA23_H37']
0	REFUSED/DON'T KNOW3	[GO ΤΟ
		<sup>-</sup> PN_QA23_H37']

**'QA23\_H34'** What type of health insurance do you have?

### AI19

Check all that apply.

	Through current or
	former employer/union1
	Through school, professional association,
	trade group, or other organization2
	Purchased directly from health plan3
	MediCARE4
	Medi-CAL5
	CHAMPUS/CHAMP-VA, TRICARE, VA
	or some other military health care7
	Indian health service,
	Tribal health program or
	urban Indian clinic8
	Covered California 10
	Shop through Covered California
	Other government health plan
	Other non-government health plan
0	REFUSED/DON'T KNOW

POST NOTE 'QA23_H34':
IF 'QA23_H34'= 1, SET AREMPOTH= 1 AND SET ARINSURE= 1;
IF <b>'QA23_H34'=</b> 2, SET AREMPOTH= 1 AND SET ARINSURE= 1;
IF 'QA23_H34'= 3, SET ARDIRECT= 1 AND SET ARINSURE= 1;
IF 'QA23_H34'= 4, SET ARMCARE= 1 AND SET ARINSURE= 1;
IF <b>'QA23_H34'</b> = 5, SET ARMCAL= 1 AND SET ARINSURE= 1;
IF <b>'QA23_H34'</b> = 7, SET ARMILIT= 1 AND SET ARINSURE= 1;
IF ' <b>QA23_H34</b> '= 8, SET ARIHS= 1;
IF 'QA23_H34'= 10, SET ARHBEX= 1 AND ARDIRECT= 1 AND ARINSURE= 1 AND ARDIROTH=1;
IF 'QA23_H34'= 11, SET ARHBEX= 1 AND SET ARINSURE= 1 AND AREMPOTH= 1;
IF 'QA23_H34'= 91, SET AROTHGOV= 1 AND SET ARINSURE= 1;
IF 'QA23_H34'= 92, -7, OR -8, SET AROTHER= 1 AND SET ARINSURE= 1

#### PROGRAMMING NOTE 'QA23\_H35': IF 'QA23\_H34'= 1, 2, OR 3 CONTINUE WITH 'QA23\_H35'; ELSE GO TO 'PN\_QA23\_H37'

**'QA23\_H35'** Was this plan obtained in your own name or in the name of someone else?

### AH59

This may include someone who does not live in this household

0	In my own name1	[GO TO 'PN_QA23_H37']
0	In someone else's name2	

O REFUSED/DON'T KNOW......-3

[GO TO 'PN\_QA23\_H37']

**POST NOTE 'QA23\_H35':** IF (**'QA23\_H34'** = 1 OR 2 OR KAI19 =11) AND '**QA23\_H35'** = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1; IF (**'QA23\_H34'** = 3 OR 10) AND '**QA23\_H35'** = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1; IF (**'QA23\_H34'** = 1 OR 2) AND (**'QA23\_H35'** = 2, -3), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1; IF '**QA23\_H34'** = 1 AND (**'QA23\_H35'** = 2, -3) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1;

PROGRAMMING NOTE 'QA23\_H36':IF 'QA23\_A23'= 1 (MARRIED) OR 'QA23\_D12'= 1 OR 'QA23\_D13'= 1 OR IF 'QA23\_G11'= 1 (LIVINGWITH PARENTS) OR AAGE < 26, CONTINUE WITH 'QA23\_H36';</td>ELSE GO TO PROGRAMMING NOTE 'QA23\_H37';IF 'QA23\_A23'= 1 THEN DISPLAY "spouse's name";IF 'QA23\_A23'  $\neq$  1 AND ('QA23\_D12'= 1 OR 'QA23\_D13'= 1), THEN DISPLAY "partner's name";IF 'QA23\_G11'= 1 OR AAGE < 26, THEN DISPLAY "parent's name";</td>

**'QA23\_H36'** Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

### AH60

Ο	In spouse's / partner's name1	
$\sim$		

- O In parent's name ......2
- O REFUSED/DON'T KNOW......-3

### POST-NOTE 'QA23\_H36':

IF 'QA23_H36'= 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF ' <b>QA23 H36'</b> = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE 'QA23_H37':	
IF ARIHS≠ 1 AND 'QA23_A10'= 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH	
'QA23_H37';	
ELSE GO TO 'PN_QA23_H38'	

- **'QA23\_H37'** Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
- AI20

**POST-NOTE 'QA23\_H37'**: IF **'QA23\_H37'**= 1, SET ARIHS= 1

Spouse's Insurance Coverage Type & Eligibility

PROGRAMMING NOTE AI37Intro:
IF ['QA23_A23'= 1 (MARRIED) OR 'QA23_D12'= 1 OR 'QA23_D13'= 1] AND 'QA23_A24'= 1
(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37Intro;
IF 'QA23_A23'= 1, THEN DISPLAY "spouse";
ELSE IF 'QA23_D12'= 1 OR 'QA23_D13'= 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE 'QA23_H60'

**'QA23\_H38'** These next questions are about the type of health insurance your {spouse/partner} may have.

### Al37Intro

### PROGRAMMING NOTE 'QA23\_H39': IF SPOUSE 65 OR OLDER THEN IF ARMCARE ≠ 1, CONTINUE WITH 'QA23\_H39' WITHOUT DISPLAYELSE IF ARMCARE = 1, CONTINUE WITH 'QA23\_H39' AND DISPLAY "You said that you are covered by Medicare." AND "also"; ELSE GO TO 'PN\_QA23\_H42'

**'QA23\_H39'** {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?}}

AI37

**POSTNOTE 'QA23\_H39':** IF **'QA23\_H39'** = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

### PROGRAMMING NOTE 'QA23\_H40':

IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE 'QA23\_H41'; DISPLAYS; IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA23\_H40' WITHOUT DISPLAY; ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'QA23\_H40' AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also"; IF 'QA23\_A23'= 1 (MARRIED) THEN DISPLAY "spouse's"; ELSE IF 'QA23\_D12' = 1 OR 'QA23\_D13'= 1THEN DISPLAY "partner's";

**'QA23\_H40'** {You said that you have a Medi*CARE* Advantage plan.} Does your {spouse/partner} {also} have a Medi*CARE* Advantage plan?

### AH127

Medicare Advantage plans, sometimes called Part C plans, are offered by private companies approved by Medicare. Medicare Advantage plans provide Medicare Part A and Part B coverage.

- O Yes.....1
- O No.....2
- O REFUSED/DON'T KNOW.....--3

POST-NOTE 'QA23\_H40': IF 'QA23\_H40'= 1, THEN SET SPMADV= 1 AND SET SPINSURE= 1

### PROGRAMMING NOTE 'QA23\_H41':

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'QA23\_H42'; ELSE IF SPMCARE= 1 AND ARSUPP ≠ 1, CONTINUE WITH 'QA23\_H41' WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARSUPP= 1, CONTINUE WITH '**QA23\_H41**' AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";

IF 'QA23\_A23'= 1 (MARRIED), THEN DISPLAY "spouse";

ELSE IF 'QA23\_D12'= 1 OR 'QA23\_D13'= 1THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE 'QA23\_H42'

**'QA23\_H41'** {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

AI37A

- O Yes.....1
- O No.....2
- O REFUSED/DON'T KNOW......-3

POST-NOTE 'QA23\_H41': IF 'QA23\_H41' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23\_H42': IF ARMCAL= 1, CONTINUE WITH 'QA23\_H42'; DISPLAY "also" IF ARMCARE =1; ELSE GO TO PROGRAMMING NOTE 'QA23\_H43'

'QA23\_H42' You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

AI38

0	Yes1	
0	No	2
0	REFUSED/DON'T KNOW3	3

POST-NOTE 'QA23\_H42': IF 'QA23\_H42'= 1, SET SPMCAL= 1 AND SET SPINSURE= 1

**IGO TO** 

'PN QA23 H46']

### **PROGRAMMING NOTE 'QA23\_H43':** IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH **'QA23\_H43'**; IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also"; ELSE GO TO PROGRAMMING NOTE **'QA23\_H44'**

- **'QA23\_H43'** You said you have insurance from <u>your</u> current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> employer or union?
- AI40
- O
   Yes
   1

   O
   No
   2

   O
   Other
   3

   O
   REFUSED/DON'T KNOW
   -3

**POST-NOTE 'QA23\_H43':** IF **'QA23\_H43'**= 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

**PROGRAMMING NOTE 'QA23\_H44':** IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH '**QA23\_H44'**; IF ARMCARE= 1 OR ARMCAL= 1, THEN DISPLAY "also"; ELSE GO TO PROGRAMMING NOTE '**QA23\_H45**'

**'QA23\_H44'** You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

### AH108

SHOP is the Small Business Health Options Program administered by Covered California.

0	Yes	1 [GO TO 'PN_QA23_H46']
0	No	2
0	Other	3
0	REFUSED/DON'T KNOW	3

**POST NOTE 'QA23\_H44':** IF **'QA23\_H44'**= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP=1 AND SPHBEX= 1;

#### PROGRAMMING NOTE AI40A:

IF 'QA23\_G35'= 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA23\_G36' = 1 (USUALLY WORKS), CONTINUE WITH 'QA23\_H45';

IF AREMPSP = 1 AND 'QA23\_A23' = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";

ELSE IF AREMPSP = 1 AND ('QA23\_D12' = 1 OR 'QA23\_D13' = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";

IF SPINSURE = 1, THEN DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE 'QA23\_H46'

**'QA23\_H45'** {You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

AI40A

- O Yes.....1 O No.....2
- O REFUSED/DON'T KNOW......-3

POST NOTE 'QA23\_H45': IF 'QA23\_H45' = 1, SET SPEMPOWN= 1 AND SET SPINSURE= 1

### PROGRAMMING NOTE 'QA23\_H46':

IF ARDIRECT = 1 AND ARHBEX  $\neq$  1, CONTINUE WITH 'QA23\_H46'; IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also"; ELSE GO TO PROGRAMMING NOTE 'QA23\_H47'

**'QA23\_H46'** You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

AI41

**POST-NOTE 'QA23\_H46**': IF **'QA23\_H46**' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP= 1;

### PROGRAMMING NOTE 'QA23\_H47':

IF ARDIRECT=1 AND ARHBEX<sup>=</sup> 1, CONTINUE WITH '**QA23\_H47**'; IF ARMCARE= 1 OR ARMCAL= 1 OR AREMPOWN= 1, DISPLAY "also"; ELSE GO TO '**PN\_QA23\_H48**'

## **'QA23\_H47'** You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

AH109

- O Yes.....1 O No......2
- O REFUSED/DON'T KNOW......-3

### POST-NOTE 'QA23\_H47':

IF 'QA23\_H47'= 1, SET SPDIRECT = 1 AND SET SPINSURE= 1 AND ARSAMESP=1 AND SPHBEX= 1;

IF ARMILIT = 1 IF ARMCARE :		
'QA23_H48'	TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?	
<u> </u>		Yes1 No2 REFUSED/DON'T KNOW3
POST-NOTE ' ARSAMES		QA23_H48'= 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND
PROGRAMMING NOTE 'QA23_H49': IF AROTHGOV = 1, CONTINUE WITH 'QA23_H49'; IF 'QA23_H35'= 91, THEN DISPLAY "some government health plan": IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also"; ELSE GO TO 'PN_QA23_H50'		
'QA23_H49' AI42A		also} have health insurance through some government health plan. Is RTNER) also covered by this plan? Yes1 No2 REFUSED/DON'T KNOW3
POST-NOTE 'QA23_H49': IF 'QA23_H49'= 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1		
PROGRAMMING NOTE 'QA23_H50': IF SPINSURE ≠ 1, DISPLAY "any"; ELSE DISPLAY "through any other source"		
'QA23_H50' Al46	Does (SPOUSI source}?	E/PARTNER) have {any} health insurance coverage {through any other
A140	O O	Yes1 No2 <b>[GO TO</b> <b>'PN_QA23_H52']</b>
	O	REFUSED/DON'T KNOW3 [GO TO 'PN_QA23_H56']

'QA23\_H51' What type of health insurance does {he/she} have?

Check all that apply

Through current or
former employer/union1
Through school,
professional association,
trade group or other organization2
Purchased directly from health plan3
Medicare4
Medi-Cal5
CHAMPUS/CHAMP-VA, TRICARE,
VA or some other military health care7
Indian Health Service,
Tribal Health Program, or
Urban Indian Clinic8
Covered California 10
SHOP through Covered California
Other government health plan
Other non-government health plan

POST-NOTE 'QA23_H51':
IF 'QA23_H51'= 1, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
IF 'QA23_H51'= 2, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
IF 'QA23_H51'= 3, SET SPDIRECT= 1 AND SET SPINSURE= 1;
IF <b>'QA23_H51'</b> = 4, SET SPMCARE= 1 AND SET SPINSURE= 1;
IF 'QA23_H51'= 5, SET SPMCAL= 1 AND SET SPINSURE= 1;
IF <b>'QA23_H51'</b> = 7, SET SPMILIT= 1 AND SET SPINSURE= 1;
IF 'QA23_H51'= 8, SET SPIHS= 1;
IF 'QA23_H51'= 10, SET SPHBEX= 1 AND SPDIRECT= 1 AND SPINSURE= 1 AND SPDIROTH= 1;
IF 'QA23_H51'= 11, SET SPHBEX= 1 AND SET SPINSURE= 1 AND SET SPEMPOTH= 1;
IF 'QA23_H51'= 91, SET SPOTHGOV= 1 AND SET SPINSURE= 1;
IF 'QA23_H51'= 92, -3, SET SPOTHER= 1 AND SET SPINSURE= 1

### PROGRAMMING NOTE 'QA23\_H52':

IF SPINSURE ≠ 1, CONTINUE WITH 'QA23\_H52'; ELSE IF SPINSURE= 1 AND (SPEMPOTH= 1 OR SPDIRECT= 1), THEN SKIP TO PROGRAMMING NOTE 'QA23\_H54'; ELSE GO TO PROGRAMMING NOTE 'QA23\_H56'

**'QA23\_H52'** You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

0	Yes1	[GO TO 'PN_QA23_H56']
0	No2	
0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H56']

'QA23\_H53' What type of health insurance does {he/she} have?

### AI49

Check all that apply

Through current or1
former employer/union
Through school,2
professional association,
trade group or other organization
Purchased directly from health plan
Medicare4
Medi-Cal5
CHAMPUS/CHAMP-VA, TRICARE,7
VA or some other military health care
Indian Health Service,
Tribal Health Program, or
Urban Indian Clinic
Covered California 10
SHOP through Covered California
Other government health plan
Other non-government health plan

### POST-NOTE 'QA23\_H53':

IF <b>'QA23_H53'</b> = 1, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
IF <b>'QA23_H53'</b> = 2, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
IF <b>'QA23_H53'</b> = 3, SET SPDIRECT= 1 AND SET SPINSURE= 1;
IF <b>'QA23_H53'</b> = 4, SET SPMCARE= 1 AND SET SPINSURE= 1;
IF <b>'QA23_H53'</b> = 5, SET SPMCAL= 1 AND SET SPINSURE= 1;
IF <b>'QA23_H53'</b> = 7, SET SPMILIT= 1 AND SET SPINSURE= 1;
IF <b>'QA23_H53'=</b> 8, SET SPIHS= 1;
IF 'QA23_H53'= 10, SET SPHBEX= 1 AND SET SPDIRECT= 1 AND SET SPINSURE= 1 AND
SPDIROTH= 1;
IF <b>'QA23_H53'</b> = 11, SET SPHBEX= 1 AND SET SPINSURE= 1 AND SPEMOTH= 1;
IF ' <b>QA23_H53'</b> = 91, SET SPOTHGOV= 1 AND SET SPINSURE= 1;
IF <b>'QA23_H53'</b> = 92, -3, SET SPOTHER= 1 AND SET SPINSURE= 1;

PROGRAMMING NOTE 'QA23_H54':
IF 'QA23_H51'= (1, 2, 3, 10, 11) OR 'QA23_H53'= (1, 2, 3, 10, 11) THEN CONTINUE WITH
'QA23_H54';
IF <b>'QA23_A23'=</b> 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'QA23_D12'= 1 OR 'QA23_D13'= 1 THEN DISPLAY "partner's";
ELSE SKIP TO PROGRAMMING NOTE 'QA23_H56'

## **'QA23\_H54'** Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

AH62

This may include someone who does not live in this household

0	In spouse's/partner's name1	[GO TO
		'PN_QA23_H56']

- - REFUSED/DON'T KNOW.....--3 [GO TO

'PN\_QA23\_H56']

POST-NOTE 'QA23\_H54': IF 'QA23\_H54'= 1 AND ['QA23\_H51'= (1 OR 2) OR 'QA23\_H53'= (1 OR 2)], SET SPEMPOW =1 AND SPEMPOT = 0; IF 'QA23\_H54'= 1 AND ['QA23\_H51' = 3 OR 'QA23\_H53' = 3], SET KSPDIROW = 1; IF 'QA23\_H54'= 1 AND ['QA23\_H51' = 10 OR 'QA23\_H53' = 10], SET SPHBEX = 1 AND SPDIROW = 1; IF 'QA23\_H54' = 1 AND ['QA23\_H51' = 11 OR 'QA23\_H53' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA23\_H55' Is the plan in your name, parent's name, or someone else's name?

AH63

0	In my name1
0	In my parent's name2
0	In someone else's name
О	REFUSED/DON'T KNOW3

POST NOTE 'QA23_H55':
IF 'QA23_H55'= 1 AND ['QA23_H51'= (1 OR 2) OR 'QA23_H53'= (1 OR 2)], SET SPEMPAR= 1 AND
SPEMPOT= 0 AND ARSAMES= 1;
IF 'QA23_H55'= 1 AND ['QA23_H51' = 3 OR 'QA23_H53' = 3], SET SPDIRAR= 1 AND ARSAMES= 1;
IF <b>'QA23_H55'</b> = 1 AND [ <b>'QA23_H51'</b> = 10 OR <b>'QA23_H53'</b> = 10], SET SPHBEX= 1 AND SPDIRAR= 1
AND ARSAMES= 1;
IF 'QA23_H55'= 1 AND ['QA23_H51' = 11 OR 'QA23_H53'= 11], SET SPHBEX= 1 AND SPEMPAR = 1
AND ARSAMES= 1;
IF <b>'QA23_H55'</b> = 2, SET SPARPAR= 1 AND SET SPEMPOT= 0;

		A 1180	
PROGRAMMING NOTE 'QA23_H56': IF SPEMPOWN= 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA23_H60'; ELSE IF [('QA23_G35'=1 OR 2) OR('QA23_G36'=1)] AND 'QA23_G37'≠3 CONTINUE WITH 'QA23_H56';			
ELSE IF QA2	3_D12'= 1 OR '	), THEN DISPLAY "spouse's"; <b>QA23_D13'=</b> 1 (LEGAL SAME-SEX COUPLE) TI G NOTE ' <b>QA23_H60</b> '	HEN DISPLAY "partner's"
'QA23_H56'	Does your {sp	ouse's/partner's} employer offer health insurance	to any of its employees?
AI43			
	Ο	Yes1	
	0	No2	[GO TO
	О	REFUSED/DON'T KNOW3	'PN_QA23_H60'] [GO TO 'PN_QA23_H60']
'QA23_H57'	ls {he/she} elic	gible to be in this plan?	
_ Al44			
	Ο	Yes1	
	Ο	No2	[GO TO
	0	REFUSED/DON'T KNOW3	'PN_QA23_H59'] [GO TO 'PN_QA23_H60']
'QA23_H58'	What is the Of	NE main reason why {he/she} isn't in this plan?	
AI45			
<u> </u>	О	Covered by another plan1	[GO TO 'PN_QA23_H60']
	0	Plan too expensive2	[GO TO
	0	Didn't like the plan offered3	'PN_QA23_H60'] [GO TO 'PN_QA23_H60']
	О	Didn't need or believe in health insurance4	[GO TO 'PN_QA23_H60']
	Ο	Other (Specify:)91	[GO TO 'PN_QA23_H60']
'QA23_H59'	What is the on	e main reason why {he/she} is not eligible for this	s plan?
AI45A			
	О	Hasn't yet worked for this employer1 long enough to be covered	
	О	Contract or temporary employees2 not allowed in	
	О	Doesn't work enough hours per week3 or week per year	
	0	Other (Specify:)	

Managed-Care Plan Characteristics

**PROGRAMMING NOTE 'QA23\_H60'**: IF ARMCARE= 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH  $\neq$  1 AND ARDIRECT  $\neq$  1 AND ARMCAL  $\neq$  1 AND ARMILIT  $\neq$  1 AND ARIHS  $\neq$  1 AND ARHBEX  $\neq$  1 AND AROTHGOV  $\neq$  1 AND AROTHER  $\neq$  1), THEN SKIP TO PN 'QA23 H63'; IF ARMCARE  $\neq$  1 AND AREMPOWN  $\neq$  1 AND AREMPOTH  $\neq$  1 AND ARDIRECT  $\neq$  1 AND ARMCAL  $\neq$ 1 AND ARMILIT  $\neq$  1 AND ARIHS  $\neq$  1 AND ARHBEX  $\neq$  1 AND AROTHGOV  $\neq$  1 AND AROTHER  $\neq$  1, THEN SKIP TO GO TO 'QA23 H82' ; ELSE CONTINUE WITH 'QA23\_H60' DISPLAY; IF ['QA23 A23'= 1 (MARRIED) OR AD60= 1 OR AD61= 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE= 1 (R HAS MEDICARE) AND (AREMPOWN= 1 OR AREMPOTH= 1 OR ARDIRECT= 1 OR ARMCAL= 1 OR ARMILIT= 1 OR ARIHS= 1 OR ARHBEX= 1 OR AROTHGOV= 1 OR AROTHER= 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other"; IF ['QA23 A23'= 1 (MARRIED) OR AD60= 1 OR AD61= 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE= 1 (R HAS MEDICARE) AND (ARMCAL= 1)]. DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL"; IF ARMCARE= 1 (R HAS MEDICARE) AND (AREMPOWN= 1 OR AREMPOTH= 1 OR ARDIRECT= 1 OR ARMILIT= 1 OR ARIHS= 1 OR ARHBEX= 1 OR AROTHGOV= 1 OR AROTHER= 1), DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other"; [IF ARMCARE= 1 (R HAS MEDICARE) AND (ARMCAL= 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;IF ['QA23 A23'= 1 (MARRIED) OR AD60= 1 OR AD61= 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN= 1 OR AREMPOTH= 1 OR ARDIRECT= 1 OR OR ARMILIT= 1 OR ARIHS= 1 OR ARHBEX= 1 OR AROTHGOV= 1 OR AROTHER= 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND "; IF ['QA23\_A23'= 1 (MARRIED) OR AD60= 1 OR AD61= 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL= 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal; IF (AREMPOWN= 1 OR AREMPOTH= 1 OR ARDIRECT= 1 OR ARMILIT= 1 OR ARIHS= 1 OR ARHBEX= 1 OR AROTHGOV= 1 OR AROTHER= 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY"; IF ARMCAL = 1 AND ARMCARE  $\neq$  1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal";

ELSE DISPLAY, "Is your health plan an HMO?"

**'QA23\_H60'** {Besides your Medicare plan you told me about earlier, I have some questions about <u>your</u> other health plan./Next, I have some questions about <u>your</u> own main health plan.}

AI22C

HMO stands for Health Maintenance Organization. With an HMO, you must use the

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

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.

0	Yes1	[GO TO 'PN_QA23_H62']
0	No2	
0	REFUSED/DON'T KNOW3	

PROGRAMMING NOTE 'QA23\_H61': IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO 'QA23\_H62'; ELSE CONTINUE WITH 'QA23\_H61';

**'QA23\_H61'** Is your health plan a PPO or EPO?

### AH122

<u>EPO</u> stands for Exclusive Provider Organization. With an EPO, you must use the innetwork doctors and hospital. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

<u>PPO</u> stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider.

0	PPO	1
0	EPO	2
0	Other (Specify:	) 91
0	REFUSED/DON'T KNOW	

**PROGRAMMING NOTE 'QA23\_H62':** IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH **'QA23\_H62'** AND DISPLAY "your main"; IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH **'QA23\_H62'** AND DISPLAY "this"

**'QA23\_H62'** What is the name of {your main/this} health plan?

AI22A

0	Anthem Blue Cross of California	.7
0	Health Net	38
0	Kaiser Permanente	17
0	Kaiser Permanente Senior Advantage 4	18
0	Scan Health Plan6	67
0	United Healthcare7	73
0	United Healthcare Secure Horizon	74
0	Medicare	53
0	Other (Specify:)	35
0	REFUSED/DON'T KNOW	-3

POST NOTE 'QA23\_H62': IF 'QA23\_H62'= 93, 87, OR 89 THEN SET ARMILIT=1

		DI-CARE) AND (AREMPOTH $\neq$ 1 OR ARDIRECT $\neq$ 1 OR ARMCAL $\neq$ 1 $\approx$ 1 OR ARHBEX $\neq$ 1 OR AROTHGOV $\neq$ 1 OR AROTHER $\neq$ 1) AND
		$P(\mathbf{A}_{\mathbf{A}}) = 1 \text{ OR } (\mathbf{A}_{\mathbf{A}}) = 1 \text{ OR } (\mathbf{A}_{\mathbf{A}}) = 1 \text{ (LEGAL SAME-SEX COUPLE)},$
		uestions about your own main health plan."
'QA23_H63'		some questions about <u>your</u> own main health plan.} Are you covered for on drugs? That is, does some plan pay any part of the cost?
AI25	your prescripti	on drugs? That is, does some plan pay any part of the cost?
	Ο	Yes1
	O	No2
	0	REFUSED/DON'T KNOW3
High Deductibl	e Health Plans	
		0.11649.
	NG NOTE 'QA2 N= 1 OR AREM	J_N04 : PSP= 1 OR AREMPPAR= 1 OR ARDIRECT= 1 OR AREMPOTH= 1 THEN
	ITH 'QA23_H64	
ELSE GO TO	'QA23_H69'	
'QA23_H64'	Does your bes	alth plan have a deductible that is more than \$1,000?
QA23_N04	Does your nea	
AH71		
		s the amount you have to pay before your plan begins to pay for your
	medical care.	
	Ο	Yes1
	0	No2
	0	Yes, but only when we go out of network3 REFUSED/DON'T KNOW3
	0	REFUSED/DON T KNOW3
'QA23_H65'	Does your hea	alth plan have a deductible <u>for all covered persons</u> that is more than
	\$2,000?	
AH72	A deductible is	the emount you have to new before your plan begins to new for your
	medical care.	s the amount you have to pay before your plan begins to pay for your
	0	Yes1
	O O	No2 Yes, but only when we go out of network3
	0	REFUSED/DON'T KNOW

IF ARINSURE ARDIROWN = SPHBEX =1 O	1 OR ARDIROT	/IPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 O H =1 OR AREMPSP =1 OR ARDIRSP =1 OR AF 1 THEN CONTINUE WITH <b>'QA23_H66'</b> ;	
'QA23_H66'	Do you have a	special account or fund you can use to pay for m	nedical expenses?
AH73B	Reimbursemen accounts, Pers	are sometimes referred to as Health Savings Acc nt Accounts (HRAs). Other similar accounts inclu sonal medical funds, or Choice funds. Do not inclu ling Accounts (FSAs).	de- Personal care
	0 0 0	Yes	[GO TO 'QA23_H69'] [GO TO 'QA23_H69']
'QA23_H67'	Do you have n	noney in this account?	
AH130		Yes1 No2 REFUSED/DON'T KNOW	[GO TO 'QA23_H69']
	-		[GO TO 'QA23_H69']
'QA23_H68'	How much mo	ney do you have in this account? Your best gues	ss is fine.
AH131			
	0 0	(Amount) REFUSED/DON'T KNOW3	
Coverage over	Past 12 Months	3	
'QA23_H69'	Thinking abou of the past 12	t your current health insurance, did you have this months?	same insurance for all 12
AI31		Yes	[GO TO 'QA23_H71'] [GO TO 'QA23_H72'] [GO TO 'QA23_H77']
'QA23_H70'	How long have	e you had your current health insurance?	
AH132	О	Number of Years	[IF>=0, GO TO 'QA23_H75']
	О	Number of Months	[IF>=0, GO TO 'QA23_H75']
	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_H75']

[GO TO 'QA23 H75']

[GO TO 'QA23\_H75']

**'QA23\_H71'** Out of the last 12 months, how many months did you have your current health insurance plan?

AH133

Number of Months
 REFUSED/DON'T KNOW......-3

**'QA23\_H72'** During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

AI32

0	Yes	1
0	No	2
О	REFUSED/DON'T KNOW	-3

**'QA23\_H73'** Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

#### AI33

Check all that apply

Medi-Cal1
Obtained through current
or former employer/union
Purchased directly5
Purchased through Covered California6
Other health plan
REFUSED/DON'T KNOW3

### PROGRAMMING NOTE 'QA23\_H74':

IF MORE THAN ONE RESPONSE FROM 'QA23\_H73', THEN CONTINUE WITH 'QA23\_H74'; ELSE GO TO 'QA23\_H75'

'QA23\_H74' Before your current plan, which health insurance did you have?

### AH134

0	Medi-Cal	1
0	Obtained through current	
	or former employer/union	3
0	Purchased directly	5
0	Purchased through Covered California	6
0	Other health plan	91
Ο	REFUSED/DON'T KNOW	3

### **PROGRAMMING NOTE 'QA23\_H75':** IF **'QA23\_H72'**≠1 OR **'QA23\_H69'**= 1, THEN CONTINUE WITH **'QA23\_H75'**; ELSE GO TO **'QA23\_H76'**

**'QA23\_H75'** Before your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

### AH135

No other health plan

PROGRAMMING NOTE 'QA23_H76':
IF <b>'QA23_H75</b> ' = 95, THEN SKIP TO <b>'QA23_H77</b> ', ELSE CONTINUE.
IF ONLY ONE RESPONSE FROM 'QA23_H73' THEN DISPLAY THAT RESPONSE
ELSE IF <b>'QA23_H74</b> ' >0 DISPLAY RESPONSE FROM <b>'QA23_H74</b> '
ELSE IF <b>'QA23_H75</b> ' >0 DISPLAY RESPONSE FROM <b>'QA23_H75</b> '
IF 'QA23_H73' OR AH143 OR 'QA23_H75'=1 DISPLAY "the MediCAL plan"
IF 'QA23_H73' OR AH143 OR 'QA23_H75'=3 DISPLAY "plan through current or former employer or
union"
IF 'QA23_H73' OR AH143 OR 'QA23_H75'=5 DISPLAY "plan you purchased directly"
IF 'QA23_H73' OR AH143 OR 'QA23_H75'=6 DISPLAY "the Covered California plan"
IF 'QA23_H73' OR AH143 OR 'QA23_H75'=91 DISPLAY "the other health plan"

## **'QA23\_H76'** How long did you have the {MediCAL/ Covered California plan/other health} plan {through current or former employer or union/ you purchased directly}?

### AH136

0	Number of years
0	Number of months
О	REFUSED/DON'T KNOW3

### 'QA23\_H77' During the past 12 months, did you change your health insurance plan?

### AH137

*Please include changes in health plan from the same or different health insurance companies.* 

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

	G NOTE 'QA23 = 2, -3 OR 'QA23	_ <b>H78':</b> 3_ <b>H72'</b> = 1, -3 THEN CONTINUE;	
ELSE SKIP TO 'QA23_H79'			
'QA23_H78'	During the past	t 12 months, was there any time when you had n	o health insurance at all?
AI34			
	Ο	Yes1	
	O	No	
	0	REFUSED/DON'T KNOW3	
PROGRAMMIN	NG NOTE 'QA23	8 H79'.	
		<b>172</b> '=2, THEN CONTINUE WITH <b>'QA23_H79</b> ';	
	PN 'QA23_H90		
'QA23_H79'	For how many	months of the past 12 months did you have no h	ealth insurance at all?
	-		
AI35			
	0	Number of months [HR: 0-11]	[IF 'QA23_H79'=0, GO TO
			'PN_QA23_H90']
	Ο	REFUSED/DON'T KNOW3	
<b>D</b>			
Reasons for La	ack of Coverage		
'QA23_H80'	What is the one	<u>e main</u> reason why you did not have any health ii	nsurance during those
QA20_1100	months?	<u>s main</u> reason why you did not have any neutrin	
AI36	inonaio i		
	Ο	Can't afford/Too expensive1	
	Ō	Not eligible due to working status/	[GO TO 'QA23_H81']
		Changed employer/Lost job	
	0	Not eligible due to health or	
		other problems	
	O	Not eligible due to citizenship/4	
	-	immigration status	
	O O	Family situation changed5	
	0	Don't believe in insurance	
	0	Did not have insurance while switching7	
	O O	insurance companies Can get health care for free/8	
	0	Pay for own care	
	0	Other (Specify: ) 91	
	ŏ	Other (Specify:)	
	-		
'QA23_H81'	Was this due t	o a lost job, reduction in hours, change in employ	yer, or something else?
			-
AH140			
		Lost job1	
		Reduction in hours2	
		Change in employe3	
		Something else (Specify:)	
	Ο	KEFUSED/DUN I KNUW	

'QA23_H82'	During the time own?	e that you were uninsured, did you try to find hea	alth insurance on your
	O	Yes1	[GO TO 'PN_QA23_H90']
	Ο	No2	[GO TO 'PN_QA23_H90']
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_H90']
'QA23_H83'	What is the <u>on</u>	<u>e main</u> reason why you do not have any health i	nsurance?
Al24	$\sim$	Con't offerd/Teo evenencive	
	0	Can't afford/Too expensive	
	0	Not eligible due to working status/	
	$\sim$	Changed employer/Lost job2	[GO TO 'QA23_H84']
	0	Not eligible due to health or	
	0	other problems	
	O	Not eligible due to citizenship/	
	0	immigration status	
	O	Family situation changed5	
	0	Don't believe in insurance	
	0	Did not have insurance while switching	
	0	insurance companies	
	0	Can get health care for free/	
	$\circ$	Pay for own care	
		Other (Specify:)	
		TEL 03ED/DON T KNOW	
'QA23_H84'	Was this due t	o a lost job, reduction in hours, change in emplo	yer, or something else?
AH141			
		Lost job1	
		Reduction in hours2	
		Change in employe3	
		Something else (Specify:)	
	O	REFUSED/DON'T KNOW3	
'QA23_H85'	During the time your own?	e that you have been uninsured, have you tried t	o find health insurance on
AH75			
	Ο	Yes1	
	Ο	No2	
	О	REFUSED/DON'T KNOW3	
'QA23_H86'	Were you cove	ered by health insurance at any time during the p	past 12 months?
AI27			
LI	Ο	Yes1	[GO TO 'QA23_H88']
	Ō	No2	
	Ο	REFUSED/DON'T KNOW3	

Ο

'PN\_QA23\_H107']

'PN\_QA23\_H107']

**IGO TO** 

#### 'QA23 H87' How long has it been since you last had health insurance? AI28 Ο More than 12 months ago, but [GO TO <sup>•</sup>PN QA23 H90'] More than 3 years .....2 Ο **IGO TO** 'PN QA23 H90'] 0 **IGO TO** 'PN\_QA23\_H90'] 0 [GO TO 'PN QA23 H90'] 'QA23 H88' For how many months out of the last 12 months did you have health insurance? AI29 Ο Months [HR: 0-12] IGO TO 'PN\_QA23\_H90'] REFUSED/DON'T KNOW ......--3 Ο 'QA23\_H89' During that time when you had health insurance, was your insurance MediCAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan? AI30 Check all that apply Medi-Cal.....1 former employer or union Purchased directly ......5 Covered California ......6 Ο PROGRAMMING NOTE 'QA23\_H90': IF ARINSURE ≠ 1 OR 'QA23\_H73'= 2 OR ARDIRECT= 1 OR 'QA23\_H89'= (5, 6) OR 'QA23\_H73'= (5, 6) OR ARHBEX= 1 OR SPHBEX= 1; THEN CONTINUE WITH 'QA23 H90'; ELSE GO TO PROGRAMMING NOTE 'QA23\_H107' IF PROXY=1, GO TO 'QA23 H108' 'QA23\_H90' In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California? AH103H Ο Yes ......1 No......2 Ο IGO TO

REFUSED/DON'T KNOW......-3

'QA23 H91' Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California? AH110H Ο Directly from an insurance company or HMO.....1 Through Covered California......2 Ο Ο Both from an insurance company and through Covered California......3 0 [GO TO 'QA23\_H94'] **PROGRAMMING NOTE 'QA23 H92':** IF 'QA23\_H91'= 1; THEN CONTINUE WITH 'QA23\_H92'; IF 'QA23 H91'= 3; THEN CONTINUE WITH 'QA23 H92' AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO." ELSE GO TO PROGRAMMING NOTE 'QA23 H96'; 'QA23 H92' {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.} AH98H How difficult was it to find a plan with the coverage you needed? Ο Verv difficult.....1 Ο Somewhat difficult ......2 Ο Ο Not at all difficult......4  $\cap$ 'QA23 H93' How difficult was it to find a plan you could afford? AH99H Ο Very difficult.....1 Ο 0 Ο Not at all difficult.....4 O 'QA23 H94' Did anyone help you find a health plan? AH100H Ο Yes ......1 Ο No.....2 [GO TO 'PN\_QA23\_H96'] Ο **IGO TO** 'PN QA23 H96'] 'QA23 H95' Who helped you? AH101H 0 Broker.....1 0 Family member/Friend ......2 0 Other (Specify: Ο )..... 91 Ο

PROGRAMMING NOTE 'QA23_H96':			
IF <b>'QA23_H91'=</b> 2, THEN CONTINUE WITH <b>'QA23_H96'</b> ;			
IF 'QA23_H91'= 3; THEN CONTINUE WITH 'QA23_H96' AND DISPLAY "Now, think about your			
	e with Covered California.";		
ELSE GO TO F	PROGRAMMING	NOTE <b>'QA23_H90'</b> ;	
'QA23_H96'	{Now, think abo	out your experience with Covered California.}	
AH111H			
		is it to find a plan with the coverage you needed t	hrough Covered
	California?		
	0	\/	
	0	Very difficult	
	0	Somewhat difficult	
	0	Not too difficult	
	O O	Not at all difficult4 REFUSED/DON'T KNOW3	
	0	REFUSED/DON T KNOW	
'QA23_H97'	How difficult wa	is it to find a plan you could afford? Was it…	
QAZO_IIU	now announ we		
AH112H			
	0	Very difficult1	
	Ŏ	Somewhat difficult	
	Ŏ	Not too difficult	
	Ŏ	Not at all difficult4	
	Ŏ	REFUSED/DON'T KNOW3	
'QA23_H98'	Did anyone hel	o you find a health plan?	
AH113H			
	0	Yes1	
	0	No2	[GO TO
	_		'PN_QA23_H100']
	O	REFUSED/DON'T KNOW3	[GO TO
			'PN_QA23_H100']
'QA23_H99'	Who helped yo		
QA25_1135	who helped yo	u :	
AH114H			
74111411	Ο	Broker1	
	Ŏ	Family member / friend2	
	Ŏ	Internet	
	Ŏ	Certified enrollment counsellor4	
	Ŏ		
	Ŏ	Other (Specify:)	
	-		
'QA23_H100'	Did you have a	I the information you felt you needed to make a g	jood decision on a health
	plan?		
AH115H			
	0	Yes1	
	0	No2	
	Ο	REFUSED/DON'T KNOW3	

		<b>3_H101':</b> ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH
'QA23_H101'	Were you able	to get information about your health plan options in your language?
AH116H		
	0	Yes1
	O O	No2 REFUSED/DON'T KNOW3
'QA23_H102'		f the plan you selected very important, somewhat important, or not
AH117H	important in ch	oosing your plan?
	0	Very important1
	O	Somewhat important
	O O	Not important3 REFUSED/DON'T KNOW3
'QA23_H103' AH118H		re from a specific doctor very important, somewhat important, or not oosing your plan?
AITTOIT	0	Very important1
	ŏ	Somewhat important
	Ο	Not important
	0	REFUSED/DON'T KNOW3
'QA23_H104'		re from a specific hospital very important, somewhat important, or not
AH119H	important in ch	oosing your plan?
	0	Very important1
	O O	Somewhat important2
	O O	Not important3 REFUSED/DON'T KNOW3
	0	REFUSED/DON T KNOW3
'QA23_H105'		e of doctors in the plan's network very important, somewhat important, or n choosing your plan?
	Ο	Very important1
	0	Somewhat important2
	0	Not important
	Ο	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23_H106':
IF 'QA23_H20'= 1 THEN DISPLAY "Bronze"
ELSE IF <b>'QA23_H20'=</b> 2 THEN DISPLAY "Silver"
ELSE IF <b>'QA23_H20'=</b> 3 THEN DISPLAY "Gold"
ELSE IF 'QA23_H20'= 4 THEN DISPLAY "Platinum"
ELSE IF <b>'QA23_H20'</b> = 6 THEN DISPLAY "Minimum coverage"
ELSE DISPLAY":

#### 'QA23\_H106' Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage} plan?

## AH121H

Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

- Ο Cost.....1
- Ο Specific doctor ......2
- Ο
- Ο Choice of doctors in network......4
- Ο
- Ο

#### PROGRAMMING NOTE 'QA23\_H107': IF ARINSURE = 1, CONTINUE WITH 'QA23\_H107'; ELSE SKIP TO 'QA23\_H108';

'QA23\_H107' Overall, how satisfied are you with your current health insurance plan?

## AH139

Ο	Very satisfied	1
Ο	Somewhat satisfied	2
Ο	Somewhat dissatisfied	3
Ο	Very dissatisfied	4
Ο	REFUSED/DON'T KNOW	3

#### Hospitalizations

'QA23 H108' During the past 12 months, were you a patient in a hospital overnight or longer?

## AH14

Ο	Yes1
Ο	No2
Ο	REFUSED/DON'T KNOW3

Medical Debt

PROGRAMMI			
	1 OR ARINSURE $\neq$ 1, SKIP TO <b>'QA23_H111'</b> ;		
ELSE IF 'QA2	3_H74' = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions		
are about your	current health	plan", AND CONTINUE WITH 'QA23_H109'	
'QA23_H109'	The following	questions are about your current health plan. Wh	ile vou've had vour current
<u>-</u>		ave you ever reached the limit of what your insura	
	for?	,	
AH79B			
	Ο	Yes1	
	Ō	No2	[GO TO 'QA23_H111']
	Ο	REFUSED/DON'T KNOW3	[GO TO 'QA23_H111']
			• • • • •
'QA23_H110'	Did this happ	en in the past 12 months?	
AH80B			
	0	Yes1	
	O	No2	
	O	REFUSED/DON'T KNOW3	
	<b>.</b>		
'QA23_H111'		st 12 months, did you have medical bills that you	
	were unable t	o pay, either for yourself or any family member in	your household?
AH81B			
	Dental bills si	nould be included.	
	$\circ$	Yes1	
		Yes1 No2	[GO TO 'PN_QA23_I1']
	Ŏ	REFUSED/DON'T KNOW	[GO TO 'PN_QA23_I1']
		KEI USED/DON'T KNOW	
'QA23 H112'	What is the to	tal amount of medical bills?	
<b>u</b> ,			
AH83B			
	The bills can	be from earlier years as well as this year	
	Ο	Less than \$1,0001	
	Ο	\$1,000 to less than \$2,0002	
	Ο	\$2,000 to less than \$4,0003	
	0	\$4,000 to less than \$8,0004	
	0	\$8,000 or more5	
	0	None6	
	0	REFUSED/DON'T KNOW3	

'QA23\_H113' Were you or your family member uninsured at the time care was provided?

## AH84B

0	Yes1	
0	No2	
0	More than one person with medical	
	bill problems, some uninsured and	
	some insured3	
0	REFUSED/DON'T KNOW3	

**'QA23\_H114'** Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

#### AH85B

0	Yes1	
0	No2	
Ο	REFUSED/DON'T KNOW3	,

'QA23\_H115' Because of these medical bills, did you take on credit card debt?

## AH86B

0	Yes1
Ο	No2
0	REFUSED/DON'T KNOW3

## Section I: Child and Adolescent Health Insurance

Child's Health Insurance

PROGRAMMING NOTE 'QA23_I1':
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE 'QA23_I36' TO ASK ABOUT SELECTED
ADOLESCENT;
IF ARINSURE≠1, GO TO PROGRAMMING NOTE <b>'QA23_I2'</b> ;
ELSE CONTINUE WITH 'QA23_I1'

'QA23\_I1' Does (CHILD) have the same <u>health insurance as you?</u>

## CF10A

<b>O</b> <b>O</b>	Yes1 No2	[GO TO 'QA23_I18']
Ō	REFUSED/DON'T KNOW3	

POST NOTE 'QA23_I1':
IF 'QA23_I1'= 1 AND ARMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND ARSAMECH=1;
IF 'QA23_I1'= 1 AND ARMCAL= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'QA23_I1'= 1 AND AREMPOWN= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'QA23_I1'= 1 AND AREMPSP= 1, SET CHEMP = 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'QA23_I1'= 1 AND AREMPPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'QA23 I1'= 1 AND AREMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'QA23 I1'= 1 AND ARDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND
ARSAMECH=1;
IF 'QA23_I1'= 1 AND ARMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'QA23_I1'= 1 AND AROTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND
ARSAMECH= 1;
IF 'QA23_I1'= 1 AND AROTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND ARSAMECH=
IF <b>'QA23 I1'</b> = 1 AND ARIHS= 1, SET CHIHS= 1

IF 'QA23\_I1'= 1 AND ARHBEX= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

PROGRAMMING NOTE 'QA23 I2':				
IF SPINSURE:	≠ 1, THEN SKI	P TO <b>'QA23_I3'</b>		
ELSE IF 'QA2	<b>3_l1'</b> = 2 AND /	ARSAMESP = 1, T⊦	IEN SKIP TO <b>'QA23_I3'</b>	
ELSE CONTIN	IUE WITH <b>'QA</b>	23_l2'		
'QA23_I2'	Does (CHILD PARTNER N		urance as {your spouse/your	partner/SPOUSE NAME/
MA1				
	0	Yes	1	[GO TO 'QA23_I18']
	Ο	No	2	
	0	REFUSED/DON'	T KNOW3	
POST NOTE '	QA23_l2':			
IF 'QA23_I2'=	1 AND SPMCA	ARE= 1, SET CHMC	ARE= 1 AND SET CHINSUR	E= 1 AND SPSAMECH=1;
			L= 1 AND SET CHINSURE= 1	
			MP= 1 AND SET CHINSURE	
		IGOV= 1, SET CHO	THGOV= 1 AND SET CHINS	URE= 1 AND
SPSAMECH=	,			
		= 1, SET CHIHS= 1		
			= 1 AND SET CHINSURE= 1	
			CHOTHER= 1 AND SET CHI	
		= 1 AND SPEMPSP	= 1, SET CHEMP= 1 AND SE	ET CHINSURE= 1 AND
SPSAMECH=				
			P= 1 AND SET CHINSURE=	
			MP= 1 AND SET CHINSURE	
	1 AND SPDIR	ECT= 1, SET CHDIF	RECT= 1 AND SET CHINSUR	RE= 1 AND SPSAMECH=
			= 1 AND SET CHINSURE= 1	
IF 'QA23_I2'=	1 AND SPOTE	IER= 1, SET CHOT	HER= 1 AND SET CHINSUR	E= 1 AND SPSAMECH= 1;

Medi-Cal Coverage (Child)

'QA23\_I3' Is {he/she} currently covered by Medi-CAL?

CF1

Medi-Cal is a health insurance program for low-income individuals in California.

О	Yes1
0	No2
0	REFUSED/DON'T KNOW3

## POST NOTE 'QA23\_I3': IF 'QA23\_I3'= 1, SET CHMCAL= 1 AND SET CHINSURE= 1

Employer-Based Coverage (Child)

**'QA23\_I4'** Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

CF3

0	Yes1	
0	No2	[GO TO 'PN_QA23_I6']
0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_I6']

POST NOTE 'QA23\_I4': IF 'QA23\_I4' = 1, SET CHEMP = 1 AND CHINSURE = 1

Is this plan through an employer, through a union, or through Covered California's SHOP 'QA23 15' program?

AI90

SHOP is the Small Business Health Options Program administered by/ Covered California.

- Ο Employer .....1
- Ο SHOP / Covered California ......3 Ο
- Ο
- $\bigcirc$

## POST NOTE FOR 'QA23\_I5': IF 'QA23\_I5' = 3, THEN SET CHHBEX = 1

Private Coverage (Child)

PROGRAMMING NOTE 'QA23\_I6': IF CHINSURE = 1 THEN GO TO 'QA23\_18'; ELSE CONTINUE WITH 'QA23 I6'

Is (CHILD) covered by a health insurance plan that you purchased directly from an 'QA23 16' insurance company or HMO, or through Covered California?

CF4

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.

0	Yes1	
0	No2	IGO TO
		'PN_QA23_I12']
0	REFUSED/DON'T KNOW3	[GO TO
		'PN_QA23_I12']

## POST NOTE 'QA23\_I6': IF 'QA23\_I6' = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'QA23\_I7': IF CHDIRECT = 1, THEN CONTINUE WITH 'QA23\_I7'; ELSE GO TO PROGRAMMING NOTE 'QA23 18'

How did you purchase this health insurance - directly from an insurance company or 'QA23 I7' HMO, or through Covered California?

AI91

- Ο Insurance company or HMO .....1
- Ο Covered California ......2
- \_\_)..... 91 Other (Specify: Ο
- Ο

POST NOTE FOR 'QA23\_I7': IF 'QA23\_I7'= 2, THEN SET CHHBEX= 1

1 AND CHDIRE	$\overline{CT}$ = 1, THEN CONTINUE WI	TH <b>'QA23_I8'</b> ;	
Was there a su	bsidy or discount on the prem	nium for this plan?	
	No REFUSED/DON'T KNOW	2	
(EMPLOYER-BA	ASED COVERAGE) OR CHD	IRECT= 1 (PURCH	ASED OWN
the cost of any	co-pays or deductibles you of	r your family may ha	ave had to pay.
A <u>deductible</u> is paying.	the amount you pay for medie	cal care before your	health plan starts
0 0 0	No	2	
			al organization pay all or
0 0			[GO TO 'PN_QA23_I12']
0	REFUSED/DON'T KNOW	3	[GO TO 'PN_QA23_I12']
	AND CHDIREC PROGRAMMING Was there a su Was there a su O O O O O O O O O O O O	PROGRAMMING NOTE 'QA23_I9';         Was there a subsidy or discount on the prem         O       Yes         O       No	AND CHDIRECT = 1, THEN CONTINUE WITH 'QA23_18'; PROGRAMMING NOTE 'QA23_19'; Was there a subsidy or discount on the premium for this plan? Yes

'QA23\_I11' Who else pays all or some portion of the cost for (CHILD)'s health plan?

### AI51

Check all that apply

	Your current employer1
	Your former employer2
	Union
	Spouse's/Partner's current employer4
	Spouse's/Partner's former employer5
	Professional/Fraternal organization6
	Medicaid/Medi-Cal assistance7
	Covered California 10
	Other
0	REFUSED/DON'T KNOW3

**POST NOTE 'QA23\_I11':** IF '**QA23\_I11'** = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0; IF '**QA23\_I11'** = 7, SET CHMCAL = 1 IF '**QA23\_I11'** = 10, SET CHHBEX = 1;

CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)

IF CHINSURE	<b>IG NOTE 'QA2</b> = 1, GO TO PN UE WITH <b>'QA2</b> :	'QA23_I18';		
'QA23_I12' CF6	Is {he/she} cov health care?	ered by CHAMPUS/CHAMP VA,	TRICARE, VA,	or some other military
	0	Yes	1	[GO TO 'PN QA23  18']
	Ο	No	2	
	Õ	REFUSED/DON'T KNOW		
POST NOTE 'C	QA23_I12': IF 'Q	A23_I12' = 1, SET CHMILIT = 1	AND CHINSUR	2E = 1

### AIM, MRMIP, HEALTHY KIDS, Other Government Coverage

**'QA23\_I13'** Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Healthy Kids, or something else?

## CF7

AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program.

0	AIM1	[GO TO 'PN QA23 I18']
0	MRMIP2	[GO ΤΟ
0	Healthy Kids3	'PN_QA23_I18'] [GO TO 'PN_QA23_I18']
0	No other plan4	
0	Something else (Specify:)91	[GO TO
0	REFUSED/DON'T KNOW3	'PN_QA23_I18']

# **POST NOTE 'QA23\_I13':** IF **'QA23\_I13'**= 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

Other Coverage (Child)

'QA23\_I14' Does {he/she} have any health insurance coverage through a plan that I missed?

CF8

0	Yes1	
Ο	No2	[GO TO
		<sup>•</sup> PN_QA23_I17']
0	REFUSED/DON'T KNOW3	[GO TO
		'PN_QA23_I17']

**'QA23\_I15'** What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

## CF9

Check all that apply

	Through current or former employer/union1
	Through school, professional association,
	trade group or other organization2 Purchased directly from a health plan
	(by you or anyone else)3
	Medicare4
	Medi-Cal5
	CHAMPUS/CHAMP-VA,
	TRICARE, VA, OR
	some other military care6
	Indian Health Service, Tribal Health Program
	Urban Indian Clinic
	Covered California 10
	SHOP through Covered California
	Other government health plan
	Other non-government health plan
ō	REFUSED/DON'T KNOW

### POST NOTE 'QA23\_I15':

IF 'QA23\_I15'= 8, SET CHIHS= 1

- IF 'QA23\_I15'= 10, SET CHHBEX= 1 AND CHINSURE= 1 AND CHDIRECT=1;
- IF 'QA23\_I15'= 11, SET CHHBEX= 1 AND CHINSURE= 1 AND CHEMP= 1;
- IF 'QA23\_I15'= 91, SET CHOTHGOV= 1 AND CHINSURE= 1
- IF 'QA23\_I15'= 92, SET CHOTHER= 1 AND CHINSURE= 1
- IF 'QA23\_I15'= -3, SET CHINSURE= 1
- IF 'QA23\_I15'= 1, SET CHEMP= 1 AND CHINSURE= 1
- IF 'QA23\_I15'= 2, SET CHEMP= 1 AND CHINSURE= 1
- IF 'QA23\_I15'= 3, SET CHDIRECT= 1 AND CHINSURE= 1
- IF 'QA23\_I15'= 4, SET CHMCARE= 1 AND CHINSURE= 1
- IF 'QA23\_I15'= 5, SET CHMCAL= 1 AND CHINSURE= 1
- IF 'QA23\_I15'= 7, SET CHMILIT= 1 AND CHINSURE= 1

#### PROGRAMMING NOTE 'QA23\_I16':

IF 'QA23\_I15' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'QA23\_I16'; ELSE SKIP TO PROGRAMMING NOTE 'QA23\_I17'

## 'QA23\_I16' Just to verify, you said that (CHILD) gets health insurance through Medicare?

#### CF9VER

0	Yes1
0	No2
Ο	REFUSED/DON'T KNOW3

[GO TO 'QA23\_I20']

### **PROGRAMMING NOTE 'QA23\_I17':** IF CHINSURE $\neq$ 1 CONTINUE WITH '**QA23\_I17'**; ELSE GO TO '**QA23\_I18'**;

**'QA23\_I17'** What is the <u>one</u> main reason why (CHILD) is not enrolled in the Medi-CAL program?

## CF1A

0	Paperwork too difficult1
Ο	Do not know if eligible2
Ο	Income too high, not eligible
Ο	Not eligible due to
	citizenship/immigration status4
Ο	Do not believe in health insurance6
Ο	Do not need insurance because
	she/he is healthy7
Ο	Already have insurance8
Ο	Did not know about it9
Ο	Do not like or want welfare 10
Ο	Other (Specify:)
0	REFUSED/DON'T KNOW3

Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE 'QA23\_I18': IF 'QA23\_I1' = 1 AND ARMCARE = 1 THEN CONTINUE WITH 'QA23\_I18'; IF CHINSURE = 1, THEN CONTINUE WITH 'QA23\_I18'; ELSE GO TO 'PN\_QA23\_I22'

'QA23\_I18' Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

## MA3

<u>HMO</u> stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency.

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	-3

PROGRAMMING NOTE 'QA23\_I19': IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'QA23\_I20'; ELSE CONTINUE WITH 'QA23\_I19';

**'QA23\_I19'** Is (CHILD)'s health plan a PPO or EPO?

## AI115

<u>EPO</u> stands for Exclusive Provider Organization. With an EPO, you must use the innetwork doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

<u>PPO</u> stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can see doctors and specialists directly without a referral from your primary care provider.

0	PPO	1
0	EPO	2
0	Other (Specify:	)
0	REFUSED/DON'T KNOW	

'QA23\_I20'

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

## MA2

0	Aetna	2
0	Anthem Blue Cross of California	7
0	Blue Shield	12
0	Cigna Healthcare	26
0	Health Net	
0	Kaiser Permanente	47
0	United Healthcare	73
0	MediCal	87
0	Medicare	52
0	Other (Specify:)	85
О	REFUSED/DÓN'T KNOW	

## POST NOTE 'QA23\_I20': IF 'QA23\_I20' = 93, 87, OR 89 THEN SET CHMILIT=1

**'QA23\_I21'** Is (CHILD) covered for prescription drugs?

CF14

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

High Deductible Health Plans (Child)

**PROGRAMMING NOTE FOR 'QA23\_I22':** IF (ARINSURE  $\neq$  1 OR '**QA23\_I1'**  $\neq$  1) AND (CHEMP= 1 OR CHDIRECT= 1 OR CHOTHER= 1), THEN CONTINUE WITH '**QA23\_I22**'; ELSE SKIP TO PROGRAMMING NOTE '**QA23\_I25**'

## 'QA23\_I22' Does (CHILD)'s health plan have a deductible that is more than \$1,000?

## AI79

**AI80** 

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

0	Yes	1
0	No	2
Q	Yes but only when we go out of network	3

**'QA23\_I23'** Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- O Yes.....1
- O No......2
- Yes, but only when we go out of network ....3
- O REFUSED/DON'T KNOW......-3

## PROGRAMMING NOTE 'QA23\_I24': IF ('QA23\_I22'= 1 OR 3) OR ('QA23\_I23'= 1 OR 3), CONTINUE WITH 'QA23\_I24'; ELSE SKIP TO PROGRAMMING NOTE 'QA23\_I25'

**'QA23\_I24'** Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

Al81

The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).

0	Yes1
0	No2
0	REFUSED/DON'T KNOW

Reasons for Lack of Coverage (Child)

PROGRAMMING NOTE 'QA23_I25': IF CHINSURE = 1, GO TO 'QA23_I30';	
ELSE CONTINUE WITH 'QA23_125'	

## **'QA23\_I25'** What is the <u>one main</u> reason (CHILD) does not have any health insurance?

CE	18
СГ	10

	Ο	Can't afford/Too expensive1	
	Ο	Not eligible due to working status/2	
		Changed employer/Lost job	
	Ο	Not eligible due to health or other	
	0	Not eligible due to4	
	-	citizenship/immigration status	
	0	Family situation changed5	
	Õ	Don't believe in insurance	
	õ	Did not have insurance while	
	•	switching insurance companies	
	0	Can get health care for free/pay8	
		for own care	
	Ο		
	Ŏ	Other (Specify:)	
	•		
Coverage over	r Past 12 Months	s (Child)	
Covolage evel			
'QA23_I26'	Was (CHILD)	covered by health insurance at any time during th	e past 12 months?
	(- )	, , ,	·
CF20			
	Ο	Yes1	[GO TO 'QA23_l28']
	Ŏ	No	[0010 QAL0_120]
	ŏ	REFUSED/DON'T KNOW	
'QA23_l27'			
	How long has	it been since (CHILD) last had health insurance?	
	How long has	it been since (CHILD) last had health insurance?	
CF21	How long has	it been since (CHILD) last had health insurance?	
CF21	-		
CF21	How long has O	More than 12 months, but	IGO TO
CF21	-		[GO TO 'PN_0423_136']
CF21	-	More than 12 months, but	[GO TO 'PN_QA23_I36']
CF21	0	More than 12 months, but not more than 3 years ago1	<sup>-</sup> PN_QA23_I36']
CF21	-	More than 12 months, but	<sup>;</sup> PN_QA23_I36'] [GO TO
CF21	0	More than 12 months, but not more than 3 years ago1 More than 3 years ago2	<sup>-</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36']
CF21	0	More than 12 months, but not more than 3 years ago1	<sup>;</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO
CF21	0 0 0	More than 12 months, but not more than 3 years ago1 More than 3 years ago2 Never had health insurance coverage3	<sup>-</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36']
CF21	0	More than 12 months, but not more than 3 years ago1 More than 3 years ago2	<sup>-</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO
CF21	0 0 0	More than 12 months, but not more than 3 years ago1 More than 3 years ago2 Never had health insurance coverage3	<sup>-</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36']
	0 0 0 0	More than 12 months, but not more than 3 years ago1 More than 3 years ago2 Never had health insurance coverage3 REFUSED/DON'T KNOW3	<sup>-</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36']
CF21 'QA23_I28'	0 0 0 0	More than 12 months, but not more than 3 years ago1 More than 3 years ago2 Never had health insurance coverage3	<sup>-</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36']
'QA23_I28'	0 0 0 0	More than 12 months, but not more than 3 years ago1 More than 3 years ago2 Never had health insurance coverage3 REFUSED/DON'T KNOW3	<sup>-</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36']
	O O O For ho	More than 12 months, but not more than 3 years ago1 More than 3 years ago2 Never had health insurance coverage3 REFUSED/DON'T KNOW3 ww many of the last 12 months did {he/she} have I	<sup>•</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36'] nealth insurance?
'QA23_I28'	0 0 0 0	More than 12 months, but not more than 3 years ago1 More than 3 years ago2 Never had health insurance coverage3 REFUSED/DON'T KNOW3	<sup>7</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36'] mealth insurance? [GO TO
'QA23_I28'	O O O For ho	More than 12 months, but not more than 3 years ago1 More than 3 years ago2 Never had health insurance coverage3 REFUSED/DON'T KNOW3 ww many of the last 12 months did {he/she} have I	<sup>•</sup> PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36'] [GO TO 'PN_QA23_I36'] nealth insurance?

**'QA23\_I29'** During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

CF23

Check all that apply

	Medi-Cal1	[GO TO 'PN_QA23_l36']
	Through current or former employer/union3	[GO ΤΟ
	Purchased directly5	'PN_QA23_I36'] [GO TO
	Covered California6	'PN_QA23_I36'] [GO TO
	Other health plan91	'PN_QA23_I36'] [GO TO
0	REFUSED/DON'T KNOW3	'PN_QA23_I36']

**'QA23\_I30'** Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for <u>all</u> of the past 12 months?

0	Yes1	[GO TO 'PN_QA23_I36']
0	No2	
О	REFUSED/DON'T KNOW3	

**'QA23\_I31'** When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

CF25

CF26

CF24

Ο	Yes1	[GO TO 'QA23_I33']
0	No2	
Ο	REFUSED/DON'T KNOW3	[GO TO 'QA23_l33']

**'QA23\_I32'** Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Check all that apply

meen an mat apply

	Medi-Cal	1
	Through current or	4
	former employer/union	
	Purchased directly	5
	Covered California	
	Other health plan	
0	REFUSED/DON'T KNOW	

'QA23\_I33' During the past 12 months, was there any time when {he/she} had no health insurance at all?CF27

0	Yes1	
0	No2	[GO TO
		<sup>-</sup> PN_QA23_I36']
О	REFUSED/DON'T KNOW	[GO <sup>_</sup> TO

## 'PN\_QA23\_I36']

For how many of the past 12 months did {he/she} have no health insurance? 'QA23\_I34'

CF28

- Ο MONTHS
  - 0
- [RANGE: 1-12]
- 'QA23\_I35' What is the one main reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered? CF29

0	Can't afford/Too expensive1
0	Not eligible due to working status/
	Changed employer/Lost job
0	Not eligible due to health or
	other problems
0	Not eligible due to citizenship/4
	immigration status
0	Family situation changed5
0	Don't believe in insurance6
0	Did not have insurance while switching7
	insurance companies
0	Can get health care for free/pay8
	for own care
0	Other (Specify:)
0	REFUSED/DON'T KNOW

Teen's Health Insurance

PROGRAMMING NOTE 'QA23_I36':			
IF NO TEEN SELECTED, GO TO 'PN_QA23_J1';			
IF ARINSURE = 1, CONTINUE WITH 'QA23_I36';			
IF ARINSURE $\neq$ 1, GO TO PN 'QA23 I37';			
ELSE CONTINUE WITH 'QA23 136'			
<b>'QA23_I36'</b> Does (TEEN) have the same health insurance as you?			
IA10A			
Yes1 [GO TO 'QA23_I54']			
O No2			
O REFUSED/DON'T KNOW3			
POST NOTE 'QA23_I36':			
IF 'QA23_I36'= 1 AND ARMCARE= 1, SET TEMCARE= 1 AND SET TEINSURE= 1;			
IF 'QA23 I36'= 1 AND ARMCAL= 1, SET TEMCAL= 1 AND SET TEINSURE= 1;			
IF 'QA23_I36'= 1 AND AREMPOWN= 1, SET TEEMP= 1 AND SET TEINSURE= 1;			
IF 'QA23_I36'= 1 AND AREMPSP= 1, SET TEEMP= 1 AND SET TEINSURE= 1;			
IF 'QA23 I36'= 1 AND AREMPPAR= 1, SET TEEMP= 1 AND SET TEINSURE= 1;			
IF 'QA23 I36'= 1 AND AREMPOTH= 1, SET TEEMP= 1 AND SET TEINSURE= 1;			

- IF '**QA23\_I36'**= 1 AND ARDIRECT= 1, SET TEDIRECT= 1 AND SET TEINSURE= 1; IF '**QA23\_I36'**= 1 AND ARMILIT= 1, SET TEMILIT= 1 AND SET TEINSURE= 1;

IF 'QA23\_I36'= 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE= 1;

- IF 'QA23 I36'= 1 AND AROTHER= 1, SET TEOTHER= 1 AND SET TEINSURE= 1;
- IF 'QA23 I36'= 1 AND ARIHS= 1, SET TEIHS= 1

_				
IF 'QA23_I36'=	= 1 AND ARHBEX= 1,	SET TEHBEX= 1	AND SET TEIN	SURE= 1;

#### Version 3.03

PROGRAMMING NOTE 'QA23_I37':				
IF SPINSURE	$\neq$ 1 THEN SKIF	PTO <b>'QA23_I38'</b> ;		
		ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA23 I38';		
	-			
ELSE CONTIN	UE WITH 'QA2	3_137		
'QA23_I37'	Does (TEEN) h	nave the same insurance as your spouse?		
-	· · · ·			
MA5				
MAJ	~			
	0	Yes1 [GO TO 'QA23_I54']		
	Ο	No2		
	O	REFUSED/DON'T KNOW3		
		QA23_I37' = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET		
TEINSURE = 1	1;			
IF 'QA23 137'	= 1 AND SPMC	CAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;		
		POWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;		
		PSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;		
		IPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;		
		IPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;		
IF <b>'QA23_I37</b> '	= 1 AND SPDIR	ECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;		
IF 'QA23_I37'	= 1 AND SPMIL	IT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;		
		HGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;		
		HER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;		
		= 1, SET TEIHS = 1		
		EX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;		
		PAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND		
SPSAMETE =	1			
	NG NOTE 'QA2	2  38,		
		URE ≠ 1, THEN SKIP TO <b>'QA23_I39'</b> ;		
		ARSAMECH = 1) OR ( <b>'QA23_I37'</b> = 2 AND SPSAMECH = 1), THEN		
SKIP TO 'QA2	:3_I39';			
	IUE WITH 'QA2	3 138':		
(0 4 0 2 1 2 0 1		and the same insummer of (CLIII D)2		
'QA23_I38'	Does (TEEN) r	nave the same insurance as (CHILD)?		
MA6				
	Ο	Yes1 [GO TO 'QA23_I66']		
	Ŏ	No2		
	Ŏ	REFUSED/DON'T KNOW3		
	0	REFUSED/DON T KNOW		
POST NOTE '	QA23_I38': IF 'C	QA23_I38'= 1 AND CHMCARE= 1, SET TEMCARE= 1 AND SET		
TEINSURE= 1	: -	-		
		AL= 1, SET TEMCAL= 1 AND SET TEINSURE= 1;		
_		P = 1, SET TEEMP= 1 AND SET TEINSURE= 1;		
		ECT= 1, SET TEDIRECT= 1 AND SET TEINSURE= 1;		
IF 'QA23_I38′	= 1 AND CHMILI	IT= 1, SET TEMILIT= 1 AND SET TEINSURE= 1;		

- IF 'QA23\_I38'= 1 AND CHOTHGOV= 1, SET TEOTHGOV= 1 AND SET TEINSURE= 1;
- IF 'QA23\_I38'= 1 AND CHIHS= 1, SET TEIHS= 1;
- IF 'QA23\_I38'= 1 AND CHOTHER= 1, SET TEOTHER= 1;
- IF 'QA23\_I38'= 1 AND CHHBEX= 1, SET TEHBEX= 1

Medi-Cal Coverage (Teen)				
'QA23_I39'	Is {he/she} cu	rrently covered by Medi-CAL?		
IA1	Medi-Cal is a	health insurance program for low-income individu	als in California	
		Yes1 No2 REFUSED/DON'T KNOW3		
POST NOTE '	QA23_I39': IF '	QA23_I39' = 1, SET TEMCAL = 1 AND SET TEIN	ISURE = 1	
Employer-Bas	ed Coverage (To	een)		
'QA23_I40'		rered by a health insurance plan or HMO through y ment or union?	your own or someone	
IAJ		Yes1 No2 REFUSED/DON'T KNOW3	[GO TO 'QA23_l42'] [GO TO 'QA23_l42']	
POST NOTE '	QA23_I40': IF '(	QA23_I40' = 1, SET TEEMP = 1 AND SET TEINS	SURE = 1	
'QA23_I41' Al94	Is this plan thr program?	rough an employer, through a union, or through Co	overed California's SHOP	
A194	SHOP is the S California.	Small Business Health Options Program administe	ered by Covered	
		Employer		
POST NOTE I	FOR 'QA23_I41'	': IF <b>'QA23_I41</b> '= 3, THEN SET TEHBEX = 1		
Private Covera	age (Teen)			
IF TEINSURE	ING NOTE 'QA2 = 1 THEN GO T NUE WITH 'QA2	'O <b>'QA23_I43'</b> ;		
'QA23_I42'	· · · ·	rered by a health insurance plan that you purchase npany or HMO?	ed directly from an	
		e a plan that pays only for certain illnesses such a tra cash" if you are in a hospital	s cancer or stroke, or only	
		Yes	[GO TO 'QA23_I48'] [GO TO 'QA23_I48']	
POST NOTE '	QA23_I42': IF '	QA23_I42' = 1, SET TEDIRECT = 1 AND SET TE	INSURE = 1	

PROGRAMMING NOTE 'QA23_I43':				
		TINUE WITH <b>'QA23_I43'</b> ;		
ELSE GU IU.	PN_QA23_I44'			
'QA23_I43'	How did you pu	rchase this health insurance – directly from an ir	surance company or	
QA20_140		h Covered California?	isurance company of	
AI95	,			
	Ο	Insurance company or HMO1		
	0	Covered California2		
	0	Other (Specify:)		
	O	REFUSED/DON'T KNOW3		
POST NOTE E		<b>423_I43'</b> = 2, THEN SET TEHBEX = 1		
FUSTNUTEF	OR AISS. IF Q	<b>423_143</b> - 2, THEN SET TENDER - 1		
PROGRAMMIN	NG NOTE 'QA23	144':		
		O PN <b>'QA23_I45'</b> ;		
	UE WITH 'QA23			
'QA23_I44'	Was th	ere a subsidy or discount on the premium for this	plan?	
		, , , , , , , , , , , , , , , , , , ,		
AI97				
	0	Yes1		
	0	No		
	O	REFUSED/DON'T KNOW3		
	NG NOTE 'QA23	145'.		
		H=3 . .SED COVERAGE) OR TEDIRECT = 1 (PURCH	ASED OWN	
	CONTINUE WIT			
		NOTE <b>'QA23_I48</b> '		
'QA23_I45'		or all of the premium or cost for (TEEN)'s health		
	the cost of any	co-pays or deductibles you or your family may ha	ave had to pay.	
AI55				
	Premium is the	monthly charge for the cost of your health insura	ance plan.	
	Co-pays are th	e partial payments you make for your health care	each time vou see a	
		he health care system, while someone else pays		
	coverage.			
		the amount you pay for medical care before you	r health plan starts	
	paying.			
	Ο	Yes1		
	Ο	No2		
	0	REFUSED/DON'T KNOW3		
(OA22 140)			al organization nev all cr	
'QA23_I46'		lse, such as an employer, a union, or professiona <sup>;</sup> the premium or cost for (TEEN)'s health plan?	al organization pay all or	
AI52	some portion o			
	Ο	Yes1		
	0	No	[GO TO	
	~		'PN_QA23_I48']	
	0	REFUSED/DON'T KNOW3	[GO TO	

## 'PN\_QA23\_I48']

**'QA23\_I47'** Who else pays all or some portion of the cost for (TEEN)'s health plan?

## AI53

Check all that apply					
	Your current employer				

<b>POST NOTE 'QA23_I47':</b> IF <b>'QA23_I47'</b> = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;	
IF ' <b>QA23_I47</b> ' = 7, SET TEMCAL = 1;	
IF 'QA23 I47'= 10. SET TEHBEX =1:	

CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

IF TEINSURE	<b>NG NOTE 'QA2</b> = 1, GO TO PR IUE WITH <b>'QA2</b>	OGRAMMING NOTE <b>'QA23_I53'</b> ;	
'QA23_I48'	ls {he/she} co health care?	vered by CHAMPUS/CHAMP VA, TRICARE, VA	, or some other military
IA6	O	Yes1	[GO TO 'PN QA23 I54']
	Ο	No2	FN_QA25_154 ]
	0	REFUSED/DON'T KNOW3	
POST NOTE '	QA23 I48': IF '(	QA23 I48' = 1, SET TEMILIT = 1 AND SET TEI	NSURE = 1

### AIM, MRMIP, Family PACT, Healthy Kids, Other (Teen)

**'QA23\_I49'** Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Family PACT, Healthy Kids or something else?

## IA7

<u>AIM</u> means Access for Infants and Mothers, <u>Mister MIP</u> or MRMIP means Major Risk Medical Insurance Program; <u>Family PACT</u> is the state program that pays for contraception/reproductive health services for uninsured lower income women and men.

О	AIM1	[GO TO 'PN QA23 I54']
0	MRMIP2	[GO ΤΟ
О	Family PACT3	'PN_QA23_I54'] [GO TO (DN_QA22_I54']
0	Healthy Kids4	'PN_QA23_I54'] [GO TO
0 0	No other plan5 Something else (Specify:)91	'PN_QA23_I54'] [GO TO 'PN_QA23_I54']

# **POST NOTE 'QA23\_I49':** IF **'QA23\_I49'** = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

Other Coverage (Teen)

'QA23\_I50' Does {he/she} have any health insurance coverage through a plan that I missed?

IA8

0	Yes1	
0	No2	[GO TO
		'PN_QA23_I54']
Ο	REFUSED/DON'T KNOW3	[GO TO
		<sup>•</sup> PN_QA23_I54']

**'QA23\_I51'** What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

IA9

Check all that apply

0	Through current or
	former employer/union1
Ο	Through school, professional association
	trade group or other organization2
0	Purchased directly from a health plan
	(by you or anyone else)3
Ο	Medicare4
0	Medi-Cal5
0	CHAMPUS/CHAMP-VA, TRICARE,
	VA, or some other military health care7
0	Indian Health Service,
	Tribal Health Program, Urban Indian Clinic .8
Ο	Covered California 10
Ο	SHOP through Covered California
0	Other government health plan
0	Other non-government health plan
Ο	REFUSED/DON'T KNOW

POST NOTE 'QA23_I51':
IF ' <b>QA23_I51</b> ' = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF <b>'QA23_I51</b> ' = 2, SET TEEMP = 1 AND TEINSURE = 1;
IF <b>'QA23_I51'</b> = 3, SET TEDIRECT = 1 AND TEINSURE = 1;
IF ' <b>QA23_I51</b> ' = 4, SET TEMCARE = 1 AND TEINSURE = 1;
IF <b>'QA23_I51</b> ' = 5, SET TEMCAL = 1 AND TEINSURE = 1;
IF <b>'QA23_I51'</b> = 7, SET TEMILIT = 1 AND TEINSURE = 1;
IF <b>'QA23_I51'</b> = 8 , SET TEIHS = 1;
IF 'QA23_I51' = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;
IF ' <b>QA23_I51</b> ' = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;
IF ' <b>QA23_I51</b> ' = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF ' <b>QA23_I51</b> ' = 92, SET TEOTHER = 1 AND TEINSURE = 1;
IF <b>'QA23_I51</b> ' = -3, SET TEINSURE = 1

PROGRAMMING NOTE 'QA23\_I52': IF 'QA23\_I51' = 4 (TEEN HAS MEDICARE), CONTINUE WITH 'QA23\_I52'; ELSE SKIP TO PROGRAMMING NOTE 'QA23\_I53'

'QA23\_I52' Just to verify, you said that (TEEN) gets health insurance through Medicare?

### IA9VER

0	Yes1
0	No2
0	REFUSED/DON'T KNOW

## **PROGRAMMING NOTE 'QA23\_I53':** IF TEINSURE $\neq$ 1 CONTINUE WITH **'QA23\_I53'**; ELSE GO TO **'QA23\_I54'**;

**'QA23\_I53'** What is the <u>one main reason why (TEEN) is not enrolled in the Medi-CAL program?</u>

## IA1A

0	Paperwork too difficult1
0	Do not know if eligible2
0	Income too high, not eligible
0	Not eligible due to
	citizenship/immigration status4
0	Do not believe in health insurance6
0	Do not need insurance because
	she/he is healthy7
0	Already have insurance8
0	Did not know about it9
0	Do not like or want welfare10
$\mathbf{O}$	Other (Specify: ) 01
•	Other (Specify:)

Managed Care Plan Characteristics (Teen)

```
PROGRAMMING NOTE 'QA23_I54':

IF 'QA23_I36' = 1 AND ARMCARE = 1, THEN 'QA23_I54' = 'QA23_H61' AND 'QA23_I56' =

'QA23_H63' AND 'QA23_I57' = 'QA23_H64' AND GO TO PN 'QA23_I58';

ELSE IF 'QA23_I38' = 1, THEN 'QA23_I54' = 'QA23_I18' AND 'QA23_I56' = 'QA23_I20' AND

'QA23_I57' = 'QA23_I21' AND GO TO PN 'QA23_I58';

ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'QA23_I54';

ELSE GO TO PROGRAMMING NOTE 'QA23_I58'
```

**'QA23\_I54'** Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA8

<u>HMO</u> stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency.

0	Yes1	[GO TO 'QA23_I56']
О	No2	
$\sim$		

O REFUSED/DON'T KNOW......--3

#### PROGRAMMING NOTE 'QA23\_I55': IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'QA23\_I56'; ELSE CONTINUE WITH 'QA23\_I55';

### **'QA23\_I55'** Is (TEEN)'s health plan a PPO or EPO?

## AI116

<u>EPO</u> stands for Exclusive Provider Organization. With an EPO, you must use the innetwork doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

<u>PPO</u> stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider.

0	PPO	1
0	EPO	2
0	Other (Specify:)	
0	REFUSED/DON'T KNOW	3

#### 'QA23\_I56'

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

## MA7

	Aetna Anthem Blue Cross of California Blue Shield	7 . 12
0	Cigna Healthcare Health Net	. 38
0	Kaiser Permanente United Healthcare	. 73
0	Medi-cal Medicare	. 53
0	Other (Specify:) REFUSED/DON'T KNOW	. 85 <b>-</b> 3

## POST NOTE 'QA23\_I56': IF 'QA23\_I56' = 93, 87, OR 89 THEN SET TEMILIT = 1

**'QA23\_I57'** Is (TEEN) covered for prescription drugs?

IA14

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	-3

High Deductible Health Plans (Teen)

**PROGRAMMING NOTE 'QA23\_I58':** IF [(ARINSURE  $\neq$  1 OR '**QA23\_I36'**  $\neq$  1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH '**QA23\_I58'**; ELSE SKIP TO PN '**QA23\_I61**'

## 'QA23\_I58' Does (TEEN)'s health plan have a deductible that is more than \$1,000?

## Al82

AI83

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

0	Yes1
0	No2
0	Yes, but only when we go out of network3
~	

O REFUSED/DON'T KNOW......-3

**'QA23\_I59'** Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- O Yes.....1
- O No.....2
- Yes, but only when we go out of network ....3
- O REFUSED/DON'T KNOW......-3

## PROGRAMMING NOTE 'QA23\_I60': IF ('QA23\_I58' = 1 OR 3) OR ('QA23\_I59' = 1 OR 3), CONTINUE WITH 'QA23\_I60'; ELSE SKIP TO PROGRAMMING NOTE 'QA23\_I61';

**'QA23\_I60'** Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

Al84

The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).

0	Yes1
0	No2
0	REFUSED/DON'T KNOW

Reasons for Lack of Coverage (Teen)

PROGRAMMING NOTE 'QA23_I61':	
IF TEINSURE = 1, GO TO <b>'QA23_I66'</b> ;	
ELSE CONTINUE WITH 'QA23_I61'	

**'QA23\_I61'** What is the <u>one main</u> reason (TEEN) does not have any health insurance?

IA18

0	Can't afford/too expensive1
0	Not eligible due to working status/
	changed employer/lost job2
0	Not eligible due to health or
	other problems3
0	Not eligible due to citizenship/immigration
	Status4
0	Family situation changed5
0	Don't believe in insurance6
0	Did not have insurance while switching
	insurance companies7
0	Can get health care for free/pay
	for own care8
0	Other (Specify:)
Ο	REFUSED/DON'T KNOW

Coverage over Past 12 months (Teen)

'QA23_I62'	Was (TEEN) covered by health insurance at any time during the past 12 months?		
IA20		Yes1 No2 REFUSED/DON'T KNOW3	[GO TO 'QA23_I64']
'QA23_I63'	How long has	it been since (TEEN) last had health insurance?	
IA21	0 0 0 0	More than 12 months, but no more than 3 years ago1 2 More than 3 years ago2 3 Never had health insurance coverage3 REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_J1'] [GO TO 'PN_QA23_J1'] [GO TO 'PN_QA23_J1'] [GO TO 'PN_QA23_J1']
'QA23_I64'	For how many	of the last 12 months did {he/she} have health in	surance?
IA22	О	Months [HR: 0-12] REFUSED/DON'T KNOW3	[IF 'QA23_I64'=0 GO TO 'PN_QA23_J1'] [GO TO 'PN_QA23_J1']

'QA23\_I65' During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Check all that apply

(5 maximum responses)

	MediCal1	[GO TO 'PN_QA23_J1']
	Through current or former employer/union3	[GO ΤΟ
	Purchased directly5	'PN_QA23_J1'] [GO TO
	Covered California6	'PN_QA23_J1'] [GO TO
	Other health plan91	'PN_QA23_J1'] [GO TO
О	REFUSED/DON'T KNOW3	'PN_QA23_J1'] [GO TO 'PN_QA23_J1']

## **'QA23\_I66'** Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for <u>all</u> of the past 12 months?

IA24			
0	Yes	1	[GO TO
			'PN_QA23_J1']
Ο	No	2	
Ο	REFUSED/DON'T KNOW	3	

'QA23\_I67' When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?
 IA25

0	Yes1	
0	No2	[GO TO 'QA23_I69']
О	REFUSED/DON'T KNOW3	[GO TO 'QA23_I69']

**'QA23\_I68'** Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

IA26

Check all that apply

	Medi-Cal	1
	Through current or	
	former employer/union	4
	Purchased directly	5
	Covered California	
	Other health plan	91
0	REFUSED/DON'T KNOW	

'QA23_I69'	During the pas all?	st 12 months, was there any time when {he/she} had no health insurance at
	0 0 0	Yes
'QA23_I70'	For how many	of the past 12 months did {he/she} have no health insurance?
IAZO	O	MONTHS [RANGE: 1-12] REFUSED/DON'T KNOW3
'QA23_I71' IA29		me main reason why (TEEN) did not have any health insurance during the wasn't covered?         Can't afford/too expensive

Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'QA23_I72':
IF NO TEEN SELECTED, GO TO SECTION J;
IF <b>'QA23_A5'</b> = 1 (MALE AT BIRTH), DISPLAY "mother";
IF 'QA23_A5'= 2 (FEMALE AT BIRTH), DISPLAY "father";
IF 'QA23_A5'= 3 (REFUSED/DON'T KNOW) AND 'QA23_A25' Sex =1 DISPLAY "father" OR If
'QA20_A23' =2 DISPLAY "mother"
ELSE IF DISPLAY "other parent"

## **'QA23\_I72'** In what country was (TEEN)'s {mother/father} born?

## AI56

Ο	United States	1
Ο	American Samoa	2
Ο	Canada	3
0	China	4
Ο	Guam	9
Ο	Japan	
Ο	Korea	
0	Mexico	

0	Philippines	19
0	Puerto Rico	22
0	Vietnam	25
О	Virgin Islands	26
О	Other (Specify:	) 91
0	REFUSED/DON'T KNNOW	3

## PROGRAMMING NOTE 'QA23\_I73':

IF 'QA23\_A5' = 1 (MALE AT BIRTH), DISPLAY "mother"; IF 'QA23\_A5' = 2 (FEMALE AT BIRTH), DISPLAY "father" IF 'QA23\_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA23\_A25' Sex =1 DISPLAY "father" OR If 'QA23\_A25'=2 DISPLAY "mother" ELSE IF DISPLAY "other parent"

**'QA23\_I73'** Does (TEEN)'s {mother/father} now live in the U.S.?

### AI57

0	Yes1
0	No2
0	Mother/Father/Other parent} deceased3
0	{Mother/Father/Other parent} never lived
	in U.S4
О	REFUSED/DON'T KNOW3

### PROGRAMMING NOTE 'QA23\_I74':

IF 'QA23\_A5'= 1 (MALE AT BIRTH), DISPLAY "mother"; IF 'QA23\_A5'= 2 (FEMALE AT BIRTH), DISPLAY "father"; IF 'QA23\_A5'= 3 (REFUSED/DON'T KNOW) AND 'QA23\_A25' Sex =1 DISPLAY "father" OR If 'QA23\_A25'=2 DISPLAY "mother" ELSE IF DISPLAY "other parent" IF 'QA23\_I73'= 3 (MOTHER/FATHER DECEASED), DISPLAY "Was"; ELSE DISPLAY "Is"

'QA23\_I74' {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

#### AI58

Ο	Yes	1
0	No	2
0	Application pending	3
Ο	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23_I75':
IF 'QA23_I74' = 1 SKIP TO PN_'QA23_I76' IF 'QA23_A5' = 2 (MALE AT BIRTH), DISPLAY "mother";
IF 'AD65E = 1 (FEMALE AT BIRTH), DISPLAY "father";
IF <b>'QA23_A5'</b> = -3 (REFUSED/DON'T KNOW) AND <b>'QA23_A25'</b> Sex =2 DISPLAY "father" OR If
'QA23_A25' =21 DISPLAY "mother" ELSE IF DISPLAY "other parent" IF 'AI57 = 3 (MOTHER/FATHER
DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

# **'QA23\_I75'** {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card? People usually call this a "Green Card" but the color can also be pink, blue, or white.

AI59

Ο	Yes1
Ο	No2
Ο	Application pending3
О	REFUSED/DON'T KNOW3

'QA23\_I76' About how many years has (TEEN)'s {mother/father} lived in the United States?

AI60

- O \_\_\_\_\_ Number of years
- Year first come and live in U.S.
- O Number of years .....1
- Year first came to live in US......2
- O Mother/father never lived in US .....4
- O REFUSED/DON'T KNOW.....-3

# Section J: Health Care Utilization and Access

Visits to Medical Doctor

		<b>_J1':</b> D OR SPOUSE IN HH, DISPLAY "Now	, I'd like t	o ask about the health
'QA23_J1'		ask about the health care <u>you</u> receive. 'e you seen a medical doctor?	During th	ne past 12 months, how
AIIJ	Ο		Times	[IF 'QA23_J1' > 0 GOTO 'PN_QA23_J3']
	0	REFUSED/DON'T KNOW	3	I N_QA25_55 ]
IF <b>'QA23_J1'</b> = WITH <b>'QA23_J</b>	<b> 2'</b> ;	_ <b>J2':</b> `SEEN A DOCTOR IN LAST 12 MONT NOTE ' <b>QA23_J3</b> '	THS OR I	REF/DK), CONTINUE
'QA23_J2'	About how long	has it been since you last saw a docto	or about y	our own health?
AH6		One year ago or less More than 1 up to 2 years ago More than 2 up to 5 years ago More than 5 years ago Never REFUSED/DON'T KNOW	1 2 3 4	[GO TO 'QA23_J4']
'QA23_J3' AJ114	<u>check-up</u> ? A routine check	has it been since you last saw a docto -up is a visit not for an illness or proble t health behaviors such as smoking.		
		One year ago or less More than 1 up to 2 years ago More than 2 up to 5 years ago More than 5 years ago Never REFUSED/DON'T KNOW	1 2 3 4	
'QA23_J4'	In the last 6 mo needed?	nths, how often was it easy to get the c	care, tests	s, or treatment you
AJ218		Never Sometimes Usually Always Not applicable REFUSED/DON'T KNOW	2 3 4 5	

PROGRAMMING NOTE 'QA23\_J5': IF HOUSEHOLD HAS A SELECTED TEEN, CONTINUE; ELSE SKIP TO 'QA23\_J6'

**'QA23\_J5'** In the last 6 months, how often was it easy to get the care, tests, or treatment [teen's name needed?

0	Never	1
0	Sometimes	2
0	Usually	3
0	Always	4
0	Not applicable	5
0	REFUSED/DON'T KNOW	3

**'QA23\_J6'** During the past 12 months, how many days did you miss work at a job or business because of illness, injury or disability?

AJ115

Do not include family or maternity/paternity leave.

	Day	/s (0 - 365)
0	Did not have job in past	
	12 months	1
0	Other (specify)	
О	REFUSED/DON'T KNOW	

Personal Doctor

**PROGRAMMING NOTE 'QA23\_J7':** IF **'QA23\_H1'** = 1 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH **'QA23\_J7'**; ELSE GO TO PROGRAMMING NOTE **'QA23\_J8'** 

'QA23\_J7' Do you have a personal doctor or medical provider who is your main provider?

# AJ77

This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23\_J8': IF ARINSURE = 1 OR 'QA23\_H1' = 1 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA23\_J8' ELSE GO TO 'PN\_QA23\_J10'

#### **DISPLAY INSTRUCTIONS:**

IF '**QA23\_J7**' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your"; ELSE DISPLAY "a";

- **'QA23\_J8'** In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?
- AJ102
- O
   Yes
   1

   O
   No
   2
   [GC

   O
   REFUSED/DON'T KNOW
   -3
   [GC

[GO TO 'PN\_QA23\_J10'] [GO TO 'PN\_QA23\_J10']

'QA23\_J9' How often were you able to get an appointment within two days? Would you say...

#### AJ103

Ο	Never	1
Ο	Sometimes	2
0	Usually	3
0	Always	4
О	REFUSED/DON'T KNOW	3

**Care Coordination** 

PROGRAMMING NOTE 'QA23_J10':
IF 'QA23_H1' = 1 (HAS A USUAL SOURCE OF CARE) AND 'QA23_J7' = 1 (HAS A PERSONAL
DOCTOR/MEDICAL PROVIDER) AND [('QA23_B3' = 1 OR 'QA23_B4' = 1 (HAS ASTHMA)) OR AB22'
= 1 (HAS DIABETES) OR 'QA23_B22' = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH
'QA23_J10';
ELSE GO TO 'QA23_J11'

**'QA23\_J10'** Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

AJ80

Ο	Yes1
Ο	No2
Ο	REFUSED/DON'T KNOW3

**Tele-Medical Care** 

**'QA23\_J11'** During the past 12 months, did your <u>usual medical provider</u> offer telephone or video appointments?

0	Yes1	
0	No2	[GO TO 'QA23 J14']
0	Don't know3	[GO TO 'QA23_J14']
О	REFUSED3	[GO TO 'QA23_J14']

[GO TO 'QA23\_J18']

[GO TO 'QA23\_J18'] [GO TO 'QA23\_J18']

'QA23_J12'	What options did your medical provider offer?		
AJ221	(Check all ti	hat apply)	
		In-person appointments	[GO TO 'QA23_J14']
'QA23_J13' AJ222	How satisfied providers?	d are you with the availability of telephone or video	health care from your
	2 O 1 O 2 O 7 O	Very satisfied	[GO TO 'QA23_J14']
'QA23_J14'	During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?		
AJ202	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3	[GO TO 'QA23_J28'] [GO TO 'QA23_J28']
'QA23_J15'	What was this care for?		
AJ203		Primary Care1 Dental Care2	[GO TO 'QA23_J18'] [GO TO 'QA23_J18']
		Mental Health3 Family Planning4	[GO TO 'QA23_J18']

Other speciality care .....5

REFUSED/DON'T KNOW......-3

\_\_\_\_\_.91

0

Other:\_

# **'QA23\_J16'** Where did you receive your family planning service?

#### AJ223

	Private Doctor's Office1
	HMO Facility (Kaiser, Anthem Blue Cross,
	Health Net, United Healthcare, etc.)2
	Hospital or Hospital Clinic
	Planned Parenthood4
	County Health Department5
	Family Planning Clinic6
	Community Clinic7
	School or School-Based Clinic8
	Tribal Health Clinic9
	Urban Indian Health Program/Clinic
	Pharmacy
	Some other place (Specify:) 11
0	REFUSED/DON'T KNOW

# **'QA23\_J17'** Was the appointment via telephone or video?

AJ224

0	Yes, a telephone visit1
0	Yes, a video visit2
0	Both3
0	No4
0	REFUSED/DON'T KNOW3

# **'QA23\_J18'** Think about your telephone or video healthcare experiences in the past 12 months. How satisfied are you that your health provider addressed your health concerns?

AJ225

О	Very satisfied1
Ο	Satisfied2
О	Slightly satisfied
0	Not satisfied at all4
Ο	REFUSED DON'T KNOW3

**'QA23\_J19'** Think about your most recent telephone or video health care experience. Would you have preferred an in-person visit?

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23_J20':	
IF <b>'QA23_J15'</b> = 2, CONTINUE;	
ELSE GOTO 'PN_QA23_J21'	

**'QA23\_J20'** Think about your most recent video visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

AJ227

Ο	Much worse	.1
Ο	Somewhat worse	.2
0	About the Same	.3
0	Somewhat better	.4
0	Much better	.5
0	I did not have a video visit	.6
0	REFUSED/DON'T KNOW	-3

#### PROGRAMMING NOTE 'QA23\_J21': IF 'QA23\_J15' = 3, CONTINUE; ELSE GOTO 'PN\_QA23\_J22'

'QA23_J21'	Think about your most recent video visit with your mental health provider. How would you
	rate the experience compared to an in-person visit? Would you say the video appointment was

AJ228

0	Much worse1	
0	Somewhat worse2	
0	About the Same3	
0	Somewhat better4	
0	Much better5	
0	I did not have a video visit6	
0	REFUSED/DON'T KNOW3	

PROGRAMMING NOTE 'QA23\_J22': IF 'QA23\_J15' = 1, CONTINUE; ELSE GOTO 'PN\_QA23\_J23'

**'QA23\_J22'** Think about your most recent video visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

Ο	Much worse	1
Ο	Somewhat worse	2
Ο	About the Same	3
Ο	Somewhat better	4
0	Much better	5
Ο	I did not have a video visit	6
0	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'AJ230:	
IF <b>'QA23_J15'</b> = 2, CONTINUE;	
ELSE GOTO 'PN_QA23_J24'	

**'QA23\_J23'** Think about your most recent telephone visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

# AJ230

0	Much worse	1
0	Somewhat worse	2
0	About the Same	3
0	Somewhat better	4
0	Much better	5
0	I did not have a telephone visit	6
0	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23\_J24': IF 'QA23\_J15' = 3, CONTINUE; ELSE GOTO 'PN\_QA23\_J25'

**'QA23\_J24'** Think about your most recent telephone visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

# AJ231

0	Much worse	1
0	Somewhat worse	
Ο	About the Same	3
Ο	Somewhat better	4
Ο	Much better	5
Ο	I did not have a telephone visit	6
0	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23\_J25': IF 'QA23\_J15' = 1, CONTINUE; ELSE GOTO 'QA23\_J26'

**'QA23\_J25'** Think about your most recent telephone visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

Ο	Much worse	1
Ο	Somewhat worse	2
0	About the Same	3
0	Somewhat better	4
0	Much better	5
0	I did not have a telephone visit	6
0	REFUSED/DON'T KNOW	

# 'QA23\_J26' Did you have any problems with a telephone or video appointment?

#### AJ233

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	-3

PROGRAMMING NOTE 'QA23\_J27': IF 'QA23\_J26' = 1 THEN CONTINUE; ELSE GO TO 'PN\_QA23\_J28'

'QA23\_J27' What problems did you experience?

# AJ234

	Bad internet/network connection1
	Couldn't download the telehealth app2
	Audio/Video was not working
	No privacy during the
	telehealth appointment4
	The doctor/nurse did not speak
	my language/understand my language5
	Other:91
0	REFUSED/DON'T KNOW3

Communication Problems with a Doctor

PROGRAMMING NOTE 'AJ8B:
IF 'QA23_A21' >=2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH
'AJ8';
ELSE GO TO 'PN QA23 J33'

'QA23\_J28' The last time you saw a doctor, did you have a hard time understanding the doctor?

# AJ8B

0	Yes1	
0	No2	
0	REFUSED/DON'T KNOW3	

[GO TO 'QA23\_J30']

[GO TO 'PN\_QA23\_J33']

#### PROGRAMMING NOTE 'QA23\_J29': IF 'QA23\_J28' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'QA23\_A20' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QA23\_J29'; ELSE GO TO 'PN\_QA23\_J33' SET 'QA23\_J29' ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA22\_J16' WAS ASKED;

#### 'QA23\_J29'

In what language did the doctor speak to you?

AJ50

0	English1	[GO TO 'QA23_J31']
0	Spanish2	[GO TO
		'PN_QA23_J33']
0	Cantonese3	[GO TO
		'PN_QA23_J33']
0	Vietnamese4	[GO TO
		'PN_QA23_J33']
0	Tagalog5	[GO TO
_		'PN_QA23_J33']
0	Mandarin6	[GO TO
_		'PN_QA23_J33']
0	Korean7	[GO TO
~		'PN_QA23_J33']
0	Asian Indian languages	
	(including Hindi, Punjabi, Urdu)8	[GO TO
~		'PN_QA23_J33']
0	Russian9	[GO TO
~		'PN_QA23_J33']
0	Japanese12	[GO TO
~		'PN_QA23_J33']
0	French14	[GO TO
~		'PN_QA23_J33']
0	German15	[GO TO
$\sim$	Fami 40	'PN_QA23_J33']
0	Farsi18	
$\sim$	American 10	'PN_QA23_J33']
0	American19	
$\sim$	Anabia 00	'PN_QA23_J33']
0	Arabic20	
$\circ$	Other (Presity)	'PN_QA23_J33']
0	Other (Specify:)91	
		'PN_QA23_J33']

#### 'QA23 J30'

Was this because you and the doctor spoke different languages?

AJ9	

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

'QA23_J31'	Did you need	someone to help you understand the doctor?	
AJ10			
	Ο	Yes1	
	О	No2	[GO TO
	О	REFUSED/DON'T KNOW3	'PN_QA23_J33'] [GO TO 'PN_QA23_J33']
'QA23_J32'	Who was this	person who helped you understand the doctor?	
AJ11			
	0	Minor child (under age 18)1	
	0	An adult family member or friend of mine2	
	Ο	Non-medical office staff	
	Ο	Medical staff including nurses/doctors4	
	О	Professional interpreter	
		(both in person and on the telephone)5	
	O	Other (patients, someone else)6	
	0	Did not have someone to help7	
	O	REFUSED/DON'T KNOW3	
IF 'QA23_A21' 'QA23_J33'; ELSE GO TO '		AKS ENGLISH NOT WELL OR NOT AT ALL), T	HEN CONTINUE WITH
'QA23_J33' AJ105		ou have the right to get help from an interpreter for Did you know this before today?	or free during your
AJIUJ	Ο	Yes1	
	Ŏ	No2	
	ŏ	REFUSED/DON'T KNOW	
Delays in Care	•		
'QA23_J34'	During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?		
AH16	,		
	Ο	Yes1	
	Ο	No2	[GO TO 'QA23_J39']
	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_J39']
'QA23_J35'	Did you get the	e medicine that a doctor prescribed for you event	ually?
AJ251			
70201	Ο	Yes1	
	0	No2	
	Ŏ	REFUSED/DON'T KNOW3	

**'QA23\_J36'** During the past 12 months, why did you delay or not get a medicine that a doctor prescribed for you?

# AJ252

Check all that apply

	Medication not in stock1
	Insurance approval issue2
	Delays in communication with provider3
	or pharmacy
	Concerns with side effects or interactions
	with other medications4
	Didn't want or thought
	I didn't need prescription5
	Too hard to track all my medications6
	I forgot or lost prescription7
	I didn't have time8
	I have no insurance9
	Too expensive10
	Other (Specify:)
0	REFUSED/DON'T KNOW3

# PROGRAMMING NOTE AJ253: IF MORE THAN ONE RESPONSE FROM 'QA23\_J36', THEN CONTINUE WITH 'QA23\_J37' WITH SELECTED CHOICES FROM 'QA23\_J36' DISPLAYED; ELSE SKIP TO NEXT TOPIC

'QA23_J37'	What was the one main reason why you delayed the medicine that a doctor prescribed
	for you?

О	Medication not in stock1
0	Insurance approval issue2
0	Delays in communication with provider
	or pharmacy3
0	Concerns with side effects or interactions
	with other medications4
0	Didn't want or thought
	I didn't need prescription5
0	Too hard to track all my medications6
0	I forgot or lost prescription7
0	I didn't have time8
0	I have no insurance9
0	Too expensive10
0	Other (Specify:)
Ο	REFUSED/DON'T KNOW

#### PROGRAMMING NOTE 'QA23\_J38': IF ARINSURE = 1, THEN CONTINUE WITH 'QA23\_J38'; ELSE GO TO 'QA23\_J39'

**'QA23\_J38'** Did you delay or not get a medicine while you had your current insurance plan?

# AJ176

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

# **'QA23\_J39'** During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

#### AH22

0	Yes1	
0	No2	[GO TO 'QA23_J44']
Ο	REFUSED/DON'T KNOW	[GO TO 'QA23_J44']

'QA23\_J40' Did you get the care eventually?

# AJ129

Ο	Yes1
0	No2
Ο	REFUSED/DON'T KNOW3

**'QA23\_J41'** During the past 12 months, why did you delay or not get the care you felt you needed?

# AJ254

Check all that apply

	Couldn't get appointment1
	My insurance was not accepted2
	My insurance did not cover
	Language understanding problems4
	Transportation problems5
	Hours were not convenient6
	There was no child care for
	children at home7
	I forgot or lost referral8
	I didn't have time to go9
	Too expensive
	I have no insurance11
	Other (Specify:)
_	

#### PROGRAMMING NOTE 'QA23\_J42': IF MORE THAN ONE RESPONSE FROM 'QA23\_J41' WITH SELECTED CHOICES FROM 'QA23\_J41' DISPLAYED, THEN CONTINUE WITH 'QA23\_J42'; ELSE SKIP TO NEXT TOPIC

'QA23 J42'	What was the one	main reason why	vou delaved getti	ng the care vo	ou felt vou needed?
	<u> </u>		,		

# AJ131B

Ο	Couldn't get appointment1
0	My insurance was not accepted2
0	My insurance did not cover
0	Language understanding problems4
0	Transportation problems5
0	Hours were not convenient6
0	There was no child care for
	children at home7
0	I forgot or lost referral8
0	I didn't have time to go9
0	Too expensive
0	I have no insurance11
0	Other (Specify:)

#### PROGRAMMING NOTE 'QA23\_J43': IF ARINSURE = 1, THEN CONTINUE WITH 'QA23\_J43'; ELSE GO TO 'QA23\_J44'

**'QA23\_J43'** Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

AJ177

AJ136

AJ137

Ο	Yes1
0	No2
Ο	REFUSED/DON'T KNOW3

**'QA23\_J44'** Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the past12 months, did you or a doctor think you needed to see a medical specialist?

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23_J45':	

IF **'QA23\_J44'** = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH **'QA23\_J45'**; ELSE GO TO **'QA23\_J48'** 

**'QA23\_J45'** During the past 12 months, did you have any trouble finding a medical specialist who would see you?

Ο	Yes1
0	No2
Ο	REFUSED/DON'T KNOW3

**'QA23\_J46'** During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

# AJ138

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23\_J47': IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA23\_J47'; ELSE SKIP TO 'QA23\_J48'

'QA23\_J47' During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?AJ139

0	Yes1
0	No2
0	REFUSED/DON'T KNOW

**'QA23\_J48'** Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

AJ133

0	Yes1
Ο	No2
0	REFUSED/DON'T KNOW3

**'QA23\_J49'** During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

AJ134

0	Yes1
0	No2
Ο	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23\_J50': IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA23\_J50'; ELSE SKIP TO 'QA23\_J51'

**'QA23\_J50'** During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

0	Yes1
Ο	No2
Ο	REFUSED/DON'T KNOW3

**Pregnancy Status** 

**PROGRAMMING NOTE 'QA23\_J51':** IF '**QA23\_A5'** = 1 (MALE AT BIRTH), THEN GO TO '**PN\_QA23\_J61'**; IF AGE > 45, THEN GO TO '**PN\_QA23\_J68'**;

#### DISPLAY INSTRUCTIONS:

IF ['QA23\_A5' = 2 (FEMALE AT BIRTH) AND 'QA23\_A6' = 2 (IDENTIFIES AS FEMALE)], DISPLAY "These next questions are about women's health."; IF ['QA23\_A5' = 2 (FEMALE AT BIRTH) AND 'QA23\_A6' = 1, 3, 5, OR -3 (MALE, TRANSGENDER, NON-BINARY, OR SKIPPED)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and we will skip them."

'QA23\_J51' These next questions may be relevant to you because you were assigned female at birth.

# AD13

To your knowledge, are you now pregnant?

Ο	Yes1	[GO TO 'QA23_J53']
Ο	No2	
0	No applicable3	
0	REFUSED/DON'T KNOW3	

Family Planning

PROGRAMMING NOTE 'QA23_J52':
IF AGE IS BETWEEN 18 AND 44 YEARS AND 'QA23_A5' = 2 (FEMALE AT BIRTH) AND 'QA23_D10'
= 1 OR 3 (MALE SEXUAL PARTNER OR BOTH MALE AND FEMALE) THEN CONTINUE;
ELSE IF AGE > 44 YEARS GO TO ' <b>PN_QA23_J68</b> ';
ELSE IF <b>'QA23_A5'</b> = 1 (MALE AT BIRTH) THEN GO TO <b>'PN_QA23_J61'</b> ;
ELSE CONTINUE WITH 'QA23_J52'

**'QA23\_J52'** Which of the following statements best describes your pregnancy plans? Would you say...

AJ169

О	l do not plan to get pregnant within the next 12 months	1	
Ο	I am not sexually active	2	
О	I am planning to get pregnant within		
	the next 12 months	3	
Ο	I am currently pregnant	4	
О	I am not able to get pregnant	5	[GO TO
О	REFUSED/DON'T KNOW	3	<sup>;</sup> PN_QA23_J61'] [GO TO 'PN_QA23_J61']

'QA23\_J53' During the past 12 months, did you become pregnant with an unintended pregnancy?

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

**'QA23\_J54'** During the past 12 months, has a doctor, medical provider, or family planning counselor talked to you about birth control? This includes an IUD or an implant (that thing in your arm).

AJ236

#### PROGRAMMING NOTE 'QA23\_J55':

IF 'QA23\_J51' = 1 (PREGNANT), GO TO 'PN\_QA23\_J68';

IF **'QA23\_A5'** = 2 (FEMALE AT BIRTH) AND **'QA23\_D10'** = 2 (FEMALE SEXUAL PARTNER, SKIPPED), GO TO 'PN\_**'QA23\_J68'**;

IF 'QA23\_J52' = 2, 4, 5 (NOT SEXUALLY ACTIVE OR PREGNANT OR NOT ABLE TO GET PREGNANT) THEN GO TO 'QA23\_J60'; ELSE CONTINUE WITH 'QA23\_J55'

# **DISPLAY INSTRUCTIONS:**

IF '**QA23\_D8**' = 1 OR '**QA23\_D9**' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your male partner use a birth control method to prevent pregnancy? This includes male or female sterilization."

IF '**QA23\_D8**' > 1 OR -3 AND '**QA23\_D9**' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, did you or your male partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

**'QA23\_J55'** During the past 12 months, did you or your male partner{s} use a birth control method to prevent pregnancy? This includes male or female sterilization.

# AF40C

Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children.

0	Yes1	
0	No2	[GO TO
		<sup>·</sup> PN_QA23_J60']
0	No male partner3	[GO TO
		<sup>·</sup> PN_QA23_J61']
0	REFUSED/DON'T KNOW3	[GO TO
		'PN_QA23_J61']

# PROGRAMMING NOTE 'QA23\_J56': DISPLAY INSTRUCTIONS: IF 'QA23\_D8' = 1 OR 'QA23\_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partner use?" IF 'QA23\_D8' > 1 OR -3 AND 'QA23\_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partners use?"; 'QA23\_J56' During the past 12 months, which MAIN birth control method did you or your male partners use?"; 'QA23\_J56' During the past 12 months, which MAIN birth control method did you or your male partner{s} use? AJ237 O Tubal Ligation (Tubes Tied, Cut, ......1

0	Tubal Ligation (Tubes Tied, Cut,1	
	Fallopian Tubes Removed)	
Ο	Vasectomy (Male sterilization)2	
Ō	IUD	
•	(Mirena®, Paragard®, Skyla®, Kyleena®,	
~	Liletta®, etc.)3	
0	Implant	
	(Nexplanon® - that thing in your arm)4	
0	Birth control pills5	[GO TO 'QA23_J58']
Ο	Other hormonal methods	
	(Injection/Depo-Provera, patch,	
	vaginal ring)6	[GO TO 'QA23_J58']
$\circ$	Condoms (male or female)7	[GO TO 'QA23 J58']
	· · · · · · · · · · · · · · · · · · ·	
0	Phexxi (birth control gel)8	[GO TO 'QA23_J58']
0	Other (Specify:)91	[GO TO 'QA23_J58']
0	REFUSED/DON'T KNOW3	[GO TO
		'PN_QA23_J61']

# PROGRAMMING NOTE 'QA23\_J57':

#### **DISPLAY INSTRUCTIONS:**

IF **'QA23\_J56'** = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

**'QA23\_J57'** Did you or your male partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?

0	Yes1	
0	No2	[GO TO
0	REFUSED/DON'T KNOW3	<sup>`</sup> PN_QA23_J61'] [GO TO 'PN_QA23_J61']

# PROGRAMMING NOTE 'QA23\_J58':

#### **DISPLAY INSTRUCTIONS:**

IF '**QA23\_D8**' =1 OR '**QA23\_D9**' = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your male partner get your <u>MAIN</u> birth control method or prescription?"

IF 'QA23\_D8' >1 OR -3 AND 'QA23\_D9' = 3,4,5,6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your male partners get your <u>MAIN</u> birth control method or prescription?";

'QA23_J58'	During the past 12 months, where did you or your male partner{s} get your <u>MAIN</u> birth
	control method or prescription?

AJ239

0	Private doctor's office1
0	HMO facility (Kaiser, Anthem Blue Cross,
	Health Net, United Healthcare, etc.)2
0	Hospital or hospital clinic3
0	Planned Parenthood4
0	County health department5
0	Family planning clinic6
0	Community clinic7
0	School or school-based clinic8
0	Native American health center/clinic9
0	Pharmacy10
0	Some other place (Specify: ) 91
0	REFUSED/DON'T KNOW

**'QA23\_J59'** During the past 12 months, did you receive your main birth control method through a video or telephone visit?

Ο	Yes, over a video visit1
Ο	Yes, over a telephone visit2
Ο	No3
О	REFUSED/DON'T KNOW3

# PROGRAMMING NOTE AJ170B':

IF '**QA23\_J55**' = 2 CONTINUE; ELSE SKIP TO '**PN\_QA23\_J61**'

#### DISPLAY INSTRUCTIONS:

IF '**QA23\_D8**' = 1 OR '**QA23\_D9**' = 2 (1 PARTNER) DISPLAY "What is the <u>main</u> reason you and your male partner did <u>not</u> use birth control in the past 12 months?"

IF 'QA23\_D8' >1 OR -3 AND 'QA23\_D9' = 3, 4, 5, 6 OR > 1 DISPLAY "What is the <u>main</u> reason you and your male partners did <u>not</u> use birth control in the past 12 months?";

#### 'QA23\_J60'

**\_J60'** What is the <u>main</u> reason you and your male partner{s} did <u>not</u> use birth control in the past 12 months?

AJ170B

0	Trying to get pregnant/want a baby1
0	Haven't found a method I like2
0	Cost
0	Haven't had time to go in for birth control4
0	No transportation
0	Don't know where to get it6
0	Don't believe in birth control7
0	Worried about side effects and/or
	health risks8
0	Partner won't let me9
0	Forget to use birth control 10
0	Feel uncomfortable asking for
	birth control/talking about birth control 11
0	REFUSED/DON'T KNOW3

# [GO TO 'PN\_QA23\_J61']

# PROGRAMMING NOTE 'QA23\_J61':

IF AGE IS BETWEEN 18 AND 54 YEARS AND 'QA23\_A5' = 1 (MALE AT BIRTH) WITH 'QA23\_D10' = 2 OR 3 (FEMALE SEXUAL PARTNER OR BOTH MALE AND FEMALE) THEN CONTINUE; IF AGE > 54 YEARS ELSE SKIP TO 'PN\_QA23\_J68'

'QA23\_J61' During the past 12 months, has a doctor, medical provider, or family planning counselor talked to you about birth control such as male condoms or vasectomy?AJ241

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

#### PROGRAMMING NOTE 'QA23\_J62':

# DISPLAY INSTRUCTIONS:

IF '**QA23\_D8**' = 1 OR '**QA23\_D9**' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your female partner use a birth control method to prevent pregnancy? This includes male or female sterilization."

IF **'QA23\_D8'** > 1 OR -8 AND **'QA23\_D9'** = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, did you or your female partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

**'QA23\_J62'** During the past 12 months, did you or your female partner{s} use birth control method to prevent pregnancy? This includes male or female sterilization.

AJ242

Sterilization includes having your partner's tubes tied, getting a vasectomy, or having an operation so you cannot have children.

0	Yes1 No2	IGO TO
0	No female partner3	'PN_QA23_J67'] [GO TO
0	REFUSED/DON'T KNOW3	'PN_QA23_J68'] [GO TO
-		'PN_QA23_J68']

#### PROGRAMMING NOTE 'QA23\_J63':

#### DISPLAY INSTRUCTIONS:

IF 'QA23\_D8' = 1 OR 'QA23\_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which <u>MAIN</u> birth control method did you or your female partner use?" IF 'QA23\_D8' > 1 OR -3 AND 'QA23\_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partners use?";

# **'QA23\_J63'** During the past 12 months, which <u>main</u> birth control method did you or your female

partner{s} use?

0	Tubal Ligation (Tubes Tied, Cut, Fallopian Tubes Removed)	1
0	Vasectomy (Male sterilization)	
õ	IUDn(Mirena®, Paragard®, Skyla®,	_
-	Kyleena®, Liletta®, etc.)	3
0	Implant (Nexplanon® - that thing in	-
	your arm)	4
Ο	Birth control pills	
Ο	Other hormonal methods	
	(Injection/Depo-Provera, patch,	
	vaginal ring)	6 [GO TO 'QA23_J65']
0	Condoms (male or female)	7 [GO TO 'QA23_J65']
0	Phexxi (birth control gel)	8 [GO TO 'QA23_J65']
О	Other (Specify:)9	1 [GO TO 'QA23_J65']
О	REFUSED/DON'T KNOW	3 <b>[GO TO</b>
		'PN_QA23_J68']

# PROGRAMMING NOTE AJ244:

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_J63'=1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'QA23\_J64' Did you or your female partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?AJ244

0	Yes1	
0	No2	[GO TO
_		<sup>•</sup> PN_QA23_J68']
0	REFUSED/DON'T KNOW3	
		'PN_QA23_J68']

PROGRAMMING NOTE 'QA23\_J65':

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_D8' = 1 OR 'QA23\_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your female partner get your <u>MAIN</u> birth control method or prescription?" IF 'QA23\_D8' > 1 OR -3 AND 'QA23\_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your female partner(s) get your <u>MAIN</u> birth control method or prescription?";

**'QA23\_J65'** During the past 12 months, where did you or your female partner{s} get your <u>MAIN</u> birth control method or prescription?

AJ245

Ο Private doctor's office.....1 HMO facility (Kaiser, Anthem Blue Cross, Ο Health Net, United Healthcare, etc.) ......2 0 Planned Parenthood ......4 Ο County health department.....5 Ο 6 Family planning clinic......6 0 Ο School or school-based clinic ......8 Ο Native American health center/clinic......9 Ο Ο Pharmacy......10 Ο Ο

**'QA23\_J66'** During the past 12 months, did you receive your main birth control method through a video or telephone visit?

AJ246

Yes, over a video visit ......1
Yes, over a telephone visit ......2
No......3
REFUSED/DON'T KNOW......3

# **PROGRAMMING NOTE 'QA23\_J67':** IF '**QA23\_J62'** = 2, THEN CONTINUE;

ELSE SKIP TO 'PN\_QA23\_J68'

# **DISPLAY INSTRUCTIONS:**

IF 'QA23\_D8' = 1 OR 'QA23\_D9' = 2 (1 PARTNER) DISPLAY "What is the <u>MAIN</u> reason you and your male partner did <u>not</u> use birth control in the past 12 months?" IF 'QA23\_D8' >1 OR -3 AND 'QA23\_D9' = 3,4,5,6 (MORE THAN 1 PARTNERS) DISPLAY "What is the

MAIN reason you and your female partners did not use birth control in the past 12 months?";

# 'QA23\_J67'

167' What is the <u>main</u> reason you and your female partner{s} did <u>not</u> use birth control in the past 12 months?

AJ175B

0	Trying to get pregnant/want a baby1
0	Haven't found a method I like2
Ο	Cost3
Ο	Haven't had time to go in for birth control4
Ο	No transportation
Ο	Don't know where to get it6
0	Don't believe in birth control7
Ο	Worried about side effects and/or
	health risks8
Ο	Partner won't let me9
0	Forget to use birth control 10
Ο	Feel uncomfortable asking for
	birth control/talking about birth control 11
0	REFUSED/DON'T KNOW

# Mammogram

PROGRAMMING NOTE 'QA23\_J68': IF R LIVES IN SANTA CLARA COUNTY AND ('QA23\_A5' = 2 AND AAGE 50-74) CONTINUE WITH 'QA23\_J68'; ELSE SKIP 'PN\_QA23\_J70';

# 'QA23\_J68' During the past 2 years, have you had a mammogram?

# AJ206

A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast.

Ο	Yes1	[GO TO 'QA23_J70']
0	No2	
О	REFUSED/DON'T KNOW3	[GO TO 'QA23_J70']

'QA23_J69'	What is the one most important reason why you have not had a mammogram in the past
	2 years?
AJ207	

0	No reason/never thought about it	1
0	Didn't know i needed this type of test	2
0	Doctor didn't tell me I needed it	3
0	Haven't had any problems	4
0	Put it off/laziness	5
0	Too expensive/no insurance	6
0	Too painful, unpleasant, embarrassing.	7
0	Too young	8
0	Don't have a doctor	9
0	Transportation problem	10
0	Competing priorities	
	(work, childcare, caregiving)	11
0	REFSUED/DON'T KNOW	

#### Dental Health

'QA23_J70'	About how long has it been since you visited a dentist or dental clinic? Include hygienists
	and all types of dental specialists.

AG1
-----

0	Have never visited0	[GO TO 'QA23_J74']
0	6 months ago or less1	
0	More than 6 months, and up to 1 year2	
0	More than 1 year, and up to 2 years ago3	
0	More than 2 years, and up to 5 years ago4	
Ο	More than 5 years ago5	
0	REFUSED/DON'T KNOW3	[GO TO 'QA23_J74']

#### 'QA23\_J71' Was it for a routine checkup or cleaning, or was it for a specific problem?

AJ167

- Routine checkup or cleaning......1
- O Specific problem ......2
- O REFUSED/DON'T KNOW.....--3

#### **PROGRAMMING NOTE 'AJ247'**: IF 'AG1'= 1, 2 THEN CONTINUE ELSE GO TO 'AG3'

'QA23\_J72' How many times have you received a dental service within the last 12 months?

0	None1	[GO TO 'QA23_J74']
0	Once2	
0	Twice3	
0	Three Times4	
0	Four Times5	
0	Five Times or More6	
0	REFUSED/DON'T KNOW3	[GO TO 'QA23_J74']

'AJ248B'	Where did you	a receive the dental service?	
AJ248B		Free health/dental event	
<u>'QA23_J</u> 74'	O Do you now h	REFUSED/DON'T KNOW3 ave any type of insurance that pays for part or all	of your dental care?
AG3		Yes	
'QA23_J75'	Where did you in the last 12 r	u receive educational information about oral healt months?	h or preventive dental care
AJ249B	O	Have not received any educational information1	[GO TO
		From dental office2	'PN_QA23_J77'] [GO TO
		From school of my child3	'PN_QA23_J77'] [GO TO 'PN_QA23_J77']
		From social media4	[GO TO 'PN_QA23_J77']
		From family or friends5	[GO TO 'PN_QA23_J77']
		From Smile, California™ website6	[GO TO 'PN_QA23_J77']
		From other sources7	[GO TO 'PN_QA23_J77']
		From other online sources8	[GO TO 'PN_QA23_J77']
	0	REFUSED/DON'T KNOW3	[GO <sup>¯</sup> TO 'PN_QA23_J77']

# PROGRAMMING NOTE 'QA23\_J76':

IF 'QA23\_J70'= 0, 3, 4, 5 DISPLAY "What is the main reason you have not visited a dentist in the last 12 months?"

'QA23\_J76' What is the main reason you have not visited a dentist in the last 12 months?

# AJ250

Ο	Not applicable1
Ο	No reason to go/No problem2
Ο	Could not find a dentist3
Ο	Could not afford/no insurance4
Ο	Other(s)5
О	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23\_J77':

#### Version 3.03

#### IF HOUSEHOLD HAS A SELECTED TEEN, THEN CONTINUE; ELSE GOTO 'QA23\_J83'

'QA23\_J77' Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

# MA10

0	Yes	1
0	No	2
0	REFSUED/DON'T KNOW	3

This next question is about dental health. 'QA23\_J78' About how long has it been since (teen's name) visited a dental provider? (eg, dental hygienists and dentists)

# MTF14B

Ο	Have never visited0	[GO TO 'QA23_J82']
0	6 months ago or less1	
0	More than 6 months, and up to 1 year2	
0	More than 1 year, and up to 2 years ago3	[GO TO 'QA23_J82']
0	More than 2 years, and up to 5 years ago4	[GO TO 'QA23_J82']
0	More than 5 years ago5	[GO TO 'QA23_J82']
0	REFUSED/DON'T KNOW3	[GO TO 'QA23_J82']

#### PROGRAMMING NOTE 'MTH64': IF 'MTF14B'= 1, 2 THEN CONTINUE ELSE GO TO 'MTH67'

How many times has (teen's name) received a dental service within the last 12 months? 'QA23\_J79'

# MTH64

Ο	None1	[GO TO 'QA23_J81']
Ο	Once2	
Ο	Twice3	
0	Three times4	
0	Four times5	
0	Five times or more6	
0	REFUSED/DON'T KNOW	[GO TO 'QA23_J81']

#### 'QA23\_J80'

Where did (teen's name) receive the dental service in the last 12 months?

#### MTH65B

0	Free health/Dental event	1
0	Dentist office	2
Ο	Hospital	3
0	Other	4
0	REFUSED/DON'T KNOW	3

#### 'QA23\_J81' Where did (teen's name) receive educational information about oral health or preventive dental care in the last 12 months?

#### MTH66B

0	Have not received		
	any educational information	1	
	From dental office	2	
	From school of my child	3	
	From social media		
	From family or friends	5	

From Smile, California<sup>™</sup> website......6

	Other sources7
	From other online sources8
0	REFUSED/DON'T KNOW3

'QA23\_J82' What is the main reason (teen's name) has not visited a dentist in the last 12 months?

#### MTH67

Ο	Not applicable	1
Ο	No reason to go/No problem	2
Ο	Could not find a dentist	3
Ο	Could not afford/no insurance	4
0	Other(s)	
О	REFUSED/DON'T KNOW	3

**Discrimination in Healthcare Setting** 

'QA23\_J83' Thinking about when you are receiving medical care, was there ever a time when you would have gotten better care if you had belonged to a different race or ethnic group?
 DMC8

Ο	Yes1	
Ο	No2	[GOTO 'PN QA23 J85']
O	REFSUED/DON'T KNOW3	• – – •

#### **'QA23\_J84'** Think about the last time this happened. How long ago was that?

DMC9

0	A year ago or less	1
0	More than 1 up to 2 years ago	
0	More than 2 up to 3 years ago	
0	More than 3 up to 5 years ago	4
0	More than 5 up to 10 years ago	5
0	More than 10 up to 20 years ago	6
0	More than 20 years ago	
0	REFUSED/DON'T KNOW	3

#### Caregiving

- **'QA23\_J85'** Some people provide short-term or long-term help to a family member or friend who has a serious or chronic illness or disability. This may include help with things they cannot do for themselves.
- 'QA23\_J86' During the past 12 months, did you provide any such help to a family member or friend?}}

```
AJ87
```

This may include help with baths, medicines, household chores, paying bills, driving to doctor's visits or the grocery store, arranging for medical and support services, or just checking in to see how they are doing

2	[GO TO
JED/DON'T KNOW3	ʻPN_QA23_K1'] [GO TO ʻPN QA23 K1']

'QA23_J87'	Do you currei	ntly provide care for this person?	
AJ101B			
	0	Yes	1
	Ō	No	
	0	REFUSED/DON'T KNOW	3
PROGRAMM	NG NOTE FOR	2 'QA23_J88':	
DISPLAY INS IF 'QA23_J87 "was".		PLAY "How" and "is", ELSE DISPLAY "At	t the time you provided care" and
'QA23_J88'	{How/At the ti fine.	me you provided care, how} old {is/was} t	his person? Your best estimate is
AJ201			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Age	[HR: 0-110]
	ΟĒ	REFUSED/DON'T KNOW	3
'QA23_J89' AJ90	What is this p	erson's relationship to you?	
71000	Ο	Husband	1
	ŏ	Wife	
	Ō	Spouse/partner	
	Ο	Father/father-in-law	
	Ο	Mother/mother-in-law	
	0	Brother/brother-in-law	6
	0	Sister/sister-in-law	7
	0	Grandfather	
	Ο	Grandmother	
	0	Son/son-in-law	
	0	Daughter/daughter-in-law	
	0	Other relative	
	0	Friend/neighbor	
	0 0	Other non-relative REFUSED/DON'T KNOW	
	0	REFUSED/DON T KNOW	3
PROGRAMM	NG NOTE 'QA	23_J90':	
DISPLAY INSTRUCTIONS: IF 'QA23_J87' = 1 THEN DISPLAY "do"; ELSE DISPLAY "did"; IF 'QA23_J89' = -3 THEN DISPLAY "family member/friend"; ELSE DISPLAY {'QA23_J89'}			

**'QA23\_J90'** In a typical week, about how many hours {do/did} you spend, helping your {AJ90/ family member/friend}?

AJ93

• Hours [HR: 0-125]

PROGRAMMING NOTE AJ191: IF 'QA23\_J87' = 1 OR 2 CONTINUE WITH 'QA23\_J91'; ELSE GO TO 'QA23\_J92';

#### **DISPLAY ISTRUCTIONS:**

IF 'QA23\_J87' = 1 DISPLAY "Are you paid for any of the hours you help your 'QA23\_J89'? "; IF 'QA23\_J87' = 2 DISPLAY "Were you paid for any of the hours you helped your 'QA23\_J89'?"

'QA23\_J91' {Are/Were} you paid for any of the hours you {help/helped} your {AJ90}'?

# AJ191

This could be payment from a public program, family member, or directly from the care recipient.

0	Yes1
Ο	No2
0	REFUSED/DON'T KNOW3

# PROGRAMMING NOTE 'QA23\_J92':

DISPLAY INSTRUCTIONS:

IF AJ101B' = 1 THEN DISPLAY "is"; ELSE DISPLAY "was";

**'QA23\_J92'** How much of a financial stress would you say that caring for your {AJ90} {is/was} for you?

# AJ193

Ο	Extremely stressful1
Ο	Somewhat stressful2
Ο	A little stressful
0	Not at all stressful4
0	REFUSED/DON'TKNOW3

'QA23\_J93' During the past 12 months, did your {AJ90} live...

# AJ91B

Check all that apply

	Alone	1
	With you	2
	With some other family member	3
	In a nursing home	4
	In an assisted-living facility	5
	In some other living situation	6
О	REFUSED/DON'T KNOW	3

#### PROGRAMMING NOTE 'QA23\_J94':

#### **DISPLAY INSTRUCTIONS:**

IF **'QA23\_J87'** = 1 THEN DISPLAY "What", "does", and "requires". ELSE DISPLAY "At the time you provided care, what", "did", and "required".

**'QA23\_J94'** {What/At the time you provided care, what} disabilities or illnesses {does/did} {he/she/he or she} have that {require/required} your help?

# AJ194

Check all that apply.

	Alzheimer's, confusion, dementia,
	forgetfulness1
	Arthritis2
	Back problems
	Broken bones4
	Cancer5
	Diabetes6
	Feeble, unsteady, falling7
	Lung disease, emphysema, COPD8
	Mental illness, emotional illness,
	depression9
	Mobility problem, can't get around
	Old age, aging11
	Stroke
	Surgery, wounds 13
	Other (Specify:)
О	REFUSED/DON'T KNOW

#### PROGRAMMING NOTE FOR 'QA23\_J95': IF 'QA23\_J87' = 1 CONTINUE; ELSE SKIP TO 'PN QA23 K1'

Ο

'QA23\_J95' {Do you have all of the support and services you need to care for your {'QA23\_J89'}?

AJ197

Ο	Yes1
0	No2
0	REFUSED/DON'T KNOW3

**'QA23\_J96'** During the past 12 months, have you experienced any physical health problems due to providing care to your {**'QA23\_J89'**}?

AJ199A
--------

ung care			
Ο	Yes	1	
0	No	2	

No	2
REFUSED/DON'T KNOW	3

'QA23\_J97' During the past 12 months, have you experienced any mental health problems due to providing care to your {'QA23\_J89'}?AJ199B

0	Yes1
0	No2
Ο	REFUSED/DON'T KNOW3

**'QA23\_J98'** Has your work situation changed because of helping your {**'QA23\_J89'**}, such as a change in job position, reduced number of work hours, quitting or retiring?

# AJ200

Check all that apply

	No change in job status1
	Changed job2
	Took a second job/
	Increased hours with current job
	Reduced number of work hour4
	Temporary leave of absence5
	Quit job6
	Retired/retired early7
	Received paid family leave8
	I don't work9
	Other (Specify:)
Ο	REFUSED/DON'T KNOW3

# Section K: Employment, Income, Poverty Status, Food Security

Hours Worked	1		
PROGRAMMING NOTE 'QA23_K1': IF 'QA23_G27' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR 'QA23_G29'= 1 (R USUALLY WORKS) CONTINUE WITH 'QA23_K1'; ELSE GO TO 'PN_QA23_K4'			
'QA23_K1'	How many hours per week do you <u>usually</u> work at <u>all j</u> obs or businesses?		
AK3	If you do not work, enter 0 (zero)		
	O Hours O REFUSED/DON'T KNOW3	[HR: 0-95]	
'QA23_K2'	How long have you worked at your <u>main</u> job?		
AK7	That is, for your <u>current</u> employer.		
	O Months OYears O REFUSED/DON'T KNOW3	[HR: 0-12] [HR: 0-50]	
Income Last Month			
PROGRAMMING NOTE 'QA23_K3': IF 'QA23_G27' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'QA23_G29' = 1 (USUALLY WORKS), CONTINUE WITH 'QA23_K3'; ELSE SKIP TO 'PN_QA23_K4'			
'QA23_K3'	deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?		
	O \$Amount O REFUSED/DON'T KNOW3	[HR: 0-999995]	

O REFUSED/DON'T KNOW......--3

IF ' <b>QA23_G35</b> ' (SPOUSE/PAR (SPOUSE/PAR IF ' <b>QA23_G27</b> ' DOES NOT HA = 1 (MARRIED) ELSE IF ' <b>QA23</b> DOES NOT HA 1 OR ' <b>QA23_D</b> IF ' <b>QA23_A23</b> '	TNER WITH JO TNER USUALL $\neq$ 1 OR 2 (R NC VE A JOB) AND DISPLAY "The <b>G27'</b> $\neq$ 1 OR 2 VE A JOB) AND <b>13'</b> = 1), THEN D = 1 THEN DISPI <b>GD12'</b> = 1 OR ' <b>Q</b>	PARTNER WORKING AT JOB OR BUSINESS) ( B OR BUSINESS BUT NOT AT WORK)] OR 'QA Y WORKS), CONTINUE WITH 'QA23_K4' AND: DT AT A JOB OR BUSINESS LAST WEEK, DID N • 'QA23_G29' $\neq$ 1 (R DOES NOT USUALLY WO e next question is about your spouse's employment (R NOT AT A JOB OR BUSINESS LAST WEEK • 'QA23_G29' $\neq$ 1 (R DOES NOT USUALLY WO OSPLAY "The next question is about your partner	23_G36' = 1 NOT WORK, AND RK), AND ' <b>QA23_A23'</b> nt." , DID NOT WORK, AND RK), AND ( <b>'QA23_D12'</b> =
'QA23_K4' AK20	How many hou businesses?	rs per week does your { <u>spouse/partner</u> } usually w	ork at all jobs or
	0 0	Hours REFUSED/DON'T KNOW3	[HR: 0-95]
IF <b>'QA23_K4'</b> ≠ IF <b>'QA23_A23'</b>	= 1 (MARRIED) _ <b>D12'</b> = 1 OR <b>'C</b>	_ <b>K5':</b> WITH <b>'QA23_K5'</b> ; , THEN DISPLAY "spouse's"; <b>QA23_D13'=</b> 1, THEN DISPLAY "partner's";	
'QA23_K5'	taxes and other	est estimate of all your {spouse's/partner's} earnin deductions from all jobs and businesses, includin nd commissions?	
AK10A	0 0	\$ Amount REFUSED/DON'T KNOW3	[HR: 0-999995]
Annual Househ	old Income		
'QA23_K6' AK22	What is your be <u>before taxes</u> in	est estimate of your <u>household's total annual</u> inco 2022?	me from all sources
	public assistant	from jobs, social security, retirement income, une ce and so forth. Also include income from interes farm, or rent and any other money income.	
	O O	\$ Amount [HR: 0-999995] REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_K8']
'QA23_K7' AK22A	Please verify and I have entered to	<i>mount entered</i> that your annual household income is (AMOUNT)	. Is that correct?
		Yes	[GO TO 'PN_AK17] [GO TO 'QA23_K6']

PROGAMMING NOTE 'QA23_K8': IF 'QA23_K6' = -3 CONTINUE WITH 'QA23_K8'; ELSE GO TO 'PN_QA23_K14'			
'QA23_K8'		to know exactly, but could you tell me if your <u>ho</u> s <u>before taxes</u> is	usehold's annual income
		More than \$20,000 per year1 \$20,000 or less per year2 REFUSED/DON'T KNOW3	[GO TO 'AK13] [GO TO 'PN_QA23_K14']
'QA23_K9'	ls it …		
AK12		\$5,000 or less	[GO TO 'PN_QA23_K14'] [GO TO 'PN_QA23_K14'] [GO TO 'PN_QA23_K14'] [GO TO
	О	REFUSED/DON'T KNOW3	<sup>(</sup> PN_QA23_K14'] [GO TO (PN_QA23_K14']
'QA23_K10'	ls it		
AK13	0 0 0	More than \$70,000 per year1 \$70,000 or less per year2 REFUSED/DON'T KNOW3	[GO TO 'QA23_K12'] [GO TO 'PN_QA23_K14']
'QA23_K11'	ls it …		
AK14	О	\$20,001 to \$30,0001	[GO TO 'PN_QA23_K14']
	О	\$30,001 to \$40,0002	[GO TO
	0	\$40,001 to \$50,0003	'PN_QA23_K14'] [GO TO 'PN_QA23_K14']
	0	\$50,001 to \$60,0004	[GO TO 'PN_QA23_K14']
	Ο	\$60,001 to \$70,0005	[GO TO 'PN_QA23_K14']
	О	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_K14']

'QA23_K12'	ls it		
AK15	0 0 0	More than \$135,000 per year1 \$135,000 or less per year2 REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_K14'] [GO TO 'PN_QA23_K14']
'QA23_K13' AK16	ls it 0 0 0 0 0	\$70,001 to \$80,000	
Number of Pers	ons Supported		
PROGRAMMIN IF R IS ONLY M ELSE CONTINU	IEMBER OF HH	, SET <b>'QA23_K14'</b> = 1 AND GO TO <b>'PN_QA23</b>	_K15';
'QA23_K14' AK17	household inco		re supported by your total
IF R IS ONLY M IF NO CHILDRE OR TOTAL NUI ENUMERATION	JST BE LESS T IEMBER OF HH EN UNDER 18 II MBER OF PEOF	HAN <b>'QA23_K14'</b> ;  , GO TO <b>'QA23_K16'</b> ; N HH (AS DETERMINED FROM CHILD ENUME PLE LIVING IN HH (AS DETERMINED BY ADUI ' GO TO PROGRAMMING NOTE <b>'QA23_K16</b> ';	LT PLUS CHILD
'QA23_K15' AK18	How many of th of 18? O O	ese {INSERT NUMBER FROM AK17} people a Number of children (UNDER AGE 18) REFUSED/DON'T KNOW3	re children under the age [HR: 0-20]
'QA23_K16' AK32		else living in the U.S., but not currently living in our household income? Yes1 No2 REFUSED/DON'T KNOW3	your household, that is [GO TO 'QA23_K18'] [GO TO 'QA23_K18']

'QA23_K17'	How n	nany?	
AK33 Paid Family Le		Number of people REFUSED/DON'T KNOW3	[HR: 1-20]
Faile Failing Le	ave		
'QA23_K18' AK136	A new California law passed in 2020 provides up to 8 weeks of paid family and medical leave for eligible workers at 60-70% of their weekly earnings, up to a maximum of \$1,300 per week? Have you seen or heard anything about this law?		
	0 0 0	Yes1 No2 REFUSED/DON'T KNOW3	
'QA23_K19'	because of you	ears, have you taken a <u>paid</u> leave longer than two ur own or a family member's serious health condi	
AK137	newborn, newi	y adopted or foster child?	
	0 0	Yes1 No2	[GO TO 'PN_QA23_K21']
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_QA23_K21']
'QA23_K20'	What were the	reasons you took a leave from work?	
AK138	Check all that	apply	
		Own health1 Family member's health2 Arrival of newborn, newly adopted child, or foster child3	
		Other (Specify:)91 REFUSED/DON'T KNOW3	

#### PROGRAMMING NOTE 'QA23\_K21': IF 'QA23\_K19' = 2 (DID NOT TAKE LEAVE IN PAST 5 YEARS), THEN CONTINUE; ELSE SKIP TO 'QA23\_K22'

**'QA23\_K21'** What were the reasons you didn't take family or medical leave in the past 5 years?

# AK139

Check all that apply

	Fear of losing job1
	Fear of hurting changes of
	job advancement2
	Could not afford to go on leave
	Employer denied request for leave4
	Not eligible for leave5
	Didn't know about leave program6
	Process to apply for leave too complicated .7
	Used other available leave options
	(e.g., vacation or sick leave)8
	Did not need to take leave9
О	REFUSED/DON'T KNOW3

Availability of Food in the Household

#### PROGRAMMING NOTE 'QA23\_K22':

IF POVERTY < 5 (HH Income  $\leq 200\%$  FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE  $\neq$  1)], CONTINUE WITH 'QA23\_K22' ELSE GO TO 'AL9';

# **DISPLAY INSTRUCTIONS:**

IF 'QA23\_K14' = 1, THEN DISPLAY "I", ELSE IF 'QA23\_K14' > 1 DISPLAY "We"

#### 'AM1

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

AM1

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 ...

Ο	Often true1
Ο	Sometimes true2
0	Never true3
0	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23_K23': DISPLAY INSTRUCTIONS: IF 'QA23_K22' = 1, THEN DISPLAY "I", ELSE IF 'QA23_K22' > 1 DISPLAY "We"		
AM2	Was that	
		Often true
'QA23_K24'		onths, did you or other adults in your household ever cut the size of your neals because there wasn't enough money for food?
AM3		Yes1 No2 [GO TO 'QA23_K26'] REFUSED/DON'T KNOW3 [GO TO 'QA23_K26']
'QA23_K25'	How often did tl only in 1 or 2 m	his happen almost every month, some months but not every month, or onths?
		Almost every month
Hunger		
'QA23_K26'	In the last 12 m enough money	onths, did you ever eat less than you felt you should because there wasn't to buy food?
		Yes1 No2 REFUSED/DON'T KNOW3
'QA23_K27'	In the last 12 m enough food?	onths, were you ever hungry but didn't eat because you couldn't afford
		Yes1 No2 REFUSED/DON'T KNOW

Dietary Intake

PROGRAMMING NOTE 'QA23_K28': IF HOUSEHOLD INCOME IS ≤ 185% FPL CONTINUE; ELSE SKIP TO 'SECTION L'		
'QA23_K28'	Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.	
AE2B	During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month.	
	Your best guess is fine	
	•times • REFUSED/DON'T KNOW	
	Select one	
	<ul> <li>Per day</li></ul>	
'QA23_K29'	During the past month, how many times did you eat vegetables like green salad, green beans, or potatoes? Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup.	
ALID	Other vegetables include tomatoes, carrots, onions, or broccoli. Rice is not a vegetable	
	• Times • REFUSED/DON'T KNOW3	
	Select one	
	O       Per day1       [HR: 0-20; SR: 0-9]         O       Per week	

**'QA23\_K30'** During the past month, how <u>often</u> did you drink sweetened fruit drinks, sports, or energy drinks?

AC46B

CC13B

Examples might include lemonade, Gatorade, Snapple, or Red Bull.

Do not include: 100% fruit juices or soda, yogurt drinks, carbonated water, or fruitflavored teas

\_\_ times

O REFUSED/DON'T KNOW .....--3

Select one

- O Per day [HR: 0-20; SR: 0-9].....1
- Per week [HR: 0-70; SR: 0-29] ......2
- Per month [HR: 0-210; SR: 0-149]......3
- O REFUSED/DON'T KNOW......--3

#### **PROGRAMMING NOTE 'QA23\_K31':** IF CAGE $\geq$ 2 YEARS AND HOUSEHOLD INCOME IS $\leq$ 185% FPL CONTINUE; ELSE SKIP TO 'SECTION L'

**'QA23\_K31'** Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

Servings are self-defined. A serving is the child's regular portion of this food.

	Servings	[
0	REFUSED/DON'T KNOW3	

- [HR: 0-20; SR 0-9]
- 'QA23\_K32' Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.
   CC31B
  - Servings
     [HR: 0-20; SR 0-4]

     O
     REFUSED/DON'T KNOW......-3
- 'QA23\_K33' Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?
   CC50B

Such as lemonade, Gatorade, Snapple, or Red Bull.

	Glasses, cans or bottles	[HR 0-15; SR 0-7]
0	REFUSED/DON'T KNOW	

### **Section L: Public Program Participation**

#### **PROGRAMMING NOTE 'QA23\_L1':** IF HOUSEHOLD INCOME IS $\leq$ 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND ((ARMCAL=1 OR ARINSURE $\neq$ 1))] CONTINUE WITH 'SECTION L'; ELSE GO TO '**PN\_QA23\_L41**'

#### **'QA23\_L1'** Are you now receiving TANF or CalWORKs?

#### AL2

TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	3

PROGRAMMING NOTE 'QA23\_L2':
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA23\_L2';
ELSE GO TO 'QA23\_L4';

'QA23\_L2' Is (TEEN) now receiving TANF or CalWORKs?

#### IAP1

TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

Food Stamps

PROGRAMMING NOTE 'QA23\_L3': IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA23\_L3'; ELSE SKIP TO 'QA23\_L4'

**'QA23\_L3'** Is (CHILD) now on TANF or CalWORKs?

CE11

TANF means 'Temporary Assistance to Needy Families," and CalWORKs means 'California Work Opportunities and Responsibilities to Kids.' Both replaced AFDC, California's old welfare entitlement program.

0	Yes1
0	No2
О	REFUSED/DON'T KNOW3

'QA23\_L4' Are you receiving Food Stamp benefits, also known as CalFresh?

AL5

You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23\_L5': IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH 'QA23\_L5'; ELSE GO TO 'QA23\_L7'

'QA23\_L5' Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

IAP2

You may receive benefits through an Electronic Benefit Transfer (EBT) card, and is also known as the Golden State Advantage Card.

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

PROGRAMMING NOTE 'QA23\_L3': IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA23\_L6'; ELSE SKIP TO 'QA23\_L7'

'QA23\_L6' Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

CE11A

You may receive benefits through an Electronic Benefit Transfer (EBT) card, also known as the Golden State Advantage Card.

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

Supplemental Security Income

**'QA23\_L7'** Are you receiving Supplemental Security Income (SSI)?

AL6

SSI means Supplemental Security Income. This is different from Social Security.

0	Yes1
0	No2
0	REFUSED/DON'T KNOW3

WIC

AL7

PROGRAMMING NOTE 'QA23\_L8': IF 'QA23\_A5' = 2 (FEMALE AT BIRTH) AND ['QA23\_J51'= 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH 'QA23\_L8'; ELSE GO TO 'PN\_AL9';

#### 'QA23\_L8' Are you on WIC?

WIC is the Supplemental Food Program for Women, Infants and Children.

Ο	Yes1
0	No2
0	REFUSED/DON'T KNOW3

#### PROGRAMMING NOTE 'QA23\_L9':

```
IF (CAGE < 7, OR CAGE = 8, 9) AND (HOUSEHOLD INCOME IS <= 200 FPL or poverty < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE \neq 1)]), CONTINUE WITH 'QA23_L9'; ELSE GO TO 'PN_AL9'
```

'QA23\_L9' Is (CHILD) on WIC now?

#### CE11C

WIC means 'Supplemental Food Program for Women, Infants and Children.

0	Yes1
0	No2
Ο	REFUSED/DON'T KNOW3

Assets

IF ' <b>QA23_D4</b> ' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR ' <b>QA23_A4</b> ' = 6) AND (POVERTY < 5 (HH
INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH <b>'QA23_L10'</b> ;
ELSE SKIP TO PROGRAMMING NOTE 'QA23_L12';
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM
GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM
'QA23 K14'.
IF 'QA23_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE
SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).
IF 'QA23 K14'= 1 DISPLAY \$ 130,000;
IF 'QA23 K14'= 2 DISPLAY \$ 195,000;
IF 'QA23_K14'= 3 DISPLAY \$ 260,000;
IF 'QA23 K14'= 4 DISPLAY \$ 325,000;
IF 'QA23 K14'= 5 DISPLAY \$ 390,000;
IF 'QA23_K14'= 6 DISPLAY \$ 455,000;
IF 'QA23 K14'= 7 DISPLAY \$ 520,000;
IF 'QA23 K14'= 8 DISPLAY \$ 585,000;
IF 'QA23_K14'= 9 DISPLAY \$ 650,000;
IF 'QA23_K14'2 10 DISPLAY \$ 715,000;
IF 'QA23_A23'= 1 (MARRIED) OR 'QA23_D12'= 1 OR 'QA23_D13'= 1 (LEGAL SAME-SEX COUPLE),
DISPLAY "your family's";
ELSE DISPLAY "your"

**'QA23\_L10'** Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

AL9B				
	Ο	Yes	1	IGO TO
		100		
				'PN_QA23_L12']
	Q	No		
	•			
	REFUSED/DON'T	⁻KNO\W _3		

PROGRAMMING NOTE 'QA23 L11': OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA23 K14' IF 'QA23\_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT). IF 'QA23 K14'= 1 DISPLAY \$ 2.000: IF 'QA23 K14'= 2 DISPLAY \$ 3,000; IF 'QA23 K14'= 3 DISPLAY \$ 3,150; IF 'QA23 K14'= 4 DISPLAY \$ 3,300; IF 'QA23\_K14'= 5 DISPLAY \$ 3,450; IF 'QA23\_K14'= 6 DISPLAY \$ 3,600; IF 'QA23 K14'= 7 DISPLAY \$ 3,750; IF 'QA23\_K14'= 8 DISPLAY \$ 3,900; IF 'QA23\_K14'= 9 DISPLAY \$ 4,050; IF 'QA23 K14'≥ 10 DISPLAY \$ 4,200; IF 'QA23\_A23'= 1 (MARRIED) OR 'QA23\_D12'= 1 OR 'QA23\_D13'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's"; ELSE DISPLAY "your"

'QA23\_L11' Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?
 AL9C

0	Yes1	1
0	No	2
0	REFUSED/DON'T KNOW	3

Child Support

#### PROGRAMMING NOTE 'QA23\_L12': DISPLAY INSTRUCTIONS: IF 'QA23\_A23' = 1 (MARRIED) AND 'QA23\_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse"; ELSE IF ['QA23\_A23' = 2 (LIVING WITH PARTNER) OR 'QA23\_D12' = 1 OR 'QA23\_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23\_A24' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner"; ELSE DISPLAY "you"

# **'QA23\_L12'** Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for child support?

AL15B

0	Yes1 No2	ΙGΟ ΤΟ
0	REFUSED/DON'T KNOW3	'PN_QA23_L14'] [GO TO
		'PN_QA23_L14']

PROGRAMMING NOTE 'QA23_L13':			
DISPLAY INSTRUCTIONS: IF 'QA23_A23' = 1 (MARRIED) AND 'QA23_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse"; ELSE IF ['QA23_A23' = 2 (LIVING WITH PARTNER) OR 'QA23_D12' = 1 OR 'AD61'= 1 (LEGAL SAME- SEX COUPLE)] AND 'QA23_A24'= 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner"; ELSE CONTINUE WITHOUT DISPLAYS			
'QA23_L13'       What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?         AL16B       \$			
PROGRAMMING NOTE 'QA23_L14':			
DISPLAY INSTRUCTIONS: IF 'QA23_A23' = 1 (MARRIED) AND 'QA23_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you"; ELSE IF ['QA23_A23'= 2 (LIVING WITH PARTNER) OR 'QA23_D12'= 1 OR 'QA23_D13'= 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23_A24'= 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you" ELSE DISPLAY "you"			
<b>'QA23_L14'</b> Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support <u>last month</u> ?			

AL17

0 0 0 0	Yes, I paid Yes, my spouse/partner paid Yes, we both paid No	2 3 4 <b>[G</b>
0	REFUSED/DON'T KNOW	ΥP 3 [G ΥP

[GO TO 'PN\_QA23\_L16'] [GO TO 'PN\_QA23\_L16']

#### PROGRAMMING NOTE 'QA23\_L15':

#### DISPLAY INSTRUCTIONS:

IF 'QA23\_A23' = 1 (MARRIED) AND 'QA23\_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you"; ELSE IF ['QA23\_A23'= 2 (LIVING WITH PARTNER) OR 'QA23\_D12'= 1 OR 'QA23\_D13'= 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23\_A24'= 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"; ELSE DISPLAY "you"

# **'QA23\_L15'** What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support <u>last month</u>?

AL18

[000001-999995]

Worker's Compensation

PROGRAMMING NOTE 'QA23 L16':
IF 'QA23_A23' = 1 (MARRIED) AND 'QA23_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
DISPLAY "you or your spouse";
ELSE IF ['QA23_A23' = 2 (LIVING WITH PARTNER) OR 'QA23_D12' = 1 OR 'QA23_D13' = 1 (LEGAL
SAME-SEX COUPLE)] AND 'QA23_A24' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your
partner";
ELSE DISPLAY "you"

# **'QA23\_L16'** Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for workers compensation?

AL32

0	Yes1	
0	No2	[GO TO
~		<sup>'</sup> PN_QA23_L18']
0	REFUSED/DON'T KNOW3	
		'PN_QA23_L18']

#### PROGRAMMING NOTE 'QA23\_L17':

#### **DISPLAY INSTRUCTIONS:**

IF 'QA23\_A23' = 1 (MARRIED) AND 'QA23\_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse"; ELSE IF ['QA23\_A23' = 2 (LIVING WITH PARTNER) OR 'QA23\_D12' = 1 OR 'QA23\_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23\_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner"; ELSE CONTINUE WITHOUT DISPLAYS

# 'QA23\_L17' What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation <u>last month</u>?AL33

\$\_\_\_\_\_\_600001-999995] • REFUSED/DON'T KNOW......-3

Social Security/Pension Payments

AL18A

### PROGRAMMING NOTE 'QA23\_L18':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA23\_A23'= 1 (MARRIED) AND 'QA23\_A24'= 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH 'QA23\_L18' AND DISPLAY "you or your spouse"; ELSE IF AGE  $\geq$  65 AND 'QA23\_A24' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 'QA23\_L18' AND DISPLAY "you or your partner"; ELSE IF AGE  $\geq$  65, THEN CONTINUE WITH 'QA23\_L18' AND DISPLAY "you"; ELSE GO TO 'PN\_QA23\_L20'

**'QA23\_L18'** Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments <u>last month</u>?

0	Yes1	
0	No2	IGO TO
		'PN_QA23_L20']
О	REFUSED/DON'T KNOW3	[GO <sup>-</sup> TO

#### 'PN\_QA23\_L20']

PROGRAMMING NOTE 'QA23\_L19': IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA23\_A23'= 1 (MARRIED) AND 'QA23\_A24'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse"; ELSE IF AGE ≥ 65 AND 'QA23\_A24'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner"; ELSE IF AGE ≥ 65, DISPLAY "you";

**'QA23\_L19**' What was the total amount {you} received <u>last month from Social Security and Pensions</u> {for both you and your spouse/partner}?

AL18B

 [000001-999995]

Reasons for Non-Participation in Medi-Cal\*

**PROGRAMMING NOTE 'QA23\_L20':** IF ARINSURE  $\neq$  1 (UNINSURED) CONTINUE WITH '**QA23\_L20'**; ELSE GO TO '**QA23\_L21'** 

'QA23\_L20' What is the <u>one</u> main reason why you are not enrolled in the <u>Medi-Cal</u> program?

AL19

$\mathbf{O}$	Paperwork too difficult1
0	Do not know if eligible
0	
0	Income too high, not eligible
0	Not eligible due to citizenship/4
	immigration status
0	Do not believe in health insurance
0	Do not need insurance because7
	I'm healthy
0	Already have insurance8
0	Did not know about it9
0	Do not like or want welfare10
0	Other (Specify:)
0	REFUSED/DON'T KNOW

Medi-Cal Eligibility

#### PROGRAMMING NOTE 'QA23\_L21':

#### DISPLAY INSTRUCTIONS:

IF 'QA23\_H74' = 1 OR 'QA23\_H75' = 1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH 'QA23\_L21' AND DISPLAY "You previously said you had Medi-Cal. How long did you have Medi-Cal?"; IF ARMCAL = 1 (MEDI-CAL) OR 'QA23\_H73' = 1, CONTINUE WITH 'QA23\_L21' AND DISPLAY "{You previously said you have Medi-Cal. How long have you had Medi-Cal?" ELSE GO TO 'QA23\_L41'

**'QA23\_L21'** {You previously said you had Medi-Cal. How long did you have Medi-Cal?}{You previously said you have Medi-Cal. How long have you had Medi-Cal?}

AL40

\_\_\_\_\_Years \_\_\_\_\_Months

[GO TO 'QA23\_L27'] [GO TO 'QA23\_L27']

• REFUSED/DON'T KNOW......--3

**'QA23\_L22'** During the past 12 months, when you most recently contacted the County office regarding your Medi-Cal benefits, how long did you have to wait before speaking to a representative?

_		
0	5 minutes or less	1
0	More than 5, up to 15 minutes	2
О	More than 15, up to 30 minutes	3
0	More than 30 minutes	4
0	Never contacted the county office	5
Ο	REFUSED/DON'T KNOW	3

**'QA23\_L23'** Most recently, how did you contact the County office?

AL87

AL86

0	Visited office in person	1
Ο	Called office	
0	Directly contacted eligibility worker.	3
0	Online	4
0	Mail	5
0	Other (Specify:	) 91
0	REFUSED/DON'T KNOW	3

'QA23\_L24' How long did it take for the County representative to take care of your problem?

#### AL88

0	A week or less	1
0	More than 1 week up to 2 weeks	2
Ο	More than 2 weeks up to a month	
0	More than a month	4

O REFUSED/DON'T KNOW......-3

**'QA23\_L25'** Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?

#### AL89

The County representative was able to answer all of my questions.

О	Strongly agree	1
Ο	Agree	-
Ο	Neither agree nor disagree	3
Ο	Disagree	
Ο	Strongly disagree	5
~		

O REFUSED/DON'T KNOW......-3

#### 'QA23\_L26' The County representative treated me with dignity and respect.

#### AL90

0	Strongly agree	1
0	Agree	2
0	Neither agree nor disagree	
0	Disagree	4
0	Strongly disagree	5
0	REFUSED/DON'T KNOW	.3

'QA23_L27'	what areas s	should the County office consider improving?	
AL91			
	Check all tha	t apply	
		Reduce wait times1Spend more time with me2Explain things so I can understand3Tell me what the next steps are4No improvement needed5Other (specify:91REFUSED/DON'T KNOW-3	
'QA23_L28'	How satisfied	are you with the County office?	
AL92			
		Very satisfied	
'QA23_L29'	Have you rer	newed your Medi-Cal in the last 12 months?	
AL93			
	0	Yes1	
		No2	[GO TO 'QA23_L32']
	0		
	0 0	REFUSED/DON'T KNOW3	[GO TO 'QA23_L32']
'QA23_L30'	0		
'QA23_L30' AL94	0	REFUSED/DON'T KNOW3	
_	0	REFUSED/DON'T KNOW3	
_	O When renewi	REFUSED/DON'T KNOW3	blems?
_	O When renewi O	REFUSED/DON'T KNOW3 ing your Medi-Cal, did you have any issues or prob Yes1	blems?
	O When renewi O O O	REFUSED/DON'T KNOW3 ing your Medi-Cal, did you have any issues or prob Yes1 No2	olems? [GO TO 'QA23_L33']
AL94 'QA23_L31'	O When renewi O O Did you temp	REFUSED/DON'T KNOW	olems? [GO TO 'QA23_L33']
AL94 'QA23_L31'	O When renewi O O Did you temp reapply?	REFUSED/DON'T KNOW3 ing your Medi-Cal, did you have any issues or prob Yes1 No2 REFUSED/DON'T KNOW3	olems? [GO TO 'QA23_L33']
AL94 'QA23_L31'	O When renewi O O Did you temp reapply?	REFUSED/DON'T KNOW	olems? [GO TO 'QA23_L33']
AL94 'QA23_L31'	O When renewi O O Did you temp reapply?	REFUSED/DON'T KNOW	olems? [GO TO 'QA23_L33']

'QA23_L32'	Before you ha	ad Medi-Cal, what health coverage did you have?	
AL96			
	Ο	No insurance1	[GO TO 'QA23_L35']
	Ο	Employer-based2	[GO TO 'QA23_L35']
	0	Private	[GO TO 'QA23_L35']
	Ο	Covered California4	
	0	Other5	
	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_L35']
'QA23_L33'	Did you have	a problem changing to Medi-Cal?	
AL97			
	0	Yes1	
	0	No2	[GO TO 'QA23_L35']
	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_L35']
'QA23_L34'	What was the	problem?	
AL98			
	Check all that	t apply	
		Had to pay premiums while waiting for	
		Medi-Cal decision1	
		Received conflicting eligibility notices2	
		Delay in receiving Medi-Cal3	
		Could not see my provider4	
		Required to provide a lot of paperwork5	
		Had to file an appeal6	
	0	REFUSED/DON'T KNOW3	
(OA00 L0E)	The Medi Cel		de information about
'QA23_L35'		program sends written Notice of Actions to provide	
	eligibility, and	changes in status, level of benefits, or share of c	ost.
AL105			
	The Notice of	Actions I have received in the past are:	
		Easy to read or understand1	
		Difficult to read or understand2	
		Contain helpful information3	
		Does not contain helpful information4	
	O	I never got a Notice of Actions5	[GO TO 'QA23_L37']
	0	REFUSED/DON'T KNOW3	[GO TO 'QA23_L37']
'QA23_L36'	How can Noti	ce of Actions be improved?	
AL106			
		Reduce text1	
	ā	Simplify language/Reading level	
	ā	Shorter paragraphs/sentences	
	ā	Send fewer notices4	
		Give me clear steps of what I need to do5	
	Ο	No improvement needed6	
	0	REFUSED/DON'T KNOW	

'QA23_L37'	Were you able to update your contact information?
------------	---

#### AL107

0	Yes1	[GO TO 'QA23_L39']
0	No2	
0	Did not need to update3	[GO TO 'QA23 L41']
0		

#### 'QA23\_L38' Why not?

#### AL108

0	My changes did not update1
0	I don't know how to update my information .2
0	Did not need to update3
0	REFUSED/DON'T KNOW

#### PROGRAMMING NOTE 'QA23\_L39': IF 'QA23\_L37' = 1, CONTINUE WITH 'QA23\_L39';

ELSE SKIP TO 'QA23\_L41'

**'QA23\_L39'** Please tell us if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement:

#### AL109

Updating my contact information was easy.

0	Strongly agree	1
0	Agree	2
0	Neither agree nor disagree	
0	Disagree	
0	Strongly disagree	5
0	REFUSED/DON'T KNOW	3

#### 'QA23\_L40' How did you update your contact information?

#### AL110

	Visited office in person1 Called county office2	
	Called health plan3	
	Directly contacted eligibility worker4	
	Online5	
	Mail6	
	Portal7	
	Other, specify:91	
0	REFUSED/DON'T KNOW	

Public Charge Related

PROGRAMMING NOTE 'QA23_L41': IF 'QA23_G2'≠ 1,2, 9,22, OR 26, CONTINUE WITH 'QA23_L41';			
ELSE SKIP TO		(20, CONTINUE WITH QALU_LTI,	
	m		
'QA23_L41'	Was there eve	er a time when you decided not to apply for one o	r more non-cash
—	government b	penefits, such as Medi-Cal, food stamps, or housir	ng subsidies, because you
	were worried	it would disqualify you, or a family member, from	obtaining a green card or
	becoming a U	J.S. citizen?	
AL99			
	Ο	Yes1	
	Ο	No2	[GO TO 'QA23_L43']
	Ο	REFUSED/DON'T KNOW3	[GO TO 'QA23_L43']
'QA23_L42'	Did this happe	en in the last 12 months?	
AL104			
·	Ο	Yes1	
	0	No2	
	O	REFUSED/DON'T KNOW3	
'QA23_L43'	Have vou eve	r been asked to provide your Social Security Num	nber or show proof of your
-		legal status when you tried to get medical service	
AL100			
	0	Yes1	
	ŏ	No	[GO TO 'QA23_L45']
	Ŏ	REFUSED/DON'T KNOW	[GO TO 'QA23_L45']
		KEI USED/DON'T KNOW	[6010 QA25_L45]
'QA23_L44'	Did this happe	en in the past 12 months?	
AL101			
ALIVI	0	Yes1	
	ŏ	No	
	ŏ	REFUSED/DON'T KNOW	
'QA23_L45'		er been asked to provide your Social Security Num	aber or show proof of your
		legal status when you tried to enroll yourself or a	
AL102		legal status when you they to enroll yoursell of a	
ALIVE	0	Yes1	
	Ŏ	No2	[GO TO 'QA23_M1']
	ŏ	REFUSED/DON'T KNOW	[GO TO 'QA23_M1']
	•	KEI USED/DON'T KNOW	
'QA23_L46'	Did this happe	en in the past 12 months?	
AL103			
	Ο	Yes1	
	Ŏ	No2	
	Ŏ	REFUSED/DON'T KNOW	
	-		

	Se	ection M: Housing and S	ocial C	ohesion
Housing		C		
'QA23_M1'	Do you live in	a house, a duplex, a building with 3 or	r more units	, or in a mobile home?
AK23				
	A duplex is a	building with 2units.		
	0	House	1	
	0	Duplex		
	0	Building with 3 or more units	3	
	0	Mobile home		
	0	REFUSED/DON'T KNOW	3	
'QA23_M2'	Do yo	ou own or rent your home?		
AK25				
	0	Own	1	
	0	Rent		
	0	Other arrangement		
	0	REFUSED/DON'T KNOW	3	
'QA23_M3'	Did you live ir	n this house or apartment one year ago	»?	
AM204				
	0	Yes	1	[GO TO 'QA23_M5']
	0	No		
	O	REFUSED/DON'T KNOW	3	[GO TO 'QA23_M5']
'QA23_M4'	In what zipco	de did you live one year ago?		
AM205				
		Specify:		
	0	REFUSED/DON'T KNOW	_ 3	
'QA23_M5'	How do you f	eel about your current housing situatio	on?	
AM183				
	Ο	Very stable	1	
	Ο	Fairly stable		
	Ο	Somewhat stable	3	
	0	Fairly unstable	4	
	0	Very unstable		
	0	REFUSED/DON'T KNOW	3	
'QA23_M6'	Please tell me	how often you personally worry abou	t the followir	ng – very often, somewhat
	often, from tin	ne to time, or almost never.		
AM184	Struggling to	keep up with your mortgage or rent po	umonto	
		keep up with your mortgage or rent pay	ymenis	
	Ο	Very often		
	Ο	Somewhat often	2	
	0	From time to time		
	0	Almost never		
	O	REFUSED/DON'T KNOW	3	

**'QA23\_M7'** People sometimes struggle to pay their rent or mortgage. In order to pay your rent or mortgage, have you had to do any of the following in the past three years?

#### AM185

Check all that apply

	Take on an additional job or1	
	work more at their current job	
	Stop saving for retirement	2
	Accumulate credit card debt	3
	Cut back on health care4	ŀ
	Cut back on healthy, nutritious food5	5
	Move to a neighborhood that	
	they feel is less safe6	5
	Move to a place where the schools	
	are not as good7	<b>'</b>
0	None of these/not sure8	
0	REFUSED/DON'T KNOW	3

**'QA23\_M8'** Think about your experiences with housing; for example, experiences while renting or buying a home, obtaining a mortgage, getting your landlord to make repairs, or interactions with your neighbors.

AM189

During the last two years, have your directly experienced discrimination or harassment related to housing?

0	Yes1	
0	No2	[GO TO 'QA23_M11']
О	REFUSED/DON'T KNOW3	

'QA23\_M9' Why do you think you were targeted for this discrimination or harassment?

#### AM190

	Because of your ancestry, national origin or language1
	Because of your race or skin color2
	Because of your gender or sex, including gender identity
	Because of your sexual orientation4
	Because of your religion5
	Because of your disability6
	Because of your immigration status7
	Because you have children8
	Because of some other reason:9
0	REFUSED/DON'T KNOW3

#### PROGRAMMING NOTE 'QA23\_M10': IF MORE THAN ONE RESPONSE FROM 'QA23\_M9', THEN CONTINUE WITH 'QA23\_M10' WITH SELECTED CHOICES FROM 'QA23\_M9' DISPLAYED; ELSE SKIP TO 'QA23\_M11'

**'QA23\_M10'** What do you think is the MAIN reason you were targeted for this discrimination or harassment?

#### AM191

- Because of your ancestry, national origin
- or language.....1 O Because of your race or skin color......2

- Because of some other reason:\_\_\_\_\_.9
- **'QA23\_M11'** In the past 2 years, did you or your household receive or use a Housing Choice Section 8 voucher?

#### AM192

Housing Choice Section 8 vouchers are a form of government assistance with housing

0	Yes1	
0	No2	[GO TO 'QA23_M15']
О	REFUSED/DON'T KNOW3	[GO TO 'QA23_M15']

**'QA23\_M12'** Were you or your household...

#### AM193

Check all that apply

	Unable to use your Housing voucher1
	Denied housing because of your
	Housing voucher2
	Told by a landlord that they do not
	accept Housing vouchers, or3
0	None of these4
0	REFUSED/DON'T KNOW3

Hate Incident

#### 'QA23\_M13'

The next questions are about hate incidents. Thinking about these incidents may be stressful. Your answers will be kept confidential. If any question upsets you, you don't have to answer it. At the end of this section, we will give you information about organizations that can provide resources and support.

- 'AM194INTRO'This next set of questions focuses on whether you may have been targeted for hate because of prejudice toward people with certain characteristics or religious beliefs. You may or may not actually have these characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to get something from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.
- 'QA23\_M15' During the past 12 months, have you directly experienced a hate incident?

#### AM194

0	Yes1	
0	No2	[GO TO 'QA23_M20']
0	REFSUED/DON'T KNOW3	[GO TO 'QA23_M20']

**'QA23\_M16'** Did you experience..

#### AM195

	Physical abuse or attack	1
	Verbal abuse or insults	
	Cyberbullying	3
	Property damage, or	1
	Something else (Specify:)	
Ο	REFUSED/DON'T KNOW	3

'QA23\_M17' Where did the incident or incidences take place?

#### AM196

Check all that apply

Check all that apply

	At home	1
	At school	2
	At work	3
	At a store, theater, gas station, or other business	4
	On the street or sidewalk	
	Online, or	
	Somewhere else (Specify:)	7
0	REFUSED/DON'T KNOW	3

#### **'QA23\_M18'** Why do you think you were targeted?

#### AM197

Because of your race or skin color1
Because of your sexual orientation2
Because of your gender or sex,
including gender identity3
Because of your religion4
Because of your ancestry,
national origin, or language5
Because of your disability6

- Because of your immigration status......7
- Because of your age ......8
- Because of some other reason: \_\_\_\_\_...9
- REFUSED/DON'T KNOW......-3 Ο

# PROGRAMMING NOTE 'QA23\_M19':

IF MORE THAN ONE RESPONSE FROM 'QA23\_M18', THEN CONTINUE WITH 'QA23\_M19' WITH SELECTED CHOICES FROM 'QA23\_M18' DISPLAYED; ELSE SKIP TO 'QA23\_M20'

What do you think is the MAIN reason you were targeted for a hate incident? 'QA23\_M19'

#### AM198

If you experienced more than one incident, please think about the most recent incident.

		Because of your race or skin color	
	0	Because of your immigration status7	
	0 0	Because of your age8 Because of some other reason:9	
	Ŏ	REFUSED/DON'T KNOW	
'QA23_M20'	During the pas incident?	t 12 months, have you witnessed another person experiencing a hate	
AM199			
	Ο	Yes1	
	Ο	No2 [GO TO 'QA23_M26	
	0	REFUSED/DON'T KNOW3 [GO TO 'QA23_M26	<b>'</b> ]
'QA23_M21'	Did you witnes	s	
AM200	(Check all that	apply)	
AM200	(Check all that		
AM200		Physical abuse or attack1	
AM200		Physical abuse or attack1 Verbal abuse or insults2	
AM200		Physical abuse or attack1 Verbal abuse or insults2 Cyberbullying	
AM200		Physical abuse or attack1 Verbal abuse or insults2 Cyberbullying	
AM200		Physical abuse or attack	
AM200		Physical abuse or attack1 Verbal abuse or insults2 Cyberbullying	
AM200 'QA23_M22'		Physical abuse or attack	
		Physical abuse or attack	

	At school	2
	At work	3
	At a store, theater, gas station, or	
	other business	4
	On the street or sidewalk	5
	Online, or	6
	Somewhere else (Specify:)	7
0	REFUSED/DON'T KNOW	3

**'QA23\_M23'** Why do you think the person was targeted for a hate incident?

#### AM202

Check all that apply

0	Because of their race or skin color1
0	Because of their sexual orientation2
0	Because of their gender or sex,
	including gender identity3
0	Because of their religion4
0	Because of their ancestry, national origin,
	or language5
0	Because of their disability6
Ο	Because of their immigration status7
Ο	Because of their age
0	Because of some other reason:9
0	REFUSED/DON'T KNOW3

#### PROGRAMMING NOTE 'QA23\_M24': IF MORE THAN ONE RESPONSE FROM 'QA23\_M23', THEN CONTINUE WITH 'QA23\_M24' WITH SELECTED CHOICES FROM 'QA23\_M23' DISPLAYED; ELSE SKIP TO 'QA23\_M24'

'QA23\_M24' What do you think is the MAIN reason that person was the target for a hate incident?

#### AM203

If you witnessed more than one incident, please think about the most recent incident.

0	Because of their race or skin color	1
Ο	Because of their sexual orientation	2
0	Because of their gender or sex,	
	including gender identity	3
0	Because of their religion	4
0	Because of their ancestry, national origin,	
	or language	5
0	Because of their disability	6
0	Because of their immigration status	7
0	Because of their age	8
0	Because of some other reason:	9
0	REFUSED/DON'T KNOW	

#### PROGRAMMING NOTE 'QA23\_M25': TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO 'QA23\_M15', 'QA23\_M20'.

#### 'QA23\_M25'

If you would like mental or emotional support, someone is available 24 hours a day at the toll-free number 855-845-7415. You do not have to provide your full name or contact information if you prefer to stay anonymous. You can also visit www.mentalhealthsf.org/peer-run-warmline/.

If you would like to report a hate incident or connect with resources, including mental health and legal services, visit <u>www.Cavshate.org/</u> or call 833-866-4283, Monday to Friday from 9 a.m. to 6 p.m. California vs Hate is not affiliated with law enforcement, and you can report anonymously. If you want to report a hate crime to law enforcement immediately or you are in present danger, please call 911.

#### PROGRAMMING NOTE 'QA23\_M26': IF 'QA23\_H1' = 1 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS≤ 400% FPL, THEN CONTINUE WITH 'QA23\_M26' ELSE GO TO 'QA23\_M27'

**'QA23\_M26'** Is there anyone at your doctor's or healthcare provider's office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

AJ178

0	Yes	1
0	No	2
0	REFUSED/DON'T KNOW	3

**Encounters with Police** 

**'QA23\_M27'** Difficult life experiences can have harmful effects on a person's physical and mental health, even after those experiences have passed. For example, encounters with the police or the court system.

#### AM186

Nowadays, persons are often stopped by the police for many different reasons. In the past three years, how many times have you been stopped by the police?

0	0	1
0	1	2
0	2	3
0	3	4
0	4	5
0	5 or more	
Ο	REFUSED/DON'T KNOW	-3

#### Social Cohesion

**'QA23\_M28'** Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

#### AM19

People in my neighborhood are willing to help each other.

Do you strongly agree, agree, disagree, or strongly disagree?

О	Strongly Agree1
0	Agree2
0	Disagree3
0	Strongly Disagree4
О	REFUSED/DON'T KNOW

**'QA23\_M29'** Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

#### AM20

People in this neighborhood generally do not get along with each other.

Do you strongly agree, agree, disagree, or strongly disagree?

Ο	Strongly Agree1	
0	Agree2	
0	Disagree	
0	Strongly Disagree4	
0	REFUSED/DON'T KNOW	3

**'QA23\_M30'** Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

AM21

People in this neighborhood can be trusted.

Do you strongly agree, agree, disagree, or strongly disagree?

Ο	Strongly Agree1
Ο	Agree2
0	Disagree
Ο	Strongly Disagree4
Ο	REFUSED/DON'T KNOW3

Safety

**'QA23\_M31'** Do you feel safe in your neighborhood...

#### AK28

0	All of the time	1
0	Most of the time	2
0	Some of the time, or	3
0		
0	REFUSED/DON'T KNOW	3

**Civic Engagement** 

**'QA23\_M32'** In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

AM39

0	Yes	1
0	No	•
0	REFUSED/DON'T KNOW	3

**'QA23\_M33'** Do you think you could contact an elected official or someone else in government who represents your community?

#### AM45

0	Definitely could not1	
0	Probably could not2	
0	Maybe could	
0	Probably could4	
0	Definitely could5	,
0	REFUSED/DON'T KNOW	)

**'QA23\_M34'** In the past 12 months, have you been an active member of any group that tries to influence public policy or government, not including a political party?

AM48

0	Yes	1	
Ο	No	2	[GO TO 'QA23_M1']
0	REFUSED/DON'T KNOW	-3	[GO TO 'QA23_M1']

## Section P: Voter Engagement

Voter Engagement

PROGRAMMING NOTE 'QA23_P1': IF 'QA23_G5' = 1 (CITIZEN) OR 'QA23_G2' = 1 (USA)) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH 'QA23_P1'; ELSE GO TO 'QA23_P3'			
'QA23_P1'	How often do	you vote in presidential elections?	
AP73			
	0	Always1	
	ŏ	Sometimes, or	
	Ŏ	Never?	
	Ŏ	REFUSED/DON'T KNOW	
	0	REFUSED/DON T KNOW	
'QA23_P2'	How often do	you vote in state elections, such as for Governor or state proposition?	
AP74			
	0	Always1	
	0		
	_	Sometimes, or2 Never?3	
	0		
	0	REFUSED/DON'T KNOW3	
'QA23_P3'	How often do	you vote in local elections, such as for Mayor or school board?	
AP75			
AF/3	$\circ$	Alwaya	
	0	Always	
	O	Sometimes, or2	
	O	Never?	
	O	REFUSED/DON'T KNOW3	

#### **PROGRAMMING NOTE 'QA23\_P4':** IF **'QA23\_P1'** or **'QA23\_P2'** or **'QA23\_P3'** = 2 OR 3, CONTINUE WITH **'QA23\_P4'**; ELSE SKIP TO **'QA23\_S1'**

'QA23_P4'	For the most re not vote?	ecent election that you die	d <u>not</u> vote in, what is	the <u>main</u> reason why you did
AP80	0			4

0	I dislike politics1
0	Voting has little to do with the way real
	decisions are made2
0	I did not like any of the candidates
	on the ballot
0	My one vote is not going to affect how
	things turn out4
0	I was not informed enough about
	the candidates or issues to make
	a good decision5
0	l did not see a difference between
	the candidates or parties6
0	I was not interested in what
	is happening in government7
0	I just did not think about doing it8
0	I forgot9
0	I had to work 10
0	I did not have transportation
0	Other (Specify:)
0	REFUSED7

### **Section Q: Adverse Childhood Experiences**

ACEs Screener

- **'QA23\_Q1'** Adverse Childhood Experiences are stressful or traumatic events experienced from birth through the age of 18 and relate to categories of child abuse, neglect, and/or household challenges. Medical professionals, including doctors, nurse practitioners, midwives, psychologists, and others, can perform Adverse Childhood Experiences assessments.
- **'QA23\_Q2'** Have you heard the term Adverse Childhood Experiences or ACEs before?

#### AQ28

0	Yes1
0	No2
0	Don't know3
0	REFUSED3

Past ACEs assessment

'QA23_Q3'	Have you ever completed an assessment of your own history of Adverse Childhood
—	Experiences with a medical health or mental health professional?
AQ23	

0	Yes1	
0	No2	[GO TO 'QA23_Q5']
0	Don't know	GO TO 'QA23_Q5']
0	REFUSED3	

**'QA23\_Q4'** When your provider reviewed your responses to the ACE assessment did they discuss your strengths, resilience or positive experiences in your life?

AQ29	

0	Yes	.1
Ο	No	.2
Ο	Don't know	.3
О	REFUSED	-3

PROGRAMMING NOTE 'QA23_Q5':	
IF SELECTED TEEN, CONTINUE;	
ELSE SKIP TO ' <b>PN_QA23_Q6</b> '	

**'QA23\_Q5'** Have you ever completed an assessment of (TEEN's) Adverse Childhood Experiences with a medical health or mental health professional?

AQ24

0	Yes	1
0	No	2
0	Don't know	3
0	REFUSED	3

	NG NOTE 'QA			
	CHILD, CONT	INUE;		
ELSE SKIP TO	O 'QA23_Q7'			
'QA23_Q6'		er completed an assessment o al health or mental health profe	f (CHILD's) Adverse Childhood Experie	nces
AQ25	with a medica	a nealth of mental nealth profe	ssional?	
AQZJ	0	Yes	1	
	ŏ	No		
	Ŏ	Don't know		
	Õ	REFUSED		
'QA23_Q7'	childhood. Th early in life, a may feel unco	is information will allow us to b nd may help others in the futur omfortable with these question do not want to answer. All que	at might have happened during your better understand problems that may oc re. This is a sensitive topic and some pe s. Please keep in mind that you can ski estions refer to the time period before yo	eople p any
'QA23_Q8'	Befor	e you were 18 years of age		
401				
AQ1	Did you live w	vith anyone who was depresse	d, mentally ill, or suicidal?	
	Ο	Yes	1	
	ŏ	No		
	õ	Don't know		
	Ō	REFUSED		
'QA23_Q9'	Did you live w	vith anyone who was a probler	n drinker or alcoholic?	
AQ2				
	0	Yes	1	
	Ō	No		
	O	REFUSED/DON'T KNOW		
'QA23_Q10'	Did you live w medications?		reet drugs or who abused prescription	
AQ3				
	0	Yes		
	0	No		
	O	REFUSED/DON'T KNOW	3	
'QA23_Q11'		vith anyone who served time o ectional facility?	r was sentenced to serve time in a prisc	on, jail,
AQ4				
	0	Yes		
	Ο	No	2	
	0	REFUSED/DON'T KNOW	3	

'QA23_Q12'	Before you were 18 years of age		
AQ5			
	Were your parents separated or divorced?		
	0	Yes1 No2	
	O O	Parent not married3 REFUSED/DON'T KNOW3	
	0	REFUSED/DON T KNOW3	
'QA23_Q13'	Before you wer	e 18 years of age	
AQ6			
	How often did y other up?	your parents or adults in your home ever slap, hit, kick, punch or beat each	
	0	Never1	
	Ō	Once2	
	0	More than once	
	O	REFUSED/DON'T KNOW3	
'QA23_Q14'	How often did a	a parent or adult in your home ever hit, beat, kick, or physically hurt you in	
	any way? Do n	ot include spanking.	
AQ7			
	0	Never1	
	0	Once	
	O O	More than once3 REFUSED/DON'T KNOW3	
	0	REFUSED/DON T KNOW3	
'QA23_Q15'	How often did a down?	a parent or adult in your home ever swear at you, insult you, or put you	
AQ8			
Ago	0	Never1	
	Ō	Once2	
	Ο	More than once3	
	O	REFUSED/DON'T KNOW3	
'QA23_Q16'	How often did a sexually?	anyone at least 5 years older than you or an adult, ever touch you	
AQ9			
	0	Never1	
	Ο	Once2	
	0	More than once	
	Ο	REFUSED/DON'T KNOW3	
'QA23_Q17'	How often did a them sexually?	anyone at least 5 years older than you or an adult, try to make you touch	
AQ10	-		
	O O	Never1	
	0 0	Once2 More than once	
	0	REFUSED/DON'T KNOW	

'QA23_Q18'	How often did anyone at least 5 years older than you or an adult, force you to have sex?		
AQ11			
	Ο	Never	1
	Ο	Once	2
	Ο	More than once	
	O	REFUSED/DON'T KNOW	3
'QA23_Q19'	Befor	e you were 18 years of age	
AQ12			
	Were you eve	er the victim of violence or witness a	ny violence in your neighborhood?
	0	Yes	1
	O	No	
	Ο	REFUSED/DON'T KNOW	3
'QA23_Q20'	Were you eve	er treated or judged unfairly because	e of your race or ethnic group?
AQ13			
	Ο	Yes	1
	Ο	No	
	0	REFUSED/DON'T KNOW	3
'QA23_Q21'	Did you ever	live with a parent or guardian who d	ied?
AQ14			
	Ο	Yes	1
	O	No	
	O	REFUSED/DON'T KNOW	3
'QA23_Q22'	Before you we	ere 18 years of age	
AQ15			
			ly's income, for example, it was hard to
	cover the bas very often, or		say very often, somewhat often, not
	О	Very often	
	Ο	Somewhat often	2
	Ο	Not very often	
	0	Never	
	0	REFUSED/DON'T KNOW	3
'QA23_Q23'			ult in your household who made you feel
A020	safe and prote	ected? Would you say	
AQ30	Ο	Never	1
	Ŏ	A little of the time	
	Ō	Some of the time	
	Ō	Most of the time	
	0	All of the time	5
	0	REFUSED/DON'T KNOW	3

**'QA23\_Q24'** For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say..

#### AQ31

#### PROGRAMMING NOTE 'QA23\_Q25':

DISPLAY INSTRUCTIONS: IF [('QA23\_Q16' OR 'QA23\_Q17' OR 'QA23\_Q18') = -3 OR ('QA23\_Q16' OR 'QA23\_Q17' OR 'QA23\_Q18') >1], DISPLAY RAINN RESOURCE AND (IF 'QA23\_Q14'= 1 OR 'QA23\_Q14'= -3), DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE; ELSE SKIP TO 'QA23\_S1'

#### 'QA23\_Q25'

RAINN Resource: We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

National Domestic Violence hotline: We have a tollfree number if you'd like to talk about these issues. Someone is available 24 hours a day to provide information. The number is 1-800-799-7233 or TTY 1-800-787-3224. This is the national domestic violence hotline.

### **Section S: Suicide Ideation and Attempts**

Suicide Ideation and Attempts

	•			
'QA23_S1'	The next section is about thoughts of hurting yourself. Again, if any question upsets you,			
	you don't have to answer it.			
AF86				
	Have you <u>ever</u> seriously thought about committing suicide?			
	Ο	Yes1		
	ŏ	No		
	Ŏ	REFUSED/DON'T KNOW		
'QA23_S2'	Have you seri	ously thought about committing suicide at any t	ime in the past 12 months?	
_		, , , , , , , , , , , , , , , , , , , ,	·	
AF87				
	O	Yes1		
	0	No2		
	O	REFUSED/DON'T KNOW3	[GO TO 'QA23_S4']	
'QA23_S3'	Have you seri	ously thought about committing suicide at any t	ime in the past 2 months?	
4504				
AF91	0			
	O	Yes1		
	0	No2		
	O	REFUSED/DON'T KNOW3		
'QA23_S4'	Have you eve	r attempted suicide?		
AF88				
AFOO	Ο	Yes1		
	0			
	0	REFUSED/DON'T KNOW3		
PROGRAMMI	NG NOTE 'QA2	23 S5':		
		QA23_S4'= (2, -3) THEN GO TO 'QA23_S6';		
		QA23_S4'= (2, -3) THEN GO TO 'QA23_S6';		
		<b>S_S4'</b> = (2, -3) THEN GO TO <b>'QA23_S6'</b> ;		
	UE WITH 'QA2			
'QA23_S5'	Have you atte	mpted suicide at any time in the past 12 months	s?	
AF89				
	0	Yes1		
	0	No2		
	O	REFUSED/DON'T KNOW3		
'QA23_S6'	You can call Q	)88 to speak with someone about your suicidal t	houghts or attempts 988 is	
4,120_00	You can call 988 to speak with someone about your suicidal thoughts or attempts. 988 a free and confidential service that is available 24 hours a day, seven days a week.			
		visit 099 lifeling are to shot online or find inform		

You can also visit <u>988lifeline.org</u> to chat online or find information about getting help.

### Follow-Up Survey Permission

PROGRAMMING NOTE 'AM10B': IF ('QA23_D4' OR 'QA23_D5' OR 'QA23_D6'= 1), THEN DISPLAY "JUST A COUPLE OF FINAL QUESTIONS"; ELSE DISPLAY "JUST A FINAL QUESTION";					
'AM10B' AM10B	Just a {couple of} final question{s} and then we are done.         Please provide your name and telephone number so that we may call you if we have additional questions.         First Name:         Last Name:				
		r:			
		<b>S_A':</b> OR <b>'QA23_D6'</b> = 1), THEN CONTINUE;			
'LTSS_A'	Based on your responses, we'd like to ask you a few more questions. This new survey usually takes about 15 minutes and you will be paid \$25. This other survey is for people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands.				
	vvouid you like O O	to participate in this survey? Yes1 No2 REFUSED/DON'T KNOW3	[GO TO LTSS SURVEY] [GO TO 'LTSS_ RECON2']		
'LTSS_RECON2' Would you like to participate in this survey at a later date?					
LTSS_RECO	N2 0 0	YES1 NO2	[GO TO 'PN_SUICIDE RESOURCE2']		
	0 0	REFUSED7 DON'T KNOW8	[GO TO 'PN_SUICIDE RESOURCE2'] [GO TO 'PN_SUICIDE RESOURCE2']		
PROGRAMMING NOTE 'LTSS_FOLLOW_UP': IF ('QA23_D4' OR 'QA23_D5' OR 'QA23_D6'= 1) AND 'AM10B' IS BLANK, CONTINUE WITH 'LTSS_FOLLOW_UP'; ELSE GO TO 'PN_SUICIDE RESOURCE2'					

'LTSS\_FOLLOW\_UP'

LTSS\_FOLLOW\_UP

Please provide your name and telephone number so that we may call you if we have additional questions.

First Name: \_\_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number:
---------------

#### PROGRAMMING NOTE 'SUICIDE RESOURCE2': ['QA23\_S3' = 1 OR ('QA23\_S3' = 2, -3 AND 'QA23\_S5' = 1), THEN CONTINUE WITH 'SUICIDE RESOURCE 2'; ELSE GO TO 'PN\_CLOSE2'

'SUICIDE RESOURCE2'	Again, you can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit <u>988lifeline.org</u> to chat online or find information about getting help.
'CLOSE2'	Thank you. We 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. Ninez Ponce, the Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and good-bye.