



california
health
interview
survey

CHIS 2009

Adolescent Questionnaire

Version 7.8

October 14, 2010

(Adolescent Respondents Ages 12-17)

Collaborating Agencies:

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- California Department of Health Care Services
- California Department of Public Health

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TABLE OF CONTENTS

SECTION A – DEMOGRAPHICS PART I	1
AGE	1
GENDER	2
SCHOOL ATTENDANCE	3
NAME OF SCHOOL	3
SECTION B – HEALTH STATUS AND HEALTH CONDITIONS	4
GENERAL HEALTH	4
HEIGHT AND WEIGHT	4
MISSED SCHOOL DAYS	5
ASTHMA	5
SECTION C – SUN EXPOSURE	9
SECTION D - DIET, NUTRITION, AND FOOD ENVIRONMENT	10
DIETARY INTAKE	10
FAST FOOD	11
BROUGHT LUNCH TO SCHOOL FROM HOME	11
SECTION E - PHYSICAL ACTIVITY AND SEDENTARY TIME	12
PHYSICAL ACTIVITY	12
PHYSICAL EDUCATION.....	12
COMMUTE FROM SCHOOL TO HOME	13
SEDENTARY TIME	14
PARK USE.....	15
SAFETY	15
SECTION F - TOBACCO, ALCOHOL AND DRUG USE	17
CIGARETTE USE	17
ALCOHOL USE/ABUSE	17
DRUG USE	19
SECTION G – EMOTIONAL FUNCTIONING	20
SECTION H – SEXUAL BEHAVIORS	22
SEXUAL BEHAVIOR	22
PREGNANCY	23
SEXUALLY TRANSMITTED INFECTION TESTING	24
SECTION I – HEALTH CARE UTILIZATION AND ACCESS	25
USUAL SOURCE OF CARE	25
EMERGENCY ROOM (GENERAL).....	25
VISITS TO MEDICAL DOCTOR.....	25
RECALL OF PROVIDER ADVICE	26
PERSONAL DOCTOR	26
PATIENT-CENTERED CARE: INFORMATION	27
CARE COORDINATION.....	28
DELAYS IN CARE	28
EMOTIONAL AND PSYCHOLOGICAL COUNSELING	29
SECTION M - DENTAL OR ORAL HEALTH	30

SECTION J – ADULT SUPERVISION, ROLE MODELS, AND CIVIC ENGAGEMENT	31
MARITAL STATUS OF PARENTS.....	31
ADULT SUPERVISION	31
ROLE MODELS.....	32
CIVIC ENGAGEMENT	33
SECTION K - DEMOGRAPHIC INFORMATION PART II	34
RACE/ETHNICITY.....	34
COUNTRY OF BIRTH.....	40
CITIZENSHIP, IMMIGRATION STATUS, YEARS IN THE US	40
LANGUAGES SPOKEN AT HOME.....	41
FOLLOW UP AND CLOSE.....	42

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

SECTION A – DEMOGRAPHICS PART I

**PROGRAMMING NOTE QT09_A1:
SET TADATE = CURRENT DATE (YYYYMMDD)**

QT09_A1 What is your date of birth?

TA1MON

_____ MONTH

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

REFUSED -7
 DON'T KNOW -8

TA1DAY

_____ DAY

REFUSED -7
 DON'T KNOW -8

TA1YR

_____ YEAR

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QT09_A2:
IF QT09_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QT09_A2;
ELSE GO TO QT09_A4

QT09_A2 What month and year were you born?

TA1AMON

_____ MONTH

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

REFUSED -7
DON'T KNOW -8

TA1AYR

_____ YEAR

REFUSED -7
DON'T KNOW -8

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

QT09_A3 How old are you?

TA2

_____ YEARS OF AGE [SR: 12-17]

REFUSED -7
DON'T KNOW -8

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

QT09_A4 Are you male or female?

TA3

MALE1
FEMALE2
REFUSED -7

**[END INTERVIEW
CODE INELIGIBLE.]**

QT09_A5 Did you attend school last week?

TA4

- YES1 **[GO TO QT09_A7]**
- NO2
- ON VACATION3
- HOME SCHOOLED4 **[GO TO QT09_B1]**
- REFUSED -7
- DON'T KNOW -8

QT09_A6 Did you attend school during the last school year?

TA4C

- YES1
- NO2 **[GO TO QT09_B1]**
- HOME SCHOOLED LAST YEAR3 **[GO TO QT09_B1]**
- REFUSED -7 **[GO TO QT09_B1]**
- DON'T KNOW -8 **[GO TO QT09_B1]**

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

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

TA4B

[INTERVIEWER NOTE: RECORD VERBATIM]

NAME OF SCHOOL _____

- REFUSED -7
- DON'T KNOW -8

**TA4B
TYPE**

____TYPE OF SCHOOL

- TEEN NOT IN SCHOOL0
- ELEMENTARY1
- INTERMEDIATE2
- JUNIOR HIGH3
- MIDDLE SCHOOL4
- HIGH SCHOOL5
- SENIOR HIGH SCHOOL6
- CONTINUATION7
- CHARTER SCHOOL8
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

SECTION B – HEALTH STATUS AND HEALTH CONDITIONS

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

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

TB1

- EXCELLENT1
- VERY GOOD2
- GOOD3
- FAIR4
- POOR.....5
- REFUSED -7
- DON'T KNOW -8

QT09_B2 About how tall are you without shoes?

**TB2F/
TB2I**

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

_____ FEET _____ INCHES

**TB2M/
TB2C**

_____ METERS _____ CENTIMETERS

TB2FMT

- FEET, INCHES1
- METERS, CENTIMETERS2
- REFUSED -7
- DON'T KNOW -8

QT09_B3 About how much do you weigh without shoes?

TB3

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

_____ POUNDS [HR: 50-450]

_____ KILOGRAMS [HR: 20-220]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QT09_B4:
IF QT09_A5 = 1 (ATTENDED SCHOOL LAST WEEK) OR 4 (HOME SCHOOLED), CONTINUE WITH QT09_B4;
ELSE GO TO QT09_B5

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

TB4

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

_____ DAYS [HR: 0-20]

REFUSED -7
 DON'T KNOW -8

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

TB5

YES1
 NO2 **[GO TO QT09_C1]**
 REFUSED -7 **[GO TO QT09_C1]**
 DON'T KNOW -8 **[GO TO QT09_C1]**

QT09_B6 Do you still have asthma?

TB17

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

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

TB18

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QT09_B8:
IF QT09_B6 = 2, -7, OR -8 (NO, REFUSED, OR DON'T KNOW) AND QT09_B7 = 2, -7, OR -8 (NO, REFUSED, OR DON'T KNOW), GO TO QT09_B12;
ELSE CONTINUE WITH QT09_B8

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

TB7

- Not at all,1
- Less than every month,2
- Every month,3
- Every week, or4
- Every day?5
- REFUSED -7
- DON'T KNOW -8

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

TB19

- YES1
- NO2 **[GO TO QT09_B11]**
- REFUSED -7 **[GO TO QT09_B11]**
- DON'T KNOW -8 **[GO TO QT09_B11]**

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

TB31

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

- YES1
- NO2
- DOESN'T HAVE DOCTOR3
- REFUSED -7
- DON'T KNOW -8

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

TF4A

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

QT09_B12 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

TB6

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

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

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

QT09_B13 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

TB27

- Not at all,1
- Less than every month,2
- Every month,3
- Every week, or4
- Every day?5
- REFUSED -7
- DON'T KNOW -8

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

TB28

- YES1
- NO2 **[GO TO QT09_B16]**
- REFUSED -7 **[GO TO QT09_B16]**
- DON'T KNOW -8 **[GO TO QT09_B16]**

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

TB34

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

- YES1
- NO2
- DOESN'T HAVE DOCTOR3
- REFUSED -7
- DON'T KNOW -8

QT09_B16 During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

TB29

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

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

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

TB24

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

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

TB20

- YES1
- NO.....2 **[GO TO QT09_B20]**
- REFUSED-7 **[GO TO QT09_B20]**
- DON'T KNOW-8 **[GO TO QT09_B20]**

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

TB32

[IF NEEDED, SAY: "This can be an electronic or hard copy."]

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

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

TB33

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

SECTION C – SUN EXPOSURE

QT09_C1 Next, I am going to ask you about your exposure to the sun.

During the past 12 months, how many times have you had a sunburn?

TC44

[IF NEEDED, SAY: “By sunburn, we mean even a small part of your skin turns red or hurts for 12 hours or more.”]

ENTER TIMES: _____ [HR: 0-365]

REFUSED -7

DON'T KNOW -8

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

TC45

ENTER TIMES: _____ [HR: 0-365]

REFUSED -7

DON'T KNOW -8

SECTION D - DIET, NUTRITION, AND FOOD ENVIRONMENT

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

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

TE1

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

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

_____ GLASSES

REFUSED -7
 DON'T KNOW -8

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

TE4

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

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

REFUSED -7
 DON'T KNOW -8

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

TD14

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

_____ SERVINGS

REFUSED -7
 DON'T KNOW -8

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

TE6

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

REFUSED -7
 DON'T KNOW -8

QT09_D5 [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did you drink? Do not include diet soda.

TC28A

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

_____ GLASSES, CANS OR BOTTLES

REFUSED -7

DON'T KNOW -8

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

TC28B

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

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

_____ GLASSES, CANS, OR BOTTLES

REFUSED -7

DON'T KNOW -8

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

TD25

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

_____ TIMES

REFUSED -7

DON'T KNOW -8

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

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

TD22

_____ TIMES

REFUSED -7

DON'T KNOW -8

SECTION E - PHYSICAL ACTIVITY AND SEDENTARY TIME

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

QT09_E1 These next questions are about physical activity.

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

TE8

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

_____ DAYS [HR: 0-7]

REFUSED -7

DON'T KNOW -8

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

QT09_E2 These next questions are about physical activity.

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

TE49

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

_____ DAYS [HR: 0-7]

REFUSED -7

DON'T KNOW -8

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

QT09_E3 {During the school year, do you take/Are you currently taking} PE at school?

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

TE57

YES1

NO2

REFUSED -7

DON'T KNOW -8

[GO TO QT09_E6]

[GO TO QT09_E6]

[GO TO QT09_E6]

PROGRAMMING NOTE QT09_E4:
IF QT09_A5 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY “do”;
ELSE DISPLAY “did”

QT09_E4 How many days a week {do/did} you have PE?

TE58

_____ NUMBER OF DAYS

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QT09_E5:
IF QT09_A5 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY “do”;
ELSE DISPLAY “did”

QT09_E5 In a typical PE class, how many minutes {do/did} you usually spend actually exercising or playing sports?

TE59

MORE THAN 30 MINUTES1
 21 TO 30 MINUTES2
 10-20 MINUTES3
 LESS THAN 10 MINUTES4
 I DO NOT TAKE PE5
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QT09_E6:
IF QT09_A5 = 4 or QT09_A6 = 3 (HOME SCHOOLED) OR QT09_A6 = 2 (NO, NOT IN SCHOOL LAST YEAR), GO TO QT09_E9;
IF QT09_A5 = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), CONTINUE WITH QT09_E6 AND GO TO OPTION B;
ELSE CONTINUE WITH QT09_E6 AND GO TO OPTION A

QT09_E6 A) How many days *in the past week* did you walk, bicycle, or skateboard home from school?

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

TE55

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

_____ DAYS

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QT09_E7:
IF QT09_E6 = 0, -7 OR -8 (NO DAYS, REF/DK) GO TO QT09_E8;
ELSE IF QT09_E6 > 0 DAYS, CONTINUE WITH QT09_E7;
IF QT09_A5 = 1, DISPLAY “does it”;
IF QT09_A6 = 1, DISPLAY “did it”

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

TE56

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

_____ MINUTES

REFUSED -7
 DON'T KNOW -8

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

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

TE61

YES1
 NO2
 REFUSED -7
 DON'T KNOW -8

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

TE14

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

[IF > 0, BUT < 1, ENTER “94”]

_____ HOURS

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

QT09_E10 And about how many hours per day on a typical SATURDAY OR SUNDAY do you use a computer for fun, not schoolwork?

TE15

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

[IF > 0, BUT < 1, ENTER "94"]

_____ HOURS PER DAY

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

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

TE62

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

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

TC42

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

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

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

TC25

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

- STRONGLY AGREE1
- AGREE.....2
- DISAGREE.....3
- STRONGLY DISAGREE.....4
- REFUSED -7
- DON'T KNOW -8

QT09_E14 The park or playground closest to where I live is safe at night.

TC26

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

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

QT09_E15 Do you feel safe in your neighborhood...

TE64

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

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

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

TE65

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

SECTION F - TOBACCO, ALCOHOL AND DRUG USE

QT09_F1 Now I'm going to ask about smoking.

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

TC38

- YES1
- NO2 **[GO TO QT09_F4]**
- REFUSED-7 **[GO TO QT09_F4]**
- DON'T KNOW-8 **[GO TO QT09_F4]**

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

TE19

- NONE0 **[GO TO QT09_F4]**
- 1 OR 2 DAYS1
- 3-5 DAYS2
- 6-9 DAYS3
- 10-19 DAYS4
- 20-29 DAYS5
- 30 DAYS6
- REFUSED-7
- DON'T KNOW-8

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

TE20

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

_____NUMBER OF CIGARETTES

- REFUSED-7
- DON'T KNOW-8

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

TE22

- YES1
- NO2 **[GO TO QT09_F9]**
- REFUSED-7 **[GO TO QT09_F9]**
- DON'T KNOW-8 **[GO TO QT09_F9]**

QT09_F5 If we consider one drink to be a can or bottle of beer, a glass of wine, a shot of liquor, or one mixed drink, on how many days in the past 30 days did you have at least one drink of alcohol?

TE23

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

PROGRAMMING NOTE QT09_F6:
IF QT09_A4 = 1 (MALE) GO TO QT09_F7;
ELSE CONTINUE WITH QT09_F6

QT09_F6 How many days in the past 30 days did you have four or more drinks in a row, that is within a couple of hours?

TE24A

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

PROGRAMMING NOTE QT09_F7:
IF QT09_A4 = 2 (FEMALE), GO TO QT09_F8;
ELSE CONTINUE WITH QT09_F7

QT09_F7 How many days in the past 30 days did you have five or more drinks in a row, that is within a couple of hours?

TE24

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

QT09_F8 When you drink alcohol, about how many drinks do you usually have?

TE25

- LESS THAN ONE1
- 1 - 2 DRINKS2
- 3 - 4 DRINKS3
- 5 OR MORE DRINKS4
- REFUSED -7
- DON'T KNOW -8

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

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

TE28

- YES1
- NO2 **[GO TO QT09_G1]**
- REFUSED -7 **[GO TO QT09_G1]**
- DON'T KNOW -8 **[GO TO QT09_G1]**

QT09_F10 In the past 12 months have you used marijuana?

TC39

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

SECTION G – EMOTIONAL FUNCTIONING

QT09_G1 The next questions are about how you have been feeling during the past 30 days.

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

TG11

- ALL.....1
- MOST.....2
- SOME.....3
- A LITTLE4
- NONE.....5
- REFUSED.....-7
- DON'T KNOW.....-8

QT09_G2 During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

TG12

- ALL.....1
- MOST.....2
- SOME.....3
- A LITTLE4
- NONE.....5
- REFUSED.....-7
- DON'T KNOW.....-8

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

TG13

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

- ALL.....1
- MOST.....2
- SOME.....3
- A LITTLE4
- NONE.....5
- REFUSED.....-7
- DON'T KNOW.....-8

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

TG14

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

- ALL.....1
- MOST.....2
- SOME.....3
- A LITTLE4
- NONE.....5
- REFUSED.....-7
- DON'T KNOW.....-8

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

TG15

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

- ALL.....1
- MOST.....2
- SOME.....3
- A LITTLE4
- NONE.....5
- REFUSED.....-7
- DON'T KNOW.....-8

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

TG16

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

- ALL.....1
- MOST.....2
- SOME.....3
- A LITTLE4
- NONE.....5
- REFUSED.....-7
- DON'T KNOW.....-8

SECTION H – SEXUAL BEHAVIORS

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

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

QT09_H1 Have you ever had oral sex?

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

TH34

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

QT09_H2 Have you ever had sexual intercourse?

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

TE32

- YES1
- NO.....2 **[GO TO QT09_I1]**
- REFUSED -7 **[GO TO QT09_I1]**
- DON'T KNOW -8 **[GO TO QT09_I1]**

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

TE33

- ____ YEARS OLD [HR: 1-17; SR: 10-17]
- REFUSED -7
 - DON'T KNOW -8

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

TE36

- ____ PERSON/PEOPLE [HR: 0-90; SR: 0-10]
- REFUSED -7
 - DON'T KNOW -8

PROGRAMMING NOTE QT09_H5:
IF QT09_H4 = 0, -7, OR -8 (NO SEXUAL PARTNERS PAST 12 MONTHS, REF, OR DK) GO TO QT09_H7;
ELSE CONTINUE WITH QT09_H5;
IF QT09_H4 = 1, DISPLAY “Is that partner male or female?”;
ELSE, DISPLAY, “In the past 12 months, have your sexual partners been male, female, or both male and female?”

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

TH29

- MALE1
- FEMALE2
- BOTH MALE AND FEMALE3
- REFUSED -7
- DON'T KNOW -8

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

TH30

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

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

QT09_H7 {Have you ever gotten someone/Have you ever been} pregnant?

TE39

- YES1
- NO2 **[GO TO QT09_H9]**
- REFUSED -7 **[GO TO QT09_H9]**
- DON'T KNOW -8 **[GO TO QT09_H9]**

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

QT09_H8 Are you currently pregnant?

TH43

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

QT09_H9 Have you ever been tested for HIV, the virus that causes AIDS?

TH31

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

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

TE43

- YES1
- NO2 **[GO TO QT09_I1]**
- REFUSED-7 **[GO TO QT09_I1]**
- DON'T KNOW-8 **[GO TO QT09_I1]**

QT09_H11 What were you tested for?

TH32

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- CHLAMYDIA1
- GONORRHEA/CLAP2
- SYPHILIS/SYPH3
- HIV/AIDS4
- TRICH (Trichomonas, Trichomoniasis)5
- A PANEL – ALL OF THEM6
- OTHER (SPECIFY)..... 91
- REFUSED.....-7
- DON'T KNOW.....-8

SECTION I – HEALTH CARE UTILIZATION AND ACCESS

QT09_I1 Now I’m going to ask about health care visits.

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

TF1

- YES1
- NO2 **[GO TO QT09_I3]**
- DOCTOR/MY DOCTOR3
- KAISER4
- MORE THAN ONE PLACE5
- REFUSED -7 **[GO TO QT09_I3]**
- DON'T KNOW -8 **[GO TO QT09_I3]**

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

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

TF2

- DOCTOR’S OFFICE/KAISER/OTHER HMO.....1
- CLINIC/HEALTH CENTER/HOSPITAL CLINIC2
- EMERGENCY ROOM.....3
- SOME OTHER PLACE (SPECIFY)_____ . 91
- NO ONE PLACE 94
- REFUSED -7
- DON'T KNOW -8

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

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

TF3

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

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

TF16

- _____ TIMES [RANGE: 0-365]
- REFUSED -7
- DON'T KNOW -8

QT09_I5 When was the last time you saw a doctor for a physical exam or check-up?

TF5

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

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

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

TF8H

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

QT09_I7about nutrition or healthy eating?

TF8I

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

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

PROGRAMMING NOTE QT09_I8:
IF QT09_I1 = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE) AND IF [QT09_B6 = 1 (YES, CURRENTLY HAS ASTHMA) OR IF QT09_B7 = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS)], CONTINUE WITH QT09_I8; ELSE GO TO QT09_I9

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

TI14

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

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

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

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

TI15

- YES1
- NO2 **[GO TO QT09_I11]**
- REFUSED -7 **[GO TO QT09_I11]**
- DON'T KNOW -8 **[GO TO QT09_I11]**

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

TI16

- Never,1
- Sometimes,2
- Usually, or3
- Always?4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QT09_I11:
IF QT09_B6 = 1 (YES, STILL HAVE ASTHMA) OR QT09_B7 = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS) AND IF QT09_I1 = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE) AND IF QT09_I8 = 1 (YES HAS PERSONAL DOCTOR), CONTINUE WITH QT09_I11; ELSE GO TO QT09_I12

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

TI17

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

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

TI18

- YES1
- NO2 **[GO TO QT09_I15]**
- REFUSED -7 **[GO TO QT09_I15]**
- DON'T KNOW -8 **[GO TO QT09_I15]**

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

TI21

- YES1
- NO2 **[GO TO QT09_I15]**
- REFUSED -7 **[GO TO QT09_I15]**
- DON'T KNOW -8 **[GO TO QT09_I15]**

PROGRAMMING NOTE QT09_I14:
IF QT09_B6 = 1 (YES, STILL HAVE ASTHMA) OR QT09_B7 = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS), CONTINUE WITH QT09_I14; ELSE GO TO QT09_I15

QT09_I14 Was this prescription for your asthma?

TI19

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

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

TF9

- YES1
- NO2 **[GO TO QT09_I18]**
- REFUSED -7 **[GO TO QT09_I18]**
- DON'T KNOW -8 **[GO TO QT09_I18]**

QT09_I16 Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

TF22

- YES1
- NO2 **[GO TO QT09_I18]**
- REFUSED -7 **[GO TO QT09_I18]**
- DON'T KNOW -8 **[GO TO QT09_I18]**

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

QT09_I17 Was this medical care for your asthma?

TI20

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

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

TI11

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

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

TF11

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

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

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

TI13

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

SECTION M - DENTAL OR ORAL HEALTH

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

TF14

- HAVE NEVER VISITED0
- 6 MONTHS AGO OR LESS1 **[GO TO QT09_J1]**
- MORE THAN 6 MONTHS UP TO 1 YEAR AGO2 **[GO TO QT09_J1]**
- MORE THAN 1 YEAR UP TO 2 YEARS AGO3
- MORE THAN 2 YEARS UP TO 5 YEARS AGO4
- MORE THAN 5 YEARS AGO5
- REFUSED-7 **[GO TO QT09_J1]**
- DON'T KNOW-8 **[GO TO QT09_J1]**

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

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

TM1

- COST, COULD NOT AFFORD1
- NO INSURANCE.....2
- DID NOT HAVE A DENTIST, NONE AVAILABLE...3
- FEAR, PAIN, NERVOUSNESS4
- NO TRANSPORTATION, TOO FAR AWAY.....5
- NO PROBLEMS WITH TEETH.....6
- OTHER, SPECIFY: _____.....7
- REFUSED-7
- DON'T KNOW-8

SECTION J – ADULT SUPERVISION, ROLE MODELS, AND CIVIC ENGAGEMENT

These next questions are about your parents.

QT09_J1 Are your parents:

TH1

- Married to each other,1
- Divorced from each other,2 **[GO TO QT09_J3]**
- Separated from each other,3 **[GO TO QT09_J3]**
- Not married but living with each other, or4
- Not married and not living with each other?5 **[GO TO QT09_J3]**
- ONE PARENT DECEASED6 **[GO TO QT09_J3]**
- BOTH PARENTS DECEASED7 **[GO TO QT09_J3]**
- OTHER 91
- REFUSED -7
- DON'T KNOW -8

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

TH2

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

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

TH5

- Always,1
- Most of the time,2
- Some of the time,3
- Almost never, or4
- Never?5
- REFUSED -7
- DON'T KNOW -8

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

TH6A

- A lot,1
- A little, or2
- Nothing?3
- DOESN'T GO OUT AT NIGHT4
- REFUSED -7
- DON'T KNOW -8

QT09_J5 Is there a person you know or have read about that you admire and would want to be like?

TH22

- YES1
- NO2 **[GO TO QT09_J10]**
- REFUSED -7 **[GO TO QT09_J10]**
- DON'T KNOW -8 **[GO TO QT09_J10]**

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

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

TH23

- FAMILY MEMBER1
- ATHLETE2
- ENTERTAINER3
- TEACHER4
- FRIEND5
- OTHER (SPECIFY):_____ 91
- REFUSED -7
- DON'T KNOW -8

QT09_J7 Is this person male or female?

TH24

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

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

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

TH25

- WHITE 1
- AFRICAN AMERICAN 2
- HISPANIC/LATINO 3
- ASIAN/ASIAN-AMERICAN 4
- PACIFIC ISLANDER 5
- AMERICAN INDIAN/ALASKA NATIVE/NATIVE AMERICAN 6
- NATIVE HAWAIIAN 7
- OTHER/MULTI-ETHNIC (SPECIFY):_____ 91
- REFUSED -7
- DON'T KNOW -8

QT09_J9 For how many years have you admired this person?

TJ1

_____YEARS

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

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

TH21

YES1
NO2
REFUSED -7
DON'T KNOW -8

SECTION K - DEMOGRAPHIC INFORMATION PART II

QT09_K1

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

Are you Latino or Hispanic?

T11

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

- YES1
- NO2 **[GO TO QT09_K3]**
- REFUSED -7 **[GO TO QT09_K3]**
- DON'T KNOW -8 **[GO TO QT09_K3]**

QT09_K2

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

T11A

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

- MEXICAN/MEXICAN AMERICAN/ OR CHICANO ...1
- SALVADORAN.....4
- GUATEMALAN5
- COSTA RICAN.....6
- HONDURAN7
- NICARAGUAN8
- PANAMANIAN9
- PUERTO RICAN 10
- CUBAN..... 11
- SPANISH-AMERICAN (FROM SPAIN) 12
- OTHER LATINO (SPECIFY: _____) ... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QT09_K3:
IF QT09_K1 = 1 (YES), DISPLAY “You said you are Latino or Hispanic. Also,”;
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QT09_K3, CONTINUE WITH PROGRAMMING NOTE QT09_K4;
ELSE GO TO SKIPS AS INDICATED FOR SINGLE RESPONSES

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

T12

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

- WHITE.....1 [GO TO QT09_K11]
- BLACK OR AFRICAN AMERICAN2 [GO TO QT09_K11]
- ASIAN3 [GO TO QT09_K7]
- AMERICAN INDIAN, ALASKA NATIVE4 [GO TO QT09_K4]
- OTHER PACIFIC ISLANDER5 [GO TO QT09_K8]
- NATIVE HAWAIIAN6 [GO TO QT09_K11]
- OTHER (SPECIFY: _____) 91 [GO TO QT09_K11]
- REFUSED -7 [GO TO QT09_K11]
- DON'T KNOW -8 [GO TO QT09_K11]

PROGRAMMING NOTE QT09_K4:
IF QT09_K3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QT09_K4;
ELSE GO TO PROGRAMMING NOTE QT09_K7

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

TI2A

[CODE ALL THAT APPLY]

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

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

TI2B

- YES1
- NO.....2 [GO TO QT09_K7]
- REFUSED -7 [GO TO QT09_K7]
- DON'T KNOW -8 [GO TO QT09_K7]

QT09_K6 Which tribe are you enrolled in?

TI2C

APACHE
 Mescalero Apache, NM 1
 Apache (Not Specified) 2
 Other Apache [Ask for spelling] (Specify)..... 3

BLACKFEET
 Blackfoot/Blackfeet 4

CHEROKEE
 Western Cherokee 5
 Cherokee (Not Specified) 6
 Other Cherokee [Ask for spelling] (Specify) 7

CHOCTAW
 Choctaw Oklahoma 8
 Choctaw (Not Specified) 9
 Other Choctaw [Ask for spelling] (Specify): 10

NAVAJO
 Navajo (Not Specified) 11

POMO
 Hopland Band, Hopland Rancheria 12
 Sherwood Valley Rancheria 13
 Pomo (Not Specified) 14
 Other Pomo [Ask for spelling] (Specify)..... 15

PUEBLO
 Hopi 16
 Ysleta del Sur Pueblo of Texas..... 17
 Pueblo (Not Specified) 18
 Other Pueblo [Ask for spelling] (Specify): 19

SIOUX
 Oglala/Pine Ridge Sioux 20
 Sioux (Not Specified) 21
 Other Sioux [Ask for spelling] (Specify): 22

YAQUI
 Pascua Yaqui Tribe of Arizona..... 23
 Yaqui (Not Specified) 24
 Other Yaqui [Ask for spelling] (Specify): 25

OTHER
 Other [Ask for spelling] (Specify: _____) ... 91
 Refused -7
 Don't Know -8

PROGRAMMING NOTE QT09_K7:
IF QT09_K3 = 3 (ASIAN) CONTINUE WITH QT09_K7;
ELSE GO TO PROGRAMMING NOTE QT09_K8

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

TI2D

[CODE ALL THAT APPLY]

- BANGLADESHI.....1
- BURMESE2
- CAMBODIAN3
- CHINESE4
- FILIPINO5
- HMONG6
- INDIAN (INDIA)7
- INDONESIAN.....8
- JAPANESE9
- KOREAN 10
- LAOTIAN..... 11
- MALAYSIAN..... 12
- PAKISTANI 13
- SRI LANKAN..... 14
- TAIWANESE 15
- THAI 16
- VIETNAMESE 17
- OTHER ASIAN (SPECIFY): _____ 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QT09_K8:
IF QT09_K3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QT09_K8;
ELSE GO TO PROGRAMMING NOTE QT09_K9

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

TI2D1

[CODE ALL THAT APPLY]

- SAMOAN/AMERICAN SAMOAN.....1
- GUAMANIAN2
- TONGAN3
- FIJIAN4
- OTHER PACIFIC ISLANDER (SPECIFY: _____) ... 91
- REFUSED -7
- DON'T KNOW -8

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

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

TI2F

- | | | |
|------------------|----|-------------------------|
| YES | 1 | |
| NO | 2 | [GO TO QA07_K11] |
| REFUSED | -7 | [GO TO QA07_K11] |
| DON'T KNOW | -8 | [GO TO QA07_K11] |

QT09_K10 Which do you most identify with?

TI2E

MEXICAN/MEXICANO	1
MEXICAN AMERICAN.....	2
CHICANO.....	3
SALVADORAN.....	4
GUATEMALAN	5
COSTA RICAN.....	6
HONDURAN	7
NICARAGUAN	8
PANAMANIAN	9
PUERTO RICAN	10
CUBAN.....	11
SPANISH-AMERICAN (FROM SPAIN)	12
LATINO, OTHER SPECIFY	13
LATINO	14
NATIVE HAWAIIAN	16
OTHER PACIFIC ISLANDER	17
AMERICAN INDIAN OR ALASKA NATIVE	18
ASIAN	19
BLACK OR AFRICAN AMERICAN	20
WHITE.....	21
RACE, OTHER SPECIFY	22
BANGLADESHI.....	30
BURMESE	31
CAMBODIAN	32
CHINESE	33
FILIPINO	34
HMONG	35
INDIAN (INDIA).....	36
INDONESIAN.....	37
JAPANESE	38
KOREAN	39
LAOTIAN.....	40
MALAYSIAN.....	41
PAKISTANI	42
SRI LANKAN.....	43
TAIWANESE	44
THAI.....	45
VIETNAMESE	46
ASIAN, OTHER SPECIFY	49
SAMOAN/AMERICAN SAMOAN.....	50
GUAMANIAN	51
TONGAN.....	52
FIJIAN	53
PACIFIC ISLANDER, OTHER SPECIFY	55
BOTH/ALL/MULTIRACIAL.....	90
NONE OF THESE.....	95
REFUSED.....	-7
DON'T KNOW	-8

PROGRAMMING NOTE QT09_K11:
IF MKA = AR AND ALREADY ASKED IN ADULT QUESTIONNAIRE, SKIP TO QT09_K15;
ELSE CONTINUE WITH QT09_K11

QT09_K11 In what country were you born?

T13

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND.....6
- FRANCE7
- GERMANY8
- GUAM9
- GUATEMALA 10
- HUNGARY 11
- INDIA..... 12
- IRAN..... 13
- IRELAND..... 14
- ITALY 15
- JAPAN..... 16
- KOREA..... 17
- MEXICO 18
- PHILIPPINES 19
- POLAND 20
- PORTUGAL 21
- PUERTO RICO 22
- RUSSIA 23
- TAIWAN 24
- VIETNAM 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QT09_K12:
IF QT09_K11 = 1, 2, 9, 22, OR 26 (BORN IN USA OR US TERRITORY), GO TO QT09_K15;
ELSE CONTINUE WITH QT09_K12

QT09_K12 Are you a citizen of the United States?

T14

- YES1 **[GO TO QT09_K14]**
- NO2
- APPLICATION PENDING3
- REFUSED -7
- DON'T KNOW -8

QT09_K13 Are you a permanent resident with a green card?

T15

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

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

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

T16

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

T16YR

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

T16FMT

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

- REFUSED -7
- DON'T KNOW -8

QT09_K15 What languages do you speak at home?

T17

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

- ENGLISH1
- SPANISH2
- CANTONESE3
- VIETNAMESE4
- TAGALOG5
- MANDARIN6
- KOREAN7
- ASIAN INDIAN LANGUAGES8
- RUSSIAN9
- OTHER1 (SPECIFY: _____) 91
- OTHER2 (SPECIFY: _____) 92
- REFUSED -7
- DON'T KNOW -8

QT09_K16 Those are my final questions. I appreciate your time and cooperation. Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

TI10

- YES1
- MAYBE/PROBABLY YES2
- DEFINITELY NOT3
- REFUSED -7
- DON'T KNOW -8

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

TI9

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

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

[END]