



california
health
interview
survey

CHIS 2016

Child Questionnaire

Version 2.8
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(Children Ages 0-11 Answered by Adult Proxy Respondent)

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

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2015 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A – DEMOGRAPHICS PART I, HEALTH CONDITIONS

PROGRAMMING NOTE QC15_A1:
SET CADATE = CURRENT DATE (YYYYMMDD);
IF AR = SKA AND GENDER OF CHILD IS KNOWN, SKIP TO QC15_A2;
ELSE CONTINUE WITH QC15_A1

QC15_A1 Some of the questions are based on (CHILD's) personal traits, like his or her age. So I will first ask you a few brief background questions.

Is (CHILD) male or female?

CA1

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

QC15_A2 What is {his/her} date of birth?

CA2MON

_____ MONTH [HR: 1-12]

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

CA2DAY

_____ DAY [HR: 1-31]

CA2YR

_____ YEAR [HR: 2004-2015]

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_A3:
IF QC15_A2 = -7 OR -8 (REFUSED/DON'T KNOW) CONTINUE WITH QC15_A3;
ELSE SKIP TO QC15_A4

QC15_A3 How old is {he/she}?

CA3

[INTERVIEWER NOTE: FOR AGES ABOVE 4 YRS OR 48 MO, DO NOT RECORD MONTHS OR PARTIAL YRS]

_____ YEARS

_____ MONTHS

REFUSED -7
 DON'T KNOW -8

QC15_A4 About how tall is (CHILD) now without shoes?

CA4F/CA4I

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

_____ FEET _____ INCHES

CA4M/CA4C

_____ METERS _____ CENTIMETERS

CA4FMT

FEET/INCHES 1
 METERS/CENTIMETERS..... 2
 REFUSED -7
 DON'T KNOW..... -8

QC15_A5 About how much does (CHILD) weigh now without shoes?

CA5P

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

_____ POUNDS

CA5K

_____ KILOGRAMS

CA5FMT

POUNDS 1
 KILOGRAMS 2
 REFUSED -7
 DON'T KNOW..... -8

PROGRAMMING NOTE QC15_A5A:
IF CAGE > 3 YEARS GO TO PROGRAMMING NOTE QC15_A6;
ELSE IF CAGE ≤ 3 YEARS CONTINUE WITH QC15_A5A

QC15_A5A Was (CHILD) ever breastfed or fed breast milk?

CA14

YES 1
 NO 2 **[GO TO QC15_A8]**
 REFUSED -7 **[GO TO QC15_A8]**
 DON'T KNOW -8 **[GO TO QC15_A8]**

QC15_A5B How old was (CHILD) when {he/she} stopped breastfeeding altogether?

CA15

_____ DAYS
 _____ WEEKS
 _____ MONTHS
 _____ YEARS

STILL BREASTFEEDING 93
 REFUSED -7
 DON'T KNOW -8

QC15_A5C How old was (CHILD) when you began giving {him/her} baby food or other solid foods?

CA16

[IF NEEDED SAY: "Solid food is anything other than milk, formula, juice, water, herbs or teas."]

_____ MONTHS

NO SOLID FOOD YET 93
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_A6:
IF CAGE < 5 YEARS GO TO QC15_A8;
ELSE CONTINUE WITH QC15_A6 AND IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

QC15_A6 {Not including pre-school or nursery school,} Did (CHILD) attend school last week?

CA42

YES 1 **[GO TO QC15_A8]**
 NO 2
 ON VACATION 3
 HOME SCHOOLED 4 **[GO TO QC15_A8]**
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_A7:
IF CAGE = 5 YRS DISPLAY "Not including pre-school or nursery school,"

QC15_A7 {Not including pre-school or nursery school,} Did (CHILD) attend school during the last school year?

CA43

YES 1
 NO 2
 HOMESCHOOLED 3
 REFUSED -7
 DON'T KNOW -8

QC15_A8 In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

CA6

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

QC15_A9 Has a doctor ever told you that (CHILD) has asthma?

CA12

- YES 1
- NO 2 **[GO TO QC15_A25]**
- REFUSED -7 **[GO TO QC15_A25]**
- DON'T KNOW -8 **[GO TO QC15_A25]**

QC15_A10 Does {he/she} still have asthma?

CA31

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

QC15_A11 During the past 12 months, has {he/she} had an episode of asthma or an asthma attack?

CA32

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

PROGRAMMING NOTE QC15_A12:
IF QC15_A10 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) AND QC15_A11 = 2, -7, OR -8 (NO, REFUSED, DON'T KNOW) GO TO QC15_A16;
ELSE CONTINUE WITH QC15_A12

QC15_A12 During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

CA12B

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

QC15_A13 During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA33

- YES 1
- NO 2 **[GO TO QC15_A15]**
- REFUSED -7 **[GO TO QC15_A15]**
- DON'T KNOW -8 **[GO TO QC15_A15]**

QC15_A14 Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

CA48

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

- YES 1
- NO..... 2
- DOESN'T HAVE DOCTOR 3
- REFUSED -7
- DON'T KNOW..... -8

QC15_A15 During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

CA44

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

QC15_A16 Is (CHILD) now taking a daily medication to control {his/her} asthma that was prescribed or given to you by a doctor?

CA12A

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

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

PROGRAMMING NOTE QC15_A17:
IF QC15_A10 = 1 (YES, STILL HAS ASTHMA) OR QC15_A11 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO QC15_A21;
ELSE CONTINUE WITH QC15_A17

QC15_A17 During the past 12 months, how often has (CHILD) had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say:

CA40

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

QC15_A18 During the past 12 months, has (CHILD) had to visit a hospital emergency room because of {his/her} asthma?

CA41

- YES 1
- NO..... 2 **[GO TO QC15_A20]**
- REFUSED -7 **[GO TO QC15_A20]**
- DON'T KNOW..... -8 **[GO TO QC15_A20]**

QC15_A19 Did you take (CHILD) to a hospital emergency room for {his/her} asthma because you were unable to see {his/her} doctor?

CA49

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

- YES 1
- NO..... 2
- DOESN'T HAVE DOCTOR 3
- REFUSED -7
- DON'T KNOW -8

QC15_A20 During the past 12 months, was {he/she} admitted to the hospital overnight or longer for {his/her} asthma?

CA45

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

QC15_A21 During the past 12 months, how many days of daycare or school did (CHILD) miss due to asthma?

CA34

- _____ NUMBER OF DAYS
- CHILD NOT IN DAYCARE OR SCHOOL 93
 - REFUSED -7
 - DON'T KNOW -8

QC15_A22 Have (CHILD'S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} asthma?

CA35

- YES 1
- NO..... 2 **[GO TO QC15_A24]**
- REFUSED -7 **[GO TO QC15_A24]**
- DON'T KNOW -8 **[GO TO QC15_A24]**

QC15_A23 Do you have a written or printed copy of this plan?

CA50

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

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

QC15_A24 How confident are you that you can control and manage (CHILD’S) asthma? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

CA51

- VERY CONFIDENT 1
- SOMEWHAT CONFIDENT 2
- NOT TOO CONFIDENT 3
- NOT AT ALL CONFIDENT 4
- REFUSED -7
- DON'T KNOW -8

QC15_A25 Does (CHILD) currently have any physical, behavioral, or mental conditions that limit or prevent {him/her} from doing childhood activities usual for {his/her} age?

CA7

- YES 1
- NO 2 **[GO TO QC15_B1]**
- REFUSED -7 **[GO TO QC15_B1]**
- DON'T KNOW -8 **[GO TO QC15_B1]**

QC15_A26 What condition does (CHILD) have?

CA10A

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

- ADD/ADHD 1
- ASPERGER’S SYNDROME 2
- AUTISM 3
- CEREBRAL PALSY 4
- CONGENITAL HEART DISEASE 5
- CYSTIC FIBROSIS 6
- DIABETES 7
- DOWN’S SYNDROME 8
- EPILEPSY 9
- DEAFNESS OR OTHER HEARING PROBLEM ... 10
- MENTAL RETARDATION, OTHER THAN
DOWN'S 11
- MUSCULAR DYSTROPHY 12
- NEUROMUSCULAR DISORDER 13
- ORTHOPEDIC PROBLEM (BONES OR JOINTS) 14
- SICKLE CELL ANEMIA 15
- BLINDNESS OR OTHER VISION PROBLEM 16
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

QC15_A27 Have (CHILD’S) doctors or other medical providers worked with you to develop a plan so that you know how to take care of {his/her} (INSERT CONDITION(S) FROM QC15_A26)?

CA55

- YES 1
- NO 2 **[GO TO QC15_A29]**
- REFUSED -7 **[GO TO QC15_A29]**
- DON'T KNOW -8 **[GO TO QC15_A29]**

QC15_A28 Do you have a written or printed copy of this plan?

CA56

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

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

QC15_A29 How confident are you that you can control and manage (CHILD'S) (INSERT CONDITION(S) FROM QC15_A26)? Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

CA57

- VERY CONFIDENT 1
- SOMEWHAT CONFIDENT 2
- NOT TOO CONFIDENT 3
- NOT AT ALL CONFIDENT 4
- REFUSED -7
- DON'T KNOW -8

SECTION B – DENTAL HEALTH

PROGRAMMING NOTE QC15_B1:

**IF CAGE > 2 YEARS, GO TO QC15_B2 AND DISPLAY “Now I’m going to ask about (CHILD)’s dental health”;
ELSE CONTINUE WITH QC15_B1**

QC15_B1 These questions are about (CHILD)’s dental health. Does (CHILD) have any teeth yet?

CC1

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

QC15_B2 {Now I’m going to ask about (CHILD)’s dental health.}
About how long has it been since your child last visited a dentist or dental clinic? Include dental hygienists and all types of dental specialists.

CC5

HAS NEVER VISITED	0
6 MONTHS AGO OR LESS	1
MORE THAN 6 MONTHS UP TO 1 YEAR AGO.....	2
MORE THAN 1 YEAR UP TO 2 YEARS AGO.....	3
MORE THAN 2 YEARS UP TO 5 YEARS AGO.....	4
MORE THAN 5 YEARS AGO	5
REFUSED	-7
DON’T KNOW	-8

PROGRAMMING NOTE QC15_B3:

**IF QC15_B2 = 0 (HAD NEVER VISITED) or ≥ 3 (VISITED MORE THAN A YEAR AGO) CONTINUE WITH QC15_B3;
ELSE SKIP TO QC15_B4;
IF QC15_B2 = 0 (HAS NEVER VISITED), DISPLAY “never”;
ELSE IF QC15_B2 ≥ 3 DISPLAY “not” AND “in the past year”**

QC15_B3 What is the main reason your child has {never/not} visited a dentist {in the past year}?

CB23

NO REASON TO GO/NO PROBLEMS.....	1
NOT OLD ENOUGH	2
COULD NOT AFFORD IT/TOO EXPENSIVE/ NO INSURANCE	3
FEAR, DISLIKES GOING.....	4
DO NOT HAVE/KNOW A DENTIST	5
CANNOT GET TO THE OFFICE/CLINIC.....	6
NO DENTIST AVAILABLE/NO APPOINTMENTS AVAILABLE	7
DIDN'T KNOW WHERE TO GO.....	8
HOURS NOT CONVENIENT	9
SPEAK A DIFFERENT LANGUAGE	10
OTHER.....	91
REFUSED	-7
DON’T KNOW	-8

QC15_B4 Do you now have any type of insurance that pays for part or all of your child's dental care?

CC7A

[IF NEEDED: Include dental insurance, prepaid dental plans such as HMOs, or government plans such as Medi-Cal or Healthy Families]

- YES 1
- NO 2 **[GO TO QC15_B6]**
- REFUSED -7
- DON'T KNOW -8

QC15_B5 During the past 12 months, was there any time when {he/she} had no dental insurance at all?

CB25

- YES 1
- NO 2 **[GO TO QC15_B7]**
- REFUSED -7 **[GO TO QC15_B7]**
- DON'T KNOW -8 **[GO TO QC15_B7]**

PROGRAMMING NOTE QC15_B6:

IF QC15_B4=2 (NO CURRENT DENTAL INSURANCE) OR QC15_B5 = 1 (HAD NO DENTAL INSURANCE AT SOME TIME IN THE PAST 12 MONTHS) CONTINUE WITH QC15_B6; ELSE GO TO QC15_B7

QC15_B6 What is the one main reason (CHILD) {does not have any insurance/did not have any dental insurance during the time {he/she} wasn't covered}?

CB26

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

QC15_B7 During the past 12 months, was there any time when (CHILD) needed dental care, including checkups, but didn't get it?

CB27

- YES 1
- NO 2 **[GO TO QC15_B9]**
- REFUSED -7 **[GO TO QC15_B9]**
- DON'T KNOW -8 **[GO TO QC15_B9]**

QC15_B8 What is the one main reason {he/she} didn't get the dental care?

CB28

- COULDN'T GET APPOINTMENT 1
- MY INSURANCE NOT ACCEPTED 2
- INSURANCE DID NOT COVER 3
- LANGUAGE PROBLEMS 4
- TRANSPORTATION PROBLEMS..... 5
- HOURS NOT CONVENIENT 6
- NO CHILD CARE FOR CHILDREN AT HOME 7
- FORGOT OR LOST REFERRAL 8
- I DIDN'T HAVE TIME 9
- COULDN'T AFFORD/COST TOO MUCH..... 10
- NO INSURANCE 11
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

QC15_B9 During the past 12 months, did (CHILD) have to visit a hospital emergency because of a dental problem?

CB29

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

QC15_B10 During the past 12 months, did (CHILD) have to visit an urgent care clinic because of a dental problem?

CB30

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

PROGRAMMING NOTE QC15_B11:
IF CAGE ≥ 6, SKIP TO SECTION C;
ELSE CONTINUE WITH QC15_B11

QC15_B11 When (CHILD NAME/AGE/SEX) goes to sleep or takes a nap, does {he/she} sleep with a bottle in {his/her} mouth?

CB31

- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [SKIP TO SECTION C]**
[SKIP TO SECTION C]
[SKIP TO SECTION C]

QC15_B12 What is usually in the bottle; for example, mother's milk, regular milk, chocolate milk, water, juice, or another drink with sugar in it?

CB32

- MOTHER'S MILK..... 1
- REGULAR MILK 2
- CHOCOLATE MILK, JUICE, OR
SUGARY DRINK..... 3
- WATER 4
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW..... -8

SECTION C – DIET, PHYSICAL ACTIVITY, PARK USE

**PROGRAMMING NOTE QC15_C1:
IF CAGE < 2 YEARS, GO TO PROGRAMMING NOTE QC15_C15;
ELSE CONTINUE WITH QC15_C1**

QC15_C1 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?

CC13

[IF NEEDED, SAY: "Servings are self-defined. A serving is the child's regular portion of this food."]

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

REFUSED -7
DON'T KNOW -8

QC15_C2 Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

CC31

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

REFUSED -7
DON'T KNOW -8

QC15_C3 [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.

CC49

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

_____ GLASSES, CANS OR BOTTLES

REFUSED -7
DON'T KNOW -8

QC15_C4 [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

CC50

**[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

QC15_C5 Now think about the *past week*. In the past 7 days, how many times did {he/she} eat fast food? Include fast food meals eaten at school or at home, or at fast food restaurants, carryout, or drive thru.

CC32

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

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

REFUSED -7

DON'T KNOW..... -8

PROGRAMMING NOTE QC15_C6:
IF QC15_A6 = 4 (HOME SCHOOLED LAST WEEK) OR IF QC15_A7= 3 (HOME SCHOOLED LAST YEAR), GO TO PROGRAMMING NOTE QC15_C13;
ELSE IF QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK), CONTINUE WITH QC15_C6 AND DISPLAY “How many days in the past week”;
IF QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR), CONTINUE WITH QC15_C6 AND DISPLAY “During the school year, on how many days during a typical week”;
ELSE GO TO PROGRAMMING NOTE QC15_C13

QC15_C6 Now I’m going to ask you about physical activity.

{How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) walk home from school?

CC40

[INTERVIEWER NOTE: IF R SAYS CHILD BIKES OR SKATEBOARDS HOME, SAY, “I’ll ask about those next.”]

[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE’S HOME, AFTER-SCHOOL PROGRAM, ETC.]

_____ DAYS

REFUSED -7

DON'T KNOW..... -8

PROGRAMMING NOTE QC15_C7:
IF QC15_C6= 0 (DAYS), -7, OR -8, GO TO QC15_C8;
ELSE IF QC15_C6 > 0 (DAYS) CONTINUE WITH QC15_C7;
IF QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK) DISPLAY “does”;
IF QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR) DISPLAY “did”

QC15_C7 About how many minutes {did/does} it take {him/her} without any stops?

CC41

_____ MINUTES **[GO TO QC15_C9]**

REFUSED -7 **[GO TO QC15_C9]**

DON'T KNOW..... -8 **[GO TO QC15_C9]**

QC15_C8 Could {he/she} walk home from school in 30 minutes or less?

CC42

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

QC15_C9 {How many days in the past week/During the school year, on how many days during a typical week} did (CHILD) bike or skateboard home from school?

CC43

[INTERVIEWER NOTE: THIS INCLUDES KIDS WHO RIDE ROLLERBLADES, ROLLERSHOES OR NON-MOTORIZED SCOOTERS HOME FROM SCHOOL.]
[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM, ETC.]

_____ DAYS

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_C10:
IF QC15_C9 = 0 (DAYS), -7 OR -8, GO TO PROGRAMMING NOTE QC15_C11;
ELSE IF QC15_C9 > 0 DAYS, CONTINUE WITH QC15_C10;
IF QC15_A6 = 1, DISPLAY "does";
ELSE IF QC15_A7 = 1, DISPLAY "did"

QC15_C10 About how many minutes {did/does} it take {him/her} without any stops?

CC44

[IF NEEDED, SAY: "To bicycle or skateboard home from school."]

_____ MINUTES

[GO TO PN QC15_C12]

- REFUSED -7 **[GO TO PN QC15_C12]**
- DON'T KNOW -8 **[GO TO PN QC15_C12]**

PROGRAMMING NOTE QC15_C11:
IF QC15_C7 ≤ 30 MINUTES OR QC15_C8 = 1 THEN GO TO PROGRAMMING NOTE QC15_C12;
ELSE CONTINUE WITH QC15_C11

QC15_C11 Could {he/she} bike or skateboard home from school in 30 minutes or less?

CC45

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

PROGRAMMING NOTE QC15_C12:
If QC15_A6 = 1 (ATTENDED SCHOOL LAST WEEK) OR QC15_A7 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QC15_C12;
ELSE SKIP TO PROGRAMMING NOTE QC15_C13

QC15_C12 What is the name of the school (CHILD) goes to or last attended?

CB22

[INTERVIEWER NOTE: RECORD VERBATIM, ASK FOR SPELLING IF NECESSARY]

_____ NAME OF SCHOOL

- CHILD NOT IN SCHOOL 0
- PRE-SCHOOL/DAYCARE 1
- KINDERGARTEN 2
- ELEMENTARY 3
- INTERMEDIATE 4
- JUNIOR HIGH 5
- MIDDLE SCHOOL 6
- CHARTER 7
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW..... -8

PROGRAMMING NOTE QC15_C13:
IF CAGE < 5, SKIP TO PN QC15_C15;
ELSE CONTINUE WITH QC15_C15

QC15_C13 Not including school PE, on how many days of the past 7 days was (CHILD) physically active for at least 60 minutes total?

CC35

_____ DAYS [HR: 0-7]

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

QC15_C14 During a typical week, on how many days is (CHILD) physically active for at least 60 minutes total per day? Do not include PE.

CC51

[IF NEEDED, SAY: "Add up the time (he/she) was active for each day of the past 7. Then tell me how many days (he/she) active for at least 60 minutes."]

_____ DAYS [HR: 0-7]

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

PROGRAMMING NOTE QC15_C15
IF CAGE ≤ 1 YEAR GO TO PROGRAMMING NOTE QC15_C16
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15_C15

QC15_C15 The next questions are about the time {your child/CHILD} spends mostly sitting when {he/she} is not in school or doing homework. During the weekends, about how much time does {your child/CHILD} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

CC53

_____ HOURS _____ MINUTES

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_C16:
IF CAGE ≤ 1 YEAR GO TO PN QC15_C17;
ELSE IF CAGE > 1 YEAR, CONTINUE WITH QC15_C16

QC15_C16 During the weekdays, about how much time does {your child/CHILD} spend on a typical or usual week day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

CC52

_____ HOURS _____ MINUTES

REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_C17:
IF CAGE < 1 GO TO QC15_D1;
ELSE CONTINUE WITH QC15_C

QC15_C17 Has (CHILD) been to a park, playground, or open space in the past 30 days?

CC37

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

QC15_C18 Is there a park, playground, or open space within 30 minutes walking distance of your home?

CC36

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

QC15_C19 Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

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

CC39

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

QC15_C20 The park or playground closest to where I live is safe at night.

CC46

[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

SECTION D – HEALTH CARE ACCESS AND UTILIZATION

QC15_D1 The next questions are about where (CHILD) goes for health care.

Is there a place you usually take {him/her} to when {he/she} is sick or you need advice about {his/her} health?

CD1

- YES 1
- NO 2 **[GO TO QC15_D3]**
- DOCTOR/(HIS/HER) DOCTOR..... 3
- KAISER 4
- MORE THAN ONE PLACE 5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D2:
IF QC15_D1 = 1, 5, -7, OR -8, DISPLAY “What kind of place do you take {him/her} to most often — a medical”;
ELSE IF QC15_D1 = 3 DISPLAY “Is {his/her} doctor in a private”;
ELSE IF QC15_D1 = 4, FILL QC15_D2 = 1 AND GO TO PN QC15_D3

QC15_D2 {What kind of place do you take {him/her} to most often — a medical/Is {his/her} doctor a private} doctor’s office, a clinic or hospital clinic, an emergency room, or some other place?

CD3

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

PROGRAMMING NOTE QC15_D3:
IF QC15_A13 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA) OR IF QC15_A18 = 1 (YES WENT TO ER PAST 12 MONTHS FOR ASTHMA), MARK YES ON QC15_D3 AND GO TO QC15_D4;
ELSE CONTINUE WITH QC15_D3

QC15_D3 During the past 12 months, did (CHILD) visit a hospital emergency room?

CD12

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

QC15_D4 During the past 12 months, how many times has (CHILD) seen any kind of medical doctor?

CD6

_____ TIMES

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D5:
IF QC15_D4 > 0, GO TO PROGRAMMING NOTE QC15_D6;
ELSE IF QC15_D4 = 0, -7, OR -8, CONTINUE WITH QC15_D5

QC15_D5 About how long has it been since {he/she} last saw a medical doctor?

CD7

- 1 YEAR AGO OR LESS 1
- MORE THAN 1 YEAR UP TO 2 YEARS AGO 2
- MORE THAN 2 YEARS UP TO 3 YEARS AGO 3
- MORE THAN 3 YEARS AGO 4
- NEVER 5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_D6:
IF QC15_D1 = 1 OR 3 OR 4 OR 5 (HAS A USUAL SOURCE OF CARE), CONTINUE WITH QC15_D6;
ELSE SKIP TO PROGRAMMING NOTE QC15_D7

QC15_D6 Does (he/she) have a personal doctor or medical provider who is {his/her} main provider?

CD33

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

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

PROGRAMMING NOTE QC15_D7:
IF QC15_D6 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QC15_D7;
ELSE SKIP TO QC15_D9A

QC15_D7 How often does (CHILD)'s doctor or medical provider listen carefully to you? Would you say...

CD43

- Never, 1
- Sometimes, 2
- Usually, or 3
- Always? 4
- REFUSED -7
- DON'T KNOW -8

QC15_D8 How often does (CHILD'S) doctor or medical provider explain clearly what you need to do to take care of (CHILD'S) health? Would you say...

CD44

- Never,..... 1
- Sometimes,..... 2
- Usually, or..... 3
- Always? 4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTEQC15_D9A:
IF CAGE<1, SKIP TO QC15_D10;
ELSE IF CAGE ≥ 1, CONTINUE WITH QC15_D9A

QC15_D9A Many professionals such as health providers, teachers and counselors do developmental screening tests. Tests check how a child is growing, learning and behaving compared with children of the same age.

Did (CHILD'S) doctor, other health providers, teachers or school counselors ever do an assessment or tests of (CHILD'S) development?

CF40

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

QC15_D9B Did {his/her} doctor, other health providers, teachers or school counselors ever have (CHILD) rollover, pick up small objects, stack blocks, throw a ball, or recognize different colors?

CF41

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

QC15_D9C Did they ever have you fill out a checklist about concerns you have about {his/her} learning, development, or behavior?

CF42

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

QC15_D9D Did they ever have you fill out a checklist of activities that (CHILD) can do, such as certain physical tasks, whether {her/she} can draw certain objects, or ways {he/she} can communicate with you?

CF43

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

QC15_D9E Did they ever ask if you have concerns about {his/her} learning, development, or behavior?

CF44

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

PROGRAMMING NOTE QC15_D9F:
IF QC15_A26 =1 (ADD/ADHD) OR 2 (ASPERGER'S) OR 3 (AUTISM) OR 8 (DOWN'S SYNDROME) OR 11 (NON-DOWN'S MENTAL RETADATION) GO TO QC15_D9G;
ELSE CONTINUE WITH QC15_D9F

QC15_D9F Did a doctor or other professional ever note a concern about (CHILD) that should be monitored carefully?

CF45

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

QC15_D9G Did they ever refer {him/her} to a specialist regarding his development?

CF46

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

QC15_D9H Did they ever refer {him/her} for speech, language or hearing testing?

CF47

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

PROGRAMMING NOTE QC15_D10:
IF CHINSURE ≠ 2 (INSURED OR INSURANCE STATUS UNKNOWN) OR QC15_D1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH QC15_D10;
ELSE GO TO PROGRAMMING NOTE QC15_D12

QC15_D10 In the past 12 months, did you try to get an appointment to see (CHILD)'s doctor or medical provider within two days because (CHILD) was sick or injured?

CD55

[IF NEEDED, SAY: "Do not include emergencies."]

YES 1
 NO 2 **[GO TO QC15_D12]**
 REFUSED -7 **[GO TO QC15_D12]**
 DON'T KNOW -8 **[GO TO QC15_D12]**

QC15_D11 How often were you able to get an appointment within two days? Would you say...

CD45

- Never,..... 1
- Sometimes,..... 2
- Usually, or..... 3
- Always? 4
- REFUSED -7
- DON'T KNOW..... -8

PROGRAMMING NOTE QC15_D12:
IF [QC15_D4 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QC15_D5 = 1 OR 2 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO)], CONTINUE WITH QC15_D12;
ELSE GO TO QC15_D17

QC15_D12 The last time you saw a doctor for (CHILD), did you have a hard time understanding the doctor?

CD25

- YES 1 **[GO TO QC15_D14]**
- NO..... 2
- NEVER ACCOMPANIED CHILD TO DOCTOR 3
- REFUSED -7
- DON'T KNOW..... -8

PROGRAMMING NOTE QC15_D13:
IF QC15_D12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING THE DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13_G4 > 1 (ADULT R SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QC15_D13;
SET CD31ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15_D13 WAS ASKED;
ELSE SKIP TO QC15_D14;

QC15_D13 In what language does (CHILD)'s doctor speak to you?

CD31

- ENGLISH..... 1 **[GO TO QC15_D15]**
- SPANISH..... 2 **[GO TO QC15_D17]**
- CANTONESE 3 **[GO TO QC15_D17]**
- VIETNAMESE..... 4 **[GO TO QC15_D17]**
- TAGALOG 5 **[GO TO QC15_D17]**
- MANDARIN..... 6 **[GO TO QC15_D17]**
- KOREAN 7 **[GO TO QC15_D17]**
- ASIAN INDIAN LANGUAGES 8 **[GO TO QC15_D17]**
- RUSSIAN..... 9 **[GO TO QC15_D17]**
- OTHER (SPECIFY: _____)..... 91 **[GO TO QC15_D17]**
- REFUSED -7 **[GO TO QC15_D17]**
- DON'T KNOW..... -8 **[GO TO QC15_D17]**

PROGRAMMING NOTE QC15_D14:
IF QC15_D12 = 1 (HAD A HARD TIME UNDERSTANDING DOCTOR), CONTINUE WITH QC15_D14;
ELSE SKIP TO QC15_D17;

QC15_D14 Was this because you and the doctor spoke different languages?

CD26

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

QC15_D15 Did you need someone to help you understand the doctor?

CD27

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

[GO TO QC15_D17]
[GO TO QC15_D17]
[GO TO QC15_D17]

QC15_D16 Who was this person who helped you understand the doctor?

CD28

- MINOR CHILD (UNDER AGE 18) 1
- AN ADULT FAMILY MEMBER OR FRIEND
OF MINE 2
- NON-MEDICAL OFFICE STAFF 3
- MEDICAL STAFF INCLUDING NURSES AND
DOCTORS 4
- PROFESSIONAL INTERPRETER (BOTH IN
PERSON AND ON THE TELEPHONE) 5
- OTHER (PATIENTS, SOMEONE ELSE) 6
- DID NOT HAVE SOMEONE TO HELP 7
- REFUSED -7
- DON'T KNOW -8

QC15_D17 During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for (CHILD)?

CE1

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

[GO TO QC15_D19]
[GO TO QC15_D19]
[GO TO QC15_D19]

QC15_D18 Was cost or lack of insurance a reason why you delayed or did not get the prescription?

CE12

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

- QC15_D19** During the past 12 months, did you delay or not get any other medical care you felt (CHILD) needed — such as seeing a doctor, a specialist, or other health professional?
- CE7**
- | | | |
|------------------|----|---------------------|
| YES | 1 | |
| NO | 2 | [GO TO PN QC15_D24] |
| REFUSED | -7 | [GO TO PN QC15_D24] |
| DON'T KNOW | -8 | [GO TO PN QC15_D24] |
- QC15_D20** Did (CHILD) get the care eventually?
- CD66**
- | | | |
|------------------|----|--|
| YES | 1 | |
| NO | 2 | |
| REFUSED | -7 | |
| DON'T KNOW | -8 | |
- QC15_D21** Was cost or lack of insurance a reason why you delayed or did not get the medical care you felt (he/she) needed?
- CE13**
- | | | |
|------------------|----|---------------------|
| YES | 1 | |
| NO | 2 | [GO TO PN QC15_D23] |
| REFUSED | -7 | [GO TO PN QC15_D23] |
| DON'T KNOW | -8 | [GO TO PN QC15_D23] |
- QC15_D22** Was that the main reason?
- CD67**
- | | | |
|------------------|----|---------------------|
| YES | 1 | [GO TO PN QC15_D24] |
| NO | 2 | |
| REFUSED | -7 | [GO TO PN QC15_D24] |
| DON'T KNOW | -8 | [GO TO PN QC15_D24] |
- QC15_D23** What was the one main reason why you delayed getting the care you felt {he/she} needed?
- CD68**
- | | | |
|--|----|--|
| COULDN'T GET APPOINTMENT | 1 | |
| MY INSURANCE NOT ACCEPTED | 2 | |
| INSURANCE DID NOT COVER | 3 | |
| LANGUAGE PROBLEMS | 4 | |
| TRANSPORTATION PROBLEMS..... | 5 | |
| HOURS NOT CONVENIENT | 6 | |
| NO CHILD CARE FOR CHILDREN AT HOME | 7 | |
| FORGOT OR LOST REFERRAL | 8 | |
| I DIDN'T HAVE TIME | 9 | |
| COULDN'T AFFORD/COST TOO MUCH..... | 10 | |
| NO INSURANCE | 11 | |
| OTHER (SPECIFY: _____)..... | 91 | |
| REFUSED | -7 | |
| DON'T KNOW | -8 | |

QC15_D24 During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?

CD69

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

QC15_D25 During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?

CD70

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

QC15_D26 During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?

CD71

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

PROGRAMMING NOTE QC15_D27:
IF CAGE < 6 MONTHS, GO TO QC15_D28;
ELSE IF CAGE ≥ 6 MONTHS, CONTINUE WITH QC15_D27

QC15_D27 During the past 12 months, did (CHILD) get a flu shot or the nasal flu vaccine, called "Flumist"?

CD30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]

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

PROGRAMMING NOTE QC15_D28:
IF SKAID=ADULTID AND AJ108 ≠ 1 THEN AUTOCODE QC15_D28 = AJ108 AND GO TO QC15_E1;
ELSE CONTINUE WITH QC15_D28;

QC15_D28 The next questions are about using the Internet to get health information.

Do you ever go on-line to use the Internet?

CD46

- YES 1
- NO 2 **[GO TO QC15_E1]**
- REFUSED -7 **[GO TO QC15_E1]**
- DON'T KNOW -8 **[GO TO QC15_E1]**

QC15_D29 [In the past 12 months, have you gone on-line to look for information that would help you with...] ...(CHILD'S) health?

CD47

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

QC15_D30 [In the past 12 months, have you gone on-line to look for information that would help you with...] ...how {he/she} is developing physically?

CD48

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

QC15_D31 [In the past 12 months, have you gone on-line to look for information that would help you with...] ...{his/her} speech?

CD49

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

QC15_D32 [In the past 12 months, have you gone on-line to look for information that would help you with...] ...how well {he/she} can hear?

CD50

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

QC15_D33 [In the past 12 months, have you gone on-line to look for information that would help you with...] ...{his/her} diet or nutrition?

CD51

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

QC15_D34 [In the past 12 months, have you gone on-line to look for information that would help you with...] ...{his/her} physical activity?

CD52

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

QC15_D35 [In the past 12 months, have you gone on-line to look for information that would help you with...] ...{his/her} behavior?

CD53

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

PROGRAMMING NOTE QC15_D36:
IF QC15_D29= 2 AND QC15_D30 = 2 AND QC15_D31 = 2 AND QC15_D32 = 2 AND QC15_D33 = 2 AND QC15_D34= 2 AND QC15_D35 = 2, GO TO PROGRAMMING NOTE QC15_E1;
ELSE CONTINUE WITH QC15_D36

QC15_D36 In the past 12 months, did you talk to a doctor or other medical provider about child health information you found on-line?

CD54

- YES 1
- NO..... 2
- DID NOT FIND INFORMATION ON-LINE 3
- REFUSED -7
- DON'T KNOW -8

SECTION E – PUBLIC PROGRAMS

PROGRAMMING NOTE SECTION E:
IF POVERTY = 1, 2, 3, OR 5 (INCOME LESS THAN OR EQUAL TO 300% OF POVERTY LEVEL) OR
POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND KIDS1ST <> "Y" OR KIDS1ST =
"Y", CONTINUE WITH QC15_E1;
ELSE SKIP TO QC15_F1

QC15_E1 Is (CHILD) now on TANF or CalWORKs?

CE11

[IF NEEDED, SAY: "TANF means 'Temporary Assistance to Needy Families,' and CalWORKs means 'California Work Opportunities and Responsibilities to Kids.' Both replaced AFDC, California's old welfare entitlement program."]

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

QC15_E2 Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

CE11A

[IF NEEDED, SAY: "You receive benefits through an EBT card. EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card."]

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

PROGRAMMING NOTE QC15_E3:
IF CAGE > 6, GO TO QC15_F1;
ELSE CONTINUE WITH QC15_E3

QC15_E3 Is (CHILD) on WIC now?

CE11C

[IF NEEDED, SAY: "WIC means 'Supplemental Food Program for Women, Infants and Children.'"]

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

SECTION F – PARENTAL INVOLVEMENT

**PROGRAMMING NOTE QC15_F1:
IF CAGE > 5 YEARS GO TO PROGRAMMING NOTE QC15_G1;
ELSE CONTINUE WITH QC15_F1**

QC15_F1 In a usual week, about how many days do you or any other family members read stories or look at picture books with (CHILD)?

CG14

- EVERY DAY 1
- 3-6 DAYS 2
- 1-2 DAYS 3
- NEVER 4
- REFUSED -7
- DON'T KNOW -8

QC15_F2 [In a usual week, about how many days do you or any other family member] play music or sing songs with (CHILD)?

CG15

- EVERY DAY 1
- 3-6 DAYS 2
- 1-2 DAYS 3
- NEVER 4
- REFUSED -7
- DON'T KNOW -8

QC15_F3 [In a usual week, about how many days do you or any other family member] take (CHILD) out somewhere, for example, to the park, store, or playground?

CG16

- EVERY DAY 1
- 3-6 DAYS 2
- 1-2 DAYS 3
- NEVER 4
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_F3A:
IF CAGE < 5 YEARS OR HOUSEHOLD HAS CHILDREN < 5 YEARS, CONTINUE WITH QC15_F3A;
ELSE GO TO QC15_G1**

QC15_F3A Have you seen or heard messages encouraging you to talk, read and sing with your child?

CF64

- YES 1
- NO 2 **[GO TO QC15_G1]**
- REFUSED -7 **[GO TO QC15_G1]**
- DON'T KNOW -8 **[GO TO QC15_G1]**

QC15_F3B Would you say that you talk with your child less, about the same, or more after hearing that message?

CF65

- LESS 1
- ABOUT THE SAME 2
- MORE..... 3
- REFUSED -7
- DON'T KNOW..... -8

QC15_F3C Would you say that you sing with your child less, about the same, or more after hearing that message?

CF66

- LESS 1
- ABOUT THE SAME 2
- MORE..... 3
- REFUSED -7
- DON'T KNOW..... -8

QC15_F3D Would you say that you read with your child less, about the same, or more after hearing that message?

CF67

- LESS 1
- ABOUT THE SAME 2
- MORE..... 3
- REFUSED -7
- DON'T KNOW..... -8

SECTION G – CHILD CARE AND SOCIAL COHESION

PROGRAMMING NOTE QC15_G1:

IF CAGE ≥ 7, DO NOT DISPLAY LAST SENTENCE OF FIRST PARAGRAPH

QC15_G1 These next questions are about childcare. By childcare we mean any arrangement where someone other than the parents, legal guardian, or stepparents takes care of (CHILD). {This includes preschool and nursery school, but not kindergarten.}

Do you currently have any kind of regular childcare arrangements for (CHILD) for 10 hours or more per week?

CG1

- YES 1
- NO 2 **[GO TO QC15_G13]**
- REFUSED -7 **[GO TO QC15_G13]**
- DON'T KNOW -8 **[GO TO QC15_G13]**

QC15_G2 Altogether, how many hours is (CHILD) in childcare during a typical week? Include all combinations of care arrangements.

CG2

_____ HOURS [SR: 10-168 HRS]

- REFUSED -7 **[GO TO QC15_G13]**
- DON'T KNOW -8 **[GO TO QC15_G13]**

PROGRAMMING NOTE QC15_G3:

**IF QC15_G2 < 10 (HOURS IN CHILDCARE), GO TO QC15_G11;
ELSE CONTINUE WITH QC15_G3**

QC15_G3 During a typical week does (CHILD) receive childcare from... a grandparent or other family member?

CG3A

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

QC15_G4 [Does (CHILD) receive childcare from]... a non-family member who cares for (CHILD) in your home?

CG3E

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

QC15_G5 [Does (CHILD) receive childcare from]... a non-family member who cares for (CHILD) in his or her home?

CG3F

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

QC15_G6 [Does (CHILD) receive childcare from]... a childcare center that is not in someone's home?

CG3D

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

PROGRAMMING NOTE QC15_G7:
IF CAGE ≥ 7 YEARS, GO TO PROGRAMMING NOTE QC15_G13;
ELSE CONTINUE WITH QC15_G7

QC15_G7 [Does (CHILD) receive childcare from]... a Head Start or state preschool program?

CG3B

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

QC15_G8 [Does (CHILD) receive childcare from]... some other preschool or nursery school?

CG3C

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

PROGRAMMING NOTE QC15_G9:
IF QC15_G6 = 1 OR QC15_G7 = 1 OR QC15_G8 = 1, CONTINUE WITH QC15_G9;
ELSE GO TO PROGRAMMING NOTE QC15_G10

QC15_G9 Please tell me if you strongly agree, agree, disagree, strongly disagree, or you're not sure about the following statements.

CG47

Your child's preschool is doing a good job at preparing children for their futures.

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3
 STRONGLY DISAGREE 4
 NOT SURE 5

PROGRAMMING NOTE QC15_G10:
IF [QC15_G3 OR QC15_G4 = 1 (CHILD RECEIVES CHILDCARE FROM GRANDPARENT OR NON-FAMILY MEMBER IN CHILD'S HOME)] OR IF [QC15_G5 ≠ 1 AND QC15_G6 ≠ 1 AND QC15_G7 ≠ 1 AND QC15_G8 ≠ 1 (NOT IN HEAD START, PRESCHOOL PROGRAM, OR IN CARE IN NON-FAMILY MEMBER HOME)], GO TO QC15_G11;
ELSE CONTINUE WITH QC15_G10;
IF ONLY ONE OF QC15_G5, QC15_G6, QC15_G7, OR QC15_G8 = 1, DISPLAY "Is this" AND "provider";
ELSE DISPLAY, "Are all of these" AND "providers"

QC15_G10 {Is this/Are all of these} child care provider{s} licensed by the state of California?

CG3G

- YES (ALL LICENSED) 1
- NO (NONE LICENSED) 2
- SOME LICENSED AND SOME NOT 3
- REFUSED -7
- DON'T KNOW -8

QC15_G11 In the past 12 months, was there a time when you could not find childcare when you needed it for (CHILD) for a week or longer?

CG5

- YES 1
- NO 2 **[GO TO QC15_G13]**
- REFUSED -7 **[GO TO QC15_G13]**
- DON'T KNOW -8 **[GO TO QC15_G13]**

QC15_G12 What is the main reason you were unable to find childcare for (CHILD) at that time?

CG6

[IF NEEDED, SAY: "Main reason is the most important reason."]

- COULDN'T AFFORD ANY CHILD CARE 1
- COULDN'T FIND A PROVIDER WITH A SPACE ... 2
- THE HOURS AND LOCATION DIDN'T FIT MY NEEDS 3
- COULDN'T AFFORD THE QUALITY OF CHILDCARE I WANTED 4
- COULDN'T FIND THE QUALITY OF CHILDCARE I WANTED 5
- OTHER REASON 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_G13:
IF QC15_G13 THROUGH QC15_G17 NOT ANSWERED IN ADULT INTERVIEW (AM19, AM20, AM21, AM35, AK28), CONTINUE WITH QC15_G13; ELSE SKIP TO QC15_H1

QC15_G13 These next questions are about your neighborhood. Tell me if you strongly agree, agree, disagree or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

CG39

[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

QC15_G14 People in this neighborhood generally do NOT get along with each other.

CG40

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[DO NOT PROBE A “DON'T KNOW” RESPONSE.]

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

QC15_G15 People in this neighborhood can be trusted.

CG41

[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

QC15_G16

You can count on adults in this neighborhood to watch out that children are safe and don't get into trouble.

CG34

[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

QC15_G17

Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?

CG42

- ALL OF THE TIME 1
- MOST OF THE TIME 2
- SOME OF THE TIME 3
- NONE OF THE TIME 4
- REFUSED -7
- DON'T KNOW -8

SECTION H – DEMOGRAPHICS, PART II

So we can be sure we have included children of all races and ethnic groups in California, I need to ask a few questions about (CHILD)'s background.

QC15_H1

Is (CHILD) Latino or Hispanic?

CH1

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

- | | | |
|------------------|----|------------------------|
| YES | 1 | |
| NO | 2 | [GO TO QC15_H3] |
| REFUSED | -7 | [GO TO QC15_H3] |
| DON'T KNOW | -8 | [GO TO QC15_H3] |

QC15_H2

And what is {his/her} Latino or Hispanic ancestry or origin? – such as Mexican, Salvadorian, Cuban, Honduran – and if {he/she} has more than one, tell me all of them.

CH2

**[IF NECESSARY GIVE MORE EXAMPLES]
[CODE ALL THAT APPLY]**

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

PROGRAMMING NOTE QC15_H3:
IF QC15_H1 = 1 (YES-CHILD IS LATINO), DISPLAY, “You said your child is Latino or Hispanic. Also,”
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QC15_H3, CONTINUE WITH PROGRAMMING NOTE QC15_H4;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QC15_H3 {You said your child is Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe (CHILD): Would you describe {him/her} as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

CH3

[IF R SAYS “NATIVE AMERICAN” CODE AS “4”]
[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]
[CODE ALL THAT APPLY]

- | | | | | |
|--------------------------------------|----|------------------|---|-------------------------------------|
| WHITE | 1 | [GO TO QC15_H10] | } | IF
ONLY
ONE
RACE |
| BLACK OR AFRICAN AMERICAN | 2 | [GO TO QC15_H10] | | |
| ASIAN..... | 3 | [GO TO QC15_H8] | | |
| AMERICAN INDIAN, ALASKA NATIVE | 4 | [GO TO QC15_H4] | | |
| OTHER PACIFIC ISLANDER | 5 | [GO TO QC15_H9] | | |
| NATIVE HAWAIIAN | 6 | [GO TO QC15_H10] | | |
| OTHER (SPECIFY: _____)..... | 91 | [GO TO QC15_H10] | | |
| REFUSED | -7 | [GO TO QC15_H10] | | |
| DON'T KNOW..... | -8 | [GO TO QC15_H10] | | |

PROGRAMMING NOTE QC15_H4:
IF QC15_H3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QC15_H4;
ELSE GO TO PROGRAMMING NOTE QC15_H8

QC15_H4 You said American Indian/Alaska Native, and what is (CHILD)'s tribal heritage? If {he/she} has more than one tribe, tell me all of them.

CH4

[CODE ALL THAT APPLY]

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

QC15_H5 Is (CHILD) an enrolled member in a federally or state recognized tribe?

CH5

- YES 1
- NO 2 **[GO TO QC15_H8]**
- REFUSED -7 **[GO TO QC15_H8]**
- DON'T KNOW -8 **[GO TO QC15_H8]**

QC15_H6 In which tribe is (CHILD) enrolled?

CH6

- APACHE**
 - MESCALERO APACHE, NM 1
 - APACHE (NOT SPECIFIED) 2
 - OTHER APACHE (SPECIFY: _____) . 91
- BLACKFEET**
 - BLACKFOOT / BLACKFEET 3
- CHEROKEE**
 - WESTERN CHEROKEE 4
 - CHEROKEE (NOT SPECIFIED) 5
 - OTHER CHEROKEE (SPECIFY: _____) 92
- CHOCTAW**
 - CHOCTAW OKLAHOMA 6
 - CHOCTAW (NOT SPECIFIED) 7
 - OTHER CHOCTAW (SPECIFY: _____) . 93
- NAVAJO**
 - NAVAJO (NOT SPECIFIED) 8
- POMO**
 - HOPLAND BAND, HOPLAND RANCHERIA ... 9
 - SHERWOOD VALLEY RANCHERIA 10
 - POMO (NOT SPECIFIED) 11
 - OTHER POMO (SPECIFY: _____) . 94
- PUEBLO**
 - HOPI 12
 - YSLETA DEL SUR PUEBLO OF TEXAS 13
 - PUEBLO (NOT SPECIFIED) 14
 - OTHER PUEBLO (SPECIFY: _____) . 95
- SIOUX**
 - OGLALA/PINE RIDGE SIOUX 15
 - SIOUX (NOT SPECIFIED) 16
 - OTHER SIOUX (SPECIFY: _____) ... 96
- YAQUI**
 - PASCUA YAQUI TRIBE OF ARIZONA 17
 - YAQUI (NOT SPECIFIED) 18
 - OTHER YAQUI (SPECIFY: _____) ... 97
- OTHER**
 - OTHER (SPECIFY: _____) 98
 - REFUSED -7
 - DON'T KNOW -8

QC15_H7 Does (CHILD) get any health care services through the Indian Health Service, a Tribal Health Program, or an Urban Indian clinic?

CH6A

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

PROGRAMMING NOTE QC15_H8:
IF QC15_H3 = 3 (ASIAN) CONTINUE WITH QC15_H8;
ELSE GO TO PROGRAMMING NOTE QC15_H9

QC15_H8 You said Asian, and what specific ethnic group is {he/she}, such as Chinese, Filipino, or Vietnamese? If {he/she} is more than one, tell me all of them.

CH7

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QC15_H9:
IF QC15_H3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QC15_H9;
ELSE GO TO QC15_H10

QC15_H9 You said (CHILD) is Pacific Islander. What specific ethnic group is {he/she}, such as Samoan, Tongan, or Guamanian? If {he/she} is more than one, tell me all of them.

CH7A

[CODE ALL THAT APPLY]

- SAMOAN/AMERICAN SAMOAN..... 1
- GUAMANIAN 2
- TONGAN 3
- FIJIAN 4
- OTHER PACIFIC ISLANDER
 (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H10:
IF SKA = AR AND AI56C ≠ -1 (THIS QUESTION ALREADY ASKED DURING ADULT SURVEY), SKIP TO QC15_H14;
ELSE CONTINUE WITH QC15_H10

QC15_H10 In what country was (CHILD) born?

CH8

- UNITED STATES..... 1
- AMERICAN SAMOA 2
- CANADA..... 3
- CHINA 4
- EL SALVADOR 5
- ENGLAND 6
- FRANCE..... 7
- GERMANY 8
- GUAM..... 9
- GUATEMALA..... 10
- HUNGARY..... 11
- INDIA..... 12
- IRAN..... 13
- IRELAND 14
- ITALY 15
- JAPAN..... 16
- KOREA..... 17
- MEXICO 18
- PHILIPPINES..... 19
- POLAND..... 20
- PORTUGAL..... 21
- PUERTO RICO 22
- RUSSIA 23
- TAIWAN..... 24
- VIETNAM..... 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H11:
IF QC15_H10 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H14;
ELSE CONTINUE WITH QC15_H11

QC15_H11 Is (CHILD) a citizen of the United States?

CH8A

- YES 1 **[GO TO QC15_H13]**
- NO 2
- APPLICATION PENDING 3
- REFUSED -7
- DON'T KNOW -8

QC15_H12 Is (CHILD) a permanent resident with a green card?

CH9

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

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

QC15_H13 About how many years has (CHILD) lived in the United States?

CH10

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

{OR}

CH10YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH10FMT

- NUMBER OF YEARS 1
- YEAR FIRST CAME TO LIVE IN US 2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H14:
IF SKA = MOTHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE)
THEN SKIP TO QC15_H18;
ELSE, CONTINUE WITH QC15_H14 AND DISPLAY “was his mother/was her mother”

QC15_H14 In what country {were you/was his mother/was her mother} born?

CH11

[SELECT FROM MOST LIKELY COUNTRIES]
[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

- UNITED STATES..... 1
- AMERICAN SAMOA 2
- CANADA..... 3
- CHINA 4
- EL SALVADOR..... 5
- ENGLAND 6
- FRANCE..... 7
- GERMANY 8
- GUAM..... 9
- GUATEMALA..... 10
- HUNGARY..... 11
- INDIA..... 12
- IRAN..... 13
- IRELAND 14
- ITALY 15
- JAPAN..... 16
- KOREA..... 17
- MEXICO 18
- PHILIPPINES..... 19
- POLAND..... 20
- PORTUGAL..... 21
- PUERTO RICO..... 22
- RUSSIA 23
- TAIWAN..... 24
- VIETNAM..... 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW..... -8

PROGRAMMING NOTE QC15_H15 AND QC15_H16:
IF QC15_H14 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H18;
ELSE CONTINUE WITH QC15_H15 AND IF RESPONDENT IS MOTHER OF CHILD DISPLAY “Are you”;
ELSE DISPLAY “Is {his/her} mother”

QC15_H15 {Are you/Is {his/her} mother} a citizen of the United States?

CH11A

[IF R SAYS SHE IS A NATURALIZED CITIZEN, CODE YES]

- YES 1 **[GO TO QC15_H17]**
- NO 2
- APPLICATION PENDING 3
- REFUSED -7
- DON'T KNOW -8

QC15_H16 {Are you/Is {his/her} mother} a permanent resident with a green card?

CH12

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

PROGRAMMING NOTE QC15_H17:
IF RESPONDENT IS MOTHER OF CHILD, CONTINUE WITH QC15_H17 AND DISPLAY “have you”;
ELSE CONTINUE WITH QC15_H17 AND DISPLAY “has {his/her} mother”

QC15_H17 About how many years {have you/has {his/her} mother} lived in the United States?

CH13

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

CH13YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH13FMT

- NUMBER OF YEARS 1
- YEAR FIRST CAME TO LIVE IN US 2
- MOTHER DECEASED 3
- NEVER LIVED IN U.S. 4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H18:
IF SKA = FATHER OF CHILD AND AH33 ≠ -1 (ALREADY ASKED IN ADULT QUESTIONNAIRE THEN SKIP TO QC15_H22;
ELSE CONTINUE WITH QC15_H18 AND DISPLAY, “was {his/her} father”

QC15_H18 In what country {were you/was his father/was her father} born?

CH14

[SELECT FROM MOST LIKELY COUNTRIES]
[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

- UNITED STATES..... 1
- AMERICAN SAMOA 2
- CANADA..... 3
- CHINA 4
- EL SALVADOR..... 5
- ENGLAND 6
- FRANCE..... 7
- GERMANY 8
- GUAM..... 9
- GUATEMALA..... 10
- HUNGARY..... 11
- INDIA..... 12
- IRAN..... 13
- IRELAND 14
- ITALY 15
- JAPAN..... 16
- KOREA..... 17
- MEXICO 18
- PHILIPPINES..... 19
- POLAND..... 20
- PORTUGAL..... 21
- PUERTO RICO..... 22
- RUSSIA 23
- TAIWAN..... 24
- VIETNAM..... 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW..... -8

PROGRAMMING NOTE QC15_H19 AND QC15_H20:
IF QC15_H18 = 1, 2, 9, 22, OR 26 (UNITED STATES OR ITS TERRITORIES), GO TO PROGRAMMING NOTE QC15_H22;
ELSE CONTINUE WITH QC15_H19 AND IF RESPONDENT IS FATHER OF CHILD DISPLAY “Are you”;
ELSE SAY “Is {his/her} father”

QC15_H19 {Are you/Is {his/her} father} a citizen of the United States?

CH14A

[IF R SAYS HE IS A NATURALIZED CITIZEN, CODE YES]

- YES 1 **[GO TO PN QC15_H21]**
- NO 2
- APPLICATION PENDING 3
- REFUSED -7
- DON'T KNOW -8

QC15_H20 {Are you/Is {his/her} father} a permanent resident with a green card?

CH15

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

PROGRAMMING NOTE QC15_H21:
IF RESPONDENT IS FATHER OF CHILD, CONTINUE WITH QC15_H21 AND DISPLAY “have you”;
ELSE, CONTINUE WITH QC15_H21 AND DISPLAY “has {his/her} father”

QC15_H21 About how many years {have you/has {his/her} father} lived in the United States?

CH16

_____ NUMBER OF YEARS [HR: 0-AGE]

{OR}

CH16YR

_____ YEAR FIRST CAME TO LIVE IN U.S.

CH16FMT

- NUMBER OF YEARS 1
- YEAR FIRST CAME TO LIVE IN U.S. 2
- FATHER DECEASED 3
- NEVER LIVED IN U.S. 4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_H22:
IF RESPONDENT IS SAMPLED ADULT, GO TO PROGRAMMING NOTE QC15_H23;
ELSE IF RESPONDENT ≠ ADULT RESPONDENT, CONTINUE WITH QC15_H22

QC15_H22 In general, what languages are spoken in (CHILD)'s home?

CH17

[PROBE: "Any others?"]

- ENGLISH..... 1
- SPANISH..... 2
- CANTONESE 3
- VIETNAMESE..... 4
- TAGALOG 5
- MANDARIN..... 6
- KOREAN 7
- ASIAN INDIAN LANGUAGES 8
- RUSSIAN..... 9
- OTHER1 (SPECIFY: _____)..... 91
- OTHER2 (SPECIFY: _____)..... 92
- REFUSED -7
- DON'T KNOW..... -8

PROGRAMMING NOTE QC15_H23:
IF INTERVIEW CONDUCTED IN ENGLISH AND QC15_H22 > 1 (TWO OR MORE LANGUAGES SPOKEN AT HOME), CONTINUE WITH QC15_H23 AND DISPLAY "Compared to the language spoken in (CHILD)'s home,";
SET CH18ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QC15_H23 WAS ASKED;
ELSE IF QC15_H22 = 1 (ONLY SPEAKS ENGLISH), GO TO PROGRAMMING NOTE QC15_H24

QC15_H23 {Compared to other languages spoken in (CHILD)'s home,} would you say you speak English...

CH18

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

**PROGRAMMING NOTE QC15_H24:
 IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15_H24;
 ELSE GO TO PROGRAMMING NOTE QC15_H26**

QC15_H24 What is the highest grade of education you have completed and received credit for?

CH22

GRADE SCHOOL	
1 ST GRADE.....	1
2 ND GRADE	2
3 RD GRADE	3
4 TH GRADE.....	4
5 TH GRADE.....	5
6 TH GRADE.....	6
7 TH GRADE.....	7
8 TH GRADE.....	8
HIGH SCHOOL OR EQUIVALENT	
9 TH GRADE.....	9
10 TH GRADE.....	10
11 TH GRADE.....	11
12 TH GRADE.....	12
4-YEAR COLLEGE OR UNIVERSITY	
1 ST YEAR (FRESHMAN).....	13
2 ND YEAR (SOPHOMORE).....	14
3 RD YEAR (JUNIOR).....	15
4 TH YEAR (SENIOR).....	16
5 TH YEAR	17
GRADUATE OR PROFESSIONAL SCHOOL	
1 ST YEAR GRAD OR PROF SCHOOL	18
2 ND YEAR GRAD OR PROF SCHOOL (MA/MS)	19
3 RD YEAR GRAD OR PROF SCHOOL.....	20
MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)	21
2-YEAR JUNIOR OR COMMUNITY COLLEGE	
1 ST YEAR.....	22
2 ND YEAR	23
VOCATIONAL, BUSINESS, OR TRADE SCHOOL	
1 ST YEAR.....	24
2 ND YEAR	25
MORE THAN 2 YEARS	26
HAD NO FORMAL EDUCATION	30
REFUSED	-7
DON'T KNOW	-8

Section K – CHILD FIRST

**PROGRAMMING NOTE QC15_K1:
IF KIDS1ST = 'Y' AND SKAID = SCRESPX, CONTINUE WITH QC15_K1;
ELSE SKIP TO PN QC15_H25 (FOLLOW-UP)**

QC15_K1 Which of the following were you doing last week?

KAG8

- Working at a job or business, 1 **[GO TO QC15_K3]**
- With a job or business but not at work, 2 **[GO TO QC15_K3]**
- Looking for work, or..... 3
- Not working at a job/business?..... 4
- REFUSED -7
- DON'T KNOW -8

QC15_K2 Do you usually work?

KAG11

- YES 1
- NO 2 **[GO TO QC15_K5]**
- LOOKING FOR WORK 3 **[GO TO QC15_K5]**
- REFUSED -7 **[GO TO QC15_K5]**
- DON'T KNOW -8 **[GO TO QC15_K5]**

QC15_K3 How many hours per week do you usually work at all jobs or businesses?

KAK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

- _____ HOURS [HR: 0-95]
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_K4:
IF QC15_K3 = 0 (ZERO HOURS WORKED), SKIP TO QC15_K5;
ELSE CONTINUE WITH QC15_K4**

QC15_K4 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?

KAG9

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

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

QC15_K5

What is the highest grade of education your spouse has completed and received credit for?

KAH47

NO FORMAL EDUCATION 30

GRADE SCHOOL

1ST GRADE 1

2ND GRADE 2

3RD GRADE 3

4TH GRADE 4

5TH GRADE 5

6TH GRADE 6

7TH GRADE 7

8TH GRADE 8

HIGH SCHOOL OR EQUIVALENT

9TH GRADE 9

10TH GRADE 10

11TH GRADE 11

12TH GRADE 12

4-YEAR COLLEGE OR UNIVERSITY

1ST YEAR (FRESHMAN) 13

2ND YEAR (SOPHOMORE) 14

3RD YEAR (JUNIOR) 15

4TH YEAR (SENIOR) (BA/BS) 16

5TH YEAR 17

GRADUATE OR PROFESSIONAL SCHOOL

1ST YEAR GRAD OR PROF SCHOOL 18

2ND YEAR GRAD OR PROF SCHOOL (MA/MS) 19

3RD YEAR GRAD OR PROF SCHOOL 20

MORE THAN 3 YEARS GRAD OR
PROF SCHOOL (PhD) 21

2-YEAR JUNIOR OR COMMUNITY COLLEGE

1ST YEAR 22

2ND YEAR (AA/AS) 23

VOCATIONAL, BUSINESS, OR TRADE SCHOOL

1ST YEAR 24

2ND YEAR 25

MORE THAN 2 YEARS 26

REFUSED -7

DON'T KNOW (OUT OF RANGE) -8

QC15_K6

Which of the following was your spouse doing last week?

KAK1

Working at a job or business, 1

With a job or business but not at work, 2

Looking for work, or..... 3

Not working at a job or business? 4

REFUSED -7

DON'T KNOW -8

[GO TO QC15_K8]
[GO TO QC15_K8]

QC15_K7 Does your spouse usually work?

KAG10

- YES 1
- NO 2 **[GO TO QC15_K10]**
- LOOKING FOR WORK 3 **[GO TO QC15_K10]**
- REFUSED -7 **[GO TO QC15_K10]**
- DON'T KNOW -8 **[GO TO QC15_K10]**

QC15_K8 The next questions are about work your spouse does.

How many hours per week does your spouse USUALLY work at ALL jobs or businesses?

KAK3

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K9:
IF QC15_K8 = 0 (ZERO HOURS WORKED), SKIP TO QC15_K10;
ELSE CONTINUE WITH QC15_K9

QC15_K9 On your spouse's MAIN job, is {he/she/he or she} employed by a private company, the government, OR is {he/she/he or she} self-employed, OR is {he/she/he or she} working without pay in a family business or farm?

KAK4

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

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

QC15_K10 What is your spouse's age, please?

KAA2

_____ YEARS OF AGE [RANGE: 0-120]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K11:
IF QC15_K10 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QC15_K11;
ELSE GO TO QC15_K12

QC15_K11 Is your spouse between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

KAA2A

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

QC15_K12 MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, is your spouse covered by MediCARE?

KAI1

[INTERVIEWER NOTE: INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE ORIGINAL MEDICARE PLAN.]

- YES..... 1 **[GO TO QC15_K15]**
- NO..... 2
- REFUSED -7 **[GO TO QC15_K22]**
- DON'T KNOW..... -8 **[GO TO QC15_K22]**

POST-NOTE QC15_K12:
IF QC15_K12 = 1, SET KARMCARE = 1 AND SET KARINSURE = 1

PROGRAMMING NOTE QC15_K13:
IF [KAAGE > 64 OR QC15_K11 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QC15_K12= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QC15_K13;
ELSE GO TO PROGRAMMING NOTE QC15_K15

QC15_K13 Is it correct that your spouse is NOT covered by MediCARE even though you told me earlier that your spouse is 65 or older?

KAI2

- CORRECT, NOT COVERED BY MEDICARE..... 1 **[GO TO PN QC15-K22]**
- NOT CORRECT, R IS COVERED BY MEDICARE. 2 **[GO TO PN QC15-K22]**
- AGE IS INCORRECT..... 93
- REFUSED -7 **[GO TO PN QC15-K22]**
- DON'T KNOW..... -8 **[GO TO PN QC15-K22]**

POST-NOTE QC15_K13:
IF QC15_K13 =2, SET KARMCARE = 1 AND SET KARINSURE = 1

QC15_K14 What is your spouse's age, please?

KAI3

_____ YEARS OF AGE [HR: 18-105] **[GO TO PN QC15-K22]**

REFUSED -7 **[GO TO PN QC15-K22]**

DON'T KNOW -8 **[GO TO PN QC15-K22]**

**POST NOTE QC15_K14: AIDATE
 SET KAIDATE = CURRENT DATE (YYYYMMDD);
 SET KAAGE = QC15_K14;
 IF KAAGE < 18, CODE AS IA AND TERMINATE**

**PROGRAMMING NOTE QC15_K15:
 IF KARMCARE = 1, CONTINUE WITH QC15_K15;
 ELSE GO TO PROGRAMMING NOTE QC15_K22**

QC15_K15 Is this a MediCARE Advantage Plan?

KAH123

[IF NEEDED, SAY: "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."]

YES 1

NO 2 **[GO TO QC15_K18]**

REFUSED -7 **[GO TO QC15_K18]**

DON'T KNOW -8 **[GO TO QC15_K18]**

**POST-NOTE QC15_K15;
 IF QC15_K15 = 1, SET KARMADV= 1**

QC15_K16 Is your spouse's MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?

KAH124

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]

[IF NEEDED, SAY: "PPO 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."]

[IF NEEDED, SAY: "Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE."]

[INTERVIEWER NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" CODE "1" (HMO).]

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

- HMO (HEALTH MAINTENANCE ORGANIZATION) 1
- PPO (PREFERRED PROVIDER ORGANIZATION) 2
- PFFS (PRIVATE FEE FOR SERVICE)..... 3
- SNP (SPECIAL NEEDS PLAN) 4
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

QC15_K17 What is the name of your spouse's MediCARE plan?

KAH125

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

- ACCESS SENIOR HEALTHCARE 1
- AETNA 2
- AETNA GOLDEN MEDICARE 3
- AIDS HEALTHCARE FOUNDATION, LA..... 4
- ALAMEDA ALLIANCE FOR HEALTH 5
- ALTAMED HEALTH SERVICES 83
- ANTHEM BLUE CROSS OF CALIFORNIA 7
- ASPIRE HEALTH PLAN 8
- BLUE CROSS CALIFORNIACARE 9
- BLUE CROSS SENIOR SECURE 79
- BLUE SHIELD 65 PLUS 11
- BLUE SHIELD OF CALIFORNIA..... 12
- BRAND NEW DAY (UNIVERSAL CARE) 13
- CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
- CALIFORNIAKIDS (CALKIDS) 15
- CAL OPTIMA (CALOPTIMA ONE CARE)..... 16
- CALVIVA HEALTH..... 17
- CARE 1ST HEALTH PLAN 18
- CAREMORE HEALTH PLAN 19
- CENTER FOR ELDERS' INDEPENDENCE 21
- CEN CAL HEALTH 80
- CENTRAL CALIFORNIA ALLIANCE FOR

HEALTH	22
CENTRAL HEALTH PLAN	23
CHINESE COMMUNITY HEALTH PLAN.....	24
CHOICE PHYSICIANS NETWORK.....	25
CIGNA HEALTHCARE.....	26
CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN.....	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN.....	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN.....	34
GOLD COAST HEALTH PLAN.....	35
GOLDEN STATE MEDICARE HEALTH PLAN.....	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS.....	39
HEALTH PLAN OF SAN JOAQUIN.....	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN).....	45
INTER VALLEY HEALTH PLAN.....	46
HEALTH ADVANTAGE	82
KAISER PERMANENTE	47
KAISER PERMANENTE SENIOR ADVANTAGE..	48
KERN FAMILY HEALTH CARE.....	49
L.A. CARE HEALTH PLAN.....	50
MD CARE	51
MOLINA HEALTHCARE OF CALIFORNIA.....	54
MONARCH HEALTH PLAN	55
ON LOK SENIOR HEALTH SERVICES	56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA	57
PIH HEALTH CARE SOLUTIONS.....	58
PREMIER HEALTH PLAN SERVICES	59
PRIMECARE MEDICAL NETWORK	60
PROVIDENCE HEALTH NETWORK.....	61
SCRIPPS HEALTH PLAN SERVICES.....	68
SEASIDE HEALTH PLAN	69
SAN FRANCISCO HEALTH PLAN.....	84
SANTA CLARA FAMILY HEALTH PLAN.....	90
SAN MATEO HEALTH COMMISION	86
SANTA BARBARA.....	88
SATELLITE HEALTH PLAN	92
SCAN HEALTH PLAN.....	67
SHARP HEALTH PLAN	70
SUTTER HEALTH PLAN	71
SUTTER SENIOR CARE	72
UNITED HEALTHCARE.....	73
UNITED HEALTHCARE SECURE HORIZON	74
UNIVERSITY HEALTHCARE ADVANTAGE	75
VALLEY HEALTH PLAN	76
VENTURA COUNTY HEALTH CARE PLAN	77
WESTERN HEALTH ADVANTAGE.....	78

CHAMPUS/CHAMP-VA	93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	87
VA HEALTH CARE SERVICES.....	89
MEDI-CAL	52
MEDICARE.....	53
OTHER (SPECIFY: _____).....	85
REFUSED	-7
DON'T KNOW.....	-8

**POST-NOTE FOR QC15_K17:
ALL ANSWERS GO TO PROGRAMMING NOTE QC15_K19;
IF QC15_K17 = 93, 87, OR 89 THEN KARMILIT = 1**

QC15_K18 Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Does your spouse have this type of health insurance?

KAI4

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

YES	1	
NO.....	2	[GO TO PN QC15-K23]
REFUSED	-7	[GO TO PN QC15-K23]
DON'T KNOW.....	-8	[GO TO PN QC15-K23]

**POST-NOTE FOR QC15_K18:
IF QC15_K18 = 1, SET KARSUPP = 1**

**PROGRAMMING NOTE QC15_K19:
IF KARMADV = 1 (MEDICARE ADVANTAGE) CONTINUE WITH QC15_K19 AND DISPLAY “MediCARE Advantage plan”;
IF KARSUPP = 1 (HAS SUPPLEMENT) CONTINUE WITH QC15_K19 AND DISPLAY “MediCARE Supplement plan”;
ELSE GO TO PROGRAMMING NOTE QC15_K23**

QC15_K19 For the {MediCARE Advantage plan/MediCARE Supplement plan}, did your spouse sign up directly, or did your spouse get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

KAH126

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

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

QC15_K20

Does your spouse pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles your spouse or your family may have had to pay.

KAH53

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."

"A deductible is the amount you pay for medical care before your health plan starts paying."

"Premium is the monthly charge for the cost of your health insurance plan."]

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

QC15_K21

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?

KAH54

- YES 1
- NO 2 **[GO TO PN QC15-K23]**
- REFUSED -7 **[GO TO PN QC15-K23]**
- DON'T KNOW -8 **[GO TO PN QC15-K23]**

QC15_K22 Who is that?

KAH55

[IF NEEDED, SAY: "Who besides your spouse pays any portion of that cost for that plan, such as your employer, a union, or professional organization?"]
[CODE ALL THAT APPLY]
[PROBE: "Any others?"]

- ADULT RESPONDENT'S CURRENT EMPLOYER 1
- ADULT RESPONDENT'S FORMER EMPLOYER .. 2
- ADULT RESPONDENT'S UNION 3
- SKA'S CURRENT EMPLOYER..... 4
- SKA'S FORMER EMPLOYER..... 5
- PROFESSIONAL/FRATERNAL ORGANIZATION.. 6
- MEDICAID/MEDI-CAL ASSISTANCE..... 7
- OTHER..... 91
- REFUSED -7
- DON'T KNOW -8

POST-NOTE FOR QC15_K22:
IF QC15_K22 = 7, SET KARMCAL = 1;

PROGRAMMING NOTE QC15_K23:
IF KARMCAL = 1, DISPLAY "Is it correct that your spouse is";
ELSE DISPLAY "Is your spouse"

QC15_K23 {Is it correct that your spouse is/Is your spouse} covered by Medi-CAL?

KAI6

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

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

POST-NOTE FOR QC15_K23:
IF QC15_K23 = 1, SET KARMCAL = 1 AND SET KARINSUR = 1;
IF KARMCAL = 1 AND QC15_K23 = 2, SET KARMCAL = 0

PROGRAMMING NOTE QC15_K24:
IF KARSUPP = 1, DISPLAY “Besides the Medicare supplement plan you told me about, is” AND “any other”;
ELSE IF ARMADV = 1, DISPLAY “Besides the Medicare Advantage plan you told me about, is” AND “any other”;
ELSE DISPLAY “Is” AND “a”

QC15_K24 {Besides the Medicare supplement plan you told me about, is/Besides the Medicare Advantage plan you told me about, is/Is} your spouse covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

KAI8

[IF NEEDED, SAY: "...either through your spouse’s own or someone else’s employment?"]

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

POST-NOTE FOR QC15_K24:
IF QC15_K24 = 1, SET KAREMPOT = 1 AND SET KARINSUR = 1

PROGRAMMING NOTE QC15_K25:
IF KARINSUR ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH QC15_K25;
ELSE GO TO PROGRAMMING NOTE QC15_K27

QC15_K25 Is your spouse covered by a health insurance plan that your spouse purchased directly from an insurance company or HMO, or through Covered California?

KAI11

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

- YES 1
- NO 2 **[GO TO PN QC15-K27]**
- REFUSED -7 **[GO TO PN QC15-K27]**
- DON'T KNOW -8 **[GO TO PN QC15-K27]**

POST-NOTE FOR QC15_K25:
IF QC15_K25 = 1, SET KARDIREC = 1 AND SET KARINSUR = 1

**PROGRAMMING NOTE QC15_K26:
IF KARDIREC = 1, THEN CONTINUE WITH QC15_K26;
ELSE GO TO PROGRAMMING NOTE QC15_K27**

QC15_K26 How did your spouse purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

KAH104

- INSURANCE COMPANY OR HMO..... 1
- COVERED CALIFORNIA 2
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

**POST-NOTE FOR QC15_K26:
IF QC15_K26= 2, THEN SET KARHBEX = 1**

**PROGRAMMING NOTE FOR QC15_K27:
IF QC15_K24 = 1 (EMPLOYER-BASED COVERAGE) OR QC15_K25 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QC15_K27;
ELSE GO TO PROGRAMMING NOTE QC15_K35**

QC15_K27 Was this plan obtained in your spouse’s own name or in the name of someone else?

KAI9

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

- IN SPOUSE’S OWN NAME..... 1 **[GO TO PN QC15-K29]**
- IN SOMEONE ELSE'S NAME 2
- REFUSED -7 **[GO TO PN QC15-K29]**
- DON'T KNOW -8 **[GO TO PN QC15-K29]**

**POST-NOTE FOR QC15_K27:
IF QC15_K24 = 1 AND QC15_K29 = 1 SET KAREMPOW = 1 AND SET KARINSUR = 1 AND SET KAREMPOT = 0;
IF QC15_K24 = 1 AND QC15_K29 = 2, -7, OR -8 SET KAREMPOT = 1 AND SET KARINSUR = 1;
IF QC15_K25 = 1 AND QC15_K29 = 1 SET KARDIROW = 1 AND KARINSUR = 1;
IF QC15_K25 = 1 AND QC15_K29 = 2, -7, OR -8 SET KARDIROT = 1 AND KARINSUR = 1**

PROGRAMMING NOTE QC15_K28:
IF KAAGE < 26, DISPLAY “spouse’s parent’s name”;

QC15_K28 Is the plan in your own name {or} {your spouse’s parent’s name}?

KAI9A

- IN OWN NAME 1
- IN SPOUSE’S PARENT’S NAME 2
- IN SOMEONE ELSE’S NAME 3
- REFUSED -7
- DON’T KNOW -8

POST-NOTE FOR QC15_K28:
IF QC15_K24 = 1 AND QC15_K28 = 1 SET KAREMPSP = 1 AND KAREMPOT = 0 AND KARSAMES=1;
IF QC15_K26 = 1 AND QC15_K28 = 1 SET KAREMPSP = 1 AND KAREMPOT = 0 AND KARSAMES=1 AND KSPHBEX = 1;
IF QC15_K24 = 1 AND QC15_K28 = 2 SET KAREMPPA =1 AND KAREMPOT = 0;
IF QC15_K25 = 1 AND QC15_K28 = 1 SET KARDIRSP = 1 AND KARDIROT = 0 AND KARSAMES=1;
IF QC15_K25 = 1 AND QC15_K28 = 2 SET KARDIRPA = 1 AND KARDIROT = 0

PROGRAMMING NOTE QC15_K29:
IF QC15_K24 = 1 (EMPLOYER-BASED COVERAGE), CONTINUE WITH QC15_K29;
IF KAREMPOW = 1 THEN DISPLAY {you};
IF KAREMPSP = 1 OR KAREMPPA = 1 OR KAREMPOT = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE QC15_K30;

QC15_K29 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?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California.”]

KAH105

- EMPLOYER..... 1
- UNION..... 2
- SHOP / COVERED CALIFORNIA 3
- OTHER (SPECIFY: _____)..... 92
- REFUSED -7
- DON’T KNOW -8

POST-NOTE FOR QC15_K29:
IF QC15_K29 = 3, THEN SET KARHBEX = 1

PROGRAMMING NOTE QC15_K30
IF KARHBEX = 1, THEN CONTINUE WITH QC15_K30;
ELSE GO TO PROGRAMMING NOTE QC15_K32;

QC15_K30 Was this a bronze, silver, gold or platinum plan?

KAH106

- BRONZE..... 1
- SILVER..... 2
- GOLD 3
- PLATINUM 4
- MEDI-CAL / MEDICAID..... 5
- MINIMUM COVERAGE/CATASTROPHIC..... 6
- OTHER (SPECIFY:_____)..... 91
- REFUSED -7
- DON'T KNOW..... -8

PROGRAMMING NOTE QC15_K31:
IF QC15_K30 = 3, THEN GO TO QC15_K32;
ELSE CONTINUE WITH QC15_K31;

QC15_K31 Was there a subsidy or discount on the premium for this plan?

KAH107

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

PROGRAMMING NOTE QC15_32:
IF QC15_K24 = 1 (EMPLOYER-BASED COVERAGE) OR QC15_K25 = 1 (PURCHASED OWN
COVERAGE), CONTINUE WITH QC15_K32;
ELSE GO TO PROGRAMMING NOTE QC15_K35

QC15_K32 Does your spouse pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles your spouse or your family may have had to pay.

KAH57

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage."
"A deductible is the amount you pay for medical care before your health plan starts paying."
"Premium is the monthly charge for the cost of your health insurance plan."]

- YES 1
- NO..... 2 **[GO TO PN QC15-K34]**
- REFUSED -7
- DON'T KNOW..... -8

QC15_K33 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?

KAH58

- YES 1
- NO 2 **[GO TO PN QC15-K35]**
- REFUSED -7 **[GO TO PN QC15-K35]**
- DON'T KNOW -8 **[GO TO PN QC15-K35]**

PROGRAMMING NOTE QC15_K34:
IF QC15_K32 = 2 THEN DISPLAY “Who besides your spouse pays any portion of the cost for this plan, such as your spouse’s employer, a union, or professional organization”;
ELSE DISPLAY “Who is that”

QC15_K34 {Who besides your spouse pays any portion of the cost for this plan, such as your spouse’s employer, a union, or professional organization/Who is that}?

KAH56

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

- ADULT RESPONDENT’S CURRENT EMPLOYER 1
- ADULT RESPONDENT’S FORMER EMPLOYER .. 2
- ADULT RESPONDENT’S UNION 3
- SKA’S CURRENT EMPLOYER..... 4
- SKA’S FORMER EMPLOYER..... 5
- PROFESSIONAL/FRATERNAL ORGANIZATION.. 6
- MEDICAID/MEDI-CAL ASSISTANCE..... 7
- MEDICARE 9
- COVERED CALIFORNIA 11
- OTHER 91
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K34:
IF (QC15_K34_1 OR QC15_K34_2 OR QC15_K34_3) = 1, SET KAREMPOW = 1;
IF (QC15_K34_4 OR QC15_K34_5) = 1, SET KAREMPSP = 1;
IF QC15_K34_7 = 1, SET KARMCAL = 1 AND SET KARDIREC = 0;
IF QC15_K34_9 = 1, SET KARMCARE = 1 AND SET KARDIREC = 0;
IF QC15_K34_12 = 1, SET KARHBEX = 1

PROGRAMMING NOTE QC15_K35:
IF [QC15_K6 = 1 OR 2 (R WORKED LAST WEEK) OR QC15_K7 = 1 (R USUALLY WORKS)] AND
QC15_K9 ≠ 3 (NOT SELF-EMPLOYED) AND KAREMPOW ≠ 1 (NO EMPLOYER-BASED
COVERAGE), CONTINUE WITH QC15_K35;
ELSE GO TO PROGRAMMING NOTE QC15_K39

QC15_K35 Does your spouse’s employer offer health insurance to any of its employees?

KAI13

- YES 1
- NO 2 **[GO TO PN QC15-K39]**
- REFUSED -7 **[GO TO PN QC15-K39]**
- DON'T KNOW -8 **[GO TO PN QC15-K39]**

QC15_K36 Is {he/she/he or she} eligible to be in this plan?

KAI14

- YES 1
- NO 2 **[GO TO QC15_K38]**
- REFUSED -7 **[GO TO PN QC15-K39]**
- DON'T KNOW -8

QC15_K37 What is the one main reason why {he/she/he or she} isn't in this plan?

KAI15

- COVERED BY ANOTHER PLAN 1 **[GO TO PN QC15-K39]**
- TOO EXPENSIVE 2 **[GO TO PN QC15-K39]**
- DIDN'T LIKE PLAN OFFERED 3 **[GO TO PN QC15-K39]**
- DON'T NEED OR BELIEVE IN
HEALTH INSURANCE 4 **[GO TO PN QC15-K39]**
- OTHER (SPECIFY: _____) . 91 **[GO TO PN QC15-K39]**
- REFUSED -7 **[GO TO PN QC15-K39]**
- DON'T KNOW -8 **[GO TO PN QC15-K39]**

QC15_K38 What is the one main reason why {he/she/he or she} is not eligible for this plan?

KAI15A

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

PROGRAMMING NOTE QC15_K39:
IF KARINSUR ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QC15_K39; ELSE GO TO PN QC15_K40

QC15_K39 Is your spouse covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

KAI16

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

POST-NOTE QC15_K39:
IF QC15_K39 = 1, SET KARMILIT = 1 AND SET KARINSUR = 1

PROGRAMMING NOTE QC15_K40:
IF KARINSUR ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QC15_K40; ELSE GO TO PROGRAMMING NOTE QC15_K41

QC15_K40 Is your spouse covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, Healthy Kids, or something else?

KAI17

[IF NEEDED, SAY: "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; and Healthy Kids is program for children in your county."]

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

POST-NOTE QC15_K40:
IF QC15_K40 = 1, SET KAROTHGO = 1 AND SET KARINSUR = 1

PROGRAMMING NOTE QC15_K41:
IF KARINSUR ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QC15_K41; ELSE GO TO PROGRAMMING NOTE QC15_K45

QC15_K41 Does your spouse have any health insurance coverage through a plan that I missed?

KAI18

- YES 1
- NO..... 2 **[GO TO PN QC15-K45]**
- REFUSED -7 **[GO TO PN QC15-K45]**
- DON'T KNOW -8 **[GO TO PN QC15-K45]**

QC15_K42 What type of health insurance does your spouse have?

KAI19

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

- THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION 2
- PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) 3
- MEDICARE 4
- MEDI-CAL 5
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC..... 8
- COVERED CALIFORNIA 10
- SHOP THROUGH COVERED CALIFORNIA..... 11
- OTHER GOVERNMENT HEALTH PLAN 91
- OTHER NON-GOVERNMENT HEALTH PLAN 92
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K42:
IF QC15_K42_1 = 1, SET KAREMPOT = 1 AND SET KARINSUR = 1;
IF QC15_K42_2 = 1, SET KAREMPOT = 1 AND SET KARINSUR = 1;
IF QC15_K42_3 = 1, SET KARDIREC = 1 AND SET KARINSUR = 1;
IF QC15_K42_4 = 1, SET KARMCARE = 1 AND SET KARINSUR = 1;
IF QC15_K42_5 = 1, SET KARMCAL = 1 AND SET KARINSUR = 1;
IF QC15_K42_7 = 1, SET KARMILIT = 1 AND SET KARINSUR = 1;
IF QC15_K42_8 = 1, SET KARIHS = 1;
IF QC15_K42_10 = 1, SET KAROTHER = 1 AND SET KARINSUR = 1;
IF QC15_K42_12 = 1, SET KARHBEX = 1 AND KARINSUR = 1;
IF QC15_K42_13 = 1, SET KARHBEX = 1 AND KARINSUR = 1;
IF QC15_K42_1 = -7 OR -8, SET KAROTHER = 1 AND SET KARINSUR = 1

PROGRAMMING NOTE QC15_K43:
IF QC15_K42 = 1, 2, OR 3 CONTINUE WITH QC15_K43;
ELSE GO TO PROGRAMMING NOTE QC15_K45

QC15_K43 Was this plan obtained in your spouse’s name or in the name of someone else?

KAH59

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

IN SPOUSE’S OWN NAME.....	1	[GO TO PN QC15-K45]
IN SOMEONE ELSE’S NAME	2	
REFUSED	-7	[GO TO PN QC15-K45]
DON’T KNOW	-8	[GO TO PN QC15-K45]

POST-NOTE QC15_K43:
IF (QC15_K42_1 = 1 OR QC15_K42_2 = 1) AND QC15_K43 = 1, SET KAREMPOW = 1, KAREMPOT = 0, AND KARINSUR = 1;
IF QC15_K42_3 = 1 AND QC15_K43 = 1, SET KARDIROW = 1, KARDIROT = 0, AND KARINSUR = 1;
IF (QC15_K42_1 = 1 OR QC15_K42_2 = 1) AND (QC15_K43 = 2, -7, -8), SET KAREMPOT = 1, KAREMPOW = 0, AND KARINSUR = 1;
IF QC15_K42_3 = 1 AND (QC15_K43 = 2, -7, -8), SET KARDIROT = 1, KARDIROW = 0, AND KARINSOW = 1

PROGRAMMING NOTE QC15_K44:
IF KAAGE < 25, THEN DISPLAY “spouse’s parent’s name”;

QC15_K44 Is the plan in your own name {or} {your spouse’s parent’s name}?

KAH60

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

POST-NOTE QC15_K44:
IF QC15_K44 = 1, SET KAREMPSP = 1 AND SET KAREMPOT = 0;
IF QC15_K44 = 2, SET KAREMPPA = 1 AND SET KAREMPOT = 0

QC15_K45 These next questions are about the type of health insurance you may have.

KAI37intro

PROGRAMMING NOTE QC15_K46:
IF ARMCARE = 1, CONTINUE WITH QC15_K49 AND DISPLAY “You said that your spouse is covered by Medicare.” AND “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K49

QC15_K46 {You said that your spouse is covered by Medicare.} Are you {also} covered by Medicare?

KAI37

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

POST-NOTE QC15_K46:
IF QC15_K46 = 1, SET KSPMCARE = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K47:
IF KSPMCARE = 1 AND KARMADV ≠ 1, CONTINUE WITH QC15_K47 WITHOUT DISPLAY;
ELSE IF KSPMCARE = 1 AND ARMADV = 1, CONTINUE WITH QC15_K47 AND DISPLAY “You said that yoursouse has a Medicare Advantage plan.” AND “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K48

QC15_K47 {You said that your spouse has a Medicare Advantage plan.} Do you {also} have a Medicare Advantage plan?

KAH127

[IF NEEDED, SAY: “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.”]

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

POST-NOTE QC15_K47:
IF QC15_K47 = 1, THEN SET KSPMHMO = 1 AND SET SKPINSUR = 1

PROGRAMMING NOTE QC15_K48:
IF KSPMADV = 1, THEN SKIP TO PROGRAMMING NOTE QC15_K49;
ELSE IF KSPMCARE = 1, CONTINUE WITH QC15_K48 WITHOUT DISPLAY;
IF KARSUPP = 1, CONTINUE WITH QC15_K48 AND DISPLAY “You said that your spouse has a Medicare Supplement plan.” AND “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K49

QC15_K48 {You said that your spouse has a Medicare Supplement plan.} Do you have a Medicare supplement plan?

KAI37A

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

POST-NOTE QC15_K48:
IF QC15_K48 = 1, THEN SET KSPSUPP = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K49:
IF KARMCAL = 1, CONTINUE WITH QC15_K49 WITHOUT DISPLAY;
IF KARMCARE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K50

QC15_K49 You said your spouse {also} has Medi-Cal. Are you also covered by Medi-Cal?

KAI38

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

POST-NOTE QC15_K49:
IF QC15_K49 = 1, SET KSPMCAL = 1 AND SET KSPINSURE = 1

PROGRAMMING NOTE QC15_K50:
IF KAREMPOW = 1 AND KARHBEX ≠ 1, CONTINUE WITH QC15_K50;
IF KARMCARE = 1 OR KARMCAL = 1 OR KARHFAM = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K52

QC15_K50 You said your spouse {also} has insurance from YOUR SPOUSE’S current or former employer or union. Are you also covered by the insurance from YOUR SPOUSE’S employer or union?

KAI40

- YES 1 **[GO TO PN QC15-K53]**
- NO 2
- OTHER 3
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K50:
IF QC15_K50 = 1, SET KSPEMPSP = 1 AND SET KSPINSUR = 1 AND KARSAMES=1;
PROGRAMMING NOTE QC15_K51:
IF KARHBEX = 1 AND (KAREMPOW = 1 OR KAREMPOT = 1 OR KAREMPSP = 1), THEN CONTINUE WITH QC15_K51;
IF KARMCARE = 1 OR KARMCAL = 1 OR KARHFAM = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K52

QC15_K51 You said you have health insurance through Covered California’s SHOP program. Is your (SPOUSE/PARTNER) {also} covered by this health insurance?

KAH108

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California.”]

- YES 1 **[GO TO PN QC15-K53]**
- NO 2
- OTHER 3
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K51:
IF QC15_K51 = 1, SET KSPEMPSP = 1 AND SET KSPINSUR = 1 AND KARSAMES=1 AND KSPHBEX = 1;

PROGRAMMING NOTE QC15_K52:
IF QC15_K1 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QC15_K2 = 1 (USUALLY WORKS),
CONTINUE WITH QC15_K52;
IF AREMPSP = 1 DISPLAY “You said your spouse has insurance from your employer or union.”;
IF SPINSURE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K53

QC15_K52 {You said your spouse has insurance from your employer or union.} Do you {also} have coverage through your OWN employer?

KAI40A

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

POST-NOTE QC15_K52:
IF QC15_K52 = 1, SET KSPEMPOW = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K53:
IF KARDIREC = 1 AND KARHBEX ≠ 1, CONTINUE WITH QC15_K53;
IF KARMCARE = 1 OR KARMCAL = 1 OR KAREMPOW = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K54

QC15_K53 You said your spouse {also} has a plan your spouse purchased directly from the insurer. Are you also covered by this plan?

KAI41

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

POST-NOTE QC15_K53:
IF QC15_K53 = 1, SET KSPDIREC = 1 AND SET KSPINSUR = 1 AND KARSAMES=1;

PROGRAMMING NOTE QC15_K54:
IF KARDIREC =1 AND KARHBEX = 1, CONTINUE WITH QC15_K54;
IF KARMCARE = 1 OR KARMCAL = 1 OR KARHFAM = 1 OR KAREMPOW = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K55

QC15_K54 You said you have a plan you purchased directly from Covered California. Is your (SPOUSE/PARTNER) {also} covered by this plan?

KAH109

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

POST-NOTE QC15_K54:
IF QC15_K54 = 1, SET KSPDIREC = 1 AND SET KSPINSUR = 1 AND KARSAMES=1 AND KSPHBEX = 1;

PROGRAMMING NOTE QC15_K55:
IF KARMILIT = 1, CONTINUE WITH QC15_K55;
IF KARMCARE = 1 OR KARMCAL = 1 OR KARDIRECT = 1 OR KAREMPOW = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K56

QC15_K55 You said your spouse {also} has health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Are you also covered by this plan?

KAI42

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

POST-NOTE QC15_K54:
IF QC15_K54 = 1, SET KSPMILIT = 1 AND SET KSPINSURE = 1 AND KARSAMES=1;

PROGRAMMING NOTE QC15_K56:
IF KAROTHGO = 1, CONTINUE WITH QC15_K56;
IF QC15_K40 = 1, THEN DISPLAY “AIM”;
IF QC15_K40 = 2, THEN DISPLAY “MRMIP”;
IF QC15_K40 = 3, THEN DISPLAY “Family PACT”;
IF QC15_K40 = 91, THEN DISPLAY “some government health plan”;
IF KARMCARE = 1 OR KARMCAL = 1 OR KARDIREC = 1 OR KAREMPOW = 1 OR KARMILIT = 1,
DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QC15_K57

QC15_K56 You said your spouse {also} has health insurance through {AIM/MRMIP/Family PACT/PCIP/some government health plan}. Are you also covered by this plan?

KAI42A

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

POST-NOTE QC15_K56:
IF QC15_K56 = 1, SET KSPOTHGO = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K57:
IF KSPINSUR ≠ 1, DISPLAY “any”;
ELSE DISPLAY “through any other source”

QC15_K57 Do you have {any} health insurance coverage {through any other source}?

KAI46

YES 1
 NO..... 2 **[GO TO PN QC15-K59]**
 REFUSED -7 **[GO TO QC15_K59]**
 DON'T KNOW -8 **[GO TO QC15_K59]**

QC15_K58 What type of health insurance do you have?

KAI47

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

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

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

- THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION 2
- PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) 3
- MEDICARE 4
- MEDI-CAL 5
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC..... 8
- COVERED CALIFORNIA 10
- SHOP THROUGH COVERED CALIFORNIA..... 11
- OTHER GOVERNMENT HEALTH PLAN 91
- OTHER NON-GOVERNMENT HEALTH PLAN 92
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K58:

IF QC15_K58_1 = 1, SET KSPEMPOT = 1 AND SET KSPINSUR = 1;
 IF QC15_K58_2 = 1, SET KSPEMPOT = 1 AND SET KSPINSUR = 1;
 IF QC15_K58_3 = 1, SET KSPDIREC = 1 AND SET KSPINSUR = 1;
 IF QC15_K58_4 = 1, SET KSPMCARE = 1 AND SET KSPINSUR = 1;
 IF QC15_K58_5 = 1, SET KSPMCAL = 1 AND SET KSPINSUR = 1;
 IF QC15_K58_7 = 1, SET KSPMILIT = 1 AND SET KSPINSUR = 1;
 IF QC15_K58_8 = 1, SET KSPIHS = 1;
 IF QC15_K58_10 = 1, SET KSPOTHER = 1 AND SET KSPINSUR = 1;
 IF QC15_K58_12 = 1, SET KSPHBEX = 1 AND KSPINSUR = 1;
 IF QC15_K58_13 = 1, SET KSPHBEX = 1 AND KSPINSUR = 1;
 IF QC15_K58_1 = -7 OR -8, SET KSPOTHER = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K59:
IF KSPINSUR ≠ 1, CONTINUE WITH QC15_K59;
ELSE IF KSPINSUR = 1 AND (KSPEMPOT = 1 OR KSPDIREC = 1), THEN SKIP TO PROGRAMMING
NOTE QC15_K61;
ELSE GO TO PROGRAMMING NOTE QC15_K67

QC15_K59 You said you have NO health insurance from any source. Is this correct?

KAI48

- YES 1 **[GO TO PN QC15-K63]**
- NO..... 2
- REFUSED-7 **[GO TO PN QC15-K63]**
- DON'T KNOW.....-8 **[GO TO PN QC15-K63]**

QC15_K60 What type of health insurance do you have?

KAI49

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

- THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION..... 2
- PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) 3
- MEDICARE 4
- MEDI-CAL..... 5
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE..... 7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC 8
- COVERED CALIFORNIA 10
- SHOP THROUGH COVERED CALIFORNIA 11
- OTHER GOVERNMENT HEALTH PLAN..... 91
- OTHER NON-GOVERNMENT HEALTH PLAN..... 92
- REFUSED.....-7
- DON'T KNOW-8

POST-NOTE QC15_K60:
IF QC15_K60_1 = 1, SET KSPEMPOT = 1 AND SET KSPINSUR = 1;
IF QC15_K60_2 = 1, SET KSPEMPOT = 1 AND SET KSPINSUR = 1;
IF QC15_K60_3 = 1, SET KSPDIREC = 1 AND SET KSPINSUR = 1;
IF QC15_K60_4 = 1, SET KSPMCARE = 1 AND SET KSPINSUR = 1;
IF QC15_K60_5 = 1, SET KSPMCAL = 1 AND SET KSPINSUR = 1;
IF QC15_K60_7 = 1, SET KSPMILIT = 1 AND SET KSPINSUR = 1;
IF QC15_K60_8 = 1, SET KSPIHS = 1;
IF QC15_K60_10 = 1, SET KSPOTHER = 1 AND SET KSPINSUR = 1;
IF QC15_K60_12 = 1, SET KSPHBEX = 1 AND KSPINSUR = 1;
IF QC15_K60_13 = 1, SET KSPHBEX = 1 AND KSPINSUR = 1;
IF QC15_K60_1 = -7 OR -8, SET KSPOTHER = 1 AND SET KSPINSUR = 1

PROGRAMMING NOTE QC15_K61:
IF QC15_K58 = (1, 2, 3, 10, 11) OR QC15_K63 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QC15_K61;
ELSE SKIP TO PROGRAMMING NOTE QC15_K63

QC15_K61 Was this plan obtained in your name or in the name of someone else?

KAH62

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

IN SKA'S NAME.....	1	[GO TO PN QC15-K63]
IN SOMEONE ELSE'S NAME	2	
REFUSED	-7	[GO TO PN QC15-K63]
DON'T KNOW	-8	[GO TO PN QC15-K63]

POST-NOTE QC15_K61:
IF QC15_K61 = 1 (SKA'S NAME) AND [QC15_K58_1 = 1 OR QC15_K58_2 = 1 OR QC15_K58_3 = 1
OR QC15_K60_1 = 1 OR QC15_K60_2 = 1 OR QC15_K60_3 = 1], SET KSPPEMPOW = 1 AND
KSPPEMPOT = 0;
ELSE IF QC15_K61 = 1 AND [QC15_K58_12 = 1 OR QC15_K58_13 = 1 OR QC15_K60_12 = 1 OR
QC15_K60_13 = 1], SET KSPHBEX = 1

QC15_K62 Is the plan in your spouse's or your spouse's parent's, or someone else's name?

KAH63

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

POST-NOTE QC15_K62:
IF QC15_K62 = 1 (ADULT RESPONDENT'S NAME) AND [QC15_K58_1 = 1 OR QC15_K58_2 = 1 OR
QC15_K58_3 = 1 OR QC15_K60_1 = 1 OR QC15_K60_2 = 1 OR QC15_K60_3 = 1], SET KSPPEMPAR
= 1 AND KSPPEMPOT = 0 AND KARSAMES = 1;
IF QC15_K62 = 1 AND [QC15_K58_12 = 1 OR QC15_K58_13 = 1 OR QC15_K60_12 = 1 OR
QC15_K60_13 = 1], SET KSPHBEX = 1 AND
KARSAMES = 1;
IF QC15_K62 = 2 (ADULT RESPONDENT'S PARENT'S NAME), SET KSPARPAR = 1 AND SET
KSPPEMPOT = 0

PROGRAMMING NOTE QC15_K63:
IF KSPPEMPOW = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QC15_K67;
ELSE IF [QC15_K1 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QC15_K2 = 1 (USUALLY WORKS)] AND QC15_K4 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QC15_K63;
ELSE GO TO PROGRAMMING NOTE QC15_K67

QC15_K63 Does your employer offer health insurance to any of its employees?

KAI43

- YES 1
- NO 2 [GO TO PN QC15-K67]
- REFUSED -7 [GO TO PN QC15-K67]
- DON'T KNOW -8 [GO TO PN QC15-K67]

QC15_K64 Are you eligible to be in this plan?

KAI44

- YES 1
- NO 2 [GO TO QC15_K66]
- REFUSED -7 [GO TO PN QC15-K67]
- DON'T KNOW -8 [GO TO PN QC15-K67]

QC15_K65 What is the one main reason why you aren't on this plan?

KAI45

- COVERED BY ANOTHER PLAN 1 [GO TO PN QC15-K67]
- TOO EXPENSIVE 2 [GO TO PN QC15-K67]
- DOESN'T LIKE PLAN OFFERED 3 [GO TO PN QC15-K67]
- DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE 4 [GO TO PN QC15-K67]
- OTHER (SPECIFY: _____) 91 [GO TO PN QC15-K67]
- REFUSED -7 [GO TO PN QC15-K67]
- DON'T KNOW -8 [GO TO PN QC15-K67]

QC15_K66 What is the ONE main reason why you are not eligible for this plan?

KAI45A

- HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED 1
- CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN 2
- DOESN'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR 3
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K67:

IF KARMCARE = 1 (R HAS MEDICARE) AND (KAREMPOW ≠ 1 OR KAREMPOTH ≠ 1 OR KARDIRECT ≠ 1 OR KARMCAL ≠ 1 OR KARMILIT ≠ 1 OR KARIHS ≠ 1 OR KARHBEX ≠ 1 OR KAROTHGO ≠ 1 OR KAROTHER ≠ 1), THEN SKIP TO PN QC15_K70;

IF KARMCARE = 1 (R HAS MEDICARE) AND (KAREMPOW = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCARE = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), CONTINUE WITH QC15_K67 AND DISPLAY “Besides your spouse’s MediCARE plan you told me about earlier, I have some questions about your spouse’s other health coverage.” AND “other”;

IF (KAREMPOW = 1 OR KAREMPOTH = 1 OR KARDIRECT = 1 OR KARMCARE = 1 OR KARMCAL = 1 OR KARMILIT = 1 OR KARIHS = 1 OR KARHBEX = 1 OR KAROTHGO = 1 OR KAROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), CONTINUE WITH QC15_K67 AND DISPLAY “Next, I have some questions about your spouse’s main health plan.”;

IF KARMCAL = 1 DISPLAY “Medi-Cal”;
ELSE GO TO QC15_K77

QC15_K67 {Besides your spouse’s MediCARE plan you told me about earlier, I have some questions about your spouse’s **other** health coverage./Next, I have some questions about **your spouse’s** main health plan.}

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

KAI22C

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

YES	1	[GO TO QC15_K69]
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QC15_K68:
IF KARMCAL = 1 (R HAS MEDI-CAL), GO TO QC15_K69;
ELSE CONTINUE WITH QC15_K68;

QC15_K68 Is your spouse’s health plan a PPO or EPO?

KAH122

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it’s an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: “PPO stand 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.]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your spouse’s MAIN health plan.”]

- PPO..... 1
- EPO..... 2
- OTHER (SPECIFY:_____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K69:
IF KARINSUR = 1 AND KARMCARE ≠ 1, THEN CONTINUE WITH QC15_K69 AND DISPLAY “your spouse’s main”;
IF KARINSUR = 1 AND KARMCARE = 1, THEN CONTINUE WITH QC15_K69 AND DISPLAY “this”

QC15_K69 What is the name of {your spouse’s main/this} health plan?

KAI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Does your spouse have an insurance card or something else with the plan name on it?”]

[NOTE: IF SPOUSE HAS MORE THAN ONE HEALTH PLAN, SAY: “Your spouse’s MAIN health plan”.]

- ACCESS SENIOR HEALTHCARE 1
- AETNA 2
- AETNA GOLDEN MEDICARE 3
- AIDS HEALTHCARE FOUNDATION, LA..... 4
- ALAMEDA ALLIANCE FOR HEALTH 5
- ALTAMED HEALTH SERVICES 83
- ANTHEM BLUE CROSSOF CALIFORNIA 7
- ASPIRE HEALTH PLAN 8
- BLUE CROSS CALIFORNIACARE 9
- BLUE CROSS SENIOR SECURE 79
- BLUE SHIELD 65 PLUS 11
- BLUE SHIELD OF CALIFORNIA..... 12
- BRAND NEW DAY (UNIVERSAL CARE) 13
- CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
- CALIFORNIAKIDS (CALKIDS) 15
- CAL OPTIMA (CALOPTIMA ONE CARE)..... 16
- CALVIVA HEALTH..... 17

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CAREMORE HEALTH PLAN	19
CENTER FOR ELDERS' INDEPENDENCE	21
CEN CAL HEALTH	80
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UNITED HEALTHCARE SECURE HORIZON	74
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VALLEY HEALTH PLAN	76
VENTURA COUNTY HEALTH CARE PLAN	77
WESTERN HEALTH ADVANTAGE.....	78
CHAMPUS/CHAMP-VA	93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	87
VA HEALTH CARE SERVICES.....	89
MEDI-CAL	52
MEDICARE.....	53
OTHER (SPECIFY: _____).....	85
REFUSED	-7
DON'T KNOW.....	-8

POST NOTE QC15_K69:
IF QC15_K69 = 93, 87, OR 89 THEN SET KARMILIT=1

PROGRAMMING NOTE QC15_K70:
IF KARMCARE = 1 (R HAS MEDI-CARE) AND (KAREMPOTH ≠ 1 OR KARDIRECT ≠ 1 OR KARMCAL ≠ 1 OR KARMILIT ≠ 1 OR KARIHS ≠ 1 OR KARHBEX ≠ 1 OR KAROTHGO ≠ 1 OR KAROTHER ≠ 1) AND, DISPLAY “Next I have some questions about your spouse’s main health plan.”

QC15_K70 {Next, I have some questions about **your spouse’s** main health plan.} Is your spouse covered for {his/her/his or her} prescription drugs? That is, does some plan pay any part of the cost?

KAI25

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

PROGRAMMING NOTE QC15_K71:
IF KAREMPOW = 1 OR KAREMPSP = 1 OR KAREMPPA = 1 OR KARDIREC = 1 OR KAREMPOT = 1 THEN CONTINUE WITH QC15_K71; ELSE GO TO QC15_K76

QC15_K71 Does your spouse’s health plan have a deductible that is more than \$1,000?

KAH71

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

YES	1	
NO.....	2	[GO TO QC15_K73]
YES, ONLY WHEN HE OR SHE GOES OUT OF NETWORK	3	[GO TO QC15_K73]
REFUSED	-7	
DON'T KNOW.....	-8	

PROGRAMMING NOTE QC15_K72:
IF KAREMPOW = 1 OR KAREMPSP = 1 OR KAREMPPA = 1 OR KAREMPOT = 1, THEN CONTINUE WITH QC15_K72;
ELSE GO TO QC15_K73

QC15_K72 Does your spouse’s health plan have a deductible that is more than \$2,000?

KAH96

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

- YES 1 **[GO TO PQC15_K74]**
- NO 2
- YES, ONLY WHEN HE OR SHE GOES OUT OF NETWORK 3
- REFUSED -7
- DON'T KNOW -8

QC15_K73 Does your spouse’s health plan have a deductible for all covered persons that is more than \$2,000?

KAH72

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

- YES 1
- NO 2 **[GO TO PQC15_K75]**
- YES, ONLY WHEN HE OR SHE GOES OUT OF NETWORK 3 **[GO TO PQC15_K75]**
- REFUSED -7 **[GO TO PQC15_K75]**
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K74:
IF KAREMPOW = 1 OR KAREMPSP = 1 OR KAREMPPA = 1 OR KAREMPOT = 1, THEN CONTINUE WITH QC15_K74;
ELSE GO TO PROGRAMMING NOTE QC15_K75

QC15_K74 Does your spouse’s health plan have a deductible for all covered persons that is more than \$4,000?

KAH97

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

- YES 1
- NO 2
- YES, ONLY WHEN I GO OUT OF NETWORK 3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K75:
IF KARINSUR ≠ 1 (CURRENTLY UNINSURED) OR KARMCAL = 1 (CURRENTLY HAS MEDICAL) OR KARMCARE = 1 (CURRENTLY HAS MEDICARE) OR KAROTHGO = 1 (CURRENTLY HAS OTHER GOVT COVERAGE LIKE AIM, MRMIP, PCIP), SKIP TO QC15_K76; ELSE CONTINUE WITH QC15_K75

QC15_K75 Do your spouse have a special account or fund {he/she} can use to pay for medical expenses?

KAH73

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

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

QC15_K76 Thinking about your spouse's current health insurance, did your spouse have this same insurance for all 12 of the past 12 months?

KAI31

- YES 1 **[GO TO QC15_K89]**
- NO 2
- REFUSED -7 **[GO TO QC15_K79]**
- DON'T KNOW -8

QC15_K77 During the past 12 months, when your spouse was not covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?

KAI32

- YES 1
- NO 2 **[GO TO QC15_K80]**
- REFUSED -7 **[GO TO QC15_K79]**
- DON'T KNOW -8 **[GO TO QC15_K79]**

QC15_K78 Was your spouse's other health insurance Medi-CAL, a plan {he/she/he or she} obtained through an employer, a plan you purchased directly from an insurance company, a plan {he/she/he or she} purchased through Covered California, or some other plan?

**MODIFIED
KAI33**

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

- MEDI-CAL 1
- THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 3
- PURCHASED DIRECTLY 5
- COVERED CALIFORNIA 6
- OTHER HEALTH PLAN 91
- REFUSED -7
- DON'T KNOW -8

QC15_K79 During the past 12 months, was there any time when your spouse had no health insurance at all?

KAI34

- YES 1
- NO 2 **[GO TO PN QC15-K89]**
- REFUSED -7 **[GO TO PN QC15-K89]**
- DON'T KNOW -8 **[GO TO PN QC15-K89]**

QC15_K80 For how many months of the past 12 months did your spouse had no health insurance at all?

KAI35

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

- _____ NUMBER OF MONTHS [HR: 0-11] **[IF 0 GO TO PN QC15-K89]**
- REFUSED -7 **[GO TO PN QC15-K89]**
- DON'T KNOW -8 **[GO TO PN QC15-K89]**

QC15_K81 What is the one main reason why your spouse did not have any health insurance during those months?

KAI36

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

QC15_K82 During the time that your spouse was uninsured, did {he or she} try to find health insurance on {his or her} own?

KAH74

- YES 1 **[GO TO PN QC15-K89]**
- NO 2 **[GO TO PN QC15-K89]**
- REFUSED -7 **[GO TO PN QC15-K89]**
- DON'T KNOW -8 **[GO TO PN QC15-K89]**

QC15_K83 What is the one main reason why your spouse does not have any health insurance?

KAI24

[IF R SAYS NO NEED, PROBE WHY]

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

QC15_K84 During the time that your spouse has been uninsured, has {he or she} tried to find health insurance on {his or her} own?

KAH75

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

QC15_K85 Was your spouse covered by health insurance at any time during the past 12 months?

KAI27

- YES 1 **[GO TO QC15_K91]**
- NO..... 2
- REFUSED -7
- DON'T KNOW -8

QC15_K86 How long has it been since your spouse last had health insurance?

KAI28

- MORE THAN 12 MONTHS AGO, BUT NOT
MORE THAN 3 YEARS AGO 1 **[GO TO PN QC15-K89]**
- MORE THAN 3 YEARS AGO 2 **[GO TO PN QC15-K89]**
- NEVER HAD HEALTH INSURANCE..... 3 **[GO TO PN QC15-K89]**
- REFUSED -7 **[GO TO PN QC15-K89]**
- DON'T KNOW -8 **[GO TO PN QC15-K89]**

QC15_K87 For how many months out of the last 12 months did your spouse have health insurance?

KAI29

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QC15_K89]**

REFUSED -7
 DON'T KNOW -8

QC15_K88 During that time when your spouse had health insurance, was {his/her/his or her} insurance Medi-CAL, a plan {he/she/he or she} obtained from an employer, a plan {he/she/he or she} purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

KAI30

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

MEDI-CAL 1
 THROUGH CURRENT OR FORMER
 EMPLOYER OR UNION 3
 PURCHASED DIRECTLY 5
 COVERED CALIFORNIA 6
 OTHER HEALTH PLAN 91
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QC15_K89:
IF KARINSUR ≠ 1 OR QC15_K77 = 2 OR KARDIREC = 1 OR QC15_K78 = (5, 6) OR QC15_K88 = (5, 6) OR KARHBEX =1 OR KSPHBEX = 1; THEN CONTINUE WITH QC15_K89;
ELSE GO TO PROGRAMMING NOTE QC15_K106

QC15_K89 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?

KAH103h

YES 1
 NO 2 **[GO TO PQC15_K106]**
 REFUSED -7 **[GO TO PQC15_K106]**
 DON'T KNOW -8 **[GO TO PQC15_K106]**

QC15_K90 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

KAH110h

DIRECTLY FROM AN INSURANCE COMPANY
 OR HMO, OR 1
 THROUGH COVERED CALIFORNIA, OR 2
 BOTH, FROM AN INSURANCE COMPANY AND
 THROUGH COVERED CALIFORNIA 3
 REFUSED -7 **[GO TO PQC15_K93]**
 DON'T KNOW -8 **[GO TO PQC15_K93]**

PROGRAMMING NOTE QC15_K91:
IF QC15_K90 = 1; THEN CONTINUE WITH QC15_K91;
IF QC15_K90 = 3; THEN CONTINUE WITH QC15_K91 AND DISPLAY “First, think about your experience trying to purchase insurance directly from an insurance company or HMO.”
ELSE GO TO PROGRAMMING NOTE QC15_K95;

QC15_K91 {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

How difficult was it to find a plan with the coverage you needed? Was it...

KAH98h

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

QC15_K92 How difficult was it to find a plan you could afford? Was it...

KAH99h

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

QC15_K93 Did anyone help you find a health plan?

KAH100h

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

[GO TO PQC15_K95]
 [GO TO PQC15_K95]
 [GO TO PQC15_K95]

QC15_K94 Who helped you?

KAH101h

- BROKER 1
- FAMILY MEMBER/FRIEND 2
- INTERNET 3
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K95:
IF QC15_K90 = 2; THEN CONTINUE WITH QC15_K95;
IF QC15_K90 = 3; THEN CONTINUE WITH QC15_K95 AND DISPLAY “Now, think about your experience with Covered California.”
ELSE GO TO PROGRAMMING NOTE QC15_K99;

QC15_K95 {Now, think about your experience with Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

KAH111h

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

QC15_K96 How difficult was it to find a plan you could afford? Was it...

KAH112h

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

QC15_K97 Did anyone help you find a health plan?

KAH113h

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

[GO TO QC15_K99]
[GO TO QC15_K99]
[GO TO QC15_K99]

QC15_K98 Who helped you?

KAH114h

- BROKER 1
- FAMILY MEMBER / FRIEND 2
- INTERNET 3
- CERTIFIED ENROLLMENT COUNSELOR 4
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

QC15_K99 Did you have all the information you felt you needed to make a good decision on a health plan?

KAH115h

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

PROGRAMMING NOTE QC15_K100:
IF QC15_H23 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QC15_K100;
ELSE GO TO QC15_K101;

QC15_K100 Were you able to get information about your health plan options in your language?

KAH116h

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

QC15_K101 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

KAH117h

- VERY IMPORTANT 1
- SOMEWHAT IMPORTANT 2
- NOT IMPORTANT 3
- REFUSED -7
- DON'T KNOW -8

QC15_K102 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

KAH118h

- VERY IMPORTANT 1
- SOMEWHAT IMPORTANT 2
- NOT IMPORTANT 3
- REFUSED -7
- DON'T KNOW -8

QC15_K103 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

KAH119h

- VERY IMPORTANT 1
- SOMEWHAT IMPORTANT 2
- NOT IMPORTANT 3
- REFUSED -7
- DON'T KNOW -8

QC15_K104 Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?

KAH120h

- VERY IMPORTANT 1
- SOMEWHAT IMPORTANT 2
- NOT IMPORTANT 3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K105:
IF QC15_K31 = 1 THEN DISPLAY “Bronze”
ELSE IF QC15_K30 = 2 THEN DISPLAY “Silver”
ELSE IF QC15_K30 = 3 THEN DISPLAY “Gold”
ELSE IF QC15_K30 = 4 THEN DISPLAY “Platinum”
ELSE IF QC15_K30 = 6 THEN DISPLAY “Minimum Coverage”
ELSE DISPLAY “ “;

QC15_K105 Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum Coverage} plan? 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?

KAH121h

- COST 1
- SPECIFIC DOCTOR 2
- SPECIFIC HOSPITAL 3
- CHOICE OF DOCTORS IN NETWORK 4
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

QC15_K106 During the past 12 months, was your spouse a patient in a hospital overnight or longer?

KAH14

- YES 1
- NO 2 **[GO TO PN QC15-K108]**
- REFUSED -7 **[GO TO PN QC15-K108]**
- DON'T KNOW -8 **[GO TO PN QC15-K108]**

PROGRAMMING NOTE QC15_K107:
IF KARINSUR ≠ 1 OR QC15_K80 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QC15_K107;
ELSE GO TO PROGRAMMING NOTE QC15_K108

QC15_K107 Was any of that hospital care paid for by Medi-Cal?

KAH76

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

PROGRAMMING NOTE FOR QC15_K108:
IF [KARINSUR ≠ 1 OR QC15_K80 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND SELECTED ADULT = FEMALE OR SC14A = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QC15_K108; ELSE SKIP TO PROGRAMMING NOTE QC15_K111

QC15_K108 During the last 12 months, did your spouse get prenatal care that she didn't have to pay for?

KAH77

- YES 1
- NO 2 [GO TO PN QC15_K111]
- REFUSED -7 [GO TO PN QC15_K111]
- DON'T KNOW -8 [GO TO PN QC15_K111]

QC15_K109 Was it paid for by Medi-Cal?

KAH78

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

PROGRAMMING NOTE QC15_K110:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QC15_K148 TO ASK ABOUT SELECTED ADOLESCENT; ELSE CONTINUE WITH QC15_K110

QC15_K110 These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same insurance as your spouse?

KCF10A

- YES 1 [GO TO QC15_K130]
- NO 2
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K110:
IF QC15_K110 = 1 AND KARIHS = 1, SET KCHIHS = 1;
IF QC15_K110 = 1 AND KARMCARE = 1, SET KCHMCARE = 1 AND KCHINSUR = 1 AND KARSAMEC = 1;
ELSE IF QC15_K110 = 1, SET KCHINSUR = 1 AND KARSAMEC = 1 AND
IF KARMCAL = 1, SET KCHMCAL = 1;
IF KAREMPOW = 1, SET KCHEMP = 1;
IF KAREMPSP = 1, SET KCHEMP = 1;
IF KAREMPPA = 1, SET KCHEMP = 1;
IF KAREMPOT = 1, SET KCHEMP = 1;
IF KARDIREC = 1, SET KCHDIREC = 1;
IF KARMILIT = 1, SET KCHMILIT = 1;
IF KAROTHGO = 1, SET KCHOTHGO = 1;
IF KAROTHER = 1, SET KCHOTHER = 1;
IF KARHBEX = 1, SET KCHHBEX = 1

PROGRAMMING NOTE QC15_K111:
IF KSPINSUR ≠ 1, THEN SKIP TO QC15_K112;
ELSE IF QC15_K110 = 2 AND KARSAMES = 1, THEN SKIP TO QC15_K112;
ELSE CONTINUE WITH QC15_K111

QC15_K111 Does (CHILD) have the same insurance as you?

KMA1

YES 1 **[GO TO QC15_K130]**
 NO..... 2
 REFUSED-7
 DON'T KNOW.....-8

POST-NOTE QC15_K111:
IF QC15_K111 = 1 AND KSPIHS = 1, SET KCHIHS = 1;
IF QC15_K111 = 1 AND KSPMCARE = 1, SET KCHMCARE = 1 AND KCHINSUR = 1 AND
KSPSAMEC = 1;
ELSE IF QC15_K111 = 1, SET KCHINSUR = 1 AND KSPSAMEC = 1 AND
IF KSPMCAL = 1, SET KCHMCAL = 1;
IF KSPEMPOW = 1, SET KCHEMP = 1;
IF KSPEMPSP = 1, SET KCHEMP = 1;
IF KSPEMPPA = 1, SET KCHEMP = 1;
IF KSPEMPOT = 1, SET KCHEMP = 1;
IF KSPDIREC = 1, SET KCHDIREC = 1;
IF KSPMILIT = 1, SET KCHMILIT = 1;
IF KSPOTHGO = 1, SET KCHOTHGO = 1;
IF KSPOTHER = 1, SET KCHOTHER = 1;
IF KSPHBEX = 1, SET KCHHBEX = 1

QC15_K112 Is {he/she} currently covered by Medi-CAL?

KCF1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

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

POST-NOTE QC15_K112:
IF QC15_K112 = 1, SET KCHMCAL = 1 AND SET KCHINSUR = 1

QC15_K113 Is (CHILD) covered by a health insurance plan or HMO through your spouse's own or someone else's employment or union?

KCF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

- YES 1
- NO 2 **[GO TO PN QC15_K115]**
- REFUSED -7 **[GO TO PN QC15_K115]**
- DON'T KNOW -8 **[GO TO PN QC15_K115]**

**POST-NOTE QC15_K113:
IF QC15_K113 = 1, SET KCHEMP = 1 AND KCHINSUR = 1**

QC15_K114 Is this plan through an employer, through a union, or through Covered California's SHOP program?

KAI90

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California."]

- EMPLOYER 1
- UNION 2
- SHOP / COVERED CALIFORNIA 3
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

**POST-NOTE FOR QC15_K114:
IF QC15_K114 = 3, THEN SET KCHHBEX = 1**

**PROGRAMING NOTE QC15_K115:
IF KCHINSUR = 1 THEN GO TO QC15_K115;
ELSE CONTINUE WITH QC15_K115**

QC15_K115 Is (CHILD) covered by a health insurance plan that your spouse purchased directly from an insurance company or HMO, or through Covered California?

KCF4

[IF NEEDED, SAY: "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"]

- YES 1
- NO 2 **[GO TO PN QC15_K122]**
- REFUSED -7 **[GO TO PN QC15_K122]**
- DON'T KNOW -8 **[GO TO PN QC15_K122]**

**POST-NOTE QC15_K115:
IF QC15_K115 = 1, SET KCHDIREC = 1 AND KCHINSUR = 1**

**PROGRAMMING NOTE QC15_K116:
IF KCHDIRECT = 1, THEN CONTINUE WITH QC15_K116;
ELSE GO TO PROGRAMMING NOTE QC15_K117**

QC15_K116 How did your spouse purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

KAI91

- INSURANCE COMPANY OR HMO..... 1
- COVERED CALIFORNIA 2
- OTHER (SPECIFY:_____) 91
- REFUSED -7
- DON'T KNOW -8

**POST-NOTE FOR QC15_K116:
IF QC15_K116 = 2, THEN SET KCHHBEX = 1**

**PROGRAMMING NOTE QC15_K117
IF KCHHBEX = 1, THEN CONTINUE WITH QC15_K117;
ELSE GO TO PROGRAMMING NOTE QC15_K119;**

QC15_K117 Was this a bronze, silver, gold or platinum plan?

KAI92

- BRONZE..... 1
- SILVER..... 2
- GOLD 3
- PLATINUM 4
- MEDI-CAL/MEDICAID 5
- CATASTROPHIC..... 6
- OTHER (SPECIFY:_____)..... 91
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_K118
IF KCHHBEX = 1 AND KCHDIREC = 1, THEN CONTINUE WITH QC15_K118;
ELSE GO TO PROGRAMMING NOTE QC15_K119;**

QC15_K118 Was there a subsidy or discount on the premium for this plan?

KAI93

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

PROGRAMMING NOTE QC15_K119:
IF KCHEMP = 1 (EMPLOYER-BASED COVERAGE) OR KCHDIREC = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QC15_K119;
ELSE GO TO PROGRAMMING NOTE QC15_K122

QC15_K119 Does your spouse pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles your spouse or your family may have had to pay.

KAI54

**[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."
 "A deductible is the amount you pay for medical care before your health plan starts paying."
 "Premium is the monthly charge for the cost of your health insurance plan."]**

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

QC15_K120 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

KAI50

- YES 1
- NO 2 **[GO TO PN QC15_K122]**
- REFUSED -7 **[GO TO PN QC15_K122]**
- DON'T KNOW -8 **[GO TO PN QC15_K122]**

QC15_K121 Who else pays all or some portion of the cost for (CHILD)'s health plan?

KAI51

[CODE ALL THAT APPLY.]

- ADULT RESPONDENT'S CURRENT EMPLOYER 1
- ADULT RESPONDENT'S FORMER EMPLOYER .. 2
- ADULT RESPONDENT'S UNION 3
- SKA'S CURRENT EMPLOYER..... 4
- SKA'S FORMER EMPLOYER..... 5
- PROFESSIONAL/FRATERNAL ORGANIZATION.. 6
- MEDICAID/MEDI-CAL ASSISTANCE..... 7
- COVERED CALIFORNIA 10
- OTHER..... 91
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K121:IF (QC15_K121_1 OR QC15_K121_2 OR QC15_K121_3 OR QC15_K121_4 OR QC15_K121_5 OR QC15_K121_6) = 1, SET KCHEMP = 1 AND (IF KCHDIREC = 1, SET KCHDIREC = 0);
IF QC15_K121_7 = 1, SET KCHMCAL = 1;
IF QC15_K121_10 = 1, SET KCHHBEX = 1

PROGRAMMING NOTE QC15_K122:
IF KCHINSUR = 1, GO TO PN QC15_K128;
ELSE CONTINUE WITH QC15_K122

QC15_K122 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

KCF6

- YES 1 **[GO TO PN QC15_K128]**
- NO 2
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K122:
IF QC15_K122 = 1, SET KCHMILIT = 1 AND KCHINSUR = 1

QC15_K123 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Families, or something else?

KCF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; and Healthy Families is a program for children in your county."]

- AIM 1 **[GO TO PN QC15_K128]**
- "MISTER MIP"/MRMIP 2 **[GO TO PN QC15_K122]**
- HEALTHY KIDS 3 **[GO TO PN QC15_K122]**
- NO OTHER PLAN 4
- SOMETHING ELSE (SPECIFY: _____) 91 **[GO TO PN QC15_K122]**
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K123:
IF QC15_K123 = 1 OR 2 OR 3 OR 91, SET KCHOTHGO = 1 AND KCHINSUR = 1

QC15_K124 Does {he/she} have any health insurance coverage through a plan that I missed?

KCF8

- YES 1
- NO 2 **[GO TO PN QC15_K127]**
- REFUSED -7 **[GO TO PN QC15_K122]**
- DON'T KNOW -8 **[GO TO PN QC15_K122]**

QC15_K125 What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

KCF9

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

- THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION..... 2
- PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE) 3
- MEDICARE 4
- MEDI-CAL 5
- CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE 7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC 8
- COVERED CALIFORNIA 10
- SHOP THROUGH COVERED CALIFORNIA..... 11
- OTHER GOVERNMENT HEALTH PLAN 91
- OTHER NON-GOVERNMENT HEALTH PLAN 92
- REFUSED -7
- DON'T KNOW..... -8

POST-NOTE QC15_K124:

IF QC15_K125_1 = 1, SET KCHEMP = 1 AND SET KCHINSUR = 1;
 IF QC15_K125_2 = 1, SET KCHEMP = 1 AND SET KCHINSUR = 1;
 IF QC15_K125_3 = 1, SET KCHDIREC = 1 AND SET KCHINSUR = 1;
 IF QC15_K125_4 = 1, SET KCHMCARE = 1 AND SET KCHINSUR = 1;
 IF QC15_K125_5 = 1, SET KCHMCAL = 1 AND SET KCHINSUR = 1;
 IF QC15_K125_7 = 1, SET KCHMILIT = 1 AND SET KCHINSUR = 1;
 IF QC15_K125_8 = 1, SET KCHIHS = 1;
 IF QC15_K125_10 = 1, SET KCHHBEX = 1 AND SET KCHINSUR = 1;
 IF QC15_K125_11 = 1, SET KCHHBEX = 1 AND SET KCHINSUR = 1;
 IF QC15_K125_91 = 1, SET KCHOTHGOV = 1 AND SET KCHINSUR = 1;
 IF QC15_K125_1 = 92, -7 OR -8, SET KCHOTHER = 1 AND KCHINSUR = 1

PROGRAMMING NOTE QC15_K126:

IF QC15_K125 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QC15_K126;
 ELSE SKIP TO PROGRAMMING NOTE QC15_K127

QC15_K126 Just to verify, you said that (CHILD) gets health insurance through Medicare?

KCF9VER

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

PROGRAMMING NOTE QC15_K127:
IF KCHINSUR ≠ 1 CONTINUE WITH QC15_K127;
ELSE GO TO QC15_K128;

QC15_K127 What is the one main reason why (CHILD) is not enrolled in the Medi-CAL program?

KCF1A

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

PROGRAMMING NOTE QC15_K128:
IF QC15_K110 = 1 AND KARMCARE = 1 AND QC15_K16 = 1, THEN QC15_K128 = QC15_K16 AND
QC15_K130 = QC15_K17 AND SKIP TO QC15_K131;
ELSE IF QC15_K110 = 1, THEN QC15_K128 = QC15_K67 AND QC15_K130 = QC15_K69 AND
QC15_K131 = QC15_K70 AND GO TO PN QC15_K131;
ELSE IF KCHINSUR = 1, THEN CONTINUE WITH QC15_K128;
ELSE GO TO PN QC15_K132

QC15_K128 Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

KMA3

[IF NEEDED, SAY: "HMO 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."]
[NOTE: IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her/his or her} MAIN health plan."]
[NOTE: IF R SAYS "POS" OR POINT OF SERVICE," CODE AS "YES.". IF R SAYS "PPO" OR "EPO," CODE AS "NO."]

- YES 1 **[GO TO QC15_K130]**
- NO..... 2
- REFUSED -7
- DON'T KNOW..... -8

**PROGRAMMING NOTE QC15_K129:
 IF KCHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QC15_K130;
 ELSE CONTINUE WITH QC15_K129;**

QC15_K129 Is (CHILD)'s health plan a PPO or EPO?

KAI115

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "PPO stand 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."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

- PPO..... 1
- EPO..... 2
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW..... -8

QC15_K130 What is the name of (CHILD)'s main health plan?

KMA2

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

- ACCESS SENIOR HEALTHCARE 1
- AETNA 2
- AETNA GOLDEN MEDICARE 3
- AIDS HEALTHCARE FOUNDATION, LA..... 4
- ALAMEDA ALLIANCE FOR HEALTH 5
- ALTAMED HEALTH SERVICES 83
- ANTHEM BLUE CROSSOF CALIFORNIA 7
- ASPIRE HEALTH PLAN 8
- BLUE CROSS CALIFORNIACARE 9
- BLUE CROSS SENIOR SECURE 79
- BLUE SHIELD 65 PLUS 11
- BLUE SHIELD OF CALIFORNIA..... 12
- BRAND NEW DAY (UNIVERSAL CARE) 13
- CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
- CALIFORNIAKIDS (CALKIDS) 15
- CAL OPTIMA (CALOPTIMA ONE CARE)..... 16
- CALVIVA HEALTH..... 17
- CARE 1ST HEALTH PLAN 18
- CAREMORE HEALTH PLAN 19
- CENTER FOR ELDERS' INDEPENDENCE 21
- CEN CAL HEALTH 80
- CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 22
- CENTRAL HEALTH PLAN 23
- CHINESE COMMUNITY HEALTH PLAN..... 24

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CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN.....	81
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EASY CHOICE HEALTH PLAN.....	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN.....	34
GOLD COAST HEALTH PLAN.....	35
GOLDEN STATE MEDICARE HEALTH PLAN.....	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS.....	39
HEALTH PLAN OF SAN JOAQUIN	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45
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KAISER PERMANENTE	47
KAISER PERMANENTE SENIOR ADVANTAGE..	48
KERN FAMILY HEALTH CARE.....	49
L.A. CARE HEALTH PLAN.....	50
MD CARE	51
MOLINA HEALTHCARE OF CALIFORNIA.....	54
MONARCH HEALTH PLAN	55
ON LOK SENIOR HEALTH SERVICES	56
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SEASIDE HEALTH PLAN	69
SAN FRANCISCO HEALTH PLAN.....	84
SANTA CLARA FAMILY HEALTH PLAN.....	90
SAN MATEO HEALTH COMMISION	86
SANTA BARBARA.....	88
SATELLITE HEALTH PLAN	92
SCAN HEALTH PLAN.....	67
SHARP HEALTH PLAN	70
SUTTER HEALTH PLAN	71
SUTTER SENIOR CARE	72
UNITED HEALTHCARE.....	73
UNITED HEALTHCARE SECURE HORIZON	74
UNIVERSITY HEALTHCARE ADVANTAGE	75
VALLEY HEALTH PLAN	76
VENTURA COUNTY HEALTH CARE PLAN	77
WESTERN HEALTH ADVANTAGE.....	78
CHAMPUS/CHAMP-VA	93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	87

VA HEALTH CARE SERVICES.....	89
MEDI-CAL	52
MEDICARE.....	53
OTHER (SPECIFY: _____).....	85
REFUSED	-7
DON'T KNOW.....	-8

QC15_K131 Is (CHILD) covered for prescription drugs?

KCF14

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

PROGRAMMING NOTE FOR QC15_K132:
IF (KARINSUR ≠ 1 OR QC15_K110 ≠ 1) AND (KCHEMP = 1 OR KCHDIREC = 1 OR KCHOTHER = 1),
THEN CONTINUE WITH QC15_K132;
ELSE SKIP TO PROGRAMMING NOTE QC15_K137

QC15_K132 Does (CHILD)'s health plan have a deductible that is more than \$1,000?

KAI79

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

YES	1	
NO.....	2	[GO TO QC15_K134]
YES, ONLY WHEN GO OUT OF NETWORK.....	3	[GO TO QC15_K134]
REFUSED	-7	[GO TO QC15_K134]
DON'T KNOW.....	-8	

PROGRAMMING NOTE FOR QC15_K133:
IF KCHEMP = 1, THEN CONTINUE WITH QC15_K133;
ELSE GO TO QC15_K134

QC15_K133 Does (CHILD)'s health plan have a deductible that is more than \$2,000?

KAI85

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

YES	1	[GO TO PQC15_K135]
NO.....	2	
YES, ONLY WHEN GO OUT OF NETWORK.....	3	
REFUSED	-7	
DON'T KNOW.....	-8	

QC15_K134 Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

KAI80

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

- YES 1
- NO 2 **[GO TO PQC15_K136]**
- YES, ONLY WHEN GO OUT OF NETWORK 3 **[GO TO PQC15_K136]**
- REFUSED -7 **[GO TO PQC15_K136]**
- DON'T KNOW -8 **[GO TO PQC15_K136]**

**PROGRAMMING NOTE FOR QC15_K135:
IF KCHEMP = 1, THEN CONTINUE WITH QC15_K135;
ELSE GO TO PROGRAMMING NOTE QC15_K136**

QC15_K135 Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$4,000?

KAI86

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

- YES 1
- NO 2
- YES, ONLY WHEN GO OUT OF NETWORK 3
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE QC15_K136:
IF (QC15_K132 = 1 OR 3) OR (QC15_K133 = 1 OR 3) OR (QC15_K134 = 1 OR 3), CONTINUE WITH QC15_K136;
ELSE SKIP TO PROGRAMMING NOTE QC15_K137**

QC15_K136 Does your spouse have a special account or fund {he/she} can use to pay for (CHILD)'s medical expenses?

KAI81

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

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

**PROGRAMMING NOTE QC15_K137:
IF KCHINSUR = 1, GO TO QC15_K142;
ELSE CONTINUE WITH QC15_K137**

QC15_K137 What is the one main reason (CHILD) does not have any health insurance?

KCF18

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

QC15_K138 Was (CHILD) covered by health insurance at any time during the past 12 months?

KCF20

- YES 1 **[GO TO QC15_K140]**
- NO..... 2
- REFUSED -7
- DON'T KNOW..... -8

QC15_K139 How long has it been since (CHILD) last had health insurance?

KCF21

- MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO 1 **[GO TO PQC15_K148]**
- MORE THAN 3 YEARS AGO 2 **[GO TO PQC15_K148]**
- NEVER HAD HEALTH INSURANCE COVERAGE . 3 **[GO TO PQC15_K148]**
- REFUSED -7 **[GO TO PQC15_K148]**
- DON'T KNOW..... -8 **[GO TO PQC15_K148]**

QC15_K140 For how many of the last 12 months did {he/she} have health insurance?

KCF22

**[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS,
ENTER 1]**

- _____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QC15_K156]**
- REFUSED -7
- DON'T KNOW..... -8

QC15_K141 During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan your spouse obtained through an employer, a plan purchased directly from an insurance company, a plan purchased through Covered California, or some other plan?

KCF23

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

- MEDI-CAL 1 **[GO TO PQC15_K148]**
- THROUGH CURRENT OR FORMER EMPLOYER
- UNION..... 3 **[GO TO PQC15_K148]**
- PURCHASED DIRECTLY 5 **[GO TO PQC15_K148]**
- COVERED CALIFORNIA 6 **[GO TO PQC15_K148]**
- OTHER HEALTH PLAN 91 **[GO TO PQC15_K148]**
- REFUSED -7 **[GO TO PQC15_K148]**
- DON'T KNOW..... -8 **[GO TO PQC15_K148]**

QC15_K142 Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

KCF24

- YES 1 **[GO TO PQC15_K148]**
- NO..... 2
- HAD SAME INSURANCE SINCE BIRTH
- (FOR CHILDREN LESS THAN ONE YEAR OLD) .. 3 **[GO TO PQC15_K148]**
- REFUSED -7
- DON'T KNOW..... -8

QC15_K143 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

KCF25

- YES 1
- NO..... 2 **[GO TO QC15_K145]**
- REFUSED -7 **[GO TO QC15_K145]**
- DON'T KNOW..... -8 **[GO TO QC15_K145]**

QC15_K144 Was this other health insurance Medi-CAL, a plan your spouse obtained from an employer, a plan purchased directly from an insurance company, a plan purchased through Covered California, or some other plan?

KCF26

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

- MEDI-CAL 1
- THROUGH CURRENT OR FORMER
- EMPLOYER/UNION..... 4
- PURCHASED DIRECTLY 5
- COVERED CALIFORNIA 6
- OTHER HEALTH PLAN 91
- REFUSED -7
- DON'T KNOW..... -8

QC15_K145 During the past 12 months, was there any time when {he/she} had no health insurance at all?

KCF27

- YES 1
- NO 2 **[GO TO PQC15_K148]**
- REFUSED -7 **[GO TO PQC15_K148]**
- DON'T KNOW -8 **[GO TO PQC15_K148]**

QC15_K146 For how many of the past 12 months did {he/she} have no health insurance?

KCF28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

- REFUSED -7
- DON'T KNOW -8

QC15_K147 What is the one main reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

KCF29

[IF R SAYS, "No need," PROBE WHY]

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

PROGRAMMING NOTE QC15_K148:
IF NO TEEN SELECTED, GO TO PN QC15_K187;
IF KARINSUR = 1, CONTINUE WITH QC15_K148;
IF KARINSUR = 0, GO TO PN QC15_K149;
ELSE CONTINUE WITH QC15_K148

QC15_K148 These next questions are about health insurance (TEEN) may have.

Does (TEEN) have the same insurance as your spouse?

KIA10A

YES 1 **[GO TO QC15_K167]**
 NO..... 2
 REFUSED-7
 DON'T KNOW.....-8

POST-NOTE QC15_K148:
IF QC15_K148 = 1 AND KARIHS = 1, SET KTEIHS = 1;
IF QC15_K148 = 1 AND KARMCARE = 1, SET KTEMCARE = 1 AND KTEINSUR = 1;
ELSE IF QC15_K148 = 1, SET KTEINSURE = 1 AND
IF KARMCAL = 1, SET KTEMCAL = 1;
IF KAREMPOW = 1, SET KTEEMP = 1;
IF KAREMPSP = 1, SET KTEEMP = 1;
IF KAREMPPA = 1, SET KTEEMP = 1;
IF KAREMPOT = 1, SET KTEEMP = 1;
IF KARDIREC = 1, SET KTEDIRECT = 1;
IF KARMILIT = 1, SET KTEMILIT = 1;
IF KAROTHGO = 1, SET KTEOTHGOV = 1;
IF KAROTHER = 1, SET KTEOTHER = 1;
IF KARHBEX = 1, SET KTEHBEX = 1

PROGRAMMING NOTE QC15_K149:
IF KSPINSUR ≠ 1 THEN SKIP TO QC15_K150;
ELSE IF QC15_K148 = 2 AND KARSAMES = 1 THEN SKIP TO PROGRAMMING NOTE QC15_K150;
ELSE CONTINUE WITH QC15_K149

QC15_K149 Does (TEEN) have the same insurance as you?

KMA5

YES	1	[GO TO QC15_K167]
NO.....	2	
REFUSED	-7	
DON'T KNOW.....	-8	

POST-NOTE QC15_K149:
IF QC15_K149 = 1 AND KSPIHS = 1, SET KTEIHS = 1;
IF QC15_K149 = 1 AND KSPMCARE = 1, SET KTEMCARE = 1 AND KTEINSUR = 1 AND QC15_K167 = QC15_K47;
ELSE IF QC15_K149 = 1, SET KTEINSUR = 1 AND
IF KSPMCAL = 1, SET KTEMCAL = 1;
IF KSPEMPOW = 1, SET KTEEMP = 1;
IF KSPEMPSP = 1, SET KTEEMP = 1;
IF KSPEMPPA = 1, SET KTEEMP = 1;
IF KSPEMPOT = 1, SET KTEEMP = 1;
IF KSPDIREC = 1, SET KTEDIREC = 1;
IF KSPMILIT = 1, SET KTEMILIT = 1;
IF KSPOTHGO = 1, SET KTEOTHGO = 1;
IF KSPOTHER = 1, SET KTEOTHER = 1;
IF KSPHBEX = 1, SET KTEHBEX = 1

PROGRAMMING NOTE QC15_K150:
IF KCHINSUR ≠ 1, THEN SKIP TO QC15_K151;
ELSE IF (QC15_K148 = 2 AND KARSAMEC = 1) OR (QC15_K149 = 2 AND KSPSAMEC = 1), THEN
SKIP TO QC15_K151;
ELSE CONTINUE WITH QC15_K150;

QC15_K150 Does (TEEN) have the same insurance as (CHILD)?

KMA6

YES 1 **[GO TO PQC15_K181]**
 NO 2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QC15_K150:
IF QC15_K149 = 1 AND KCHIHHS = 1, SET KTEIHS = 1;
ELSE IF QC15_K150 = 1, SET KTEINSURE = 1 AND QC15_K167 = QC15_K128 AND QC15_K169 =
QC15_K130 AND
IF KCHMCARE = 1, SET KTEMCARE = 1;
IF KCHMCAL = 1, SET KTEMCAL = 1;
IF KCHEMP = 1, SET KTEEMP = 1;
IF KCHDIREC = 1, SET KTEDIREC = 1;
IF KCHMILIT = 1, SET KTEMILIT = 1;
IF KCHOTHGO = 1, SET KTEOTHGO = 1;
IF KCHOTHER = 1, SET KTEOTHER = 1;
IF KCHHBEX = 1, SET KTEHBEX = 1

QC15_K151 Is {he/she} currently covered by Medi-CAL?

KIA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

YES 1 **[GO TO QC15_K161]**
 NO 2
 REFUSED -7
 DON'T KNOW -8

POST-NOTE QC15_K151:
IF QC15_K151 = 1, SET KTEMCAL = 1 AND SET KTEINSUR = 1

QC15_K152 Is (TEEN) covered by a health insurance plan or HMO through your spouse's own or someone else's employment or union?

KIA3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

YES 1
 NO 2 **[GO TO QC15_K154]**
 REFUSED -7 **[GO TO QC15_K154]**
 DON'T KNOW -8 **[GO TO QC15_K154]**

POST-NOTE QC15_K152:
IF QC15_K152 = 1, SET KTEEMP = 1 AND SET KTEINSUR = 1

QC15_K153 Is this plan through an employer, through a union, or through Covered California's SHOP program?

KAI94

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California."]

- EMPLOYER..... 1
- UNION..... 2
- SHOP / COVERED CALIFORNIA 3
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW..... -8

POST-NOTE FOR QC15_K153:
IF QC15_K153 = 3, THEN SET KTEHBEX = 1

PROGRAMING NOTE QC15_K154:
IF KTEINSUR = 1 THEN GO TO QC15_K155;
ELSE CONTINUE WITH QC15_K154

QC15_K154 Is (TEEN) covered by a health insurance plan that your spouse purchased directly from an insurance company or HMO?

KIA4

[IF NEEDED, SAY: "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."]

- YES..... 1
- NO..... 2 **[GO TO PN QC15_K161]**
- REFUSED -7 **[GO TO PN QC15_K148]**
- DON'T KNOW..... -8 **[GO TO PN QC15_K148]**

POST-NOTE QC15_K154:
IF QC15_K154 = 1, SET KTEDIREC = 1 AND SET KTEINSUR = 1

PROGRAMMING NOTE QC15_K155:
IF KTEDIREC = 1, THEN CONTINUE WITH QC15_K155;
ELSE GO TO PROGRAMMING NOTE QC15_K156

QC15_K155 How did your spouse purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

KAI95

- INSURANCE COMPANY OR HMO..... 1
- COVERED CALIFORNIA 2
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW..... -8

POST-NOTE FOR QC15_K155:
IF QC15_K155 = 2, THEN SET KTEHBEX = 1

PROGRAMMING NOTE QC15_K156
IF KTEHBEX = 1, THEN CONTINUE WITH QC15_K156;
ELSE GO TO PROGRAMMING NOTE QC15_K156;

QC15_K156 Was this a bronze, silver, gold or platinum plan?

KAI96

- BRONZE..... 1
- SILVER..... 2
- GOLD 3
- PLATINUM 4
- MEDI-CAL / MEDICAID..... 5
- CATASTROPHIC..... 6
- OTHER (SPECIFY:.....)..... 91
- REFUSED -7
- DON'T KNOW..... -8

PROGRAMMING NOTE QC15_K157
IF QC15_K153 = 3, THEN GO TO PN QC15_K158;
ELSE CONTINUE WITH QC15_K157;

QC15_K157 Was there a subsidy or discount on the premium for this plan?

KAI97

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

PROGRAMMING NOTE QC15_K158:
IF KTEEMP = 1 (EMPLOYER-BASED COVERAGE) OR KTEDIREC = 1 (PURCHASED OWN
COVERAGE), CONTINUE WITH QC15_K158;
ELSE GO TO PROGRAMMING NOTE QC15_K159

QC15_K158 Do your spouse pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles your spouse or your family may have had to pay.

KAI55

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage.
A deductible is the amount you pay for medical care before your health plan starts paying.
Premium is the monthly charge for the cost of your health insurance plan."]

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

QC15_K159 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

KAI52

- YES 1
- NO 2 **[GO TO PN QC15_K161]**
- REFUSED -7 **[GO TO PN QC15_K161]**
- DON'T KNOW -8 **[GO TO PN QC15_K161]**

QC15_K160 Who else pays all or some portion of the cost for (TEEN)'s health plan?

KAI53

[CODE ALL THAT APPLY.]

- ADULT RESPONDENT'S CURRENT EMPLOYER 1
- ADULT RESPONDENT'S FORMER EMPLOYER .. 2
- ADULT RESPONDENT'S UNION 3
- SKA'S CURRENT EMPLOYER..... 4
- SKA'S FORMER EMPLOYER..... 5
- PROFESSIONAL/FRATERNAL ORGANIZATION.. 6
- MEDICAID/MEDI-CAL ASSISTANCE..... 7
- COVERED CALIFORNIA 11
- OTHER..... 91
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K160:

IF QC15_K160_1 OR QC15_K160_2 OR QC15_K160_3 OR QC15_K160_4 OR QC15_K160_5 OR QC15_K160_6 = 1, SET KTEEMP = 1 AND KTEINSUR = 1 AND (IF KTEDIREC = 1, SET KTEDIREC = 0);
IF QC15_K160_7 = 1, SET KTEMCAL = 1 AND KTEINSUR = 1;
IF QC15_K160_11 = 1, SET KTEHBEX = 1 AND KTEINSUR = 1

PROGRAMMING NOTE QC15_K161:

IF KTEINSUR = 1, GO TO PROGRAMMING NOTE QC15_K167;
ELSE CONTINUE WITH QC15_K161

QC15_K161 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

KIA6

- YES 1 **[GO TO PN QC15_K167]**
- NO 2
- REFUSED -7
- DON'T KNOW -8

POST-NOTE QC15_K161:

IF QC15_K161 = 1, SET KTEMILIT = 1 AND SET KTEINSUR = 1

QC15_K162 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, or something else?

KIA7

[IF NEEDED, SAY: "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; and Healthy Kids is a program for children in your county."]

- AIM..... 1 [GO TO PN QC15_K167]
- "MISTER MIP"/MRMIP..... 2 [GO TO PN QC15_K161]
- Family PACT..... 3 [GO TO PN QC15_K161]
- HEALTHY KIDS..... 4 [GO TO PN QC15_K161]
- NO OTHER PLAN..... 5
- SOMETHING ELSE (SPECIFY:.....)..... 91 [GO TO PN QC15_K161]
- REFUSED -7
- DON'T KNOW..... -8

POST-NOTE QC15_K162:
IF QC15_K162 = 1 OR 2 OR 3 OR 4 OR 91, SET KTEOTHGO = 1 AND SET KTEINSUR = 1

QC15_K163 Does {he/she} have any health insurance coverage through a plan that I missed?

KIA8

- YES..... 1
- NO..... 2 [GO TO PN QC15_K166]
- REFUSED -7 [GO TO PN QC15_K166]
- DON'T KNOW..... -8 [GO TO PN QC15_K161]

QC15_K164 What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

KIA9

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

- THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION..... 2
- PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE) 3
- MEDICARE 4
- MEDI-CAL 5
- CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE 7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC 8
- COVERED CALIFORNIA 10
- SHOP THROUGH COVERED CALIFORNIA..... 11
- OTHER GOVERNMENT HEALTH PLAN 91
- OTHER NON-GOVERNMENT HEALTH PLAN 92
- REFUSED -7
- DON'T KNOW..... -8

POST-NOTE QC15_K164:

IF QC15_K164_1 = 1, SET KTEEMP = 1 AND SET KTEINSUR = 1;
 IF QC15_K164_2 = 1, SET KTEEMP = 1 AND SET KTEINSUR = 1;
 IF QC15_K164_3 = 1, SET KTEDIREC = 1 AND SET KTEINSUR = 1;
 IF QC15_K164_4 = 1, SET KTEMPCARE = 1 AND SET KTEINSUR = 1;
 IF QC15_K164_5 = 1, SET KTEMCAL = 1 AND SET KTEINSUR = 1;
 IF QC15_K164_7 = 1, SET KTEMILIT = 1 AND SET KTEINSUR = 1;
 IF QC15_K164_8 = 1, SET KTEIHS = 1;
 IF QC15_K164_10 = 1, SET KTEHBEX = 1 AND SET KTEINSUR = 1;
 IF QC15_K164_11 = 1, SET KTEHBEX = 1 AND SET KTEINSUR = 1;
 IF QC15_K164_91 = 1, SET KTEOTHGOV = 1 AND SET KTEINSUR = 1;
 IF QC15_K164 = 92, -7 OR -8, SET KTEOTHER = 1 AND SET KTEINSUR = 1

PROGRAMMING NOTE QC15_K165:

IF QC15_K164_4 = 1 (MEDICARE), CONTINUE WITH QC15_K165;
 ELSE SKIP TO PN QC15_K166

QC15_K165 Just to verify, you said that {TEEN} gets health insurance through Medicare?

KIA9VER

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

PROGRAMMING NOTE QC15_K166:
IF KTEINSUR ≠ 1 CONTINUE WITH QC15_K166;
ELSE GO TO QC15_K167;

QC15_K166 What is the one main reason why (TEEN) is not enrolled in the Medi-CAL program?

KIA1A

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

PROGRAMMING NOTE QC15_K167:
IF QC15_K148 = 1 AND KARMCARE = 1 AND QC15_K16 = 1, THEN QC15_K167 = QC15_K16 AND
QC15_K169 = QC15_K17 AND SKIP TO QC15_K170;
ELSE IF QC15_K148 = 1, THEN QC15_K167 = QC15_K67 AND QC15_K169 = QC15_K69 AND
QC15_K170 = QC15_K70 AND GO TO PN QC15_K171;
ELSE IF QC15_K150 = 1, THEN QC15_K167 = QC15_K128 AND QC15_K169 = QC15_K129 AND
QC15_K170 = QC15_K131 AND GO TO PN QC15_K171;
ELSE IF KTEINSUR = 1, THEN CONTINUE WITH QC15_K167;
ELSE GO TO PROGRAMMING NOTE QC15_K171

QC15_K167 Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

KMA8

[IF NEEDED, SAY: "HMO 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."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]

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

**PROGRAMMING NOTE QC15_K168:
 IF KTEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QC15_K169;
 ELSE CONTINUE WITH QC15_K168;**

QC15_K168 Is (TEEN)'s health plan a PPO or EPO?

KAI116

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "PPO stand 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."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

- PPO..... 1
- EPO..... 2
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW..... -8

QC15_K169 What is the name of (TEEN)'s main health plan?

KMA7

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

- ACCESS SENIOR HEALTHCARE 1
- AETNA 2
- AETNA GOLDEN MEDICARE 3
- AIDS HEALTHCARE FOUNDATION, LA..... 4
- ALAMEDA ALLIANCE FOR HEALTH 5
- ALTAMED HEALTH SERVICES 83
- ANTHEM BLUE CROSSOF CALIFORNIA 7
- ASPIRE HEALTH PLAN 8
- BLUE CROSS CALIFORNIACARE 9
- BLUE CROSS SENIOR SECURE 79
- BLUE SHIELD 65 PLUS 11
- BLUE SHIELD OF CALIFORNIA..... 12
- BRAND NEW DAY (UNIVERSAL CARE) 13
- CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
- CALIFORNIAKIDS (CALKIDS) 15
- CAL OPTIMA (CALOPTIMA ONE CARE)..... 16
- CALVIVA HEALTH..... 17
- CARE 1ST HEALTH PLAN 18
- CAREMORE HEALTH PLAN 19
- CENTER FOR ELDERS' INDEPENDENCE 21
- CEN CAL HEALTH 80
- CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 22
- CENTRAL HEALTH PLAN 23
- CHINESE COMMUNITY HEALTH PLAN..... 24

CHOICE PHYSICIANS NETWORK.....	25
CIGNA HEALTHCARE.....	26
CITIZENS CHOICE HEALTHPLAN	27
COMMUNITY CARE HEALTH PLAN	28
COMMUNITY HEALTH GROUP	29
CONTRA COSTA HEALTH PLAN.....	81
DAVITA HEALTHCARE PARTNERS PLAN	31
EASY CHOICE HEALTH PLAN.....	32
EPIC HEALTH PLAN	33
GEM CARE HEALTH PLAN.....	34
GOLD COAST HEALTH PLAN.....	35
GOLDEN STATE MEDICARE HEALTH PLAN.....	36
HEALTH NET	38
HEALTH NET SENIORITY PLUS.....	39
HEALTH PLAN OF SAN JOAQUIN.....	40
HEALTH PLAN SAN JP AUTHORITY	41
HERITAGE PROVIDER NETWORK	42
HUMANA GOLD PLUS	43
HUMANA HEALTH PLAN	44
IEHP (INLAND EMPIRE HEALTH PLAN)	45
INTER VALLEY HEALTH PLAN.....	46
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KAISER PERMANENTE	47
KAISER PERMANENTE SENIOR ADVANTAGE..	48
KERN FAMILY HEALTH CARE.....	49
L.A. CARE HEALTH PLAN.....	50
MD CARE	51
MOLINA HEALTHCARE OF CALIFORNIA.....	54
MONARCH HEALTH PLAN	55
ON LOK SENIOR HEALTH SERVICES	56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA	57
PIH HEALTH CARE SOLUTIONS.....	58
PREMIER HEALTH PLAN SERVICES	59
PRIMECARE MEDICAL NETWORK	60
PROVIDENCE HEALTH NETWORK.....	61
SCRIPPS HEALTH PLAN SERVICES.....	68
SEASIDE HEALTH PLAN	69
SAN FRANCISCO HEALTH PLAN.....	84
SANTA CLARA FAMILY HEALTH PLAN.....	90
SAN MATEO HEALTH COMMISION	86
SANTA BARBARA	88
SATELLITE HEALTH PLAN	92
SCAN HEALTH PLAN.....	67
SHARP HEALTH PLAN	70
SUTTER HEALTH PLAN	71
SUTTER SENIOR CARE	72
UNITED HEALTHCARE.....	73
UNITED HEALTHCARE SECURE HORIZON	74
UNIVERSITY HEALTHCARE ADVANTAGE	75
VALLEY HEALTH PLAN	76
VENTURA COUNTY HEALTH CARE PLAN	77
WESTERN HEALTH ADVANTAGE.....	78
CHAMPUS/CHAMP-VA	93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME	87
VA HEALTH CARE SERVICES.....	89

MEDI-CAL	52
MEDICARE.....	53
OTHER (SPECIFY: _____).....	85
REFUSED.....	-7
DON'T KNOW.....	-8

**POST-NOTE QC15_K169:
IF QC15_K169 = 18, 72, OR 75, SET KTEMILIT = 1**

QC15_K170 Is (TEEN) covered for prescription drugs?

KIA14

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

**PROGRAMMING NOTE FOR QC15_K171:
IF [(KARINSUR ≠ 1 OR QC15_K156 ≠ 1) AND (KTEEMP = 1 OR KTEDIREC = 1 OR KTEOTHER = 1),
THEN CONTINUE WITH QC15_K171;
ELSE SKIP TO PN QC15_K176**

QC15_K171 Does (TEEN)'s health plan have a deductible that is more than \$1,000?

KAI82

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

YES	1	
NO.....	2	[GO TO QC15_K173]
YES, ONLY WHEN GO OUT OF NETWORK.....	3	[GO TO QC15_K173]
REFUSED	-7	[GO TO QC15_K173]
DON'T KNOW.....	-8	

**PROGRAMMING NOTE QC15_K172:
IF KTEEMP = 1, THEN CONTINUE WITH QC15_K172;
ELSE GO TO QC15_K173**

QC15_K172 Does (TEEN)'s health plan have a deductible that is more than \$2,000?

KAI87

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

YES	1	[GO TO PQC15_K174]
NO.....	2	
YES, ONLY WHEN GO OUT OF NETWORK.....	3	
REFUSED	-7	
DON'T KNOW.....	-8	

QC15_K173 Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

KAI83

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

- YES 1
- NO 2 **[GO TO PN QC15_K186]**
- YES, ONLY WHEN GO OUT OF NETWORK 3 **[GO TO PN QC15_K186]**
- REFUSED -7 **[GO TO PN QC15_K186]**
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K174:
IF KTEEMP = 1, THEN CONTINUE WITH QC15_K174;
ELSE GO TO PROGRAMMING NOTE QC15_K175

QC15_K174 Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$4,000?

KAI88

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

- YES 1
- NO 2
- YES, ONLY WHEN GO OUT OF NETWORK 3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K175:
IF (QC15_K171 = 1 OR 3) OR (QC15_K172 = 1 OR 3) OR (QC15_K173 = 1 OR 3), CONTINUE WITH QC15_175;
ELSE SKIP TO PROGRAMMING NOTE QC15_K176

QC15_K175 Do your spouse have a special account or fund {he or she} can use to pay for (TEEN)'s medical expenses?

KAI84

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

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

**PROGRAMMING NOTE QC15_K176:
IF KTEINSURE = 1, GO TO QC15_K181;
ELSE CONTINUE WITH QC15_K176**

QC15_K176 What is the one main reason (TEEN) does not have any health insurance?

KIA18

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

QC15_K177 Was (TEEN) covered by health insurance at any time during the past 12 months?

KIA20

- YES 1 **[GO TO QC15_K179]**
- NO..... 2
- REFUSED -7
- DON'T KNOW..... -8

QC15_K178 How long has it been since (TEEN) last had health insurance?

KIA21

- MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO 1 **[GO TO QC15_K187]**
- MORE THAN 3 YEARS AGO 2 **[GO TO QC15_K187]**
- NEVER HAD HEALTH INSURANCE COVERAGE . 3 **[GO TO QC15_K187]**
- REFUSED -7 **[GO TO QC15_K187]**
- DON'T KNOW/NOT SURE..... -8 **[GO TO QC15_K187]**

QC15_K179 For how many of the last 12 months did {he/she} have health insurance?

KIA22

**[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS,
ENTER 1]**

- _____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QC15_K198]**
- REFUSED -7
- DON'T KNOW..... -8

QC15_K180 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?

KIA23

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

- MEDI-CAL 1 **[GO TO QC15_K187]**
- THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 3 **[GO TO QC15_K187]**
- PURCHASED DIRECTLY 5 **[GO TO QC15_K187]**
- COVERED CALIFORNIA 6 **[GO TO QC15_K187]**
- OTHER HEALTH PLAN 91 **[GO TO QC15_K187]**
- REFUSED -7 **[GO TO QC15_K187]**
- DON'T KNOW..... -8 **[GO TO QC15_K187]**

QC15_K181 Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

KIA24

- YES 1 **[GO TO QC15_K187]**
- NO..... 2
- REFUSED -7
- DON'T KNOW..... -8

QC15_K182 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

KIA25

- YES 1
- NO..... 2 **[GO TO QC15_K184]**
- REFUSED -7 **[GO TO QC15_K184]**
- DON'T KNOW..... -8 **[GO TO QC15_K184]**

QC15_K183 Was {his/her/his or her} other health insurance Medi-Cal, a plan your spouse obtained from an employer, a plan purchased directly from an insurance company, a plan purchased through Covered California, or some other plan?

KIA26

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

- MEDI-CAL 1
- THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 3
- PURCHASED DIRECTLY 5
- COVERED CALIFORNIA 6
- OTHER HEALTH PLAN 91
- REFUSED -7
- DON'T KNOW..... -8

QC15_K184 During the past 12 months, was there any time when {he/she} had no health insurance at all?

KIA27

- YES 1
- NO 2 **[GO TO QC15_K187]**
- REFUSED -7 **[GO TO QC15_K187]**
- DON'T KNOW -8 **[GO TO QC15_K187]**

QC15_K185 For how many of the past 12 months did {he/she} have no health insurance?

KIA28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

- REFUSED -7
- DON'T KNOW -8

QC15_K186 What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

KIA29

[IF R SAYS, "No need," PROBE WHY]

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

PROGRAMMING NOTE QC15_K187:
IF NOT ANSWERED IN EARLIER IN THE CHILD-FIRST (QC15_K89 = -1), THEN CONTINUE;
[IF CHILD SELECTED]
IF KCHINSUR ≠ 1 OR QC15_K138 = 2 OR QC15_K143 = 2 OR QC15_K145 = 1 OR QC15_K141 = (5, 6) OR QC15_K144 = (5, 6) OR KCHHBEX = 1 OR KCHDIREC = 1; THEN CONTINUE WITH QC15_K187;
[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QC15_K177 = 2 OR QC15_K182 = 2 OR QC15_K184 = 1 OR QC15_K180 = (5, 6) OR QC15_K183 = (5, 6) OR KTEHBEX = 1 OR KTEDIREC = 1; THEN CONTINUE WITH QC15_K187;
ELSE GO TO PROGRAMMING NOTE QC15_K204

QC15_K187 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?

- KAH103i**
- YES 1
 - NO 2 **[GO TO PN QC15_K204]**
 - REFUSED -7 **[GO TO PN QC15_K204]**
 - DON'T KNOW -8 **[GO TO PN QC15_K204]**

QC15_K188 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

- KAH110i**
- DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR 1
 - THROUGH COVERED CALIFORNIA, OR 2
 - BOTH, FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA 3
 - REFUSED -7 **[GO TO PN QC15_K191]**
 - DON'T KNOW -8 **[GO TO PN QC15_K191]**

PROGRAMMING NOTE QC15_K189:
IF QC15_K188 = 1; THEN CONTINUE WITH QC15_K189;
IF QC15_K188 = 3; THEN CONTINUE WITH QC15_K189 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QC15_K204;

QC15_K189 {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

How difficult was it to find a plan with the coverage you needed? Was it...

- KAH98i**
- Very difficult, 1
 - Somewhat difficult, 2
 - Not too difficult, or 3
 - Not at all difficult? 4
 - REFUSED -7
 - DON'T KNOW -8

QC15_K190 How difficult was it to find a plan you could afford? Was it...

KAH99i

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

QC15_K191 Did anyone help you find a health plan?

KAH100i

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

[GO TO PQC15_K204]
[GO TO PQC15_K204]
[GO TO PQC15_K204]

QC15_K192 Who helped you?

KAH101i

- BROKER 1
- FAMILY MEMBER/FRIEND 2
- INTERNET 3
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K193:
IF QC15_K188 = 2; THEN CONTINUE WITH QC15_K193;
IF QC15_K188 = 3; THEN CONTINUE WITH QC15_K193 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QC15_K197;

QC15_K193 {Now, think about your experience with Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

KAH111i

- Very difficult 1
- Somewhat difficult 2
- Not too difficult 3
- Not at all difficult? 4
- REFUSED -7
- DON'T KNOW -8

QC15_K194 How difficult was it to find a plan you could afford? Was it...

KAH112i

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

QC15_K195 Did anyone help you find a health plan?

KAH113i

- YES 1
 - NO..... 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO QC15_K197]**
[GO TO QC15_K197]
[GO TO QC15_K197]

QC15_K196 Who helped you?

KAH114i

- BROKER 1
- FAMILY MEMBER / FRIEND 2
- INTERNET 3
- CERTIFIED INSURANCE AGENTS 4
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

QC15_K197 Did you have all the information you felt you needed to make a good decision on a health plan?

KAH115i

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

PROGRAMMING NOTE QC15_K198:
IF QC15_H23 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QC15_K198;
ELSE GO TO QC15_K199;

QC15_K198 Were you able to get information about your health plan options in your language?

KAH116i

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

QC15_K199 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

KAH117i

- VERY IMPORTANT 1
- SOMEWHAT IMPORTANT 2
- NOT IMPORTANT 3
- REFUSED -7
- DON'T KNOW -8

QC15_K200 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

KAH118i

- VERY IMPORTANT 1
- SOMEWHAT IMPORTANT 2
- NOT IMPORTANT 3
- REFUSED -7
- DON'T KNOW -8

QC15_K201 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

KAH119i

- VERY IMPORTANT 1
- SOMEWHAT IMPORTANT 2
- NOT IMPORTANT 3
- REFUSED -7
- DON'T KNOW -8

QC15_K202 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

KAH120i

- VERY IMPORTANT 1
- SOMEWHAT IMPORTANT 2
- NOT IMPORTANT 3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K203:
IF QC15_K117 = 1 OR QC15_K165 = 1, THEN DISPLAY "Bronze"
ELSE IF QC15_K117 = 2 OR QC15_K156 = 2, THEN DISPLAY "Silver"
ELSE IF QC15_K117 = 3 OR QC15_K156 = 3, THEN DISPLAY "Gold"
ELSE IF QC15_K117 = 4 OR QC15_K156 = 4, THEN DISPLAY "Platinum"
ELSE IF QC15_K117 = 4 OR QC15_K156 = 6, THEN DISPLAY "Minimum Coverage"
ELSE DISPLAY " ";

QC15_K203 Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum Coverage} plan? 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?

KAH121i

- COST 1
- SPECIFIC DOCTOR 2
- SPECIFIC HOSPITAL..... 3
- CHOICE OF DOCTORS IN NETWORK 4
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

QC15_K204 What is your best estimate of your household's total annual income from all sources before taxes in 2014?

KAK22

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

\$ _____ AMOUNT [HR: 0-999995]

- REFUSED -7 **[GO TO PN QC15_K206]**
- DON'T KNOW -8 **[GO TO PN QC15_K206]**

QC15_K205 PLEASE VERIFY AMOUNT ENTERED:
 I have entered that your annual household income is (AMOUNT). Is that correct?

KAK22A

- YES 1 **[GO TO PN QC15_K212]**
- NO 2 **[GO TO PN QC15_K212]**
- REFUSED -7 **[GO TO PN QC15_K212]**
- DON'T KNOW -8 **[GO TO PN QC15_K212]**

PROGRAMMING NOTE QC15_K206:
IF QC15_K204 = -7 OR -8 CONTINUE WITH QC15_K206;
ELSE GO TO PROGRAMMING NOTE QC15_K212

QC15_K206 We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?

KAK11

- MORE..... 1 **[GO TO QC15_K208]**
- EQUAL TO \$20K OR LESS 2
- REFUSED -7 **[GO TO PN QC15_K212]**
- DON'T KNOW -8 **[GO TO PN QC15_K212]**

QC15_K207 Is it ...

KAK12

\$5,000 or less,	1	[GO TO PN QC15_K212]
\$5,001 to \$10,000,	2	[GO TO PN QC15_K212]
\$10,001 to \$15,000, or	3	[GO TO PN QC15_K212]
\$15,001 to 20,000?	4	[GO TO PN QC15_K212]
REFUSED	-7	[GO TO PN QC15_K212]
DON'T KNOW	-8	[GO TO PN QC15_K212]

QC15_K208 Is it more or less than \$70,000 per year?

KAK13

MORE	1	[GO TO QC15_K210]
EQUAL TO \$70K OR LESS	2	
REFUSED	-7	[GO TO PN QC15_K212]
DON'T KNOW	-8	[GO TO PN QC15_K212]

QC15_K209 Is it ...

KAK14

\$20,001 to \$30,000,	1	[GO TO PN QC15_K212]
\$30,001 to \$40,000,	2	[GO TO PN QC15_K212]
\$40,001 to \$50,000,	3	[GO TO PN QC15_K212]
\$50,001 to \$60,000, or	4	[GO TO PN QC15_K212]
\$60,001 to \$70,000?	5	[GO TO PN QC15_K212]
REFUSED	-7	[GO TO PN QC15_K212]
DON'T KNOW	-8	[GO TO PN QC15_K212]

QC15_K210 Is it more or less than \$135,000 per year?

KAK15

MORE	1	[GO TO PN QC15_K212]
EQUAL TO \$135K OR LESS	2	
REFUSED	-7	[GO TO PN QC15_K212]
DON'T KNOW	-8	[GO TO PN QC15_K212]

QC15_K211 Is it ...

KAK16

\$70,001 to \$80,000,	1
\$80,001 to \$90,000,	2
\$90,001 to \$100,000, or	3
\$100,001 to \$135,000?	4
REFUSED	-7
DON'T KNOW	-8

**PROGRAMMING NOTE QC15_K212:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QC15_K216;
ELSE CONTINUE WITH QC15_K212**

QC15_K212 Including yourself, how many people living in your household are supported by your total household income?

KAK17

_____ NUMBER OF PEOPLE [HR: 1-20]

REFUSED -7

DON'T KNOW -8

**PROGRAMMING NOTE QC15_K213:
QC15_K213 MUST BE LESS THAN QC15_K212;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS)
OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD
ENUMERATION) = QC15_K216 GO TO PROGRAMMING NOTE QC15_K6;
ELSE CONTINUE WITH QC15_K213**

QC15_K213 How many of these {INSERT NUMBER FROM QC15_K211} people are children under the age of 18?

KAK18

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

REFUSED -7

DON'T KNOW -8

QC15_K214 Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

KAK32

YES 1

NO 2

REFUSED -7

DON'T KNOW -8

[GO TO PN QC15_K216]

[GO TO PN QC15_K216]

[GO TO PN QC15_K216]

QC15_K215 How many?

KAK33

_____ NUMBER OF PEOPLE [HR: 1-20]

REFUSED -7

DON'T KNOW -8

PROGRAMMING NOTE QC15_K216:
OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QC15_K210 AND QC15_K211 RESPECTIVELY. (THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2010 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2010" DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)
IF EITHER QC15_K212 OR QC15_K213 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT SC13A OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.
ASCERTAIN IF THE HOUSEHOLD INCOME IS (VALUES FOR BASE.KPOVERTY)...
1) AT OR BELOW 50% FPL;
2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
4) ABOVE 133 % FPL BUT AT OR BELOW 200% FPL;
5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
7) ABOVE 400% FPL; OR
8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.
IF QC15_K204 > -7 OR -8 (INCOME GIVEN) OR [QC15_K204 = -7 OR -8 (REF/DK) AND (QC15_K206 = -7 OR QC15_K208 = -7 OR QC15_K210 = -7 (INCOME RANGE REFUSED))], SKIP TO QC15_K222;
ELSE IF QC15_K204 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207, QC15_K209, OR QC15_K211, ASK QC15_K215 USING KPVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE SKIP TO PN QC15_K217

QC15_K216 I need to ask just one more question about income.

Was your total annual household income before taxes less than or more than
 \${POVRT50}?

KAK29	EQUAL TO OR LESS	1	[GO TO PN QC15_K222]
	MORE.....	2	[GO TO PN QC15_K216]
	REFUSED	-7	[GO TO PN QC15_K216]
	DON'T KNOW.....	-8	[GO TO PN QC15_K216]

POST NOTE QC15_K216:
IF QC15_K216 = 1, THEN KPOVERTY = 1;
ELSE IF QC15_K216 = 2, THEN KPOVERTY = 2

PROGRAMMING NOTE QC15_K217:
IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207, QC15_K209, OR QC15_K211, THEN CONTINUE WITH QC15_K217 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT) AND IF QC15_K216 WAS NOT ASKED, DISPLAY "I need to ask one or two more questions about income. Was your total annual household income before taxes";
ELSE DISPLAY, "Was it";
ELSE GO TO PROGRAMMING NOTE QC15_K218

QC15_K217 {I need to ask just one or two more questions about income.

Was your total annual household income before taxes/Was it} less than or more than \${POVRT100}?

KAK18A	EQUAL TO OR LESS	1	[GO TO PN QC15_K222]
	MORE.....	2	
	REFUSED	-7	[GO TO PN QC15_K216]
	DON'T KNOW.....	-8	[GO TO PN QC15_K216]

POST NOTE QC15_K217:
IF QC15_K217 = 1 THEN KPOVERTY = 2;
ELSE IF QC15_K217 = 2, SKIP TO PN QC15_K218

PROGRAMMING NOTE QC15_K218:
IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207, QC15_K209, OR QC15_K211, THEN CONTINUE WITH QC15_K218 USING POVRT133 (133% POVERTY CUTOFF DISPLAY AMOUNT);
IF QC15_K216 AND QC15_K217 WERE NOT ASKED, DISPLAY "I need to ask just one more question about income. Was your total income before taxes";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QC15_K219

QC15_K218 {I need to ask just one more question about income. Was your total annual household income before taxes/Was it} less than or more than \${POVRT133}?

KAK30	EQUAL TO OR LESS	1	[GO TO PN QC15_K222]
	MORE.....	2	[GO TO PN QC15_K222]
	REFUSED	-7	[GO TO PN QC15_K222]
	DON'T KNOW.....	-8	[GO TO PN QC15_K222]

POST NOTE QC15_K218:
IF QC15_K218 = 1, THEN KPOVERTY = 3;
ELSE IF QC15_K218 = 2, THEN KPOVERTY = 4

PROGRAMMING NOTE QC15_K219:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207, QC15_K209, OR QC15_K211, CONTINUE WITH QC15_K219 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT) AND IF QC15_K216 AND QC15_K217, AND QC15_K218 WERE NOT ASKED, DISPLAY "I need to ask just one more question about income. Was your total income before taxes";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QC15_K220

QC15_K219 {I need to ask just one more question about income. Was your total annual household income before taxes/Was it} less than or more than \${POVRT200}?

KAK18B	EQUAL TO OR LESS	1	[GO TO PN QC15_K222]
	MORE.....	2	[GO TO PN QC15_K222]
	REFUSED	-7	[GO TO PN QC15_K222]
	DON'T KNOW.....	-8	[GO TO PN QC15_K222]

POST NOTE QC15_K219:
IF QC15_K219 = 1, THEN KPOVERTY = 4;
ELSE IF QC15_K219 = 2, THEN KPOVERTY = 5

PROGRAMMING NOTE QC15_K219:
IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207, QC15_K209, OR QC15_K211, CONTINUE WITH QC15_K220 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT) AND IF QC15_K216 AND QC15_K217, AND QC15_K218 AND QC15_K219 WERE NOT ASKED, DISPLAY "I need to ask just one more question about income. Was your total income before taxes";
ELSE GO TO PROGRAMMING NOTE QC15_K222

QC15_K220 {I need to ask just one more question about income. Was your total annual household income before taxes/Was it} less than or more than \${POVRT300}?

KAK18C	EQUAL TO OR LESS	1	[GO TO PN QC15_K222]
	MORE.....	2	[GO TO PN QC15_K222]
	REFUSED	-7	[GO TO PN QC15_K222]
	DON'T KNOW.....	-8	[GO TO PN QC15_K222]

POST NOTE QC15_K220:
IF QC15_K220 = 1, THEN KPOVERTY = 5;
ELSE IF QC15_K220 = 2, THEN KPOVERTY = 6

PROGRAMMING NOTE QC15_K221:
IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QC15_K207, QC15_K209, OR QC15_K211, THEN CONTINUE WITH QC15_K221 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT) AND IF QC15_K216 AND QC15_K217, AND QC15_K218 AND QC15_K219 AND QC15_220 WERE NOT ASKED, DISPLAY "I need to ask just one more question about income. Was your total income before taxes"; ELSE GO TO PROGRAMMING NOTE QC15_K222

QC15_K221 {I need to ask just one more question about income. Was your total annual household income before taxes/Was it} less than or more than \${POVRT400}?

KAK31

- EQUAL TO OR LESS 1
- MORE..... 2
- REFUSED -7
- DON'T KNOW -8

POST NOTE QC15_K221:
IF QC15_K221 = 1, THEN KPOVERTY = 6;
ELSE IF QC15_K221 = 2, THEN KPOVERTY = 7

POST NOTE KPOVERTY:
IF KPOVERTY = 8 AND [(QC15_K207 = 1, 2, 3, OR 4) OR (QC15_K209 = 1, 2, 3, 4, OR 5) OR (QC15_K211 = 1, 2, 3, OR 4)] (RANGE QUESTIONS ANSWERED AND NO POVERTY LEVEL FALLS WITHIN THE GIVEN RANGE), SET THIGH = HIGH END OF RANGE OF FINAL RANGE ITEM ASKED (For instance, if QC15_K209 = 3, then THIGH=50000);
THEN SET KPOVERTY:
IF THIGH <= KPVRT50 THEN KPOVERTY = 1;
ELSE IF THIGH <= KPVRT100 THEN KPOVERTY = 2;
ELSE IF THIGH <= KPVRT133 THEN KPOVERTY = 3;
ELSE IF THIGH <= KPVRT200 THEN KPOVERTY = 4;
ELSE IF THIGH <= KPVRT300 THEN KPOVERTY = 5;
ELSE IF THIGH <= KPVRT400 THEN KPOVERTY = 6;
ELSE KPOVERTY = 7

QC15_K222 Do you own or rent your home?

KAK25

- OWN..... 1
- RENT..... 2
- OTHER ARRANGEMENT 3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QC15_K223:
IF SR ≠ KA (SCREENER RESPONDENT IS NOT THE KNOWLEDGEABLE ADULT), CONTINUE WITH QC15_K223;
IF SR = KA (SCREENER RESPONDENT IS KNOWLEDGEABLE ADULT), SKIP TO QC15_K224

QC15_K223 Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

KAH42

ALAMEDA	1
ALPINE.....	2
AMADOR.....	3
BUTTE.....	4
CALAVERAS	5
COLUSA.....	6
CONTRA COSTA	7
DEL NORTE	8
EL DORADO.....	9
FRESNO.....	10
GLENN.....	11
HUMBOLDT.....	12
IMPERIAL.....	13
INYO.....	14
KERN	15
KINGS	16
LAKE	17
LASSEN	18
LOS ANGELES.....	19
MADERA	20
MARIN.....	21
MARIPOSA.....	22
MENDOCINO	23
MERCED.....	24
MODOC.....	25
MONO	26
MONTEREY	27
NAPA.....	28
NEVADA.....	29
ORANGE	30
PLACER	31
PLUMAS.....	32
RIVERSIDE	33
SACRAMENTO.....	34
SAN BENITO	35
SAN BERNARDINO.....	36
SAN DIEGO.....	37
SAN FRANCISCO	38
SAN JOAQUIN	39
SAN LUIS OBISPO.....	40
SAN MATEO.....	41
SANTA BARBARA.....	42
SANTA CLARA.....	43
SANTA CRUZ.....	44
SHASTA	45
SIERRA	46

SISKIYOU.....	47
SOLANO.....	48
SONOMA.....	49
STANISLAUS	50
SUTTER	51
TEHAMA.....	52
TRINITY.....	53
TULARE	54
TUOLUMNE.....	55
VENTURA	56
YOLO	57
YUBA.....	58
REFUSED	-7
DON'T KNOW.....	-8

PROGRAMMING NOTE QC15_K224:
IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK QC15_K224;
IF SR = AR (SCREENER RESPONDENT IS THE KNOWLEDGEABLE ADULT) DISPLAY "Just a few final questions and then we are done.";
ELSE GO TO QC15_K225

QC15_K224 {Just a few final questions and then we are done.}

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at {R's ADDRESS AND STREET}?

KA01

YES	1	[GO TO QC15_K228]
NO.....	2	
REFUSED	-7	
DON'T KNOW.....	-8	

PROGRAMMING NOTE QC15_K225:
IF R'S ADDRESS IS A P.O. BOX AND SR =KA (SCREENER RESPONDENT IS THE KNOWLEDGEABLE), DISPLAY "Just a few final questions and then we are done.";

QC15_K225 {Just a few final questions and then we are done.}

What is your zip code?

KAM7

_____ ZIP CODE	
REFUSED	-7
DON'T KNOW.....	-8

QC15_K226 To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

KA02

_____ HOUSE ADDRESS NUMBER
_____ NAME OF STREET (VERIFY SPELLING) **[GO TO QC15_K228]**
_____ STREET TYPE
_____ APT. NO

REFUSED -7
DON'T KNOW -8

**PROGRAMMING NOTE QC15_K227:
IF ADDRESS WAS GIVEN IN QC15_K226, SKIP TO QC15_K228;
ELSE CONTINUE WITH QC15_K227**

QC15_K227 Can you tell me just the name of the street you live on?

KAM8

_____ NAME OF STREET

REFUSED -7 **[GO TO QC15_K229]**
DON'T KNOW -8 **[GO TO QC15_K229]**

QC15_K228 And what is the name of the street down the corner from you that crosses your street?

KAM9

_____ NAME OF CROSS-STREET

REFUSED -7
DON'T KNOW -8

**PROGRAMMING NOTE QC15_K229:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QC15_H25 (FOLLOW-UP);
ELSE CONTINUE WITH QC15_K229**

QC15_K229 I'm won't ask you for the number, but do you have a working cell phone?

KAM33

[CODE "SHARES CELL PHONE" ONLY IF VOLUNTEERED]

YES 1
NO 2
SHARES CELL PHONE 3
REFUSED -7
DON'T KNOW -8

**PROGRAMMING NOTE QC15_K230:
IF QC15_K229 = 1 (YES) OR 3 (SHARES CELL PHONE), THEN CONTINUE WITH QC15_K230;
ELSE SKIP TO PROGRAMMING QC15_H25 (FOLLOW-UP)**

QC15_K230 Of all the telephone calls that you receive, are...

KAM34

All or almost all calls received on a cell phone,1
Some on cell phones & some on regular phones, or2
Very few or none on cell phones3
REFUSED -7
DONT' KNOW -8

SECTION H – DEMOGRAPHICS, PART III

**PROGRAMMING NOTE QC15_H25:
IF RESPONDENT IS NOT SAMPLED ADULT, CONTINUE WITH QC15_H25;
ELSE GO TO QC15_H26**

QC15_H25 Based on the questions in this survey about (CHILD), is there another adult in the household who is more knowledgeable about questions we asked about (CHILD)?

CH30

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

QC15_H26 Those are my final questions. I appreciate your patience. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

CG38

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

END Thank you. You have helped with a very important statewide survey. If you have any questions, you can contact Dr. Ponce, the Principal Investigator. Do you want that number?

[IF YES, SAY: Dr. Ponce can be reached toll-free at 1-866-275-2447.
IF NO, SAY: Goodbye.]