CHIS 2016
Adolescent Questionnaire
Version 2.8 (RTI)
July 12, 2017

(Adolescent Respondents Ages 12-17)

Collaborating Agencies:
- ☐ UCLA Center for Health Policy Research
- ☐ 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 AND CIVIC ENGAGEMENT

PROGRAMMING NOTE QT15_A1: **SET TADATE = CURRENT DATE (YYYYMMDD)**

QT15_A1   What is your date of birth?

TA1MON

_____ MONTH

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

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

TA1DAY

_____ DAY

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

TA1YR

_____ YEAR

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

PROGRAMMING NOTE QT15_A2:
IF QT15_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QT15_A2;
ELSE GO TO QT15_A4

QT15_A2   What month and year were you born?

TA1AMON

_____ MONTH

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

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

TA1AYR

_____ YEAR

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

PROGRAMMING NOTE QT15_A3:
IF QT15_A2 = -7 OR -8 (REF/DK), CONTINUE WITH QT15_A3;
ELSE GO TO QT15_A4

QT15_A3   How old are you?

TA2

_____ YEARS OF AGE [SR: 12-17]

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

POST-NOTE QT15_A3:
IF QT15_A1 AND QT15_A3 ARE NOT KNOWN, USE CHILD ROSTER AGE (ENUM.AGE);
IF TEENAGE < 12 OR TEENAGE > 17, THEN TERMINATE INTERVIEW AND CODE INELIGIBLE (IT)

QT15_A4   Are you male or female?

TA3

MALE 1
FEMALE 2
REFUSED .... -7   **[END INTERVIEW**
                                                                              CODE INELIGIBLE.]

QT15_A5   Did you attend school last week?

TA4

                    YES..1   **[GO TO QT15_A7]**
                    NO...2
                    ON VACATION 3
                    HOME SCHOOLED 4
                    REFUSED .... -7
                    DON'T KNOW .... -8

QT15_A6   Did you attend school during the last school year?

TA4C

                    YES..1
                    NO...2   **[GO TO QT15_B1]**
                    HOME SCHOOLED LAST YEAR 3
                    REFUSED .... -7   **[GO TO QT15_B1]**
                    DON'T KNOW .... -8   **[GO TO QT15_B1]**

QT15_A7   What is the name of the school you go to or last attended?

TA4B

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

                    NAME OF SCHOOL _____

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

| TA4B |
TYPE

                    ____ TYPE OF SCHOOL

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

QT15_A8   In the past 3 years, how many times did you change schools, not counting for graduation?

TA6

_____TIMES

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

PROGRAM NOTE FOR QT15_A9:
IF QT15_A8 = 0, -7, OR -8 (ZERO/REF/DK) GO TO PN QT15_N1;
ELSE CONTINUE WITH QT15_A9

QT15_A9   Why did you change schools?

TA7

[CHECK ALL THAT APPLY]

MOVED 1
SCHOOL CLOSED 2
DIDN'T LIKE OLD SCHOOL/TO ATTEND
BETTER SCHOOL..3
GOT EXPELLED/GOT IN TROUBLE 4
PROBLEMS WITH TEACHER/PEERS 5
OTHER (SPECIFY: _____)..................... 91
REFUSED .... -7
DON'T KNOW .... -8

SECTION N – PERSONAL AND SCHOOL SAFETY

> **PROGRAMMING NOTE SECTION N:**
> **IF QT15_A5 = 1 (ATTENDED SCHOOL LAST WEEK) OR QT15_A6 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QT15_N1;**
> **ELSE GO TO QT15_B1**

QT15_N1   The next questions are about your relationships with people around your age. I'll ask about threats and your safety.

In the past 12 months, about how many times did someone about your age <u>threaten to hurt you or threaten to beat you up?</u>

TN1

_____ TIMES [HR: 0-365; SR: 0-20]

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

QT15 _N2   In the past 12 months, how many times did YOU threaten to hurt someone or threaten to beat HIM OR HER up?

TG2

_____ TIMES [HR: 0-365; SR: 0-20]

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

QT15_N3   In the past 12 months, how many times *on school grounds* have you been afraid of being beaten up? Would you say…

TN2

Never,..1
1 Time, ...2
2 to 3 Times, ...3
Or 4 or More Times?...4
REFUSED .... -7
DON'T KNOW .... -8

QT15_N4   During the past 30 days, on how many days did you not go to school because you felt unsafe on your way to or from school?

TN6

_____ DAYS

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

QT15_N5   During the past 30 days, on how many days did you not go to school because you felt unsafe there?

TN7

_____ DAYS

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

QT15_N6   Do you feel safe at your school...

> **TE65**

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

SECTION B – HEALTH STATUS AND HEALTH CONDITIONS

QT15_B1   Now I'm going to ask about your health.

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

TB1

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

QT15_B2   About how tall are you without shoes?

TB2F/ TB2I

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

_____ FEET _____ INCHES

TB2M/ TB2C

_____ METERS _____ CENTIMETERS

TB2FMT

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

QT15_B3   About how much do you weigh without shoes?

TB3

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

_____ POUNDS   [HR: 50-450]

_____ KILOGRAMS [HR: 20-220]

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

PROGRAMMING NOTE QT15_B4:
IF QT15_A5 = 1 (ATTENDED SCHOOL LAST WEEK) OR 4 (HOME SCHOOLED), CONTINUE WITH QT15_B4;
ELSE GO TO QT15_B5

QT15_B4   During the last four school weeks, how many days of school did you miss because of a health problem?

> **TB4**

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

_____ DAYS [HR: 0-20]

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

QT15_B5   Has a doctor ever told you or your parents that you have asthma?

> **TB5**

YES 1
NO 2   **[GO TO QT15_B21]**
REFUSED .... -7   **[GO TO QT15_B21]**
DON'T KNOW .... -8   **[GO TO QT15_B21]**

QT15_B6   Do you still have asthma?

> **TB17**

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

QT15_B7   During the past 12 months, have you had an episode of asthma or an asthma attack?

> **TB18**

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

PROGRAMMING NOTE QT15_B8:
IF QT15_B6 = 2, -7, OR -8 (NO, REFUSED, OR DON'T KNOW) AND QT15_B7 = 2, -7, OR -8 (NO, REFUSED, OR DON'T KNOW), GO TO QT15_B12;
ELSE CONTINUE WITH QT15_B8

QT15_B8   During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

> **TB7**

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

QT15_B9   During the <u>past 12 months</u>, have you had to visit a hospital emergency room because of <u>your</u> asthma?

TB19

        YES..1
        NO..2   **[GO TO QT15_B11]**
        REFUSED .... -7   **[GO TO QT15_B11]**
        DON'T KNOW .... -8   **[GO TO QT15_B11]**

QT15_B10   Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

TB31

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

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

QT15_B11   During the past 12 months**,** were you admitted to the hospital overnight or longer for your asthma?

TF4A

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

QT15_B12   Are you now taking a <u>daily</u> medication to control your asthma that was prescribed or given to you by a doctor?

TB6

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

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

PROGRAMMING NOTE QT15_B13:
IF QT15_B6 = 1 (YES, STILL HAVE ASTHMA) OR QT15_B7 = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO QT15_B17;
ELSE CONTINUE WITH QT15_B13

QT15_B13   During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

TB27

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

QT15_B14   During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

TB28

           YES..1
           NO...2   **[GO TO QT15_B16]**
           REFUSED .... -7   **[GO TO QT15_B16]**
           DON'T KNOW .... -8   **[GO TO QT15_B16]**

QT15_B15   Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

TB34

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

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

QT15_B16   During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

TB29

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

QT15_B17   During the past 12 months, how many days of school did you miss due to asthma?

TB24

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

          _____ DAYS [HR: 0-365]

           NOT GOING TO SCHOOL 996
           REFUSED .... -7
           DON'T KNOW .... -8

QT15_B18   Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

TB20

           YES..1
           NO...2   **[GO TO QT15_B21]**
           REFUSED .... -7   **[GO TO QT15_B21]**
           DON'T KNOW .... -8   **[GO TO QT15_B21]**

QT15_B19   Do you have a written or printed copy of this plan?

TB32

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

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

QT15_B20   How confident are you that you can control and manage your asthma? Would you say you are…

TB33

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

QT15_B21   During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?

Modified-
TB26

[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

SECTION C - DIET, NUTRITION, AND FOOD ENVIRONMENT

QT15_C1   Now, I'm going to ask about the foods you ate yesterday, including both meals and snacks.

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

TE4

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

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

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

QT15_C2   [Yesterday,] how many servings of other vegetables like green salad, green beans, or potatoes did you have? Do not include fried potatoes.

TE6

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

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

QT15_C3   [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did you drink? Do not include diet soda.

TC28A

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

_____ GLASSES OR CANS

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

QT15_C4   [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did you drink?

TC28B

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

_____ GLASSES OR CANS

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

QT15_C5   In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at school, at home or at fast-food restaurants, carryout or drive thru.

TD25

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

_____ TIMES

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

PROGRAMMING NOTE QT15_C6:
IF QT15_A5 = 1 (ATTENDED SCHOOL LAST WEEK) OR QT11_A6 = 1 (ATTENDED SCHOOL LAST SCHOOL YEAR) THEN CONTINUE WITH QT15_C6;
ELSE GO TO PROGRAMMING NOTE QT15_C8;

QT15_C6   Does your school usually serve students fast food made by restaurants like McDonald's, Burger King, Taco Bell, or Pizza Hut?

TC10

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

PROGRAMMING NOTE QT15_C7:
IF QT15_A6 = 1 (ATTENDED SCHOOL LAST SCHOOL YEAR), DISPLAY: "During a typical week, how many times do";
ELSE DISPLAY "In the past 7 days, how many times did"

QT15_C7   {During a typical week, how many times do/In the past 7 days how many times did} you eat the lunch served in the school cafeteria?

TD24

_____ TIMES [SR: 0-5; HR: 0-7]

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

QT15_C8   Yesterday, how many glasses of water did you drink at school, home, and everywhere else? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.

TC53

[IF NEEDED SAY: "Include tap water, like from a sink, faucet, fountain, or pitcher, and bottled water like Aquafina®. Do not include flavored sweetened water.]

_____ GLASSES

LESS THAN 1 GLASS
(E.G., SIPS FROM A FOUNTAIN) 99
NONE 0
REFUSED .... -7
DON'T KNOW .... -8

SECTION D - PHYSICAL ACTIVITY

QT15_D1   These next questions are about physical activity.

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

TE8

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

_____ DAYS [HR: 0-7]

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

QT15_D2   **During a typical week**, on how many days are you physically active for at least 60 minutes total per day? Do not include PE.

TE49

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

_____ DAYS [HR: 0-7]

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

PROGRAMMING NOTE QT15_D3:
IF QT15_A5 = 4 OR QT15_A6 = 3 (HOME SCHOOLED) OR QT15_A6 = 2 (NO, NOT IN SCHOOL LAST YEAR), GO TO QT15_D9;
IF QT15_A5 = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), CONTINUE WITH QT15_D3 AND DISPLAY "During the school year, on how many days during a typical week do";
ELSE CONTINUE WITH QT15_D3 AND DISPLAY "How many days *in the past week* did"

QT15_D3   {How many days *in the past week* did/During the school year, on how many days during a typical week do} you walk home from school?

TD27

[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 [HR: 0-7]

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

PROGRAMMING NOTE QT15_D4:
IF QT15_D3 = 0, -7 OR -8 (NO DAYS, REF/DK) GO TO QT15_D5;
ELSE IF QT15_D3 > 0 DAYS, CONTINUE WITH QT15_D4;
IF QT15_A5 = 1, DISPLAY "does it";
IF QT15_A6 = 1, DISPLAY "did it"

QT15_D4   About how many minutes {did it/does it} take you without any stops?

TD28

[IF NEEDED, SAY: "To walk home from school."]

_____ MINUTES [SR: 1-180]

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

PROGRAMMING NOTE QT15_D5:
IF QT15_D3 = 0 DAYS, -7, OR -8, CONTINUE WITH QT15_D5;
ELSE IF QT15_D3 > 0 DAYS (ONE OR MORE DAYS), GO TO QT15_D6

QT15_D5   Could you walk home from school in 30 minutes or less?

TD29

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

PROGRAMMING NOTE QT15_D6:
IF QT15_A5 = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), CONTINUE WITH
QT15_D6 AND DISPLAY "During the school year, on how many days during a typical week do";
ELSE CONTINUE WITH QT15_D6 AND DISPLAY "How many days in the past week did"

QT15_D6   {How many days in the *past week* did/During the school year, on how many days during
a typical week do} you bicycle or skateboard home from school?

TD30

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

_____ DAYS [HR: 0-7]

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

PROGRAMMING NOTE QT15_D7:
IF QT15_D6 = 0, -7 OR -8 (NO DAYS, REF/DK) GO TO PROGRAMMING NOTE QT15_D8;
ELSE IF QT15_D6 > 0 DAYS, CONTINUE WITH QT15_D7;
IF QT15_A5 = 1, DISPLAY "does";
IF QT15_A6 = 1, DISPLAY "did"

QT15_D7   About how many minutes {did/does} it take you without any stops?

TD31

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

_____ MINUTES [SR: 1-180]   **[GO TO QT15_D9]**

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

PROGRAMMING NOTE QT15_D8:
IF (QT15_D3 > 0 DAYS AND QT15_D4 ≤ 30 MINUTES) OR QT15_D5 = 1 (COULD WALK HOME IN 30 MINUTES OR LESS), GO TO QT15_D9;
ELSE CONTINUE WITH QT15_D8

QT15_D8   Could you bike or skateboard home from school in 30 minutes or less?

TD32

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

QT15_D9   In the past 30 days, did you go to a park, playground, or open space?

TE62

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

QT15_D10   Is there a park, playground, or open space within walking distance of your home?

TC42

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

QT15_D11   The last time you went to a park, playground or open space, were you physically active while you were there?

TE63

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

QT15_D12   Do you strongly agree, agree, disagree, or strongly disagree with the following statements?

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

TC25

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

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

QT15_D13   People in my neighborhood are willing to help each other.

TD34

[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

QT15_D14   People in this neighborhood can be trusted.

TD36

[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

QT15_D15   You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

TD37

[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

QT15_D16　　Do you feel safe in your neighborhood…

TE64

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

QT15_D17　　The next questions are about the time you spend mostly sitting when you are <u>not</u> in school or doing homework.

During the weekends, about how much time do you spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

TD39
`

> _____ HOUR(S) 　　　 _____ MINUTE(S)

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

QT15_D18　　During the week days, about how much time do you spend on a typical or usual week day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?

TD38

> _____ HOUR(S) 　　　 _____ MINUTE(S)

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

SECTION E - CIGARETTE, ALCOHOL AND DRUG USE

QT15_E1   Now I'm going to ask about smoking.

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

TC38

            YES 1
            NO 2   **[GO TO QT15_E4]**
            REFUSED .... -7   **[GO TO QT15_E4]**
            DON'T KNOW .... -8   **[GO TO QT15_E4]**

QT15_E2   In the past 30 days, on how many days did you smoke cigarettes?

TE19

            NONE 0   **[GO TO QT15_E4]**
            1-2 DAYS 1
            3-5 DAYS 2
            6-9 DAYS 3
            10-19 DAYS 4
            20-29 DAYS 5
            30 DAYS 6
            REFUSED .... -7
            DON'T KNOW .... -8

QT15_E3   In the past 30 days, when you smoked, about how many cigarettes did you smoke per
            day?

TE20

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

            _____ NUMBER OF CIGARETTES

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

QT15_E4   Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer
            cigarettes?

TE66

            [INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VAPE OR VAPING.]
            **[IF NEEDED, SAY: "Electronic cigarettes are devices that mimic traditional
            cigarette smoking, but the battery operated device produces vapor instead of
            smoke. The solutions used in the device may contain nicotine and are usually
            flavored."]**

            YES 1
            NO 2   **[GO TO QT15_E7]**
            REFUSED .... -7   **[GO TO QT15_E7]**
            DON'T KNOW .... -8   **[GO TO QT15_E7]**

QT15_E5   During the past 30 days, how many days did you use electronic cigarettes?

TE67

      _____ NUMBER OF DAYS   **[IF 0, THEN GO TO QT15_E7]**

      REFUSED .... -7   **[GO TO QT15_E7]**
      DON'T KNOW .... -8   **[GO TO QT15_E7]**

QT15_E6   What are your reasons for using electronic cigarettes?

TE68

      [CODE ALL THAT APPLY]

      QUIT SMOKING..1
      REPLACE SMOKING 2
      CUT DOWN OR REDUCE SMOKING 3
      USE IN PLACES WHERE SMOKING NOT IS
      NOT ALLOWED..4
      CURIOSITY, JUST TRY IT 5
      OTHER (SPECIFY: _____)...................... 91
      REFUSED .... -7
      DON'T KNOW .... -8

QT15_E7   Did you ever have more than a few sips of <u>any</u> alcoholic drink, like beer, wine, mixed drinks, or liquor?

TE22

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

PROGRAMMING NOTE QT15_E8:
IF QT15_A4 = 1 (MALE) GO TO QT15_E9;
ELSE CONTINUE WITH QT15_E8

QT15_E8   How many days in the past 30 days did you have <u>four or more</u> drinks in a row, that is within a couple of hours?

TE24A

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

PROGRAMMING NOTE QT15_E9:
IF QT15_A4 = 2 (FEMALE), GO TO NEXT SECTION;
ELSE CONTINUE WITH QT15_E9

QT15_E9   How many days in the past 30 days did you have <u>five or more</u> drinks in a row, that is within a couple of hours?

TE24

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

SECTION F – MENTAL HEALTH

QT15_F1   The next questions are about how you have been feeling during the past 30 days.

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

TG11

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

QT15_F2   During the past 30 days, about how often did you feel hopeless — all of the time, most of the time, some of the time, a little of the time, or none of the time?

TG12

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

QT15_F3   During the past 30 days, about how often did you feel restless or fidgety?

TG13

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

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

QT15_F4   How often did you feel so depressed that nothing could cheer you up?

TG14

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

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

QT15_F5   During the past 30 days, about how often did you feel that everything was an effort?

TG15

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

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

QT15_F6   During the past 30 days, about how often did you feel worthless?

TG16

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

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

QT15_F6A   Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

TF30

YES...1
NO...2   **[GO TO QT15_F7]**
REFUSED .... -7   **[GO TO QT15_F7]**
DON'T KNOW .... -8   **[GO TO QT15_F7]**

PROGRAMMING NOTE QT15_F6B:
IF QT15_F6A = 1 THEN CONTINUE WITH QT15_F6B;
ELSE SKIP TO QT15_F7

QT15_F6B   The next questions are about the one month in the past 12 months when you were at your worst emotionally.

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

TF31

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

QT15_F6C   During that same month, how often did you feel hopeless – all of the time, most, some, a little, or none of the time?

TF32

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

QT15_F6D   How often did you feel restless or fidgety?

TF33

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

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

QT15_F6E   How often did you feel so depressed that nothing could cheer you up?

TF34

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

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

QT15_F6F   How often did you feel that everything was an effort?

TF35

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

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

QT15_F6G   How often did you feel worthless?

> **TF36**

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

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

QT15_F7   In the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?

> **TI11**

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

QT15_F8   In the past 12 months, have you received any psychological or emotional counseling?

> **TF11**

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

PROGRAMMING NOTE QT15_F9:
IF QT15_E7 = 1 (MORE THAN SIP OF ALCOHOL) CONTINUE WITH QT15_F9;
ELSE GO TO QT15_G1

QT15_F9   In the past 12 months, did you receive any professional help for your use of alcohol or drugs?

> **TI13**

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

SECTION G – SEXUAL BEHAVIORS

PROGRAMMING NOTE QT15_G1:
IF PARENT/GUARDIAN DID *NOT* ALLOW RESPONDENT TO ANSWER SEXUAL BEHAVIOR QUESTIONS, GO TO QT15_H1;
ELSE CONTINUE WITH QT15_G1

QT15_G1 The next section is about sexual behavior. The information will be kept private and you can refuse to answer.

Have you ever had sexual intercourse?

TE32

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

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

SECTION H – HEALTH CARE UTILIZATION AND ACCESS

QT15_H1   Now I'm going to ask about health care visits.

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

[TF1]

[IF R VOLUNTEERS MORE THAN ONE PLACE, ENTER 5.]

YES 1
NO..2   **[GO TO QT15_H3]**
DOCTOR/MY DOCTOR 3
KAISER 4
MORE THAN ONE PLACE 5
REFUSED .... -7   **[GO TO QT15_H3]**
DON'T KNOW .... -8   **[GO TO QT15_H3]**

PROGRAMMING NOTE QT15_H2:
IF QT15_H1 = 4 (KAISER), FILL IN QT15_H2 = 1 AND GO TO QT15_H3;
ELSE IF QT15_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE DISPLAY "What kind of place do you go to most often — a medical…".

QT15_H2   {What kind of place do you go to most often – a medical…/Is your doctor in a private…} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

[TF2]

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

PROGRAMMING NOTE QT15_H3:
IF QT15_B11 = 1 OR QT15_B16 = 1 (YES, WENT TO ER PAST 12 MONTHS FOR THEIR ASTHMA),
MARK 'YES=1' ON QT15_H3 AND GO TO QT15_H4;
ELSE CONTINUE WITH QT15_H3

QT15_H3   During the past 12 months, did you visit a hospital emergency room for your own health?

[TF3]

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

QT15_H4   During the past 12 months, how many times have you seen a medical doctor?

[TF16]

_____ TIMES [RANGE: 0-365]

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

QT15_H5   When was the last time you saw a doctor for a physical exam or check-up?

TF5

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

PROGRAMMING NOTE QT15_H6:
IF QT15_H5 = 0 (NEVER HAD A PHYSICAL EXAM), 5 (LAST PHYSICAL EXAM 2 OR MORE YEARS AGO), -7 (REFUSED), -8 (DON'T KNOW), GO TO QT15_H8;
ELSE CONTINUE WITH QT15_H6

QT15_H6   When you had your last routine physical exam, did you and a doctor talk about exercise or physical activity?

TF8H

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

QT15_H7   ....about nutrition or healthy eating?

TF8I

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

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

PROGRAMMING NOTE QT15_H8:
IF QT15_H1 = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL
SOURCE OF CARE), CONTINUE WITH QT15_H8;
ELSE GO TO QT15_H9

QT15_H8   Do you have a personal doctor or medical provider who is your main provider?

TI14

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

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

PROGRAMMING NOTE QT15_H9:
IF QT15_H8 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QT15_H9;
ELSE GO TO PROGRAMMING NOTE QT15_H11

QT15_H9   How often does your doctor or medical provider listen carefully to you? Would you say…

TH44

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

QT15_H10   How often does your doctor or medical provider explain clearly what you need to do
to take care of your health? Would you say…

TH45

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

> **PROGRAMMING NOTE QT15_H11:**
> **IF TEINSURE = 1 OR QT15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN**
> **CONTINUE WITH QT15_H11;**
> **ELSE GO TO PROGRAMMING NOTE QT15_H13**
> **IF QT15_H8 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";**
> **ELSE DISPLAY "a"**

QT15_H11   In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

> **TH49**

[IF NEEDED, SAY: "Do not include urgent care or emergency care visits. I am only asking about appointments".]

YES...1	
NO..2	**[GO TO QT15_H13]**
REFUSED .... -7	**[GO TO QT15_H13]**
DON'T KNOW .... -8	**[GO TO QT15_H13]**

QT15_H12   How often were you able to get an appointment within two days? Would you say…

> **TH46**

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

QT15_H13   During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

> **TI18**

YES...1	
NO..2	**[GO TO QT15_H15]**
REFUSED .... -7	**[GO TO QT15_H15]**
DON'T KNOW .... -8	**[GO TO QT15_H15]**

QT15_H14   Was cost or lack of insurance a reason why you delayed or did not get the prescription?

> **TI21**

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

QT15_H15   During the past 12 months, did you delay or not get any medical care you felt you needed — such as seeing a doctor, a specialist, or other health professional?

> **TF9**

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

QT15_H16   Did you get the care eventually?

TH57

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

QT15_H17   Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

TF22

>   YES 1
>   NO 2   **[GO TO QT15_H19]**
>   REFUSED .... -7   **[GO TO QT15_H19]**
>   DON'T KNOW .... -8   **[GO TO QT15_H19]**

QT15_H18   Was that the <u>main</u> reason?

TH58

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

QT15_H19   What was the <u>one</u> main reason why you delayed getting the care you felt you needed?

TH59

>   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

SECTION J - DEMOGRAPHIC INFORMATION PART II

QT15_J1   So we can be sure we have included all races and ethnic groups in California, I need to ask a few questions about your background.

Are you Latino or Hispanic?

TI1

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

```
YES ...........................................................................1
NO.............................................................................2     [GO TO QT15_J3]
REFUSED ............................................................... -7     [GO TO QT15_J3]
DON'T KNOW ........................................................ -8     [GO TO QT15_J3]
```

QT15_J2   And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran – and if you have more than one, tell me all of them.

TI1A

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

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

PROGRAMMING NOTE QT15_J3:
IF QT15_J1 = 1 (YES), DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QT15_J3, CONTINUE
WITH PROGRAMMING NOTE QT15_J4;
ELSE GO TO SKIPS AS INDICATED FOR SINGLE RESPONSES

QT15_J3   {You said you are Latino or Hispanic. Also,} Please tell me which one or more of the
following you would use to describe yourself: Would you describe yourself as Native
Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African
American, or White?

TI2

[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]
[IF R GIVES AN "OTHER" RESPONSE YOU MUST SPECIFY WHAT IT IS]
[CODE ALL THAT APPLY]

WHITE	1	**[GO TO QT15_J11]**
BLACK OR AFRICAN AMERICAN	2	**[GO TO QT15_J11]**
ASIAN	3	**[GO TO QT15_J7]**
AMERICAN INDIAN, ALASKA NATIVE	4	**[GO TO QT15_J4]**
OTHER PACIFIC ISLANDER	5	**[GO TO QT15_J8]**
NATIVE HAWAIIAN	6	**[GO TO QT15_J11]**
OTHER (SPECIFY: _____)	 91	**[GO TO QT15_J11]**
REFUSED	.... -7	**[GO TO QT15_J11]**
DON'T KNOW	.... -8	**[GO TO QT15_J11]**

PROGRAMMING NOTE QT15_J4:
IF QT15_J3 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH QT15_J4;
ELSE GO TO PROGRAMMING NOTE QT15_J7

QT15_J4   You said, American Indian or Alaska Native, and what is your tribal heritage? If you have
more than one tribe, tell me all of them.

TI2A

[CODE ALL THAT APPLY]

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

QT15_J5   Are you an enrolled member in a federally or state recognized tribe?

TI2B

```
YES .......................................................................1
NO.........................................................................2      [GO TO QT15_J7]
REFUSED ............................................................. -7      [GO TO QT15_J7]
DON'T KNOW ....................................................... -8      [GO TO QT15_J7]
```

QT15_J6   Which tribe are you enrolled in?

TI2C

APACHE
    MESCALERO APACHE, NM 1
    APACHE (NOT SPECIFIED) 2
    OTHER APACHE [ASK FOR SPELLING]
    (SPECIFY: _____)...................................3
BLACKFEET
    BLACKFOOT/BLACKFEET...............................4
CHEROKEE
    WESTERN CHEROKEE 5
    CHEROKEE (NOT SPECIFIED) 6
    OTHER CHEROKEE [ASK FOR SPELLING]
    (SPECIFY: _____) 7
CHOCTAW
    CHOCTAW OKLAHOMA 8
    CHOCTAW (NOT SPECIFIED)........................9
    OTHER CHOCTAW [ASK FOR SPELLING]
    (SPECIFY: _____)............................... 10
NAVAJO
    NAVAJO (NOT SPECIFIED) 11
POMO
    HOPLAND BAND, HOPLAND RANCHERIA . 12
    SHERWOOD VALLEY RANCHERIA.............. 13
    POMO (NOT SPECIFIED) 14
    OTHER POMO [ASK FOR SPELLING]
    (SPECIFY: _____)................................ 15
PUEBLO
    HOPI.. 16
    YSLETA DEL SUR PUEBLO OF TEXAS........ 17
    PUEBLO (NOT SPECIFIED).......................... 18
    OTHER PUEBLO [ASK FOR SPELLING]
    (SPECIFY: _____) 19
SIOUX
    OGLALA/PINE RIDGE SIOUX 20
    SIOUX (NOT SPECIFIED) 21
    OTHER SIOUX [ASK FOR SPELLING]
    (SPECIFY: _____)................................ 22
YAQUI
    PASCUA YAQUI TRIBE OF ARIZONA.......... 23
    YAQUI (NOT SPECIFIED) 24
    OTHER YAQUI [ASK FOR SPELLING]
    (SPECIFY: _____)................................ 25
OTHER
    OTHER (SPECIFY: _____) 91
    REFUSED .... -7
    DON'T KNOW.. -8

PROGRAMMING NOTE QT15_J7:
IF QT15_J3 = 3 (ASIAN) CONTINUE WITH QT15_J7;
ELSE GO TO PROGRAMMING NOTE QT15_J8

QT15_J7   You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, or Vietnamese? If you are more than one, tell me all of them.

TI2D

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QT15_J8:
IF QT15_J3 = 5 (PACIFIC ISLANDER) CONTINUE WITH QT15_J8;
ELSE GO TO PROGRAMMING NOTE QT15_J9

QT15_J8   You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

TI2D1

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QT15_J9:
IF QT15_J1 = 1 (YES, LATINO) AND [QT15_J3 = 6 (NATIVE HAWAIIAN) OR 5 (OTHER PACIFIC ISLANDER) OR 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 3 (ASIAN) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH QT15_J9;
ELSE IF MULTIPLE RESPONSES TO QT15_J3 OR QT15_J7 OR QT15_J8 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QT15_J9;
ELSE GO TO QT15_J10;
FOR QT15_J2 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF QT15_J1 = -7 (REFUSE), INSERT "Latino"

QT15_J9   You said that you are: [RESPONSES FROM QT15_J2, QT15_J3, QT15_J7, QT15_J8].
Do you identify with any one race in particular?

TI2F

```
YES .......................................................................1
NO .........................................................................2     [GO TO QT15_J11]
REFUSED ............................................................... -7     [GO TO QT15_J11]
DON'T KNOW .......................................................... -8     [GO TO QT15_J11]
```

QT15_J10   Which do you <u>most</u> identify with?

TI2E

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

QT15_J11   In what country were you born?

TI3

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

PROGRAMMING NOTE QT15_J12:
IF QT15_J11 = 1, 2, 9, 22, OR 26 (BORN IN USA OR US TERRITORY), GO TO QT15_J15;
ELSE CONTINUE WITH QT15_J12

QT15_J12   Are you a citizen of the United States?

TI4

YES	1	**[GO TO QT15_J14]**
NO	2	
APPLICATION PENDING	3	
REFUSED	-7	
DON'T KNOW	-8	

QT15_J13   Are you a permanent resident with a green card?

TI5

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

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

QT15_J14   About how many years have you lived in the United States?

TI6

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

TI6YR

> _____ NUMBER OF YEARS [HR: 0-17]

> {OR}

TI6FMT

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

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

QT15_J15   What languages do you speak at home?

TI7

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

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

SECTION K – SUICIDE IDEATION AND ATTEMPTS

QT15_K1　　The next section is about thoughts of hurting yourself. If any question upsets you, you don't have to answer it.

TK1

Have you <u>ever</u> seriously thought about committing suicide?

YES...1
NO..2　　**[GO TO QT15_L1]**
REFUSED .... -7　　**[GO TO QT15_L1]**
DON'T KNOW .... -8　　**[GO TO QT15_L1]**

QT15_K2　　Have you seriously thought about committing suicide at any time in the past 12 months?

TK2

YES...1
NO..2　　**[GO TO QT15_K4]**
REFUSED .... -7　　**[GO TO QT15_K4]**
DON'T KNOW .... -8　　**[GO TO QT15_K4]**

QT15_K3　　Have you seriously thought about committing suicide at any time in the past 2 months?

TK3

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

QT15_K4　　Have you ever attempted suicide?

TK4

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

PROGRAMMING NOTE QT15_K5:
IF (QT15_K2 = 2, -7, OR -8) AND (QT15_K4 = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;
IF (QT15_K3 = 2, -7, OR -8) AND (QT15_K4 = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;
IF QT15_K3 = 1 AND (QT15_K4 = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QT15_K5

QT15_K5　　Have you attempted suicide at any time in the past 12 months?

TK5

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

SUICIDE RESOURCE:

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with? **[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]** The number is 1-800-273-TALK (8255). **[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]**

Or, you can visit a website to find out information about getting help. **[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]** The website address is www.suicidepreventionlifeline.org. **[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]**

POST-NOTE FOR SUICIDE RESOURCE:
IF (QT15_K2 = 2, -7, OR -8) AND (QT15_K4 = 2, -7, OR -8), THEN GO TO QT15_L1 (NEXT SECTION); ELSE CONTINUE WITH QT15_K6

QT15_K6   Would you like to discuss your thoughts with this person?

TK7

YES	1	**[GO TO SUICIDE PROTOCOL]**
NO	2	**[GO TO QT15_L1]**
REFUSED	-7	**[GO TO QT15_L1]**
DON'T KNOW	-8	**[GO TO QT15_L1]**

SECTION L – CIVIC ENGAGEMENT AND RESILIENCY

QT15_L1   In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

TH21

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

PROGRAMMING NOTE QT15_L2:
IF QT15_A5 = 1 OR QT15_A6 = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH QT15_L2;
ELSE GO TO QT15_L15

QT15_L2   How <u>true</u> do you feel the next statements are about your school and things you might do there:

At my school, there is a teacher <u>or</u> some other adult...
Who really cares about me. Would you say this is...

TH8

```
Not at all true..............................................................1
A little true ..................................................................2
Pretty much true, or ................................................3
Very much true?.......................................................4
REFUSED .............................................................. -7
DON'T KNOW ......................................................... -8
```

QT15_L3   [At my school, there is a teacher <u>or</u> some other adult...]
Who notices when I'm not there. Is this…

TH9

```
Not at all true..............................................................1
A little true ..................................................................2
Pretty much true, or ................................................3
Very much true?.......................................................4
REFUSED .............................................................. -7
DON'T KNOW ......................................................... -8
```

QT15_L4   [At my school, there is a teacher <u>or</u> some other adult...]
Who listens to me when I have something to say. Is this…

TH10

```
Not at all true..............................................................1
A little true ..................................................................2
Pretty much true, or ................................................3
Very much true?.......................................................4
REFUSED .............................................................. -7
DON'T KNOW ......................................................... -8
```

QT15_L5   [At my school, there is a teacher <u>or</u> some other adult...]
              Who tells me when I do a good job.

TH11

              [IF NEEDED, READ:]

                   NOT AT ALL TRUE...1
                   A LITTLE TRUE 2
                   PRETTY MUCH TRUE, OR....................................3
                   VERY MUCH TRUE?...4
                   REFUSED ....-7
                   DON'T KNOW ....-8

QT15_L6   [At my school, there is a teacher <u>or</u> some other adult...]
              Who always wants me to do my best.

TH12

              [IF NEEDED, READ:]

                   NOT AT ALL TRUE...1
                   A LITTLE TRUE 2
                   PRETTY MUCH TRUE, OR....................................3
                   VERY MUCH TRUE?...4
                   REFUSED ....-7
                   DON'T KNOW ....-8

QT15_L7   [At my school, there is a teacher <u>or</u> some other adult...]
              Who notices when I'm in a bad mood.

TH13

              [IF NEEDED, READ:]

                   NOT AT ALL TRUE...1
                   A LITTLE TRUE 2
                   PRETTY MUCH TRUE, OR....................................3
                   VERY MUCH TRUE?...4
                   REFUSED ....-7
                   DON'T KNOW ....-8

QT15_L8   How <u>true</u> do you feel the next statements are about your home:

              In my home, there is a parent or some other adult…
              Who cares about my schoolwork. Is this…

TH14

                   Not at all true...1
                   A little true 2
                   Pretty much true, or 3
                   Very much true?...4
                   REFUSED ....-7
                   DON'T KNOW ....-8

QT15_L9   [In my home, there is a parent or some other adult…]
Who listens to me when I have something to say. Is this…

TH15

    Not at all true..1
    A little true 2
    Pretty much true, or 3
    Very much true?..4
    REFUSED .... -7
    DON'T KNOW .... -8

QT15_L10   [In my home, there is a parent or some other adult…]
Who talks with me about my problems.

TH16

[IF NEEDED, READ:]

    NOT AT ALL TRUE..1
    A LITTLE TRUE 2
    PRETTY MUCH TRUE, OR....................................3
    VERY MUCH TRUE?..4
    REFUSED .... -7
    DON'T KNOW .... -8

QT15_L11   [In my home, there is a parent or some other adult…]
Who notices when I'm in a bad mood.

TH17

[IF NEEDED, READ:]

    NOT AT ALL TRUE..1
    A LITTLE TRUE 2
    PRETTY MUCH TRUE, OR....................................3
    VERY MUCH TRUE?..4
    REFUSED .... -7
    DON'T KNOW .... -8

QT15_L12   [In my home, there is a parent or some other adult…]
Who always wants me to do my best.

TH18

[IF NEEDED, READ:]

    NOT AT ALL TRUE..1
    A LITTLE TRUE 2
    PRETTY MUCH TRUE, OR....................................3
    VERY MUCH TRUE?..4
    REFUSED .... -7
    DON'T KNOW .... -8

QT15_L13   [In my home, there is a parent or some other adult…]
Who believes that I will be a success.

TH19

[IF NEEDED, READ:]

NOT AT ALL TRUE...1
A LITTLE TRUE 2
PRETTY MUCH TRUE, OR....................................3
VERY MUCH TRUE?..4
REFUSED .... -7
DON'T KNOW .... -8

QT15_L14   [In my home, there is a parent or some other adult…]
Who expects me to follow the rules.

TH20

[IF NEEDED, READ:]

NOT AT ALL TRUE...1
A LITTLE TRUE 2
PRETTY MUCH TRUE, OR....................................3
VERY MUCH TRUE?..4
REFUSED .... -7
DON'T KNOW .... -8

QT15_L15   A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?

TL37

[IF NEEDED, SAY: "Think about the last time you attended school".]

Very feminine, ...1
Mostly feminine, ... 2
Equally feminine and masculine, ...3
Mostly masculine, or 4
Very masculine? 5
REFUSED .... -7
DON'T KNOW .... -8

SECTION M - CLOSING

QT15_M1   Those are my final questions. I appreciate your time and cooperation. Finally, do you
                   think you would be willing to do a follow-up to this survey sometime in the future?

TI10

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

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QT15_K6 = 2, -7, OR -8, CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO CLOSE

QT15_M2   As I mentioned earlier, we have a number you can call if you'd like to talk to someone
                   about suicidal thoughts or attempts. Someone is available 24 hours a day to provide
                   information to help you. Do you have something to write with? **[WAIT UNTIL THEY
                   HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN
                   CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE
                   NUMBER.]** . The number is **1-800-273-TALK (8255). [IF NEEDED, REPEAT THE
                   NUMBER OR ASK THEM TO READ IT BACK TO YOU.]**

                   Or you can visit a website to find out information about getting help. **[SPEAK SLOWLY
                   WHEN GIVING OUT THE WEBSITE ADDRESS.]** The website address is
                   **www.suicidepreventionlifeline.org. [IF NEEDED, REPEAT THE ADDRESS OR ASK
                   THEM TO READ IT BACK TO YOU.]**

                   Would you like to speak with someone now?

TM4

                                                                       **[GO TO SUICIDE
                                                                       PROTOCOL
                             YES 1   THEN CLOSE]**
                             NO..2   **[GO TO CLOSE]**
                             REFUSED .... -7   **[GO TO CLOSE]**
                             DON'T KNOW .... -8   **[GO TO CLOSE]**

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

TI9   **[INTERVIEWER: DURING THIS INTERVIEW, EVEN FOR PART OF THE TIME, DO
                   YOU THINK…]**

                             A PARENT WAS LISTENING ON AN EXTENSION 1
                             A PARENT WAS IN THE ROOM LISTENING, OR .2
                             NEITHER 3
                             DON'T KNOW .... -8
                                             [END]