CHIS 2017 Adolescent Questionnaire
October 2, 2019
(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 2017 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

'PN_QT2017_A1' [PN_'**QT2017_A1'**] -

PROGRAMMING NOTE 'QT2017_A1' :
SET TADATE = CURRENT DATE (YYYYMMDD)

'QT2017_A1' ['**QT2017_A1'**] - What is your date of birth?

'TA1MON' [TA1MON] - _____ MONTH
- ❍   01 JANUARY
- ❍   02 FEBRUARY
- ❍   03 MARCH
- ❍   04 APRIL
- ❍   05 MAY
- ❍   06 JUNE
- ❍   07 JULY
- ❍   08 AUGUST
- ❍   09 SEPTEMBER
- ❍   10 OCTOBER
- ❍   11 NOVEMBER
- ❍   12 DECEMBER
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'TA1DAY' [TA1DAY] - _____ DAY

- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'TA1YR' [TA1YR] - _____ YEAR

- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'PN_QT2017_A2' [PN_**'QT2017_A2'**] -

PROGRAMMING NOTE 'QT2017_A2' :
IF 'QT2017_A1' = -7 OR -8 (REF/DK), CONTINUE WITH 'QT2017_A2' ;
ELSE GO TO 'QT2017_A4'

'QT2017_A2' [**'QT2017_A2'**] - What month and year were you born?

'TA1AMON' [TA1AMON] - _____ MONTH
- ○   01 JANUARY
- ○   02 FEBRUARY
- ○   03 MARCH
- ○   04 APRIL
- ○   05 MAY
- ○   06 JUNE
- ○   07 JULY
- ○   08 AUGUST
- ○   09 SEPTEMBER
- ○   10 OCTOBER
- ○   11 NOVEMBER
- ○   12 DECEMBER
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'TA1AYR' [TA1AYR] - _____ YEAR

- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'PN_QT2017_A3' [PN_**'QT2017_A3'**] -
PROGRAMMING NOTE 'QT2017_A3' :
IF 'QT2017_A2' = -7 OR -8 (REF/DK), CONTINUE WITH 'QT2017_A3' ;
ELSE GO TO 'QT2017_A4'

'QT2017_A3' [**'QT2017_A3'**] - How old are you?

 _____ YEARS OF AGE [SR: 12-17]

- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'TEENAGE' [TEENAGE] - TEENAGE

'POST_QT2017_A3' [POST_**'QT2017_A3'**] -
POST-NOTE 'QT2017_A3' :
IF 'QT2017_A1' AND 'QT2017_A3' ARE NOT KNOWN, USE CHILD ROSTER AGE (ENUM.AGE);
IF TEENAGE is less than 12 OR TEENAGE greater than 17, THEN TERMINATE INTERVIEW AND CODE INELIGIBLE (IT)

'QT2017_A4' [**'QT2017_A4'**] - Are you male or female?
- ○   01 MALE
- ○   02 FEMALE
- ○   -7 REFUSED

'QT2017_A5' [**'QT2017_A5'**] - Did you attend school last week?
- 01 YES
- 02 NO
- 03 ON VACATION
- 04 HOME SCHOOLED
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto 'QT2017_A7'

'QT2017_A6' [**'QT2017_A6'**] - Did you attend school during the last school year?
- 01 YES
- 02 NO
- 03 HOME SCHOOLED LAST YEAR
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto 'SECTION B – HEALTH STATUS AND HEALTH CONDITIONS'

'QT2017_A7' [**'QT2017_A7'**] - What is the name of the school you go to or last attended?

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

[INTERVIEWER NOTE: RECORD VERBATIM]

'TEXT_NAM_**'QT2017_A7'**' [TEXT_NAM_**'QT2017_A7'**] - NAME OF SCHOOL_

- -7 REFUSED
- -8 DON'T KNOW

'TA4BTYPE' [TA4BTYPE] - _____ TYPE OF SCHOOL
- 00 TEEN NOT IN SCHOOL
- 01 ELEMENTARY
- 02 INTERMEDIATE
- 03 JUNIOR HIGH
- 04 MIDDLE SCHOOL
- 05 HIGH SCHOOL
- 06 SENIOR HIGH SCHOOL
- 07 CONTINUATION
- 08 CHARTER SCHOOL
- 91 OTHER (SPECIFY: _____)
- -7 REFUSED
- -8 DON'T KNOW

'QT2017_A8' [**'QT2017_A8'**] - In the past 3 years, how many times did you change schools, not counting for graduation?

_____TIMES

- -7 REFUSED
- -8 DON'T KNOW

'PN_QT2017_A9' [PN_**'QT2017_A9'**] -
PROGRAM NOTE FOR 'QT2017_A9' :
IF 'QT2017_A8' = 0, -7, OR -8 (ZERO/REF/DK) GO TO PN 'QT2017_N1' ;
ELSE CONTINUE WITH 'QT2017_A9'

'QT2017_A9' [**'QT2017_A9'**] - Why did you change schools?

[CHECK ALL THAT APPLY]

- ❑ 01 MOVED
- ❑ 02 SCHOOL CLOSED
- ❑ 03 DIDN'T LIKE OLD SCHOOL/TO ATTEND BETTER SCHOOL
- ❑ 04 GOT EXPELLED/GOT IN TROUBLE
- ❑ 05 PROBLEMS WITH TEACHER/PEERS
- ❑ 91 OTHER (SPECIFY: _____)
- ❑ -7 REFUSED
- ❑ -8 DON'T KNOW

SECTION N: PERSONAL AND SCHOOL SAFETY

'PN_SECTION_N' [PN_SECTION_N] -
PROGRAMMING NOTE SECTION N:
IF 'QT2017_A5' = 1 (ATTENDED SCHOOL LAST WEEK) OR 'QT2017_A6' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'QT2017_N1' ;
ELSE GO TO TB1

'QT2017_N1' [**'QT2017_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 threaten to hurt you or threaten to beat you up?

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

- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2017_N2' [**'QT2017_N2'**] - In the past 12 months, how many times did YOU threaten to hurt someone or threaten _to beat HIM OR HER up?

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

- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2017_N3' [**'QT2017_N3'**] - In the past 12 months, how many times _on school grounds_ have you been afraid of being beaten up? Would you say…
- ○ 01 Never,
- ○ 02 1 Time,
- ○ 03 2 to 3 Times,
- ○ 04 Or 4 or More Times?
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2017_N4' [**'QT2017_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?
_____ DAYS

     ○   -7 REFUSED
     ○   -8 DON'T KNOW

'QT2017_N5' [TN7] - During the past 30 days, on how many days did you not go to school because you felt unsafe there?
_____ DAYS

     ○   -7 REFUSED
     ○   -8 DON'T KNOW

'QT2017_N6' [TE65] - Do you feel safe at your school...
     ○   01 All of the time,
     ○   02 Most of the time,
     ○   03 Some of the time, or
     ○   04 None of the time?
     ○   -7 REFUSED
     ○   -8 DON'T KNOW

SECTION B: HEALTH STATUS AND HEALTH CONDITIONS

'QT2017_B1' [TB1] - Now I'm going to ask about your health.

In general, would you say your health is excellent, very good, good, fair or poor?
- ❍   01 EXCELLENT
- ❍   02 VERY GOOD
- ❍   03 GOOD
- ❍   04 FAIR
- ❍   05 POOR
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_B2' [TB2] - About how tall are you without shoes?

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

_____ FEET

_____ INCHES

_____ METERS

_____ CENTIMETERS

'TB2FMT' [TB2FMT] -
- ❍   01 FEET, INCHES
- ❍   02 METERS, CENTIMETERS
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_B3' [TB3] - About how much do you weigh without shoes?

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

_____ POUNDS [HR:50-450]

_____ KILOGRAMS [HR: 20-220]

- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'PN_QT2017_B4' [PN_TB4] -
**PROGRAMMING NOTE TB4 :
IF 'QT2017_A5' = 1 (ATTENDED SCHOOL LAST WEEK) OR 4 (HOME SCHOOLED), CONTINUE WITH TB4 ;
ELSE GO TO TB5**

'QT2017_B4' [TB4] - During the last four school weeks, how many days of school did you miss because of a health problem?

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

_____ DAYS_[HR: 0-20]

○   -7 REFUSED
○   -8 DON'T KNOW

'QT2017_B5' [TB5] - Has a doctor ever told you or your parents that you have asthma?
○   01 YES
○   02 NO
○   -7 REFUSED
○   -8 DON'T KNOW
If = 2, -7, -8, goto 'QT2017_B21'

'QT2017_B6' [TB17] - Do you still have asthma?
○   01 YES
○   02 NO
○   -7 REFUSED
○   -8 DON'T KNOW

'QT2017_B7' [TB18] - During the past 12 months, have you had an episode of asthma or an asthma attack?
○   01 YES
○   02 NO
○   -7 REFUSED
○   -8 DON'T KNOW

'PN_QT2017_B8' [PN_TB7] -
PROGRAMMING NOTE TB7 :
IF TB17 = 2, -7, OR -8 (NO, REFUSED, OR DON'T KNOW) AND TB18 = 2, -7, OR -8 (NO, REFUSED, OR DON'T KNOW), GO TO TB6 ;
ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO TB6;
ELSE CONTINUE WITH TB7

'QT2017_B8' [TB7] - 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…
○   01 Not at all,_
○   02 _Less than every month,_
○   03 _Every month,_
○   04 _Every week, or_
○   05 _Every day?
○   -7 _REFUSED_
○   -8 _DON'T KNOW_

'QT2017_B9' [TB19] - During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

○   01 YES
○   02 NO
○   -7 REFUSED
○   -8 DON'T KNOW
If = 2, -7, -8, goto 'QT2017_B11'

'QT2017_B10' [TB31] -
Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

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

○   01 YES
○   02 NO
○   03 DOESN'T HAVE A DOCTOR

❍   -7 REFUSED
❍   -8 DON'T KNOW

'PN_QT2017_B11' [PN_TF4A] - PN_TF4A
PROGRAMMING NOTE TF4A:
IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO TB6;

'QT2017_B11' [TF4A] - During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'QT2017_B12' [TB6] - Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

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

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'PN_QT2017_B13' [PN_TB27] -
PROGRAMMING NOTE TB27 :
IF TB17 = 1 (YES, STILL HAVE ASTHMA) OR TB18 = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO TB24 ;
ELSE IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO TB24;
ELSE CONTINUE WITH TB27

'QT2017_B13' [TB27] - 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…
- 01 Not at all,
- 02 Less than every month,
- 03 Every month,
- 04 Every week, or
- 05 Every day?
- -7 REFUSED
- -8 DON'T KNOW

'QT2017_B14' [TB28] - During the past 12 months, have you had to visit a hospital emergency room because of your asthma?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
If = 2, -7, -8, goto 'QT2017_B16'

'QT2017_B15' [TB34] - Did you visit a hospital emergency room for your asthma because you were unable to see your doctor

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

- 01 YES
- 02 NO
- 03 DOESN'T HAVE A DOCTOR
- -7 REFUSED
- -8 DON'T KNOW

'PN_QT2017_B16' [PN_TB29] - PN_TB29
PROGRAMMING NOTE TB29:
IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO TB24;

'QT2017_B16' [TB29] - During the <u>past 12 months</u>, were you admitted to the hospital overnight or longer for your asthma?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_B17' [TB24] - During the past 12 months, how many days of school did you miss due to asthma?

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

_____ DAYS_[HR: 0-365]

- ○   996 NOT GOING TO SCHOOL
- ○   -07 REFUSED
- ○   -08 DON'T KNOW

'QT2017_B18' [TB20] - 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?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW
If = 2, -7, -8, goto 'QT2017_B20'

'QT2017_B19' [TB32] - Do you have a written or printed copy of this plan
[IF NEEDED, SAY: "This can be an electronic or hard copy."]

- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'PN_QT2017_B20' [PN_TB33] - PN_TB33
PROGRAMMING NOTE TB33:
IF SAMPLED COUNTY IS NOT IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS NOT IMPERIAL COUNTY, THEN GO TO TB40;

'QT2017_B20' [TB33] - How confident are you that you can control and manage your asthma? Would you say you are…
- ○   01 Very confident,
- ○   02 Somewhat confident,
- ○   03 Not too confident, or
- ○   04 Not at all confident?
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'PN_QT2017_B21' [PN_TB40] - PN_CA58
PROGRAMMING NOTE TB40:
IF TB5 = 1, THEN SKIP TO PN_TB42;
ELSE IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE)
IS IMPERIAL COUNTY, THEN CONTINUE;
ELSE SKIP TO PN_TB42;

'QT2017_B21' [TB40] - During the past 12 months, have you had symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm when you DID NOT have a cold or respiratory infection?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 2, -7, -8, goto 'QT2017_B23'

'QT2017_B22' [TB41] - How often did you have those symptoms? Would you say…
- ○   01 NOT AT ALL
- ○   02 Once or twice in the past 12 months
- ○   03 Every couple of months
- ○   04 Every month, or
- ○   05 Every week?
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'PN_QT2017_B23' [PN_TB42] - PN_CA60
PROGRAMMING NOTE TB42:
IF SAMPLED COUNTY IS IMPERIAL COUNTY OR SCREENER SELF-REPORT COUNTY (OR ZIP CODE) IS
IMPERIAL COUNTY,THEN CONTINUE;
ELSE SKIP TO NEXT SECTION;

'QT2017_B23' [TB42] - During the past 12 months, have you been bothered by sneezing or a runny or blocked nose when you DID NOT have a cold or the flu?

[IF R MENTIONS ALLERGY, CODED 'YES']
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 2, -7, -8, goto 'QT2017_B25'

'QT2017_B24' [TB43] - How often did you have those symptoms? Would you say…
- ○   01 NOT AT ALL
- ○   02 Once or twice in the past 12 months
- ○   03 Every couple of months
- ○   04 Every month, or
- ○   05 Every week?
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_B25' [TB44] - During the past 12 months, have you been bothered by watery, itchy, or burning eyes when you DID NOT have a cold or the flu?
[IF R MENTIONS ALLERGY, CODED 'YES']
- ❍ 01 YES
- ❍ 02 NO
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

If = 2, -7, -8, goto 'QT2017_B27'

'QT2017_B26' [TB45] - How often did you have those symptoms? Would you say…
- ❍ 01 NOT AT ALL
- ❍ 02 Once or twice in the past 12 months
- ❍ 03 Every couple of months
- ❍ 04 Every month, or
- ❍ 05 Every week?
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_B27' [TB46] - How concerned are you with the air quality? Would you say…
- ❍ 01 Not a concern
- ❍ 02 Moderate concern
- ❍ 03 Significant concern
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_B28' [TB47] - Please rate the air quality in your neighborhood? Would you say…
- ❍ 01 Excellent
- ❍ 02 Very good
- ❍ 03 Good
- ❍ 04 Fair, or
- ❍ 05 Poor
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_B29' [TB48] - In the past 12 months, have you had an illness or symptoms that you think was caused by pollution in the air outdoors?

[IF NEEDED, SAY: Things like dust, smog, automobile exhaust, and chemicals can cause outdoor air pollution]. [NOTE: IF TEEN HAD EXPERIENCE AN ILLNESS OR SYMPTOMS WITHIN THE PAST 12 MONTHS THAT WAS CAUSED BY SOMETHING IN THE AIR HE OR SHE ENCOUNTERED MORE THAN 12 MONTHS AGO, THEN CODE 'YES']

- ❍ 01 YES
- ❍ 02 NO
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_B30' [TB49] - The next questions are about the outdoor air quality and how it affects your activities. Please think of the past 12 months. How many times did you reduce or change your outdoor activity levels because you thought the air quality was bad or was affecting how well you felt? Would you say…

[IF NEEDED: For example, avoiding outdoor exercise or strenuous outdoor activity.]
- ❍ 1 None
- ❍ 2 1 to 3 times,
- ❍ 3 4 to 6 times, or
- ❍ 4 More than 6 times?
- ❍ 5 REFUSED
- ❍ 6 DON'T KNOW

'QT2017_B31' [TB50] - Information on air quality that may be distributed to help inform the public about air pollution levels. Have you ever heard or read about the air quality index or air quality alerts where you live?

- ❍   01 YES
- ❍   02 NO
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

If = 2, -7, -8, goto NEXT SECTION

'QT2017_B32' [TB51] - Did you reduce or change your outdoor activity level based on the air quality index or air quality alerts?

- ❍   01 YES
- ❍   02 NO
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

SECTION C: DIET, NUTRITION, AND FOOD ENVIRONMENT

'QT2017_C1' [TE4] - 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?

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

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

      ○   -7 REFUSED
      ○   -8 DON'T KNOW

'TE6' [TE6] - [Yesterday,] how many servings of vegetables like green salad, green beans, or potatoes did you have? Do not include fried potatoes.

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

      ○   -7 REFUSED
      ○   -8 DON'T KNOW

'QT2017_C3' [TC28A] - [Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did you drink? Do not include diet soda._
[IF NEEDED, SAY: "Do not include canned or bottled juices or teas."]

_____ GLASSES OR CANS

      ○   -7 REFUSED
      ○   -8 DON'T KNOW

'QT2017_C4' [TC28B] - [Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did you drink?

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

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

_____ GLASSES OR CANS

- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_C5' [TC53] - 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.

[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

- ○   99 LESS THAN 1 GLASS (eg, SIPS FROM A FOUNTAIN)
- ○   00 NONE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

SECTION D: PHYSICAL ACTIVITY

'PN_QT2017_D1' [PN_TD27] -
PROGRAMMING NOTE TD27 :
IF **'QT2017_A5'** = 4 OR **'QT2017_A6'** = 3 (HOME SCHOOLED) OR **'QT2017_A6'** = 2 (NO, NOT IN SCHOOL LAST YEAR), GO TO TE62 ;
IF **'QT2017_A5'** = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), CONTINUE WITH TD27 AND DISPLAY "During the school year, on how many days during a typical week do";
ELSE CONTINUE WITH TD27 AND DISPLAY "How many days in the past week did"

'QT2017_D1' [TD27] - {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?

[HR:0-7]
[IF CHILD DOES NOT GO DIRECTLY HOME FROM SCHOOL, INCLUDE # OF DAYS WALKED, ETC. TO CHILDCARE, RELATIVE'S HOME, AFTER-SCHOOL PROGRAM, ETC.]

- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'PN_QT2017_D2' [PN_TD30] -
PROGRAMMING NOTE TD30 :
IF 'QT2017_A5' = 2 (NO, NOT IN SCHOOL LAST WEEK) OR 3 (ON VACATION), CONTINUE WITH TD30 AND DISPLAY "During the school year, on how many days during a typical week do";
ELSE CONTINUE WITH TD30 AND DISPLAY "How many days in the past week did"

'QT2017_D2' [TD30] -
{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?

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

_____ DAYS

- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_D3' [TE62] - In the past 30 days, did you go to a park, playground, or open space?
- ❍ 01 YES
- ❍ 02 NO
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'TC42B' [TC42B] - Is there a park, playground, or open space within 30 minutes walking distance of your home?
- ❍ 01 YES
- ❍ 02 NO
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_D5' [TE63] - The last time you went to a park, playground or open space, were you physically active while you were there?
- ❍ 01 YES
- ❍ 02 NO
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_D6' [TC25] - 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.

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

- ❍   01 STRONGLY AGREE
- ❍   02 AGREE
- ❍   03 DISAGREE
- ❍   04 STRONGLY DISAGREE
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_D7' [TC26] - The park or playground closest to where I live is safe at night.
[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

- ❍   01 STRONGLY AGREE
- ❍   02 AGREE
- ❍   03 DISAGREE
- ❍   04 STRONGLY DISAGREE
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_D8' [TD34] -
People in my neighborhood are willing to help each other.

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
- ❍   01 STRONGLY AGREE
- ❍   02 AGREE
- ❍   03 DISAGREE
- ❍   04 STRONGLY DISAGREE
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_D9' [TD45] - People in this neighborhood generally do NOT get along with each other.

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

[INTERVIEWER NOTE: DO NOT PROBE A "DON'T KNOW" RESPONSE
- ❍   01 STRONGLY AGREE
- ❍   02 AGREE
- ❍   03 DISAGREE
- ❍   04 STRONGLY DISAGREE
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_D10' [TD36] -
People in this neighborhood can be trusted.
[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

- ❍   01 STRONGLY AGREE
- ❍   02 AGREE
- ❍   03 DISAGREE
- ❍   04 STRONGLY DISAGREE
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_D11' [TD37] -

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

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

- ○   01 STRONGLY AGREE
- ○   02 AGREE
- ○   03 DISAGREE
- ○   04 STRONGLY DISAGREE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_D12' [TE64] -
Do you feel safe in your neighborhood…

- ○   01 All of the time,
- ○   02 Most of the time,
- ○   03 Some of the time, or
- ○   04 None of the time?
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_D13' [TD39] -
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?

_____HOUR(S)

_____MINUTE(S)

- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_D14' [TD38] -
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?

_____HOUR(S)

_____MINUTE(S)

- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_D15' [TD40] - During the past week, on nights when you had school the next day, what time did you usually go to bed?

_____TIME(HR)

_____TIME(MIN)

_____ (AM/PM)

    ○   -7 REFUSED
    ○   -8 DON'T KNOWN

'QT2017_D16' [TD41] - During the past week, on school days, what time did you usually get up?

_____TIME(HR)

_____TIME(MIN)

_____ (AM/PM)

    ○   -7 REFUSED
    ○   -8 DON'T KNOWN

'QT2017_D17' [TD43] - Do you have rules in your home about when you are supposed to turn off or put away computers, phones or other electronics, such as during meal times or a specific time at night?
    ○   01 YES
    ○   02 NO
    ○   -7 REFUSED
    ○   -8 DON'T KNOW

'QT2017_D18' [TD44] - Did your doctor talk to you about your on-line technology use, such as social media use, gaming or other internet use?
    ○   01 YES
    ○   02 NO
    ○   -7 REFUSED
    ○   -8 DON'T KNOW

SECTION E - Cigarette, Alcohol and Drug Use

'QT2017_E1' [TC38] -
Now I'm going to ask about smoking.
Have you ever smoked cigarettes, even 1 or 2 puffs?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 2, -7, -8, goto 'QT2017_E4'

'QT2017_E2' [TE19] - In the past 30 days, on how many days did you smoke cigarettes?
- ○   00 NONE
- ○   01 1 OR 2 DAYS
- ○   02 3-5 DAYS
- ○   03 6-9 DAYS
- ○   04 10-19 DAYS
- ○   05 20-29 DAYS
- ○   06 30 DAYS
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 0, goto 'QT2017_E4'

'QT2017_E3' [TE20] - In the past 30 days, when you smoked, about how many cigarettes did you smoke per day?

[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

- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_E4' [TE66] - Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer cigarettes?
[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.]**

- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 2, -7, -8, goto 'QT2017_E7'

'QT2017_E5' [TE67] - During the past 30 days, how many days did you use electronic cigarettes?

_____ NUMBER OF DAYS

If = 0, goto 'QT2017_E7'

○　　-7 REFUSED
○　　-8 DON'T KNOW
If = -7, -8, goto 'QT2017_E7'

'QT2017_E6' [TE68] - What are your reasons for using electronic cigarettes?

[CODE ALL THAT APPLY]

❑　　01 QUIT SMOKING
❑　　02 REPLACE SMOKING
❑　　03 CUT DOWN OR REDUCE SMOKING
❑　　04 USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED
❑　　05 CURIOSITY, JUST TRY IT
❑　　91 OTHER (SPECIFY: _____)
❑　　-7 REFUSED
❑　　-8 DON'T KNOW

'PN_QT2017_E7' [PN_TE22] -
PROGRAMMING NOTE TE22: :
IF SC24X = 3 OR 5 (NO QUESTIONS ON DRUGS) :
OR IF SC23XXX = 1 SKIP TO TG11
ELSE CONTINUE TO TE22

'QT2017_E7' [TE22] - Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed drinks, or liquor?
○　　01 YES
○　　02 NO
○　　-7 REFUSED
○　　-8 DON'T KNOW
If = 2, -7, -8, goto 'QT2017_E10'

'PN_QT2017_E8' [PN_TE24A] -
PROGRAMMING NOTE TE24A :
IF 'QT2017_A4' = 1 (MALE) GO TO TE24 ;
ELSE CONTINUE WITH TE24A

'QT2017_E8' [TE24A] - 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?
○　　00 NONE
○　　01 1 DAY
○　　02 2 DAYS
○　　03 3 - 5 DAYS
○　　04 6 - 9 DAYS
○　　05 10 - 19 DAYS
○　　06 20 DAYS OR MORE
○　　-7 REFUSED
○　　-8 DON'T KNOW

'PN_QT2017_E9' [PN_TE24] -
PROGRAMMING NOTE TE24 :
IF 'QT2017_A4' = 2 (FEMALE), GO TO TE69;
ELSE CONTINUE WITH TE24

'QT2017_E9' [TE24] - 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?
- 00 NONE
- 01 1 DAY
- 02 2 DAYS
- 03 3 - 5 DAYS
- 04 6 - 9 DAYS
- 05 10 - 19 DAYS
- 06 20 DAYS OR MORE
- -7 REFUSED
- -8 DON'T KNOW

'QT2017_E10' [TE69] - The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking.

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

[IF NEEDED: THC is the active ingredient in marijuana.]
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 2, -7, -8, goto NEXT SECTION

'QT2017_E11' [TE70] - During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?
- 01 0 DAYS
- 02 1-2 DAYS
- 03 3-5 DAYS
- 04 6-9 DAYS
- 05 10-19 DAYS
- 06 20-29 DAYS
- 07 30 DAYS OR MORE
- -7 REFUSED
- -8 DON'T KNOW

If = 1, goto NEXT SECTION

'QT2017_E12' [TE71] - How often have you used tobacco when you have also been using marijuana? Would you say…
- 01 Usually
- 02 Sometimes
- 03 Never
- -7 REFUSED
- -8 DON'T KNOW

'QT2017_E13' [TE72] - During the past 30 days, how did you use marijuana? Did you…

Smoke it in a joint, bong, or pipe?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'QT2017_E14' [TE78] - During the past 30 days, how did you use marijuana? Did you…

Smoke part or all of a cigar with marijuana in it, which is sometimes called a blunt?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_E15' [TE73] - [During the past 30 days, how did you use marijuana?] Did you…

Eat it?

[IF NEEDED SAY: For example, in brownies, cakes, cookies or candy]

- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_E16' [TE74] - [During the past 30 days, how did you use marijuana?] Did you…
Drink it?

[IF NEEDED SAY: For example, in tea, cola, alcohol or other drinks]
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_E17' [TE75] - [During the past 30 days, how did you use marijuana?] Did you…

Vaporize it?

[IF NEEDED SAY: For example, in an e-cigarette type vaporizer]

- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_E18' [TE76] - [During the past 30 days, how did you use marijuana?] Did you…

Dab it?

[IF NEEDED SAY: For example, using butane hash oil, wax or concentrates]
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_E19' [TE77] - [During the past 30 days, how did you use marijuana?] Did you…

Use it some other way?

- ○   01 YES (SPECIFY_____)
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

SECTION F: MENTAL HEALTH

'QT2017_F1' [TG11] - 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?

- ❍ 01 ALL
- ❍ 02 MOST
- ❍ 03 SOME
- ❍ 04 A LITTLE
- ❍ 05 NONE
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_F2' [TG12] - 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?

- ❍ 01 ALL
- ❍ 02 MOST
- ❍ 03 SOME
- ❍ 04 A LITTLE
- ❍ 05 NONE
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_F3' [TG13] - During the past 30 days, about how often did you feel restless or fidgety?

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

- ❍ 01 ALL
- ❍ 02 MOST
- ❍ 03 SOME
- ❍ 04 A LITTLE
- ❍ 05 NONE
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_F4' [TG14] - How often did you feel so depressed that nothing could cheer you up?

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

- ❍ 01 ALL
- ❍ 02 MOST
- ❍ 03 SOME
- ❍ 04 A LITTLE
- ❍ 05 NONE
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_F5' [TG15] - During the past 30 days, about how often did you feel that everything was an effort?

[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?"]

- ○   01 ALL
- ○   02 MOST
- ○   03 SOME
- ○   04 A LITTLE
- ○   05 NONE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_F6' [TG16] - During the past 30 days, about how often did you feel worthless?

[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?"]

- ○   01 ALL
- ○   02 MOST
- ○   03 SOME
- ○   04 A LITTLE
- ○   05 NONE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_F7' [TF30] - Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 2, -7, -8, goto 'TI11'

'PN_T31' [PN_T31] -
PROGRAMMING NOTE TF31 :
IF TF30 = 1 THEN CONTINUE WITH T31 ;
ELSE SKIP TO TI11

'QT2017_F8' [TF31] - 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?

- ○   01 ALL
- ○   02 MOST
- ○   03 SOME
- ○   04 A LITTLE
- ○   05 NONE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_F9' [TF32] - During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

- ○   01 ALL
- ○   02 MOST
- ○   03 SOME
- ○   04 A LITTLE
- ○   05 NONE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_F10' [TF33] - How often did you feel restless or fidgety?

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

- ○   01 ALL
- ○   02 MOST
- ○   03 SOME
- ○   04 A LITTLE
- ○   05 NONE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_F11' [TF34] - How often did you feel so depressed that nothing could cheer you up?

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

- ○   01 ALL
- ○   02 MOST
- ○   03 SOME
- ○   04 A LITTLE
- ○   05 NONE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_F12' [TF35] - How often did you feel that everything was an effort?
[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?"]

- ○   01 ALL
- ○   02 MOST
- ○   03 SOME
- ○   04 A LITTLE
- ○   05 NONE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'TF36' [TF36] - How often did you feel worthless?

[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?"]

- ○   01 ALL
- ○   02 MOST
- ○   03 SOME
- ○   04 A LITTLE
- ○   05 NONE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'TI11' [TI11] - In the past 12 months did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'TF11' [TF11] - In the past 12 months, have you received any psychological or emotional counseling?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'PN_QT2017_F13' [PN_TI13] -
PROGRAMMING NOTE TI13 :
IF TE22 = 1 (MORE THAN SIP OF ALCOHOL) OR TE69 =1 (EVER USED MARIJUANA) CONTINUE WITH TI13 ; ELSE GO TO TE32

'QT2017_F13' [TI13] - In the past 12 months, did you receive any professional help for your use of alcohol or drugs?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

SECTION G: SEXUAL BEHAVIORS

'PN_QT2017_G1' [PN_TE32] -
PROGRAMMING NOTE TE32 :
IF SC23XXX =2 , GO TO TF1 ;
ELSE CONTINUE WITH TE32

'QT2017_G1' [TE32] - 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?

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

- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'PN_QT2017_G2' [PN_TG17] -
PROGRAMMING NOTE TG17:
IF SC23XXX =2 GO TO TF1 ,
IF AGE < 15 YEARS GO TO TF1;
ELSE IF MALE THEN GO TO TG21;
ELSE CONTINUE WITH TG17

'QT2017_G2' [TG17] - Which of the following statements best describes your pregnancy plans? Would you say…
- ○   01 You do not plan to get pregnant within the next 12 months,
- ○   02 You are not sexually active
- ○   03 You are planning to get pregnant within the next 12 months, or
- ○   04 You are currently pregnant?
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'PN_QT2017_G3' [PN_TG18] -
PROGRAMMING NOTE TG18:
IF TE32 = 2 (NOT SEXUALLY ACTIVE) or TG17=2,4, THEN GO TO TG21;
ELSE CONTINUE WITH TG18

'QT2017_G3' [TG18] - Are you or your male sex partner currently using a birth control method to prevent pregnancy?
- ○   01 YES
- ○   02 NO
- ○   03 NO MALE SEXUAL PARTNER
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 2, 3, -7, -8, goto 'QT2017_G6'

'QT2017_G4' [TG19] - Which birth control method or methods are you using?

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

- ○   03 IUD (MIRENA, PARAGARD)
- ○   04 IMPLANT (IMPLANON, NEXPLANON)
- ○   05 BIRTH CONTROL PILLS
- ○   06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- ○   07 CONDOMS (MALE)
- ○   91 OTHER (SPECIFY: _____)
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 3, 4, 5, 6, 7, 91, -7, -8, goto 'QT2017_G6'

'QT2017_G5' [TG20] - What is the MAIN reason you are NOT currently using birth control?
- ○   01 TRYING TO GET PREGNANT/WANT A BABY
- ○   02 HAVEN'T FOUND A METHOD I LIKE
- ○   03 COST
- ○   04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- ○   05 NO TRANSPORTATION
- ○   06 DON'T KNOW WHERE TO GET IT
- ○   07 DON'T BELIEVE IN BIRTH CONTROL
- ○   08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- ○   09 PARTNER WON'T LET ME
- ○   91 OTHER (SPECIFY: _____)
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'PN_QT2017_G6' [PN_TG21] -
PROGRAMMING NOTE TG21:
IF 15≤ AGE ≤ 17, THEN CONTINUE WITH TG21;
ELSE SKIP TO SECTION H;

'QT2017_G6' [TG21] - During the past 12 months, did you receive counseling or information about male or female birth control from a doctor or medical provider?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'PN_QT2017_G7' [PN_TG22] -
PROGRAMMING NOTE TG22: IF MALE AND 15 ≤ AGE ≤ 17 AND TE32 = 1 (SEXUALLY ACTIVE) THEN CONTINUE WITH TG22;
ELSE SKIP TO NEXT SECTION

'QT2017_G7' [TG22] - Are you or your female sex partner currently using a birth control method to prevent pregnancy?
- ○   01 YES
- ○   02 NO
- ○   03 NO FEMALE SEXUAL PARTNER
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 2, goto 'QT2017_G9'
If = 3, -7, -8, goto SECTION H

'QT2017_G8' [TG23] - Which birth control method or methods are you using?**[CODE ALL THAT APPLY] [PROBE: "Any others?"]**
- ○   03 IUD (MIRENA, PARAGARD)
- ○   04 IMPLANT (IMPLANON, NEXPLANON)
- ○   05 BIRTH CONTROL PILLS
- ○   06 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH,VAGINAL RING/NUVA RING)
- ○   07 CONDOMS (MALE)
- ○   91 OTHER (SPECIFY: _____)
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 3, 4, 5, 6, 7, 91, -7, -8, goto SECTION H

'QT2017_G9' [TG24] - What is the MAIN reason you are NOT currently using birth control?
- ○   01 TRYING TO GET PREGNANT/WANT A BABY
- ○   02 HAVEN'T FOUND A METHOD I LIKE
- ○   03 COST
- ○   04 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- ○   05 NO TRANSPORTATION
- ○   06 DON'T KNOW WHERE TO GET IT
- ○   07 DON'T BELIEVE IN BIRTH CONTROL
- ○   08 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- ○   09 PARTNER WON'T LET ME
- ○   91 OTHER (SPECIFY: _____)
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

SECTION H: HEALTH CARE UTILIZATION AND ACCESS

'QT2017_H1' [TF1] - 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?

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

- ○   01 YES
- ○   02 NO
- ○   03 DOCTOR/MY DOCTOR
- ○   04 KAISER
- ○   05 MORE THAN ONE PLACE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QT2017_H3'

'PN_QT2017_H2' [PN_TF2] -
PROGRAMMING NOTE TF2 :
IF TF1 = 4 (KAISER), FILL IN TF2 = 1 AND GO TO TF3 ;
ELSE IF TF1 = 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…".

'QT2017_H2' [TF2] - {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?
- ○ 01 DOCTOR'S OFFICE/KAISER/OTHER HMO
- ○ 02 CLINIC/HEALTH CENTER/HOSPITAL CLINIC
- ○ 03 EMERGENCY ROOM
- ○ 91 SOME OTHER PLACE (SPECIFY: _____)
- ○ 94 NO ONE PLACE
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'PN_QT2017_H3' [PN_TF3] -
PROGRAMMING NOTE TF3 :
 IF TB19=1 OR TB28=1 (ER VISIT DUE TO ASTHMA-IMPERIAL COUNTY), MARK 'YES=1' ON TF3 AND GO TO TF16 ;
ELSE CONTINUE WITH TF3

'QT2017_H3' [TF3] - During the past 12 months, did you visit a hospital emergency room for your own health?
- ○ 01 YES
- ○ 02 NO
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2017_H4' [TF16] - During the past 12 months, how many times have you seen a medical doctor?

 _____ TIMES [HR: 0-365]

- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2017_H5' [TF5] - When was the last time you saw a doctor for a physical exam or check-up?
- ○ 01 3 MONTHS AGO OR LESS
- ○ 02 MORE THAN 3 MONTHS UP TO 6 MONTHS AGO
- ○ 03 MORE THAN 6 MONTHS UP TO 12 MONTHS AGO
- ○ 04 MORE THAN 12 MONTHS UP TO 2 YEARS AGO
- ○ 05 MORE THAN 2 YEARS AGO
- ○ 00 HAVE NEVER HAD A PHYSICAL
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'PN_QT2017_H6' [PN_TI14] -
PROGRAMMING NOTE TI14 :
IF TF1 = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE), CONTINUE WITH TI14 ;
ELSE GO TO PN_TH49

'QT2017_H6' [TI14] -
Do you have a personal doctor or medical provider who is your main provider?

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse or other health provider."]
- ❍   01 YES
- ❍   02 NO
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'PN_QT2017_H7' [PN_TH49] - PN_TH49
PROGRAMMING NOTE TH49:
IF TEINSURE = 1 OR TF1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) THEN CONTINUE WITH TH49;
ELSE GO TO PROGRAMMING NOTE TI17;
IF TI14 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

'QT2017_H7' [TH49] - 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?

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

- ❍   01 YES
- ❍   02 NO
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW
If = 2, -7, or -8 go to 'PN_QT2017_H9'

'QT2017_H8' [TH46] - How often were you able to get an appointment within two days? Would you say…
- ❍   1 Never
- ❍   2 Sometimes,
- ❍   3 Usually, or
- ❍   4 Always?
- ❍   5 REFUSED
- ❍   6 DON'T KNOW

'PN_QT2017_H9' [PN_TI17] -
PROGRAMMING NOTE TI17:
IF TB17 = 1 (YES, STILL HAVE ASTHMA) OR TB18 = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS) AND IF TF1 = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE) AND IF TI14 = 1 (YES HAS PERSONAL DOCTOR), CONTINUE WITH TI17;
ELSE GO TO TI18

'QT2017_H9' [TI17] - Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services, such as tests or treatments?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'QT2017_H10' [TI18] - During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
If = 2, -7, -8, goto 'QT2017_H12'

'QT2017_H11' [TI21] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'QT2017_H12' [TF9] - During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
If = 2, -7, -8, goto 'QT2017_H17'

'QT2017_H13' [TH57] - Did you get the care eventually?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

'QT2017_H14' [TF22] - Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW
If = 2, -7, -8, goto 'QT2017_H16'

'QT2017_H15' [TH58] -
Was that the <u>main</u> reason?

- 01 YES
- 02 NO
- -7 REFUSED
- -8 DON'T KNOW

If = 1, -7, -8, goto 'QT2017_H17'

'QT2017_H16' [TH59] - What was the <u>one</u> main reason why you delayed getting the care you felt you needed?
- ❍ 01 COULDN'T GET APPOINTMENT
- ❍ 02 MY INSURANCE NOT ACCEPTED
- ❍ 03 INSURANCE DID NOT COVER
- ❍ 04 LANGUAGE PROBLEMS
- ❍ 05 TRANSPORTATION PROBLEMS
- ❍ 06 HOURS NOT CONVENIENT
- ❍ 07 NO CHILD CARE FOR CHILDREN AT HOME
- ❍ 08 FORGOT OR LOST REFERRAL
- ❍ 09 I DIDN'T HAVE TIME
- ❍ 10 COULDN'T AFFORD/COST TOO MUCH
- ❍ 11 NO INSURANCE
- ❍ 91 OTHER (SPECIFY: _____)
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2017_H17' [TF14] - This next question is about dental health.

About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.
- ❍ 00 HAVE NEVER VISIT
- ❍ 01 6 MONTHS AGO OR LESS
- ❍ 02 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- ❍ 03 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- ❍ 04 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- ❍ 05 MORE THAN 5 YEARS AGO
- ❍ -7 REDUSED
- ❍ -8 DON'T KNOW

SECTION J: DEMOGRAPHIC INFORMATION PART II

'QT2017_J1' [TI1] - 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?

[IF NEEDED, SAY: "Such as Mexican, Central or South American?"]
- ❍ 01 YES
- ❍ 02 NO
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QT2017_J3'

'QT2017_J2' [TI1A] - And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

- ❑ 01 MEXICAN/MEXICAN AMERICAN/CHICANO_
- ❑ 04 _SALVADORAN_

- ❏ 05 _GUATEMALAN_
- ❏ 06 _COSTA RICAN_
- ❏ 07 _HONDURAN_
- ❏ 08 _NICARAGUAN_
- ❏ 09 _PANAMANIAN_
- ❏ 10 _PUERTO RICAN_
- ❏ 11 _CUBAN_
- ❏ 12 _SPANISH-AMERICAN (FROM SPAIN)_
- ❏ 91 OTHER LATINO (SPECIFY: _____)
- ❏ -7 _REFUSED_
- ❏ -8 _DON'T KNOW_

'Other_TI1A' [Other_TI1A] - OTHER LATINO (SPECIFY: _____)

'PN_QT2017_J3' [PN_TI2] -
PROGRAMMING NOTE TI2 :
IF TI1 = 1 (YES), DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THANONE RACE GIVEN, AFTER ENTERING RESPONSES FOR TI2 , CONTINUE WITH
PROGRAMMING NOTE TI2A ;
ELSE GO TO SKIPS AS INDICATED FOR SINGLE RESPONSES

'QT2017_J3' [TI2] - {You said you are Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe yourself: Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

[IF R SAYS "NATIVE AMERICAN" CODE AS "4"]

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS]

[CODE ALL THAT APPLY]

- ❏ 01 WHITE
- ❏ 02 BLACK OR AFRICAN AMERICAN
- ❏ 03 ASIAN
- ❏ 04 AMERICAN INDIAN OR ALASKA NATIVE
- ❏ 05 OTHER PACIFIC ISLANDER
- ❏ 06 NATIVE HAWAIIAN
- ❏ 91 OTHER (SPECIFY: _____)
- ❏ -7 REFUSED
- ❏ -8 DON'T KNOW

If = 1;2;6;91;-7;-8, And Only One Race, goto 'QT2017_J11'
If = 3, And Only One Race, goto 'PN_QT2017_J7'
If = 4, And Only One Race, goto 'PN_QT2017_J4'
If = 5, And Only One Race, goto 'PN_QT2017_J8'

'Other_TI2' [Other_TI2] - OTHER (SPECIFY: _____)

'PN_QT2017_J4' [PN_TI2A] -
PROGRAMMING NOTE TI2A :
IF TI2 = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH TI2A ;
ELSE GO TO PROGRAMMING NOTE TI2D

'QT2017_J4' [TI2A] - You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.
[CODE ALL THAT APPLY]

- ❏ 01 APACHE
- ❏ 02 BLACKFOOT/BLACKFEET
- ❏ 03 CHEROKEE
- ❏ 04 CHOCTAW
- ❏ 05 MEXICAN AMERICAN INDIAN
- ❏ 06 NAVAJO
- ❏ 07 POMO

- ❑ 08 PUEBLO
- ❑ 09 SIOUX
- ❑ 10 YAQUI
- ❑ 91 OTHER TRIBE [Ask for spelling] (SPECIFY: _____)
- ❑ -7 REFUSED
- ❑ -8 DON'T KNOW

'Other_TI2A' [Other_TI2A] - OTHER TRIBE (SPECIFY: _____)

'QT2017_J5' [TI2B] - Are you an enrolled member in a federally or state recognized tribe?

- ❍ 01 YES
- ❍ 02 NO
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QT2017_J7'

'QT2017_J6' [TI2C] -
Which tribe are you enrolled in?

- ❍ 01 APACHE
- ❍ 02 BLACKFEET
- ❍ 03 CHEROKEE
- ❍ 04 CHOCTAW
- ❍ 05 NAVAJO
- ❍ 06 POMO
- ❍ 07 PUEBLO
- ❍ 08 SIOUX
- ❍ 09 YAQUI
- ❍ 10 OTHER

'APACHE_T' [APACHE_T] - APACHE_T
- ❍ 1 MESCALERO APACHE, NM
- ❍ 2 _APACHE (NOT SPECIFIED)_
- ❍ 3 _OTHER APACHE [Ask for spelling] (SPECIFY:)

 OTHER_APACHE_T

'BLACKFEET_T' [BLACKFEET_T] - BLACKFEET_T
- ❍ 4 BLACKFOOT/BLACKFEET_

'CHEROKEE_T' [CHEROKEE_T] - CHEROKEE_T
- ❍ 5 WESTERN CHEROKEE
- ❍ 6 _CHEROKEE (NOT SPECIFIED)_
- ❍ 7 _OTHER CHEROKEE [Ask for spelling] (SPECIFY: _____)_

 OTHER_CHEROKEE_T

'CHOCTAW_T' [CHOCTAW_T] - CHOCTAW_T
- ❍ 08 CHOCTAW OKLAHOMA
- ❍ 09 _CHOCTAW (NOT SPECIFIED)_
- ❍ 10 _OTHER CHOCTAW [Ask for spelling] (SPECIFY: _____)_

 OTHER_CHOCTAW_T

'NAVAJO_T' [NAVAJO_T] - NAVAJO_T
- ❍ 11 NAVAJO (NOT SPECIFIED)

'POMO_T' [POMO_T] - POMO_T
- ❍ 12 HOPLAND BAND, HOPLAND RANCHERIA_
- ❍ 13 _SHERWOOD VALLEY RANCHERIA_
- ❍ 14 _POMO (NOT SPECIFIED)_
- ❍ 15 _OTHER POMO [Ask for spelling] (SPECIFY: _____)_

OTHER_POMO_T

'PUEBLO_T' [PUEBLO_T] - PUEBLO_T
- ❍   16 HOPI_16
- ❍   17 _YSLETA DEL SUR PUEBLO OF TEXAS_17
- ❍   18 _PUEBLO (NOT SPECIFIED)_18
- ❍   19 _OTHER PUEBLO [Ask for spelling] (SPECIFY: _____)_

OTHER_PUEBLO_T

'SIOUX_T' [SIOUX_T] - SIOUX_T
- ❍   20 OGLALA/PINE RIDGE SIOUX_
- ❍   21 _SIOUX (NOT SPECIFIED)_
- ❍   22 _OTHER SIOUX [Ask for spelling] (SPECIFY: _____)_

OTHER_SIOUX_T

'YAQUI_T' [YAQUI_T] - YAQUI_T
- ❍   23 PASCUA YAQUI TRIBE OF ARIZONA_
- ❍   24 _YAQUI (NOT SPECIFIED)_
- ❍   25 _OTHER YAQUI [Ask for spelling] (SPECIFY: _____)_

OTHER_YAQUI_T

OTHER_T
- ❍   91 OTHER (SPECIFY: _____)_
- ❍   -7 _REFUSED_
- ❍   -8 _DON'T KNOW_

OTHER_OTHER_T

'PN_QT2017_J7' [PN_TI2D] -
PROGRAMMING NOTE TI2D :
IF TI2 = 3 (ASIAN) CONTINUE WITH TI2D ;
ELSE GO TO PROGRAMMING NOTE TI2D1

'QT2017_J7' [TI2D] - You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

[CODE ALL THAT APPLY]

- ❑   01 BANGLADESHI
- ❑   02 BURMESE
- ❑   03 CAMBODIAN
- ❑   04 CHINESE
- ❑   05 FILIPINO
- ❑   06 HMONG
- ❑   07 INDIAN (INDIA)
- ❑   08 INDONESIAN
- ❑   09 JAPANESE
- ❑   10 KOREAN
- ❑   11 LAOTIAN
- ❑   12 MALAYSIAN
- ❑   13 PAKISTANI
- ❑   14 SRI LANKAN
- ❑   15 TAIWANESE
- ❑   16 THAI
- ❑   17 VIETNAMESE
- ❑   91 OTHER ASIAN (SPECIFY: _____)
- ❑   -7 REFUSED
- ❑   -8 DON'T KNOW

'PN_QT2017_J8' [PN_TI2D1] -

PROGRAMMING NOTE TI2D1 :
IF TI2 = 5 (PACIFIC ISLANDER) CONTINUE WITH TI2D1 ;
ELSE GO TO PROGRAMMING NOTE TI2F

'QT2017_J8' [TI2D1] -
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.
[CODE ALL THAT APPLY]

- ❑ 01 SAMOAN/AMERICAN SAMOAN
- ❑ 02 GUAMANIAN
- ❑ 03 TONGAN
- ❑ 04 FIJIAN
- ❑ 91 OTHER PACIFIC ISLANDER (SPECIFY: _____)
- ❑ -7 REFUSED
- ❑ -8 DON'T KNOW

'Other_TI2D1' [Other_TI2D1] - OTHER PACIFIC ISLANDER (SPECIFY: _____)

'PN_QT2017_J9' [PN_TI2F] -
PROGRAMMING NOTE TI2F :
IF TI1 = 1 (YES, LATINO) AND [TI2 = 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 TI2F ;
ELSE IF MULTIPLE RESPONSES TO TI2 OR TI2D OR TI2D1 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH TI2F ;
ELSE GO TO TI3 ;
FOR TI1A RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF TI1 = -7 (REFUSE), INSERT "Latino"

'QT2017_J9' [TI2F] - You said that you are: [RESPONSES FROM TI1A, TI2, TI2D, TI2D1]. Do you identify with any one race in particular?
- ○ 01 YES
- ○ 02 NO
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

IF TI3 = 2,-7,-8 go to TI3

'QT2017_J10' [TI2E] -
Which do you <u>most </u>identify with?

- ○ 01 MEXICAN/MEXICAN AMERICAN/CHICANO
- ○ 04 SALVADORAN
- ○ 05 GUATEMALAN
- ○ 06 COSTA RICAN
- ○ 07 HONDURAN
- ○ 08 NICARAGUAN
- ○ 09 PANAMANIAN
- ○ 10 PUERTO RICAN
- ○ 11 CUBAN
- ○ 12 SPANISH-AMERICAN (FROM SPAIN)
- ○ 13 LATINO, OTHER SPECIFY
- ○ 14 LATINO
- ○ 16 NATIVE HAWAIIAN
- ○ 17 OTHER PACIFIC ISLANDER
- ○ 18 AMERICAN INDIAN OR ALASKA NATIVE
- ○ 19 ASIAN
- ○ 20 BLACK OR AFRICAN AMERICAN
- ○ 21 WHITE
- ○ 22 RACE, OTHER SPECIFY
- ○ 30 BANGLADESHI
- ○ 31 BURMESE
- ○ 32 CAMBODIAN

❍   33 CHINESE
❍   34 FILIPINO
❍   35 HMONG
❍   36 INDIAN (INDIA)
❍   37 INDONESIAN
❍   38 JAPANESE
❍   39 KOREAN
❍   40 LAOTIAN
❍   41 MALAYSIAN
❍   42 PAKISTANI
❍   43 SRI LANKAN
❍   44 TAIWANESE
❍   45 THAI
❍   46 VIETNAMESE
❍   49 ASIAN, OTHER SPECIFY
❍   50 SAMOAN/AMERICAN SAMOAN
❍   51 GUAMANIAN
❍   52 TONGAN
❍   53 FIJIAN
❍   55 PACIFIC ISLANDER, OTHER SPECIFY
❍   90 BOTH/ALL/MULTIRACIAL
❍   95 NONE OF THESE
❍   -7 REFUSED
❍   -8 DON'T KNOW

'QT2017_J11' [TI3] - In what country were you born?
❍   01 UNITED STATES
❍   02 AMERICAN SAMOA
❍   03 CANADA
❍   04 CHINA
❍   05 EL SALVADOR
❍   06 ENGLAND
❍   07 FRANCE
❍   08 GERMANY
❍   09 GUAM
❍   10 GUATEMALA
❍   11 HUNGARY
❍   12 INDIA
❍   13 IRAN
❍   14 IRELAND
❍   15 ITALY
❍   16 JAPAN
❍   17 KOREA
❍   18 MEXICO
❍   19 PHILIPPINES
❍   20 POLAND
❍   21 PORTUGAL
❍   22 PUERTO RICO
❍   23 RUSSIA
❍   24 TAIWAN
❍   25 VIETNAM
❍   26 VIRGIN ISLANDS
❍   91 OTHER (SPECIFY: _____)
❍   -7 REFUSED
❍   -8 DON'T KNOW

'PN_QT2017_J12' [PN_TI4] -
PROGRAMMING NOTE TI4 :
IF TI3 = 1, 2, 9, 22, OR 26 (BORN IN USA OR US TERRITORY), GO TO TI7 ;
ELSE CONTINUE WITH TI4

'QT2017_J12' [TI4] -
Are you a citizen of the United States?
- ○ 01 YES
- ○ 02 NO
- ○ 03 APPLICATION PENDING
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

If = 1, goto 'QT2017_J14'

'QT2017_J13' [TI5] - Are you a permanent resident with a green card?

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]
- ○ 01 YES
- ○ 02 NO
- ○ 03 APPLICATION PENDING
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2017_J14' [TI6] - About how many years have you lived in the United States?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

'TI6YR' [TI6YR] - _____ NUMBER OF YEARS

_____ YEAR (FIRST CAME TO LIVE IN U.S.)

- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2017_J15' [TI7] - What languages do you speak at home?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- ❑ 01 ENGLISH
- ❑ 02 SPANISH
- ❑ 03 CANTONESE
- ❑ 04 VIETNAMESE
- ❑ 05 TAGALOG
- ❑ 06 MANDARIN
- ❑ 07 KOREAN
- ❑ 08 ASIAN INDIAN LANGUAGES
- ❑ 09 RUSSIAN
- ❑ 91 OTHER 1 (SPECIFY: _____)
- ❑ 92 OTHER 2 (SPECIFY: _____)
- ❑ -7 REFUSED
- ❑ -8 DON'T KNOW

'OTHER1_TI7' [OTHER1_TI7] - OTHER1

'OTHER2_TI7' [OTHER2_TI7] - OTHER2

SECTION K: SUICIDE IDEATION AND ATTEMPTS

'QT2017_K1' [TK1] - The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Have you ever seriously thought about committing suicide?

- ○　01 YES
- ○　02 NO
- ○　-7 REFUSED
- ○　-8 DON'T KNOW

If = 2, -7, -8, goto 'QT2017_L1'

'QT2017_K2' [TK2] - Have you seriously thought about committing suicide at any time in the past 12 months?
- ○　01 YES
- ○　02 NO
- ○　-7 REFUSED
- ○　-8 DON'T KNOW

If = 2, -7, -8, goto 'QT2017_K4'

'QT2017_K3' [TK3] - Have you seriously thought about committing suicide at any time in the past 2 months?
- ○　01 YES
- ○　02 NO
- ○　-7 REFUSED
- ○　-8 DON'T KNOW

'QT2017_K4' [TK4] - Have you ever attempted suicide?
- ○　01 YES
- ○　02 NO
- ○　-7 REFUSED
- ○　-8 DON'T KNOW

'PN_QT2017_K5' [PN_TK5] -
PROGRAMMING NOTE TK5 :
IF (TK2 = 2, -7, OR -8) AND (TK4 = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;
IF (TK3 = 2, -7, OR -8) AND (TK4 = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;
IF TK3 = 1 AND (TK4 = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH TK5

'QT2017_K5' [TK5] - Have you attempted suicide at any time in the past 12 months?
- ○　01 YES
- ○　02 NO
- ○　-7 REFUSED
- ○　-8 DON'T KNOW

'SUICIDE RESOURCE' [SUICIDE RESOURCE] -

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.] The number is 1-800-273-TALK (8255).

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_SUICIDE RESOURCE1' [POST_SUICIDE RESOURCE1] -
POST-NOTE FOR SUICIDE RESOURCE:
IF (TK2 = 2, -7, OR -8) AND (TK4 = 2, -7, OR -8), THEN GO TO TH21 (NEXT SECTION);
ELSE CONTINUE WITH TK7

'QT2017_K6' [TK7] - Would you like to discuss your thoughts with this person now or would you like to continue with the survey?
- ○   01 DISCUSS THOUGHTS WITH PERSON
- ○   02 CONTINUE WITH SURVEY
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

SECTION L: CIVIC ENGAGEMENT AND RESILIENCY

'QT2017_L1' [TH21] - In the past 12 months, have you done any volunteer work or community service that you have not been paid for?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'PN_QT2017_L2' [PN_TH8] -
PROGRAMMING NOTE TH8 :
IF 'QT2017_A5' = 1 OR 'QT2017_A6' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH TH8 ;
ELSE GO TO TL37

'QT2017_L2' [TH8] - How _true_ do you feel the next statements are about your school and things you might do there:

At my school, there is a teacher _or_ some other adult...

Who really cares about me. Would you say this is...

- ○   01 Not at all true
- ○   02 A little true
- ○   03 Pretty much true, or
- ○   04 Very much true?
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2017_L3' [TH9] - [At my school, there is a teacher or some other adult...

Who notices when I'm not there. Is this…

- ❍   01 Not at all true
- ❍   02 A little true
- ❍   03 Pretty much true, or
- ❍   04 Very much true?
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_L4' [TH10] -
[At my school, there is a teacher or some other adult...]

Who listens to me when I have something to say. Is this…

- ❍   01 Not at all true
- ❍   02 A little true
- ❍   03 Pretty much true, or
- ❍   04 Very much true?
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_L5' [TH11] -
[At my school, there is a teacher or some other adult...]

Who tells me when I do a good job.
[IF NEEDED, READ:]

- ❍   01 NOT AT ALL TRUE
- ❍   02 A LITTLE TRUE
- ❍   03 PRETTY MUCH TRUE, OR
- ❍   04 VERY MUCH TRUE?
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_L6' [TH12] -
[At my school, there is a teacher or
some other adult...]

Who always wants me to do my best.

[IF NEEDED, READ:]

- ❍   01 NOT AT ALL TRUE
- ❍   02 A LITTLE TRUE
- ❍   03 PRETTY MUCH TRUE, OR
- ❍   04 VERY MUCH TRUE?
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_L7' [TH14] - How true 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
- ❍   01 NOT AT ALL TRUE
- ❍   02 A LITTLE TRUE
- ❍   03 PRETTY MUCH TRUE, OR
- ❍   04 VERY MUCH TRUE?
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2017_L8' [TH15] -
[In my home, there is a parent or some other adult…]

Who listens to me when I have something to say. Is this...
- ⭕ 01 Not at all true
- ⭕ 02 A little true
- ⭕ 03 Pretty much true, or
- ⭕ 04 Very much true?
- ⭕ -7 REFUSED
- ⭕ -8 DON'T KNOW

'QT2017_L9' [TH16] - [In my home, there is a parent or some other adult...]

Who talks with me about my problems
- ⭕ 01 NOT AT ALL TRUE
- ⭕ 02 A LITTLE TRUE
- ⭕ 03 PRETTY MUCH TRUE, OR
- ⭕ 04 VERY MUCH TRUE?
- ⭕ -7 REFUSED
- ⭕ -8 DON'T KNOW

'QT2017_L10' [TH18] - [In my home, there is a parent or some other adult...]

Who always wants me to do my best
- ⭕ 01 NOT AT ALL TRUE
- ⭕ 02 A LITTLE TRUE
- ⭕ 03 PRETTY MUCH TRUE, OR
- ⭕ 04 VERY MUCH TRUE?
- ⭕ -7 REFUSED
- ⭕ -8 DON'T KNOW

'QT2017_L11' [TH19] - [In my home, there is a parent or some other adult...]

Who believes that I will be a success
- ⭕ 01 NOT AT ALL TRUE
- ⭕ 02 A LITTLE TRUE
- ⭕ 03 PRETTY MUCH TRUE, OR
- ⭕ 04 VERY MUCH TRUE?
- ⭕ -7 REFUSED
- ⭕ -8 DON'T KNOW

'QT2017_L12' [TL37] -
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?

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

- ⭕ 01 Very feminine,
- ⭕ 02 Mostly feminine,
- ⭕ 03 Equally feminine and masculine
- ⭕ 04 Mostly masculine, or
- ⭕ 05 Very masculine?
- ⭕ -7 REFUSED
- ⭕ -8 DON'T KNOW

'PN_QT2017_L13' [PN_TL44] -
PROGRAMMING NOTE TL44;
IF ['QT2017_A4' = 1 AND TL37 = 1,2 (MALE AND GENDER EXPRESSION IS VERY/MOSTLY FEMININE)] OR
['QT2017_A4'=2 AND TL37 = 4,5 (FEMALE AND GENDER EXPRESSION IS VERY/MOSTLY MASCULINE)]
CONTINUE WITH TL44;

ELSE SKIP TO NEXT SECTION;

'QT2017_L13' [TL44] - People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP.   The pill is also called Truvada®.
At any time in the past 30 days, have you taken PrEP or Truvada®?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 1, goto 'TH31B'

'QT2017_L14' [TL45] - In the past 12 months, have you taken any PrEP or Truvada®?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 1, goto 'TH31B'

'QT2017_L15' [TL46] - Have you ever taken any PrEP or Truvada®?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 1, goto 'TH31B'

'QT2017_L16' [TL47] - Before today, have you ever heard of PrEP or Truvada®?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'TH31B' [TH31B] - Have you ever been tested for HIV, the virus that causes AIDS?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 2, -7, -8, goto 'QT2017_L19'

'QT2017_L18' [TL48] - For your most recent HIV test, were you offered the test or did you ask for the test?
- ○   01 I WAS OFFERED THE TEST
- ○   02 I ASKED FOR THE TEST
- ○   03 I DON'T REMEMBER
- ○   91 OTHER (SPECIFY:_____)
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 1, 2, 3, 91, -7, -8, goto NEXT SECTION

'QT2017_L19' [TL49] - Were you ever offered an HIV test?
- ○   01 YES
- ○   02 NO
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

SECTION M: CLOSING

'QT2017_M1' [TI10] - 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?
- ○ 01 YES
- ○ 02 MAYBE/PROBABLY YES
- ○ 03 DEFINITELY NOT
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'PN_SUICIDE2' [PN_SUICIDE2] -
PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF TK7 = 2, -7, OR -8, CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO CLOSE

'QT2017_M2' [TM4] -

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 ASKTHEM TO READ IT BACK TO YOU.]**

Would you like to speak with someone now?

- ○ 01 YES
- ○ 02 NO
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'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"**]**

'QT2017_M3' [TI9] -
[INTERVIEWER: DURING THIS INTERVIEW, EVEN FOR PART OF THE TIME, DO YOU THINK…]

- 01 A PARENT WAS LISTENING ON AN EXTENSION
- 02 A PARENT WAS IN THE ROOM LISTENING, OR
- 03 NEITHER
- -8 DON'T KNOW

'BREAKOFF' [BREAKOFF] - BREAKOFF

'CALLBACK' [CALLBACK] - CALLBACK
- 1 YES
- 2 NO

'INELIGIBLE' [INELIGIBLE] - INELIGIBLE
- 1 Yes
- 2 No