CHIS 2021
Adolescent CATI Questionnaire
(Interviewer- administered)
Version 1.20
August 5, 2021
(Adolescent Respondents Ages 12-17)

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

Contact:

California Health Interview Survey
UCLA Center for Health Policy Research
10960 Wilshire Blvd, Suite 1550 Los Angeles, CA 90024
Telephone: (866) 275-2447
Fax: (310) 794-2686
Web: www.chis.ucla.edu

Guide to Questionnaire Formatting

The following are from the 2021 CHIS Teen questionnaire, slightly modified and in no given order.

Legend (each item is identified only once)

Programming note	Defines a skip pattern or text display for the subsequent question(s).
QID	Designates location of question, i.e. **'CA2'**: Child questionnaire, Section A, question #2. The question # in the QID denotes question order. This may vary between survey cycles.
Var ID	Unique ID of each question. This generally stays the same between survey cycles. This variable name correlates with the name found in the data file.
Lowercase text	On CATI, this text is read to the respondent.
Uppercase text	On CATI, this text is NOT read to the respondent.
If Needed statement	On CATI, this text is only read if interview deems it helpful for respondent.
Interviewer Note	On CATI, this serves as additional instruction for the interviewer and is not read at loud.
Range	On CATI, this text is not read. SR: indicates soft range- allowable entry but will prompt verification message. HR: indicates hard range- not an allowable entry.
Skip note	Defines skip patterns dependent on the responses of the preceding question(s).
Dynamic text	{…} and (….) Denotes that text is automatically filled based on previous responses.

PROGRAMMING NOTE 'QT2021_A1' :
SET TADATE = CURRENT DATE (YYYYMMDD)

'QT2021_A1' [TA1] - What is your date of birth?

    _____ MONTH

- ❍ 1 JANUARY
- ❍ 2 FEBRUARY
- ❍ 3 MARCH
- ❍ 4 APRIL
- ❍ 5 MAY
- ❍ 6 JUNE
- ❍ 7 JULY
- ❍ 8 AUGUST
- ❍ 9 SEPTEMBER
- ❍ 10 OCTOBER
- ❍ 11 NOVEMBER
- ❍ 12 DECEMBER
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

    _____ DAY

- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

    _____YEAR

- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2021_B20' [TB52]- {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

     ❍   1 YES
     ❍   2 NO
     ❍   3 BORDERLINE OR PRE-DIABETES
     ❍   -7 REFUSED
     ❍   -8 DON'T KNOW

If= 2, 3, -7,-8 goto 'QT2021_C1'

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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 2021 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 'QT2021_A1' :
SET TADATE = CURRENT DATE (YYYYMMDD)

'QT2021_A1' [TA1] - What is your date of birth?

_____ MONTH

- ❍   1 JANUARY
- ❍   2 FEBRUARY
- ❍   3 MARCH
- ❍   4 APRIL
- ❍   5 MAY
- ❍   6 JUNE
- ❍   7 JULY
- ❍   8 AUGUST
- ❍   9 SEPTEMBER
- ❍   10 OCTOBER
- ❍   11 NOVEMBER
- ❍   12 DECEMBER
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

_____ DAY

- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

_____YEAR

- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

PROGRAMMING NOTE 'QT2021_A2' :
IF 'QT2021_A1' = -7 OR -8 (REF/DK), CONTINUE WITH 'QT2021_A2' ;
ELSE GO TO 'QT2021_A4'

'QT2021_A2' [TA1A] - What month and year were you born?

_____ MONTH

○   1 JANUARY
○   2 FEBRUARY
○   3 MARCH
○   4 APRIL
○   5 MAY
○   6 JUNE
○   7 JULY
○   8 AUGUST
○   9 SEPTEMBER
○   10 OCTOBER
○   11 NOVEMBER
○   12 DECEMBER
○   -7 REFUSED
○   -8 DON'T KNOW

_____ YEAR

○   -7 REFUSED
○   -8 DON'T KNOW

PROGRAMMING NOTE 'QT2021_A3' :
'QT2021_A2' BIRTH MONTH= INTERVIEW MONTH AND (INTERVIEW YEAR- 'QT2021_A2' BIRTH YEAR= 12
OR 17), CONTINUE WITH 'QT2021_A3';
IF 'QT2021_A2' = -7 OR -8 (REF/DK), CONTINUE WITH 'QT2021_A3' ;
ELSE GO TO 'QT2021_A4'

'QT2021_A3' [TA2] - How old are you?

_____ YEARS OF AGE [SR: 12-17]

○   -7 REFUSED
○   -8 DON'T KNOW

POST-NOTE 'QT2021_A3' :
IF 'QT2021_A1' AND 'QT2021_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)

'QT2021_A4' [TA20] - On your original birth certificate, was your sex assigned as male or female?

○   01 MALE
○   02 FEMALE
○   -7 REFUSED
○   -8 DON'T KNOW

'QT2021_A5' [TA21] - Do you currently describe yourself as male, female, or transgender?

- ○   01 MALE
- ○   02 FEMALE
- ○   03 TRANSGENDER
- ○   04 NONE OF THESE
- ○   05 I AM NOT SURE OF MY GENDER IDENTITY
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 1, 2, 3, -7, -8 goto 'QT2021_A7'

PROGRAMMING NOTE 'QT2021_A6':
IF 'QT2021_A5' = 4 THEN CONTINUE WITH 'QT2021_A6';
ELSE SKIP TO 'QT2021_A7'

'QT2021_A6' [TA22] - What is your current gender identity?

- ○   -1 SPECIFY: (_____)
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2021_A7' [TA4] - Did you attend school last week?

- ○   1 YES
- ○   2 NO
- ○   3 ON VACATION
- ○   4 HOME SCHOOLED
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 1, goto 'QT2021_A9'
If = 4, goto 'SECTION B – HEALTH STATUS AND HEALTH CONDITIONS'

'QT2021_A8' [TA4C] - Did you attend school during the last school year?

- ○   1 YES
- ○   2 NO
- ○   3 HOME SCHOOLED LAST YEAR
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

If = 2, 3, -7, -8, goto 'SECTION B – HEALTH STATUS AND HEALTH CONDITIONS'

'QT2021_A9' [TA4B] - 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]

_____ NAME OF SCHOOL

- ○   -7 REFUSED
- ○   -8 DON'T KNOW

_____ TYPE OF SCHOOL

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

'QT2021_A9' [TA4B] - What is the name of the school you go to or last attended?

SECTION B: HEALTH STATUS AND HEALTH CONDITIONS

'QT2021_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?

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

'QT2021_B2' [TB2] - About how tall are you without shoes?

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

_____ FEET
_____ INCHES

_____ CENTIMETERS

- ❍ 1 FEET, INCHES
- ❍ 2 CENTIMETERS
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2021_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

Missed School Days

> *PROGRAMMING NOTE 'QT2021_B4' :*
> *IF 'QT2021_A7' = 1 (ATTENDED SCHOOL LAST WEEK) OR 4 (HOME SCHOOLED), CONTINUE WITH 'QT2021_B4' ;*
> *ELSE GO TO 'QT2021_B5'*

'QT2021_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

'QT2021_B5' [TB5] - Has a doctor ever told you or your parents that you have asthma?

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

If = 2, -7, -8, goto 'QT2021_B20'

'QT2021_B6' [TB17] - Do you still have asthma?

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

'QT2021_B7' [TB18] - During the <u>past 12 months</u>, have you had an episode of asthma or an asthma attack?

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

PROGRAMMING NOTE 'QT2021_B8' :
IF 'QT2021_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT2021_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS)
CONTINUE WITH 'QT2021_B8';
ELSE GO TO 'QT2021_B11'

'QT2021_B8' [TB19] - During the <u>past 12 months</u>**,** have you had to visit a hospital emergency room because of <u>your</u> asthma?

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

If = 2, -7, -8, goto "QT2021_B11'

'QT2021_B9' [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.]

- ❍   1 YES
- ❍   2 NO
- ❍   3 DOESN'T HAVE A DOCTOR OR ANY OTHER TYPE OF HEALTHCARE PROVIDER
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2021_B10' [TF4A] - During the <u>past 12 months</u>**,** were you admitted to the hospital overnight or longer for your asthma?

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

 'QT2021_B11' [TB6] - Are you now taking a <u>daily</u> 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."]

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

PROGRAMMING NOTE 'QT2021_B12' :IF 'QT2021_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT2021_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO 'QT2021_B16';ELSE CONTINUE WITH 'QT2021_B12'

 'QT2021_B12' [TB27] - During the <u>past 12 months</u>, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

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

PROGRAMMING NOTE 'QT2021_B13' :IF 'QT2021_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT2021_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO 'QT2021_B16' ;ELSE CONTINUE WITH 'QT2021_B13'

 'QT2021_B13' [TB28] - During the <u>past 12 months</u>**,** have you had to visit a hospital emergency room because of your asthma?

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

If = 2, -7, -8, goto 'QT2021_B16'

 'QT2021_B14' [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.]

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

 'QT2021_B15' [TB29] - During the <u>past 12 months</u>**,** were you admitted to the hospital overnight or longer for your asthma?

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

'QT2021_B16' [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
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2021_B17' [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?

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

If = 2, -7, -8, goto TB52

'QT2021_B18' [TB32] - Do you have a written or printed copy of this plan?

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

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

'QT2021_B19' [TB33] - How confident are you that you can control and manage your asthma? Would you say you are…

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

PROGRAMMING NOTE 'QT2021_B20' : IF 'QT2021_A4' = 2 (FEMALE AT BIRTH) AND IF TAGE >= 15 YEARS ';DISPLAY "Other than during pregnancy, has"; ELSE BEGIN DISPLAY WITH "Has" QT2021_B20''QT2021_A4'

'QT2021_B20' [TB52]- {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

- ○ 1 YES
- ○ 2 NO
- ○ 3 BORDERLINE OR PRE-DIABETES
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

If= 2, 3, -7,-8 goto 'QT2021_C1'

'QT2021_B21' [TB53]- How old were you when a doctor first told you that you have diabetes?

_____ AGE

- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2021_B22' [TB54]- Were you told that you had Type 1 or Type 2 diabetes?

[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."]

- ○ 1 TYPE 1
- ○ 2 TYPE 2
- ○ 91 ANOTHER TYPE (Specify:_____)
- ○ 4 DOUBLE DIABETES (TYPE 1 AND TYPE 2)
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

SECTION C: DIET, NUTRITION, AND FOOD ENVIRONMENT

'QT2021_C1' [TC28B] - Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did you drink?

Such as lemonade, Gatorade, Snapple, or Red Bull.

_____ GLASSES OR CANS [HR 0-15 ;SR 0-7]

❍   -7 REFUSED
❍   -8 DON'T KNOW

SECTION D: PHYSICAL ACTIVITY

'QT2021_D1' [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

'QT2021_D2' [TD34] - People in my neighborhood are willing to help each other.

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

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

'QT2021_D3' [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]

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

'QT2021_D4' [TD36] - People in this neighborhood can be trusted.

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

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

'QT2021_D5' [TL25] - I care deeply about issues in my community or society.

[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

'QT2021_D6' [TL27] - I believe that I can make a difference in my community.

[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

'QT2021_D7' [TL28] - I feel connected to others who are working to make a difference in my community.

[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

'QT2021_D8' [TE64] - Do you feel safe in your neighborhood…

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

'QT2021_D9' [TC13]- The next questions are about firearms. Please include weapons such as pistols, shotguns, and rifles. Include those kept in a garage, outdoor storage area, or motor vehicle. Please do not count BB guns, starter pistols, or guns that cannot fire.

Does any member of your household keep a firearm in or around your home?

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

'QT2021_D10' [TC13C]- Do you yourself have a firearm, either at home or somewhere else?

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

If 2, -3 goto 'QT2021_D14'

'QT2021_D11' [TC13C1]- How many firearms do you have?

- ○   1 __FIREARMS
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

> ***PROGRAMMING NOTE' TC13E': IF 'QT2021_D11' = 1 (NUMBER OF FIREARMS OWNED), THEN CONTINUE WITH 'QT2021_D12', ELSE GO TO PN_'QT2021_D13'***

'QT2021_D12' [TC13E]- Is that firearm a handgun?

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

> ***PROGRAMMING NOTE' TC13F': IF 'QT2021_D11' > 1 (NUMBER OF FIREARMS OWNED), THEN CONTINUE WITH 'QT2021_D13', ELSE GO TO 'QT2021_D14'***

'QT2021_D13' [TC13F]- Are any of the firearms handguns?

- ❍ 1 YES, ONE IS A HANDGUN
- ❍ 2 YES, TWO OR MORE ARE HANDGUNS
- ❍ 3 NONE ARE
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2021_D14' [TC14A]- Have you ever held in your own hands a firearm of any type?

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

'QT2021_D15' [TC14B]- Have you ever fired a firearm of any type?

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

'QT2021_D16' [TC14C]- Have you ever used a firearm for hunting or target shooting?

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

'QT2021_D17' [TC14F]- Have you ever handled a firearm without either adult supervision or knowledge?

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

'QT2021_D18' [TC17]- Do you know any people around your age who have a firearm?

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

'QT2021_D19' [TC18]- Do you think you would be able to get a firearm within 2 days if you wanted one?

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

'QT2021_D20' [TC21]- Has anyone ever brought out, shown, or used a firearm against you in a threatening way?

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

'QT2021_D21' [MODTC22]- Have you ever been shot with a firearm (on purpose)? Please do not include a BB gun or air rifle.

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

'QT2021_D22' [TC23] - Have you ever brought out, shown, or used a firearm against another person in self-defense?

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

'QT2021_D23' [TC24]- Have you ever brought out, shown, or used a firearm against another person in a threatening way but not in self-defense?

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

'QT2021_D24' [TD65]- Do you ever worry about being shot by a firearm?

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

SECTION E: CIGARETTE, ALCOHOL AND DRUG USE

'QT2021_E1' [TC38] - Now I'm going to ask about smoking. Have you ever smoked cigarettes, even 1 or 2 puffs?

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

If = 2, -7, -8, goto 'E-cigarette Intro Teen'

'QT2021_E2' [TE81] - How old were you when you first tried cigarette smoking, even one or two puffs?

_____Age [HR: 0-TAGE]

- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2021_E3' [TE19] - In the past 30 days, on how many days did you smoke cigarettes?

- ❍   0 NONE
- ❍   1 1 OR 2 DAYS
- ❍   2 3-5 DAYS
- ❍   3 6-9 DAYS
- ❍   4 10-19 DAYS
- ❍   5 20-29 DAYS
- ❍   6 30 DAYS
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

If = 0, goto ' E-cigarette Intro Teen'

'QT2021_E4' [TE20] - In the past 30 days, when you smoked, about how many cigarettes did you smoke in a typical 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 [HR: 0-120]

- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'E-CIGARETTE INTRO TEEN' [E-CIGARETTE INTRO TEEN] - The next questions are about electronic cigarettes and other electronic vaping products. These products typically contain nicotine, flavors, and other ingredients. They may also be called e-cigs, vape pens, pod mods, hookah pens or e-hookah. Popular brands include JUUL, Blu, NJOY, Suorin, and Vuse.

Do <u>not</u> include products used only for marijuana.

'QT2021_E5' [TE79] - Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?

Please include using JUUL or JUULing in your answer.

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

If = 2, -7, -8, goto 'QT2021_E10'

'QT2021_E6' [TE82] - How old were you when you first tried an e-cigarette, even one or two times?

_____Age [HR: 0-TAGE]

- ❍　-7 REFUSED
- ❍　-8 DON'T KNOW

'QT2021_E7' [TE80] - In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

_____ Number of days [HR: 0 - 30]

If=0,-7,-8 goto 'QT2021_E9'

'QT2021_E8' [TE68] - What are your reasons for using electronic cigarettes?

[CODE ALL THAT APPLY]

- ❑　1 TO QUIT SMOKING
- ❑　2 TO REPLACE SMOKING
- ❑　3 TO CUT DOWN OR REDUCE SMOKING
- ❑　4 TO USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED
- ❑　5 TO JUST TRY IT OUT OF CURIOSITY
- ❑　6 TO AVOID THE LINGERING ODOR OF CIGARETTES
- ❑　7 TO HELP ME CONCENTRATE/STAY ALERT
- ❑　8 BECAUSE THEY COME IN MANY FLAVORS
- ❑　9 BECAUSE THEY ARE LESS EXPENSIVE
- ❑　10 BECAUSE THEY ARE HEALTHIER THAN CIGARETTES
- ❑　11 FOR ENJOYMENT OR SOCIAL REASONS
- ❑　12 TO REDUCE STRESS, ANXIETY OR PAIN
- ❑　91 OTHER (SPECIFY: _____)
- ❑　-7 REFUSED
- ❑　-8 DON'T KNOW

PROGRAMMING NOTE 'QT2021_E9': IF ['QT2021_E1'=1 AND 'QT2021_E5'=1] AND 'QT2021_E2'= 'QT2021_E6'
OR IF 'QT2021_E2' =-7,-8 OR IF 'QT2021_E6'=-7,8 CONTINUE WITH 'QT2021_E9';
ELSE GO TO 'QT2021_E10'

'QT2021_E9' [TE83] - Earlier you mentioned that you have tried both cigarettes and e-cigarettes. Which one did you try first?

- ❍ 1 Cigarettes
- ❍ 2 E-cigarettes
- ❍ 3 Tried at the same time
- ❍ 4 REFUSED
- ❍ 5 DON'T KNOW

'QT2021_E10' [TE22] - Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed drinks, or liquor?

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

If = 2, -7, -8, goto 'QT2021_E13'

PROGRAMMING NOTE 'QT2021_E11' :
IF 'QT2021_E4' = 1 (MALE AT BIRTH) GO TO 'QT2021_E12' ;
ELSE CONTINUE WITH 'QT2021_E11'

'QT2021_E11' [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?

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

PROGRAMMING NOTE 'QT2021_E12' :
IF 'QT2021_E4' = 2 (FEMALE AT BIRTH), GO TO 'QT2021_E13';
ELSE CONTINUE WITH 'QT2021_E12'

'QT2021_E12' [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?

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

PROGRAMMING NOTE 'QT2021_E13':
IF SC24X = 3 OR 5 (NO QUESTIONS ON DRUGS) :
OR IF SC23XXX = 1 SKIP TO 'QT2021_F1'
ELSE CONTINUE TO 'QT2021_E13'

'QT2021_E13' [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.]

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

If = 2, -7, -8, goto 'SECTION F-MENTAL HEALTH'

'QT2021_E14' [TE70] - During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

- ❍ 1 0 DAYS
- ❍ 2 1-2 DAYS
- ❍ 3 3-5 DAYS
- ❍ 4 6-9 DAYS
- ❍ 5 10-19 DAYS
- ❍ 6 20-29 DAYS
- ❍ 7 30 DAYS OR MORE
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

If = 1, goto 'SECTION F- MENTAL HEALTH'

'QT2021_E15' [TE71] - How often have you used tobacco and marijuana at the same time? Would you say…

- ❍ 1 Usually
- ❍ 2 Sometimes
- ❍ 3 Never
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2021_E16' [TE72] - During the past 30 days, how did you use marijuana? Did you…

Smoke it in a joint, bong, or pipe?

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

'QT2021_E17' [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?

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

'QT2021_E18' [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]

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

'QT2021_E19' [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]

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

'QT2021_E20' [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]

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

'QT2021_E21' [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]

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

'QT2021_E22' [TE77] - [During the past 30 days, how did you use marijuana?] Did you…

Use it some other way?

- ❍   1 YES (SPECIFY_____)
- ❍   2 NO
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

SECTION F: MENTAL HEALTH

'QT2021_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?

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

'QT2021_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?

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

'QT2021_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?"]

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

'QT2021_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?"]

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

'QT2021_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?"]

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

'QT2021_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?"]

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

'QT2021_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?

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

If = 2, -7, -8, goto 'QT2021_F14'

PROGRAMMING NOTE 'QT2021_F8' :
IF 'QT2021_F7' = 1 THEN CONTINUE WITH 'QT2021_F8';
ELSE SKIP TO 'QT2021_F14'

'QT2021_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?

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

'QT2021_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?

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

'QT2021_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?"]

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

'QT2021_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?"]

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

'QT2021_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?"]

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

'QT2021_F13' [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?"]

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

'QT2021_F14' [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?

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

'QT2021_F15' [TF11] - In the past 12 months, have you received any psychological or emotional counseling?

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

PROGRAMMING NOTE 'QT2021_F16' :
IF 'QT2021_E10' = 1 (MORE THAN SIP OF ALCOHOL) OR 'QT2021_E13' =1 (EVER USED MARIJUANA)
CONTINUE WITH 'QT2021_F16' ;ELSE GO TO TF38

'QT2021_F16' [TI13] - In the past 12 months, did you receive any professional help for your use of alcohol or drugs?

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

'QT2021_F17' [TF38] - The next questions are about your use of technology. People may use the internet for streaming   videos/music, playing games, checking social media, using apps, browsing the web, etc, on a computer or on a phone or mobile device. On a typical day, how often do you use the internet?

[IF NEEDED: "Use the internet either on a computer or mobile device".]

- ❍   01 Almost constantly,
- ❍   02 Many times a day,
- ❍   03 A few times a day, or
- ❍   04 Less than a few times a day?
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2021_F18' [TF39] - On a typical day, how often do you use a computer or mobile device for social media?

[IF NEEDED: "Social media may include Facebook, Instagram, Twitter, Snapchat, YouTube, etc.]

- ○ 01 Almost constantly,
- ○ 02 Many times a day,
- ○ 03 A few times a day, or
- ○ 04 Less than a few times a day
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2021_F19' [TF40] - In the past 12 months, have you tried to get help from an on-line tool, including mobile apps or texting services, for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

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

If = 2, goto 'PN_QT2021_F21'
If = -7, -8, goto 'PN_QT2021_F22'

'QT2021_F20' [TF41] - How useful was this?

- ○ 01 VERY
- ○ 02 SOMEWHAT
- ○ 03 NOT AT ALL
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

PROGRAMMING NOTE 'QT2021_F21':
IF 'QT2021_F19' =2, THEN CONTINUE WITH 'QT2021_F21';
ELSE SKIP TO 'QT2021_F22'

'QT2021_F21' [TF42] - What is the <u>main reason</u> you did not try to get support from an on-line tool, including mobile apps or texting services?

- ○ 1 GOT BETTER/NO LONGER NEEDED
- ○ 2 WANTED TO HANDLE PROBLEM ON OWN
- ○ 3 DON'T OWN A SMARTPHONE OR COMPUTER
- ○ 4 DIDN'T KNOW ABOUT THESE APPS
- ○ 5 DON'T TRUST MOBILE APPS
- ○ 6 CONCERNS ABOUT PRIVACY AND SECURITY OF THE DATA
- ○ 7 DON'T THINK IT WOULD BE HELPFUL OR WORK
- ○ 8 COST
- ○ 9 DON'T HAVE TIME
- ○ 10 RECEIVED TRADITIONAL/FACE-TO-FACE SERVICES
- ○ 91 DON'T THINK I NEEDED IT
- ○ 12 DON'T HAVE ENOUGH SPACE TO DOWNLOAD NEW APPS
- ○ 91 Other (Specify: _____)
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2021_F22' [TF43] - In the past 12 months, have you connected online with people that have mental health or alcohol/drug concerns similar to yours through methods such as social media, blogs, and online forums?

[IF NEEDED: "Examples include online forums or closed social media groups on specific issues, doing hashtag searches on social media, or following people with similar health conditions."]

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

'QT2021_F23' [TF44] - In the last 12-months, have you used online tools to find, be referred to, contact, or connect with a mental health professional?

[IF NEEDED: "Examples of online tools include texting, on-line messaging, video chat, or a mental health or health-related mobile app."]

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

'QT2021_F24' [TF45]- Does the issue of climate change make you feel nervous, depressed, or emotionally stressed?

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

SECTION G: SEXUAL BEHAVIORS

> *PROGRAMMING NOTE 'QT2021_G1' :*
> *IF SC23XXX =2 , GO TO 'QT2021_H1' ;*
> *ELSE CONTINUE WITH 'QT2021_G1'*

'QT2021_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."]

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

> *PROGRAMMING NOTE 'QT2021_G2':*
> *IF SC23XXX =2 GO TO 'QT2021_H1' ,*
> *IF AGE < 15 YEARS GO TO 'QT2021_H1';*
> *ELSE IF 'QT2021_A4' = 1 (MALE AT BIRTH) THEN GO TO 'QT2021_G10';*
> *ELSE CONTINUE WITH 'QT2021_G2'*

'QT2021_G2' [TG17] - Which of the following statements best describes your pregnancy plans? Would you say…

- ❍ 1 You do not plan to get pregnant within the next 12 months,
- ❍ 2 You are not sexually active
- ❍ 3 You are planning to get pregnant within the next 12 months, or
- ❍ 4 You are currently pregnant?
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

> *PROGRAMMING NOTE 'QT2021_G3':*
> *IF 'QT2021_G1' = 2 (NOT SEXUALLY ACTIVE) or 'QT2021_G2'=2,4, THEN GO TO 'QT2021_G10';*
> *ELSE CONTINUE WITH 'QT2021_G3'*

'QT2021_G3' [TG18] - Are you or your male sex partner currently using a birth control method to prevent pregnancy?

- ❍ 1 YES
- ❍ 2 NO
- ❍ 3 NO MALE SEXUAL PARTNER
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

If = 2, goto 'QT2021_G5';
If = 3, -7,-8 goto 'QT2021_G6'

'QT2021_G4' [TG19] - Which birth control method or methods are you using?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

 ❑ 03 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
 ❑ 04 IMPLANT (IMPLANON, NEXPLANON, ETC)
 ❑ 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 goto 'QT2021_G7'
If = 5, 6, 7, 91, -7, -8, goto 'PN_QT2021_G6'

'QT2021_G5' [TG20] - What is the <u>main</u> reason you are <u>not</u> currently using birth control?

 ❍ 1 TRYING TO GET PREGNANT/WANT A BABY
 ❍ 2 HAVEN'T FOUND A METHOD I LIKE
 ❍ 3 COST
 ❍ 4 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
 ❍ 5 NO TRANSPORTATION
 ❍ 6 DON'T KNOW WHERE TO GET IT
 ❍ 7 DON'T BELIEVE IN BIRTH CONTROL
 ❍ 8 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
 ❍ 9 PARTNER WON'T LET ME
 ❍ 91 OTHER (SPECIFY: _____)
 ❍ -7 REFUSED
 ❍ -8 DON'T KNOW

PROGRAMMING NOTE 'QT2021_G6': IF 'QT2021_G4' = 3 (IUD) OR 4 (IMPLANT), GO TO 'QT2021_G10'; ELSE CONTINUE WITH 'QT2021_G6'

'QT2021_G6' [TG25] - Has a doctor, medical provider, or family planning counselor ever talked to you about an implant in your arm or an IUD?

 ❍ 1 YES
 ❍ 2 NO
 ❍ 3 NO MALE SEXUAL PARTNER
 ❍ -7 REFUSED
 ❍ -8 DON'T KNOW

'QT2021_G7' [TG26] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

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

If = 2, -7, -8, goto 'PN_QT2021_G10'

'QT2021_G8' [TG27] - What MAIN birth control method or prescription did you receive?

- ❍ 3 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
- ❍ 4 IMPLANT (IMPLANON, NEXPLANON, ETC)
- ❍ 5 BIRTH CONTROL PILLS
- ❍ 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)
- ❍ 7 CONDOMS (MALE)
- ❍ 91 OTHER (SPECIFY: _____)
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2021_G9' [TG28] - Where did you receive the main birth control method or prescription?

- ❍ 1 PRIVATE DOCTOR'S OFFICE
- ❍ 2 HMO FACILITY
- ❍ 3 HOSPITAL OR HOSPITAL CLINIC
- ❍ 4 PLANNED PARENTHOOD
- ❍ 5 COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC
- ❍ 6 SCHOOL OR SCHOOL-BASED CLINIC
- ❍ 7 EMPLOYER OR COMPANY CLINIC
- ❍ 8 INDIAN HEALTH SERVICE
- ❍ 9 PHARMACY
- ❍ 91 SOME OTHER PLACE (SPECIFY:_____)
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

PROGRAMMING NOTE 'QT2021_G10':
IF 15≤ AGE ≤ 17, THEN CONTINUE WITH 'QT2021_G10';
ELSE SKIP TO SECTION H;

'QT2021_G10' [TG21] - During the past 12 months, did you receive counseling or information about male or female birth control from a doctor or medical provider?

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

PROGRAMMING NOTE 'QT2021_G11': IF MALE AND 15 ≤ AGE ≤ 17 AND 'QT2021_G1' = 1 (SEXUALLY ACTIVE) THEN CONTINUE WITH 'QT2021_G11';
ELSE SKIP TO 'SECTION H'

'QT2021_G11' [TG22] - Are you or your female sex partner currently using a birth control method to prevent pregnancy?

- ❍ 1 YES
- ❍ 2 NO
- ❍ 3 NO FEMALE SEXUAL PARTNER
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

If = 2, goto 'QT2021_G13'
If = 3, -7, -8, goto 'QT2021_G14'

'QT2021_G12' [TG23] - Which birth control method or methods are you using?

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- ❑ 03 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
- ❑ 04 IMPLANT (IMPLANON, NEXPLANON, ETC)
- ❑ 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 'QT2021_G14'

'QT2021_G13' [TG24] - What is the <u>main</u> reason you are <u>not</u> currently using birth control?

- ○ 1 TRYING TO GET PREGNANT/WANT A BABY
- ○ 2 HAVEN'T FOUND A METHOD I LIKE
- ○ 3 COST
- ○ 4 HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL
- ○ 5 NO TRANSPORTATION
- ○ 6 DON'T KNOW WHERE TO GET IT
- ○ 7 DON'T BELIEVE IN BIRTH CONTROL
- ○ 8 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- ○ 9 PARTNER WON'T LET ME
- ○ 91 OTHER (SPECIFY: _____)
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2021_G14' [TG29] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

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

If = 2, -7, -8, goto 'Section H'

'QT2021_G15' [TG30] - What <u>main</u> birth control method or prescription did you receive?

- ○ 3 IUD (MIRENA, PARAGARD, SKYLA, KYLEENA, LILETTA, ETC)
- ○ 4 IMPLANT (IMPLANON, NEXPLANON, ETC)
- ○ 5 BIRTH CONTROL PILLS
- ○ 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING)
- ○ 7 CONDOMS (MALE)
- ○ 91 OTHER (SPECIFY: _____)
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2021_G16' [TG31] - Where did you receive the main birth control method or prescription?

- ❍ 1 PRIVATE DOCTOR'S OFFICE
- ❍ 2 HMO FACILITY
- ❍ 3 HOSPITAL OR HOSPITAL CLINIC
- ❍ 4 PLANNED PARENTHOOD
- ❍ 5 COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC
- ❍ 6 SCHOOL OR SCHOOL-BASED CLINIC
- ❍ 7 EMPLOYER OR COMPANY CLINIC
- ❍ 8 INDIAN HEALTH SERVICE
- ❍ 9 PHARMACY
- ❍ 91 SOME OTHER PLACE (SPECIFY:_____)
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

SECTION H: HEALTH CARE UTILIZATION AND ACCESS

'QT2021_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.]

- ❍ 1 YES
- ❍ 2 NO
- ❍ 3 DOCTOR/MY DOCTOR
- ❍ 4 KAISER
- ❍ 5 MORE THAN ONE PLACE
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

If = 2, -7, -8, goto 'PN_QT2021_H3'

PROGRAMMING NOTE 'QT2021_H2' :
IF 'QT2021_H1' = 4 (KAISER), FILL IN 'QT2021_H2' = 1 AND GO TO 'QT2021_H3' ;
ELSE IF 'QT2021_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…".

'QT2021_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?

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

PROGRAMMING NOTE 'QT2021_H3' :
IF 'QT2021_B8'=1 OR 'QT2021_B13'=1 (ER VISIT DUE TO ASTHMA), MARK 'YES=1' ON 'QT2021_H3' AND GO TO 'QT2021_H4' ;
ELSE CONTINUE WITH 'QT2021_H3'

'QT2021_H3' [TF3] - During the past 12 months, did you visit a hospital emergency room for your own health?

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

'QT2021_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

'QT2021_H5' [TF5] - When was the last time you saw a doctor for a physical exam or check-up?

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

PROGRAMMING NOTE 'QT2021_H6' :
IF 'QT2021_H1' = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE), CONTINUE WITH 'QT2021_H6' ;
ELSE GO TO 'QT2021_H7'

'QT2021_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."]

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

PROGRAMMING NOTE 'QT2021_H7':
IF 'QT2021_H6' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

'QT2021_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".]

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

If = 2, -7, or -8 go to 'PN_QT2021_H9'

'QT2021_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

PROGRAMMING NOTE 'QT2021_H9':
IF 'QT2021_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT2021_B7' = 1 (YES, ASTHMA EPISODE IN PAST 12
MONTHS) AND IF 'QT2021_H1' = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR
USUAL SOURCE OF CARE) AND IF 'QT2021_H6' = 1 (YES HAS PERSONAL DOCTOR), CONTINUE WITH
'QT2021_H9';ELSE GO TO 'QT2021_H10'

'QT2021_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?

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

'QT2021_H10' [TI18] - During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

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

If = 2, -7, -8, goto 'QT2021_H12'

'QT2021_H11' [TI21] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

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

'QT2021_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?

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

If = 2, -7, -8, goto 'QT2021_H17'

'QT2021_H13' [TH57] - Did you get the care eventually?

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

'QT2021_H14' [TF22] - Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

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

If = 2, -7, -8, goto 'QT2021_H16'

'QT2021_H15' [TH58] - Was that the <u>main</u> reason?

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

If = 1, -7, -8, goto 'QT2021_H17'

'QT2021_H16' [TH59] - What was the <u>one</u> main reason why you delayed getting the care you felt you needed?

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

'QT2021_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.

- ❍   0 HAVE NEVER VISITED
- ❍   1 6 MONTHS AGO OR LESS
- ❍   2 MORE THAN 6 MONTHS UP TO 1 YEAR AGO
- ❍   3 MORE THAN 1 YEAR UP TO 2 YEARS AGO
- ❍   4 MORE THAN 2 YEARS UP TO 5 YEARS AGO
- ❍   5 MORE THAN 5 YEARS AGO
- ❍   -7 REDUSED
- ❍   -8 DON'T KNOW

> *PROGRAMMING NOTE 'QT2021_H18':*
> *IF 'QT2021_A7' =1 (ATTENDED SCHOOL LAST WEEK) OR 'QT2021_A8' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'QT2021_H18' ;*
> *ELSE GO TO 'QT2021_H19'*

'QT2021_H18' [TF28] - During the past 12 months, did you miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

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

If 2, goto **'QT2021_H19'**

'QT2021_H19' [TF29] - How many days of school did you miss?

＿＿＿＿＿ DAYS [0-200]

- ○ 996 LESS THAN ONE DAY
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

'QT2021_H20' [TM3] - How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

- ○ 1 EXCELLENT
- ○ 2 VERY GOOD
- ○ 3 GOOD
- ○ 4 FAIR
- ○ 5 POOR
- ○ 6 HAS NO NATURAL TEETH
- ○ -7 REFUSED
- ○ -8 DON'T KNOW

SECTION J: DEMOGRAPHIC INFORMATION PART II

'QT2021_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?"]

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

If = 2, -7, -8, goto 'PN_QT2021_J3'

'QT2021_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]

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

PROGRAMMING NOTE 'QT2021_J3' :
IF 'QT2021_J1' = 1 (YES), DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THANONE RACE GIVEN, AFTER ENTERING RESPONSES FOR 'QT2021_J3' , CONTINUE WITH
PROGRAMMING NOTE 'QT2021_J4' ;
ELSE GO TO SKIPS AS INDICATED FOR SINGLE RESPONSES

'QT2021_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, 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]

- ❑   1 WHITE
- ❑   2 BLACK OR AFRICAN AMERICAN
- ❑   3 ASIAN
- ❑   4 AMERICAN INDIAN OR ALASKA NATIVE
- ❑   5 PACIFIC ISLANDER
- ❑   6 NATIVE HAWAIIAN
- ❑   91 OTHER (SPECIFY: _____)
- ❑   -7 REFUSED
- ❑   -8 DON'T KNOW

If = 6, 91,-7,-8, And Only One Race, goto 'QT2021_J11'
If = 3, And Only One Race, goto 'PN_QT2021_J7'
If = 4, And Only One Race, goto 'PN_QT2021_J4'
If = 5, And Only One Race, goto 'PN_QT2021_J8'
If =1, And only one race, go to 'QT2021_J4'
If =2, And only one race, go to 'QT2021_J5'

PROGRAMMING NOTE 'QT2021_J4' :
IF TI2= 1 (WHITE), CONTINUE WITH 'QT2021_J4';
ELSE GO TO PROGRAMMING NOTE 'QT2021_J5'

'QT2021_J4' [TI2H]- What are your white origin or origins?

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

- ❑   1 (SPECIFY: _____)
- ❑   -7 REFUSED
- ❑   -8 DON'T KNOW

PROGRAMMING NOTE 'QT2021_J4' :
IF TI2= 2(BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QT2021_J4';
ELSE GO TO PROGRAMMING NOTE 'QT2021_J4'

'QT2021_J5' [TI2I]- What are your Black origin or origins?

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

- ❑   1 (SPECIFY: _____)
- ❑   -7 REFUSED
- ❑   -8 DON'T KNOW

PROGRAMMING NOTE 'QT2021_J6' :
IF 'QT2021_J3' = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH 'QT2021_J6' ;
ELSE GO TO PROGRAMMING NOTE 'QT2021_J9'

'QT2021_J6' [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]

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

'QT2021_J7' [TI2B] - Are you an enrolled member in a federally or state recognized tribe?

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

If = 2, -7, -8, goto 'PN_QT2021_J9'

'QT2021_J8' [TI2C] - Which tribe are you enrolled in?

- ❍   1 APACHE
- ❍   2 BLACKFEET
- ❍   3 CHEROKEE
- ❍   4 CHOCTAW
- ❍   5 NAVAJO
- ❍   6 POMO
- ❍   7 PUEBLO
- ❍   8 SIOUX
- ❍   9 YAQUI
- ❍   10 OTHER

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

BLACKFEET_T
- ❍   4 BLACKFOOT/BLACKFEET

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

CHOCTAW_T
- ❍   8 CHOCTAW OKLAHOMA
- ❍   9 CHOCTAW (NOT SPECIFIED)
- ❍   10 OTHER CHOCTAW [Ask for spelling] (SPECIFY: _____)_

NAVAJO_T
- ❍   11 NAVAJO (NOT SPECIFIED)

POMO_T
- ❍   12 HOPLAND BAND, HOPLAND RANCHERIA
- ❍   13 SHERWOOD VALLEY RANCHERIA
- ❍   14 POMO (NOT SPECIFIED)
- ❍   15 OTHER POMO [Ask for spelling] (SPECIFY: _____)_

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: _____)_

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

YAQUI_T
- ❍   23 PASCUA YAQUI TRIBE OF ARIZONA
- ❍   24 YAQUI (NOT SPECIFIED)
- ❍   25 OTHER YAQUI [Ask for spelling] (SPECIFY: _____)_
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

PROGRAMMING NOTE 'QT2021_J9' :
IF 'QT2021_J3' = 3 (ASIAN) CONTINUE WITH 'QT2021_J9' ;
ELSE GO TO PROGRAMMING NOTE 'QT2021_J10'

'QT2021_J9' [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]

- ❑   1 BANGLADESHI
- ❑   2 BURMESE
- ❑   3 CAMBODIAN
- ❑   4 CHINESE
- ❑   5 FILIPINO
- ❑   6 HMONG
- ❑   7 INDIAN (INDIA)
- ❑   8 INDONESIAN
- ❑   9 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

PROGRAMMING NOTE 'QT2021_J10' :
IF 'QT2021_J3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QT2021_J10' ;
ELSE GO TO PROGRAMMING NOTE 'QT2021_J11'

 'QT2021_J10' [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]

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

PROGRAMMING NOTE 'QT2021_J11' :
IF 'QT2021_J1' = 1 (YES, LATINO) AND ['QT2021_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 'QT2021_J11' ;
ELSE IF MULTIPLE RESPONSES TO 'QT2021_J3' OR 'QT2021_J9' OR 'QT2021_J10' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'QT2021_J11' ;
ELSE GO TO 'QT2021_J13' ;
FOR 'QT2021_J2' RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF 'QT2021_J1' = -7 (REFUSE), INSERT "Latino"

 'QT2021_J11' [TI2F] - You said that you are: [RESPONSES FROM TI1A, TI2, TI2D, TI2D1]. Do you identify with any one race in particular?

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

IF 2,-7,-8 go to 'QT2021_J13'

'QT2021_J12' [TI2E] - Which do you <u>most</u> identify with?

- ❍ 1 MEXICAN/MEXICAN AMERICAN/CHICANO
- ❍ 4 SALVADORAN
- ❍ 5 GUATEMALAN
- ❍ 6 COSTA RICAN
- ❍ 7 HONDURAN
- ❍ 8 NICARAGUAN
- ❍ 9 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

'QT2021_J13' [TI3] - In what country were you born?

- ❍   1 UNITED STATES
- ❍   2 AMERICAN SAMOA
- ❍   3 CANADA
- ❍   4 CHINA
- ❍   5 EL SALVADOR
- ❍   6 ENGLAND
- ❍   7 FRANCE
- ❍   8 GERMANY
- ❍   9 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

PROGRAMMING NOTE 'QT2021_J14' :
IF 'QT2021_J13' = 1, 9, 22, OR 26 (BORN IN USA OR US TERRITORY), GO TO 'QT2021_J17' ;
ELSE CONTINUE WITH 'QT2021_J14'

'QT2021_J14' [TI4] - Are you a citizen of the United States?

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

If = 1, goto 'QT2021_J16'

> *PROGRAMMING NOTE 'QT2021_J15' :*
> *IF 'QT2021_J13' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QT2021_J17'*

'QT2021_J15' [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."]

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

'QT2021_J16' [TI6] - About how many years have you lived in the United States?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

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

- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2021_J17' [TI7] - What languages do you speak at home?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

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

SECTION Q: ADVERSE CHILDHOOD EXPERIENCES

Introduction: The following questions refer to experiences at any point in your life, including the present

'QT2021_Q1' [TQ1]- Have you ever lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks?

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

'QT2021_Q2' [TQ2]- Have you ever lived with anyone who had a problem with alcohol or drugs?

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

'QT2021_Q3' [TQ3]- Have you ever lived with a parent or guardian who served time in jail or prison after you were born?

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

'QT2021_Q4' [TQ4]- Have you ever lived with a parent or guardian who got divorced or separated after you were born?

- ❍   01 YES
- ❍   02 NO
- ❍   03 PARENTS NOT MARRIED
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2021_Q5' [TQ5]- Have you ever seen or heard your parents, guardians, or any other adults in your home slap, hit, kick, punch, or beat each other up?

- ❍   01 NEVER
- ❍   02 ONCE
- ❍   03 MORE THAN ONCE
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

'QT2021_Q6' [TQ6]- Have you ever been the victim of violence or witness any violence in your neighborhood?

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

'QT2021_Q7' [TQ7]- Have you ever been treated or judged unfairly because of your race or ethnic group?

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

'QT2021_Q8' [TQ8]- Have you ever lived with a parent or guardian who died?

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

'QT2021_Q9' [TQ9]- In your lifetime, how often was it very hard to get by on your family's income, for example, it was hard to cover the basics like food or housing? Would you say very often, somewhat often, not very often, or never?

- ○   01 VERY OFTEN
- ○   02 SOMEWHAT OFTEN
- ○   03 NOT VERY OFTEN
- ○   04 NEVER
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2021_Q10' [TQ10]- In your lifetime, have you seen or been present when the following experiences happened? Please include past and present experiences. Until now, how often did was it that you…

Felt able to talk to family about feelings?

- ○   01 All of the time
- ○   02 Most of the time
- ○   03 Some of the time
- ○   04 A little of the time
- ○   05 Never
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2021_Q11' [TQ11]- {How often have you…} Felt family stood by you during difficult times?

- ○   01 All of the time
- ○   02 Most of the time
- ○   03 Some of the time
- ○   04 A little of the time
- ○   05 Never
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2021_Q12' [TQ12]- {How often have you...} Felt safe and protected by an adult in your home?

- ○   01 All of the time
- ○   02 Most of the time
- ○   03 Some of the time
- ○   04 A little of the time
- ○   05 Never
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2021_Q13' [TQ13]- {How often have you…} Had at least 2 non-parent adults who took genuine interest?

- ○   01 All of the time
- ○   02 Most of the time
- ○   03 Some of the time
- ○   04 A little of the time
- ○   05 Never
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2021_Q14' [TQ14]- {How often have you…} Felt supported by friends?

- ○   01 All of the time
- ○   02 Most of the time
- ○   03 Some of the time
- ○   04 A little of the time
- ○   05 Never
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2021_Q15' [TQ15]- {How often have you...} Felt a sense of belonging at school?

- ○   01 All of the time
- ○   02 Most of the time
- ○   03 Some of the time
- ○   04 A little of the time
- ○   05 Never
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2021_Q16' [TQ16]- {How often have you…} Enjoyed participating in community traditions?

- ○   01 All of the time
- ○   02 Most of the time
- ○   03 Some of the time
- ○   04 A little of the time
- ○   05 Never
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QT2021_Q17' [TQ17]- Adverse Childhood Experiences, are stressful or traumatic events experienced from birth through the age of 18 and relate to categories of child abuse, neglect, and/or household challenges, similar to those we previously asked in those categories. Medical professionals, including doctors, nurse practitioners, midwives, psychologists, and others, can perform Adverse Childhood Experiences assessments.

Have you ever completed an assessment of your own history of Adverse Childhood Experiences with a medical health or mental health professional?

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

'QT2021_Q18' [TQ18]- How important do you think it is for health care providers to ask their patients about Adverse Childhood Experiences?

- ❍ 01 VERY IMPORTANT
- ❍ 02 SOMEWHAT IMPORTANT
- ❍ 03 NOT AT ALL IMPORTANT
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2021_Q19' [TQ19]- In general, are you satisfied with the efforts of your clinic or health care provider to address the impacts of Adverse Childhood Experiences?

- ❍ 01 VERY SATISFIED
- ❍ 02 SOMEWHAT SATISFIED
- ❍ 03 NOT AT ALL SATISFIED
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

SECTION K: SUICIDE IDEATION AND ATTEMPTS

'QT2021_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?

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

If = 2, -7, -8, goto 'SECTION L-CIVIC ENGAGEMENT AND RESILIENCY'

'QT2021_K2' [TK2] - Have you seriously thought about committing suicide at any time in the past 12 months?

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

If = 2, -7, -8, goto 'QT2021_K4'

'QT2021_K3' [TK3] - Have you seriously thought about committing suicide at any time in the past two months?

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

'QT2021_K4' [TK4] - Have you ever attempted suicide?

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

> *PROGRAMMING NOTE 'QT2021_K5' :*
> *IF ('QT2021_K2' = 2, -7, OR -8) AND ('QT2021_K4' = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;*
> *IF ('QT2021_K3' = 2, -7, OR -8) AND ('QT2021_K4' = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;*
> *IF 'QT2021_K3' = 1 AND ('QT2021_K4' = 2, -7, OR -8), THEN GO TO SUICIDE RESOURCE;*
> *ELSE CONTINUE WITH 'QT2021_K5'*

'QT2021_K5' [TK5] - Have you attempted suicide at any time in the past 12 months?

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

'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 ANDTHEN 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-NOTE FOR SUICIDE RESOURCE:
IF ('QT2021_K2' = 2, -7, OR -8) AND ('QT2021_K4' = 2, -7, OR -8), THEN GO TO TH21 (NEXT SECTION);
ELSE CONTINUE WITH 'QT2021_K6'

'QT2021_K6' [TK7] - Would you like to discuss your thoughts with this person now or would you like to continue with the survey?

- ❍   1 DISCUSS THOUGHTS WITH PERSON
- ❍   2 CONTINUE WITH SURVEY
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

SECTION L: CIVIC ENGAGEMENT AND RESILIENCY

'QT2021_L1' [TL50] - This next section is about involvement in your community. In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

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

'QT2021_L2' [TL10]- In the past 12 months, did you participate in any clubs or organizations outside of school, other than sports, like YMCA or Boys and Girls Club?

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

'QT2021_L3' [TL52] - Imagine that you find out about a problem in your community and you want to do something about it. For example, illegal drugs were being sold near a school, or high levels of lead were found in the local drinking water.

Do you think you could express your views in front of a group of people?

Do you think you…

- ❍ 01 Definitely could not
- ❍ 02 Probably could not
- ❍ 03 Maybe could
- ❍ 04 Probably could
- ❍ 05 Definitely could
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2021_L4' [TL53] - Do you think you could contact an elected official or someone else in government who represents your community?

- ❍ 01 Definitely could not
- ❍ 02 Probably could not
- ❍ 03 Maybe could
- ❍ 04 Probably could
- ❍ 05 Definitely could
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2021_L5' [TL54] - How much do you agree or disagree with this statement?

"The way people vote gives them a chance to influence how things are run in their community and California." Do you…

- ❍ 1 Strongly agree
- ❍ 2 Somewhat agree
- ❍ 3 Neither agree nor disagree
- ❍ 4 Somewhat disagree
- ❍ 5 Strongly disagree
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QT2021_L6' [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".]

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

'QT2021_L7' [TL61]- Difficult life experiences can have harmful effects on a person's physical and mental health, even after those experiences have passed. For example, encounters with the police or the court system.

Not counting minor traffic violations, have you ever been arrested and booked for breaking the law? Being "booked" means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.

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

'QT2021_L8' [TL62]- Not counting minor traffic violations, has someone you were living with ever been arrested and booked for breaking the law while you were living with them? Being "booked" means taken into custody and processed by the police or by someone connected with the courts, even if they were then released.

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

PROGRAMMING NOTE 'QT2021_L9';
IF ['QT2021_A4' = 1 AND 'QT2021_L6' = 1,2 (MALE AT BIRTH AND GENDER EXPRESSION IS VERY/MOSTLY FEMININE)] OR ['QT2021_A4'=2 AND 'QT2021_L6' = 4,5 (FEMALE AT BIRTH AND GENDER EXPRESSION IS VERY/MOSTLY MASCULINE)] CONTINUE WITH 'QT2021_L9';
ELSE SKIP TO 'QT2021_L13'
IF SC23XXX =2, (NO QUESTIONS ON SEXUAL BEHAVIOR) SKIP TO 'QT2021_M1';
ELSE CONTINUE WITH 'QT2021_L9'

'QT2021_L9' [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®?

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

If = 1, goto 'QT2021_L13'

'QT2021_L10' [TL45] - In the past 12 months, have you taken any PrEP or Truvada®?

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

If = 1, goto 'QT2021_L13'

'QT2021_L11' [TL46] - Have you ever taken any PrEP or Truvada®?

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

If = 1, goto 'QT2021_L13'

'QT2021_L12' [TL47] - Before today, have you ever heard of PrEP or Truvada®?

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

'QT2021_L13' [TH31] - Have you ever been tested for HIV, the virus that causes AIDS?

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

If = 2, -7, -8, goto 'QT2021_L15'

'QT2021_L14' [TL48] - For your most recent HIV test, were you offered the test or did you ask for the test?

- ❍   1 I WAS OFFERED THE TEST
- ❍   2 I ASKED FOR THE TEST
- ❍   3 I DON'T REMEMBER
- ❍   91 OTHER (SPECIFY:_____)
- ❍   -7 REFUSED
- ❍   -8 DON'T KNOW

If = 1, 2, 3, 91, -7, -8, goto 'SECTION M-CLOSING'

'QT2021_L15' [TL49] - Were you ever offered an HIV test?

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

SECTION M: CLOSING

'QT2021_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?

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

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF 'QT2021_K6' = 2, -7, OR -8, CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO CLOSE

'QT2021_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?

  ❍   1 YES
  ❍   2 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"]

'QT2021_M1' [TI9] -

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

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

BREAKOFF

CALLBACK

- ❍   1 YES
- ❍   2 NO

INELIGIBLE

- ❍   1 YES
- ❍   2 NO