

2001 California Health Interview Survey Adolescent Questionnaire

(Adolescent Respondents Age 12-17)

Collaborating Agencies:

- □ UCLA Center for Health Policy Research
- □ California Department of Health Services
- □ Public Health Institute

California Health Interview Survey

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Section A

Section A

	MING NOTE TA1: E = CURRENT DATE (YYYYMMDD)	TADATE
TA1 TA1	What is your date of birth?	TA1MON TA1DAY TA1YR
	MONTHDAYYEAR [HR: 1-12] [HR: 1-31] [SR: 1982-1988]	[SKIP TO TA3]
	REFUSED7 DON'T KNOW8	
	1. JANUARY 2. FEBRUARY 3. MARCH 4. APRIL 5. MAY 6. JUNE 7. JULY 8. AUGUST 9. SEPTEMBER 10. OCTOBER 11. NOVEMBER 12. DECEMBER	
TA2		
TA2	How old are you? [SR: 12-17] REFUSED7 DON'T KNOW8	TA2
CALCULATI	MING NOTE TA3: E VALUE OF TEENAGE BASED ON TA1 OR TA2; TA2 ARE NOT KNOWN, USE CHILD ROSTER AGE (ENUM.AGE); E <> BETWEEN 12 AND 17, THEN TERMINATE INTERVIEW AND CODE INELIGIBLE	TEENAGE (IT)
TA3		
TA3	Are you male or female?	TA3
	MALE	
TB2		
TB2	How tall are you without shoes?	
TB2F TB2I	FEETINCHES	
TB2M TB2C TB2FMT	[FT HR: 3-7, IN HR: 0-11] METERS CENTIMETERS [M HR: 1-2, CM HR: 0-99] REFUSED	

Section A

TB3		
TB3	About how much do you weigh without shoes?	
TB3P TB3K TB3FMT	POUNDS [HR: 50-450] KILOGRAMS [HR: 20-220] REFUSED	
TA4		
TA4	Do you currently attend school? [NOTE: IF SCHOOL IS NOT YET IN SESSION, ASK IF RESPONDENT WILL BE GOING TO SCHOOL WHEN TERM STARTS.]	TA4
	[NOTE: INCLUDE HOME SCHOOLING.]	
	YES	
TA5		
TA5	Not including any allowance you may get, have you worked for pay in the past 12 months?	TA5
	YES	1]
TA5A		
TA5A	How many hours do you spend working for pay in a typical week during the school year?	TA5A
	[IF NEEDED, SAY: "Most recent school year."]	
	[NOTE: ENTER ZERO IF RESPONDENT DID NOT WORK DURING SCHOOL YEAR. IF WORKS FOR PAY INTERMITTENTLY, ENTER 95.]	
	NUMBER OF HOURS [HR: 0-60] REFUSED7 DON'T KNOW8	
TA5B		
TA5B	And when you are on summer break, how many hours do you spend working for pay in a typical week?	TA5B
	[IF NEEDED, SAY: "Most recent summer break."]	
	[NOTE: ENTER ZERO IF RESPONDENT DID NOT WORK DURING SUMMER BREAK. IF WORKS FOR PAY INTERMITTENTLY, ENTER 95.]	
	NUMBER OF HOURS [HR: 0-60] REFUSED7 DON'T KNOW8	

Section B

Section B

TB1		
TB1	Now, I am going to ask you some questions about your health.	TB1
	In general, would you say your health is excellent, very good, good, fair or poor?	
	EXCELLENT 1 VERY GOOD 2 GOOD 3 FAIR 4 POOR 5 REFUSED -7 DON'T KNOW -8	
	MING NOTE TB4: YES, CURRENTLY IN SCHOOL), CONTINUE WITH TB4; TO TB5	
TB4		
TB4	During the last four school weeks, how many days of school did you miss because of a health problem?	TB4
	DAYS [HR: 0-20] REFUSED7 DON'T KNOW8	
TB5		
TB5	These next questions are about health conditions.	TB5
	Has a doctor ever told you that you have asthma?	
	[NOTE: CODE "YES" (1) IF DOCTOR TOLD PARENT WHO LATER TOLD ADOLESCENT.	1
	YES	B10]
TB6		
TB6	Are you currently taking any medications to control your asthma, including using an inhaler?	TB6
	YES	

Section B

TB7		
TB7	During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, mucus or phlegm?	TB7
	NO SYMPTOMS IN THE PAST 12 MONTHS 1 SYMPTOMS LESS THAN ONCE A MONTH 2 1 OR 2 TIMES A MONTH 3 MORE THAN 2 TIMES A MONTH BUT NOT EVERY WEEK 4 EVERY WEEK, BUT NOT EVERY DAY 5 EVERY DAY OR ALMOST EVERY DAY 6 REFUSED -7 DON'T KNOW -8	
TB8		
TB8	Did your doctor ever give you information on how to avoid the things that make your asthma worse?	TB8
	YES	
TB9		
TB9	Did your doctor ever explain how to recognize early signs of an asthma attack and tell you what you should do?	TB9
	YES	
TB10		
TB10	Has a doctor ever told you that you have diabetes or sugar diabetes?	TB10
	YES	C1]
TB11		
TB11	How old were you when a doctor first told you or your parents that you had diabetes?	TB11
	[NOTE: IF < 1 YEAR, ENTER "1"]	
	YEARS [HR: 1-17] REFUSED7 DON'T KNOW -8	
TB12		
TB12	Are you currently taking insulin?	TB12
	YES	

Section B

TB13		
TB13	Do you currently take diabetic pills to lower your blood sugar?	TB13
	[IF NEEDED, SAY: "These are sometimes called oral agents or oral hypoglycemic agents."]	
	YES	
TB14		
TB14	About how many times - per day, per week, or per month - do you or a family member or friend check your blood for glucose or sugar?	TB14 TB14UNT
	TIMES	
	PER DAY [HR: 0-24; SR: 0-10]	
TB15		
TB15	About how many times in the last year has a doctor checked you for hemoglobin "A one C"?	TB15
	[IF R NEVER HEARD OF IT, ENTER 93]	
	TIMES [HR: 0-52, 93; SR: 0-25, 93] REFUSED7 DON'T KNOW8	

Section C

TC1		
TC1	During the past 12 months, that is since {DATE ONE YEAR AGO}, were you injured seriously enough that you got medical advice or treatment?	TC1
	YES	C6]
TC2		
TC2	How many times in the past 12 months were you injured seriously enough that you got medical advice or treatment?	TC2
	TIMES [HR: 0-52; SR: 1-12] REFUSED7 DON'T KNOW8	
TC3		
TC3	What was the cause of the {most recent serious} injury?	TC3
	[NOTE: IF MORE THAN ONE SERIOUS INJURY, ASK ABOUT MOST RECENT SERIOUS INJURY.]	
	MOTOR VEHICLE OCCUPANT INJURY 1 MOTOR VEHICLE-PEDESTRIAN 2 BICYCLE -RELATED 3 ACCIDENTAL FALL 4 HIT OR CUT BY FLYING OBJECT 5 SWIMMING, BOATING, OTHER NEAR DROWNING 6 FIRE/BURN/SCALD 7 ACCIDENTAL POISONING 8 SPORTS-RELATED 9 OTHER 91 REFUSED -7 DON'T KNOW -8	
TC3A TC3A	Was this injury caused by another person?	TC3A
. 55/1	YES	C5] C5]
ТС3В		
TC3B	Was it an accident, or did the person mean to do it?	TC3B
	ACCIDENT	

Section C

PROGRAMMING NOTE:
IF TC3A = 1 (YES, INJURY BY ANOTHER PERSON), CONTINUE WITH TC4;
ELSE SKIP TO TC5

TC4		
TC4	Was a gun, knife, or other weapon used when this injury occurred?	TC4_A - TC4_D
	[CODE ALL THAT APPLY. CTRL-P TO EXIT.] [PROBE FOR WHICH KIND]	
TC4_1 TC4_2 TC4_3 TC4_4	NO WEAPONS USED 0 GUN USED 1 KNIFE USED 2 SOME OTHER WEAPON USED 91 REFUSED -7 DON'T KNOW -8	
TC5		
TC5	Where were you when the injury happened? Were you	TC5
	At home, 1 At school, 2 [S At work, 3 [S In a street or parking lot, 4 [S In a recreational area, like a park or gym, 5 [S In a place of business, like a mall or restaurant, or 6 [S Somewhere else? 91 REFUSED -7 [S DON'T KNOW -8 [S	SKIP TO TC6]
TC5A		
TC5A	Were you inside or outside the home?	TC5A
	INSIDE 1 OUTSIDE 2 REFUSED -7 DON'T KNOW -8	
TC6		
TC6	How often do you wear a helmet when riding a bicycle? Would you say?	TC6
	Always, 1 Usually, 2 Sometimes, or 3 Never 4 DOESN'T RIDE/RIDE ON BIKES 5 REFUSED -7 DON'T KNOW -8	

TC6A		
TC6A	How often do you use a seatbelt when riding or driving in a car? Would you say always, usually, sometimes, or never?	
	ALWAYS	
TC7		
TC7	Have you ever ridden in a car or other vehicle with a driver who has been drinking alcohol? TC7	
	YES	
TC13		
TC13	Now I'd like to talk to you about firearms. When I say firearms or guns in all of these next questions, I mean rifles, shotguns, pistols, revolvers, or other firearms. I do NOT want you to include BB guns, air guns, or toy guns.	
	Does any member of your household happen to keep a firearm at home? It could be kept in your home, garage, outdoor storage area, car, truck, or other motor vehicle.	
	[IF NEEDED, SAY: "If you have more than one home, please think about the one you are in right now."]	
	YES	
TC13A		
TC13A	How many are rifles or shotguns?	4
	RIFLES AND SHOTGUNS [HR: 0-999; SR: 0-20] REFUSED7 DON'T KNOW	
TC13B		
TC13B	How many are handguns? TC13I	3
	HANDGUNS [HR: 0-999; SR: 0-20] REFUSED7 DON'T KNOW8	
TC13C		
TC13C	Do you yourself have a gun, either at home or somewhere else? TC130	C
	YES	

TC13C1		
TC13C1	How many guns do you have?	TC13C1
	GUNS [HR: 0-999; SR: 0-20]	
	REFUSED7 DON'T KNOW	
IF TC13C1	IMING NOTE TC13E: = 1 (NUMBER OF FIREARMS OWNED), THEN DISPLAY "Is this a handgun?"; PLAY "Are any of these handguns?"	
TC13E		
TC13E	{Is this a handgun?/Are any of these handguns?}	TC13E
	YES, ONE IS A HANDGUN1	
	YES, TWO OR MORE ARE HANDGUNS	D TO4 4 4 1
	NONE ARE	
	DON'T KNOW8 [SKIP TO	
PROGRAM	IMING NOTE TC13D:	
	1 (NUMBER OF HANDGUNS OWNED), THEN DISPLAY "this handgun" IN QUESTION TEXT OR "it" IN RESPONSE OPTIONS;	AND
	PLAY "these handguns" IN QUESTION TEXT AND "as gifts" OR "them" IN RESPONSE OPTION.	ONS
TC13D		
TC13D	Did you get {this handgun/these handguns}	TC13D_A -
		TC13D_G
	[CODE ALL THAT APPLY. CTRL-P TO EXIT] [PROBE: "Any other ways?"]	
	[NOTE: RECORD "STOLEN" ONLY IF VOLUNTEERED]	
TC13D_1	{as a gift/as gifts} from your parents,1	
TC13D_2	{as a gift/as gifts} from someone else?2	
TC13D_3	Did you buy {it/them},	
TC13D_4 TC13D_5	find (it/them), or5	
TC13D_6	get {it/them} in some other way?6	
TC13D_7	STOLEN7	
	REFUSED7 DON'T KNOW8	
TC14A		
TC14A	Have you ever held in your own hands a gun of any type?	TC14A
1011/1	YES	10141
	NO	O TC15]
	REFUSED7	-
	DON'T KNOW8	
TC14B		
TC14B	Have you ever fired a gun of any type?	TC14B
	YES1	
	NO2	
	REFUSED7 DON'T KNOW8	
	2 3	

TC14C		
TC14C	Have you ever used a gun for hunting or target shooting?	TC14C
	YES	[SKIP TO TC14F]
TC14D		
TC14D	Have you ever gone hunting or shooting with a member of your family?	TC14D
	YES	[SKIP TO TC14F]
TC14E		
TC14E	Which members of your family have you ever gone hunting and shooting with?	TC14E_A - TC14E_F
	[CODE ALL THAT APPLY. CTRL-P TO EXIT.] [PROBE: [Any other?"]	
TC14E_1 TC14E_2 TC14E_3 TC14E_4 TC14E_5 TC14E_6	FATHER	
TC14G	YES	[SKIP TO TC15]
TC14G	Please briefly describe the most recent time.	TC14G1 TC14G2
10140	Ticase biony describe the most recent time.	TC14G3
	[RECORD VERBATIM RESPONSE]	
		
	REFUSED7 DON'T KNOW8	

TC15		
TC15	Think of the two friends you spend the most time with.	TC15
	Are there guns in either of their homes?	
	[IF NO FRIENDS, ENTER ZERO; IF ONLY ONE FRIEND, CODE ANSWER FOR T	HAT ONE]
	YES	SKIP TO TC17] SKIP TO TC16]
	(NO FRIENDS), SKIP TO TC17; FINUE WITH TC15A	
TC15A		
TC15A	Are any of those guns handguns?	TC15A
	YES	
TC16		
TC16	Do one or both of these friends own a gun themselves?	TC16
	YES, ONE DOES	SKIP TO TC17]
IF TC16 = 1	MING NOTE TC16A: , DISPLAY "Is this a handgun?"; 16 = 2, DISPLAY "Are any of them handguns?"; TO TC17	
TC16A		
TC16A	{Is this a handgun?/Are any of them handguns?}	TC16A
	YES	
IF TC16A =	MING NOTE TC17: 1 (YES), DISPLAY "Not counting these two friends, do"; 15 = 0, DISPLAY "Do"; LAY "Do"	
TC17		
TC17	{Not counting these two friends, do/Do} you know any people around your age who have handgun?	a TC17
	YES	

TC18		
TC18	Do you think you would be able to get a handgun within 2 days if you wanted one?	TC18
	YES	TO TC20]
	REFUSED7 [SKIP DON'T KNOW8 [SKIP	
TC19		
TC19	How would you get one?	TC19A TC19B TC19C
	[RECORD VERBATIM RESPONSE]	
		
	I WOULDN'T NEED IT	
TC20		
TC20	Would you prefer to live in a world in which it was	TC20
	Easy for teens to gain access to guns,	
TC21		
TC21	Has anyone ever brought out, shown, or used a gun against you in a threatening way? YES	TC21
	NO	TO TC22]
TC21A		
TC21A	Please describe the most recent time.	TC21A1 TC21A2 TC21A3
	[RECORD VERBATIM RESPONSE]	
	REFUSED7 DON'T KNOW8	
TC22		
TC22	Have you ever been shot with a gun? Please do not include a BB gun or air rifle.	TC22
	YES	

TC23	
TC23	Have you ever brought out, shown, or used a gun against another person in self defense? TC23
	YES
TC23A	
TC23A	Please describe the most recent time. TC23A1 TC23A2 TC23A3
	[RECORD VERBATIM RESPONSE]
	REFUSED7 DON'T KNOW8
TC24	
TC24	Have you ever brought out, shown, or used a gun against another person in a threatening way but not in self defense?
	YES
TC24A	
TC24A	Please describe the most recent time. TC24A1 TC24A2 TC24A3
	[RECORD VERBATIM RESPONSE]
	REFUSED7 DON'T KNOW8

Section D

Section D

	2001, the response category "ALL OF THE TIME" was added to this question. Cases comple date were later recoded to correspond to the new data.	ting this section
SET TD1FLA	MING NOTE AB9: AG TO "1" TO INDICATE THAT TD1-TD5 WERE ASKED WITH 5 RESPONSE CATEGORIES. AL MPLETING THIS SECTION PRIOR TO 4/11/01 CARRY A VALUE OF -1 FOR AB9FLAG, INDICATI S WAS ASKED WITH ONLY 4 RESPONSE CATEGORIES.	
TD1		
TD1	The next questions are about how you feel and how things have been going with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.	TD1
	How much of the time during the past 4 weeks have you been a very nervous person? All of the time, most of the time, some of the time, a little of the time, or not at all?	
	ALL OF THE TIME	
	2001, the response category "ALL OF THE TIME" was added to this question. Cases completed date were later recoded to correspond to the new data.	ting this section
TD2 TD2	How much of the time during the past 4 weeks have you felt so down in the dumps that nothing could cheer you up? All of the time, most of the time, some of the time, a little of the time, or not at all?	TD2
	ALL OF THE TIME	
On April 11, prior to that	2001, the response category "ALL OF THE TIME" was added to this question. Cases comple date were later recoded to correspond to the new data.	ting this section
TD3 TD3	Have you felt peaceful and calm? (How much of the time during the past 4 weeks?) (All of the time, most of the time, some of the time, a little of the time, or not at all?	TD3
	ALL OF THE TIME	

Section D

On April 11, 2001, the response category "ALL OF THE TIME" was added to this question.	Cases completing this section
prior to that date were later recoded to correspond to the new data.	

ΓD4	Have you felt downhearted and sad? (How much of the time during the past 4 weeks?) (All of the time, most of the time, some of the time, a little of the time, or not at all?)	TD4
	ALL OF THE TIME1	
	MOST OF THE TIME2	
	SOME OF THE TIME	
	A LITTLE OF THE TIME4	
	NOT AT ALL5	
	REFUSED7	
	DON'T KNOW8	

On April 11, 2001, the response category "ALL OF THE TIME" was added to this question. Cases completing this section prior to that date were later recoded to correspond to the new data.

TD5

TD5 Have you been a happy person? (How much of the time during the past 4 weeks?) (All of the time, most of the time, some of the time, a little of the time, or not at all?)

ALL OF THE TIME	1
MOST OF THE TIME	2
SOME OF THE TIME	
A LITTLE OF THE TIME	
NOT AT ALL	
REFUSED	
DON'T KNOW	

Section E

TE1		
TE1	I'm now going to ask some questions about the foods you ate yesterday, including both meals and snacks.	TE1
	How many glasses of real, 100% fruit juice did you drink yesterday? Do not include fruit drinks like Kool-Aid or lemonade, cranberry juice cocktail, Hi-C, Tang, Tampico, Sunny Delight, or Twister.	
	[PART OF A GLASS COUNTS AS ONE GLASS.]	
	[ASK R TO ESTIMATE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE OR CART	ON]
	CLASSES JUD. 0.20. SP. 0.01	
	GLASSES [HR: 0-20; SR: 0-9] NONE0	
	REFUSED7	
	DON'T KNOW8	
TEO		
TE2	Have make a language of well add your delete vantande.	TE 2
TE2	How many glasses of milk did you drink yesterday?	TE2
	[PART OF A GLASS COUNTS AS ONE GLASS.]	
	[ASK R TO ESTIMATE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE OR CART	ON]
	GLASSES [HR: 0-20; SR: 0-9]	
	REFUSED7	
	DON'T KNOW8	
TE3		
TE3	How many glosses or cons of code like Coke or 7 Up did you have vectorday?	TE3
153	How many glasses or cans of soda like Coke or 7-Up did you have yesterday?	1123
	[PART OF A GLASS COUNTS AS ONE GLASS.]	
	DRINKS [HR: 0-20; SR: 0-9] REFUSED	
	DON'T KNOW8	
TE4		
TE4	How many servings of fruit, such as an apple or banana (did you have yesterday)?	TE4
	SERVINGS [HR: 0-20; SR: 0-9]	
	REFUSED7	
	DON'T KNOW8	
TE5		
TE5	How many servings of potatoes or french fries (did you have yesterday)?	TE5
	SERVINGS [HR: 0-20; SR: 0-5]	
	REFUSED7	
	DON'T KNOW8	

I E 6			
TE6	How many servings of vegetables li have yesterday)?	like corn, green beans, lettuce or other vegetables (did you	TE6
	SERVINGS	[HR: 0-20; SR: 0-4]	
		7	
	DON'T KNOW	8	
TE7			
TE7	Over the past month, have you take supplements or pills?	en any vitamin, mineral, herbal, botanical or other dietary	TE7
	YES	1	
	NO	2	
		7	
	DON'T KNOW	8	
TE8			
TE8	These next questions are about phy	ysical activity in the past week.	TE8
	In the past 7 days, did you do any pand BREATHE HARD?	physical activity for at least 20 minutes that made you SWI	EAT
		s basketball, soccer, running, swimming laps, fast bicy lancing or similar aerobic activities."]	cling,
		1	
		2 [SKIF	
		7 [SKIF	-
	DON I KNOW	8 [SKIF	10 159]
O= D== 22	2000 the leaf ward of sweeting T	1504 abanasad fyo ya 114badii 40 114bia 11	
On Dec. 22,	, 2000, the last word of question TE	E8A was changed from "that" to "this."	
TE8A			
TE8A	On how many of the past 7 days did	id you do this?	TE8A
	DAYS [HR	R: 0-71	
		7	
	DON'T KNOW	8	
TE9			
TE9	Again, thinking about the past 7 day	lys, did you do any physical activity for at least half an hou	that TEO
169	did NOT make you sweat or breath	he hard? This could be things like walking for at least 30 doing chores like cleaning the house, mopping floors.	tilat 1E9
	YES	1	
		2 [SKIF	TO TE10]
		7 [SKIF 8 [SKIF	-
TE9A		·	-
TE9A	On how many of the past 7 days did	id you do this?	TE9A
	DAVE THE	D. 0.71	
	DATO INK	N. U-7	
	REFUSED	R: 0-7] 	

TE10		
TE10	In the past 7 days did you do exercises to STRENGTHEN or tone your muscles, such as push-ups, sit-ups, or weight lifting?	TE10
	YES	E11]
TE10A		
TE10A	On how many of the past 7 days did you do this?	TE10A
	DAYS [HR: 0-7] REFUSED7 DON'T KNOW8	
TE11		
TE11	During the past 12 months, on how many sports teams did you play, including teams run by your school or other group.	TE11
	TEAMS [HR: 0-15; SR: 0-5]	
	REFUSED7	
	DON'T KNOW8	
On Dog 22	2000, "ENTER 1" was changed to "ENTER 94" and a response category was added to TE12.	
	2000, ENTER I was changed to ENTER 94 and a response category was added to TE12.	
TE12		
TE12	Thinking about your free time on MONDAY THROUGH FRIDAY, on a typical day, about how many hours do you usually watch TV or play video games (such as Playstation)? [IF > 0, BUT < 1, ENTER "94"]	TE12
	HOURS [HR: 0-20, 93, 94; SR: 0-10, 93, 94]1 DOESN'T HAVE TV93	
	MORE THAN ZERO, LESS THAN 1 HOUR	
	DON'T KNOW8	
On Dec. 22,	2000, "ENTER 1" was changed to "ENTER 94" and a response category was added to TE13.	
TE13		
TE13	And about how many hours per day on MONDAY THROUGH FRIDAY do you use a computer for fun, not schoolwork?	TE13
	[IF > 0, BUT < 1, ENTER "94"]	
	HOURS [HR: 0-20, 93, 94; SR: 0-10, 93, 94]1 DOESN'T HAVE ACCESS TO A PC93	

On Dec. 22	, 2000, "ENTER 1" was changed to "ENTER 94" and a response category was added to TE14.	
TE14		
TE14	Now, thinking about a typical SATURDAY AND SUNDAY, about how many hours per day do you usually watch TV or play video games (such as Playstation)? [IF > 1 HOUR, VERIFY: "That's {xx} hours PER DAY?"]	TE14
	[IF > 0, BUT < 1, ENTER "94"]	
	HOURS [HR: 0-20, 94; SR: 0-10, 94]	
	, 2000, "ENTER 1" was changed to "ENTER 94" and a response category was added to TE15. , 2000, "SATURDAY AND SUNDAY" was changed to "SATURDAY OR SUNDAY."	
IF TE13 = 9	MING NOTE TE15: 3 (DOESN'T HAVE ACCESS TO A PC), SKIP TO TE16; TINUE WITH TE15	
TE15		
TE15	And about how many hours per day on a typical SATURDAY OR SUNDAY do you use a computer for fun, not schoolwork?	TE15
	[IF > 1 HOUR, VERIFY: "That's {xx} hours PER DAY?"]	
	[IF > 0, BUT < 1, ENTER "94"]	
	HOURS [HR: 0-20, 94; SR: 0-10, 94]	
TE16		
TE16	Now I have some questions about a variety of different health behaviors.	TE16
	This first one is about the use of sunscreen. How often do you use strong suncreen a sunscreen with a SPF of 15 or greater when you go outside on a very sunny day for more than one hour? Would you say always, sometimes or never?	
	[IF NEEDED, SAY: "Sunscreen is a cream or lotion that protects skin from sun damage."]	
	ALWAYS	
TE17		
TE17	Have you ever smoked cigarettes regularly, that is, at least 1 cigarette everyday for 30 days?	TE17
	YES	E22]

TE18		
TE18	How old were you when you smoked your first cigarette?	TE18
	AGE [HR: 1-17; SR: 6-17] REFUSED7 DON'T KNOW8	
TE19		
TE19	In the past 30 days, on how many days did you smoke cigarettes?	TE19
	NONE 0 1 OR 2 DAYS 1 3-5 DAYS 2 6-9 DAYS 3 10-19 DAYS 4 20-29 DAYS 5 30 DAYS 6 REFUSED -7 DON'T KNOW -8	[SKIP TO TE22]
TE20		
TE20	In the past 30 days, when you smoked, how many cigarettes did you smoke per day?	TE20
	LESS THAN 1 CIGARETTE 1 1 CIGARETTE 2 2-5 CIGARETTES 3 6-10 CIGARETTES 4 11-19 CIGARETTES 5 20 OR MORE 6 REFUSED -7 DON'T KNOW -8	
TE22		
TE22	Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed dr liquor?	inks, or TE22
	YES	[SKIP TO TE28]
TEOO		[0 0 . 1 _ 0]
TE23 TE23	If we consider one drink to be a can or bottle of beer, a glass of wine, a shot of liquor, o mixed drink, on how many days in the past 30 days did you have AT LEAST ONE drink alcohol?	
	NONE 0 1 OR 2 DAYS 1 3 - 5 DAYS 2 6 - 9 DAYS 3 10 - 19 DAYS 4 20 - 29 DAYS 5 30 DAYS 6 REFUSED -7 DON'T KNOW -8	

Section E

PROGRAMMING NOTE TE24: IF TE23 = 0 (NONE), SKIP TO PROGRAMMING NOTE TE26; **ELSE CONTINUE WITH TE24 TE24 TE24** How many days in the past 30 days did you have FIVE OR MORE drinks in one day? **TE24** 6 - 9 DAYS4 10 - 19 DAYS5 REFUSED.....--7 DON'T KNOW-8 **TE25 TE25** When you drink alcohol, about how many drinks do you usually have? **TE25** LESS THAN ONE1 5 OR MORE DRINKS......4 REFUSED.....--7 **PROGRAMMING NOTE TE26:** IF TEENAGE < 16, SKIP TO TE28; **ELSE CONTINUE WITH TE26 TE26** TE26 Have you ever driven a car after you've been drinking? **TE26** YES1 NO......2 DON'T KNOW-8 **TE28** TE28 Have you ever tried any drugs, such as marijuana, cocaine, sniffing glue or other drugs? **TE28** YES1 REFUSED.....-7 [SKIP TO TE31] DON'T KNOW-8 [SKIP TO TE31]

TE29		
TE29	In the past 30 days, on how many days did you smoke marijuana?	TE29
	NONE0	
	1 DAY	
	2 DAYS	
	3-5 DAYS	
	10-19 DAYS5	
	20 DAYS OR MORE6	
	REFUSED7	
	DON'T KNOW8	
TE30		
TE30	Just in the past 30 days, on how many days did you sniff glue, breathe the contents of aerosol spray cans, or inhale any paints or sprays to get high?	TE30
	NONE0	
	1 DAY1	
	2 DAYS2	
	3-5 DAYS3	
	6-9 DAYS	
	20 DAYS OR MORE	
	REFUSED7	
	DON'T KNOW8	
PROGRAMI	MING NOTE TE31:	
IF TEENAG	E < 14, SKIP TO F1;	
ELSE CON	TINUE WITH TE31	
TE31		
TE31	I want to remind you that all your answers will be kept confidential. These next few questions	TE31
	are about sexual orientation and activity. Do you feel sexually attracted to	
	Boys,1	
	Girls, or2	
	Both about the same?	
	NEITHER4	
	DON'T KNOW8 REFUSED7	
	KEF03ED1	
TE32		
TE32	Have you ever had sexual intercourse?	TE32
	YES	TE41
	NO	-
	REFUSED	-
		•
TE33		
TE33	How old were you when you had sexual intercourse for the first time?	TE33
	YEARS OLD [HR: 1-17; SR: 10-17]	
	REFUSED7 DON'T KNOW8	

TE34	
TE34	The first time you had sexual intercourse did you or your partner use birth control or a protection method to prevent pregnancy or disease?
	YES
TE35	
TE35	This question is about the protection method or methods you used. You can tell me which methods you used or I can read a list of methods and you can just answer yes or no.
	Do you want to tell me or do you want me to read from my list?
	[FOLLOW R's PREFERENCE] [CODE ALL THAT APPLY. CTRL-P TO EXIT.] [PROBE: "Any other?"]
TE35_1 TE35_2 TE35_3 TE35_4 TE35_5 TE35_6 TE35_7 TE35_8	CONDOM / RUBBER 1 DEPO PROVERA (THE SHOT) 2 NORPLANT 3 PILL 4 RHYTHM METHOD 5 SUPPOSITORY (INSERT) 6 WITHDRAWAL / PULLING OUT 7 SOME OTHER METHOD 91 REFUSED -7 DON'T KNOW -8
TE36	
TE36	In the past 3 months, with how many different people did you have sexual intercourse? TE36 PEOPLE [HR: 0-90; SR: 0-10] REFUSED
TE37	
TE37	The last time you had sexual intercourse, did you or your partner use birth control or a protection method to prevent pregnancy or disease?
	YES

PROGRAMMING TE38: IF TE34 = 1 (YES), DISPLAY "Once again" and "again"			
TE38			
TE38	{Once again, this/This} question is about the protection method or methods you used. {Again, you/You} can either tell me which methods you used or I can read a list of methods and you can just answer yes or no.		
	Do you want to tell me or do you want me to read from my list?		
	[FOLLOW R's PREFERENCE] [CODE ALL THAT APPLY. CTRL-P TO EXIT.] [PROBE: "Any other?"]		
TE38_1 TE38_2 TE38_3 TE38_4 TE38_5 TE38_6 TE38_7 TE38_8	CONDOM / RUBBER 1 DEPO PROVERA (THE SHOT) 2 NORPLANT 3 PILL 4 RHYTHM METHOD 5 SUPPOSITORY (INSERT) 6 WITHDRAWAL / PULLING OUT 7 OTHER 91 REFUSED 91 DON'T KNOW 8		
IF TA3 = 1 (MING NOTE TE39: MALE), DISPLAY "Have you ever gotten someone"; B = 2 (FEMALE), DISPLAY "Have you ever been"		
TE39			
TE39	{Have you ever gotten someone/Have you ever been} pregnant? TE39		
	YES 1 NO 2 [SKIP TO TE42] REFUSED -7 [SKIP TO TE42] DON'T KNOW -8 [SKIP TO TE42]		
IF TA3 = 1 (PROGRAMMING NOTE TE40: IF TA3 = 1 (MALE), DISPLAY "How many times have you gotten someone"; ELSE IF TA3 = 2, DISPLAY "How many times have you been"		
TE40			
TE40	{How many times have you gotten someone/How many times have you been} pregnant? TE40 TIMES [HR: 1-20; SR: 1-5] REFUSED7 [SKIP TO TE42] DON'T KNOW8 [SKIP TO TE42]		
TE41			
TE41	How many children do you have? TE41		
	NUMBER OF CHILDREN [HR: 0-10; SR: 0-5] REFUSED		

TE42		
TE42	In the past year have you received family planning counseling or services?	TE42
	YES1	
	NO2	
	REFUSED7	
	DON'T KNOW8	
TE43		
TE43	In the past year have you been tested for a sexually transmitted disease or AIDS?	TE43
	YES	
TE44		
TE44	Have you ever been told by a doctor or a nurse that you had a sexually transmitted diseas such as gonorrhea, herpes, chlamydia, trich, or syphilis?	se, TE44
	YES	

Section F

Section F

TF1				
TF1	These next questions are about where you get your health care.	TF1		
	Is there a place you USUALLY go to when you are sick or need advice about your health?			
	YES .1 NO .2 [SKIP TO T DOCTOR/MY DOCTOR .3 KAISER .4 MORE THAN ONE PLACE .5 REFUSED .7 DON'T KNOW -8	F3]		
PROGRAMMING NOTE TF2: IF TF1 = 4 (KAISER), FILL TF2 = 1 AND SKIP 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"				
TF2				
TF2	{Is your doctor in a private/What kind of place do you go to most often a medical} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?	TF2		
TF2OS	DOCTOR'S OFFICE/KAISER/OTHER HMO .1 CLINIC/HEALTH CENTER/HOSPITAL CLINIC .2 EMERGENCY ROOM .3 SOME OTHER PLACE (SPECIFY): .91 NO ONE PLACE .94 REFUSED .7 DON'T KNOW -8			
TF3				
TF3	During the past 12 months, did you visit a hospital emergency room?	TF3		
	YES	F4]		
PROGRAMMING NOTE: IF TB5 = 1 (YES, ASTHMA) OR TB10 = 1 (YES, DIABETES) OR TC1 = 1 (YES, INJURY), CONTINUE WITH TF3A-C, DISPLAYING QUESTION TEXT AND RESPONSE OPTIONS ONLY FOR REPORTED CONDITIONS; ELSE SKIP TO TF4				
TF3A				
TF3A	Were any of the visits to a hospital emergency room because of your asthma?	TF3AAST		
	YES			

DON'T KNOW-8

TF3A		
TF3B	(Were any of the visits to a hospital emergency room)because of your diabetes?	TF3ADIA
	YES1	
	NO2	
	REFUSED7	
	DON'T KNOW8	
TF3A		
TF3C	(Were any of the visits to a hospital emergency room)because of your injury?	TF3AINJ
	YES1	
	NO2	
	REFUSED7	
	DON'T KNOW8	
TF4		
TF4	During the past 12 months, were you a patient in a hospital overnight or longer?	TF4
	YES1	
	NO	•
	REFUSED	•
	DON 1 KNOW0 [SKIP 1	0 175]
	MING NOTE TF4A:	
	YES, ASTHMA) OR TB10 = 1 (YES, DIABETES) OR TC1 = 1 (YES, INJURY), CONTINUE WIT SPLAYING QUESTION TEXT AND RESPONSE OPTIONS ONLY FOR REPORTED CONDITION	
ELSE SKIP		ino,
TF4A		
TF4A TF4A	Were you hospitalized for your asthma?	TF4AAST
	Were you hospitalized for your asthma? YES1	TF4AAST
	YES	TF4AAST
TF4A	YES	TF4AAST TF4ADIA
TF4A	YES	
TF4B TF4B	YES	
TF4A	YES	
TF4B TF4B	YES	TF4ADIA
TF4B TF4B	YES	TF4ADIA
TF4B TF4B	YES	TF4ADIA

TF5		
TF5	When was the last time you saw a doctor for a routine physical exam or check-up?	TF5
	LESS THAN 3 MONTHS AGO 1 3 MONTHS UP TO 6 MONTHS AGO 2 6 MONTHS UP TO 12 MONTHS AGO 3 12 MONTHS AGO OR MORE 4 [SKIP TO T HAVE NEVER HAD A PHYSICAL 0 [SKIP TO T REFUSED -7 [SKIP TO T DON'T KNOW -8 [SKIP TO T	F6] F6]
TF8		
TF8	When you had your last routine physical exam, did you and a doctor or other health care provider talk about cigarettes or smoking?	TF8
	YES	
TF8A		
TF8A	about alcohol use?	TF8A
	YES	
TF8B		
TF8B	marijuana, pot or grass?	TF8B
	YES	
TF8C		
TF8C	about seatbelt use?	TF8C
	YES	
TF8D		
TF8D	about helmet use?	TF8D
	YES	

TF8E		
TF8E	about sexually transmitted diseases or STD's, such as gonorrhea or chlamydia?	TF8E
	YES1	
	NO	
	DON'T KNOW8	
TF8F		TEO E
TF8F	about your emotions or moods?	TF8F
	YES1	
	NO	
	DON'T KNOW8	
TF8G		
TF8G	and finally, about violence or violence prevention?	TF8G
	YES1	
	NO2	
	REFUSED7	
	DON'T KNOW8	
TF6		
TF6	During the past 12 months, did you go to another country, such as Mexico or any other country, for either medical or dental care?	TF6
	YES1	
	NO	-
	REFUSED7 [SKIP TC DON'T KNOW8 [SKIP TC	
	DON'T INTOW	, ,, ,,
TF6A		
TF6A	Was this for medical care or dental care or both?	TF6A
	MEDICAL	
	DENTAL	
	REFUSED7 [SKIP TO	
	DON'T KNOW	TF9]
TF6B1		
TF6B1	And what country did you go to for medical care?	TF6B1
	MEXICO1	
	ANOTHER COUNTRY2	
	BOTH MEXICO AND ANOTHER COUNTRY	
	REFUSED7 DON'T KNOW8	
	2011 1 111011	

Section F

PROGRAMMING NOTE TF6B2:

IF TF6A <> 2 (ANOTHER COUNTRY) OR 3 (BOTH), SKIP TO TF7; **ELSE CONTINUE WITH TF6B2** TF6B2 TF6B2 And what country did you go to for dental care? TF6B2 MEXICO1 ANOTHER COUNTRY2 BOTH MEXICO AND ANOTHER COUNTRY......3 REFUSED.....--7 DON'T KNOW-8 TF7 TF7 Thinking about your experiences with receiving health care in the past 12 months, have you felt TF7 you were discriminated against for any reason? YES1 DON'T KNOW-8 [SKIP TO TF9] TF7A TF7A What do you think was the reason you were discriminated against? TF7A_A - TF7A_G [CODE ALL THAT APPLY. CTRL-P TO EXIT.] **TF7A_1** AGE1 $TF7A_2$ $TF7A_3$ HEALTH OR DISABILITY4 **TF7A 4** BODY WEIGHT.....5 **TF7A** 5 TF7A_6 INSURANCE TYPE (MEDI-CAL, OTHER)......6 INCOME LEVEL......7 $TF7A_7$ **TF7A_8** RELIGION.....8 **TF7A 9** SEXUAL ORIENTATION9 TF7A_10 TF7A_11 TF7AOS SOME OTHER REASON (SPECIFY): ______91 REFUSED.....-7 DON'T KNOW-8 TF9 TF9 Again, thinking about medical care, sometimes young people have difficulties in getting medical TF9 care when they need it. During the past 12 months, was there any time when you needed medical care but did not get it? YES1 -7 [SKIP TO TF11] DON'T KNOW-8 [SKIP TO TF11]

Section F

PROGRAMMING NOTE TF4A:

IF TB5 = 1 (YES, ASTHMA) OR TB10 = 1 (YES, DIABETES) OR TC1 = 1 (YES, INJURY), CONTINUE WITH TF9A-C, DISPLAYING QUESTION TEXT AND RESPONSE OPTIONS ONLY FOR REPORTED CONDITIONS; ELSE SKIP TO TF10]

TF9A		
TF9A	When that happened, was it for something related to your asthma?	TF9AAST
	YES1	
	NO2 REFUSED7	
	DON'T KNOW8	
TF9A		
TF9B	(When that happened, was it for something)related to your diabetes?	TF9ADIA
	YES1	
	NO2	
	REFUSED7	
	DON'T KNOW8	
TF9A		
TF9C	(When that happened, was it for something)related to your injury?	TF9AINJ
	YES1	
	NO2 REFUSED7	
	DON'T KNOW8	
TF10		
TF10	The last time you did not get the care you needed, what was the MAIN reason you didn't get care?	TF10
	I DIDN'T KNOW WHERE TO GO1	
	I WAS AFRAID/EMBARRASSED2	
	MY PARENTS DIDN'T THINK I NEEDED TO SEE A DOCTOR3 COULDN'T AFFORD/COST TOO MUCH	
	NO INSURANCE5	
	OTHER INSURANCE PROBLEMS6	
	TRANSPORTATION PROBLEMS	
	HOURS NOT CONVENIENT8 I HAD TO WAIT TOO LONG FOR AN APPOINTMENT9	
	I DID NOT WANT TO MISS SCHOOL	
	MY MOTHER/FATHER COULD NOT TAKE OFF WORK11	
	LANGUAGE PROBLEMS	
	OTHER91 REFUSED7	
	DON'T KNOW8	
TF11		
TF11	In the past 12 months, have you received any psychological or emotional counseling?	TF11
	YES1	
	NO2	
	REFUSED7	
	DON'T KNOW8	

TF12	
TF12	How sure are you that you can contact a doctor or other health provider on your own if you have questions or concerns about your health or safety – would you say not at all sure, somewhat sure, or very sure?
	NOT AT ALL SURE 1 SOMEWHAT SURE 2 VERY SURE 3 REFUSED -7 DON'T KNOW -8
TF13	
TF13	Do you know of a place, other than the school nurse, where young people like yourself can go to see a doctor or other health provider without their parents knowing about it?
	YES
TF14	
TF14	How long has it been since you last visited a dentist, dental hygienist or orthodontist? TF14
	LESS THAN 6 MONTHS AGO
On Jan. 8, 2 category wa	2001, for question TF15, the label for response category 3 was expanded and the "Other" as added.
TF15 TF15	Did you go for a routine check-up or cleaning or was it for a specific problem? TF15
1113	Did you go for a routine check-up or cleaning or was it for a specific problem? TF15
	ROUTINE CHECK-UP OR CLEANING

Section G

Section G

TG1		
TG1	These next questions are about violence among young people. In the past 12 months, about how many times did someone about your age threaten to hurt you or threaten to beat you up?	TG1
	TIMES [HR: 0-365; SR: 0-20]	
	REFUSED7	
	DON'T KNOW8	
TG2		
TG2	In the past 12 months, how many times did YOU threaten to hurt someone or threaten to beat them up?	TG2
	TIMES [HR: 0-365; SR: 0-20]	
	REFUSED7	
	DON'T KNOW8	
TG3		
TG3	In the past 12 months, about how many times were you actually in a physical fight with a guy or girl, or a group of people around your age?	TG3
	TIMES [HR: 0-365; SR: 0-20]	
	REFUSED7	
	DON'T KNOW8	
TG4		
TG4	Have you ever been stalked by anyone?	TG4
	YES1	
	NO	-
	REFUSED	-
	DON'T KNOW	1 G6]
TG5		
TG5	Has this happened at all in the past 12 months?	TG5
	YES1	
	NO2	
	REFUSED7 DON'T KNOW8	
	MMING NOTE TG6: GE > 13, CONTINUE WITH TG6; P TO TH1	
TG6		TOC
TG6	Have you ever been slapped, kicked or otherwise physically hurt by a boyfriend or girlfriend, someone you are romantically involved with, not just a friend?	TG6
	YES1	
	NO	
	REFUSED7 [SKIP TO TO DON'T KNOW8 [SKIP TO	
	2014 1440440 [OKIF 10	

Section G

TG7		
TG7	Has this happened at all in the past 12 months?	TG
	YES1	
	NO2	
	REFUSED7	
	DON'T KNOW -8	

Section H

Section H

TH1		
TH1	These next questions are about your parents. Are your parents	TH1
	Married to each other, 1 Divorced from each other, 2 [SKIP TO Separated from each other, 3 [SKIP TO Not married, but living with each other, or 4 Not married, and not living with each other? 5 [SKIP TO ONE PARENT DECEASED 6 [SKIP TO BOTH PARENTS DECEASED 7 [SKIP TO OTHER 91 REFUSED -7 DON'T KNOW -8	TH5] TH5] TH5]
TH2		
TH2	Do you live with both your parents in the same house or apartment?	TH2
	YES	
TH5		
TH5	How often is there an adult around during your after school hours? Would you say	TH5
	Always, 1 Most of the time, 2 Some of the time, 3 Almost never, or 4 Never? 5 REFUSED -7 DON'T KNOW -8	
TH6A		
TH6A	These next questions are about how much your parents know about you.	TH6A
	How much do your parents (or guardians) really know about where you go when you go out at night? Would you say, they know a lot, know a little or know nothing?	
	[IF ONLY ONE PARENT HAS ANY KNOWLEDGE, CODE THAT PARENT'S LEVEL OF KNOWLEDGE]	
	KNOW A LOT	

Section H

TH6B		
TH6B	How much do they know about what you do with your free time? Would you say, they know a lot, a little or nothing?	ТН6В
	KNOW A LOT1	
	KNOW A LITTLE2	
	KNOW NOTHING	
	DON'T KNOW8	
	MING NOTE TH6C: TTENDING SCHOOL), ADD "after school" TO DISPLAY	
TH6C		
TH6C	And how about where you are most afternoons {after school}? Would you say, they know a lot, a little or nothing?	ТН6С
	KNOW A LOT1	
	KNOW A LITTLE2	
	KNOW NOTHING	
	DON'T KNOW8	
TH6D		
TH6D	And about your use of alcohol (even if you do not drink)? (Would you say, they know a lot, a little or nothing?)	TH6D
	KNOW A LOT1	
	KNOW A LITTLE2	
	KNOW NOTHING	
	DON'T KNOW8	
TH6E		
TH6E	your use of tobacco (even if you do not smoke)? (Would you say, they know a lot, a little or nothing?)	ТН6Е
	KNOW A LOT1	
	KNOW A LITTLE	
	KNOW NOTHING	
	DON'T KNOW8	
PROGRAMI	MING NOTE TH6F:	
	E > 13, CONTINUE WITH TH6F;	
TH6F		
TH6F	your sexual activity (even if you are not sexually active)? (Would you say, they know a lot, a little or nothing?)	ТН6F
	KNOW A LOT1	
	KNOW A LITTLE2	
	KNOW NOTHING3	
	REFUSED7 DON'T KNOW8	
	DOIN I MNOVV0	

Section H

TH7		
TH7	How much do you feel your parents (or guardians) care about you? Would you say very much, some, very little or not at all?	TH7
	VERY MUCH1	
	SOME	
	VERY LITTLE3	
	NOT AT ALL4	
	R DOES NOT HAVE PARENT(S) OR GUARDIAN(S)	
	INVOLVED IN LIFE5	
	REFUSED7	
	DON'T KNOW8	

Section I

Section I

TI1	
TI1	So we can be sure we have included young people of all races and ethnic groups in California, I need to ask just a final few questions about your background.
	First, are you of Latino or Hispanic origin?
	IF NEEDED, PROBE: "Such as Mexican or Central or South American?"
	YES
TI1A	
TI1A	And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Chicano, Salvadorian TI1A_A - TI1A_M and if you have more than one, tell me all of them.
	[IF NECESSARY, GIVE MORE EXAMPLES.]
	[CODE ALL THAT APPLY. CTRL-P TO EXIT.]
TI1A_1	MEXICAN/MEXICANO1
TI1A_2	MEXICAN AMERICAN2
TI1A_3	CHICANO3
TI1A_4	SALVADORIAN4
TI1A_5	GUATEMALAN5
TI1A_6	COSTA RICAN6
TI1A_7	HONDURAN7
TI1A_8	NICARAGUAN8
TI1A_9	PANAMANIAN9
TI1A_10	PUERTO RICAN10
TI1A_11	CUBAN11
TI1A_12	SPANISH-AMERICAN (FROM SPAIN)12
TI1A_13 TI1	AOS OTHER LATINO (SPECIFY):91
	REFUSED7

DON'T KNOW-8

Section I					
PROGRAMMING NOTE TI2: IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR TI2, CONTINUE WITH PROGRAMMING NOTE TI2A:					
ELSE FOLL	LLOW SKIPS AS INDICATED FOR SINGLE RESPONSES				
TI2 TI2					
	[IF R GIVES ANOTHER RESPONSE, YOU MUST SPECIFY WHAT I	T IS]			
	[CODE ALL THAT APPLY. CTRL-P TO EXIT.]				
TI2_1	NATIVE HAWAIIAN	1 [SKIP TO TI3 IF ONLY ONE RACE]			
TI2_2	OTHER PACIFIC ISLANDER	RACE]			
TI2_3	AMERICAN INDIAN OR ALASKA NATIVE	RACE]			
TI2_4	ASIAN	RACE]			
TI2_5	BLACK OR AFRICAN AMERICAN	RACE]			
TI2_6	WHITE	RACE]			
TI2_7 TI2OS	OS OTHER (SPECIFY):	91 [SKIP TO TI3 IF ONLY ONE RACE]			
	REFUSEDDON'T KNOW				
PROGRAMMING NOTE TI2A: IF TI2 = 3 (AMERICAN INDIAN OR ALASKA NATIVE) AND [1 (NATIVE HAWAIIAN) OR 2 (OTHER PACIFIC ISLANDER) OR 4 (ASIAN) OR 5 (BLACK OR AFRICAN AMERICAN) OR 6 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH TI2A; ELSE SKIP TO PROGRAMMING NOTE TI2D					
TI2A					
TI2A	You said, American Indian or Alaska Native, and what is your tribal heritage? If you he than one tribe, tell me all of them.	ave more TI2A_A - TI2A_L			
[CODE ALL THAT APPLY. CTRL-P TO EXIT.]					
TI2A_1 TI2A_2 TI2A_3 TI2A_4 TI2A_5 TI2A_6 TI2A_7 TI2A_8	APACHE BLACKFEET CHEROKEE CHICKASAW CHOCTAW CROW HOPI KIOWA	2 3 4 5 6 7			

LAKOTA/NAKOTA/DAKOTA/SIOUX9

NAVAJO......10

OJIBWE/ANISHINABE/CHIPPEWA11

OTHER TRIBE (SPECIFY): [ASK SPELLING] _______91

TI2A_9

 $TI2A_10$

TI2A_11

TI2A_12 TI2AOS

Section I

TI2B		
TI2B	Are you an enrolled member in a federally or state recognized tribe?	TI2B
	YES1	
	NO2	[SKIP TO PROGRAMMING
		NOTE TI2D]
	REFUSED7	[SKIP TO PROGRAMMING NOTE TI2D]
	DON'T KNOW8	[SKIP TO PROGRAMMING NOTE TI2D]
TI2C		
TI2C	Which tribe are you enrolled in?	TI2C
	APACHE	
	JICARILLA APACHE, NM1	
	MESCALERO APACHE, NM2	
	SAN CARLOS APACHE TRIBE, AZ	
	CHEROKEE	
	CHEROKEE NATION, OK4	
	EASTERN BAND OF CHEROKEE, NC5	
	SIOUX	
	CHEYENNE RIVER SIOUX, SD6	
	CROW CREEK SIOUX, SD7	
	OGLALA/PINE RIDGE SIOUX, SD8	
	ROSEBUD SIOUX TRIBE, SD9	
	SISSETON-WAHPETON SIOUX TRIBE, LAKE TRAVERSE, SD10	1
	STANDING ROCK SIOUX TRIBE OF ND & SD	
	BLACKFEET	
	BLACKFEET, MT12	,
	CHICKASAW	
	CHICKASAW NATION, OK13	
	CHOCTAW	
	CHOCTAW NATION, OK14	
	CROW	
	CROW TRIBE, MT15	
	HOPI	
	HOPI TRIBE, AZ16	
	KIOWA	
	KIOWA TRIBE, OK17	•
	CHIPPEWA	
	MCT/MINNESOTA CHIPPEWA TRIBE18	
	TURTLE MOUNTAIN BAND OF CHIPPEWA, ND	
	NAVAJO	
	NAVAJO NATION, AZ, NM, & UT20)
	OTHER	
TI2COS	OTHER (SPECIFY):91	
-12000	REFUSED7	
	DON'T KNOW -8	

Section I

IF TI2 = 4 (ASIAN) AND [1 (NATIVE HAWAIIAN) OR 2 (OTHER PACIFIC ISLANDER) OR 3 (AMERICAN INDIAN OR ALASKA NATIVE) OR 5 (BLACK OR AFRICAN AMERICAN) OR 6 (WHITE) OR 91 (OTHER (Specify))],

PROGRAMMING NOTE TI2D:

CONTINUE WITH TI2D: ELSE SKIP TO PROGRAMMING NOTE TI2D1 TI2D TI2D You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, TI2D A - TI2D R Vietnamese? If you are more than one, tell me all of them. [CODE ALL THAT APPLY. CTRL-P TO EXIT.] BANGLADESHI1 $TI2D_1$ BURMESE2 $TI2D_2$ $TI2D_3$ CHINESE......4 TI2D_4 TI2D 5 FILIPINO5 HMONG6 TI2D_6 $TI2D_7$ INDONESIAN8 TI2D 8 JAPANESE......9 TI2D 9 **TI2D 10** TI2D 11 LAOTIAN11 MALAYSIAN12 TI2D_12 **TI2D 13 TI2D 14 TI2D 15** TI2D_16 TI2D_17 TI2D_18 TI2DOS OTHER ASIAN (SPECIFY): _______.....91 REFUSED......-7 PROGRAMMING NOTE TI2D1: IF TI2 = 2 (PACIFIC ISLANDER) AND [1 (NATIVE HAWAIIAN) OR 3 (AMERICAN INDIAN OR ALASKA NATIVE) OR 4 (ASIAN) OR 5 (BLACK OR AFRICAN AMERICAN) OR 6 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH TI2D1: **ELSE SKIP TO PROGRAMMING NOTE TIZE** TI2D1 TI2D1 You said Pacific Islander and what specific ethnic group are you, such as Samoan, Tongan, or TI2D1_A - TI2D1_E Guamanian? If you are more than one, tell me all of them. [CODE ALL THAT APPLY. CTRL-P TO EXIT.] SAMOAN/AMERICAN SAMOAN......1 TI2D1_1 GUAMANIAN2 TI2D1_2 TI2D1_3 TI2D1 4 FIJIAN4 OTHER PACIFIC ISLANDER (SPECIFY):91 TI2D1_5 TI2D1OS REFUSED.....-7 DON'T KNOW-8

Section I

PROGRAMMING NOTE TI2E:

IF TI1 = 1 (YES, LATINO) AND [TI2 = 1 (NATIVE HAWAIIAN) OR 2 (OTHER PACIFIC ISLANDER) OR 3 (AMERICAN INDIAN OR ALASKA NATIVE) OR 4 (ASIAN) OR 5 (BLACK OR AFRICAN AMERICAN) OR 6 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH TI2E;

ELSE IF MULTIPLE RESPONSES TO TI2 OR TI2D OR TI2D1 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH TI2E;

ELSE SKIP TO TI3

[NOTE: FOR TI1 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF TI1 = -7 (REFUSE), INSERT "Latino"]

TI2E

TI2E

You said that you are {RESPONSES FROM I1, I2, I2D, I2D1}. Of these, which do you MOST identify with?

TI2E

[IF R IS UNABLE TO CHOOSE ONE, OFFER OPTION "BOTH/ALL/MULTIRACIAL"]

MEXICAN/MEXICANO	
MEXICAN AMERICAN	
CHICANO	3
SALVADORAN	
GUATEMALAN	.5
COSTA RICAN	
HONDURAN	.7
NICARAGUAN	.8
PANAMANIAN	
PUERTO RICAN	_
CUBAN	.11
SPANISH-AMERICAN (FROM SPAIN)	
LATINO, OTHER SPECIFY	
LATINO	.14
NATIVE HAWAIIAN	16
OTHER PACIFIC ISLANDER	. 17
AMERICAN INDIAN OR ALASKA NATIVE	
ASIAN	. 19
BLACK OR AFRICAN AMERICAN	
WHITE	.21
RACE, OTHER SPECIFY	
BANGLADESHI	
BURMESE	
CAMBODIAN	
CHINESE	
FILIPINO	-
HMONG	
INDIAN (INDIA)	
INDONESIAN	
JAPANESE	
KOREAN	
LAOTIAN	
MALAYSIAN	
PAKISTANI	
SRI LANKAN	_
TAIWANESE	
THAI	
VIETNAMESE	
ASIAN, OTHER SPECIFY	
SAMOAN/AMERICAN SAMOAN	50

Section I

	GUAMANIAN51	
	TONGAN	
	FIJIAN53	
	PACIFIC ISLANDER, OTHER SPECIFY55	
	BOTH/ALL/MULTIRACIAL90	
	NONE OF THESE	
	DON'T KNOW8	
	DON'T MOW IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
TI3		
TI3	In what country were you born?	TI3
	UNITED STATES1	
	AMERICAN SAMOA2	
	CAMBODIA3	
	CANADA4	
	CHINA5	
	CUBA6	
	EL SALVADOR7	
	ENGLAND8	
	GERMANY9	
	GUAM10	
	GUATEMALA11	
	HONG KONG12	
	INDIA	
	IRAN	
	JAPAN	
	KOREA	
	MEXICO	
	NICARAGUA	
	PAKISTAN	
	PERU	
	PHILIPPINES	
	RUSSIA22	
	TAIWAN	
	VIETNAM	
TIZOS		
TI3OS	OTHER (SPECIFY):91 REFUSED7	
	DON'T KNOW8	
	MMING NOTE TI4:	
	IN USA, SKIP TO TI7; SORN IN THE US OR A US TERRITORY, CONTINUE WITH TI4:	
	•	
TI4		
TI4	The next two questions are about citizenship and immigration status. Your answers are	TI4
	confidential, will not be reported to the INS, and will only be used for statistical purposes.	
	Are you a citizen of the United States?	
	Ale you a dilizen of the officer states:	
	YES	O TI71
	NO	O 11/1
	APPLICATION PENDING	

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Section I

TI5				
TI5	Are you a permanent resident with a green card?	TI5		
	YES1			
	NO2			
	APPLICATION PENDING			
	REFUSED7			
	DON'T KNOW8			
TI6				
-	How many years have you lived in the United States?	TI6 TI6YR TI6FMT		
	NUMBER OF YEARS [IF < 1 YEAR, ENTER "1"]			
	[HR: 0-17]			
	OR			
	YEAR FIRST CAME TO LIVE IN U.S.			
	[HR: 1982-2000] REFUSED7			
	DON'T KNOW8			
TI7				
TI7	What languages do you speak at home?	TI7_A - TI7_K		
	[CODE ALL THAT APPLY. CTRL-P TO EXIT.] [PROBE: "Any others?"]			
TI7_1	ENGLISH1			
TI7_2	SPANISH2			
TI7_3	CANTONESE3			
TI7_4	VIETNAMESE4			
TI7_5	TAGALOG5 MANDARIN6			
TI7_6 TI7_7	KOREAN7			
TI7_8	ASIAN INDIAN LANGUAGES			
TI7_9	RUSSIAN9			
TI7_10 TI7OS	S1 OTHER1 (SPECIFY):91			
TI7_11 TI7OS				
	REFUSED7			
	DON'T KNOW8			
IF TI7 = ONL	ING NOTE TI7A: Y ENGLISH, SKIP TO TI8; I7A AND TI7B			
TI7A				
TI7A	Would you say you speak English	TI7A		
	very well,			
	well, or2			
	not well?3			
	REFUSED7			
	DON'T KNOW8			
	General Note: If interview is conducted in a language other than English, use the following response categories: very well, well, not well, not at all.			

Section I

TI7B		
TI7B	If you have to speak in English on the telephone, would you say you can speak in English	TI7B
	very well, .1 well, or .2 not well? .3 REFUSED .7 DON'T KNOW -8	
	General Note: If interview is conducted in a language other than English, use the following rescategories: very well, well, not well, not at all.	sponse
IF TA4 = 1 WITH TI8:	MMING NOTE TI8: 1, -7, OR -8 (CURRENTLY ATTENDING SCHOOL OR WILL ATTEND SCHOOL OR REF/DK), C ; IP TO END.	ONTINUE
TI8		
TI8	And one final question, can you tell me what you plan to do after high school?	TI8
	[IF NO PLAN, CODE 'DON'T KNOW']	
	GO TO COLLEGE/UNIVERSITY	
TI9		
TI9		TI9
	[DURING THIS INTERVIEW, EVEN FOR PART OF THE TIME, DO YOU THINK]	
	A PARENT WAS LISTENING ON AN EXTENSION	