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CHIS 2013-2014 Methodology Report Series

Report 2

Data Collection Methods

CALIFORNIA HEALTH INTERVIEW SURVEY

CHIS 2013-2014 METHODOLOGY SERIES

REPORT 2

DATA COLLECTION METHODS

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www.chis.ucla.edu

This report describes how data were collected for CHIS 2013-2014. It was a telephone survey using random digit dialing (RDD) samples of landline and cellular telephone numbers, as well as list samples to augment the yield for certain racial and ethnic groups and an area sample to assess nonresponse bias. All data were collected using a computer-assisted telephone interviewing (CATI) system. Activities included under "data collection" for purposes of this report include Westat involvement in developing and programming the survey instruments, recruiting and training interviewers to administer the survey in five languages, planning and implementing a strategy for release of the sample in the CATI automated scheduler, contacting respondents and conducting interviews, and implementing quality assurance procedures.

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The California Health Interview Survey is a collaborative project of the UCLA Center for Health Policy Research, the California Department of Public Health, and the Department of Health Care Services. Funding for CHIS 2013-2014 came from multiple sources: the California Department of Health Care Services, the California Department of Health Care Services (Mental Health Services Division), the California Department of Public Health, The California Endowment, the California Health Benefit Exchange, the California Health Care Foundation, the California Tobacco Control Program and UC San Diego, the California Wellness Foundation, First 5 California, Kaiser Permanente, Keiro Senior HealthCare, the RAND Corporation, San Diego County Health and Human Services Agency, Sonoma County Department of Health Services, the US Centers for Disease Control and Prevention and the Public Health Institute, and the Williams Institute at UCLA Law School.

PREFACE

Data Collection Methods is the second in a series of methodological reports describing the 2013-2014 California Health Interview Survey (CHIS 2013-2014). The other reports are listed below. A similar set of reports is available for each previous CHIS cycle.

CHIS is a collaborative project of the University of California, Los Angeles (UCLA) Center for Health Policy Research, the California Department of Public Health, and the Department of Health Care Services. Westat was responsible for data collection and the preparation of five methodological reports from the 2013-2014 survey. The survey examines public health and health care access issues in California. The telephone survey is the largest state health survey ever undertaken in the United States.

Methodological Report Series for CHIS 2013-2014

The methodological reports for CHIS 2013-2014 are as follows:

- Report 1: Sample Design;
- Report 2: Data Collection Methods;
- Report 3: Data Processing Procedures;
- Report 4: Response Rates; and
- Report 5: Weighting and Variance Estimation.

The reports are interrelated and contain many references to each other. After the Preface, each report includes an "Overview" chapter (Chapter 1) that is nearly identical across reports, followed by detailed technical documentation on the specific topic of the report.

Report 2: Data Collection Methods (this report) describes how data were collected for CHIS 2013-2014, a random digit dial (RDD) telephone survey of landline and cellular telephone numbers in California, supplemented with list samples to augment the yield for certain ethnic groups and an address-based sample (ABS) to increase the yield in one county. All data were collected using a computer-assisted telephone interviewing (CATI) system with the exception of a brief mail screening interview to obtain telephone numbers for the ABS sample.

The purposes of this report are:

- To serve as a reference for researchers using CHIS 2013-2014 data;
- To document data collection procedures so that future iterations of CHIS, or other similar surveys, can replicate those procedures if desired;
- To describe lessons learned from the data collection experience and make recommendations for improving future surveys; and
- To evaluate the level of effort required for the various kinds of data collection undertaken.

Data collection activities in this report include Westat's involvement in:

- Developing and programming the survey instruments;
- Recruiting and training interviewers to administer the survey in six languages;
- Planning and implementing a strategy for release of the sample in the CATI automated scheduler;
- Contacting respondents and conducting interviews, and
- Implementing quality assurance procedures.

Special analyses using administrative data from the CATI system inform this report. In some cases totals such as the number of interviews completed may differ from those in other reports, as the status of some cases may have changed during processing and weighting.

For further methodological details not covered in this report, refer to the other methodological reports in the series at http://healthpolicy.ucla.edu/chis/design/Pages/methodology.aspx. General information on CHIS data can be found on the California Health Interview Survey Web site at http://www.chis.ucla.edu or by contacting CHIS at CHIS@ucla.edu.

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1. CHIS 2013-2014 SAMPLE DESIGN AND METHODOLOGY SUMMARY

1.1 Overview

This chapter provides a high-level summary of major design components of the California Health Interview Survey (CHIS) and appears at the beginning of each of the five detailed methodology reports for the cycle. You may need to reference those reports to find the level of detail you need. CHIS methodology reports and other methodological documentation and research is online at http://healthpolicy.ucla.edu/chis/design/Pages/methodology.aspx.

The CHIS is a population-based telephone survey of California's population conducted every other year since 2001 and continually beginning in 2011. CHIS is the largest state health survey and one of the largest health surveys in the nation. CHIS is conducted by the UCLA Center for Health Policy Research (UCLA-CHPR) in collaboration with the California Department of Public Health and the Department of Health Care Services. CHIS collects extensive information for all age groups on health status, health conditions, health-related behaviors, health insurance coverage, access to health care services, and other health and health related issues.

The sample is designed to meet and optimize two objectives:

1) Provide estimates for large- and medium-sized counties in the state, and for groups of the smallest counties (based on population size), and

2) Provide statewide estimates for California's overall population, its major racial and ethnic groups, as well as several Asian and Latino ethnic subgroups.

The CHIS sample is representative of California's non-institutionalized population living in households. CHIS data and results are used extensively by federal and State agencies, local public health agencies and organizations, advocacy and community organizations, other local agencies, hospitals, community clinics, health plans, foundations, and researchers. These data are used for analyses and publications to assess public health and health care needs, to develop and advocate policies to meet those needs, and to plan and budget health care coverage and services. Many researchers throughout California and the nation use CHIS data files to further their understanding of a wide range of health-related issues (for many examples of these studies, visit the Center's publication page (http://healthpolicy.ucla.edu/publications/Pages/default.aspx).

This series of reports describes the methods used in collecting data for CHIS 2013-2014, the sixth CHIS data collection cycle. The previous CHIS cycles (2001, 2003, 2005, 2007, 2009, and 2011-2012) are described in similar series at http://healthpolicy.ucla.edu/chis/design/Pages/methodology.aspx.

1.2 Switch to a Continuous Survey

From the first CHIS cycle in 2001 through 2009, CHIS data collection was biennial, with data collected during a 7-9 month period every other year. Beginning in 2011, CHIS data have been collected continually over each 2-year cycle. This change was driven by several factors including the ability to track and release information about health in California on a more frequent and timely basis and to eliminate potential seasonality in the biennial data.

CHIS 2013-2014 data were collected between February 2013 and early January 2015. Approximately half of the interviews were conducted during the 2013 calendar year and half during the 2014 calendar year. As in previous CHIS cycles, weights are included with the data files and are based on the State of California's Department of Finance population estimates and projections, adjusted to remove the population living in group quarters (such as nursing homes, prisons, etc.) and thus not eligible to participate in CHIS. When the weights are applied to the data, the results represent California's residential population during that two year period for the age group corresponding to the data file in use (adult, adolescent, or child).

See what's new in the 2013-2014 CHIS sampling and data collection here:
http://healthpolicy.ucla.edu/chis/design/Documents/whats-new-chis-2013-2014.pdf

In order to provide CHIS data users with more complete and up-to-date information to facilitate analyses of CHIS data, additional information on how to use the CHIS sampling weights, including sample code, is available at: http://healthpolicy.ucla.edu/chis/analyze/Pages/sample-code.aspx

Additional documentation on constructing the CHIS sampling weights is available in CHIS 2013-2014 Methods Report #5—Weighting and Variance Estimation, available at: http://healthpolicy.ucla.edu/chis/design/Pages/methodology.aspx. Other helpful information for understanding the CHIS sample design and data collection processing can be found in the four other methodology reports for each CHIS cycle year, described in the Preface to this report above.

1.3 Sample Design Objectives

The CHIS 2013-2014 sample was designed to meet the two sampling objectives discussed above: (1) provide estimates for adults in most counties and in groups of counties with small populations; and (2) provide estimates for California's overall population, major racial and ethnic groups, and for several smaller ethnic subgroups.

To achieve these objectives, CHIS employed a dual-frame, multi-stage sample design. The random-digit-dial (RDD) sample included telephone numbers assigned to both landline and cellular service. The random-digit-dial (RDD) sample was designed to achieve completed adult interviews with approximately 80% landline and 20% cellular phone numbers. For the landline RDD sample, the 58 counties in the state were grouped into 44 geographic sampling strata, and 14 sub-strata were created within the two most populous counties in the state (Los Angeles and San Diego). The Los Angeles County stratum included 8 sub-strata for Service Planning Areas, and the San Diego County stratum included 6 sub-strata for Health Service Districts. Most of the strata (39 of 44) are made up of a single county with no sub-strata (counties 3-41 in Table 1-1), with three multi-county strata comprised of the 17 remaining counties (see Table 1-1). CHIS 2013-2014 also included supplemental geographic oversamples of landlines in 3 small counties (Calaveras, Siskiyou, and Tuolumne) that were part of multi-county strata. An address-based sample of an additional 500 households was conducted in Sonoma County and oversamples of about 130 Japanese Americans, 104 Korean Americans, and 120 Vietnamese Americans were completed using list samples. A sufficient number of adult interviews were allocated to each stratum and sub-stratum to support the first sample design objective—to provide health estimates for adults at the local level. The same landline geographic stratification of the state has been used since CHIS 2005. In the first two CHIS cycles (2001 and 2003) there were 47 total sampling strata, including 33 individual counties and one county with sub-strata (Los Angeles).

Within each geographic stratum, residential telephone numbers were selected, and within each household, one adult (age 18 and over) respondent was randomly selected. In those households with adolescents (ages 12-17) and/or children (under age 12), one adolescent and one child were randomly selected; the adolescent was interviewed directly, and the adult most knowledgeable about the child's health completed the child interview.

The RDD CHIS sample is of sufficient size to accomplish the second objective (produce estimates for the state's major racial/ethnic groups, as well as many ethnic subgroups). To increase the precision of estimates for Koreans and Vietnamese, areas with relatively high concentrations of these groups were sampled at higher rates. These geographically targeted oversamples were supplemented by

telephone numbers associated with group-specific surnames drawn from listed telephone directories to further increase the sample size for Koreans and Vietnamese. Surname and given name lists were used similarly to increase the yield of Californians of Japanese descent.

Table 1-1. California county and county group strata used in the CHIS 2013-2014 sample design

1. Los Angeles	7. Alameda	27. Shasta
1.1 Antelope Valley	8. Sacramento	28. Yolo
1.2 San Fernando Valley	9. Contra Costa	29. El Dorado
1.3 San Gabriel Valley	10. Fresno	30. Imperial
1.4 Metro	11. San Francisco	31. Napa
1.5 West	12. Ventura	32. Kings
1.6 South	13. San Mateo	33. Madera
1.7 East	14. Kern	34. Monterey
1.8 South Bay	15. San Joaquin	35. Humboldt
2. San Diego	16. Sonoma	36. Nevada
2.1 N. Coastal	17. Stanislaus	37. Mendocino
2.2 N. Central	18. Santa Barbara	38. Sutter
2.3 Central	19. Solano	39. Yuba
2.4 South	20. Tulare	40. Lake
2.5 East	21. Santa Cruz	41. San Benito
2.6 N. Inland	22. Marin	42. Colusa, Glen, Tehama
3. Orange	23. San Luis Obispo	43. Plumas, Sierra, Siskiyou,
4. Santa Clara	24. Placer	Lassen, Modoc, Trinity, Del Norte
5. San Bernardino	25. Merced	44. Mariposa, Mono, Tuolumne,
6. Riverside	26. Butte	Alpine, Amador, Calaveras, Inyo

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey.

To help compensate for the increasing number of households without landline telephone service, a separate RDD sample was drawn of telephone numbers assigned to cellular service. In CHIS 2013-2014, the goal was to complete approximately 8,000 interviews (20% of all RDD interviews statewide) with adults from the cell phone sample. Although the geographic information available for cell phone numbers is not as precise as that for landlines, cell phone numbers were assigned to the same 43 strata (i.e., 40 strata defined by a single county and 3 strata created by multiple counties). The cell phone stratification closely resembles that of the landline sample and has the same stratum names, though the cell phone strata represent slightly different geographic areas than the landline strata. As in CHIS 2011-2012, if a sampled cell number was shared by two or more adult members of a household, one household member was selected for the adult interview; otherwise the adult owner of the sampled number was selected. Cell numbers used exclusively by children under 18 were considered ineligible. About 480 teen interviews and 1,250 child interviews were completed from the cell phone sample in CHIS 2013-2014.

The cell phone sampling method used in CHIS has evolved since its first implementation in 2007 when only cell numbers belonging to adults in cell-only households were eligible for sampling adults. There have been two significant changes to the cell phone sample since 2009. First, all cell phone sample numbers used for non-business purposes by adults living in California were eligible for the extended interview. Thus, adults in households with landlines who had their own cell phones or shared one with another adult household member could have been selected through either the cell or landline sample. The second change was the inclusion of child and adolescent extended interviews.

The cell phone sample design and targets by stratum of the cell phone sample have also changed throughout the cycles of the survey. In CHIS 2007 a non-overlapping dual-frame design was implemented where cell phone only users were screened and interviewed in the cell phone sample. Beginning in 2009, an overlapping dual-frame design has been implemented. In this design, dual phone users (e.g., those with both cell and landline service) can be selected and interviewed from either the landline or cellphone samples.

The number of strata has also evolved as more information about cell numbers has become available. In CHIS 2007 the cell phone frame was stratified into 7 geographic sampling strata created using telephone area codes. In CHIS 2009 and 2011-2012, the number of strata was increased to 28. These strata were created using both area codes and the geographic information assigned to the number. In CHIS 2011-2013, with the availability of more detailed geographic information, the number of strata was increased to 43 geographic areas that correspond to single and grouped counties similar to the landline strata.

1.4 Data Collection

To capture the rich diversity of the California population, interviews were conducted in six languages: English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, Korean, and, for the first time, Tagalog. These languages were chosen based on analysis of 2010 Census data to identify the languages that would cover the largest number of Californians in the CHIS sample that either did not speak English or did not speak English well enough to otherwise participate.

Westat, a private firm that specializes in statistical research and large-scale sample surveys, conducted CHIS 2013-2014 data collection under contract with the UCLA Center for Health Policy Research. For all samples, Westat staff interviewed one randomly selected adult in each sampled

household, and sampled one adolescent and one child if they were present in the household and the sampled adult was their parent or legal guardian. Thus, up to three interviews could have been completed in each household. Children and adolescents were generally sampled at the end of the adult interview. In landline, list, and ABS sample households with children where the screener respondent was someone other than the sampled adult, children and adolescents could be sampled as part of the screening interview, and the extended child (and adolescent) interviews could be completed before the adult interview. This "child-first" procedure was first used in CHIS 2005 and has been continued in subsequent CHIS cycles because it substantially increases the yield of child interviews. While numerous subsequent attempts were made to complete the adult interview for child-first cases, the final data contain completed child and adolescent interviews in households for which an adult interview was not completed. Table 1-2 shows the number of completed adult, child, and adolescent interviews in CHIS 2013-2014 by the type of sample (landline RDD, surname list, cell RDD, and Sonoma ABS). These numbers are provided in greater detail in Chapter 6 of this report/ *CHIS 2013-2014 Methodology Series: Report 2 – Data Collection*. Note that these figures were accurate as of data collection completion and may differ slightly from numbers in the data files due to data cleaning and edits. Sample sizes to compare against data files you are using are found online at http://healthpolicy.ucla.edu/chis/design/Pages/sample.aspx.

Table 1-2. Number of completed CHIS 2013-2014 interviews by type of sample and instrument

Type of sample	Adult*	Child	Adolescent
Total all samples	40,240[1]	5,512	2,253
Landline RDD	31,615	4,164	1,738
Surname list	392	50	18
Cell RDD	7,752	1,256	482
Sonoma ABS	481	42	15

*Includes interviews meeting the criteria as partially complete
Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey.

Interviews in all languages were administered using Westat's computer-assisted telephone interviewing (CATI) system. The average adult interview took about 36 minutes to complete. The average child and adolescent interviews took about 16 minutes and 23 minutes, respectively. For "child-first" interviews, additional household information asked as part of the child interview averaged about 9 minutes. Interviews in non-English languages generally took longer to complete. More than 11 percent of the adult interviews were completed in a language other than English, as were about 23 percent of all child (parent proxy) interviews and 5 percent of all adolescent interviews.

[1]Numbers in this table represent the data publically released and available through our Data Access Center. Total sample sizes may differ for specific calculations within the five methodology reports, or for specific analyses based on CHIS data.

Table 1-3 shows the major topic areas for each of the three survey instruments (adult, child, and adolescent).

Table 1-3. CHIS 2013-2014 survey topic areas by instrument

Health status	**Adult**	**Teen**	**Child**
General health status	✓	✓	✓
Days missed from school due to health problems		✓	✓
Health conditions	**Adult**	**Teen**	**Child**
Asthma	✓	✓	✓
Diabetes, gestational diabetes, pre- /borderline diabetes	✓		
Heart disease, high blood pressure	✓		
Physical disability	✓		
Physical, behavioral, and/or mental conditions			✓
Mental health	**Adult**	**Teen**	**Child**
Mental health status	✓	✓	
Perceived need, access and utilization of mental health services	✓	✓	
Functional impairment, stigma	✓		
Suicide ideation and attempts	✓	✓	
Health behaviors	**Adult**	**Teen**	**Child**
Dietary intake, fast food	✓	✓	✓
Physical activity and exercise, commute from school to home		✓	✓
Walking for transportation and leisure	✓		
Doctor discussed nutrition/physical activity		✓	
Flu Shot	✓	✓	✓
Cigarette use, second-hand smoke, attitudes about smoking	✓	✓	
Alcohol use	✓	✓	
Sexual behavior	✓		
HIV/STI testing	✓		
Sedentary time		✓	✓
Dental health	**Adult**	**Teen**	**Child**
Last dental visit	✓	✓	✓
Main reason haven't visited dentist	✓	✓	
Current dental insurance coverage	✓	✓	✓
Neighborhood and housing	Adult	**Teen**	**Child**
Social cohesion	✓	✓	✓
Neighborhood safety	✓	✓	✓
Homeownership, length of time at current residence	✓		
Park use		✓	✓
Civic engagement	✓	✓	

Table 1-3. CHIS 2013-2014 survey topic areas by instrument (continued)

Access to and use of health care	**Adult**	**Teen**	**Child**
Usual source of care, visits to medical doctor	✓	✓	✓
Emergency room visits	✓	✓	✓
Inpatient hospital stays	✓		
Delays in getting care (prescriptions and medical care)	✓	✓	✓
Patient-centered care, timely appointments, care coordination	✓	✓	✓
Communication problems with doctor	✓		✓
Problems finding a doctor	✓		✓
Use of specialists	✓		
Advance directive (Sonoma County)	✓		
Internet use for health information	✓		✓
Contraception (counseling, prescription, male birth control)	✓		
Food environment	**Adult**	**Teen**	**Child**
Access to fresh and affordable foods	✓		
Fast food at school, School lunch consumption		✓	✓
Water availability		✓	
Water consumption	✓	✓	
Availability of food in household over past 12 months	✓		
Health insurance	**Adult**	**Teen**	**Child**
Current insurance coverage, spouse's coverage, who pays for coverage	✓	✓	✓
Health plan enrollment, characteristics and plan assessment	✓	✓	✓
Whether employer offers coverage, respondent/spouse eligibility	✓		
Coverage over past 12 months, reasons for lack of insurance	✓	✓	✓
Coverage through Covered California	✓	✓	✓
Difficulty finding private health insurance	✓	✓	✓
High deductible health plans	✓	✓	✓
Partial scope Medi-Cal	✓		
Public program eligibility	**Adult**	**Teen**	**Child**
Household poverty level	✓		
Program participation (CalWORKs, Food Stamps/CalFresh, SSI, SSDI, WIC, TANF)	✓	✓	✓
Assets, alimony/child support, social security/pension	✓		
Medi-Cal and Healthy Families eligibility	✓	✓	✓
Reason for Medi-Cal non-participation among potential beneficiaries	✓	✓	✓
Parental involvement/adult supervision	**Adult**	**Teen**	**Child**
Parental involvement			✓

Table 1-3. CHIS 2013-2014 survey topic areas by instrument (continued)

Child care and school attendance	Adult	Teen	Child
Current child care arrangements			✓
Paid child care	✓		
First 5 California: Kit for New Parents			✓
Preschool/school attendance, name of school		✓	✓
Preschool quality			✓
Special programs in school		✓	
Grades, college expectations		✓	
Organizational involvement, civic engagement		✓	
School instability		✓	
Employment	**Adult**	**Teen**	**Child**
Employment status, spouse's employment status	✓		
Hours worked at all jobs	✓		
Income	**Adult**	**Teen**	**Child**
Respondent's and spouse's earnings last month before taxes	✓		
Household income, number of persons supported by household income	✓		
Alimony/child support	✓		
Worker's compensation, Social Security, pensions	✓		
Respondent characteristics	**Adult**	**Teen**	**Child**
Race and ethnicity, age, gender, height, weight	✓	✓	✓
Veteran status	✓		
Marital status, registered domestic partner status (same-sex couples)	✓		
Sexual orientation	✓		
Language spoken with peers, language of TV, radio, newspaper used	✓		
Education, English language proficiency	✓		
Citizenship, immigration status, country of birth, length of time in U.S., languages spoken at home	✓	✓	✓

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey.

1.5 Response Rates

The overall response rate for CHIS 2013-2014 is a composite of the screener completion rate (i.e., success in introducing the survey to a household and randomly selecting an adult to be interviewed) and the extended interview completion rate (i.e., success in getting one or more selected persons to complete the extended interview). To maximize the response rate, especially at the screener stage, an advance letter in five languages was mailed to all landline sampled telephone numbers for which an address could be obtained from reverse directory services. An advance letter was mailed for 50.7 percent of the landline

RDD sample telephone numbers not identified by the sample vendor as business or nonworking numbers, and for 82.2 percent of surname list sample numbers. Addresses were not available for the cell sample. As in all CHIS cycles since CHIS 2005, a $2 bill was included with the CHIS 2013-2014 advance letter to encourage cooperation.

The CHIS 2013-2014 screener response rate for the landline/list sample was 28.8 percent, and was higher for households that were sent the advance letter. For the cell phone sample, the screener response rate was 30.7 percent. The extended interview response rate for the landline/list sample varied across the adult (44.8 percent), child (68.9 percent) and adolescent (40.2 percent) interviews. The adolescent rate includes getting permission from a parent or guardian. The adult interview response rate for the cell sample was 52.1 percent, the child rate was 72.2 percent, and the adolescent rate 41.0 percent. Multiplying the screener and extended rates gives an overall response rate for each type of interview. The percentage of households completing one or more of the extended interviews (adult, child, and/or adolescent) is a useful summary of the overall performance of the landline sample. For CHIS 2013-2014, the landline/list sample household response rate was 14.8 percent (the product of the screener response rate and the extended interview response rate at the household level of 51.4 percent). The cell sample household response rate was 16.6 percent, incorporating a household-level extended interview response rate of 53.9 percent. All of the household and person level response rates vary by sampling stratum. For more information about the CHIS 2013-2014 response rates please see *CHIS 2013-2014 Methodology Series: Report 4 – Response Rates*.

Historically, the CHIS response rates are comparable to response rates of other scientific telephone surveys in California, such as the California Behavioral Risk Factor Surveillance System (BRFSS) Survey. However, comparing the CHIS and BRFSS response rates requires recomputing the CHIS response rates so they match the BRFSS response rate calculation methods. The 2013 California BRFSS landline response rate is 38.9 percent, the cell phone response rate is 39.3 percent, and the combined landline and cell phone rate is 39.0 percent.[2] Recalculating the CHIS response rates using the BRFSS method, the CHIS 2013-2014 landline response rate is 39.5, cell phone response rate is 32.1 percent, and the combined landline and cell phone response rate is 37.2 percent. California as a whole and the state's urban areas in particular are among the most difficult parts of the nation in which to conduct telephone interviews. For example, based on the last reported BRFSS refusal rates in 2011; the refusal rate for California (31.4%) was the highest in the nation and was twice the national median (16.0%). Survey response rates tend to be lower in California than nationally, and over the past decade response rates have been declining both nationally and in California.

[2] As reported in the Behavioral Risk Factor Surveillance System: 2013 Summary Data Quality Report. Retrieved May 22, 2015, available online at http://www.cdc.gov/brfss/annual_data/2013/pdf/2013_dqr.pdf

Further information about CHIS data quality and nonresponse bias is available at http://healthpolicy.ucla.edu/chis/design/Pages/data-quality.aspx.

After all follow-up attempts to complete the full questionnaire were exhausted, adults who completed at least approximately 80 percent of the questionnaire (i.e., through Section K which covers employment, income, poverty status, and food security), were counted as "complete." At least some responses in the employment and income series, or public program eligibility and food insecurity series were missing from those cases that did not complete the entire interview. They were imputed to enhance the analytic utility of the data (see section 2.6 on imputation methods for more information).

Proxy interviews were conducted for any adult who was unable to complete the extended adult interview for themselves, in order to avoid biases for health estimates of chronically-ill or handicapped people. Eligible selected persons were re-contacted and offered a proxy option. For 248 adults, a proxy interview was completed by either a spouse/partner or adult child. A reduced questionnaire, with questions identified as appropriate for a proxy respondent, was administered.

1.6 Weighting the Sample

To produce population estimates from CHIS data, weights are applied to the sample data to compensate for the probability of selection and a variety of other factors, some directly resulting from the design and administration of the survey. The sample is weighted to represent the non-institutionalized population for each sampling stratum and statewide. The weighting procedures used for CHIS 2013-2014 accomplish the following objectives:

- Compensate for differential probabilities of selection for households and persons;
- Reduce biases occurring because non-respondents may have different characteristics than respondents;
- Adjust, to the extent possible, for under-coverage in the sampling frames and in the conduct of the survey; and
- Reduce the variance of the estimates by using auxiliary information.

As part of the weighting process, a household weight was created for all households that completed the screener interview. This household weight is the product of the "base weight" (the inverse

of the probability of selection of the telephone number) and a variety of adjustment factors. The household weight is used to compute a person-level weight, which includes adjustments for the within-household sampling of persons and nonresponse. The final step is to adjust the person-level weight using an iterative proportional fitting method, or "raking" as it is commonly called, so that CHIS estimates are consistent with the marginal population control totals. This iterative procedure forces the CHIS weights to sum to known population control totals from an independent data source (see below). The procedure requires iteration to make sure all the control totals, or raking dimensions, are simultaneously satisfied within a pre-specified tolerance.

Population control totals of the number of persons by age, race, and sex at the stratum level for CHIS 2013-2014 were created primarily from the California Department of Finance's (DOF) 2014 Population Estimates and 2014 Population Projections. The raking procedure used 12 raking dimensions, which are combinations of demographic variables (age, sex, race, and ethnicity), geographic variables (county, Service Planning Area in Los Angeles County, and Health Region in San Diego County), household composition (presence of children and adolescents in the household), and socio-economic variables (home ownership and education). The socio-economic variables are included to reduce biases associated with excluding households without landline telephones from the sample frame. One limitation of using Department of Finance (DOF) data is that it includes about 2.4 percent of the population of California who live in "group quarters" (i.e., persons living with nine or more unrelated persons and includes, for example nursing homes, prisons, dormitories, etc.). These persons were excluded from the CHIS target population and, as a result, the number of persons living in group quarters was estimated and removed from the Department of Finance control totals prior to raking.

The 2014 DOF control totals used to create the CHIS 2013-2014 weights are based on 2010 Census counts, as were those used for the 2011-2012 cycle. Please pay close attention when comparing estimates using CHIS 2013-2014 data with estimates using data from CHIS cycles before 2010. The most accurate California population figures are available when the US population count is conducted (every 10 years). Population-based surveys like CHIS must use estimates and projections based on the decennial population count data between Censuses. For example, population control totals for CHIS 2009 were based on 2009 DOF estimates and projections, which were based on Census 2000 counts with adjustments for demographic changes within the state between 2000 and 2009. These estimates become less accurate and more dependent on the models underlying the adjustments over time. Using the most recent Census population count information to create control totals for weighting produces the most statistically accurate population estimates for the current cycle, but it may produce unexpected increases or decreases in some survey estimates when comparing survey cycles that use 2000 Census-based

information and 2010 Census-based information. See *CHIS 2013-2014 Methodology Series: Report 5 – Weighting and Variance Estimation* for more information on the weighting process.

1.7 Imputation Methods

Missing values in the CHIS data files were replaced through imputation for nearly every variable. This was a massive task designed to enhance the analytic utility of the files. Westat imputed missing values for those variables used in the weighting process and UCLA-CHPR staff imputed values for nearly every other variable.

Two different imputation procedures were used by Westat to fill in missing responses for items essential for weighting the data. The first imputation technique was a completely random selection from the observed distribution of respondents. This method was used only for a few variables when the percentage of the items missing was very small. The second technique was hot deck imputation without replacement. The hot deck approach is one of the most commonly used methods for assigning values for missing responses. With a hot deck, a value reported by a respondent for a particular item is assigned or donated to a "similar" person who did not respond to that item. The characteristics defining "similar" vary for different variables. To carry out hot deck imputation, the respondents who answer a survey item form a pool of donors, while the item non-respondents form a group of recipients. A recipient is matched to the subset pool of donors based on household and individual characteristics. A value for the recipient is then randomly imputed from one of the donors in the pool. Once a donor is used, it is removed from the pool of donors for that variable. Westat used hot deck imputation to impute the same items in all CHIS cycles since 2003 (i.e., race, ethnicity, home ownership, and education).

UCLA-CHPR imputed missing values for nearly every variable in the data files other than those imputed by Westat and some sensitive variables in which nonresponse had its own meaning. Overall, item nonresponse rates in CHIS 2013-2014 were low, with most variables missing valid responses for less than 2% of the sample. However, there were a few exceptions where item nonresponse rate was greater than 20%, such as household income.

The imputation process conducted by UCLA-CHPR started with data editing, sometimes referred to as logical or relational imputation: for any missing value, a valid replacement value was sought based on known values of other variables of the same respondent or other sample(s) from the same household. For the remaining missing values, model-based hot-deck imputation with donor replacement was used. This method replaces a missing value for one respondent using a valid response from another respondent with similar characteristics as defined by a generalized linear model with a set of control variables

(predictors). The link function of the model corresponds to the nature of the variable being imputed (e.g. linear regression for continues variables, logistic regression for binary variables, etc.). Donors and recipients are grouped based on their predicted values from the model.

Control variables (predictors) used in the model to form donor pools for hot-decking always included standard measures of demographic and socioeconomic characteristics, as well as geographic region; however, the full set of control variables varies depending on which variable is being imputed. Most imputation models included additional characteristics, such as health status or access to care, which are used to improve the quality of the donor-recipient match. Among the standard list of control variables, gender, age, race/ethnicity and region of California were imputed by Westat. UCLA-CHPR began their imputation process by imputing household income and educational attainment, so that these characteristics were available for the imputation of other variables. CHIS collects bracketed information about the range in which the respondent's value falls when the respondent will not or cannot report an exact amount. Household income, for example, was imputed using the hot-deck method within ranges defined by a set of auxiliary variables such as bracketed income range and/or poverty level. After all other variables are imputed, household income is re-imputed using a more detailed list of covariates to create a higher quality match between donors and recipients.

The imputation order of the other variables generally followed their order in the questionnaire. After all imputation procedures were complete, every step in the data quality control process is performed once again to ensure consistency between the imputed and non-imputed values on a case-by-case basis.

1.8 Methodology Report Series

A series of five methodology reports is available with more detail about the methods used in CHIS 2013-2014:

- Report 1 – Sample Design;
- Report 2 – Data Collection Methods;
- Report 3 – Data Processing Procedures;
- Report 4 – Response Rates; and
- Report 5 – Weighting and Variance Estimation.

For further information on CHIS data and the methods used in the survey, visit the California Health Interview Survey Web site at http://www.chis.ucla.edu or contact CHIS at CHIS@ucla.edu.

2. SCREENING INTERVIEW AND CATI INSTRUMENT STRUCTURE

For a given household, CHIS 2013-2014 interviews could include up to three substantive interviews: one adult, one child, and one adolescent extended interview. In addition to the substantive survey content, the CATI instruments performed sampling and administrative functions, including identifying eligible individuals and selecting sample members from among them, identifying appropriate respondents for the various questionnaires, and sequencing the activities within a household. All of these functions were programmed into the CATI instrument and are described in this chapter.

As described in Chapter 1, five distinct sampling frames were used for CHIS 2013-2014. The landline RDD (referred to as "landline"), cellular RDD (referred to as "cell"), and surname list were all part of CHIS cycles since 2009. CHIS 2013-14 also included a list sample to increase the number of respondents of Japanese descent. Finally, an address-based sample (ABS) was used to increase the yield of residents of Sonoma County. Administrative functions varied slightly across samples, but the content of the extended interview questionnaires was virtually identical for each sample.

2.1 Initial Screening Interview for the Landline and List Samples

The CHIS 2013-2014 sample was composed of telephone numbers selected as described in *CHIS 2013-2014 Methodology Series: Report 1 – Sample Design*. On first contact with a sampled landline telephone number, interviewers:

- identified a household member 18 years of age or older to act as informant (i.e., screener respondent);
- determined whether the telephone number was associated with a residence; and
- asked how many persons 18 or older live in the household, and selected one for the extended interview.

These basic elements were scripted into the initial screening interview for the landline sample. As in other CHIS cycles since 2003, the initial screener usually did not include an enumeration of adults in the household. Rather, the sample selection algorithm described by Rizzo et al. (2004) was based on the number of adults reported as follows:

- If one adult in the household, that adult was selected;
- If two adults in the household, either the screener respondent or the other adult was randomly selected with probability equal to 0.5 for each; or
- If three or more adults in the household,
  - the screener respondent was randomly selected with probability equal to one over the number of adults, or
  - the other adult with the most recent birthday was selected, or
  - if the screener respondent did not know the birthdays of one or more of the other adults, the interviewer then enumerated all the other adults, and one was randomly selected.

The following elements were included in the initial landline screener to assist in sample selection and developing survey weights:

- Number of children under 12 years of age living in the household[3];
- Number of adolescents between 12 and 17 years of age living in the household; and
- Number and use (home, business) of telephone numbers ringing into the household[4].

Starting with CHIS 2005, the landline/list screening interview included enumeration and sampling of children and adolescents once an adult was sampled for the extended interview if the following circumstances applied:

- The household included one or more children age 11 or under;
- The sampled adult was the parent or legal guardian of one or more of those children; and
- The sampled adult was the spouse of the screener respondent.

This change was implemented to increase the number of completed child interviews. Once a child was selected, the child interview could be completed before the adult interview if the most knowledgeable adult (MKA) was not the sampled adult[5]. This "child-first" protocol is described further in the next

[3] See *CHIS 2013-2014 Methodology Series: Report 5 – Weighting and Variance Estimation*, Section 3.7.

[4] See *CHIS 2013-2014 Methodology Series: Report 5 – Weighting and Variance Estimation*, Section 3.8.

[5] If an adolescent was also sampled in the screener, an adolescent interview could be completed before the adult interview if the screener respondent cold give permission.

section. If the above conditions were not met, children and adolescents were enumerated as part of the adult extended interview as in CHIS cycles before 2005.

For telephone numbers in the surname list samples, the initial screening interview was very similar to that for the landline sample. It included an additional question to determine whether a household included one or more individuals of the target ethnic groups:

> **Do any of these adults who live in your household consider themselves to be Korean or Vietnamese or of Korean or Vietnamese descent?**

If the answer to this question was "No," the sampled number was considered to be ineligible, and the screening interview was terminated. A similar screening question was included for the Japanese surname/given name sample, worded:

> **Do any of these adults who live in your household consider themselves to be Japanese or of Japanese descent?**

2.2 Screening Interview for the Cell Sample

The goals of the screening interview for the cell sample were similar to those of the landline screener: to determine whether the telephone was associated with a household and to identify an eligible adult respondent. One important difference from the landline design is that most cell phones are linked with a single individual rather than a household. For that reason, the owner of the sampled phone number was selected with certainty for the adult interview if he/she (1) was 18 years of age or older; (2) was a California resident; and (3) did not share the phone with other adults in the household. If the phone was shared, then the phone number was treated as belonging to a household, and the adult selection rules were the same as for the landline sample.

2.3 Screening Interview for the Sonoma ABS

The Sonoma ABS was comprised of addresses rather than telephone numbers. The sample vendor was able to match telephone numbers to many of the sampled addresses. There were two kinds of screening interviews for this sample: a brief mail questionnaire whose primary purpose was to obtain a telephone number for follow-up (see Appendix B); and a CATI screener essentially the same as that used for the RDD samples. The CATI screener did not include an item asking for county of residence; if an

adult and/or child interview was completed and the household was not in Sonoma County, the interview(s) was considered out of scope.

2.4 Overall Structure of CHIS 2013-2014 Interviews

Given the number of different instruments and the rules for who could respond to each, one household could potentially have several individuals acting as CATI respondents, including:

- the screener respondent,
- a sampled adult who answered questions in the adult interview[6],
- an adult who could give permission for the adolescent interview (e.g., "permission-giving adult"),
- a sampled adolescent who answered for themselves, and
- an adult who knew the most about the child's health (e.g., "most knowledgeable adult" or MKA) who was the respondent for the child extended interview.

In practice, one adult usually filled multiple roles in households with adolescents or children. However, the possibility of multiple respondents required rules for ordering survey instruments and various administrative activities (e.g., selecting sampled persons, identifying and contacting respondents), and CATI tools for navigating through the administrative and questionnaire screens. The default sequence of the questionnaire and navigation sections is presented in Figure 2-1. A basic principle of the interview flow is that the interviewer should attempt to complete as many different interviews as possible for which the household member currently on the telephone is eligible (e.g., child and permission for the adolescent interview). Once that has happened, the system goes to the HHSELECT screen (see Exhibit 2.1). If there are remaining interviews that couldn't be completed by that adult, the interviewer selects the appropriate individual (e.g., the sampled adult, the MKA for the Child Questionnaire or permission-giving adult for the adolescent permission).

As described in Section 2.1, CHIS 2013-2014 allowed sampling of children and adolescents as part of the screening interview for the landline, surname, and ABS samples under certain circumstances. If the screener respondent was the sampled adult's spouse and was also determined to be the MKA, the child interview could be completed immediately or at another time before the adult interview. These cases

[6] If the sampled adult was unable to answer for himself/herself due to illness or impairment, there could also be a proxy respondent who answered questions for the adult.

are referred to as “child-first” cases. The adolescent interview could also be completed before the adult interview in child-first cases.

For cases other than those meeting the child-first criteria, the screening interview resumed in the middle of Section G of the Adult Extended Questionnaire, with the following items:

- Identification of adult respondent’s spouse if living in the household;
- Enumeration of adolescents and children in the household; and
- Determining for which adolescents and children the adult respondent and/or spouse is the parent or legal guardian.

This information was used by the CATI program to select one adolescent and one child among those for whom the sampled adult was the parent or legal guardian. Adolescents or children who did not have a parent or legal guardian in the household were not eligible for selection. This exception includes foster children who are legally considered wards of the state, which means that foster parents could not give permission for them to participate in the survey. Households in which there was no one 18 years old or older were also not included in the sample.

Because sampling children and adolescents was part of the adult interview except for child-first cases, the adult interview had to be completed first. Other basic principles of the CATI system flow, once the adult interview is completed, included:

- Attempting to complete as many components as possible with the current respondent before asking for someone else; and
- Attempting the child interview before asking permission for the adolescent interview.

After a cell phone sample adult interview was completed, or after a landline or surname list sample adult interview was completed for non-child-first cases, if an adolescent and/or child was selected the sampled adult was asked:

- to identify the MKA in the household to serve as respondent for the Child Extended Questionnaire; and
- to give permission for the selected adolescent to be interviewed.

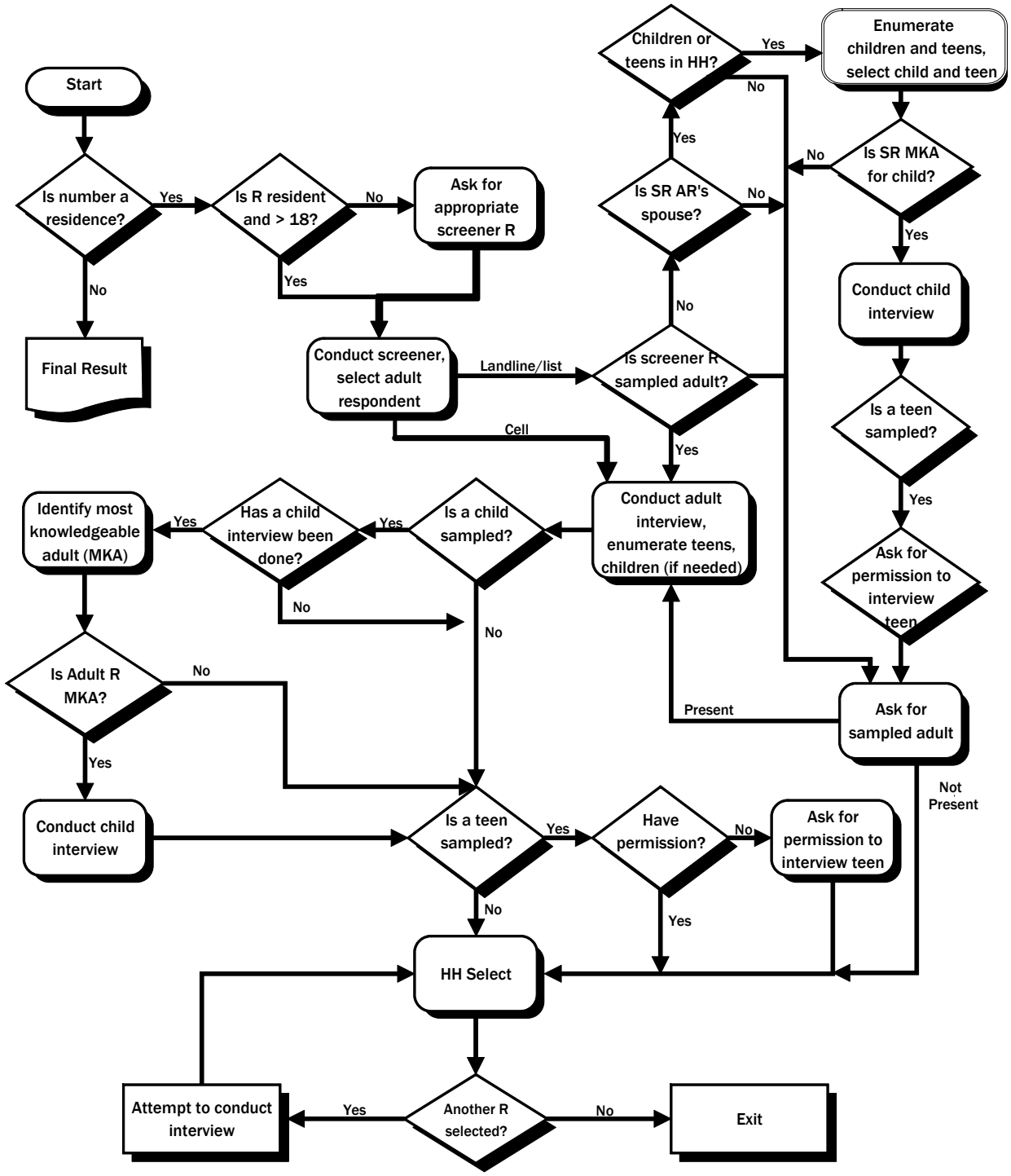

Figure 2-1. CHIS 2013-2014 Interview Flow for Landline and Surname Samples

Once all possible components were attempted with the current respondent, the CATI program displayed a master navigation screen called HHSELECT. A sample HHSELECT screen is presented as Exhibit 2-1. HHSELECT displayed all interviews scheduled for a household, the name of the respondent, and whether the interview had been completed. The interviewer selected one of the outstanding interviews from HHSELECT, and was routed to the appropriate introductory screens for that interview. HHSELECT reappeared after each component was completed, or attempted but not completed. It also appeared when an interviewer first entered a case started by another interviewer.

Exhibit 2-1. CHIS 2013-2014 HHSELECT CATI screen

```
0.0020  HHSELECT              900009990201 – (301) 215-1500 – 08:26

     [ASK FOR PEOPLE WITH RESULT THAT IS NOT FINAL. ENTER NUMBER FOR CHOSEN
     PERSON. ENTER 0 TO LEAVE THIS CASE.]

                                      (  )
                                                 AT
                                                 THIS              APPOINTMENT
#      RESPONDENT      TYPE    SUBJECT           PHONE   RSLT      DATE/TIME
1      MARY/30/F       ADLT                        Y     CA

2-SR   ALFRED/32/M     CHLD    WILL/8/M            Y
```

3. EXTENDED INTERVIEWS

CHIS 2013-2014 included three separate extended interviews: adult, child, and adolescent. This chapter describes Westat's involvement in the development of these questionnaires, the content of each, pretesting of the questionnaires, translation of the questionnaires from English into four other languages, changes in the questionnaires during data collection, and how proxy interviews were conducted.

3.1 Questionnaire Development Process

The CHIS questionnaire design was driven by the research needs of UCLA, sponsoring agencies, and a variety of governmental, academic, and other partners, as well as by concerns about respondent burden, response rates, and costs. The target was an adult questionnaire that would not normally exceed 30 minutes in administration time, and child and adolescent questionnaires that would not exceed 15 and 20 minutes, respectively.

In late 2012, UCLA began collaboration with Westat staff for drafts of the adult, adolescent, and child questionnaires. These drafts were developed by UCLA and its partners to cover a wide variety of health-related research topics. Westat reviewed the drafts and provided comments on the selection of question items, wording and sequence, and on the estimated length of the draft instruments. There were several iterations of draft instruments before complete instruments of reasonable length were ready for pretesting.

The surveys included many items from previous CHIS cycles as well as new items. Some of the items carried over were re-worded or re-ordered. The questionnaires posted on the CHIS website (http://healthpolicy.ucla.edu/chis/design/Pages/questionnaires.aspx) include both: (1) a *question* name describing the questionnaire type (adult, adolescent, child) and year, the section within the questionnaire, and a (largely sequential) number within the section; and (2) a *variable* name (largely based on previous CHIS cycles). To reduce the programming required and to facilitate pooling data across survey years, existing variable names were retained in the CATI program; new variables based on new questions were assigned the next available number in their section. Variable names for items in previous cycles not included in the 2013-2014 survey were not re-used. The question name incorporates a separate, sequential numbering system to facilitate manual use of the questionnaire documentation.

3.2 Questionnaire Content

The 2013-2014 adult extended questionnaire is divided into 14 sections:

A. **Demographics** – Age, gender, race, ethnicity, marital status.

B. **Health Conditions** – General health, asthma, diabetes, gestational diabetes, hypertension, heart disease, flu shot.

C. **Health Behaviors** – Walking for transportation and leisure, dietary intake, fast food, access to fresh and affordable foods, cigarette and alcohol use/abuse.

D. **General Health, Disability, and Sexual Health** – Height and weight, disability, sexual partners and sexual orientation, gender orientation, registered domestic partners, HIV testing.

F. **Mental Health** – K6 mental health assessment, Sheehan scale, access and utilization, stigma.

G. **Demographics, Part II** – Self and parent's country of birth, languages spoken at home, English proficiency, citizenship and immigration, household composition, paid child care, education, veteran status, employment of self and spouse.

H. **Health Care and Health Insurance –** Usual source of care, emergency room visits, current coverage by public or private plans, coverage of prescription drugs, coverage over past 12 months, spouse's coverage, high deductible health plans, reasons for lack of coverage, hospitalizations, partial scope Medi-Cal, use of Covered California.

I. **Adolescent and Child Health Insurance** – For sampled adolescent and child, current coverage by public or private plans, source of coverage, managed care plan characteristics, high deductible plans, coverage in past 12 months, reasons for lack of coverage, use of Covered California; country of birth, citizenship and immigration (adolescent only).

J. **Health Care Utilization and Access** – Visits to medical doctor, personal doctor, patient-centered care, timely appointments, care coordination, communication problems with doctor, change of usual source of care, delays in care, internet use, end-of-life care, family planning, dental health.

K. **Employment, Income, Poverty Status, Food Security** – Hours worked, income last month, household annual income, number of persons supported, poverty level test, availability of food in household and hunger.

L. **Public Program Participation –** Participation in public social programs, assets, alimony and child support, Social Security, pensions, reasons for non-enrollment in Medi-Cal.

M. **Housing and Social Cohesion** – Type of housing and tenure, neighborhood cohesion and safety, civic engagement.

S. **Suicide Ideation** – History of suicide attempts, thoughts of suicide.

N. **Final Demographics** – County of residence, address, use of cell phone, willingness to participate in follow-up study.

The 2013-2014 child extended questionnaire comprises 8 sections:

A. **Demographics and Health Status** – Gender, age, birth weight, height, and weight, school attendance, general health, asthma, other condition.

B. **Dental Health** – Most recent visit to a dentist, main reason haven't visited dentist.

C. **Diet, Physical Activity and Park Use –** Dietary intake, fast food, food environment, commute from school to home, name of school, physical activity, sedentary time, use of parks.

D. **Access to and Use of Health Care Services** – Usual source of care, emergency room use, visits to medical doctor, personal doctor, patient-centered care, timely appointments, care coordination, communication problems with doctor, delays in care, difficulty finding a doctor, flu shot, internet use, First 5 California Kit for New Parents.

E. **Public Program Participation** – Participation in TANF/CalWORKs, Food Stamps, and WIC.

F. **Parental Involvement with child.**

G. **Child Care and Social Cohesion** – Types of child care used, difficulty finding care, neighborhood cohesion and safety.

H. **Demographics, Part II** – Race and ethnicity, country of birth, citizenship/immigration status of child and parents, languages spoken at home, and level of education of respondent and primary caretaker of child.

For child-first cases, some completed child interviews do not have completed adult interviews in the same household. The following topics from the adult questionnaire were administered to the MKA as part of the child questionnaire for child-first cases so that these children would have essential household-level and insurance information for analysis and weighting in the event an adult interview was not completed:

- Sampled adult's education, employment status, and age;
- Health insurance coverage for the sampled adult, spouse, sampled child, and sampled adolescent (if there is one);

- Household income;
- Own/rent home, and
- Address information.

Finally, the 2013-2014 adolescent extended questionnaire comprises 11 sections, presented in the order they appear in the interview:

A. **Demographics** – Age, gender, school attendance, name of school, school programs, grades, expectation of attending college, school instability, organizational involvement.

B. **Health Status and Health Conditions** – Self-reported health status, height and weight, missed school days, asthma, flu shot.

C. **Diet, Nutrition, and Food Environment** – Dietary intake, fast food, food environment, water availability and consumption.

D. **Physical Activity** – Physical activity, physical education in school, commute from school to home, park or playground use and safety, social cohesion, sedentary time.

E. **Cigarette and Alcohol Use – Smoking habits, drinking.**

F. **Emotional Functioning** – K6 mental health assessment, emotional and psychological counseling.

G. **Sexual Behaviors** – Sexual activity, pregnancy, sexually transmitted infection testing, interpersonal violence.

H. **Health Care Utilization and Access** – Usual source of care, emergency room visits, most recent doctor visit, recall of provider advice, personal doctor, patient-centered care: information, timely appointments, care coordination, delays in care, most recent dental visit.

J. **Demographics, Part II** – Race and ethnicity, country of birth, citizenship and immigration, languages spoken at home.

S. **Suicide Ideation and Attempts.**

M. **Closing – Willingness to participate in follow-up study, closing.**

3.3 Translation of Questionnaires

As in previous cycles, CHIS 2013-2014 instruments were administered in English, Spanish, Chinese (Mandarin and Cantonese dialects), Vietnamese, and Korean; for the first time, they were also

administered in Tagalog. Translation of the CHIS 2013-2014 questionnaires into the returning languages began in January 2012 with a thorough review against the 2011-2012 instruments to identify items that would be repeated in 2013-2014. This review included side-by-side comparisons of the two sets of instruments and electronic comparisons using text files of the "screen libraries" generated by the CATI system. The electronic comparison was literally a character-by-character comparison so that any difference, no matter how trivial (e.g., an extra space or line), would be identified as a change or as a new item for CHIS 2013-2014. The results of the electronic comparison showed the need to translate fully or update 136 screens in the CATI system.

Screens requiring translation were divided into two categories: "new" screen files which consisted of questions not previously administered in any iteration of CHIS, and "modified" screens which consisted of screens identified as having been used in prior administrations of CHIS but requiring text or formatting changes.

More new questions requiring translation were added after the start of the field period; one set was received in February 2013, and consisted of 91 screens with questions about access to medical care for adults, teens and adolescents. Another 20 screens in this set asked teens about community involvement and attitudes toward volunteering in their communities. Other items requiring translation for 2013 included questions about gender identity. Administered as part of the adult interviews, this module consisted of 8 new questions. Another module consisted of questions about smoking, smoking cessation, and attitudes towards smoking. The smoking module contained 48 new screens. The experimental parental permission script for the adolescent interview was translated. Also translated was a recruitment script to administer questions about mammography screening from a sample of women 18 years and older who had participated in CHIS 2011-2012. Another set of new screens concerned consent to interview teens for the Youth Health and Civic Engagement Study. This study investigated whether school and community sponsored programs have a positive impact on young people's health. Teens who participated in this study were contacted by phone by the Cal State Fullerton Survey Research Center.

3.3.1 Letter Translations

The primary text used in the CHIS 2013-2014 advance letter, ad hoc letter, and initial (screener level) and extended interview refusal conversion letters was left intact from letters used for CHIS 2011-2012. The only items requiring translation in all non-English languages (Spanish, Korean, Vietnamese,

Chinese, and Tagalog) were the list of survey sponsors and Dr. Ninez Ponce's title. The multi-language advance letter was printed in the same layout as in CHIS 2011-2012—an 11" x 17" folded document with English on the front, Spanish on the back, and with Chinese, Korean, and Vietnamese printed from left-to-right on the inside two pages. The inside pages were modified after the start of the field period to accommodate a Tagalog translation of the letter concurrent with the implementation of the Tagalog instrument. The refusal conversion letters were initially printed in four formats; one that combined English and Spanish (front and back of the document), and three others that combined English with the Asian languages. English-Tagalog versions of the refusal conversion letters were implemented as needed.

3.3.2 Spanish Questionnaire Translation

The survey items identified as new or needing revision based on the electronic comparison were translated by Westat's translation unit and contracted translators between February and March, 2013. A formatted text file of the English CATI screens for these items was used for translation work.

Following a Westat internal evaluation of the initial translation, UCLA reviewed the translation and in that process identified a number of screens requiring further attention. On March 18, 2013, UCLA's language experts and Westat held a conference call to review, discuss, and finalize the initial 135 screens sent for translation. Further changes were made to the instrument to coincide with updates to the English survey and as a result of comments collected from Westat's bilingual interviewing staff. Any questions added to the translation queue after the conference calls were adjudicated separately. A total of 285 new or updated screens required Spanish translation during the 2013-2014 CHIS cycle.

3.3.3 Asian-language Questionnaire Translations

The translation approach used for the Spanish-language interview was adopted for the returning Asian language interviews in that only the new or modified screens were translated. The same initial list of 135 new or modified items identified as needing Spanish translation was used for the Asian language translations. The screen names and survey item numbers from the CATI system were used as the primary "key" when referring to specific items and in identifying items that had been or needed to be translated (e.g., item number "AD56"). The new and revised items were translated or modified in Chinese, Korean, and Vietnamese between February and April, 2013. Translated sections of the survey were forwarded to UCLA as they became available. Westat translators and UCLA staff held conference calls in April 2014

to discuss and finalize the translated screens. Questions added to the translation queue after April 2014 were adjudicated separately. A total of 285 Asian-language screens were translated during the 2013-2014 CHIS cycle.

3.3.4 Tagalog Questionnaire Translation

The first Tagalog translation of the CHIS instruments was performed in March and April, 2013. The entire set of 1,216 CATI screens as well as all mail correspondence were translated. Screen names and survey item numbers from the CATI system were retained as the primary "key" when referring to specific items. A preliminary review by UCLA on May 6, 2013, revealed the language style used in this translation was a formal version not used in conversational speech and therefore inappropriate for CATI-interview purposes. As a result of a decision reached during discussions held between Westat project management and UCLA, the original Tagalog translation was revised to reflect a more conversational style. This review and modification process was conducted from June to October, 2013. Adjudication calls for the Tagalog instrument were conducted October 14 and 21, 2013. A final version was delivered on October 26, 2013.

New or modified modules received during review and modifications of the primary Tagalog screens were processed separately. Screen names and survey item numbers from the CATI system were used as the primary "key" when referring to specific items and in identifying items that had been or needed to be translated. Translated sections of the survey were forwarded to UCLA as they became available. An additional 154 new or modified Tagalog screens were translated during the 2013-2014 CHIS cycle.

3.4 Pretest and Pilot Test

Westat conducted a small paper-and-pencil pretest of portions of the CHIS 2013-2014 adult, child, and adolescent interviews October 15 and 16, 2012. The purpose of this test was to estimate the time to administer proposed new items and to assess the interview flow and wording of these items. Respondents were recruited by a market research firm at the direction of UCLA. Westat interviewers in the Merced, California, Telephone Research Center (TRC) conducted 9 adult interviews, 9 adolescent interviews, and 9 child interviews. All pretest interviews were conducted by experienced interviewers and

monitored by Westat, UCLA, and/or Public Health Institute (PHI) staff. Results from the pretest informed subsequent decisions about dropping or revising questions.

The formal pilot test was conducted through Westat's "virtual TRC" on January 28 and 29, 2013. Interviewers who had worked on CHIS 2011-2012 were trained and conducted interviews. The pilot test was intended as a full dress rehearsal of the main study, except that only an English-language instrument was used, and no attempt was made to convert refusals or follow up with language problem cases. The pilot test sample was drawn from listed telephone numbers expected to have a high yield of adolescents and children. Table 3-1 presents the results of the pilot test, and compares cooperation rates from pilot tests back to 2003. Generally, the screener and adult rates continued the overall downward trend over time, while the rates for the child interview, adolescent permission, and adolescent interview at least held steady.

Tables 3-2a through 3-2c present interview duration by section for the adult, child, and adolescent questionnaires, respectively. The adult extended interview averaged just under 37 minutes to administer, longer than the target of 30 minutes. The child interview averaged 19 minutes, and the adolescent interview about 23 minutes, which was also longer than the target. The screening interview averaged 2.7 minutes, and getting permission to interview adolescents also 2.7 minutes.

Table 3-1. Number of completed interviews and refusals and cooperation rates in the CHIS 2013-2014 pilot test, and CHIS 2011-2012, 2009, 2007, 2005, and 2003 pilot cooperation rates

			Cooperation Rate					
Instrument	Completed Interviews	Refusals	2013-2014	2011-2012	2009	2007	2005	2003
Screener	162	574	22%	28%	29%	31%	39%	43%
Adult	37	29	56%	64%	68%	71%	70%	79%
Child	19	0	100%	93%	90%	91%	95%	96%
Permission	10	5	67%	94%	71%	74%*	69%	NA
Adolescent	5	0	100%	86%	85%	82%	92%	78%

Source: UCLA Center for Health Policy Research, 2003, 2005, 2007, 2009,2011-2012, and 2013-2014 California Health Interview Survey
*Rate reported in 2007 was incorrect; the rate reported here is correct.

Staff from UCLA, PHI, and Westat observed the pilot test. Results of the observations and debriefing helped inform decisions about cutting and modifying questions between the pilot test and the main study.

Table 3-2a. Mean, standard deviation, minimum, maximum, and median lengths (in minutes) of CHIS 2013-2014 pilot adult extended interview, by section

Section	N	Mean	Std. Dev.	Min.	Max.	Med.
Total	**37**	**36.97**	**8.19**	**25.25**	**61.17**	**35.72**
A – Demographics	37	3.39	1.11	2.28	7.75	3.10
B – Health Conditions	37	1.39	1.85	0.60	9.73	0.90
C – Health Behaviors	37	6.22	2.13	3.90	6.05	5.78
D – General Health, Disability, and Sexual Health	37	1.93	0.51	1.38	3.68	1.77
E – (Not used)	0					
F – Mental Health	37	3.24	1.64	1.57	8.48	2.57
G – Demographics, Part II						
(before screener)	37	0.64	0.31	0.35	1.50	0.52
(screener)	34	1.02	0.79	0.10	3.28	1.06
(after screener)	37	1.75	0.56	0.80	3.13	1.58
H – Health Care and Health Insurance						
(adult respondent)	37	2.30	1.02	1.27	5.73	1.95
(spouse)	28	0.54	0.35	0.23	1.55	0.42
(plan details)	37	1.43	0.70	0.38	3.35	1.22
I – Adolescent and Child Health Insurance						
(child)	9	0.35	0.14	0.23	0.70	0.30
(adolescent)	19	0.47	0.24	0.07	0.93	0.47
S – Suicide Ideation and Attempts	37	0.31	0.28	0.13	1.33	0.20
J – Health Care Utilization and Access	37	6.01	1.68	3.32	9.83	5.63
K – Employment, Income, Poverty Status, Food Security	37	2.08	0.87	0.32	3.37	2.30
L – Public Program Participation	9	1.29	0.40	0.73	2.12	1.33
M – Housing	37	2.16	0.92	1.32	6.35	1.88
N – Final Demographics	37	2.13	0.59	0.62	3.35	2.07

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

Table 3-2b. Mean, standard deviation, minimum, maximum, and median length (in minutes) of CHIS 2013-2014 pilot child extended interview, by section

Section	N	Mean	Std. Dev.	Min.	Max.	Med.
Total	**19**	**18.98**	**3.79**	**10.95**	**26.63**	**18.47**
A – Demographics and Health Status	19	3.68	1.21	1.43	5.98	3.53
B – Dental Health	19	0.80	0.20	0.60	1.43	0.73
C – Diet, Physical Activity and Park Use	19	5.87	1.56	3.35	9.53	5.65
D – Access to and Use of Health Care Services	19	4.88	1.17	2.90	8.10	4.88
E – Public Program Participation	15	0.29	0.07	0.17	0.42	0.30
F – Parental Involvement with child	5	0.88	0.25	0.67	1.27	0.83
G – Child Care and Social Cohesion	19	1.85	1.43	0.42	5.07	1.20
H1 – Demographics, Part II	19	1.43	0.73	0.45	3.38	1.20

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Information Survey

Table 3-2c. Mean, standard deviation, minimum, maximum, and median lengths of CHIS 2013-2014 pilot adolescent extended interview, by section (in minutes)

Section	N	Mean	Std. Dev.	Min.	Max.	Med.
Total	5	22.72	3.71	17.32	27.20	22.32
A – Demographics	5	3.75	1.39	2.22	6.03	3.48
B – Health Status and Health Conditions	5	1.22	0.48	0.75	1.88	1.23
C – Diet, Nutrition, and Food Environment	5	3.70	0.76	2.68	4.32	4.12
D – Physical Activity and Sedentary Time	5	4.21	0.82	3.47	5.28	3.95
E – Cigarette, Alcohol, and Drug Use	5	0.53	0.23	0.40	0.93	0.43
F – Mental Health	5	1.55	0.32	1.22	2.05	1.48
G – (Not used)	0					
H1 – Health Care Utilization and Access	5	2.75	0.84	1.60	3.85	2.65
I – Dental Health	5	0.60	0.09	0.48	0.73	0.60
J – Demographics, Part II	5	0.95	0.58	0.60	1.97	0.63
K – Suicide Ideation and Attempts	5	0.41	0.49	0.15	1.28	0.22
L – Civic Engagement	5	2.34	1.88	0.28	4.25	3.30
M – Closing	5	0.71	0.34	0.35	1.18	0.57

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

3.5 Changes in the Questionnaire during Data Collection

As Westat, UCLA, and PHI staff monitored interviews during the data collection period, as interviewer debriefing sessions were conducted, and as Westat data preparation staff reviewed marginal comments entered by interviewers, several issues with question items arose, some of which suggested that a change in the question wording or answer categories would be beneficial. Some of these issues led to actual changes in the CATI instrument during the field period. Other changes included adding and deleting items as funding priorities changed during the cycle. Appendix A presents all of the changes to the CATI instruments after data collection started.

4. DATA COLLECTOR RECRUITING AND TRAINING

Westat conducted CHIS 2013-2014 at three of its Telephone Research Centers (TRCs) – in Rockville and Frederick, Maryland, and Merced, California – and with data collectors working from their homes nationwide. All data collectors received the same training and supervision, regardless of location. Overall direction of telephone survey operations was from the TRC central office at the Rockville headquarters.

4.1 Pretest and Pilot Test Recruiting and Training

Westat selected experienced data collectors from the Merced TRC and from our at-home interviewing staff for the pretest and the pilot. For the pretest, data collectors were trained informally on paper and pencil versions of the CHIS 2013-2014 draft questionnaire. Training was conducted by members of the CHIS team. Since the pretest respondents were recruited by a California market research firm, there was no need to train the pretest data collectors on contacting and callback procedures.

The pilot test was conducted by experienced data collectors working from their homes nationwide; all had interviewed for CHIS 2011-2012. The training program was developed and implemented by the TRC Operations Manager, and anticipated the training for the main study. CATI was used for administration of the pilot interviews.

4.2 Recruiting and Training for English-language Telephone Interviewing

The field period for CHIS 2013-2014 began February 5th of 2013, and ran for 23 months ending on January 5, 2015. Westat's data collection plan was to recruit and train a large number of data collectors at the beginning of the field period so that peak production would be reached within the first two weeks of the study. Training sessions were also planned for early August to incorporate bilingual Asian data collectors. Bilingual Spanish-speaking data collectors were trained along with English-only data collectors to conduct interviews in English for a few weeks. Once familiar with the survey, they would be trained in and use the Spanish-language instrument.

4.2.1 Recruiting Telephone Data Collectors

The CHIS 2013-2014 interviewing force was a combination of Westat-experienced and newly-hired data collectors. In all locations some experienced data collectors were available at the beginning of the field period. After all training sessions had been held, 258 Westat data collectors of the 290 invited to training successfully completed all sessions. Of those who completed training, 196 had previous interviewing experience at Westat and 55 were new hires.

Westat recruits new data collectors by posting notices on job-oriented websites. Applicants use an online application process. They then call an interactive voice response (IVR) system which instructs them to leave a voice sample based on a provided script. Selected applicants are then screened via a live phone interview. Successful applicants are invited to complete an online general interviewer training (GIT) using Westat's telephony system and training on CATI system use. Those completing this process are assigned to a project and receive project-specific training.

4.2.2 General Interviewing Techniques

Every new Westat data collector participates in a 4-hour web-based GIT session introducing them to Westat and to survey research. Westat's GIT shows samples of types of survey questions and recording conventions, and teaches basic ways to obtain accurate and complete responses through listening and probing. Trainees learn confidentiality procedures and methods for gaining respondent cooperation. After each lesson, the trainee completes an exercise to demonstrate understanding of the material.

Before assignment to a project each trainee also completes an interactive, computer-assisted tutorial (Teltrain) that is supervised, but self-administered, covering use of Westat's CATI system. Data collectors learn use of the computer, CATI recording functions, and special CATI commands. The protocol includes practice with logging on and using the keyboard (particularly the keys that control the flow of the CATI interview).

The Teltrain session includes a lesson on coding the results of attempted contacts, including ring no answers, non-working numbers, fax machine tones, answering machines, and busy signals. Through headphones, trainees experienced exact replications of common contact situations and learn the proper

coding techniques through presentation and practice. A follow-up test evaluates mastery of the contacts. After scoring 100 percent on this test, a data collector is eligible for project-specific training.

4.2.3 Initial Project-Specific Data Collector Training

Project-specific training for CHIS 2013-2014 included a self-paced web learning session, interactive WebEx sessions led by a trainer, and dyad role plays. Trainings began January 18, 2013. Additional trainings were conducted as needed throughout the data collection period.

Development of the training started with an outline of key concepts to be covered. The agenda and the development of materials followed from this starting point. The appearance of all materials was standardized and presentations were scripted so that all trainers could follow the format and deliver a consistent training program across groups. Much of the protocol for CHIS 2013-2014 was drawn from the previous cycle. The following materials were carried over, adapted, or newly prepared:

- Training Program Agenda. The agenda identified the format of the sessions (self-tutorial materials, WebEx items and dyad role plays.), the topics to be covered, and the length of time the session was scheduled to take (see Exhibit 4-1). This document was used during training by the lead trainer and others assisting in training to see what materials were used by the lead trainer as well as the data collector during each session.

- Lead Trainer's Manual. This manual contained all material presented by the lead trainer in a WebEx session. It included interview interactive scripts, contact procedures and refusal avoidance suggestions.

- Website Materials. These self-tutorial, web based materials were provided to data collectors 2-5 days prior to their scheduled WebEx training. It included the simulated adult interview, the reference materials, the CHIS 2013-2014 advance letter, background information on the study, questions and answers to common respondent concerns, website information from http://www.californiahealthsurvey.org, pronunciation guide, refusal avoidance lines taken from support materials, instructions on how to create a conference call for distressed respondents and summary quizzes.

- Dyad Role-Play Scripts. Role plays were produced that focused on contact procedures and provided practice on the administration of the adult, child and adolescent extended interviews.

- Reference Materials. The training web site provided the following documents for data collector reference.

- A link to an introductory video narrated by Dr. Ninez Ponce, CHIS Principal Investigator.

- Key Concepts Sheet.
- The CHIS 2013-2014 Advance Letter.
- Background information on the study.
- An Audio-Visual Pronunciation Guide.
- 800#/Website Reference Card.
- Coding of Recordings/Messages Guide.
- Protocol for Referring Distressed Adolescent Respondents.
- News article about the impact of CHIS.
- Additional website information.
- Interactive of a full adult interview simulating production.
- A gaining cooperation presentation.
- Refusal Avoidance statements from experienced data collectors.
- Problem Sheet instructions.
- Tips for successful interviewing.
- Review of Personal Identifying Information – practices and assessment.
- Two Assessment Exercises of the training materials.

Self-paced web learning session. This initial three and a half hours of project-specific training started with presentation of background information, review of the advance letter, and a visit to www.californiahealthsurvey.org and http://chis.ucla.edu. These sites offer answers to commonly asked questions and provide numerous examples of how CHIS data are used. Trainees also completed a simulated, standardized adult interview incorporating auditory and text notes explaining important points. Other materials in this self-paced training included the answers to common respondent questions, refusal avoidance techniques, function key use, key concepts and definitions, a visual and auditory pronunciation guide, and instructions on how to create a conference call with the suicide hot line for distressed respondents. Also included was a review of how calling cell phone sample cases and surname sample cases differed from RDD landline calls. The self-training concluded with two summary quizzes.

WebEx sessions. After successful completion of the distance learning and summary quizzes, data collectors attended a three-hour WebEx session. Data collectors logged into an assigned session by computer and telephone; they participated in a conference call while viewing a shared training screen on their own computers. WebEx sessions were limited to no more than 25 trainees.

The WebEx training team for each group consisted of a lead trainer and a group leader. The lead trainer was responsible for the overall presentation and the pace of training. The group leader was responsible for taking attendance, troubleshooting, and trainee evaluation. The agenda for the WebEx session is presented in Exhibit 4-1.

Exhibit 4-1. Agenda for English-Language WebEx Data Collector Training, CHIS 2013-2014

Session	Length	Topic	Trainee Materials
1	5 minutes	Introduction	
2	10 minutes	Questions about self-tutorial	Personal Computer, Reference materials
3	85 minutes	Screener Interactives	Personal computer, Q & A's, Refusal Avoidance Sheet
4	10 minutes	Sensitivity Session	Personal computer,
5	55 minutes	Contact Procedures	Personal computer, Q & A's, Refusal Avoidance Sheet
7	10 minutes	Gaining Cooperation	PC
8	5 minutes	Questions & Answers	Role Play Discussion

This session began by addressing questions raised by the distance learning, then moved to a series of interactive screener exercises in which the trainees acted as data collectors and the instructor acted as respondent. In addition, the trainer explained or defined concepts pertinent to the CHIS interview. The screener and contact procedure interactives presented situations requiring specialized situations such as a selected adult being incapacitated or a language other than English being spoken. Next was a discussion of how to gain cooperation with refusal avoidance suggestions presented and shared. A sensitivity session reviewed how to deal with questions that respondents might be uncomfortable answering. Trainers then described how to handle contacts resulting in something other than a completed interview.

Dyad Role Plays. After completing the WebEx training, all data collectors participated in dyad role plays, taking turns as data collector and respondent, with the latter using a prepared script. Data collectors reversed roles after the end of each role play. Each data collector participated in several dyads.

Group leaders and other training team members monitored the role plays and evaluated data collector performance. Only after acceptable role play performance were data collectors assigned to live calling.

Table 4-1 shows the timing of project-specific data collector training sessions for CHIS 2013-2014. The first WebEx trainings beginning January 18, 2013, were held simultaneously in order to train more data collectors in a smaller group setting allowing for greater individual attention. Additional trainings were held primarily in the winter and extending into the spring.

Table 4-1. CHIS 2013-2014 data collector training dates, and number of data collectors trained

Training Dates	Data Collectors Invited to Training	Data Collectors Completing Training
2013		
1/18/13	10	10
1/18/13	22	21
1/20/13	22	22
1/20/13	22	21
1/22/13	23	23
1/22/13	20	18
1/23/13	11	11
4/26/13	16	13
5/9/13	16	14
5/30/13	14	8
6/24/13	3	2
10/26/13	10	9
10/26/13	10	10
11/16/13	14	14
12/2/13	6	3
12/20/13	2	1
2014	--	--
6/7/14	12	9
6/17/14	18	13
8/9/14	8	7
10/28/14	9	9
11/12/14	22	20
Total data collectors completing	**290**	**258**

4.2.4 Follow-up and Specialized Data Collector Training

After data collectors started live interviewing, they received supplemental training on specific questionnaire issues that arose after training, and additional training in gaining respondent cooperation.

These trainings occurred through WebEx sessions and conference calls. Also, data collectors who demonstrated relevant skills were selected to receive additional training in handling special cases, including interviews with proxy respondents for sampled adults who were unable to complete an interview due to a physical or mental condition.

Refusal Avoidance and Conversion. Within two weeks of the onset of CHIS production, Westat scheduled abbreviated small group conference call training sessions to improve data collector skills in answering respondent questions and objections with immediate and informative responses. Role playing with typical scenarios was practiced. Ideas were shared regarding what was deemed to be successful more often. The purpose of this training included an attempt to improve the screener cooperation rate. A subset of these data collectors who were particularly adept with gaining cooperation were subsequently trained and assigned to work as converters for screener and extended level refusals. Refusal conversion focuses on attempts to persuade respondents who have previously refused to participate. The refusal conversion training sessions lasted between one to two hours and covered specific conversion strategies. They explored common reasons for refusals, reasons specific to CHIS 2013-2014, and the importance of addressing respondent concerns with appropriate responses.

Training for surname list sample interviewing. Screening of Korean and Vietnamese surname sample cases was at first done primarily by the English-speaking data collectors working the landline sample, who had the capability of moving cases into a specific language group if necessary. This approach allowed the Asian bilingual data collectors to concentrate more fully on cases already identified as specific to their language. Refusal cases from the surname sample were called for an initial conversion attempt by Vietnamese or Korean speaking data collectors who had the capability to move the cases to another language if needed. No extra training was required for the Japanese list sample. All interviewers were informed that the sample would be fielded and that the eligibility question would be added to the screener.

Training for proxy interviewing. For cases where a sampled adult was unable to be interviewed for physical or mental health reasons, the data collector attempted to identify an appropriate proxy respondent. The proxy had to be an adult member of the household who knew about the sampled adult's health and health care. The CATI questionnaire was modified as described in Chapter 2 to accommodate proxy interviews. Selected data collectors were trained to conduct the proxy interviews. Training comprised discussion of how to contact households identified as candidates for proxy interviews, determining whether a proxy would be appropriate, and identifying a respondent, review of the changes to

the questionnaire for proxy interviews, and several practice interviews in CATI. Cases identified as eligible for proxy interviews were grouped in a separate work class and delivered by the CATI system only to data collectors trained for proxy interviewing.

4.3 Training for Spanish-language Interviewing

All Spanish bilingual data collectors were trained according to the protocol described in Section 4.2, in sessions that included both English-only and bilingual data collectors. Spanish interviewing was conducted at all TRCs and also by bilingual Spanish speakers working from home. After completing the English-language CHIS-specific training, Spanish bilingual data collectors initially worked in English. Once the Spanish-language instrument was ready, bilingual data collectors were given practice using it before proceeding to live interviewing in Spanish. The training was monitored by Spanish-speaking supervisors. Since the English and Spanish instruments were so similar, there were few substantive or operational issues to work through during training.

4.4 Training for Asian-language Interviewing

Bilingual and multilingual staff conducted CHIS interviews in Vietnamese, Mandarin, Cantonese, Tagalog and Korean. The training for Asian-language data collectors was conducted in multiple stages. Data collectors were first trained to administer English interviews. All trainees were hired on the premise that some of their interviewing time would be spent conducting English interviews. Asian-language-speaking households were identified in limited quantities, so in order to make their interviewing time efficient, data collectors had to demonstrate an ability to conduct English interviews. Additionally, it was not uncommon to conduct the adult interview in an Asian language followed by an adolescent interview where the preferred language was English.

Chinese and Korean characters, and Vietnamese accented text, were displayed in CATI in the Asian languages. Data collector instructions and help text remained in English. Asian data collectors attended the following training sessions as appropriate:

- GIT;
- Teltrain;
- CHIS Web-based Self-tutorial in English;

- CHIS WebEx training in English;
- CHIS training in specific Asian languages;
- Dyad role plays – both in the Asian languages and in English; and
- Live interviewing.

Vietnamese, Mandarin, Cantonese, and Korean Training Assistance. Vietnamese, Mandarin, Cantonese and Korean speaking staff were drawn from various areas of Westat to assist in the creation of training materials. Data collectors were provided with translated copies of the advance letter and the Commonly Asked Questions and Answers. Vietnamese, Cantonese, Mandarin and Korean dyads were developed similar to the English dyads but with the Asian text shown for the respondent to follow on the screenshots. Asian supervisors either served as respondents for Asian speaking data collectors or monitored the Asian dyads to assess readiness for data collection.

Dyad Role Plays. Once the instrument had been thoroughly reviewed, the trainees were given the opportunity to practice using role plays. The trainee acting the part of the data collector would use the CATI instrument to administer the CHIS questionnaire in Vietnamese, Mandarin, Cantonese or Korean. The trainee acting the part of the respondent would use the scripted role play book or a role play document posted on the training website to respond to the data collector's questions. The role plays presented the screenshots to a respondent in the various Asian languages. An adolescent role play interview to be conducted in English was included in the set in an attempt to simulate a common real life scenario and provided additional English practice.

At any point in the interviewing process, data collectors had the capability to change the displayed text on a screen from English to an Asian language or vice versa. Additionally, data collectors could move a case to any of the other language work classes using a control key sequence if it was appropriate to have an interview done by a bilingual data collector speaking another language. Practice on this capability was included in the language specific trainings.

Live Interviewing. After training and practice, the data collectors began interviewing in Vietnamese, Mandarin, Cantonese, Tagalog and Korean. Having a CATI instrument with Mandarin, Cantonese, Korean, Tagalog and Vietnamese translations including diacritical marks, provided a streamlined and greatly simplified interviewing process. Since all cases were contained in the CATI scheduler, case control was easily managed with cases designated for a specific language only being delivered to data collectors trained in interviewing in that Asian language.

Bilingual Monitoring. Asian speaking Westat supervisors were used to measure interviewing quality, and to provide feedback to individual data collectors. Specific monitoring forms and guidelines describing what to look and listen for were utilized. After a data collector had completed a monitoring session, the TRC supervisor would provide a review of the monitoring sheets completed. The monitoring information would further be used to follow-up with the data collector who had been monitored and review strengths and weaknesses exhibited. Supervisors fluent in Vietnamese, Korean, Mandarin and Cantonese working at the Rockville TRC in addition to bilingual supervisors working from home monitored Asian language data collectors.

4.5 Data Collector Performance

Data collector performance was evaluated through examination of cooperation rate reports and monitoring of live interviewing for the skills needed for effective interviewing. Ten percent of interviewing time was monitored throughout the data collection period. Supervisors monitored data collectors for a minimum of ten minutes at a time. The monitoring was followed by a one-on-one coaching session to review techniques that were or were not working in an effort to either reinforce exemplified skills or provide feedback for improving interviewing style. Data collectors were monitored by TRC supervisors and training staff to determine if the following skills were demonstrated: use of a conversational style; reading fluency; ability to answer respondent questions quickly, accurately, and completely; ability to gain respondent cooperation; reading screens verbatim; and using neutral probes. Data collectors whose performance fell below acceptable levels attended additional coaching sessions with an emphasis on gaining respondent cooperation and answering respondent questions.

The following techniques were used to identify and reinforce behaviors effective in gaining respondent cooperation:

- The Project Coordinator published a weekly priority list for team leaders and mentors. It included lists of data collectors by name who were targeted for heavy monitoring because of recent change in status such as cooperation rates lower than average; evaluation for specialized tasks and refusal conversion. The issues that were to be focused on during monitoring were also provided, such as the data collector's ability to answer respondent questions/concerns quickly and accurately, and read all screens (in particular the screener introduction) at the appropriate pace and tempo for the respondent; read screens verbatim; and probe neutrally and appropriately. For refusal data collectors, the emphasis was on the ability to engage respondents and use appropriate techniques.

- Supervisors provided feedback to data collectors on an individual basis after monitoring sheets had been completed. This included feedback on positive aspects of the interview and suggestions for improving performance.

- Project Coordinators sent reports regarding data collector performance to the operations manager. Reports identified strengths and weaknesses as reported in monitoring sheets. They also provided input on data collectors recommended for special tasks.

- Project coordinator reports were used in combination with cooperation rates to identify data collectors for refusal conversion and other specialized tasks.

Staff from UCLA and PHI also monitored interviews in CHIS 2013-2014. While these monitoring sessions were primarily focused on assessment of the instruments, occasionally interviewer performance issues would arise. The latter were handled by Westat supervisors who monitored along with the UCLA/PHI staff as described above. Some issues with the instruments could not be solved by changes to the CATI program; in such situations, data collectors were advised of the issues and how to deal with them as described in Chapter 7.

5. SCHEDULING AND RELEASE OF WORK

This chapter describes activities related to initiating data collection, including preparation and release of sampled telephone numbers, how the sample was organized in the CATI system, mailing advance letters, and handling inbound calls to Westat's CHIS 1-800 number. Before releasing sampled telephone numbers for interviewing, Westat arranged for purging out-of-scope telephone numbers for the landline and surname samples.

Data collection for the statewide landline and cell samples began February 5, 2013, and ended January 5, 2015. The Korean and Vietnamese list samples were called beginning July 29, 2013, through January 5, 2015; the Japanese list sample was fielded between September 23 and January 5, 2015. The mail screener for the Sonoma ABS started April 30, 2014; telephone calls to ABS sample cases began May 24, 2014, and concluded September 21, 2014.

5.1 Sample Preparation

5.1.1 Landline Sample

The landline sample for CHIS 2013-2014 was selected and released to CATI in much the same way as in previous CHIS cycles. *CHIS 2013-2014 Methodology Series: Report 1 – Sample Design* describes the selection process in detail; it is summarized here to demonstrate how the sample was fielded.

A total of 1,037,840 telephone numbers was selected for the landline sample. Table 5-1 shows the number and proportion of sampled telephone numbers in each landline RDD stratum and the surname supplemental samples that were excluded because they were identified as nonworking or business numbers. See *CHIS 2013-2014 Methodology Series: Report 1 – Sample Design* for more details on these procedures. Overall, 8.5 percent of sampled numbers were purged as businesses, as compared with 7.7 percent in 2011-2012. The proportion of landline numbers purged as business ranged from a low of 6.2 percent in Yuba County strata to a high of 10.1 percent in Nevada and Mendocino Counties. Another 56.8 percent of landline numbers were identified as nonworking by automated dialing and detection of a tri-tone sound, an increase of about 9 points over 2011-2012. The low was 48.6 percent in San Bernardino County and the high 63.7 percent in Monterey.

Table 5-1 also shows the proportion of non-purged numbers (those eligible to be called by Westat interviewers) for which addresses were obtained in reverse directory matches. Overall, 50.7 percent of numbers yielded addresses in the matches performed with multiple vendors, up 2 points from 2011-2012. Sutter County had the highest address rate at 63.7 percent, and the North Balance stratum the lowest at 42.1 percent.

An advance letter signed by the CHIS Principal Investigator was sent for all sampled landline and list sample telephone numbers for which an address was available from reverse directory services. The advance letter (shown in Appendix B in English only) used for the RDD samples was printed on CHIS letterhead in English, Spanish, Chinese, Korean, and Vietnamese. Once Tagalog was added to the interview languages, the letter was revised to include a Tagalog version For the Sonoma ABS this advance letter in English and Spanish was sent to households with matched telephone numbers; a somewhat different letter was included with the mail screener for non-matched addresses. For the Korean and Vietnamese supplemental samples, the letter was printed in English and the appropriate language. A different letter, also signed by the CHIS Principal Investigator, was sent after initial refusals for the screening interview (for cases designated as "conversion"), adult interview, or permission to interview a selected adolescent, if an address had been obtained for the sampled number. Versions of this letter were printed in English and one other language, which was Spanish for all cases except those in the Korean/Vietnamese supplemental sample or who had been identified as speaking one of the CHIS Asian languages.

5.1.2 Supplemental List Samples

Supplemental samples were fielded for CHIS 2013-2014 to increase the yield of interviews with persons of Korean, Vietnamese, and Japanese heritage. These samples were based on surname lists (and for Japanese, a first-name list) and published telephone numbers. The surname samples had less than 1 percent of numbers purged as businesses and from 0 to 19.5 percent of numbers purged as nonworking; more than 80 percent of the remainder across the 3 samples had addresses.

Table 5-1. Number and percentage of telephone numbers removed from sample before calling by reason, and number and proportion of numbers available to be called for which addresses were obtained

			Removed—Business		Removed—Nonworking		Sample Available to Call			
Stratum	Description	Sampled	Number	Percentage	Number	Percentage	Total	Address	No Address	% w/Addr.
1	Los Angeles	222,343	20,123	9.1%	122,881	55.3%	79,339	37,233	42,106	46.9%
2	San Diego	120,798	10,731	8.9%	70,337	58.2%	39,730	18,256	21,474	46.0%
3	Orange	80,174	7,478	9.3%	47,454	59.2%	25,242	11,584	13,658	45.9%
4	Santa Clara	46,346	3,580	7.7%	29,060	62.7%	13,706	7,172	6,534	52.3%
5	San Bernardino	35,402	3,020	8.5%	17,216	48.6%	15,166	7,290	7,876	48.1%
6	Riverside	36,672	3,040	8.3%	18,913	51.6%	14,719	7,824	6,895	53.2%
7	Alameda	33,730	2,470	7.3%	19,778	58.6%	11,482	5,804	5,678	50.5%
8	Sacramento	28,608	2,139	7.5%	16,720	58.4%	9,749	4,718	5,031	48.4%
9	Contra Costa	21,614	1,563	7.2%	12,926	59.8%	7,125	4,255	2,870	59.7%
10	Fresno	16,456	1,319	8.0%	10,137	61.6%	5,000	2,840	2,160	56.8%
11	San Francisco	27,440	2,130	7.8%	17,331	63.2%	7,979	4,122	3,857	51.7%
12	Ventura	16,410	1,529	9.3%	8,070	49.2%	6,811	3,131	3,680	46.0%
13	San Mateo	17,416	1,304	7.5%	10,769	61.8%	5,343	3,019	2,324	56.5%
14	Kern	10,652	819	7.7%	6,128	57.5%	3,705	1,994	1,711	53.8%
15	San Joaquin	11,240	929	8.3%	5,741	51.1%	4,570	2,481	2,089	54.3%
16	Sonoma	9,519	847	8.9%	5,245	55.1%	3,427	2,070	1,357	60.4%
17	Stanislaus	12,345	1,081	8.8%	7,338	59.4%	3,926	2,403	1,523	61.2%
18	Santa Barbara	11,790	1,116	9.5%	6,389	54.2%	4,285	1,934	2,351	45.1%
19	Solano	12,811	925	7.2%	6,950	54.3%	4,936	2,939	1,997	59.5%
20	Tulare	10,520	837	8.0%	5,589	53.1%	4,094	2,128	1,966	52.0%
21	Santa Cruz	11,194	875	7.8%	6,542	58.4%	3,777	2,110	1,667	55.9%
22	Marin	11,853	1,037	8.7%	6,385	53.9%	4,431	2,390	2,041	53.9%
23	San Luis Obispo	9,469	948	10.0%	5,468	57.7%	3,053	1,929	1,124	63.2%
24	Placer	11,048	978	8.9%	5,576	50.5%	4,494	2,123	2,371	47.2%
25	Merced	10,958	828	7.6%	6,541	59.7%	3,589	2,098	1,491	58.5%
26	Butte	6,210	622	10.0%	3,316	53.4%	2,272	1,409	863	62.0%
27	Shasta	6,206	598	9.6%	3,336	53.8%	2,272	1,359	913	59.8%
28	Yolo	10,004	858	8.6%	5,761	57.6%	3,385	1,788	1,597	52.8%
29	El Dorado	9,661	745	7.7%	5,398	55.9%	3,518	2,162	1,356	61.5%
30	Imperial	8,582	788	9.2%	4,534	52.8%	3,260	1,786	1,474	54.8%

Table 5-1. Number and percentage of telephone numbers removed from sample before calling by reason, and number and proportion of numbers called for which addresses were obtained (continued)

			Removed—Business		Removed—Nonworking		Sample Available to Call			
Stratum	Description	Sampled	Number	Percentage	Number	Percentage	Total	Address	No Address	% w/Addr.
31	Napa	8,582	788	9.2%	4,534	52.8%	3,260	1,786	1,474	54.8%
32	Kings	11,976	1,203	10.0%	6,480	54.1%	4,293	2,540	1,753	59.2%
33	Madera	13,083	1,040	7.9%	7,415	56.7%	4,628	2,660	1,968	57.5%
34	Monterey	10,215	802	7.9%	5,743	56.2%	3,670	1,914	1,756	52.2%
35	Humboldt	14,095	1,150	8.2%	8,979	63.7%	3,966	2,207	1,759	55.6%
36	Nevada	6,894	540	7.8%	3,986	57.8%	2,368	1,397	971	59.0%
37	Mendocino	8,503	858	10.1%	4,403	51.8%	3,242	2,020	1,222	62.3%
38	Sutter	7,811	790	10.1%	4,318	55.3%	2,703	1,610	1,093	59.6%
39	Yuba	9,397	921	9.8%	4,993	53.1%	3,483	2,220	1,263	63.7%
40	Lake	10,279	637	6.2%	6,509	63.3%	3,133	1,862	1,271	59.4%
41	San Benito	7,995	563	7.0%	4,843	60.6%	2,589	1,561	1,028	60.3%
42	Tehama, Glen, Colusa	16,962	1,391	8.2%	10,020	59.1%	5,551	3,089	2,462	55.6%
43	North Balance	6,843	629	9.2%	3,911	57.2%	2,303	1,326	977	57.6%
44	Sierra Balance	16,949	1,214	7.2%	9,965	58.8%	5,770	2,427	3,343	42.1%
Total	**Landline**	1,037,840	88,398	8.5%	589,013	56.8%	360,429	182,875	177,554	50.7%
	Korean Surname	4,000	23	0.6%	781	19.5%	3196	2476	720	77.5%
	Vietnamese Surname	1,600	3	0.2%	301	18.8%	1296	1040	256	80.2%
	Japanese List	3,109	0	0.0%	0	0.0%	3109	2729	380	87.8%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey.

5.1.3 Cell Sample

CHIS 2013-2014 included a sample of telephone numbers assigned to cellular service, as was done in the previous 3 CHIS cycles. As in 2009 and 2011-2012, adults were sampled in all eligible households identified from this sample, and children and adolescents were sampled as well when present in the household. The sample was selected from banks of numbers allocated to cellular service, and also included numbers from the landline sample that were identified as belonging to cell phones. The cell sample included 93,619 numbers from cellular banks and 10,576 identified from the landline. The latter number is more than a threefold increase (as a percentage of the overall landline sample) over what was identified from the landline sample in 2011-2012. Address-matching for cell numbers is still in the development stage, and purging for non-working and business numbers using the sample vendor's methods is not permitted.

5.2 Sample Management

All sampled telephone numbers were divided into "release groups," or random subsets of the overall samples, separately by sample type (landline with address, landline no address, list). Those with addresses were fielded in such a way that the pre-notification letters would be received within a few days of the initial telephone contact attempt. Both cases with and without addresses were generally given the same priority within the CATI scheduler.

Within the CATI system, active and completed cases were allocated into work classes, which are divisions of the sample that are to be worked by interviewers with special training or skills. Westat's CATI scheduler treats each work class as an independent sample. Work classes were given priority order for delivery of work to qualified interviewers. For example, a refusal converter would always be delivered a refusal work class case if one was available before being given a case from the default work class. The CHIS 2013-2014 work classes were defined as follows:

- **Default—**All RDD and surname list cases on initial release, and continuing RDD and surname list sample cases that had not been moved to another work class; available to all interviewers;

- **Refusal—**Any RDD sample case that encountered a refusal at any point in the interview process, whether at the screener or any extended interview level; available only to interviewers selected to work and trained as refusal converters. There were five different refusal work classes: screener initial refusal, extended refusal (other than adolescent and

adolescent permission), adolescent refusal, adolescent permission refusal, and second refusals of any type;

- **Hearing/Speech—**Any RDD or county supplemental sample case in which a respondent was determined to have difficulty communicating because of hearing or speech impairment;

- **Language (Spanish)—**Any case determined or suspected to require a Spanish bilingual interviewer to re-contact; available only to the appropriate bilingual interviewers; there was also a refusal work class for Spanish-language cases;

- **Language (Mandarin, Cantonese, Vietnamese, Korean, and Tagalog)—**All RDD cases determined or suspected to require a Mandarin, Cantonese, Vietnamese, Korean, or Tagalog bilingual interviewer to re-contact; available only to the appropriate bilingual interviewers;

- **Language (Other)—**Any RDD or county supplemental sample case determined or suspected to require contact in a language other than Spanish, Mandarin, Cantonese, Korean, Vietnamese, or Tagalog; available to bilingual interviewers for verification of language spoken by the respondent; and

- **Proxy Interviews—**For sampled adults who could not complete the interview because of poor health or physical limitations, selected interviewers attempted to complete an interview with a proxy respondent in the household.

During the field period, Westat data collection and statistical staff monitored the yield (number of completed interviews) by stratum. As the number of completed interviews neared the targets, several actions were possible. Some cases in each stratum were held in reserve; in strata that appeared to be falling short of the targets, additional sample was released for calling. The monitoring process was repeated several times, re-calibrating the fielded sample as more information on progress to date became available. A few strata required purchase of additional sample because of unexpectedly low residency and/or response rates, or because the target number of completed interviews was increased. See *CHIS 2013-2014 Methodology Series: Report 1 – Sample Design* for a discussion of meeting the target numbers of completed adult and child interviews by stratum.

5.3 Inbound Toll-Free Calls

Westat maintained a toll-free number for respondents to call with questions about the survey. The toll-free line was staffed weekdays from 9 a.m. to midnight Eastern Time, Saturdays from 10 a.m. – 6 p.m. Eastern Time, and Sundays from 2 p.m. – 10 p.m. Eastern Time. In the event an operator was not

available to answer the call or for calls made outside of the above time frames, the caller was directed to a voicemail message specific to CHIS.

Respondents had access to the toll-free number from a variety of sources. The toll-free number was included on all advance letters with an invitation for respondents with questions to call. The number was also placed on all refusal conversion letters sent to respondents who had earlier refused to participate. Interviewers provided the number throughout the data collection period to respondents who requested additional information.

Between the start of data collection in February 2013 and the end in January 2015, 19,719 calls were made to the toll-free number, many more than in 2011-2012. Some of these were calling to refuse participation or to report that the sampled adult was too ill to participate. The vast majority were simply to verify the legitimacy of the study or ask general questions with no further action required.

UCLA also maintained a separate toll-free number during the field period, which was available on the CHIS web site. Westat interviewers provided the UCLA number to respondents who specifically wanted to talk with someone at UCLA, and in other cases to help persuade the person to do the interview. There was continual back-and-forth contact between UCLA and Westat in response to these calls. Westat followed up on any calls complaining about an interviewer's behavior by identifying the interviewer and reviewing the case with her or him. Some of these exchanges involved cell sample respondents who claimed not to have received promised incentive payments. Again, Westat followed up as needed to resolve these issues.

6. DATA COLLECTION RESULTS

This chapter describes the results of the CHIS 2013-2014 data collection, first presenting detailed tables of outcomes at each interview level, and then discussing procedures to increase response once various interim outcomes were encountered. The chapter discusses separate strategies for answering machines, "ring no answers," callbacks, language problems, and refusals. It also describes two data collection experiments and several other special topics.

6.1 Detailed Results by Outcome

Interviewers assign a result code to each attempt to reach a sampled telephone number. The telephone result codes are divided into interim (numeric) and final (alpha) codes. During data collection, each case is tracked according to its most recent result code. Cases with interim codes are typically managed automatically by the scheduler according to preset parameters, such as how to work through "time slices" (see Section 6.3) and how long to wait before re-contacting an initial refusal. Problem cases (result codes beginning with "8") require manual intervention before they are re-fielded.

Cases assigned certain final result codes are often re-fielded, but these actions require specific decisions and return of cases to the active scheduler. For example, cases with no contact after seven calls were given a final status of "NA"; if the only contact over seven calls was an answering matching, the code "NM" was assigned. Groups of NA and NM cases were periodically re-fielded for an additional set of seven calls each. Once a case resulted in some human contact, it was no longer eligible for a final NA or NM code.

Initial refusals (interim codes beginning with "2") were moved to the refusal work class and generally not called again for 2 weeks. Initial refusals that were considered hostile or abusive received a final result code of "RB." If a case received a second refusal, it was also coded as RB. Most of these RBs were re-fielded for a third attempt. If a third refusal was encountered, the case was coded "R3."

At the end of the field period, all remaining interim cases were assigned final result codes according to their call history. Many cases for which some contact had been made received codes beginning with "M" (maximum calls), with the actual designation depending on what else had happened during their call history.

Tables 6-1 and 6-2, 6-4a and b, 6-5, and 6-8 present the complete final result code dispositions, by sample, for the screener, adult, child, and adolescent interviews, respectively. The following sections discuss these results by instrument for the landline, cell, and list samples only. Results for the Sonoma ABS sample are presented in Section 6.9.

6.1.1 Screening Interview

Landline and Cell Samples. As shown in Table 6-1, more than 65 percent of sampled landline telephone numbers were determined by the sample vendor to be out of scope, either because they were nonresidential or nonworking. This was about 10 percentage points more than in CHIS 2011-2012. (See Table 5-1 for more detail.) All remaining landline numbers and all cell numbers were made available for the Westat TRC to call. More than 6,400 landline numbers and 500 cell numbers were loaded into CATI but never called because they were not needed for the stratum targets. Because each sampled telephone number was randomly assigned a sequence number within stratum and the cases were fielded in sequential order, for practical purposes the cases not called may be considered not to have been a part of the sample. Of the sampled landline numbers Westat called, 23.9 percent also proved to be non-working or businesses. In contrast, about 28 percent of the cell sample numbers were identified as out-of-scope, all through interviewer calls, down about 10 points from CHIS 2011-2012. The trend in assignment of telephone numbers continues to be a decreasing proportion of available landline numbers and an increasing proportion of cell numbers in residential use.

Eligibility criteria for the landline sample were quite limited; only 300 cases were determined to be ineligible during the screener, most because the number was associated with a household outside of California. For the cell sample, sampled numbers were ineligible if the number belonged to someone under 18 years of age, as well as if the owner of the number resided outside of California. The eligibility rate for the cell sample (completed screeners divided by that number plus ineligibles) was 64.0 percent, down from 67.7 percent in 2011-2012; the increase in ineligible numbers was distributed proportionately between under-18 and out-of-state owners.

The completion rate, or sample yield, is simply the ratio of completed screeners for eligible households to the total sample fielded, excluding numbers never called. Since the denominator includes out-of-scope and ineligible cases, the completion rate is considerably lower than the response rate (see *CHIS 2013-2014 Methodology Series: Report 4 — Response Rates*), but is useful because it shows what sample size is needed to achieve a particular number of completed cases. The completion rate was 17.6

percent of dialed numbers for the landline sample, as compared with 19.4 percent in 2011-2012. The completion rate for the cell sample was 13.2 percent, the same as the 2011-2012 rate.

The cooperation rate, shown at the bottom of Table 6-1, was 47.6 percent for the landline sample, about 2.5 points lower than in 2011-2012, and 44.0 percent for the cell sample, down just 0.2 points from the previous cycle. The difference between the landline and cell cooperation rates continues to decline; the 3.6 points gap in 2013-2014 compares with about 6 points in 2011-2012 and about 18 points in 2009. On the other hand, noncontact is an increasing problem with the cell sample. Twenty-six percent of cell numbers called that were not identified as non-working had final noncontact results, up 3 points from the previous cycle. The corresponding proportion for the landline sample is 44 percent, also a 3 point increase since the previous cycle.

List Samples. As described in Chapter 5, three list samples were fielded in CHIS 2013-2014: Korean, Vietnamese, and Japanese surname samples. Table 6-2 describes the performance of these samples at the screener level. Sample performance varied considerably by type. The overall yield (percentage of numbers called resulting a completed screener with an eligible household) was much higher for the Vietnamese surname sample (18.9 percent) than for either of the other lists. The biggest difference across the surname samples was the eligibility rate, which was more than twice as high for the Vietnamese list as for the Korean list; eligibility with the Japanese list was about midway between the other two. The cooperation rate for the Vietnamese list was comparable to those for the cell and landline samples; the cooperation rates for the Japanese and Korean lists were a bit lower.

Landline Sample Over Time. The proportion of landline numbers determined to be out of scope has increased over CHIS cycles, in part because of changes in the sample design. The proportion of out-of-scope cases identified by the sample vendor (NB/NT) as compared with the proportion identified by interviewers (NR/NW) has also grown larger over time as the vendor has improved its procedures for identifying business and nonworking numbers. However, the 2013-2014 rate of vendor-purged numbers was up only slightly from 2011-2012, and the proportion of interviewer-identified out-of-scope numbers stayed the same.

Table 6-1. Detailed results of CHIS 2013-2014 data collection, screening interview, landline and cell samples

	LANDLINE			CELL		
		Percentage			Percentage	
	Number	Within category	of Total	Number	Within category	of Total
TOTAL NUMBERS SAMPLED	**1,037,840**			**104,195**		
Out of Scope – Vendor Purge						
NB – NON-RESIDENTIAL, BUSINESS PURGE	88,398	13.0%		0	0.0%	
NT – NON-WORKING, TRITONE MATCH	589,013	87.0%		0	0.0%	
Total Out of Scope – Vendor Purge	**677,411**		**65.3%**	**0**		**0.0%**
NUMBERS AVAILABLE TO BE CALLED	360,429			104,195		
NEVER CALLED	6,431			515		
TOTAL NUMBERS DIALED	**353,998**			**103,680**		
CS – COMPLETED SCREENER (C)	**62,275**		**17.6%**	**14,264**		**13.2%**
Ineligible(I)						
IF – INELIGIBLE SCREENER; >9 UNRELATED ADULTS	3	1.0%		9	0.1%	
IO – INELIGIBLE OUT OF STATE	206	68.7%		2,326	29.0%	
IP – INELIGIBLE CELLULAR	0	0.0%		5,673	70.7%	
IS – INELIGIBLE SCREENER; NO ELIGIBLE ADULTS	5	1.7%		0	0.0%	
IZ – INELIGIBLE SCREENER; NO ADULTS IN HH	86	28.7%		20	0.2%	
Total Ineligible	**300**		**0.1%**	**8,028**		**7.7%**
Out of Scope						
NR – NON-RESIDENTIAL PHONE NUMBER	17,660	20.9%		2,568	9.0%	
NW – NON-WORKING PHONE NUMBER	66,860	79.1%		26,109	91.0%	
OD – DUPLICATE TELEPHONE NUMBER	8	0.0%		8	0.0%	
Total Out of Scope	**84,528**		**23.9%**	**28,685**		**27.7%**
Noncontact						
NA – NO CONTACT MADE AFTER TIME SLICES FILLED	66,987	52.7%		745	3.7%	
NM – NO CONTACT – REACHED ANSWERING MACHINE	60,110	47.3%		19,518	96.3%	
Total Noncontact	**127,097**		**35.9%**	**20,263**		**19.5%**
Refusal (R)						
R3 – FINAL REFUSAL – RECEIVED 3 OR MORE 2S	44,142	64.1%		17,568	61.9%	
RB – FINAL REFUSAL	7,169	10.4%		2,852	10.0%	
RM – REFUSAL REACHED MAXIMUM CALL LIMIT	9,450	13.7%		4,213	14.8%	
RX – RE-RELEASED RB REACHED MAX CALL LIMIT	8,084	11.7%		3,756	13.2%	
Total Refusal	**68,845**		**19.4%**	**28,389**		**27.4%**
Other Nonresponse						
LH – HEARING AND SPEECH PROBLEM	409	3.7%		17	0.4%	
LM – LANGUAGE PROBLEM REACHED MAX CALLS	626	5.7%		177	4.4%	
LP – FINAL LANGUAGE PROBLEM	2264	20.7%		347	8.6%	
MC – MAXIMUM CALLS	5155	47.1%		2,582	63.7%	
ML – MAXIMUM CALLS – LANGUAGE PROB IN HH	2010	18.4%		893	22.0%	
MR -- MAXIMUM CALLS, REFUSAL IN HH	47	0.4%		0	0.0%	
NO – OTHER NON-RESPONSE	442	4.0%		35	0.9%	
Total Other Nonresponse	**10,953**		**3.1%**	**4,051**		**3.9%**
ELIGIBILITY RATE (C / (C+I))			99.5%			64.0%
COOPERATION RATE ((C+I) / (C+I+R))			47.6%			44.0%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

Table 6-2. Detailed results of CHIS 2013-2014 data collection, list sample screening

	KOREAN SAMPLE		VIETNAMESE SAMPLE		JAPANESE SAMPLE	
	Number	Percentage	Number	Percentage	Number	Percentage
TOTAL NUMBERS SAMPLED	**4,000**		**1,600**		**3,109**	
Out of Scope – Vendor Purge						
NB – NON-RESIDENTIAL, BUSINESS PURGE	23		3		0	
NT – NON-WORKING, TRITONE MATCH	781		301		0	
Total Out of Scope – Vendor Purge	804		304		0	
TOTAL NUMBERS DIALED	**3,196**		**1,296**		**3,109**	
Completed Screener						
C – ELIGIBLE	225	7.0%	245	18.9%	297	9.6%
I – INELIGIBLE	439	13.7%	67	5.2%	247	7.9%
Total Completed Screener	**664**		**312**		**544**	
TOTAL OUT OF SCOPE	463	14.5%	194	15.0%	172	5.5%
TOTAL NONCONTACT	779	24.4%	314	24.2%	1,418	45.6%
Nonresponse						
R – REFUSAL	1,049	32.8%	371	28.6%	751	24.2%
TOTAL LANGUAGE PROBLEM	171	5.4%	78	6.0%	136	4.4%
TOTAL OTHER NONRESPONSE	70	2.2%	27	2.1%	88	2.8%
Total Nonresponse	**1,290**		**476**		**975**	
ELIGIBILTY RATE (C / (C+I))		33.9%		78.5%		54.6%
COOPERATION RATE ((C+I) / (C+I+R))		38.8%		45.7%		42.0%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

Table 6-3a presents a comparison of CHIS 2013-2014 RDD (landline) screener data collection results, excluding out-of-scope and not-called cases, with those of previous cycles. The steady decline in the proportion of the sample resulting in a completed screener continued (the exception being a brief upturn between 2007 and 2009). There was also continued increase in the proportion of numbers with no contact, partially offset by a small decrease in the proportion of numbers with refusal or other nonresponse as the final outcome.

Table 6-3b presents the same information for the cell samples from 2009 to 2013-2014. While there was considerable movement between 2009 and 2011-2012, between the two most recent cycles the trend is very similar to that for the landline sample: a somewhat lower proportion of completed screeners and a higher proportion of no contact results. Comparing the cell and landline samples in the 2013-2014 cycle, the cell sample had considerably more ineligible and refusal outcomes, while the landline sample had a much higher rate of non-contact outcomes.

Table 6-3a. Comparison of landline RDD screener outcomes excluding out-of-scope cases, CHIS 2001 through CHIS 2013-2014

	CHIS 2013-2014	CHIS 2011-2012	CHIS 2009	CHIS 2007	CHIS 2005	CHIS 2003	CHIS 2001
Sample Size	269,470	243,799	295,894	316,785	198,372	153,452	154,639
Completed Screeners	23.1%	25.6%	27.5%	26.8%	35.1%	43.2%	53.0%
Ineligible	0.1%	0.1%	0.1%	<0.05%	<0.05%	0.5%	<0.05%
Noncontact	47.2%	43.9%	38.3%	30.2%	23.6%	19.7%	19.8%
Refusal	25.5%	25.7%	28.5%	36.8%	34.8%	28.7%	20.9%
Other Nonresponse	4.1%	4.7%	5.7%	6.2%	6.5%	7.9%	6.3%

Source: UCLA Center for Health Policy Research, 2001, 2003, 2005, 2007, 2009, 2011-2012, and 2013-2014 California Health Interview Survey

Table 6-3b. Comparison of cell RDD screener outcomes excluding out-of-scope cases, CHIS 2013-2014 versus CHIS 2011-2012 and CHIS 2009

	CHIS 2013-2014	CHIS 2011-2012	CHIS 2009
Sample Size	74,995	77,172	41,633
Completed Screeners	19.0%	21.2%	12.5%
Ineligible	10.7%	10.1%	5.3%
Noncontact	27.0%	23.6%	36.2%
Refusal	37.9%	39.4%	39.3%
Other Nonresponse	5.4%	5.7%	6.8%

Source: UCLA Center for Health Policy Research, 2009, 2011-2012, and 2013-2014 California Health Interview Survey

6.1.2 Adult Extended Interview

The number of completed screeners with eligible households becomes the total number of cases available for the adult extended interview. The results of data collection efforts for the adult extended interview in all samples are shown in Tables 6-4a (landline and cell) and 6-4b (list).

Adult extended interviews were completed for 50.9 percent of the 62,275 landline sample adults, down more than one percentage point from 2011-2012. As in past cycles, the CHIS team decided that it would use data from partially completed adult interviews, so long as the interview went at least through Section K. Fewer than 1 percent of all adult interviews counted as complete were only partially done (CP). The proportion of refusals in the 2013-2014 landline adult sample (29.0 percent) was up almost two points from 2011-2012, and the proportion of other nonresponse (19.7 percent) was down very slightly.

The completion rate for the cell sample, 54.6 percent, was more 4 points higher than for the landline sample, but 1.4 points lower than it was in 2011-2012. The cooperation rate, 65.9 percent, was also higher than that for the landline sample (63.7 percent), despite the fact that no refusal conversion was attempted for the adult extended interview in the cell sample; this rate was down one point from 2011-2012. The $25 promised incentive for an adult interview was undoubtedly a factor in obtaining cooperation from respondents in the cell sample, as was the fact that almost all sampled adults in the cell sample were also the screener respondent.

The completion rates for the Korean (50.7 percent) and Vietnamese (48.6 percent) surname samples were both higher than the combined rate shown in the 2011-2012 report 47 percent). Respondents in the Korean sample were more likely to refuse the adult interview than those in the Vietnamese sample (32 percent versus 20.4 percent), while Vietnamese adults were more likely to be classified as "other nonresponse," which may often be interpreted as passive refusal. Adults sampled from the Japanese sample had a higher completion rate (54.5 percent) than those from either of the other surname samples, and the relative rates of refusal and other nonresponse for the Japanese sample were more like those of the two RDD samples than the other surname samples.

Thus far, the discussion has considered cooperation, eligibility, and completion rates for the screener and adult interviews separately. In fact, it is the combination of these rates that is most instructive in judging performance of the samples. The combined completion (yield) rate provides a basic statistic for sample performance: how many sampled telephone numbers does it take to yield one completed adult interview? Note that the completion rate is a function of the cooperation and eligibility rates, and also includes residency and other sample loss components. The landline sample had a combined yield rate of 3.1 percent, or about 33 sampled telephone numbers per adult completed interview. The 2011-2012 rate was 4.5 percent or about 22 sampled numbers per completed adult interview. The largest part of the decline in yield is attributable to the increase in the proportion of the sample that is identified as business or nonworking before calling. Taking these sampled numbers out of the denominator, the adult yield rate was 11.2 percent in 2013-2014, as compared with 10.1 percent in 2011-2012. For the cell sample, the combined yield rate in 2013-2014 was 7.5 percent, up slightly from 2011-2012. Since there is no purge of business and nonworking cell numbers, this is the operative yield rate. The post-purge yield rate for the Korean list sample was 3.6 percent, for the Vietnamese list 9.2 percent, and for the Japanese list 5.2 percent. The largest contributing factor to the difference in these rates is the difference in screener eligibility rates.

Table 6-4a. Detailed results of CHIS 2013-2014 data collection, adult extended interview for cell and landline samples

	LANDLINE SAMPLE			CELL SAMPLE		
		Percentage			Percentage	
	Number	Within category	of Total	Number	Within category	of Total
Completed Interviews (C)						
CA – COMPLETED ADULT EXTENDED	31,513	99.5%		7,725	99.2%	
CP – ADULT PARTIAL COMPLETE FINISHED	170	0.5%		59	0.8%	
Total Completed Interviews	**31,683**		**50.9%**	**7,784**		**54.6%**
Ineligible (I)						
IA – INELIGIBLE AGE FOR ADULT EXTENDED	9	12.7%		1	1.7%	
IN – INELIGIBLE RACE FOR SURNAME SAMPLE	0	0.0%		0	0.0%	
IO – INELIGIBLE OUT OF STATE	62	87.3%		57	98.3%	
Total Ineligible	**71**		**0.1%**	**58**		**0.4%**
Out of Scope						
OE – OUT OF SCOPE ENUMERATION ERROR	184	99.5%		28	96.6%	
OO – OTHER OUT OF SCOPE	1	0.5%		1	3.4%	
Total Out of Scope	**185**		**0.3%**	**29**		**0.2%**
Refusal (R)						
R1 – FINAL REF, NO CONVERSION ATTEMPT	0	0.0%		3,973	98.5%	
R3 – FINAL REF, 3 OR MORE REFUSALS	27	0.1%		0	0.0%	
RB – FINAL REF	15,596	86.4%		60	1.5%	
RM – REF REACHED MAXIMUM CALL LIMIT	2,438	13.5%		2	0.0%	
Total Refusal	**18,061**		**29.0%**	**4,035**		**28.3%**
Other Nonresponse						
LH – LANG PROBLEM HEARING/SPEECH	415	3.4%		11	0.5%	
LM – LANG PROB REACHED MAX CALLS	117	1.0%		12	0.5%	
LP -- FINAL LANGUAGE PROBLEM	219	1.8%		15	0.6%	
MC – MAXIMUM CALLS	3,404	27.7%		927	39.3%	
ML – MAXIMUM CALLS–SCRNRSLT PROB IN HH	2,665	21.7%		417	17.7%	
MR – MAXIMUM CALLS – REFUSAL IN HH	1,176	9.6%		481	20.4%	
MT – MAXIMUM NUMBER OF CALL ATTEMPTS	38	0.3%		2	0.1%	
ND – RESPONDENT DECEASED	73	0.6%		2	0.1%	
NF -- NOT AVAILABLE IN FIELD PERIOD	38	0.3%		1	0.0%	
NL -- NOT LOCATABLE THROUGH TRACING	3,354	27.3%		466	19.8%	
NO -- OTHER NON-RESPONSE	46	0.4%		13	0.6%	
NS – SUBJECT SICK/INCAPACITATED	730	5.9%		11	0.5%	
Total Other Nonresponse	**12,275**		**19.7%**	**2,358**		**16.5%**
TOTAL	**62,275**			**14,264**		
ELIGIBILITY RATE (C / (C+I))			99.8%			99.3%
COOPERATION RATE (C / (C+R))			63.7%			65.9%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

Table 6-4b. Detailed results of CHIS 2013-2014 data collection, adult extended interview for list samples

	KOREAN LIST SAMPLE			VIETNAMESE LIST SAMPLE			JAPANESE LIST SAMPLE		
		Percentage			Percentage			Percentage	
	Number	Within category	of Total	Number	Within category	of Total	Number	Within category	of Total
Completed Interviews (C)									
CA – COMPLETED ADULT EXTENDED	110	96.5%		116	97.5%		161	99.4%	
CP – ADULT PARTIAL COMPLETE	4	3.5%		3	2.5%		1	0.6%	
Total Completed Interviews	**114**		**50.7%**	**119**		**48.6%**	**162**		**54.5%**
Ineligible (I)									
IA – INELIGIBLE AGE	0	0.0%		0	0.0%		0	0.0%	
IN – INELIGIBLE ETHNICITY	3	100.0%		5	100.0%		7	100.0%	
IO – INELIGIBLE OUT OF STATE	0	0.0%		0	0.0%		0	0.0%	
Total Ineligible	**3**		**1.3%**	**5**		**2.0%**	**7**		**2.4%**
Out of Scope									
OE –ENUMERATION ERROR	1	100.0%		0	#DIV/0!		0	#DIV/0!	
OO – OTHER OUT OF SCOPE	0	0.0%		0	#DIV/0!		0	#DIV/0!	
Total Out of Scope	**1**		**0.4%**	**0**		**0.0%**	**0**		**0.0%**
Refusal (R)									
R1 –NO CONVERSION ATTEMPT	0	0.0%		0	0.0%		0	0.0%	
R3 –3 OR MORE REFUSALS	0	0.0%		0	0.0%		0	0.0%	
RB – FINAL REFUSAL	66	91.7%		39	78.0%		52	72.2%	
RM – REF REACHED CALL LIMIT	6	8.3%		11	22.0%		20	27.8%	
Total Refusal	**72**		**32.0%**	**50**		**20.4%**	**72**		**24.2%**
Other Nonresponse									
LH – LANG PROBLEM HEARING/SPEECH	3	8.6%		1	1.4%		3	5.4%	
LM – LANG PROB REACHED MAX CALLS	0	0.0%		1	1.4%		5	8.9%	
LP -- FINAL LANGUAGE PROBLEM	0	0.0%		1	1.4%		9	16.1%	
MC – MAXIMUM CALLS THIS QUEX	3	8.6%		3	4.2%		29	51.8%	
ML – MAX CALLS –PROBLEM IN HH	19	54.3%		20	28.2%		1	1.8%	
MR – MAX CALLS – REFUSAL IN HH	3	8.6%		9	12.7%		4	7.1%	
MT – MAXIMUM CALLS ALL QUEX	0	0.0%		0	0.0%		0	0.0%	
ND – RESPONDENT DECEASED	0	0.0%		0	0.0%		0	0.0%	
NF -- NOT AVAILABLE IN FIELD PERIOD	0	0.0%		0	0.0%		1	1.8%	
NL -- NOT LOCATABLE	6	17.1%		29	40.8%		3	5.4%	
NO -- OTHER NON-RESPONSE	0	0.0%		0	0.0%		0	0.0%	
NS – SUBJECT SICK/INCAPACITATED	1	2.9%		7	9.9%		1	1.8%	
Total Other Nonresponse	**35**		**15.6%**	**71**		**29.0%**	**56**		**18.9%**
TOTAL	**225**			**245**			**297**		
ELIGIBILITY RATE (C / (C+I))			97.4%			96.0%			95.9%
COOPERATION RATE (C / (C+R))			61.3%			70.4%			69.2%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

Table 6-5. Detailed results of CHIS 2013-2014 data collection, child extended interview by sample type

	LANDLINE SAMPLE			CELL SAMPLE			LIST SAMPLES		
	Number	Percentage		Number	Percentage		Number	Percentage	
		Within category	of Total		Within category	of Total		Within category	of Total
Completed Interviews (C)									
CC – COMPLETED CHILD EXTENDED	4,164		71.7%	1,256		78.5%	50		75.8%
Ineligible (I)									
IC – INELIGIBLE AGE	28	90.3%		10	100.0%		0	#DIV/0!	
IO – INELIGIBLE OUT OF STATE	3	9.7%		0	0.0%		0	#DIV/0!	
Total Ineligible	**31**		**0.5%**	**10**		**0.6%**	**0**		**0.0%**
Out of Scope									
OE – ENUMERATION ERROR	7		0.1%	1		0.1%	0		0.0%
Refusal (R)									
R1 – FINAL REF, NO CONVERSION	0	0.0%		183	98.9%		0	0.0%	
R3 – FINAL REF, 3 OR MORE REFUSALS	4	0.5%		0	0.0%		0	0.0%	
RB – OTHER FINAL REFUSAL	625	83.8%		2	1.1%		6	100.0%	
RM – REF REACHED CALL LIMIT	117	15.7%		0	0.0%		0	0.0%	
Total Refusal	*746*		*12.8%*	*185*		*11.6%*	*6*		*9.1%*
Other Nonresponse									
LM – LANG PROB REACHED MAX CALLS	2	0.2%		0	0.0%		0	0.0%	
LP – FINAL LANGUAGE PROBLEM	4	0.5%		0	0.0%		0	0.0%	
MC – MAX CALLS THIS INTERVIEW	216	25.1%		60	40.3%		3	30.0%	
ML – MAX CALLS PROB IN HH	282	32.8%		24	16.1%		3	30.0%	
MR – MAX CALLS REFUSAL IN HH	148	17.2%		43	28.9%		3	30.0%	
MT – MAX CALLS IN HH	19	2.2%		1	0.7%		0	0.0%	
NL – NOT AVAILABLE IN FIELD PERIOD	2	0.2%		0	0.0%		0	0.0%	
NL – NOT LOCATABLE	183	21.3%		21	14.1%		1	10.0%	
NO – OTHER NON-RESPONSE	3	0.3%		0	0.0%		0	0.0%	
NS – SUBJECT SICK/INCAPACITATED	1	0.1%		0	0.0%		0	0.0%	
Total Other Nonresponse	**860**		**14.8%**	**149**		**9.3%**	**10**		**15.2%**
TOTAL	**5,808**			**1,601**			**66**		
ELIGIBILITY RATE (C / (C+I))			99.3%			99.2%			100.0%
COOPERATION RATE (C / (C+R))			84.8%			87.2%			89.3%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

6.1.3 Child Extended Interview

The completion rate for the child interview (Table 6-5) in the landline sample was 71.7 percent, down almost 3 points from CHIS 2011-2012. The cooperation rate of 84.8 percent was 2 points lower than in 2011-2012. The completion rate for the cell sample was 78.5 percent, the same as in 2011-2012, and almost 7 points higher than for the landline, and the cooperation rate (87.2 percent) was 3 points higher than for the landline and about a half point higher than in 2011-2012. As with the adult interview, no refusal conversion was attempted for cell sample child interviews, and the fact that cell respondents are paid ($10) for the child interview may account for the difference in the completion rate. The completion rate for the list samples was between those of the cell and landline samples, and the cooperation rate for the list samples was higher than for either the landline and cell samples. The proportion of nonresponse attributable to refusal was much lower for the list samples than for the RDD samples.

Two design changes have affected the selection of children over CHIS cycles. The first was the child-first procedure, first adopted in CHIS 2005. The second was the addition of the cell sample, and sampling children from the cell sample, first done in CHIS 2009; the cell sample does not use the child-first procedure because most adults selected from the cell sample are also the screener respondent. Table 6-6 summarizes sampling and completing interviews about children from CHIS 2007 through CHIS 2013-2014 to examine the effects of these two design changes.

The first set of numbers in Table 6-6 shows how many children were selected. The proportion of the child sample coming from cell numbers has risen from none in 2007 to more than 21 percent in 2013-2014. The proportion of children selected “child first” dropped from about 48 percent in 2007 and 2009 to about 40 percent in 2011-2012 and 2013-2014, as a result of the increase in the proportion of the overall sample allocated to cell numbers over these cycles. The proportion of children selected “child first” in the samples other than cell numbers has stayed fairly steady over the same period. The proportion of child-first sample selected in households where the adult interview is not completed has risen slightly over these 4 cycles; this proportion, now almost three-quarters of sampled children in the non-cell samples, is evidence of the importance of the child-first procedure in increasing the yield of child interviews.

The next set of numbers in Table 6-6 shows how many child interviews were completed. Because the child interview completion rate is somewhat higher for the cell sample than for the other samples, the proportion of completed child interviews from the cell sample is slightly higher than the proportion of

sampled children, up to 23 percent in 2013-2014. On the other hand, the proportion of all child interviews completed child first is lower than the proportion of all children sampled child first because the completion rate is lower for this group. The completion rate for children sampled child first in households where an adult interview is not completed is lower still. The proportion of child-first interviews completed in households where an adult interview was not completed has increased from 2007 (56.2 percent) to 2013-2014 (63.2 percent). Thus, the child-first procedure still appears to be an important method to increase the yield of children for CHIS for the landline sample.

The last two sets of numbers in Table 6-6 show the trend in overall yield of sampled children, first as a proportion of completed adult interviews and then as a proportion of completed screeners. The cell sample's relative yield held steady from 2011-2012 to 2013-2014 at 0.21 per completed adult, but declined slightly from 0.12 to 0.11 per completed screener. The other samples show a marked decline, from 0.23 in 2011-2012 to 0.18 in 2013-2014 per completed adult, and from 0.12 to 0.09 per completed screener. If we exclude the households where no adult interview was completed, the proportion of households with a child dropped from 0.15 in 2011-2012 to 0.11 in 2013-2014. Thus, the cell sample continues to grow in importance for the yield of child interviews. The continued decline in child yield in the landline and list samples is likely due in part to a continuing increase in households with children being cell-only, and may as well reflect greater reluctance of families with children to answer their landlines when they do not recognize the caller.

Whether the child-first procedure has affected the completion rate for adult interviews cannot be answered definitively without an experiment. The *CHIS 2005 Methodology Series: Report 2 – Data Collection* concluded that adding the child-first procedure seemed to have led to about 200 fewer adult interviews, or about half of one percentage point on the overall completion rate. Subsequent reports found no evidence of an additional effect. Table 6-7 compares cooperation and completion rates for landline adult interviews from CHIS 2003 through CHIS 2013-2014 by whether the sampled adult was also the screener respondent and whether children were reported in the screener. All of the child-first cases had a sampled adult who was not the screener respondent and reported children in the household. In 2005 and 2007, both cooperation rates and completion rates were declining across all categories in Table 6-7 (with one exception), and the drop was greater among households reporting children. In 2009, the declines continued, but there was little difference by whether children were reported. In 2011-2012, both cooperation and completion rates increased where the screener respondent was the sampled adult, and the increase was greater in households reporting children, a reversal of the trend from 2003 to 2007. Among households where someone other than the screener respondent was the sampled adult, both cooperation

and completion rates declined from 2009 to 2011-2012, but the decline was greater in households where no children were reported. Between 2011-2012 and 2013-2014, cooperation and completion rates declined across the board, with larger declines in households with children.

Table 6-6. Number of children sampled and child interviews completed, CHIS 2007 through 2013-2014

	CHIS 2013-2014	CHIS 2011-2012	CHIS 2009	CHIS 2007
A. Total children sampled	**7,475**	**9,764**	**12,129**	**13,089**
B. Cell sample	1,601	1,941	595	0
Percentage of all children (B/A)	*21.4%*	*19.9%*	*4.9%*	*0.0%*
C. Other samples	5,874	7,823	11,534	13,089
D. Child first	3,016	3,922	5,816	6,335
Percentage of all samples (D/A)	*40.3%*	*40.2%*	*48.0%*	*48.4%*
Percentage of other samples (D/C)	*51.3%*	*50.1%*	*50.4%*	*48.4%*
E. Child first no adult	2,236	2,737	4,034	4,189
Percentage of child first (E/D)	*74.1%*	*69.8%*	*69.4%*	*66.1%*
F. Completed child interviews	**5,470**	**7,337**	**8,981**	**9,933**
G. Cell sample	1,256	1,523	486	0
Percentage of all child interviews (G/F)	*23.0%*	*20.8%*	*5.4%*	*0.0%*
H. Other samples	4,214	5,814	8,495	9,933
I. Child first	1,952	2,646	3,751	4,532
Percentage of all samples (I/F)	*35.7%*	*36.1%*	*41.8%*	*45.6%*
Percentage of other samples (I/H)	*46.3%*	*45.5%*	*44.2%*	*45.6%*
Completion rate (I/D)	*64.7%*	*67.5%*	*64.5%*	*71.5%*
J. Child first no adult	1,234	1,596	2,163	2,545
Percentage of child first (J/I)	*63.2%*	60.3%	57.7%	56.2%
Completion rate (J/E)	*55.2%*	58.3%	53.6%	60.8%
Child sampled per completed adult				
Cell sample	0.21	0.21	0.20	Not Done*
Other samples	0.18	0.23	0.26	0.26
Other samples excluding no adult	0.11	0.15	0.17	0.18
Child sampled per completed screener				
Cell sample	0.11	0.12	0.08	Not Done*
Other samples	0.09	0.12	0.15	0.15

Source: UCLA Center for Health Policy Research, 2007, 2009, 2011-2012, and 2013-2014 California Health Interview Survey
*No child interviews were completed in cell phone cases in 2007.

Table 6-7 also shows the rates for the 2011-2012 and 2013-2014 cell samples for comparison. All of the rates in the first four columns are lower than for the landline sample in each year, but the overall rates are higher because almost all of the sampled adults in the cell sample were also screener respondents. Someone other than the screener respondent would have been selected only if the sampled telephone number were for a cell phone shared within the household. All of the cell sample cooperation rates declined about one percentage point and completion rates between one and two points, except in households with children where someone other than the screener respondent was the sampled adult, which saw larger declines. Only 240 households were in this latter category in CHIS 2013-2014, with 41 completed adult interviews.

6.1.4 Adolescent Extended Interview

Table 6-8 presents data collection results for the adolescent interviews. All of the numbers and percentages in the upper portion of the tables refer to sampled adolescents for whom permission to interview was obtained from a parent or legal guardian. The bottom three rows add the permission dimension.

The completion rate among adolescents for the landline sample (73.7 percent) was higher than that in 2011-2012, but the proportion of permission-giving adults (PGA's) refusing permission (43.7 percent) was up about 4 points from 2011-2012. The combined completion rate (completed adolescent interviews divided by all adolescents sampled, 41.5 percent) was thus down about 2 points from 2011-2012. The adolescent yield (i.e., completed interviews) for the cell sample (44.8 percent) was higher than that for the landline sample and slightly higher than in 2011-2012. For the list samples, the net yields were lower than for the landline and cell samples, due to a lower rate of obtaining parental permission.

The child-first procedure also affects the adolescent yield, since adolescents could be sampled and interviewed in child-first households before the adult interviews, although not to the extent of the child yield. In the CHIS 2003 RDD sample, the ratio of adolescents sampled to adults sampled was 10.0 percent, and of adolescent interviews to adult interviews was 9.6 percent. In the CHIS 2005 main RDD sample, these ratios were 10.4 percent and 9.1 percent; the child first procedure increased the number of adolescents sampled, but the completion rate declined, so the net number of adolescent interviews was lower than in 2003. In 2007 the ratios were 9.4 percent and 7.4 percent, respectively, declines of 1.0 and 1.7 percentage points. In 2009, the decline slowed and the gap between the two ratios was reduced: the ratio of adolescents sampled to adults sampled in the landline sample was 8.5 percent and the ratio of

Table 6-7. Cooperation and completion rates, landline sample adult extended interview, by whether children were reported in screener and whether sampled adult is the screener respondent

	Sampled Adult Is Screener Respondent		Sampled Adult Is Not Screener Respondent		
	Children Reported	No Children Reported	Children Reported	No Children Reported	Total
Cooperation rate					
CHIS 2003	84.0%	83.8%	64.8%	62.2%	76.1%
CHIS 2005	78.9%	79.8%	55.3%	56.4%	70.9%
Change '03-'05	*-5.1*	*-4.0*	*-9.5*	*-5.8*	*-5.2*
CHIS 2007	76.7%	79.8%	47.8%	51.2%	68.7%
Change '05-'07	*-2.2*	*0.0*	*-7.5*	*-5.2*	*-2.2*
CHIS 2009	71.8%	74.7%	47.7%	50.4%	65.3%
Change '07-'09	*-4.9*	*-5.1*	*-0.1*	*-0.8*	*-3.4*
CHIS 2011-2012	74.3%	76.4%	46.9%	48.9%	65.9%
Change '09-11	*2.5*	*1.7*	*-0.8*	*-1.5*	*0.6*
CHIS 2013-2014	70.3%	74.8%	41.3%	45.4%	63.7%
Change 11-13	*-4.1*	*-1.7*	*-5.6*	*-3.4*	*-2.2*
CHIS 2011-2012 cell	66.4%	68.6%	37.5%	28.9%	66.9%
CHIS 2013-2014 cell	65.4%	67.7%	32.0%	28.0%	65.9%
Change 11-13	*-1.0*	*-0.9*	*-5.5*	*-0.9*	*-1.0*
Completion rate					
CHIS 2003	70.6%	76.7%	44.9%	47.7%	63.1%
CHIS 2005	65.3%	72.9%	37.6%	43.0%	58.4%
Change '03-'05	*-5.3*	*-3.8*	*-7.3*	*-4.7*	*-4.7*
CHIS 2007	63.8%	73.8%	32.1%	39.5%	57.5%
Change '05-'07	*-1.5*	*0.9*	*-5.5*	*-3.5*	*-0.9*
CHIS 2009	56.7%	66.8%	29.4%	37.4%	52.5%
Change '07-'09	*-7.1*	*-7.0*	*-2.7*	*-2.1*	*-5.0*
CHIS 2011-2012	59.1%	67.9%	28.8%	35.1%	52.3%
Change '09-11	*2.4*	*1.1*	*-0.6*	*-2.3*	*-0.2*
CHIS 2013-2014	55.6%	66.9%	25.2%	32.1%	50.9%
Change 11-13	-3.5	-1.0	-3.6	-2.9	-1.5
CHIS 2011-2012 cell	53.9%	59.3%	21.5%	18.6%	56.0%
CHIS 2013-2014 cell	52.1%	57.8%	17.1%	19.7%	54.6%
Change 11-13	-1.8	-1.4	-4.4	1.1	-1.4

Source: UCLA Center for Health Policy Research, 2013-2014 California Survey

adolescent interviews completed to adult interviews completed was 7.0 percent. These trends continued in 2011-2012, with ratios of 7.9 percent and 6.6 percent, respectively, and in 2013-2014, with 6.7 percent and 5.5 percent. For the 2011-2012 cell sample, the ratios were 7.7 percent and 6.1 percent, somewhat lower than for the landline sample. Again, the cell sample did not benefit from the child first procedure. The cell ratios were also not much different from 2009, which had 7.5 percent and 6.5 percent. In 2013-

2014, the cell ratios were 7.6 percent and 6.2 percent, again virtually unchanged. Thus, as with the child interview, the cell sample is becoming relatively more important in completing adolescent interviews.

6.1.5 Interview Completion Over Data Collection Periods

Sampling and data delivery were divided into 4 periods for CHIS 2013-2014, reflecting the continuous design introduced in 2011-2012: T5[7], February 5-June 24, 2013; T6, June 25-December 30, 2013; T7, December 31, 2013-June 30, 2014; and T8, July 1, 2014-January 5, 2015; each period included about one-quarter of the sample. At the end of each period, Westat assembled all of the completed interviews from households that had no pending interviews across sampled adults, children, and adolescents, and delivered a "snapshot" data file to UCLA. The period for which a telephone number was sampled did not necessarily correspond to the snapshot file in which its interviews were delivered: sampled numbers were worked after the period for which they were selected, and some numbers were worked before their period started to ensure that the interviewing staff was kept busy during their scheduled shifts.

Table 6-9 shows how the T5-T8 landline and cell samples were completed and included in S5-S8 snapshot files. With the exception of the T7 cell sample (68 percent), at least 78 percent of each sample wave's completed adult interviews were included in the corresponding snapshot file. Overall, each snapshot file includes roughly one-quarter of the total number of completed adult interviews. The balance was furthest off between the S5 and S6 files with landline cases, with 18 percent and 29 percent of the total sample represented, respectively. The balance across waves was much more even than in CHIS 2011-2012, when data collection did not start until June 2011 and the cell sample was worked more quickly than the landline sample.

Table 6-9 also shows the adult interview cooperation and completion rates for each of the sample waves across all data collection periods. The rates fell slightly across waves, which is not surprising given that some of the hard-to-interview cases in each sampled wave were carried forward into the next data collection period. All of the overall rates for the landline (64 percent cooperation, 51 percent completion) and cell (65 percent cooperation, 54 percent completion) samples were two points lower than the corresponding rates in CHIS 2011-2012.

[7] Numbering of the time periods is continued from the 2011-2012 cycle.

Table 6-8. Detailed results of CHIS 2013-2014 data collection, adolescent extended interview

	LANDLINE SAMPLE			CELL SAMPLE			LIST SAMPLES		
		Percentage			Percentage			Percentage	
	Number	Within category	of Total	Number	Within category	of Total	Number	Within category	of Total
Completed Interviews (C)									
CT ─ COMPLETED TEEN EXTENDED	1,738		73.7%	482		70.1%	18		75.0%
Ineligible (I)									
IT ─ IN'BLE AGE FOR TEEN EXTENDED	28		1.2%	4		0.6%	0		0.0%
Out of Scope									
OE ─ OUT OF SCOPE ENUMERATION ERROR	1		0.0%	1		0.1%	0		0.0%
Refusal (R)									
R1 – FINAL REF, NO CONVERSION ATTEMPT	0	0.0%		105	97.2%		0	0.0%	
R3 ─ FINAL REF RECEIVED 3 OR MORE 2S	1	0.3%		0	0.0%		0	0.0%	
RB ─ FINAL REF	219	74.7%		3	2.8%		3	75.0%	
RM ─ REFREACHED MAXIMUM CALL LIMIT	73	24.9%		0	0.0%		1	25.0%	
Total Refusal	293		12.4%	108		15.7%	4		16.7%
Other Nonresponse									
LM – LANG PROBLEM REACHED MAX CALLS	1	0.3%		0	0.0%		0	0.0%	
MC ─ MAXIMUM CALLS	102	34.2%		38	40.9%		1	50.0%	
ML ─ MAX CALLS ─ SCRNRSLT PROB IN HH	71	23.8%		16	17.2%		0	0.0%	
MR ─ MAX CALLS ─ REFUSAL IN HH	46	15.4%		15	16.1%		0	0.0%	
MT ─ MAX NUMBER OF CALL ATTEMPTS	4	1.3%		0	0.0%		0	0.0%	
NF – NOT AVAILABLE IN FIELD PERIOD	2			0			0		
NL -- NOT LOCATABLE THROUGH TRACING	69	23.2%		24	25.8%		1	50.0%	
NO -- OTHER NON-RESPONSE	1	0.3%		0	0.0%		0	0.0%	
NS ─ SUBJECT SICK/INCAPACITATED	2	0.7%		0	0.0%		0	0.0%	
Total Other Nonresponse	298		12.6%	93		13.5%	2		8.3%
TOTAL	2,358			688			24		
COOPERATION RATE (C / (C+R))			85.6%			81.7%			81.8%
ADOLESCENTS SAMPLED	4,188			1,077			50		
PERMISSION NOT RECEIVED	1,830		43.7%	389		36.1%	26		52.0%
COMBINED COMPLETION RATE (C / SAMPLED)			41.5%			44.8%			36.0%

Source: UCLA Center for Health Policy Research, 2013-2014 California Survey

Table 6-9. Distribution of completed adult interviews and final adult dispositions by sampled wave and snapshot file, CHIS 2013-2014

	Sampled Wave (T)									
	T5 (2/5/13 – 6/24/13) Snapshot (S)					T6 (6/25/13 – 12/30/13) Snapshot (S)				
	S5	S6	S7	S8	Total	S5	S6	S7	S8	Total
Landline Sample										
Completed interviews	6,554	1,485	130	3	8,172	543	6976	763	39	8,321
Percentage within wave	80%	18%	2%	0%		7%	84%	9%	0%	
Total final	**10,411**	**4,835**	**485**	**26**	**15,757**	**603**	**12809**	**2683**	**246**	**16,341**
Percentage within wave	66%	31%	3%	0%		4%	78%	16%	2%	
Cooperation Rate*					66%					64%
Completion Rate†					52%					51%
Cell Sample										
Completed interviews	2,492	672	26	1	3,191	50	864	173	11	1,098
Percentage within wave	78%	21%	1%	0%		5%	79%	16%	1%	
Total final	**3,971**	**1,646**	**108**	**3**	**5,728**	**81**	**1540**	**390**	**36**	**2,047**
Percentage within wave	69%	29%	2%	0%		4%	75%	19%	2%	
Cooperation Rate*					67%					65%
Completion Rate†					56%					54%

*Cooperation rate = ((complete + partial complete)/(complete + partial complete + ineligible + refusal))
†Completion rate = ((complete + partial complete)/total sampled)
Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

Table 6-9. Distribution of completed adult interviews and final adult dispositions by sampled wave and snapshot file, CHIS 2013-2014 (continued)

	Sampled Wave (T)							Total (All Waves)				
	T7 (12/31/13 – 6/30/14)				T8 (7/1/14 – 1/5/15)							
	Snapshot (S)				Snapshot (S)			Snapshot (S)				
	S6	S7	S8	Total	S7	S8	Total	S5	S6	S7	S8	Total
Landline Sample												
Completed interviews	568	6,210	616	7,394	1,564	6,062	7,626	7,097	9,029	8,667	6,720	31,513
Percentage within wave	8%	84%	8%		21%	79%		23%	29%	28%	21%	
Total final	**653**	**11,372**	**2,548**	**14,573**	**2,395**	**13,209**	**15,604**	**11,014**	**18,297**	**16,935**	**16,029**	**62,275**
Percentage within wave	4%	78%	17%		15%	85%		18%	29%	27%	26%	
Cooperation Rate*				64%			62%					64%
Completion Rate†				51%			49%					51%
Cell Sample												
Completed interviews	397	1686	386	2,469	0	967	967	2,542	1,933	1,885	1,365	7,725
Percentage within wave	16%	68%	16%			100%		33%	25%	24%	18%	
Total final	**603**	**3122**	**938**	**4,663**	**0**	**1826**	**1826**	**4,052**	**3,789**	**3,620**	**2,803**	**14,264**
Percentage within wave	13%	67%	20%			100%		28%	27%	25%	20%	
Cooperation Rate*				65%			64%					66%
Completion Rate†				53%			53%					54%

6.2 Answering Machines

Studies indicate that leaving a message on a landline answering machine seems to increase cooperation rates (e.g., Xu et al., 1993). Apparently the message acts like an advance letter in that it legitimizes the study, allows the respondent time to make an informed decision, and distinguishes the "survey telephone call" from telemarketing calls. Because of this finding in the literature, the message below was left the first time an answering machine was encountered at a dialed telephone number.

> "Hello, I'm calling for the University of California. We are doing a study about the health of the people of California and about health care. I am not asking for money—this is a scientific study called the California Health Survey. We will call you back in the next few days."

For the landline sample, the proportion of cases that have had at least one answering machine/voice mail result at the screener and adult interview level has been increasing slowly across CHIS cycles. At the screener level it has increased from 42 percent in 2007 and 2009 to 44 percent in 2011-2012 to 49 percent in 2013-2014. At the adult level it has from 37 percent in 2007 to 41 percent in 2009 to 43 percent in 2011-2012 and 47 percent in 2013-2014. At both levels, the rate of increase is accelerating. The cell sample has seen larger changes between the 2009 and 2013-2014 surveys: from 55 percent in 2009 to 67 percent in 2011-2012 to 73 percent in 2013-2014 at the screener level, and from 41 percent in 2009 to 35 percent in 2011-2012 to 39 percent in 2013-2014 at the adult level. These figures reflect other trends in this report. It continues to get harder to reach households through landlines, while cell phones contact patterns are changing more rapidly and not always consistently.

For the first time in CHIS 2011-2012, and continued in 2013-2014, interviewers recorded the language of the answering machine or voice mail greeting. If the greeting was not in English and the interviewer was able to identify the language, a message was left only when the interviewer spoke that language. Otherwise a message was not left, and the case was moved to the appropriate language work class. At the first answering machine/voice mail result in that work class, a message would be left in the same language as the greeting. The reasoning was that if non-English-speaking respondents heard an English message, they would be more likely to screen the next call. The procedure instituted in CHIS 2011-2012 seemed to be appropriate, so the analysis supporting that conclusion is not repeated in this report.

6.3 Time Slice Strategy and Calling Windows

If the initial call attempt resulted in "no answer," a busy signal, or an answering machine, the call scheduler would automatically place the telephone number into time slice queues so that additional calls would be made over several days at several different times of day. The goal is to find a time when someone would answer the telephone. The CHIS 2013-2014 time slice strategy, as follows below, began with one very similar to that used in CHIS cycles since 2007.

The time slices were defined as: (1a) early weekdays, 9 a.m. to 2 p.m.; (1b) late weekdays, 2 p.m. to 6 p.m.; (2) early evening, 6 p.m. to 7:30 p.m.; (3) late evening, 7:30 p.m. to 9 p.m.; (4) Saturday, 10 a.m. to 6 p.m.; (5) Sunday, 2 p.m. to 9 p.m. The strategy consisted of a total of 14 calls if there was no contact with a person:

- Four calls consisting of an early or late day, early evening, late evening, and weekend (either Saturday or Sunday), in any order;
- One week wait;
- Three calls consisting of an early evening, late evening, and the weekend day not called in the preceding four calls, in any order;
- One week wait;
- Four calls consisting of a an early or late day (whichever was not called in the first set), early evening, late evening, and weekend (either Saturday or Sunday), in any order;
- One week wait; and
- Three calls consisting of an early evening, late evening, and the weekend day not called in the preceding 4 calls, in any order.

If, after these 14 calls, there was still no contact, the telephone number was retired by coding it NA (all no answer or busy) or NM (at least one answering machine, but no "live" contact).

In the first part of CHIS 2013-2014, we continued the practice begun during CHIS 2007 of moving cases (except cell sample cases) with 4 calls that did not reach a person or an answering machine out of the main CATI scheduler. These cases continued the call sequence using a different CATI system

at Westat, with a predictive dialer[8]. If a call was answered by a live person, an operator would come on the line and ask whether the number was for business or household use. Numbers with answered calls were returned to the main CATI system for further follow-up. The operator's script did not mention CHIS specifically. The logic for this operation is described in *CHIS 2007 Methodology Series: Report 2 – Data Collection.*

This procedure was altered during the field period. First, Westat added predictive dial capability to the CATI system used for CHIS, so there was no longer a need to move cases with 4 no contact calls from one system to another. Then, in February 2014, all new landline sample was called with the predictive dialer until there was contact; after that, the same procedures for follow-up were used. This latter change did not prove to increase data collection efficiency as expected, so in October 2014 we reverted to the pre-February procedure.

At the end of the survey, 19 percent of the landline numbers available to call (after purging the nonworking and business numbers) were coded NA, a decrease of 3 percentage points from CHIS 2011-2012. About 17 percent of the callable landline numbers ended up as NM, a 6 percentage point increase from CHIS 2011-2012.

6.4 Maximum Call Limits

When a person answered the telephone, the telephone number was removed from the time slice strategy described above. Once contact was made, all subsequent calls were based upon the respondent's assessment of the best time to call or it was left to the interviewer to suggest the best time. This was generally in terms of an exact appointment or a general "best time" to call (e.g., day, evening, or weekend). The maximum call counter for these cases for both the screener and the extended interview was set at 23 per interview type (e.g., adult, teen, and child). This limit was set to allow enough calls for two refusal conversion efforts and calls in Spanish or Asian languages. As a result, only about 2.6 percent of the landline sample telephone numbers that were not determined to be out of scope ended as "maximum calls" (MC, ML, or LM) at the screener level (Table 6-1). This proportion was down slightly from 2011-2012 (3.0 percent). The rate of maximum call cases for the cell sample was 4.6 percent, up from 4.0 percent in 2011-2012.

[8] A predictive dialer calls telephone numbers automatically as prompted by the scheduler; only if the call is answered does it go to an interviewer. With the system used for most CHIS calls, the interviewer must initiate the call.

At the adult extended level, about 11.7 percent of landline cases (Table 6-4) received one of the "maximum call" codes—MC, LM/ML (maximum calls where the number was coded a language problem at some point), MR (maximum calls where a refusal was encountered at some point), and MT (maximum calls where we were given a different telephone number to reach the adult respondent), slightly higher than the rate in 2011-2012. The rate for the cell sample (12.8 percent) was a bit higher than for the landline sample and for the 2011-2012 cell sample.

The pattern was similar with the child and adolescent interviews across the samples. About 11.4 percent of child interviews (Table 6-5) and 9.5 percent of adolescent interviews (Table 6-8) from the landline sample were in these categories, as compared with about 8.0 percent and 10.0 percent for the cell sample. These rates were 0.6 to 1.7 points higher than in 211-2012.

6.5 Language Strategy

An important CHIS capability is conducting interviews in a variety of languages. CHIS instruments have been administered in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese in every cycle to date. In 2013-2014, Tagalog was added to the list of CHIS languages. Section 3.3 of this report describes the process by which the questionnaires were translated and prepared for use, and Sections 4.4 and 4.5 describe the recruitment and training of Spanish- and Asian-language bilingual interviewers, respectively. This section describes how the non-English interviews were managed in the CATI system and the TRCs where they were conducted.

6.5.1 RDD Strategy

All sampled telephone numbers were loaded into the default CATI work class, which meant that they were available to any interviewer working the RDD sample. (See Section 5.2 for a complete description of the CHIS 2013-2014 work classes). In any work class, whenever an interviewer encountered a respondent who did not speak English or another language the interviewer spoke, he or she would indicate that it was a "language problem," and what language the respondent was speaking, if it could be determined. The first sort was into Spanish, Cantonese, Mandarin, Korean, Vietnamese, Tagalog, undetermined Asian language, and other or not determined language. Cases determined to

require a bilingual interviewer in one of the CHIS languages were put into the appropriate language work class, and became available to bilingual interviewers once the translations were finalized in CATI.

Cases where the respondent was thought to speak an undetermined Asian language were called by a group of Asian bilingual interviewers, who would either continue with the process if they spoke the appropriate language or move it to the appropriate language work class. Cases where the language was not determined at all were assigned first to Spanish bilingual interviewers, then to Chinese bilingual interviewers if the language was still undetermined. Often in the process respondents were able to tell interviewers what language they spoke, and the interviewers would immediately re-assign the case to the appropriate language work class. Cases requiring a language other than the five for which translations were available were finalized as language problem nonresponse.

6.5.2 Supplemental Sample Strategy

Initially, the Korean and Vietnamese surname samples were worked by all interviewers. Much of the screening work could be done in English. The Japanese surname/given name sample was worked entirely in English, except where a respondent spoke one of the CHIS languages. As with all samples, once a language problem was encountered, the case was transferred to the appropriate language work class. Almost 80 percent of the adult extended interviews completed from the Korean and Vietnamese surname samples were conducted in those languages. (See Table 6-10 in the next section.)

6.5.3 Completed Interviews by Language

Table 6-10 shows the number of adult extended interviews completed in each of the six CHIS 2013-2014 languages, by landline stratum and separately for the cell and surname samples.

Overall, some 3,324 adult interviews from these samples were conducted in Spanish, just over 8 percent of the total, which was two points lower than in 2011-2012, but about the same as in 2009. (In CHIS 2011-2012, an experiment in which many landline sample numbers associated with Hispanic surnames were called initially by bilingual interviewers increased the proportion of interviews conducted in Spanish.) The highest percentage of adult interviews completed in Spanish in the landline sample was in Imperial County (51.8 percent), three times that of the next highest stratum (Kings), and about 2 points

higher than in 2011-2012. More than 9 percent of adult interviews in the cell sample were conducted in Spanish, about the same percentage as in 2011-2012.

In the landline sample, there were 878 adult interviews conducted in an Asian language, or about 2.8 percent of the total, up slightly from 2011-2012. The addition of Tagalog to CHIS interviewing accounted for some, but not all, of the increase. The highest RDD proportions of Cantonese (11.6 percent), Tagalog (0.4 percent), and Asian languages in total (13.8 percent) were in the San Francisco stratum. The highest proportion of Korean interviews was in Orange (2.6 percent) and of Vietnamese (6.3 percent) and Mandarin (4.0 percent) in Santa Clara. For the Korean surname sample, 69 percent of all adult interviews were conducted in Korean, and for the Vietnamese surname sample 83 percent were conducted in Vietnamese.

See Table 7-2 in *CHIS 2013-2014 Methodology Series: Report 4—Response Rates* for more on numbers of interviews conducted by language.

6.6 Refusal Conversion

At each stage of the interview process, Westat interviewers made extensive conversion efforts for refusals that were not judged to be hostile or abusive. These procedures and the results are described in *CHIS 2013-2014 Methodology Series: Report 4 — Response Rates*. That report contains the initial and conversion cooperation rates by type of interview.

Table 6-10. Number of adult interviews completed by language and sample/landline sample stratum

Stratum	Sampling stratum	English	Spanish	Vietnamese	Korean	Cantonese	Mandarin	Tagalog	Total	Percentage Spanish	Percentage Asian
1	Los Angeles	4,561	756	48	112	51	110	11	5,649	13.4%	5.9%
2	San Diego	3,004	357	22	3	5	8	6	3,405	10.5%	1.3%
3	Orange	1,468	108	88	38	2	16	0	1,720	6.3%	8.4%
4	Santa Clara	900	30	57	8	11	36	0	1,042	2.9%	10.7%
5	San Bernardino	966	81	6	1	2	5	1	1,062	7.6%	1.4%
6	Riverside	1,081	120	1	3	1	3	1	1,210	9.9%	0.7%
7	Alameda	862	19	8	8	24	15	0	936	2.0%	5.9%
8	Sacramento	850	20	7	3	8	6	1	895	2.2%	2.8%
9	Contra Costa	594	10	3	0	1	1	0	609	1.6%	0.8%
10	Fresno	444	51	0	0	0	2	0	497	10.3%	0.4%
11	San Francisco	491	28	7	0	57	17	2	602	4.7%	13.8%
12	Ventura	450	32	1	2	0	2	1	488	6.6%	1.2%
13	San Mateo	427	14	1	0	1	3	0	446	3.1%	1.1%
14	Kern	385	56	0	1	0	1	0	443	12.6%	0.5%
15	San Joaquin	338	30	7	0	1	1	0	377	8.0%	2.4%
16	Sonoma	361	18	2	0	0	1	0	382	4.7%	0.8%
17	Stanislaus	368	39	1	0	1	0	0	409	9.5%	0.5%
18	Santa Barbara	361	37	1	0	0	0	0	399	9.3%	0.3%
19	Solano	406	9	0	0	0	1	1	417	2.2%	0.5%
20	Tulare	339	62	0	0	1	0	0	402	15.4%	0.2%
21	Santa Cruz	367	34	0	0	0	0	0	401	8.5%	0.0%
22	Marin	402	6	0	0	0	0	0	408	1.5%	0.0%
23	San Luis Obispo	382	9	0	0	0	0	0	391	2.3%	0.0%
24	Placer	343	2	0	0	0	0	0	345	0.6%	0.0%
25	Merced	321	62	0	0	1	0	0	384	16.1%	0.3%
26	Butte	381	5	0	0	0	0	0	386	1.3%	0.0%
27	Shasta	393	3	0	0	0	1	0	397	0.8%	0.3%
28	Yolo	370	22	0	0	1	1	0	394	5.6%	0.5%
29	El Dorado	423	8	0	1	0	0	0	432	1.9%	0.2%
30	Imperial	185	201	0	0	2	0	0	388	51.8%	0.5%
31	Napa	383	22	0	0	0	0	0	405	5.4%	0.0%
32	Kings	334	68	0	0	0	0	0	402	16.9%	0.0%
33	Madera	363	49	0	0	0	0	0	412	11.9%	0.0%

Table 6-10. Number of adult interviews completed by language and sample/landline sample stratum (continued)

Stratum	Sampling stratum	English	Spanish	Vietnamese	Korean	Cantonese	Mandarin	Tagalog	Total	Percentage Spanish	Percentage Asian
34	Monterey	323	55	2	2	0	1	0	383	14.4%	1.3%
35	Humboldt	388	5	0	0	0	1	0	394	1.3%	0.3%
36	Nevada	420	3	0	0	0	0	0	423	0.7%	0.0%
37	Mendocino	403	14	0	0	0	1	0	418	3.3%	0.2%
38	Sutter	373	25	0	1	0	0	0	399	6.3%	0.3%
39	Yuba	374	23	2	0	0	0	0	399	5.8%	0.5%
40	Lake	382	12	0	0	0	0	0	394	3.0%	0.0%
41	San Benito	364	36	1	1	0	0	0	402	9.0%	0.5%
42	Tehama, Glen, Colusa	290	30	0	0	0	0	0	320	9.4%	0.0%
43	North Balance	630	11	0	0	0	0	0	641	1.7%	0.0%
44	Sierra Balance	966	7	0	0	1	1	0	975	0.7%	0.2%
	TOTAL LANDLINE	28,216	2,589	265	184	171	234	24	31,683	8.2%	2.8%
	Cell Sample	6,913	735	36	43	20	33	4	7,784	9.4%	1.7%
	Korean List	32	0	3	79	0	0	0	114	0.0%	71.9%
	Vietnamese List	19	0	99	0	0	1	0	119	0.0%	84.0%
	Japanese List	162	0	0	0	0	0	0	162	0.0%	0.0%
	TOTAL	35,342	3,324	403	306	191	268	28	39,862	8.3%	3.0%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

6.7 Proxy Interviews

As in previous CHIS cycles, UCLA decided to allow proxy reporting for sample persons who were unable to respond for themselves because of physical, mental, or emotional limitations. However, unlike previous cycles, proxy interviews were allowed for adults of any age with such limitations, not just those 65 or older. Proxy respondents had to be adult members of the household knowledgeable about the sampled adult's health. Some 546 candidates for proxy interviews were identified based upon interviewers' notes; of these, 387 were 65 or older, 154 were between 18 and 64, and 5 were missing age. Of those 65 and older, 197 adult interviews were completed (51 percent of those identified), 18 with the sampled adult himself/herself. Of those 18 to 64, 73 adult interviews were completed (47 percent), 6 with the sampled adult. Three of the 5 candidates with missing age also had completed adult interviews, 1 with the sampled adult.

Interviewers who conducted the proxy interviews were trained to substitute the name of the sampled adult or an appropriate pronoun wherever "you" appeared in the question text; in cases where "you" referred specifically to the respondent (e.g., "You said earlier . . ."), the word "you" was highlighted for the proxy interviews.

6.8 Length of Interview

As described in Chapter 2, CHIS 2013-2014 was conducted in six languages: English, Spanish, Vietnamese, Chinese (Cantonese and Mandarin dialects), Korean, and Tagalog. Table 6-11 presents mean administration times for the various questionnaires by language for both CHIS 2013-2014 and CHIS 2011-2012. All of the 2013-2014 questionnaires were somewhat longer (mean) than in 2011-2012; this difference holds for the overall mean and median lengths of the screener and adult interviews across all languages.

The mean administration time for the English adult extended interview was over 2 minutes more in 2013-2014 than 2011-2012. The ratio of mean administration time for non-English versus English was also higher across all languages, with the largest increases for Korean (from 1.05 to 1.29) and Cantonese (1.23 to 1.55). The mean interview time in Cantonese was 53 minutes, with a median of 49 minutes. The differences were not as dramatic for the child and adolescent interviews.

The child interview, with an overall mean length of 15 minutes, was about ¾ of a minute shorter in 2013-2014 than in 2009, and the ratio of other languages to English was very similar between 2013-2014 and 2009. The child interview timings presented here do not include the adult interview questions administered when the child interview was done first. Those questions averaged 8.7 minutes to administer in English, slightly more than in 2009. The other languages ranged from 7.2 to 10.4 minutes.

The adolescent interview (22.6 minutes in English) was almost 5 minutes longer than in 2009. The Spanish interview was about 22 percent longer, and the Asian interviews generally only a bit longer than those conducted in English. Very few adolescent interviews were conducted in the Asian languages.

6.9 Address-based Sample in Sonoma County

UCLA received funding to supplement the CHIS 2013-2014 sample in Sonoma County; Westat and UCLA determined that the most efficient approach to this supplement was an address-based sample (ABS), rather than RDD, since it was not possible reliably to identify numbers assigned to cellular service for people living in Sonoma County. The design for this supplement included:

- Selecting a sample of Sonoma County addresses;
- Matching those addresses with telephone numbers wherever possible;
- Sending a mail screening interview to unmatched addresses, the primary purpose of which was to obtain a telephone number;
- Sending a reminder post card to all unmatched addresses and a second screener mailing to nonresponders;
- Sending the CHIS prenotification letter to matched addresses;
- Loading telephone numbers from the match and from returned screeners into CATI; and
- Attempting to obtain telephone interviews just as with the samples of telephone numbers.

The ABS supplement comprised an initial sample of 5,394 addresses in Sonoma County. Of these, 2,603 (48 percent) were matched to telephone numbers. The remaining 2,791 addresses were sent the screening interview. Five percent (173) of these were postal nondeliverable, and 17 percent (476) returned questionnaires with responses. Of the returns, 72 percent (345) included telephone numbers, of which 58 percent (201) were numbers assigned to cellular service. The 345 telephone numbers were loaded into CATI along with the 2,603 matched numbers.

Table 6-11. Median and mean administration times (in minutes), relative times, and sample sizes for CHIS 2013-2014 and CHIS 2009 instruments by language of administration

	CHIS 2013-2014				CHIS 2011-2012			
	N	Median	Mean	Ratio to English	N	Median	Mean	Ratio to English
Screener								
All Languages	77,306	2.18	2.50		81,175	2.25	2.59	
English	65,661	2.08	2.35	1.00	66,717	2.15	2.44	1
Spanish	9,371	2.92	3.29	1.40	11,428	2.87	3.31	1.36
Vietnamese	646	2.93	3.11	1.32	1,205	2.95	3.20	1.31
Korean	569	3.12	3.42	1.46	997	3.00	3.15	1.29
Cantonese	471	3.55	4.01	1.71	417	3.20	3.46	1.42
Mandarin	526	3.04	3.45	1.47	411	3.10	3.53	1.45
Tagalog	62	3.23	3.41	1.45	N/A			
Adult Interview								
All Languages	39,625	33.60	35.92		42,673	33.17	35.28	
English	35,170	32.65	34.42	1.00	36,720	32.18	33.86	1
Spanish	3,282	47.97	49.64	1.44	4,342	45.10	46.96	1.39
Vietnamese	397	31.82	32.80	0.95	649	30.65	31.95	0.94
Korean	300	42.52	44.24	1.29	523	35.47	35.5	1.05
Cantonese	190	49.48	53.31	1.55	201	40.53	41.52	1.23
Mandarin	259	44.27	46.97	1.36	238	43.43	45.82	1.35
Tagalog	27	46.40	47.25	1.37	N/A			
Child Interview								
All Languages	5,470	15.43	16.34		7,337	14.10	14.97	
English	4,228	14.67	15.29	1.00	5,357	13.25	13.85	1
Spanish	1,119	19.48	20.11	1.32	1,764	17.52	18.24	1.32
Vietnamese	53	15.13	15.61	1.02	130	14.21	15.57	1.12
Korean	23	17.78	18.45	1.21	48	14.88	15.35	1.11
Cantonese	24	20.19	22.77	1.49	12	16.87	18.57	1.34
Mandarin	22	17.28	17.62	1.15	26	17.77	18.15	1.31
Tagalog	1	13.98	13.98	0.91	N/A			
Adolescent Interview								
All Languages	2,238	22.86	22.31		2,800	22.25	22.99	
English	2,136	22.69	22.17	1.00	2,598	21.93	22.64	1
Spanish	92	26.59	26.32	1.17	183	26.77	27.61	1.22
Vietnamese	4	24.11	23.38	1.06	8	26.01	26.14	1.15
Korean	3	24.20	27.37	1.07	5	24.33	24.98	1.1
Cantonese	0				2	25.99	25.99	1.15
Tagalog	3	26.39	26.47	1.16	N/A			
Mandarin	0				4	25.82	25.53	1.13

Source: UCLA Center for Health Policy Research, 2013-2014 and 2011-2012 California Health Interview Survey

Table 6-12 shows the results of the telephone screener by type of number and how it was obtained. Overall, 821 screeners were completed, for a completion rate of 27 percent. The completion rate for numbers returned in the screener ("unmatched") was more than twice that for matched numbers, whether the returned number was landline or cell. The screener cooperation rates were much higher for the ABS sample than for the overall RDD, which is not surprising. Households matched either for addresses of phone numbers are more likely to be cooperative than unmatched households, and the unmatched households in the ABS are only those who returned a mail screener.

The results of the ABS adult interview are shown in Table 6-13. Overall, 500 adult interviews were completed with households from this sample. The adult interview was where the sampled address was verified; adults not living in Sonoma County are considered as completed interviews in Table 6-13. Nineteen of the 500 adults were determined to be ineligible, leaving 481 eligible adult interviews from the ABS sample. As with the screener, the completion and cooperation rates were higher for this sample than for the statewide RDD.

ABS child interview results are shown in Table 6-14, and those for the adolescent interview in Table 6-15. While sample sizes are small, several observations are noteworthy. Unlike those for the screener and adult interviews, the completion rates for child and adolescent interviews were lower for the ABS than for the statewide RDD. The rate of sampling children and adolescents is also lower for ABS landlines than for the statewide landline RDD, while it is higher in the ABS unmatched cell sample than in the statewide cell RDD. The ratio of children sampled to completed adult interviews in the statewide RDD was 0.18 for landlines and 0.21 for cell, while for the ABS it was 0.10 for matched landline, 0.05 for unmatched landline, and 0.36 for unmatched cell. The ratio of adolescents sampled to completed adult interviews in the statewide RDD was 0.13 for landlines and 0.14 for cell, while for the ABS it was 0.07 for matched landline, 0.11 for unmatched landline, and 0.16 for unmatched cell.

Table 6-12. Results of CHIS 2013-2014 data collection for Sonoma ABS sample, screening interview, by source and type of sample

	MATCHED (LANDLINE)			UNMATCHED (LANDLINE)			UNMATCHED (CELL)			TOTAL		
	Number	Percentage		Number	Percentage		Number	Percentage		Number	Percentage	
		Within category	of Total		Within category	of Total[a]		Within category	of Total		Within category	of Total[a]
NUMBERS AVAILABLE TO BE CALLED	2,603			147			199			2,949		
CS – COMPLETED SCREENER (C)	625		24.0%	80		54.4%	116		58.3%	821		27.8%
Ineligible(I)												
IO – INELIGIBLE OUT OF STATE	2	100.0%		0			1	50.0%		3	75.0%	
IZ -- INELIGIBLE SCREENER; NO ADULTS IN HH	0	0.0%		0			1	50.0%		1	25.0%	
Total Ineligible	2		0.1%	0		0.0%	2		1.0%	4		0.1%
Out of Scope												
NR – NON-RESIDENTIAL PHONE NUMBER	58	11.0%		5	1.0%		2	0.4%		65	12.4%	
NW – NON-WORKING PHONE NUMBER	467	89.0%		6	1.1%		10	1.9%		483	92.0%	
Total Out of Scope	525		20.2%	11		7.5%	12		6.0%	548		18.6%
Noncontact												
NA – NO CONTACT AFTER TIME SLICES FILLED	136	20.2%		3	12.0%		1	2.6%		140	19.0%	
NM – NO CONTACT –ANSWERING MACHINE	537	79.8%		22	88.0%		37	97.4%		596	81.0%	
Total Noncontact	673		25.9%	25		17.0%	38		19.1%	736		25.0%
Refusal (R)												
R3 – FINAL REFUSAL – RECEIVED 3 OR MORE 2S	380	55.5%		15	68.2%		8	42.1%		403	55.5%	
RB – FINAL REFUSAL	63	9.2%		3	13.6%		1	5.3%		67	9.2%	
RM – REFUSAL MAXIMUM CALL LIMIT	179	26.1%		2	9.1%		8	42.1%		189	26.0%	
RX – RE-RELEASED RB MAX CALL LIMIT	63	9.2%		2	9.1%		2	10.5%		67	9.2%	
Total Refusal	685		26.3%	22		15.0%	19		9.5%	726		24.6%
Other Nonresponse												
LH – HEARING AND SPEECH PROBLEM	4	4.3%		0	0.0%		0	0.0%		4	3.5%	
LM – LANGUAGE PROBLEM MAX CALLS	1	1.1%		0	0.0%		0	0.0%		1	0.9%	
LP – FINAL LANGUAGE PROBLEM	14	15.1%		1	11.1%		1	8.3%		16	14.0%	
MC – MAXIMUM CALLS	52	55.9%		4	44.4%		9	75.0%		65	57.0%	
ML – MAX CALLS – LANGUAGE PROB IN HH	19	20.4%		4	44.4%		1	8.3%		24	21.1%	
NO – OTHER NON-RESPONSE	3	3.2%		0	0.0%		1	8.3%		4	3.5%	
Total Other Nonresponse	93		3.6%	9		6.1%	12		6.0%	114		3.9%
ELIGIBILITY RATE (C / (C+I))			99.9%			100.0%			99.0%			99.9%
COOPERATION RATE ((C+I) / (C+I+R))			79.2%			87.0%			91.4%			80.3%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

Table 6-13. Results of CHIS 2013-2014 data collection for Sonoma ABS sample, adult interview, by source and type of sample

	MATCHED (LANDLINE)			UNMATCHED (LANDLINE)			UNMATCHED (CELL)			TOTAL		
	Number	Percentage		Number	Percentage		Number	Percentage		Number	Percentage	
		Within category	of Total		Within category	of Total		Within category	of Total		Within category	of Total
Completed Interviews (C)												
CA – COMPLETED ADULT EXTENDED	368		58.9%	62		77.5%	70		60.3%	500		60.9%
Ineligible (I)												
IO – INELIGIBLE OUT OF STATE	1		0.2%	0		0.0%	0		0.0%	1		0.1%
Refusal (R)												
OE – OUT OF SCOPE ENUMERATION ERROR	1		0.2%	0		0.0%	0		0.0%	1		0.1%
Refusal (R)												
RB – FINAL REF	129	73.7%		8	72.7%		11	73.3%		148	73.6%	
RM – REF REACHED MAX CALL LIMIT	46	26.3%		3	27.3%		4	26.7%		53	26.4%	
Total Refusal	**175**		**28.0%**	**11**		**13.8%**	**15**		**12.9%**	**201**		**24.5%**
Other Nonresponse												
LH – LANG PROBLEM HEARING/SPEECH	1	1.3%		0	0.0%		0	0.0%		1	0.8%	
LM – LANG PROB REACHED MAX CALLS	2	2.5%		0	0.0%		0	0.0%		2	1.7%	
LP -- FINAL LANGUAGE PROBLEM	0	0.0%		1	14.3%		1	3.2%		2	1.7%	
MC – MAXIMUM CALLS	29	36.3%		2	28.6%		19	61.3%		50	42.4%	
ML – MAX CALLS – SCRNRSLT PROB IN HH	11	13.8%		3	42.9%		3	9.7%		17	14.4%	
MR – MAX CALLS – REFUSAL IN HH	15	18.8%		1	14.3%		3	9.7%		19	16.1%	
MT – MAX NUMBER OF CALL ATTEMPTS	1	1.3%		0	0.0%		0	0.0%		1	0.8%	
NL -- NOT LOCATABLE THROUGH TRACING	13	16.3%		0	0.0%		4	12.9%		17	14.4%	
NS – SUBJECT SICK/INCAPACITATED	8	10.0%		0	0.0%		1	3.2%		9	7.6%	
Total Other Nonresponse	**80**		**12.8%**	**7**		**8.8%**	**31**		**26.7%**	**118**		**14.4%**
TOTAL	**625**			**80**			**116**			**821**		
ELIGIBILITY RATE (C / (C+I))			99.7%			100.0%			100.0%			99.8%
COOPERATION RATE (C / (C+R))			67.8%			84.9%			82.4%			71.3%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

Table 6-14. Results of CHIS 2013-2014 data collection for Sonoma ABS sample, child interview, by source and type of sample

	MATCHED (LANDLINE)			UNMATCHED (LANDLINE)			UNMATCHED (CELL)			TOTAL		
	Number	Percentage		Number	Percentage		Number	Percentage		Number	Percentage	
		Within category	of Total		Within category	of Total		Within category	of Total		Within category	of Total
Completed Interviews (C)												
CC – COMPLETED CHILD EXTENDED	25		69.4%	2		66.7%	17		68.0%	44		68.8%
Ineligible (I)												
IC – INELIGIBLE AGE	1		2.8%	0		0.0%	0		0.0%	1		1.6%
Refusal (R)												
RB – FINAL REFUSAL	5		13.9%	0		0.0%	2		8.0%	7		10.9%
Other Nonresponse												
MC – MAX CALLS THIS INTERVIEW	1	20.0%		0	0.0%	33.3%	5	83.3%		6	50.0%	
ML – MAX CALLS PROB IN HH	3	60.0%		1	100.0%		0	0.0%		4	33.3%	
MR – MAX CALLS REFUSAL IN HH	1	20.0%		0	0.0%		1	16.7%		2	16.7%	
Total Other Nonresponse	5		**13.9%**	1		**33.3%**	6		**24.0%**	12		**18.8%**
TOTAL	36			3			25			64		
ELIGIBILITY RATE (C / (C+I))			96.2%			100.0%			100.0%			97.8%
COOPERATION RATE (C / (C+R))			83.3%			100.0%			89.5%			86.3%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

Table 6-15. Results of CHIS 2013-2014 data collection for Sonoma ABS sample, adolescent interview, by source and type of sample

	MATCHED (LANDLINE)			UNMATCHED (LANDLINE)			UNMATCHED (CELL)			TOTAL		
	Number	Percentage		Number	Percentage		Number	Percentage		Number	Percentage	
		Within category	of Total		Within category	of Total		Within category	of Total		Within category	of Total
Completed Interviews (C)												
CT ─ COMPLETED TEEN EXTENDED	10		66.7%	4		80.0%	3		37.5%	17		60.7%
Other Nonresponse												
MC ─ MAXIMUM CALLS	2	40.0%		1	100.0%		2	40,0%		5	45.5%	
MR ─ MAX CALLS ─ REFUSAL IN HH	3	60.0%		0	0.0%		3	60.0%		6	54.5%	
Total Other Nonresponse	5		33.3%	1		20.0%	5		62.5%	11		39.3%
TOTAL	15			5			8			28		
COOPERATION RATE (C / (C+R))			100%			100%			100%			100%
ADOLESCENTS SAMPLED	27			7			11			45		
PERMISSION NOT RECEIVED	12		44.4%	2		28.6%	3		27.3%	17		37.8%
COMBINED COMPLETION RATE (C / SAMPLED)			37.0%			57.1%			27.3%			37.8%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

6.10 Data Collection Experiments in CHIS 2013-2014

UCLA instigated two data collection experiments in CHIS 2013-2014. One explored the use of non-monetary incentives (specifically, refrigerator magnets) as compared with the $2 cash incentive usually enclosed with advance letters for CHIS landline RDD sample numbers matched to addresses. The other assessed the effects on the rate of parental permission for the adolescent interview of (1) plainer language in the consent script and (2) motivational messages to telephone interviewers.

6.10.1 Non-monetary Incentives

For part of the CHIS 2013-2014 field period, this experiment assigned 4,996 new landline sample cases with addresses matched to the sampled telephone numbers equally to one of three advance letter conditions: a $2 bill, a $5 bill, and a refrigerator magnet with the CHIS logo. The magnet condition was further split into "thin" and "thick" versions, although the difference in thickness was small. Table 6-16 presents the results of the experiment on screener cooperation rates and adult completion rates. Both incentive conditions had higher screener cooperation rates than the magnet conditions, whether the rate's denominator included only refusals, all nonresponse, or all nonresponse plus all noncontact. Surprisingly, the $2 incentive condition had slightly higher screener cooperation rates than the $5 condition. The contact rate, which should not be affected by the incentive unless respondents associated the advance letter with the caller id, was also somewhat higher for the cash incentives than for the magnets.

The ultimate goal of the survey is to complete the extended interviews, not just the screener. Table 6-16 also shows the adult completion rate for each incentive condition, both conditional on the screener being completed and against the entire initial sample. The $5 incentive was associated with a somewhat higher conditional adult completion rate than the other conditions, "making up" for the difference in screener cooperation against the $2 incentive, as may be seen by comparing the total sample completion rates (13.4 percent and 13.6 percent). The advantage of the cash incentives over the magnets persisted at the adult interview level (magnet completion rates of 10.9 percent and 10.1 percent).

Table 6-16. Results of the CHIS 2013-2014 advance letter experiment

	Incentive Condition			
	$2	$5	Thick Magnet	Thin Magnet
Initial sample size	1665	1666	833	832
Completed screener	441	423	176	167
Ineligible	3	1	0	1
Out of scope	220	208	86	98
Never contacted	580	592	306	318
Refusal	365	385	222	228
Other nonresponse	56	57	43	20
Cooperation Rates				
Refusals only	54.7%	52.4%	44.2%	42.3%
Include other NR	51.2%	48.9%	39.9%	40.2%
Include noncontact	30.6%	29.0%	23.6%	22.8%
Contact Rate	65.2%	64.5%	63.3%	61.8%
Adult interview completed	223	226	91	84
Completion Rate				
Conditional on screener	50.6%	53.4%	51.7%	50.3%
Total sample	13.4%	13.6%	10.9%	10.1%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

6.10.2 Permission Experiment

This experiment had a somewhat different and more complex design than the incentive experiment. The two experimental manipulations were (1) revising the parental consent script for allowing adolescents to be interviewed to use clearer, "friendlier" language vs. the original script and (2) adding messages to the interviewer in the CATI program to motivate success in obtaining permission vs. no messages. The objective of the manipulations was to increase the proportion of parents granting permission for their adolescent children to be interviewed. These manipulations were crossed in a 2X2 factorial design. Because one of the goals was to change interviewer behavior, the four treatments were randomized by interviewer rather than by sampled telephone number. Since in most cases the parent would only hear the consent script once, the fact that a given case might be assigned to interviewers in different treatment cells did not seem to contaminate the design. All interviewer names were sorted by their historical success rates in obtaining permission, and then assigned systematically to one of the four treatment groups. During the time that the experiment was running, each interviewer was subject only to the assigned treatment.

Results of this experiment are presented in Table 6-17 for the four experimental treatments. The data show results for individual calls; a given case may have had more than one call within the experiment. Call results include those where no contact was made with the permission giving adult (PGA) (e.g., appointment for a callback); refusals, which may have been from a proxy or directly from the PGA before listening to the entire script; permission denied, which was assigned only if the PGA heard the entire script; and permission given, also indicating that the PGA heard the entire script.

The first row of rates, the completion rate, is simply the number of PGAs giving permission divided by the total number of calls. The new script/no motivation treatment had the highest overall completion rate (59.9 percent). In theory, the motivational treatment should influence both refusals and permission giving, but likely would not affect the contact rate, except perhaps to the extent that proxy refusals were "converted" to callbacks. The new script should not affect callbacks or proxy refusals, since in neither of those outcomes did the interviewer start reading the script. Thus, a better measure of performance of these treatments is the second row, the completion rate excluding those cases known not to have contact with the PGA. The advantage of the new script/no motivation persists with this measure (76.9 percent); regardless of the script, the motivation intervention performed worse than no motivation.

The next row, "listened to whole script," breaks apart the completion rate, counting as successes those who listened regardless of whether they ultimately gave consent, and as failures the refusals, who include both those who heard part of the script and those who heard none of it (including proxy refusals). Here the new consent script has about a 9 percentage point advantage over the old one, regardless of the motivation condition. The last row shows the rate of agreeing to give permission after hearing the entire script. Here there seems to be a negative effect from the motivational treatment, particularly with the new script.

In sum, the new script seems to have increased the rate of permission-giving during the experiment, apparently by increasing the likelihood that the PGA would listen to the entire script. This explanation makes intuitive sense; the PGA would be more likely to listen if the script were easier to understand and less "official"-sounding. After the experiment had run long enough to ascertain that the results were robust, the new script was adopted for all subsequent permission calls and the motivational intervention was abandoned.

Table 6-17. Call results of two experimental treatments to increase rate of permission-giving

Consent Script	Old		New		
Motivation?	No	Yes	No	Yes	Total
Call Result					
No contact with PGA	59	89	61	56	265
Refusal	34	32	25	19	110
Permission denied	16	22	25	44	107
Permission given	112	112	166	109	499
Total	221	255	277	228	981
Completion rate	50.7%	43.9%	59.9%	47.8%	50.9%
Excluding no contact with PGA	69.1%	67.5%	76.9%	63.4%	69.7%
Listened to whole script	79.0%	80.7%	88.4%	89.0%	84.6%
Agreed after listening	87.5%	83.6%	86.9%	71.2%	82.3%

Source: UCLA Center for Health Policy Research, 2013-2014 California Health Interview Survey

6.11 Households Sharing Cell Phones

CHIS cycles since 2009 have included a question in the screening interview for households reached by a number associated with a cell phone asking whether that cell phone is shared with any other adult(s) in the household. If the phone is shared, a sampled adult is randomly selected from all adults in the household using the Rizzo method (see Section 2.1). The rationale for this approach is that if adults are sharing a phone, it is likely that one or more of them does not have his or her own cell phone. While this approach has drawbacks, it does increase the chance that an adult in a cell-only household who doesn't have his or her own phone would have a chance of selection for CHIS. A more precise procedure would be to enumerate the adults, determine which of them shared the sampled phone number, and which also had their own phones, but this would be quite burdensome in a screening interview. CHIS has also asked how many of the other adults have their own phones and whether the screener respondent is the one who usually answers the sampled number.

In CHIS 2013-2014, about 20 percent of households reached by cell phone included only one adult. Another 9 percent reported two or more adults and sharing the sampled telephone number. The remainder, about 71 percent, reported two or more adults and no sharing of the sampled number. In the households that shared the sampled number, about 80 percent of screener respondents said that they were the ones who usually answered the sampled phone. Further, about 66 percent of other adults in these households were reported as having their own phones. In households with more than one adult but no sharing, about 92 percent of adults other than the screener respondents had their own phones.

In 55 percent of sharing households, an adult other than the screener respondent was selected. In about 78 percent of these households, the screening interview was completed. This rate compares with about 98 percent of sharing households where the screener respondent was selected, 93 percent of households with multiple adults with no sharing, and 99 percent of single-adult households. Once the screener was completed, adult interviews were completed in about 18 percent of sharing households where an "other" adult was selected, in about 44 percent of sharing households where the screener respondent was selected, and in about 56 percent of households with single adults or with multiple adults and no sharing. The net yield of "other" adults sampled in sharing households was 109 adult interviews, or 1.4 percent of all completed adult interviews in households reached through sampled cell numbers. This total compares with the overall proportion of "other" adults in sharing households, which was about 6 percent. Thus, the procedure of subsampling adults in households sharing a cell phone does reach some adults who otherwise might not have a chance of selection. However, the completion rate for such adults is low, the procedure also samples adults other than the screener respondent who would have a chance of selection through their own cell phone, and over half of other adults without their own cell phones seem to be in households where the screener respondent indicates that the sampled number is not for a shared phone.

7. QUALITY CONTROL

Westat's quality control procedures were in place throughout the study. Some of them, such as CATI testing and interviewer training, were used before data collection began as preventive quality controls. Others, such as supplemental interviewer training, monitoring, and comment and problem sheet review were used during data collection to respond to issues with interviewers or to make adjustments to the questionnaires. Interviewer training is described in Chapter 4. Each of the other quality control method is briefly described below.

7.1 Computer-Assisted Telephone Interview Testing

Quality control of the survey questionnaires began with development of specifications for CATI programming. Westat's automated management system for CATI specifications tracked question text, sequencing, response categories, and the appropriate use of "fills" within questions based upon previously recorded information, and range and logic checks. The CATI specification document, published both in PDF and Microsoft Word format, provided the guide for project staff and programmers as to what the CATI instrument should include. The system tracked each change to the specifications and the reason for that change, whether it originated from UCLA, Westat project staff, or the programming team. At some points during the design period, changes were programmed directly into CATI, and the specification database was updated later to reflect what was actually administered.

Once programming commenced, quality control continued with testing to make sure that the CATI instrument was working according to the specifications. The questions and skip patterns were tested as soon as the questionnaires were programmed, as was the database used to store the captured responses. This testing included review by project staff, TRC staff (including interviewers), data preparation staff, the statistical staff and programmers, and by staff at UCLA and Public Health Institute.

After the pilot test and then again during the first few weeks of the statewide field period, the data preparation and programming staffs reviewed frequency counts from each instrument to make sure that the CATI program was performing correctly and all responses and administrative data were being stored in the appropriate variable fields.

7.2 Real-time Range and Logic Checking

Another method of quality control involved the use of edits in the CATI system. Specifically, real-time range checks were programmed for several sections of the questionnaire to catch unlikely or impossible responses and also to catch errors that might result from typographical errors by interviewers. Each check had defined ranges with minimum and maximum values. For example, there were checks to ensure that a child's reported height and weight were within appropriate ranges for the units (metric or English/avoirdupois) the interviewer had specified. Some of these edits were added during the field period.

The edits included both soft and hard ranges. "Hard-range" checks do not allow the interviewer to continue without entering an answer within the range programmed, while "soft-range" checks merely require an interviewer to confirm an unlikely entry. In the rare situations where a respondent insisted on an answer that violated a hard-range check, the interviewer entered "Don't know" for the response to the item and wrote a comment describing the situation that was later reviewed by data preparation staff.

Other edits checked logic between responses. For example, if a respondent 65 years of age or older reported not being covered by Medicare, a verification question appeared on the CATI screen.

7.3 Interviewer Memoranda

As discussed in Chapter 4, interviewer memoranda were given to the staff to clarify and reinforce issues, as well as to inform staff of procedural changes. A total of 13 memoranda were distributed to interviewers.

7.4 Interviewer Monitoring

Westat monitored telephone interviewer performance throughout the field period. Monitoring forms for each interviewer were reviewed weekly, and any interviewers who were identified as in need of additional monitoring were monitored more heavily in the following week. Team leaders also performed additional monitoring if there was concern about an interviewer's performance.

Westat's capacity to monitor telephone interviewers is based on an investment in highly sophisticated equipment and electronic linkages. From a remote location, team leaders and monitors intercepted calls and silently listened to both the interviewer and the respondent. At the same time, the team leader could see what appeared on the interviewer's computer screen and the responses that the interviewer entered. Team leaders simultaneously checked on interviewing technique and the interviewer's ability to correctly capture data.

Westat team leaders and monitors selected 15-minute intervals of each interviewer's working time to monitor. Team leaders performed extra monitoring if there was a concern about an interviewer's performance. An interview monitoring report form was completed each time an interviewer was monitored. Interviewers who continued to have significant problems after receiving feedback or remedial training were released from the study.

During the first weeks following completion of training, the results of monitoring were discussed with each interviewer immediately following the monitoring session. This discussion provided feedback to the interviewer and suggestions to improve his or her techniques to gain cooperation, ask questions, or record responses. Subsequent reports were only reviewed with an interviewer if there was a specific problem, in which case the report was discussed immediately. Team leaders reviewed the monitoring reports throughout the survey period to identify any common problems that might have revealed the need for additional interviewer-wide training.

7.5 Triage

Interviewing during all hours of TRC operation is supported by a specially trained "triage" team leader. The triage team leader was called whenever a problem interfered with the ability to conduct CATI interviewing. When the triage team leader received a problem report, he or she diagnosed the problem and called the appropriate personnel. Hardware, software, and project-specific support were always available via home or cell telephones. The appropriate support personnel were able to respond to problems within minutes of a problem report, regardless of the time of day.

7.6 Using Comments and Problem Sheets to Find Problems

Interviewers made comments within the CATI questionnaire whenever a response did not fit a category and/or when they perceived a problem with a question. With input from UCLA and PHI, some of these comments were used to update data. Data updates and other data preparation issues are discussed in detail in *CHIS 2013-2014 Methodology Series: Report 3 — Data Processing Procedures.*

Comments were also used as indicators of difficulties with the questionnaire. If there were many comments about a particular item, it potentially indicated that a question needed to be changed or reinforced with an interviewer memorandum or a meeting.

Problem sheets were also used for quality control. When interviewers or team leaders encountered a problem in conducting or monitoring an interview, they completed a CATI problem sheet. These sheets were reviewed by a triage team leader and forwarded to the appropriate staff member for resolution. Any problems that suggested a change to the questionnaire were discussed with the UCLA project director.

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APPENDIX A

CHIS 2013-2014 MID-ADMINISTRATION QUESTIONNAIRE CHANGES

CHIS 2013-2014 Mid-Administration Changes--Adult

Element	*Question #*	*Question Text and Description*
Section B1		
AE30	QA13_B45	***During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?*** Mid-administration change: This item was reclaimed from a previous version on 3/24/2014.
Section C		
AC48	QA13_C10	***Yesterday, how many glasses of nonfat or low-fat milk did you drink? Do not include 2% milk or whole milk.*** Mid-administration change: On 02/15/2013, a note was added for interviewers to only include dairy milk.
AC49	QA14_C25	***During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?*** Mid-administration change: On 05/15/2013, the skip instruction in the programming note was changed because the former target was deleted. On 03/24/2014, the skip instruction in the programming note was changed again and skip instructions were added to the response categories NO/REFUSED/DON'T KNOW.
AC52	QA14_C18	***How old were you when you first began to smoke cigarettes fairly regularly?*** Mid-administration change: This item was put into production on
AC53	QA14_C19	***How long has it been since you smoked on a daily basis?*** Mid-administration change: This item was put into production on
AC54	QA14_C20	***{On days when you smoke, how/How} soon after you awake do you usually smoke your first cigarette?*** Mid-administration change: This item was put into production on
AC55	QA14_C21	***Where do you USUALLY buy your cigarettes?*** Mid-administration change: This item was put into production on 03/24/2014. On 04/29/2014, a skip instruction was added to the response "99. I DON'T BUY."
AC56	QA14_C22	***How much do you usually pay for a pack of cigarettes?*** Mid-administration change: This item was put into production on 03/24/2014. On 04/29/2014, another response was added to this item ("ROLL THEIR OWN").

Element	*Question #*	*Question Text and Description*
AC57	QA14_C23	***The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions?***
		Mid-administration change: This item was put into production on
AC58	QA14_C24	***Do you usually smoke menthol or non-menthol cigarettes?***
		Mid-administration change: This item was put into production on
AC59	QA14_C26	***During the past 12 months, how many times have you tried to quit smoking for one day or longer?***
		Mid-administration change: This item was put into production on
AC60	QA14_C28	***There are many products called nicotine Replacement Therapy or NRT that replace nicotine to help people quit smoking. The last time you tried to quit, did you use a nicotine replacement therapy such as a...***
		nicotine patch?
		Mid-administration change: This item was put into production on
AC61	QA14_C29	***[The last time you tried to quit, did you use a nicotine replacement therapy such as a...]***
		nicotine gum?
		Mid-administration change: This item was put into production on
AC62	QA14_C30	***[The last time you tried to quit, did you use a nicotine replacement therapy such as a...]***
		nicotine inhaler?
		Mid-administration change: This item was put into production on
AC63	QA14_C31	***[The last time you tried to quit, did you use a nicotine replacement therapy such as a...]***
		nicotine lozenge?
		Mid-administration change: This item was put into production on
AC64	QA14_C32	***There are prescription medications to help people quit smoking cigarettes. The last time you tried to quit, did you use...***
		Zyban, Wellbutrin, or Bupropion?
		Mid-administration change: This item was put into production on

Element	*Question #*	*Question Text and Description*
AC65	QA14_C33	***[The last time you tried to quit, did you use...]***
		Prozac?
		Mid-administration change: This item was put into production on
AC66	QA14_C34	***[The last time you tried to quit, did you use...]***
		Chantix or Varenicline?
		Mid-administration change: This item was put into production on
AC67	QA14_C35	***In the past 12 months, have you done any of the following to help you quit smoking? Did you...***
		Switch to "light" cigarettes?
		Mid-administration change: This item was put into production on
AC68	QA14_C36	***[In the past 12 months, have you done any of the following to help you quit smoking? Did you...]***
		Switch to smokeless tobacco?
		Mid-administration change: This item was put into production on
AC69	QA14_C37	***[In the past 12 months, have you done any of the following to help you quit smoking? Did you...]***
		Quit completely on your own or "cold turkey"?
		Mid-administration change: This item was put into production on
AC70	QA14_C38	***[In the past 12 months, have you done any of the following to help you quit smoking? Did you...]***
		Stop hanging out with friends who smoke?
		Mid-administration change: This item was put into production on
AC71	QA14_C39	***[In the past 12 months, have you done any of the following to help you quit smoking? Did you...]***
		Try to quit with a friend?
		Mid-administration change: This item was put into production on
AC72	QA14_C40	***[In the past 12 months, have you done any of the following to help you quit smoking? Did you...]***
		Exercise more to help you quit smoking?
		Mid-administration change: This item was put into production on

Element	*Question #*	*Question Text and Description*
AC73	QA14_C41	***[In the past 12 months, have you done any of the following to help you quit smoking? Did you...]*** ***Use herbal remedies for quitting smoking?*** Mid-administration change: This item was put into production on
AC74	QA14_C42	***[In the past 12 months, have you done any of the following to help you quit smoking? Did you...]*** ***Use acupuncture or hypnosis to help you quit smoking?*** Mid-administration change: This item was put into production on
AC75	QA14_C43	***[In the past 12 months, have you done any of the following to help you quit smoking? Did you...]*** ***Call a telephone quitting helpline?*** Mid-administration change: This item was put into production on
AC77	QA14_C44	***In the past 12 months, did a doctor or other health professional advise you to quit smoking?*** Mid-administration change: This item was put into production on
AC78	QA14_C45	***In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?*** Mid-administration change: This item was put into production on
AC79	QA14_C46	***Have you ever smoked a Hookah pipe?*** Mid-administration change: This item was put into production on
AC80	QA14_C47	***Do you now use a Hookah pipe every day, some days, or not at all?*** Mid-administration change: This item was put into production on
AC81	QA14_C48	***Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer cigarettes?*** Mid-administration change: This item was put into production on
AC82	QA14_C49	***During the past 30 days, how many days did you use electronic cigarettes?*** Mid-administration change: This item was put into production on
AC83	QA14_C50	***What are your reasons for using electronic cigarettes?*** Mid-administration change: This item was put into production on
AC84	QA14_C51	***What are the current rules or restrictions about smoking inside your home? Would you say…*** Mid-administration change: This item was put into production on

Element	*Question #*	*Question Text and Description*
AC85	QA14_C52	***Is your place of work completely smoke-free indoors?*** Mid-administration change: This item was put into production on
AC86	QA14_C53	***As far as you know, in the past 7 days, has anyone smoked in your work area?*** Mid-administration change: This item was put into production on
AC87	QA14_C54	***How many people with whom you regularly interact, including close friends and family, smoke cigarettes?*** Mid-administration change: This item was put into production on
AC88	QA14_C55	***Please think about any messages against smoking that you saw on TV, heard on the radio, or saw on a billboard. In the past 60 days, did you see…*** Mid-administration change: This item was put into production on
AC89	QA14_C56	***In the last few years, do you think advertising for tobacco products has...*** Mid-administration change: This item was put into production on
AC90	QA14_C57	***Please tell me if you agree or disagree with each of the following statements.*** ***Taking a stand against smoking is important to you.*** Mid-administration change: This item was put into production on
AC91	QA14_C58	***You want to be involved in efforts to get rid of smoking.*** Mid-administration change: This item was put into production on
AC92	QA14_C59	***How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other healthcare programs? Would you support a tax increase of...*** Mid-administration change: This item was put into production on
AC93	QA14_C60	***Please tell me if you think smoking should be allowed or not allowed in each of the following places:*** ***Outdoor public places like parks, beaches, golf courses, zoos, and sports stadiums.*** Mid-administration change: This item was put into production on
AC94	QA14_C61	***[Please tell me if you think smoking should be allowed or not allowed in each of the following places:]*** ***Outdoor restaurant dining patios.*** Mid-administration change: This item was put into production on

Element	*Question #*	*Question Text and Description*
AC95	QA14_C62	***Please tell me if you think smoking should be allowed or not allowed in each of the following places:*** ***Indian casinos.*** Mid-administration change: This item was put into production on
AC96	QA14_C63	***Do you agree or disagree that there should be a total ban on smoking everywhere in your city or town, except in one's home?*** Mid-administration change: This item was put into production on
AD32	QA13_C16	***On the average, how many cigarettes do you now smoke a day?*** Mid-administration change: On 03/24/2014, th skip instructions for NO/REFUSED/DON'T KNOW response categories were changed.
AD37Wc	QA13_C1	***The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.*** ***During the PAST 7 DAYS, did you walk to get some place that took you AT LEAST 10 MINUTES?*** Mid-administration change: On 05/15/2013, the skip instruction after "Unable to walk" response was changed because items were deleted.
AD40Wc	QA13_C4	***Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days, did you walk for at least 10 minutes for any of these reasons? {Please do not include walking for transportation.}*** Mid-administration change: On 05/15/2013, the skip instruction after response categories were changed because some following items were deleted.
AD41Wc	QA13_C5	***In the past 7 days, how many times did you do that?*** Mid-administration change: On 05/15/2013, the skip instruction after response categories were changed because some following items were deleted.
AE15	QA13_C14	***Now, I am going to ask about various health behaviors.*** ***Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?*** Mid-administration change: On 05/15/2013, skip instruction after response category was changed because former target was deleted. On 03/24/2014, the skip instruction after response category "NO" was
AE15A	QA13_C15	***Do you now smoke cigarettes every day, some days, or not at all?*** Mid-administration change: On 03/24/2014, the skip instructions for NO/REFUSED/DON'T KNOW response categories were changed.

Element	Question #	Question Text and Description
AE16	QA13_C17	***In the past 30 days, when you smoked, how many cigarettes did you smoke per day?*** Mid-administration change: On 05/15/2013, skip instruction in programming note was changed because former target was deleted.

Section D

AD55	QA13_D15	***Have you ever been tested for HIV, the virus that causes AIDS?*** Mid-administration change: This item was put into production on 05/15/2013. NOTE: This item was not asked in Proxy interviews.
AD62	QA13_D16	***In the past year, how many times have you been tested for HIV?*** Mid-administration change: This item was put into production on 05/15/2013. NOTE: This item was not asked in Proxy interviews.
AD63	QA13_D17	***When was your last HIV test?*** Mid-administration change: This item was put into production on 05/15/2013. NOTE: This item was not asked in Proxy interviews.
AD64	QA13_D18	***Was the result of your HIV test positive or negative?*** Mid-administration change: This item was put into production on 05/15/2013. NOTE: This item was not asked in Proxy interviews.
AD65	QA13_D21	***What sex were you assigned at birth, on your original birth certificate?*** Mid-administration change: This item was put into production on
AD66	QA13_D22	***Do you currently describe yourself as male, female, or transgender?*** Mid-administration change: This item was put into production on
AD67	QA13_D23	***What is your current gender identity?*** Mid-administration change: This item was put into production on
AD68	QA13_D24	***What sex were you assigned at birth, on your original birth certificate?*** Mid-administration change: This item was put into production on
AD69	QA13_D25	***Do you currently identify as male, female, transgender, are you not sure yet, or do you not know what this question means?*** Mid-administration change: This item was put into production on

Element	Question #	Question Text and Description
AD70	QA13_D26	***Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider yourself to be transgender?*** Mid-administration change: This item was put into production on
AD71	QA13_D27	***Are you transgender male to female, transgender female to male, or transgender gender non-conforming?*** Mid-administration change: This item was put into production on
AD72	QA13_D28	***Sex is what a person is born. Gender is how a person feels. When a person's sex and gender do not match, they might think of themselves as transgender. Are you transgender?*** Mid-administration change: This item was put into production on
Section G		
AK8	QA13_G32	***{Including yourself, about/About} how many people are employed by {you/your employer} at all locations?*** Mid-administration change: On 03/11/2014, this item was moved from Section K to Section G
Section H		
AH100	QA13_H88	***Did anyone help you find a health plan?*** Mid-administration change: On 03/11/2014, skip instructions following the response categories were changed to accommodate new items.
AH104	QA13_H19	***How did you purchase this health insurance--directly from an insurance company or HMO, or through Covered California?*** Mid-administration change: This item was put into production on 03/11/2014.
AH105	QA13_H22	***How did {you/he or she} sign up for this health insurance--through an employer, through a union, or through Covered California's SHOP program?*** Mid-administration change: This item was put into production on 03/11/2014.
AH106	QA13_H23	***Was this a bronze, silver, gold or platinum plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH107	QA13_H24	***Was there a subsidy or discount on the premium for this plan?*** Mid-administration change: This item was put into production on 03/11/2014.

Element	*Question #*	*Question Text and Description*
AH108	QA13_H47	***You said you have health insurance through Covered California's SHOP program. Is your {SPOUSE/PARTNER} {also} covered by this health insurance?*** Mid-administration change: This item was put into production on 03/11/2014.
AH109	QA13_H50	***You said you have a plan you purchased directly from Covered California. Is your {spouse/partner} {also} covered by this plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH110	QA13_H85	***Was that directly from an insurance company or HMO, or through Covered California, or both from and insurance company and through Covered California?*** Mid-administration change: This item was put into production on 03/11/2014.
AH111	QA13_H90	***{Now, think about your experience with Covered California.}*** ***How difficult was it to find a plan with the coverage you needed through Covered California? Was it . . .*** Mid-administration change: This item was put into production on 03/11/2014.
AH112	QA13_H91	***How difficult was it to find a plan you could afford? Was it . . .*** Mid-administration change: This item was put into production on 03/11/2014.
AH113	QA13_H92	***Did anyone help you find a health plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH114	QA13_H93	***Who helped you?*** Mid-administration change: This item was put into production on 03/11/2014.
AH115	QA13_H94	***Did you have all the information you felt you needed to make a good decision on a health plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH116	QA13_H95	***Were you able to get information about your health plan options in your language?*** Mid-administration change: This item was put into production on 03/11/2014.

Element	*Question #*	*Question Text and Description*
AH117	QA13_H96	***Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH118	QA13_H97	***Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH119	QA13_H98	***Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH120	QA13_H99	***Was the choice of doctors in the plan's network very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH121	QA13_H100	***Finally, what was the MOST important reason you chose your {Bronze/Silver/Gold/Platinum} plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it somethng else?*** Mid-administration change: This item was put into production on 03/11/2014.
AH122	QA13_H63B	***Is your health plan a PPO or EPO?*** Mid-administration change: This item was put into production on 03/11/2014.
AH49	QA13_H8	***Is your MediCARE coverage provided through an HMO?*** Mid-administration change: On 05/15/2013, the words "or Blue Cross" were dropped from the interviewer instruction.
AH50	QA13_H9	***What is the name of your MediCARE HMO plan?*** Mid-administration change: The ARMILIT flag was added on 4/29/2014.
AH56	QA13_H27	***{Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?*** Mid-administration change: On 03/11/2014, the response category "COVERED CALIFORNIA" and another line of variable coding (ARHBEX) in Programming Note B were added to this item.

Element	*Question #*	*Question Text and Description*
AH62	QA13_H57	***Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?*** Mid-administration change: On 03/11/2014, four conditions for asking this item were added to Programming Note A and 10 conditions for variable coding were added to Programming Note B.
AH63	QA13_H58	***Is the plan in your name, parent's name or someone else's name?*** Mid-administration change: On 03/11/2014, 10 conditions for variable coding were added to Programming Note B.
AH73	QA13_H70	***Do you have a special account or fund you can use to pay for medical expenses?*** Mid-administration change: On 02/06/2013, the conditions for asking this question were changed to exclude respondents with certain types of insurance. Interviews completed prior to that were updated to agree with the new condition.
AH98	QA13_H86	***{First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}*** ***How difficult was it to find a plan with the coverage you needed? Was it…*** Mid-administration change: On 03/11/2014, conditions for asking the question and display instructions were added to Programming Note A and conditional text was added to the question.
AI11	QA13_H18	***Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?*** Mid-administration change: On 03/11/2014, the phrase "or through Covered California" was added to this question text and skip instructions were added to the NO/REF/DK responses to skip over the next new item
AI19	QA13_H37	***What type of health insurance do you have?*** Mid-administration change: On 03/11/2014, two response categories and two lines of variable coding in Programming Note B were added to this
AI22C	QA13_H63	***{Next I have some questions about your own main health plan.}*** ***Is your {Medi-Cal} health plan an HMO?*** Mid-administration change: On 03/11/2014, an interviewer instruction for a response of "EPO" and a skip instruction for a "YES" response were added to this item. NOTE: If items about the adult respondent's plan details were asked using the 2014 version, then the flag AH32014 was set to "1".

Element	*Question #*	*Question Text and Description*
AI30	QA13_H83	***During that time when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?*** Mid-administration change: On 03/11/2014, question text and a response category about "Covered California" were added to this item.
AI33	QA13_H73	***Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?*** Mid-administration change: On 03/11/2014, question text and a response category about "Covered California" were added to this item.
AI40	QA13_H46	***You said you have insurance from YOUR current or former employer or union. Is your {spouse/partner} also covered by the insurance from YOUR employer or union?*** Mid-administration change: On 03/11/2014, added condition for asking question ("AND ARHBEX <> 1") to Programming Note A and the phrase "or union" at the end of the question text.
AI41	QA13_H49	***You said you {also} have a plan you purchased directly from the insurer. Is your {SPOUSE/PARTNER} also covered by this plan?*** Mid-administration change: On 03/11/2014, another condition for asking the question was added and the target for the skip instruction in Programming Note A was changed to accommodate the new item AH109
AI47	QA13_H54	***What type of health insurance does {she/he} have?*** Mid-administration change: On 03/11/2014, two response categories about Covered California and two lines of variable coding in Programming Note B were added to this item.
AI49	QA13_H56	***What type of health insurance does {she/he} have?*** Mid-administration change: On 03/11/2014, two response categories about Covered California and two lines of variable coding in Programming Note B were added to this item.
AI9	QA13_H20	***Was this plan obtained in your own name or in the name of someone else?*** Mid-administration change: On 03/11/2014, the target of the skip instructions in the programming note and for the response categories changed to accommodate new items (AH105-AH107).

Element	Question #	Question Text and Description
AI9A	QA13_H21	***Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?*** Mid-administration change: On 03/11/2014, the target of the skip instruction in Programming Note A changed to accommodate new items (AH105-AH107) and an additional line of variable coding was added to
Section I		
AH100_b	QA13_I85	***Did anyone help you find a health plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH101_b	QA13_I86	***Who helped you?*** Mid-administration change: This item was put into production on 03/11/2014.
AH110_b	QA13_I82	***Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?*** Mid-administration change: This item was put into production on 03/11/2014.
AH111_b	QA13_I87	***{Now, think about your experience with Covered California.}*** ***How difficult was it to find a plan with the coverage you needed through Covered California? Was it . . .*** Mid-administration change: This item was put into production on 03/11/2014.
AH112_b	QA13_I88	***How difficult was it to find a plan you could afford? Was it . . .*** Mid-administration change: This item was put into production on 03/11/2014.
AH113_b	QA13_I89	***Did anyone help you find a health plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH114_b	QA13_I90	***Who helped you?*** Mid-administration change: This item was put into production on 03/11/2014.
AH115_b	QA13_I91	***Did you have all the information you felt you needed to make a good decision on a health plan?*** Mid-administration change: This item was put into production on 03/11/2014.

Element	*Question #*	*Question Text and Description*
AH116_b	QA13_I92	***Were you able to get information about your health plan options in your language?*** Mid-administration change: This item was put into production on 03/11/2014.
AH117_b	QA13_I93	***Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH118_b	QA13_I94	***Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH119_b	QA13_I95	***Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH120_b	QA13_I96	***Was the choice of doctors in the plan's network very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AH121_b	QA13_I97	***Finally, what was the MOST important reason you chose your {Bronze/Silver/Gold/Platinum} plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?*** Mid-administration change: This item was put into production on 03/11/2014.
AH98_b	QA13_I83	***{First, think about your experience trying to purchase insurance directly from an insurance company or HMO."}*** ***How difficult was it to find a plan with the coverage you needed? Was it…*** Mid-administration change: This item was put into production on 03/11/2014.
AH99_b	QA13_I84	***How difficult was it to find a plan you could afford? Was it. . .*** Mid-administration change: This item was put into production on 03/11/2014.

Element	*Question #*	*Question Text and Description*
AI90	QA13_I6	***Is this plan through an employer, through a union, or through Covered California's SHOP program?*** Mid-administration change: This item was put into production on 03/11/2014.
AI91	QA13_I8	***How did you purchase this health insurance--directly from an insurance company or HMO, or through Covered California?*** Mid-administration change: This item was put into production on 03/11/2014.
AI92	QA13_I9	***Was this a bronze, silver, gold, or platinum plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AI93	QA13_I10	***Was there a subsidy or discount on the premium for this plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AI94	QA13_I47	***Is this plan through an employer, through a union, or through Covered California's SHOP program?*** Mid-administration change: This item was put into production on 03/11/2014.
AI95	QA13_I49	***How did you purchase this health insurance--directly from an insurance company or HMO, or through Covered California?*** Mid-administration change: This item was put into production on 03/11/2014.
AI96	QA13_I50	***Was this a bronze, silver, gold, or platinum plan?*** Mid-administration change: This item was put into production on 03/11/2014.
AI97	QA13_I51	***Was there a subsidy or discount on the premium for this plan?*** Mid-administration change: This item was put into production on 03/11/2014.
Section J		
AJ102	QA13_J9	***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?*** Mid-administration change: On 02/07/2013, the skip instruction in the programming note was changed. On 05/15/2013, it was changed again, along with the skip instructions after the response categories, because a number of the following questions were deleted at that time.

Element	Question #	Question Text and Description
AJ103	QA13_J10	***How often were you able to get an appointment within two days? Would you say . . .*** Mid-administration change: On 05/15/2013, the skip instructions after the response categories were dropped, because a number of the following questions were deleted at that time.
AJ134	QA13_J38	***During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?*** Mid-administration change: On 05/15/2013, the words "or clinic" were dropped from the question text.
AJ135	QA13_J39	***During the past 12 months,did a doctor's office tell you that they would not take your main health insurance?*** Mid-administration change: On 02/06/2013, the question text and the condition for asking the item were changed. Interviews completed prior to that were updated to agree with the new condition. On 03/26/2013, the skip destination in the programming note was changed from AJ108 to AJ151 to accommodate the new item. On 05/15/2013, the words "or clinic" were dropped from the question text.
AJ138	QA13_J35	***During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?*** Mid-administration change: On 05/15/2013, the words "or clinic" were dropped from the question text.
AJ139	QA13_J36	***During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?*** Mid-administration change: On 02/06/2013, the question text and the condition for asking the item were changed. Interviews completed prior to that were updated to agree with the new condition.
AJ141	QA13_J45	***During the past 12 months, have YOU received a birth control method or a prescription for birth control from a doctor or medical provider?*** Mid-administration change: On 02/21/2013, an interviewer instruction was added to this item. NOTE: This item was not asked in Proxy interviews.
AJ142	QA13_J46	***What MAIN birth control method or prescription did you receive?*** Mid-administration change: On 02/21/2013, interviewer instructions were added and response categories were changed. Data collected up to that point were stored in the variable AJ142OLD and the values for those cases were recoded into AJ142 to fit the new response categories. NOTE: This item was not asked in Proxy interviews.

Element	*Question #*	*Question Text and Description*
AJ151	QA13_J40	***Do you currently have something in writing that states your wishes regarding end-of-life medical care?*** Mid-administration change: This item was put into production on

Section N

AM10	QA13_N11	***Do you think you would be willing to do a follow-up to this survey some time in the future?*** Mid-administration change: This item was moved before AN14 and the word "Finally" was dropped from the text on October 29, 2014.
AN14		***You are eligible to participate in a phone survey conducted for the University of California, San Diego asking similar tobacco questions. This survey will take place about a year from now and you will be compensated {$10/$20}. Do I have your permission to provide your first name and telephone number to the organization conducting this other study?*** Mid-administration change: This item was put into production on 09/25/2014. Then, on October 29, 2014, it was moved to follow AM10 and the skip instructions were dropped from the response categories and changed in Programming Note A; also the word "Finally" was dropped from the text.

Section PR

PROTOC1	SUICIDE RESOURCE	***We have a toll-free number you can call if you'd like to talk to someone about suicidal thoughts. Someone is available 24 hours a day to provide information to help you. I'd be happy to wait while you get something to write with, and I can give you the number.*** ***[WAIT AS NEEDED.]*** ***The number is 1-800-273-TALK (8255).*** ***Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.*** Mid-administration change: On 9/17/2014, the sentence about waiting until R can get something to write with was added to the English screens. On 10/07/2014, it was also added to the non-English screens.

Section S

Element	*Question #*	*Question Text and Description*
AF92	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. I'd be happy to wait while you get something to write with, and I can give you the number.*** ***[WAIT AS NEEDED.]*** ***The number is 1-800-273-TALK (8255).*** ***Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.*** ***Would you like me to repeat the number or website address?*** Mid-administration change: On 9/17/2014, the sentence about waiting until R can get something to write with was added to the English screens. On 10/07/2014, it was also added to the non-English screens.

Section X

AC17		***Is smoking ever allowed inside your home?*** Mid-administration change: On 02/07/2013, skip instructions after response categories were changed because the prior target was deleted. Then, the item was dropped from production on 05/15/2013.
AC51		***Now, think about the place where you work.*** ***As far as you know, in the past seven days, has anyone smoked in your work area?*** Mid-administration change: On 02/07/2013, an introduction was added along with one new response category. On the same day, the item was removed from production.
AC76	QA14_C44	***Which of the following best describes your intentions regarding quitting smoking? Would you say you…*** Mid-administration change: This item was put into production on
AD13		***To your knowledge, are you NOW pregnant?*** Mid-administration change: This item was removed from production on 05/15/2013.
AD34		***On average, about how many days per week is there smoking inside your home?*** Mid-administration change: This item was removed from production on 05/15/2013.

Element	*Question #*	*Question Text and Description*
AE19		***How much did you weigh at age 18?*** Mid-administration change: This item was removed from production on 05/15/2013.
AE2		***Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.*** ***During the past month, how many times did you eat fruit? Do not count juices.*** Mid-administration change: This item was removed from production on 05/15/2013.
AE24		***Now think about VIGOROUS activities you did in your free time that take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming. Again, do not include walking.*** ***During the last 7 days, did you do any vigorous physical activities in your free time?*** Mid-administration change: This item was removed from production on 05/15/2013.
AE25		***On how many days did you do this?*** Mid-administration change: This item was removed from production on 05/15/2013.
AE25A		***How much time did you {usually} spend on {one of those days/ that day} doing vigorous physical activities in your free time?*** Mid-administration change: This item was removed from production on 05/15/2013.
AE26		***The next questions are about physical activities or exercise you may do in your free time for at least 10 minutes, other than walking. First think about activities that take moderate physical effort, such as bicycling, swimming, dancing, or gardening.*** ***During the last 7 days, did you do any MODERATE physical activities in your free time for at least 10 minutes?*** Mid-administration change: This item was removed from production on 05/15/2013.
AE27		***On how many days did you do this?*** Mid-administration change: This item was removed from production on 05/15/2013.

Element	*Question #*	*Question Text and Description*
AE27A		***How much time did you {usually} spend on {one of those days/that day} doing moderate physical activities in your free time?*** Mid-administration change: This item was removed from production on 05/15/2013.
AE7		***[During the past month,] how many times did you eat any vegetables, like green salad, green beans, or potatoes? Do not include fried potatoes.*** Mid-administration change: On 02/15/2013, the word "OTHER" (as in "OTHER vegetables") was dropped from the question text. Then, the item was removed from production on 05/15/2013.
AG20		***{Since you speak a language other than English at home, we are interested in the languages you use in other situations.}*** ***What language do you speak with your friends?*** Mid-administration change: This item was removed from production on 05/15/2013.
AI56C		***In what country was {CHILD NAME /AGE/SEX} born?*** Mid-administration change: This item was removed from production on 05/15/2013.
AI56T		***In what country was {ADOLESCENT /AGE/SEX} born?*** Mid-administration change: This item was removed from production on 05/15/2013.
AI58C		***Is {CHILD NAME /AGE/SEX} a citizen of the United States?*** Mid-administration change: This item was removed from production on 05/15/2013.
AI58T		***Is {ADOLESCENT /AGE/SEX} a citizen of the United States?*** Mid-administration change: This item was removed from production on 05/15/2013.
AI59C		***Is {CHILD NAME /AGE/SEX} a permanent resident with a green card?*** Mid-administration change: This item was removed from production on 05/15/2013.
AI59T		***Is {ADOLESCENT /AGE/SEX} a permanent resident with a green card?*** Mid-administration change: This item was removed from production on 05/15/2013.

Element	Question #	Question Text and Description
AI60C		***About how many years has {CHILD NAME /AGE/SEX} lived in the United States?*** Mid-administration change: This item was removed from production on 05/15/2013.
AI60T		***About how many years has {ADOLESCENT /AGE/SEX} lived in the United States?*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ109		***In the past 12 months, did you use the internet to look for health or medical information?*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ115		***In the past 12 months, did you try to get an appointment to see your main provider in the same day because you were sick or injured?*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ116		***How often were you able to get an appointment in the same day? Would you say…*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ117		***If there were a choice between treatments, how often would your doctor or medical provider ask you to help make the decision? Would you say…*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ118		***Other than to remind you about scheduled appointments, did your provider contact you about your asthma in the past 12 months?*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ119		***During the past 12 months, how often did your doctor or medical provider contact you about your asthma? Would you say…*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ120		***What are the reasons your provider contacted you about your asthma?*** Mid-administration change: This item was removed from production on 05/15/2013.

Element	Question #	Question Text and Description
AJ121		***Other than to remind you about scheduled appointments, did your provider contact you about your diabetes in the past 12 months?*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ122		***During the past 12 months, how often did your doctor or medical provider contact you about your diabetes? Would you say…*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ123		***What are the reasons your provider contacted you about your diabetes?*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ124		***Other than to remind you about scheduled appointments, did your provider contact you about your heart disease in the past 12 months?*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ125		***During the past 12 months, how often did your doctor or medical provider contact you about your heart disease? Would you say…*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ126		***What are the reasons your provider contacted you about your heart disease?*** Mid-administration change: This item was removed from production on 05/15/2013.
AJ147		***During the past 12 months, did you visit a hospital emergency room or urgent care clinic because of a dental problem?*** Mid-administration change: This item was removed from production on 02/07/2013.
AJ148		***During the past 12 months, was there any time when you needed dental care (including check-ups) but you couldn't or didn't get it?*** Mid-administration change: This item was removed from production on 02/07/2013.
AJ149		***What was the main reason why you didn't get the dental care you needed?*** Mid-administration change: The response categories for this item were changed on 02/06/2013. On 02/07/2013, the item was removed from production.

Element	*Question #*	*Question Text and Description*
AJ57		***Since you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way?*** Mid-adminstration change: This item was removed from production on 02/15/2013.
AJ57INTR		***The next questions are about relationships with intimate partners and safety. An intimate partner is ANY husband, wife, boyfriend, girlfriend, or someone you lived with or dated. I'll ask about being slapped, hit, and about unwanted sex. Your answers will be kept private. If any question upsets you, you don't have to answer it.*** Mid-adminstration change: This item was removed from production on 02/15/2013.
AJ58		***Since you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?*** Mid-adminstration change: This item was removed from production on 02/15/2013.

CHIS Mid-Administration Changes--Child

Element	Question #	Question Text and Description
Section A		
CA3	QC13_A3	***How old is {he/she}?*** Mid-administration change: On 4/10/2013, the skip instruction in the programming note was changed because the previous target item was deleted.
Section B		
CB23	QC13_B3	***What is the main reason your child has {never/not} visited a dentist {in the past year}?*** Mid-administration change: This item was reinstated on 02/15/2013.
Section C		
CC10	QC13_C1	***Now, I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many glasses or boxes of 100% fruit juice, such as orange or apple juice, did {CHILD NAME /AGE/SEX} drink?*** Mid-administration change: On 04/10/2013, the programming note was changed to skip to new item CC52 instead of CG8 (which had been dropped on that date).
CC31	QC13_C3	***Yesterday, how many servings of other vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.*** Mid-administration change: On 05/15/2013, the condition for reading the last sentence ("Do not include fried potatoes") was dropped, so now the sentence is always read.
CC35	QC13_C16	***Not including school PE, on how many days of the past 7 days was {CHILD NAME/AGE/SEX} physically active for at least 60 minutes total?*** Mid-administration change: On 04/10/2013, the programming note was changed to skip to new item CC52 instead of CG8 (which had been dropped on that date).
CC52	QC13_C19	***During the weekdays, about how much time does {CHILD NAME/AGE/SEX} spend on a typical or usual weekday sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?*** Mid-administration change: On 04/10/2013, this new item replaced CG8 and CG9; on 05/15/2013, this item was moved to follow CC53.

Element	Question #	Question Text and Description
CC53	QC13_C18	***The next questions are about the time {CHILD NAME/AGE/SEX} spends mostly sitting when {he/she} is not in school or doing homework.*** ***During the weekends, about how much time does {CHILD NAME/AGE/SEX} spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?*** Mid-administration change: On 04/10/2013, this new item replaced CG10 and CG11; on 05/15/2013, this item was moved before CC52
Section D		
CD40	QC13_D29	***Was this medical care for {his/her} {INSERT ANY CONDITIONS FROM CA10A}?*** Mid-administration change: On 4/29/2014, the target of the skip instruction in Programming Note A was changed for this item. See also notes for CD69, CD70, and CD71.
CD55	QC13_D11	***In the past 12 months, did you try to get an appointment to see {CHILD NAME/AGE/SEX}'s doctor or medical provider within two days because {CHILD NAME/AGE/SEX} was sick or injured?*** Mid-administration change: On 05/15/2013, the skip instructions after the response categories were changed because previous target was
CD69	QC13_D30	***During the past 12 months, did you have any trouble finding a general doctor or provider who would see your child?*** Mid-administration change: Because of changes in skip instructions at CE7 and CD40 on 4/29/2014, CD69, CD70, and CD71 are now asked all the time. Previously completed but undelivered child interviews have had these three variables set to missing (-9).
CD70	QC13_D31	***During the past 12 months, were you told by a doctor's office or clinic that they would not accept your child as a new patient?*** Mid-administration change: Because of changes in skip instructions at CE7 and CD40 on 4/29/2014, CD69, CD70, and CD71 are now asked all the time. Previously completed but undelivered child interviews have had these three variables set to missing (-9).
CD71	QC13_D32	***During the past 12 months, were you told by a doctor's office or clinic that they did not accept your child's health care coverage?*** Mid-administration change: Because of changes in skip instructions at CE7 and CD40 on 4/29/2014, CD69, CD70, and CD71 are now asked all the time. Previously completed but undelivered child interviews have had these three variables set to missing (-9).

Element	Question #	Question Text and Description
CE7	QC13_D23	***During the past 12 months, did you delay or not get any other medical care that you felt {CHILD NAME/AGE/SEX} needed—such as seeing a doctor, a specialist or other health professional?*** Mid-administration change: On 4/29/2014, the target of the skip instructions was changed for this item. See also notes for CD69, CD70, and
Section H		
CH8	QC13_H10	***In what country was {CHILD NAME /AGE/SEX} born?*** Mid-administration change: The programming note for this item was dropped from production on 05/15/2013, because the condition no longer applied (i.e., the question will no longer be asked in the adult
Section K		
KAH100	QK13_H88	***Did anyone help you find a health plan?*** Mid-administration change: On 03/11/2014, skip instructions following the response categories were changed to accommodate new items. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH100_b	QK13_I85	***Did anyone help you find a health plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH101_b	QK13_I86	***Who helped you?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH103	QK13_H84	***In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO or Covered California?*** Mid-administration change: On 3/11/2014, question text added mention of "Covered California" and conditions were reworked in Programming Note A. NOTE: Unlike the rest of the "Child First" interview, this item is asked about

Element	*Question #*	*Question Text and Description*
KAH103_b	QK13_I81	***In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH104	QK13_H19	***How did your spouse purchase this health insurance--directly from an insurance company or HMO, or through Covered California?*** Mid-administration change: This item was put into production on
KAH105	QK13_H22	***How did {you/he or she} sign up for this health insurance--through an employer, through a union, or through Covered California's SHOP program?*** Mid-administration change: This item was put into production on 03/11/2014.
KAH106	QK13_H23	***Was this a bronze, silver, gold or platinum plan?*** Mid-administration change: This item was put into production on 03/11/2014.
KAH107	QK13_H24	***Was there a subsidy or discount on the premium for this plan?*** Mid-administration change: This item was put into production on 03/11/2014.
KAH108	QK13_H47	***You said you have health insurance through Covered California's SHOP program. Is your {SPOUSE/PARTNER} {also} covered by this health insurance?*** Mid-administration change: This item was put into production on 03/11/2014.
KAH109	QK13_H50	***You said you have a plan you purchased directly from Covered California. Is your {spouse/partner} {also} covered by this plan?*** Mid-administration change: This item was put into production on 03/11/2014.
KAH110	QK13_H85	***Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.

Element	*Question #*	*Question Text and Description*
KAH110_b	QK13_I82	***Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH111	QK13_H90	***{Now, think about your experience with Covered California.}*** ***How difficult was it to find a plan with the coverage you needed through Covered California? Was it . . .*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH111_b	QK13_I87	***{Now, think about your experience with Covered California.}*** ***How difficult was it to find a plan with the coverage you needed through Covered California? Was it . . .*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH112	QK13_H91	***How difficult was it to find a plan you could afford? Was it . . .*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH112_b	QK13_I88	***How difficult was it to find a plan you could afford? Was it . . .*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.

Element	*Question #*	*Question Text and Description*
KAH113	QK13_H92	***Did anyone help you find a health plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH113_b	QK13_I89	***Did anyone help you find a health plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH114	QK13_H93	***Who helped you?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH114_b	QK13_I90	***Who helped you?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH115	QK13_H94	***Did you have all the information you felt you needed to make a good decision on a health plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH115_b	QK13_I91	***Did you have all the information you felt you needed to make a good decision on a health plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.

Element	*Question #*	*Question Text and Description*
KAH116	QK13_H95	***Were you able to get information about your health plan options in your language?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH116_b	QK13_I92	***Were you able to get information about your health plan options in your language?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH117	QK13_H96	***Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH117_b	QK13_I93	***Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH118	QK13_H97	***Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.

Element	*Question #*	*Question Text and Description*
KAH118_b	QK13_I94	***Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH119	QK13_H98	***Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH119_b	QK13_I95	***Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH120	QK13_H99	***Was the choice of doctors in the plan's network very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH120_b	QK13_I96	***Was the choice of doctors in the plan's network very important, somewhat important, or not important in choosing your plan?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.

Element	*Question #*	*Question Text and Description*
KAH121	QK13_H100	***Finally, what was the MOST important reason you chose your {Bronze/Silver/Gold/Platinum} plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it somethng else?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH121_b	QK13_I97	***Finally, what was the MOST important reason you chose your {Bronze/Silver/Gold/Platinum} plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH122	QK13_H63B	***Is your spouse's health plan a PPO or EPO?*** Mid-administration change: This item was put into production on 03/11/2014.
KAH49	QK13_H8	***Is your spouse's MediCARE coverage provided through an HMO?*** Mid-administration change: On 05/15/2013, the words "or Blue Cross" were dropped from the interviewer instructions.
KAH50	QK13_H9	***What is the name of your spouse's MediCARE HMO plan?*** Mid-administration change: The KARMILIT insurance flag was added on 4/29/2014.
KAH56	QK13_H27	***{Who besides your spouse pays any portion of the cost for this plan, such as your spouse's employer, a union, or professional organization/Who is that}?*** Mid-administration change: On 03/11/2014, the response category "COVERED CALIFORNIA" and another line of variable coding (KARHBEX) in Programing Note B were added to this item.
KAH62	QK13_H57	***Was this plan obtained in your name or in the name of someone else?*** Mid-administration change: On 03/11/2014, conditions for asking the item and for variable coding were added to match the Adult Questionnaire.

Element	*Question #*	*Question Text and Description*
KAH63	QK13_H58	***Is the plan in your spouse's or your spouse's parent's name or someone else's name?*** Mid-administration change: On 3/11/2014, conditions for variable coding were added to match the Adult Questionnaire.
KAH71	QK13_H66	***Does your spouse's health plan have a deductible that is more than $1,000?*** Mid-administration change: Specs updated by dropping skip instruction for "Don't Know" response to match Adult Questionnaire.
KAH72	QK13_H68	***Does your spouse's health plan have a deductible for all covered persons that is more than $2,000?*** Mid-administration change: Specs updated by dropping skip instruction for "Don't Know" response to match Adult Questionnaire.
KAH73	QK13_H70	***Does your spouse have a special account or fund {he or she} can use to pay for medical expenses?*** Mid-administration change: On 02/06/2013, the conditions for asking this question were changed to exclude respondents with certain types of insurance. Interviews completed prior to that were updated to agree with the new condition.
KAH98	QK13_H86	***{First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}*** ***How difficult was it to find a plan with the coverage you needed? Was it…*** Mid-administration change: On 03/11/2014, conditions for asking the question and display instructions were added to Programming Note A and conditional text was added to the question. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAH98_b	QK13_I83	***{First, think about your experience trying to purchase insurance directly from an insurance company or HMO."}*** ***How difficult was it to find a plan with the coverage you needed? Was it. . .*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.

Element	*Question #*	*Question Text and Description*
KAH99_b	QK13_I84	***How difficult was it to find a plan you could afford? Was it . . .*** Mid-administration change: This item was put into production on 03/11/2014. NOTE: Unlike the rest of the "Child First" interview, this item is asked about the MKA's experience instead of the AR's experience.
KAI11	QK13_H18	***Is your spouse covered by a health insurance plan that your spouse purchased directly from an insurance company or HMO, or through Covered California?*** Mid-administration change: On 03/11/2014, the phrase "or through Covered California" was added to this question text and skip instructions were added to NO/REF/DK responses to skip over the next new item
KAI116	QK13_I62B	***Is {his/her/his or her} health plan a PPO or EPO?*** Mid-administration change: This item was put into production on 03/11/2014.
KAI19	QK13_H37	***What type of health insurance does your spouse have?*** Mid-administration change: On 03/11/2014, two response categories and two lines of variable coding in Programming Note B were added to this item to match the adult questionnaire.
KAI22C	QK13_H63	***{Next, I have some questions about your spouse's main health plan.}*** ***Is your spouse's {Medi-Cal} health plan an HMO?*** Mid-administration change: On 03/11/2014, an interviewer instruction for a response of "EPO" and a skip instruction for a "YES" response were added to this item. NOTE: If items about the adult respondent's plan details were asked using the 2014 version, then the flag KAH32014 was set to "1."]
KAI30	QK13_H83	***During that time when your spouse had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan {he/she/he or she} obtained from an employer, a plan {he/she/he or she} purchased directly from an insurance company, a plan {he/she/he or she} purchased through Covered California, or some other plan?*** Mid-administration change: On 03/11/2014, question text and a response category about "Covered California" were added to this item.

Element	*Question #*	*Question Text and Description*
KAI33	QK13_H73	***Was your spouse's other health insurance Medi-CAL, Healthy Families, a plan {he/she/he or she} obtained through an employer, a plan {he/she/he or she} purchased directly from an insurance company, a plan {he/she/he or she} purchased through Covered California, or some other plan?*** Mid-administration change: On 03/11/2014, question text and a response category about "Covered California" were added to this item.
KAI40	QK13_H46	***You said your spouse {also} has insurance from YOUR SPOUSE'S current or former employer or union. Are you also covered by the insurance from YOUR SPOUSE'S employer or union?*** Mid-administration change: On 03/11/2014, added condition for asking question ("AND ARHBEX < > 1") to Programing Note A and the phrase "or union" at the end of the question text.
KAI41	QK13_H49	***You said your spouse {also} has a plan your spouse purchased directly from the insurer. Are you also covered by this plan?*** Mid-administration change: On 03/11/2014, another condition for asking the question was added and the target for the skip instruction in Programming Note A was changed to accommodate the new item AH109.
KAI47	QK13_H54	***What type of health insurance do you have?*** Mid-administration change: On 3/11/2014, two response categories about Covered California and two lines of variable coding in Programming Note B were added to this item.
KAI49	QK13_H56	***What type of health insurance do you have?*** Mid-administration change: On 3/11/2014, two response categories about Covered California and two lines of variable coding in Programming Note B were added to this item.
KAI51	QK13_I13	***Who else pays all or some portion of the cost for {CHILD NAME/AGE/SEX}'s health plan?*** Mid-administration change: On 03/11/2014, two conditions for asking the question were added to Programming Note A.
KAI53	QK13_I54	***Who else pays all or some portion of the cost for {ADOLESCENT /AGE/SEX}'s health plan?*** Mid-administration change: On 03/11/2014, a response category, a variable, and a line of variable coding were added for Covered California.
KAI54	QK13_I11	***Does your spouse pay any or all of the premium or cost for {CHILD NAME/AGE/SEX}'s health plan? Do not include the cost of any co-pays or deductibles your spouse or your family may have had to pay.*** Mid-administration change: On 03/11/2014, two conditions for asking the question were added to Programming Note A.

Element	Question #	Question Text and Description
KAI55	QK13_I52	***Does your spouse pay any or all of the premium or cost for {ADOLESCENT /AGE/SEX}'s health plan? Do not include the cost of any co-pays or deductibles your spouse or your family may have had to pay.*** Mid-administration change: On 03/11/2014, two conditions for asking this question were added to Programming Note A.
KAI79	QK13_I25	***Does {CHILD NAME/AGE/SEX}'s health plan have a deductible that is more than $1,000?*** Mid-administration change: On 03/11/2014, the skip instruction for the DON'T KNOW response was dropped.
KAI80	QK13_I27	***Does {CHILD NAME/AGE/SEX}'s health plan have a deductible for all covered persons that is more than $2,000?*** Mid-administration change: On 03/11/2014, the skip instruction for the DON'T KNOW response was dropped.
KAI82	QK13_I65	***Does {ADOLESCENT/AGE/SEX}'s health plan have a deductible that is more than $1,000?*** Mid-administration change: On 03/11/2014, the skip instruction for the DON'T KNOW response was dropped.
KAI83	QK13_I67	***Does {ADOLESCENT/AGE/SEX}'s health plan have a deductible for all covered persons that is more than $2,000?*** Mid-administration change: On 03/11/2014, the skip instruction for the DON'T KNOW response was dropped.
KAI90	QK13_I6	***Is this plan through an employer, through a union, or through Covered California's SHOP program?*** Mid-administration change: This item was put into production on 03/11/2014.
KAI91	QK13_I8	***How did your spouse purchase this health insurance--directly from an insurance company or HMO, or through Covered California?*** Mid-administration change: This item was put into production on 03/11/2014.
KAI92	QK13_I9	***Was this a bronze, silver, gold, or platinum plan?*** Mid-administration change: This item was put into production on 03/11/2014.
KAI93	QK13_I10	***Was there a subsidy or discount on the premium for this plan?*** Mid-administration change: This item was put into production on 03/11/2014.

Element	*Question #*	*Question Text and Description*
KAI94	QK13_I47	***Is this plan through an employer, through a union, or through Covered California's SHOP program?*** Mid-administration change: This item was put into production on 03/11/2014.
KAI95	QK13_I49	***How did your spouse purchase this health insurance--directly from an insurance company or HMO, or through Covered California?*** Mid-administration change: This item was put into production on 03/11/2014.
KAI96	QK13_I50	***Was this a bronze, silver, gold, or platinum plan?*** Mid-administration change: This item was put into production on 03/11/2014.
KAI97	QK13_I51	***Was there a subsidy or discount on the premium for this plan?*** Mid-administration change: This item was put into production on 03/11/2014.
KAI9A	QK13_H21	***Is the plan in your own name {or} {your spouse's parent's name}?*** Mid-administration change: On 03/11/2014, an additional line of variable coding was added to Programming Note B.
KCF10A	QK13_I1	***Does {CHILD NAME /AGE/SEX} have the same insurance as your spouse?*** Mid-administration change: On 3/11/2014, one line of variable coding was added to Programming Note B and the skip instruction for "YES" was changed to match the Adult questionnaire.
KCF23	QK13_I34	***During that time when {CHILD NAME /AGE/SEX} had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan your spouse obtained through an employer, a plan purchased directly from an insurance company, a plan purchased through Covered California, or some other plan?*** Mid-administration change: On 03/11/2014, the question text added mention of "direct purchase" and "Covered California," along with new response categories and additional variables. From 03/11/2014 to 06/05/2014, the text of this question mistakenly referenced the MKA (e.g., ". . .a plan you obtained. . .") instead of the AR (". . . a plan your spouse obtained. . .").

Element	Question #	Question Text and Description
KCF26	QK13_I37	***Was this other health insurance Medi-CAL, Healthy Families, a plan your spouse obtained from an employer, a plan purchased directly from an insurance company, a plan purchased through Covered California, or some other plan?*** Mid-administration change: On 03/11/2014, the question text added mention of "direct purchase" and "Covered California," along with new response categories and additional variables. From 03/11/2014 to 06/05/2014, the text of this question mistakenly referenced the MKA (e.g., ". . .a plan you obtained. . .") instead of the AR (". . . a plan your spouse obtained. . .").
KCF3	QK13_I5	***Is {CHILD NAME /AGE/SEX} covered by a health insurance plan or HMO through your spouse's own or someone else's employment or union?*** Mid-administration change: On 03/11/2014, a note for interviewer was added and the skip instructions for response categories were changed.
KCF4	QK13_I7	***Is {CHILD NAME /AGE/SEX} covered by a health insurance plan that your spouse purchased directly from an insurance company or HMO, or through Covered California?*** Mid-administration change: On 03/11/2014, the question text was edited to include mention of Covered California and a condition for asking the question was added to Programming Note A.
KCF9	QK13_I18	***What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?*** Mid-administration change: On 03/11/2014, two response categories and two lines of variable coding were added mentioning Covered California and SHOP.
KIA10A	QK13_I41	***Does {ADOLESCENT /AGE/SEX} have the same insurance as your spouse?*** Mid-administration change: On 03/11/2014, one line of variable coding was added to Programming Note B.
KIA21	QK13_I72	***How long has it been since {ADOLESCENT /AGE/SEX} last had health insurance?*** Mid-administration change: On 03/11/2014, the target for the skip instructions after the response categories was changed.
KIA22	QK13_I73	***For how many of the last 12 months did {he/she/he or she} have health insurance?*** Mid-administration change: On 03/11/2014, the target for the skip instructions after the response categories was changed.

Element	Question #	Question Text and Description
KIA23	QK13_I74	***During that time when {ADOLESCENT /AGE/SEX} had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan your spouse obtained through an employer, a plan purchased directly from an insurance company, a plan purchased through Covered California, or some other plan?*** Mid-administration change: On 03/11/2014, the question text was expanded, two new response categories and four variables were added, and the target for the skip instructions was changed. From 03/11/2014 to 06/05/2014, the text of this question mistakenly referenced the MKA (e.g., ". . .a plan you obtained. . .") instead of the AR (". . . a plan your spouse obtained. . .").
KIA24	QK13_I75	***Thinking about {his/her/his or her} current health insurance, did {ADOLESCENT /AGE/SEX} have this same insurance for ALL 12 of the past 12 months?*** Mid-administration change: On 03/11/2014, the target for the skip instruction for the YES response was changed.
KIA26	QK13_I77	***Was {his/her/his or her} other health insurance Medi-CAL, Healthy Families, a plan your spouse obtained from an employer, a plan purchased directly from an insurance company, a plan purchased through Covered California, or some other plan?*** Mid-administration change: On 03/11/2014, the question text was expanded and two new response categories and four variables were added. From 03/11/2014 to 06/05/2014, the text of this question mistakenly referenced the MKA (e.g., ". . .a plan you obtained. . .") instead of the AR (". .
KIA27	QK13_I78	***During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?*** Mid-administration change: On 03/11/2014, the target for the skip instructions after the response categories was changed.
KIA3	QK13_I46	***Is {ADOLESCENT /AGE/SEX} covered by a health insurance plan or HMO through your spouse's own or someone else's employment or union?*** Mid-administration change: On 03/11/2014, an interviewer note was added and skip instructions were changed.

Element	Question #	Question Text and Description
KIA4	QK13_I48	***Is {ADOLESCENT /AGE/SEX} covered by a health insurance plan that your spouse purchased directly from an insurance company or HMO or through Covered California?*** Mid-administration change: On 03/11/2014, a condition was added for asking the question, the question text was expanded, and the second sentence of the question text was moved to an interviewer instruction.
KIA9	QK13_I59	***What type of health insurance does {he/she/he or she} have? Does it come through Medi-Cal, Healthy Families, an employer or union, or from some other source?*** Mid-administration change: On 03/11/2014, two response categories and two variables were added, along with two lines of variable coding to Programming Note B.
KMA1	QK13_I2	***Does {CHILD NAME /AGE/SEX} have the same insurance as you?*** Mid-administration change: On 3/11/2014, one line of variable coding was added to Programming Note B.
KMA3	QK13_I22	***Is {CHILD NAME /AGE/SEX}'s main health plan an HMO, that is, a Health Maintenance Organization?*** Mid-administration change: On 03/11/2014, an instruction for coding a response of "EPO," a skip instruction for a "YES" response, and another autocode and "fill" variable were added to this item.
KMA5	QK13_I42	***Does {ADOLESCENT /AGE/SEX} have the same insurance as you?*** Mid-administration change: On 03/11/2014, one line of variable coding was added to Programming Note B.
KMA6	QK13_I43	***Does {ADOLESCENT /AGE/SEX} have the same insurance as {CHILD NAME /AGE/SEX}?*** Mid-administration change: On 03/11/2014, one line of variable coding was added to Programming Note B.
Section X		
CA13		***How much did {he/she} weigh at birth?*** Mid-administration change: This item was dropped from production on 04/10/2013.
CB19		***During the school year, where does {CHILD NAME /AGE/SEX} USUALLY eat breakfast - at home, at school, at a restaurant or somewhere else?*** Mid-administration change: This item was dropped from production on 04/10/2013.

Element	Question #	Question Text and Description
CB20		***During the school year, where does {CHILD NAME /AGE/SEX} USUALLY eat LUNCH - at home, at school, at a restaurant or somewhere else?*** Mid-administration change: This item was dropped from production on 04/10/2013.
CB26		***During the past 12 months, did {CHILD NAME/AGE/SEX} visit a hospital emergency room or urgent care clinic because of a dental problem?*** Mid-administration change: This item was new for 2013, but then was dropped from production on 02/07/2013.
CB27		***During the past 12 months, was there any time when {CHILD NAME/AGE/SEX} needed dental care (including check-ups) but you couldn't or didn't get it?*** Mid-administration change: This item was new for 2013, but then was dropped from production on 02/07/2013.
CB28		***What was the main reason why you didn't get the dental care {CHILD NAME/AGE/SEX} needed?*** Mid-administration change: This item was new for 2013. Response categories for this item were changed on 02/06/2013. Then, this item was dropped from production on 02/07/2013.
CC14		***Yesterday, how many servings of french fries, home fries or hash browns did {CHILD NAME /AGE/SEX} eat?*** Mid-administration change: This item was dropped from production on 05/15/2013.
CD58		***In the past 12 months, did you try to get an appointment to see {CHILD NAME/AGE/SEX}'s doctor or medical provider in the same day because {CHILD NAME/AGE/SEX} was sick or injured?*** Mid-administration change: This item was dropped from production on 05/15/2013.
CD59		***How often were you able to get an appointment in the same day? Would you say…*** Mid-administration change: This item was dropped from production on 05/15/2013.
CD60		***If there were a choice between treatments, how often would {CHILD NAME/AGE/SEX}'s doctor or medical provider ask you to help make the decision? Would you say. . .*** Mid-administration change: This item was dropped from production on 05/15/2013.

Element	Question #	Question Text and Description
CD61		***Other than to remind you about scheduled appointments, did your child's provider contact you about your child's {ASTHMA OR CONDITION(S) 4-91 FROM CA10A} in the past 12 months?*** Mid-administration change: This item was dropped from production on 05/15/2013.
CD62		***During the past 12 months, how often did your child's doctor or medical provider contact you about your child's {ASTHMA OR CONDITION(S) 4-91 FROM CA10A}? Would you say. . .*** Mid-administration change: This item was dropped from production on 05/15/2013.
CD63		***What are the reasons your child's provider contacted you about your child's {ASTHMA OR CONDITION(S) 4-91 FROM CA10A}?*** Mid-administration change: This item was dropped from production on 05/15/2013.
CG10		***Thinking just about SATURDAYS AND SUNDAYS, about how many hours per day does {CHILD NAME /AGE/SEX} usually watch TV or play video games (such as Playstation)?*** Mid-administration change: This item was dropped from production on 04/10/2013.
CG11		***About how many hours per day on a typical SATURDAY OR SUNDAY does {CHILD NAME /AGE/SEX} use a computer for fun, not schoolwork?*** Mid-administration change: This item was dropped from production on 04/10/2013.
CG8		***Thinking about {CHILD NAME /AGE/SEX}'s free time on MONDAY THROUGH FRIDAY, on a typical day about how many hours does {he/she/he or she} usually watch TV or play video games (such as Playstation)?*** Mid-administration change: This item was dropped from production on 04/10/2013.
CG9		***And about how many hours on MONDAY THROUGH FRIDAY does {CHILD NAME /AGE/SEX}, on a typical day, use a computer for fun, not schoolwork?*** Mid-administration change: This item was dropped from production on 04/10/2013.

CHIS Mid-Administration Changes--Adolescent

Element	Question #	Question Text and Description
Section A		
TA10	QT13_A14	***What kind of grades did you get on your last report card? Would you say…*** Mid-administration change: On 02/12/2013, this item was moved after TA13 and the question text was changed from "In the {most recent grade period/last grading period} what kind of grades did you get?"
TA11	QT13_A11	***English as a second language programs promote listening, speaking, reading, and writing in English among students who speak a language other than English at home.*** ***In high school, have you participated in an English as a second language or ESL program?*** Mid-administration change: On 02/12/2013, this item was moved after TC57 and the question text was changed from "During high school, have you participated in an English as a second language program?"
TA12	QT13_A12	***Special Education programs provide instruction for students with disabilities.*** Mid-administration change: On 02/12/2013, this item was moved after TA11 and the question text was changed from "During high school, have you been in a Special Education program?"
TA13	QT13_A13	***In high school, have you ever been suspended or expelled?*** Mid-administration change: On 02/12/2013, this item was moved after TA12 and the question text was changed from "Have you ever been suspended or expelled in high school?"
TA14	QT13_A18	***I am going to read a list of activities that take place in many high schools and communities. Please let me know if you have been involved in any of them since starting 9th grade.*** ***Afterschool arts, dance, drama, music, or other arts-related activity?*** Mid-administration change: On 02/12/2013, this item was moved after TA7 and the question text was changed from "Extra-curricular arts, dance, drama, music, or other arts-related activity?"
TA15	QT13_A19	***Newspaper or yearbook?*** Mid-administration change: On 02/12/2013, this item was moved after
TA16	QT13_A20	***Honors Society?*** Mid-administration change: On 02/12/2013, this item was moved after

Element	*Question #*	*Question Text and Description*
TA17	QT13_A21	***Student Government or ASB?*** Mid-administration change: On 02/12/2013, this item was moved after
TA18	QT13_A22	***Debate Team?*** Mid-administration change: On 02/12/2013, this item was moved after
TA19	QT13_A21	***Youth center or Girls and Boys Club?*** Mid-administration change: On 02/12/2013, this item was moved after
TA6	QT13_A16	***In the past 3 years, how many times did you change schools, not counting for graduation?*** Mid-administration change: On 02/12/2013, this item was moved after
TA7	QT13_A17	***Why did you change schools?*** Mid-administration change: On 02/12/2013, this item was moved after TA6
TC57	QT13_A10	***In high school, have you qualified for free or reduced cost lunch?*** Mid-administration change: On 02/12/2013, this item was moved here from Section C, and the question text was changed from "Have you been eligible for free or reduced cost lunch?", and the condition was added to only ask it of high school students.
TH21	QT13_A40	***In the past 12 months, have you done any volunteer work or community service that you have not been paid for?*** Mid-administration change: Initially, this question was not carried over from 2011, but was brought in on 02/12/2013, shortly after the start of the field period.
TL10	QT13_A41	***In the past 12 months, did you participate in any clubs or organizations outside of school, other than sports, like the YMCA or Boys or Girls Club?*** Mid-administration change: On 02/12/2013, this item was moved from Section L.
TL12	QT13_A26	***Since starting 9th grade, have you taken part in a club or group that tried to make a difference at your school, in the community, or in broader society?*** Mid-administration change: On 02/12/2013, this item was moved from Section L.
TL13	QT13_A27	***How many of these clubs or groups have you participated in?*** Mid-administration change: On 02/12/2013, this item was moved from Section L and the question text was changed from "How many of these organizations have you participated in?"

Element	*Question #*	*Question Text and Description*
TL14	QT13_A24	***A religious group or organization?*** Mid-administration change: On 02/12/2013, this item was moved from Section L and the question text was changed from "{Was this/Were any of these} a religious group or organization?"
TL16	QT13_A25	***A political group or organization?*** Mid-administration change: On 02/12/2013, this item was moved from Section L and the question text was changed from "Political in any way?"
TL17	QT13_A28	***As part of your involvement in {this organization/these organizations}, did you help make decisions affecting the group or its activities?*** Mid-administration change: On 02/12/2013, this item was moved from Section L.
TL18	QT13_A29	***Help with outreach to get other people involved?*** Mid-administration change: On 02/12/2013, this item was moved from Section L.
TL19	QT13_A30	***Since you have started high school, have you participated in any other extra-curricular activities? These could be activities at school or outside of school.*** Mid-administration change: On 02/12/2013, this item was moved from Section L and skip instructions were changed.
TL20	QT13_A31	***What activities have you been involved in?*** Mid-administration change: On 02/12/2013, this item was moved from Section L and it changed from verbatim responses to a "Mark All That Apply" item. The eight cases completed prior to this were flagged with the variable TEEN.OLDSEC_A = Y.
TL21	QT13_A32	***In any activity or organization that you have participated in during high school, did you help make decisions affecting the group or its activities?*** Mid-administration change: On 02/12/2013, this item was moved from Section L and the question text was changed from "In any extra-curricular activity or organization that you have participated in during high school, did you help make decisions affecting the group or its activities?"
TL22	QT13_A33	***Did you try to get other people involved?*** Mid-administration change: On 02/12/2013, this item was moved from Section L and the question text was changed from "Help with outreach to get other people involved?"
TL23	QT13_A15	***On a scale of 1 to 5, where 1 is low and 5 is high, how likely is it that you will go to college?*** Mid-administration change: On 02/12/2013, this item was moved from Section L

Element	Question #	Question Text and Description
TL24	QT13_A34	***Now I'm going to read a series of statements. Please tell me if you strongly disagree, somewhat disagree, somewhat agree, or strongly agree with each.*** ***I am being raised by someone who follows what is going on in government or public affairs.*** Mid-administration change: On 02/12/2013, this item was moved from Section L
TL25	QT13_A35	***I care deeply about issues in my community or society.*** Mid-administration change: On 02/12/2013, this item was moved from Section L and the question text was changed from "There are issues in my community or broader society that I care deeply about."
TL26	QT13_A36	***I care deeply about HEALTH issues in my community or society.*** Mid-administration change: On 02/12/2013, this item was moved from Section L and the question text was changed from "There are HEALTH issues in my community or broader society that I care deeply about."
TL27	QT13_A37	***I believe that I can make a difference in my community.*** Mid-administration change: On 02/12/2013, this item was moved from Section L and the question text was changed from "I can make a difference in the community or broader society."
TL28	QT13_A38	***I feel connected to others who are working to make a difference in my community.*** Mid-administration change: On 02/12/2013, this item was moved from Section L and the question text was changed from "I feel connected to others who are working to improve society."
TL29	QT13_A39	***In the United States, everyone has an equal chance to succeed.*** Mid-administration change: On 02/12/2013, this item was moved from Section L.
Section B		
TB26	QT13_B21	***During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?*** Mid-administration change: This item was put back into production on 03/24/2014.
Section C		
TC10	QT13_C9	***Does your school usually serve students fast food made by restaurants like McDonald's, Burger King, Taco Bell, or Pizza Hut?*** Mid-administration change: Changed skip instruction on 05/01/2014.

Element	Question #	Question Text and Description
TC53	QT13_C11	***Yesterday, how many glasses of water did you drink at school, home, and everywhere else? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.*** Mid-administration change: On 2/12/2013, the skip instruction was changed because old target item was moved. On 03/24/2013, the skip instruction was dropped because this item became the last item in this
TC58	QT13_C7	***Yesterday, how many glasses of 100% fruit juice, such as orange or apple juice, did you drink?*** Mid-administration change: This item was put into production on
TE6	QT13_C2	***[Yesterday], how many servings of vegetables like green salad, green beans, or potatoes did you have? Do not include fried potatoes.*** Mid-administration change: On 05/15/2013, the condition for reading the last sentence ("Do not include fried potatoes") was dropped, so now the sentence is always read.
Section D		
TD38	QT13_D20	***During the weekdays, about how much time do you spend on a typical or usual weekday sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?*** Mid-administration change: This item replaced TE12 and TE13 on 04/10/2013. On 05/15/2013, this item was moved to be asked after TD39.
TD39	QT13_D19	***The next questions are about the time you spend mostly sitting when you are not in school or doing homework.*** ***During the weekends, about how much time do you spend on a typical or usual weekend day sitting and watching TV, playing computer games, talking with friends or doing other sitting activities?*** Mid-administration change: This item replaced TE14 and TE15 on 04/10/2013. On 05/15/2013, this item was moved to be asked before
TE65	QT13_D15	***Do you feel safe at your school…*** Mid-administration change: Until 05/06/2014, this question text read "How often do you feel safe at your school? Would you say…"
Section E		
TE66	QA14_E4	***Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer cigarettes?*** Mid-administration change: This item was put into production on

Element	Question #	Question Text and Description
TE67	QA14_E5	***During the past 30 days, how many days did you use electronic cigarettes?*** Mid-administration change: This item was put into production on
TE68	QA14_E6	***What are your reasons for using electronic cigarettes?*** Mid-administration change: This item was put into production on
Section H		
TF14	QT13_H25	***This next question is about dental health.*** ***About how long has it been since you last visited a dentist or a dental clinic? Include dental hygienists and all types of dental specialists.*** Mid-administration change: On 02/12/2013, this item was moved from Section I to the end of Section H and the introductory sentence was added.
TF9	QT13_H19	***During the past 12 months, did you delay or not get any medical care you felt you needed--such as seeing a doctor, a specialist, or other health professional?*** Mid-administration change: On 02/12/2013, skip instructions after the response categories were changed because old target item was moved to another section.
TH49	QT13_H13	***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?*** Mid-administration change: Added one condition for asking the question on 05/01/2014.
TI15	QT13_H9	***During the past 12 months, did you or a parent phone or email the doctor's office with a medical question?*** Mid-administration change: Added condition for asking the question on 05/01/2014.
TI20	QT13_H24	***Was this medical care for your asthma?*** Mid-administration change: On 02/12/2013, skip instructions were changed because old target item was moved.
Section J		
TI3	QT13_J11	***In what country were you born?*** Mid-administration change: The programming note for this item was dropped from production on 05/15/2013, because the condition no longer applied (i.e., the question will no longer be asked in the adult

Section M

Element	Question #	Question Text and Description
TM5	QT13_M2	***You told me that you {are attending/have attended} high school. You are eligible for another study that is separate from the California Health Survey. This study is called the Youth Health and Civic Engagement Study. You will receive a $25 gift card if you are re-contacted for and participate in this study. Would it be okay if they call you back at another time about this study?*** Mid-administration change: This item was put into production on 04/10/2013.

Section X

TC39		***In the past 12 months have you used marijuana?*** Mid-administration change: This item was dropped from production on 05/15/2013.
TC46	QT13_C10	***{Does/When you were last attending school, did} your school offer free drinking water to students during lunchtime?*** Mid-administration change: This item was dropped from production on 03/24/2014.
TC47	QT13_C11	***{Does/When you were last attending school, did} your school offer free drinking water to students at lunchtime from DRINKING FOUNTAINS OR FAUCETS in the cafeteria or where students eat?*** Mid-administration change: This item was dropped from production on 03/24/2014.
TC48	QT13_C12	***{Does/When you were last attending school, did} your school offer free drinking water to students at lunchtime from WATER PITCHERS?*** Mid-administration change: This item was dropped from production on 03/24/2014.
TC49	QT13_C13	***[{Does/When you were last attending school, did} your school offer free drinking water to students at lunchtime]...From a spout or dispenser that is attached to the wall?*** Mid-administration change: This item was dropped from production on 03/24/2014.
TC50	QT13_C14	***[{Does/When you were last attending school, did} your school offer free drinking water to students at lunchtime]...From a large container of water with a spout, such as a water cooler?*** Mid-administration change: This item was dropped from production on 03/24/2014.

Element	*Question #*	*Question Text and Description*
TC51	QT13_C15	***{Does/When you were last attending school, did} your school offer free bottled water to students at lunchtime?*** Mid-administration change: This item was dropped from production on 03/24/2014.
TC52	QT13_C16	***{Does/When you were last attending school, did} your school give out free cups for drinking water during lunchtime?*** Mid-administration change: This item was dropped from production on 03/24/2014.
TC54	QT13_C11	***On the last day that you were in school, how many glasses of water did you drink at school? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.*** Mid-administration change: On 02/12/2013, the skip instruction was changed because old target item was moved. Mid-administration change: This item was dropped from production on 03/24/2014.
TD14		***Yesterday how many servings of French fries, home fries, or hash browns did you eat?*** Mid-administration change: This item was dropped from production on 05/15/2013.
TD26		***How many minutes long {is/was} your PE class?*** Mid-administration change: This item was dropped from production on 05/15/2013.
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?*** Mid-administration change: This item was replaced by TD38 on
TE13		***And about how many hours per day on MONDAY THROUGH FRIDAY do you use a computer for fun, not schoolwork?*** Mid-administration change: This item was replaced by TD38 on
TE14		***Now, thinking about a typical SATURDAY AND SUNDAY, about how many hours per day do you usually watch TV or play video games?*** Mid-administration change: This item was replaced by TD39 on
TE15		***And about how many hours per day on a typical SATURDAY OR SUNDAY do you use a computer for fun, not schoolwork?*** Mid-administration change: This item was replaced by TD39 on

Element	Question #	Question Text and Description
TE23		***If we consider one drink to be a can or bottle of beer, a glass of wine, a shot of liquor, or one mixed drink, on how many days in the past 30 days did you have at least one drink of alcohol?*** Mid-administration change: This item was dropped from production on 05/15/2013.
TE25		***When you drink alcohol, about how many drinks do you usually have?*** Mid-administration change: This item was dropped from production on 05/15/2013.
TE28		***Have you ever tried marijuana, cocaine, sniffing glue or any OTHER drugs?*** Mid-administration change: This item was dropped from production on 05/15/2013.
TE58		***How many days a week {do/did} you have PE?*** Mid-administration change: This item was dropped from production on 05/15/2013.
TH52		***Other than to remind you about scheduled appointments, did your provider contact you about your asthma in the past 12 months?*** Mid-administration change: This item was dropped from production on 05/15/2013.
TH53		***During the past 12 months, how often did your doctor or medical provider contact you about your asthma?*** Mid-administration change: This item was dropped from production on 05/15/2013.
TH54		***What are the reasons your provider contacted you about your asthma?*** Mid-administration change: This item was dropped from production on 05/15/2013.
TI22		***During the past 12 months, did you visit a hospital emergency room or urgent care clinic because of a dental problem?*** Mid-administration change: On 02/07/2013, this item was dropped shortly after the start of the field period.
TI23		***During the past 12 months, was there any time when you needed dental care (including check-ups) but you couldn't or didn't get it?*** Mid-administration change: On 02/07/2013, this item was dropped shortly after the start of the field period.
TI24		***What was the main reason why you didn't get the dental care you needed?*** Mid-administration change: On 02/07/2013, this item was dropped shortly after the start of the field period.

Element	*Question #*	*Question Text and Description*
TL11		***Thinking about the last 12 months, how often have you volunteered? Would you say…*** Mid-administration change: On 02/07/2013, this item was dropped shortly after the start of the field period.
TL15		***A community-based group or organization?*** Mid-administration change: On 02/07/2013, this item was dropped shortly after the start of the field period.

APPENDIX B

CHIS 2013-2014 ADVANCE LETTER (IN ENGLISH ONLY)

UCLA | UCLA CENTER FOR HEALTH POLICY RESEARCH

Dear Current Resident,

Your household has been selected for this year's California Health Survey. This important telephone survey is your opportunity to have your voice heard on health issues.

This survey helps California learn about the health of its people and the problems they have getting health care. The results may help the people and families in your community.

Your household is very special because you are part of a scientific sample representing many other households like yours. Since 2001, more than 350,000 Californians have talked to us about many different health topics.

We will be calling sometime in the next two weeks and one adult in your household will be selected for the interview. If you have teenagers (ages 12-17), we will ask to interview one with permission from a parent. Participation is voluntary and confidential. Your answers will be combined with other participants and used only for statistical reporting.

Please take a moment to take our call. We are not selling anything or asking for money. If we call at an inconvenient time, you can suggest a better time for us to call back. To thank you in advance for taking our call and hearing about this survey, we are enclosing a $2 bill. This small gift is for you to keep whether or not you decide to participate (this money is not from State or local taxes).

Thank you for your help.

Sincerely,

Dr. Ninez Ponce
Principal Investigator, California Health Survey

Note: If you have questions about the California Health Survey, you can call toll-free 1-888-941-2950 or visit our website at www.californiahealthsurvey.org

Major funders of this survey include the California Department of Health Care Services (DHCS), DHCS Mental Health Services Division, California Department of Public Health, California Health Benefit Exchange First 5 California, The California Endowment, California HealthCare Foundation, and Kaiser Permanente.

Relevant to Privacy Act Information, the legislative authority for this survey is 42 USC 285.

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