



california
health
interview
survey

CHIS 2024

Adolescent CATI Questionnaire

(Interviewer- administered)

Version 1.07

April 11, 2024

(Adolescent Respondents Ages 12-17)

Collaborating Agencies:

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

Contact:

California Health Interview Survey

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

Guide to Questionnaire Formatting

The following are from the 2024 CHIS Teen questionnaire, slightly modified and in no given order.

Legend (each item is identified only once)

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

PROGRAMMING NOTE 'TA1' :
SET TADATE = CURRENT DATE (YYYYMMDD)

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

_____ MONTH

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

_____ DAY

- 7 REFUSED
- 8 DON'T KNOW

_____ YEAR

- 7 REFUSED
- 8 DON'T KNOW

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

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

If= 2, 3, -7,-8 goto 'TC28B'

Table of Contents

SECTION A: DEMOGRAPHICS PART I AND CIVIC ENGAGEMENT	7
Age	7
Gender Identity	8
School Attendance	9
Name of School	9
SECTION B: HEALTH STATUS AND HEALTH CONDITIONS	11
General Health.....	11
Height and Weight	11
Missed School Days	11
Asthma.....	11
SECTION CV: COVID-19	Error! Bookmark not defined.
SECTION C: DIET, NUTRITION, AND FOOD ENVIRONMENT.....	15
Dietary Intake.....	15
SECTION D: PHYSICAL ACTIVITY	16
Park and Neighborhood Safety	16
Social Cohesion.....	16
Hate Incident.....	17
SECTION E: CIGARETTE, ALCOHOL AND DRUG USE	27
Cigarette Use.....	27
E-Cigarette Use	27
Alcohol Use/Abuse	29
Marijuana Use.....	29
SECTION F: MENTAL HEALTH	33
K6 Mental Health Assessment	33
Repeated K6.....	34
Telehealth	36
Delays in Mental Health Care.....	37
Climate Change	38
SECTION G: SEXUAL BEHAVIORS	40
Pre-Exposure Prophylaxis	43
HIV Testing	44
SECTION H: HEALTH CARE UTILIZATION AND ACCESS	46
Usual Source of Care	46
Emergency Room Visits	46
Visits to Medical Doctor	46
Personal Doctor	47
Care Coordination.....	47
Delays in Care	48
Dental Health	50

SECTION J: DEMOGRAPHIC INFORMATION PART II52

Race/Ethnicity52

Country of Birth56

Language Spoken at Home58

SECTION Q: ADVERSE CHILDHOOD EXPERIENCES59

Past ACEs Assessment59

ACES Screener59

Positive Childhood Experiences61

SECTION K: SUICIDE IDEATION AND ATTEMPTS63

SECTION L: CIVIC ENGAGEMENT AND RESILIENCY65

Community Involvement65

Voting Attitudes65

SECTION M: CLOSING67

Follow Up and Close67

SUICIDE RESOURCE 2:67

NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2021 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

SECTION A: DEMOGRAPHICS PART I AND CIVIC ENGAGEMENT

Age

PROGRAMMING NOTE 'TA1' :
SET TADATE = CURRENT DATE (YYYYMMDD)

'TA1' What is your date of birth?

TA1

- JANUARY1
- FEBRUARY2
- MARCH.....3
- APRIL4
- MAY5
- JUNE.....6
- JULY7
- AUGUST8
- SEPTEMBER.....9
- OCTOBER10
- NOVEMBER11
- DECEMBER12
- REFUSED.....-7
- DON'T KNOW.....-8

_____ Day [Range: 1-31]

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

_____ Year [Range: 2006-2011]

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

PROGRAMMING NOTE 'TA1A' :
IF 'TA1' = -7 OR -8 (REF/DK), CONTINUE WITH 'TA1A' ;
ELSE GO TO 'TA20B'

'TA1A' What month and year were you born?

TA1A

- JANUARY1
- FEBRUARY2
- MARCH.....3
- APRIL4
- MAY5
- JUNE.....6
- JULY7
- AUGUST8
- SEPTEMBER.....9
- OCTOBER10
- NOVEMBER11
- DECEMBER12
- REFUSED.....-7
- DON'T KNOW.....-8

_____ Year [Range: 2006-2011]

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

PROGRAMMING NOTE 'TA2' :

'TA1A' BIRTH MONTH= INTERVIEW MONTH AND (INTERVIEW YEAR- 'TA1A' BIRTH YEAR= 12 OR 17),
CONTINUE WITH 'TA2';
IF 'TA1A' = -7 OR -8 (REF/DK), CONTINUE WITH 'TA2' ;
ELSE GO TO 'TA20B'

'TA2' How old are you?

TA2

- _____ YEARS OF AGE [SR: 12-17]
 REFUSED.....-7
 DON'T KNOW.....-8

POST-NOTE 'TA2' :

IF 'TA1' AND 'TA2' ARE NOT KNOWN, USE CHILD ROSTER AGE (ENUM.AGE);
IF TEENAGE is less than 12 OR TEENAGE greater than 17, THEN TERMINATE INTERVIEW AND CODE
INELIGIBLE (IT)

Gender Identity

'TA20B' What sex were you assigned at birth on your original birth certificate?

TA20B

- Female2
 Male 1
 Don't know 3
 Prefer not to answer9

'TA21B' What is your current gender?

(NOTE: CATI interviewers should read all categories)

TA21B

- Female2
 Male 1
 Transgender3
 Non binary5
 I use a different term (____)7
 Don't know8
 Prefer not to answer9

PROGRAMMING NOTE 'TA22':

IF 'TA21B' = 7 THEN CONTINUE WITH 'TA22';
ELSE SKIP TO 'TA4'

'TA22' What is your current gender identity?

TA22

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

PROGRAMMING NOTE 'TA23':

IF ['TA20B' = 1 (MALE AT BIRTH) AND 'TA21B' = 2, 3, 5, 7] OR ['TA20B' = 2 (FEMALE AT BIRTH) AND 'TA21B' = 1, 3, 5, 7] THEN CONTINUE WITH 'TA23';
ELSE SKIP to 'TA24'

'TA23' Just to confirm, {you were/[child's name] was} assigned {INSERT RESPONSE FROM TA20B} at birth and now describe {yourself/themself} as {INSERT ALL RESPONSES FROM TA21B}. Is that correct?

TA23

- YES.....1
 NO.....2

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

'TA24' Which of the following best represents how you think of yourself? [Select ONE]
 [IF R SAYS 'I USE A DIFFERENT TERM', THEN PROBE: 'WHAT TERM DO YOU USE?']

TA24

- Lesbian or Gay2
- Straight, that is, not lesbian or gay1
- Bisexual or pansexual.....6
- I use a different term (____)7
- Don't know8
- Prefer not to answer9

School Attendance

'TA4' Did you attend school last week?

TA4

- YES.....1 [GO TO 'TA4B']
- NO.....2
- I AM ON VACATION.....3
- I AM HOME SCHOOLED4 [GO TO 'TL37']
- REFUSED.....-7
- DON'T KNOW.....-8

'TA4C' Did you attend school during the last school year?

TA4C

- YES.....1
- NO.....2 [GO TO 'TL37']
- I WAS HOME SCHOOLED LAST YEAR.....3 [GO TO 'TL37']
- REFUSED.....-7 [GO TO 'TL37']
- DON'T KNOW.....-8 [GO TO 'TL37']

Name of School

'TA4B' What is the name of the school you go to or last attended?

TA4B

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

_____ NAME OF SCHOOL

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

_____ TYPE OF SCHOOL

- TEEN not in school.....0
- Elementary.....1
- Intermediate.....2
- Junior high3
- Middle school.....4
- High school5
- Senior high school6
- Continuation.....7
- Charter school8
- Other (Specify: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

'TL37'

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

TL37

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

- Very feminine 1
- Mostly feminine 2
- Somewhat feminine 3
- Equally feminine and masculine 4
- Somewhat masculine 5
- Mostly masculine 6
- Very masculine 7
- REFUSED -7
- DON'T KNOW -8

SECTION B: HEALTH STATUS AND HEALTH CONDITIONS

General Health

'TB1' Now I'm going to ask about your health.

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

TB1

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

Height and Weight

'TB2' About how tall are you without shoes?

TB2

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

_____ FEET
_____ INCHES

_____ CENTIMETERS

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

'TB3' About how much do you weigh without shoes?

TB3

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

_____ POUNDS [HR:50-450]
_____ KILOGRAMS [HR: 20-220]

- REFUSED -7
- DON'T KNOW -8

Missed School Days

PROGRAMMING NOTE 'TB4' :
IF 'TA4' = 1 (ATTENDED SCHOOL LAST WEEK) OR 4 (HOME SCHOOLED), CONTINUE WITH 'TB4' ;
ELSE GO TO 'TB5'

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

TB4

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

_____ DAYS_[HR: 0-20]

- REFUSED -7
- DON'T KNOW -8

Asthma

'TB5' Has a doctor ever told you or your parents that you have asthma?

TB5

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

'TB17' Do you still have asthma?

TB17

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

'TB18' During the past 12 months, have you had an episode of asthma or an asthma attack?

TB18

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

PROGRAMMING NOTE 'TB19' :

IF 'TB17' = 1 (YES, STILL HAVE ASTHMA) OR 'TB18' = 1 (YES, EPISODE IN PAST 12 MONTHS) CONTINUE WITH 'TB19'; ELSE GO TO 'TB6'

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

TB19

- YES.....1
 - NO.....2
 - REFUSED.....-7
 - DON'T KNOW.....-8
- [GO TO 'TB6']
[GO TO 'TB6']
[GO TO 'TB6']

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

TB31

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

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

'TB4A' During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

TB4A

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

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

TB6

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

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

PROGRAMMING NOTE 'TB27' :

IF 'TB17' = 1 (YES, STILL HAVE ASTHMA) OR 'TB18' = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO 'TB24'; ELSE CONTINUE WITH 'TB27'

'TB27' During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

TB27

- Not at all.....1
- Less than every month2
- Every month.....3
- Every week4
- Every day.....5
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TB28' :

IF 'TB17' = 1 (YES, STILL HAVE ASTHMA) OR 'TB18' = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO 'TB24' ; ELSE CONTINUE WITH 'TB28'

'TB28' During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

TB28

- YES.....1
- NO.....2 **[GO TO 'TB24']**
- REFUSED.....-7 **[GO TO 'TB24']**
- DON'T KNOW.....-8 **[GO TO 'TB24']**

'TB34' Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

TB34

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

- YES.....1
- NO.....2
- DOESN'T HAVE A DOCTOR3
- REFUSED.....-7
- DON'T KNOW.....-8

'TB29' During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

TB29

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

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

TB24

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

_____ DAYS_[HR: 0-365]

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

'TB20' Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

TB20

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

'TB32' Do you have a written or printed copy of this plan?

TB32

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

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

'TB33' How confident are you that you can control and manage your asthma? Would you say you are...

TB33

- Very confident,.....1
- Somewhat confident,2
- Not too confident, or3
- Not at all confident?4
- REFUSED.....-7
- DON'T KNOW-8.....-8

SECTION C: DIET, NUTRITION, AND FOOD ENVIRONMENT

Dietary Intake

PROGRAMMING NOTE 'TE4':

IF HOUSEHOLD INCOME IS ≤ 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION D'

'TE4' Now, we're going to ask about the foods you ate yesterday, including both meals and snacks.

Yesterday, how many servings of fruit, such as an apple or banana, did you eat?
A serving is whatever it means to you.

TE4

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

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

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

TE6

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

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

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

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

TC28B

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

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

SECTION D: PHYSICAL ACTIVITY

Park and Neighborhood Safety

'TC25' Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

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

TC25

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

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

Social Cohesion

'TD34' People in my neighborhood are willing to help each other.

TD34

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

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

'TD45' People in this neighborhood generally do NOT get along with each other.

TD45

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
[INTERVIEWER NOTE: DO NOT PROBE A "DON'T KNOW" RESPONSE]

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

'TD36' People in this neighborhood can be trusted.

TD36

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

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

'TL25' I care deeply about issues in my community or society.

TL25

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

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

'TL27' I believe that I can make a difference in my community.

TL27

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

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

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

TL28

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

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

'TE64' Do you feel safe in your neighborhood...

TE64

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

Hate Incident

'HATE INCIDENT TRANSITION'

**HATE INCIDENT
TRANSITION**

The next questions are about hate incidents. Thinking about these incidents may be stressful. Your answers will be kept confidential. If any question upsets you, you don't have to answer it. At the end of this section, we will give you information about organizations that can provide resources and support. **Implemented on Sep 5th, 2023*

'HI_INTRO'

HI_INTRO

This next set of questions focuses on whether you may have been targeted for hate because of

prejudice toward people with certain identities, characteristics or religious beliefs. You may or may not actually have these identities, characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to steal from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

‘TD66’ During the past 12 months, have you directly experienced a hate incident?

TD66

- YES..... 1
- NO.....2 **[GO TO ‘TD71’]**
- REFUSED.....8 **[GO TO ‘TD71’]**
- DON'T KNOW.....9 **[GO TO ‘TD71’]**

‘TD67’ Did you experience...

TD67

[SELECT ALL THAT APPLY]

- Physical abuse or attack, 1
- Verbal abuse or insults,2
- Cyberbullying,3
- Property damage, or4
- Something else (Specify:_____)5
- REFUSED.....-7
- DON'T KNOW.....-8

‘TD68’ Where did the incident or incidents take place?

TD68

[SELECT ALL THAT APPLY]

- At home,..... 1
- At school,2
- At work,3
- At a store, theater, gas station, or other business,4
- On the street or sidewalk,5
- Online, or.....6
- Somewhere else (Specify:_____)7
- REFUSED.....-7
- DON'T KNOW.....-8

‘TD69’ Why do you think you were targeted?

TD69

[SELECT ALL THAT APPLY]

- Because of your race or skin color 1
- Because of your sexual orientation.....2
- Because of your gender or sex, including gender identity3
- Because of your religion4
- Because of your ancestry, national origin, or language.....5
- Because of your disability6
- Because of your immigration status.....7

- Because of your age8
- Because of some other reason: _____...9
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TD70':

IF MORE THAN ONE RESPONSE FROM 'TD69', THEN CONTINUE WITH 'TD70' WITH SELECTED CHOICES FROM 'TD69' DISPLAYED;
ELSE SKIP TO 'TD71';

'TD70' What do you think is the main reason you were targeted for a hate incident?

TD70

[IF NEEDED: If you experienced more than one incident, please think about the most recent incident.]

- Because of your race or skin color1
- Because of your sexual orientation2
- Because of your gender or sex, including gender identity3
- Because of your religion4
- Because of your ancestry, national origin, or language.....5
- Because of your disability6
- Because of your immigration status7
- Because of your age8
- Because of some other reason: _____ ...9
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TD76':

IF 'TD66'= 1, THEN CONTINUE;
ELSE SKIP TO 'TD71';

'TD76' During the past 12 months, how many hate incidents have you experienced?

TD76

- _____Number of hate incidents
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TD77':

DISPLAY INSTRUCTIONS:

IF 'TD76'> 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'TD77A' During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?

TD77A

Did you experience negative effects on your mental health, such as feeling sad, stressed, anxious, or depressed?

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

'TD77B'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

TD77B

Did you experience negative effects on your physical health?

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

'TD77D'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

TD77D

Did you change your behavior, like changing schools, jobs, transportation, or where you shopped?

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

'TD77E'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

TD77E

Did you have to take time off from work?

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

'TD77F'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

TD77F

Did you have to take time off from school?

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

'TD77G'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

TD77G

Did anything else happen to you?

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

[GO TO 'PN_TD102']
[GO TO 'PN_TD102']
[GO TO 'PN_TD102']

'TD77G_OS'

What else happened?

TD77G_OS

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

PROGRAMMING NOTE 'TD102':

IF 'TD77E'= 1 (took time off from work), OR TD77F = 1 (took time off from school) THEN CONTINUE;
ELSE GO TO 'TD80';

DISPLAY INSTRUCTIONS:

IF 'TD76'> 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'TD102' During the past 12 months, about how many days did you take off from work or school because you experienced {these/the} hate incident{s}?

TD102

- _____ Number of days (HR: 0-365)
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TD80':

DISPLAY INSTRUCTIONS:

IF 'TD76'> 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'TD80' During the past 12 months, were there any medical expenses for you or members of your household because you experienced the hate incident{s}?

TD80

[IF NEEDED: Include mental and physical healthcare expenses.]

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

PROGRAMMING NOTE 'TD81':

IF 'TD67'= 4, TD67_04=1, THEN CONTINUE;
ELSE GO TO 'PN_TD84';

DISPLAY INSTRUCTIONS:

IF 'TD76' >1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'TD81' During the past 12 months, did you or members of your household have any damage to property or belongings that resulted from the hate incident{s}?

TD81

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

PROGRAMMING NOTE 'TD84':

DISPLAY INSTRUCTIONS:

IF 'TD76'> 1, THEN DISPLAY "most severe".

'TD84A' After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?

TD84A

Did you receive counselling, therapy, or other type of mental health support?

- YES..... 1
- NO.....2

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

'TD84B' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

TD84B

Did you receive medical care for a physical injury or symptom?

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

'TD84C' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

TD84C

Did you take time off from school?

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

'TD84D' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

TD84D

Did you receive time off from work?

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

'TD84E' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

TD84E

Did you receive financial assistance?

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

'TD84F' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

TD84F

Did you receive protection for you or your family's physical safety?

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

'TD84G' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

TD84G

Did you receive help reporting to or working with the police or other law enforcement?

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

'TD84H' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

TD84H

Did you receive legal assistance?

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

'TD84I' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

TD84I

Did you receive help with interpretation or other types of language services?

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

'TD84J' [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

TD84J

Did you receive any other help or support?

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

[GO TO 'PN_TD85']
[GO TO 'PN_TD85']
[GO TO 'PN_TD85']

'TD84J_OS' What other help or support did you receive?

TD84J_OS

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

PROGRAMMING NOTE 'TD85':

DISPLAY INSTRUCTIONS:

IF 'TD76'>1, THEN DISPLAY "most severe".

'TD85' Was there any kind of help or support that you felt you needed but did not receive after you experienced the {most severe} hate incident?

TD85

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

PROGRAMMING NOTE 'TD86':

IF 'TD85'= 1, THEN CONTINUE;

DISPLAY INSTRUCTIONS:

DISPLAY ONLY UNCHECKED CATEGORIES FROM 'TD84';
ELSE GO TO 'TD88';

'TD86' What help or support did you feel you needed but did not receive?

TD86

[SELECT ALL THAT APPLY]

- COUNSELING, THERAPY, OR OTHER TYPE OF MENTAL HEALTH SUPPORT 1
- MEDICAL CARE FOR A PHYSICAL INJURY OR SYMPTOM 2
- TIME OFF FROM SCHOOL 3
- TIME OFF FROM WORK 4
- FINANCIAL ASSISTANCE 5
- PROTECTION FOR YOU OR YOUR FAMILY'S PHYSICAL SAFETY 6
- HELP REPORTING TO OR WORKING WITH THE POLICE OR OTHER LAW ENFORCEMENT 7
- LEGAL ASSISTANCE 8
- INTERPRETATION OR OTHER TYPES OF LANGUAGE SERVICES..... 9
- OTHER (PLEASE SPECIFY: _____) 91
- NONE OF THE ABOVE 10
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'TD87':

IF MULTIPLE RESPONSES FROM 'TD86', THEN CONTINUE

DISPLAY INSTRUCTIONS:

DISPLAY ONLY SELECTED OPTIONS FROM 'TD86'
ELSE GO TO 'TD88';

'TD87' Which of these did you feel you needed the most?

TD87

- Counseling, therapy, or other type of mental health support 1
- Medical care for a physical injury or symptom 2
- Time off from school 3
- Time off from work 4
- Financial assistance 5
- Protection for you or your family's physical safety 6
- Help reporting to or working with the police or other law enforcement 7
- Legal assistance 8
- Interpretation or other types of language services 9
- {OTHER SPECIFY FROM TD86} 91
- REFUSED -7
- DON'T KNOW -8

'TD88' Was the offender of the {most severe} incident a stranger, or someone you knew?

TD88

[IF NEEDED: IF MORE THAN ONE OFFENDER, SELECT ALL THAT APPLY.]

- Stranger 1
- Someone you knew 2
- I don't know or I didn't see 5
- REFUSED -3

'TD71' During the past 12 months, have you witnessed another person experiencing a hate incident?

TD71

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

[GO TO 'HATE INCIDENT RESOURCE']
[GO TO 'HATE INCIDENT RESOURCE']
[GO TO 'HATE INCIDENT RESOURCE']

'TD72' Did you witness...

TD72

[SELECT ALL THAT APPLY]

- Physical abuse or attack, 1
- Verbal abuse or insults, 2
- Cyberbullying, 3
- Property damage, or 4
- Something else (Specify: _____) 5
- REFUSED -7
- DON'T KNOW -8

'TD73' Where did the incident or incidents take place?

TD73

[SELECT ALL THAT APPLY]

- At home, 1
- At school, 2
- At work, 3
- At a store, theater, gas station, or other business, 4
- On the street or sidewalk, 5
- Online, or 6
- Somewhere else (Specify: _____) 7
- REFUSED -7
- DON'T KNOW -8

'TD74' Why do you think the person was targeted for a hate incident?

TD74

[SELECT ALL THAT APPLY]

- Because of their race or skin color 1

- Because of their sexual orientation.....2
- Because of their gender or sex, including gender identity3
- Because of their religion4
- Because of their ancestry, national origin, or language.....5
- Because of their disability6
- Because of their immigration status.....7
- Because of their age8
- Because of some other reason: _____...9
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TD75':

IF MORE THAN ONE RESPONSE FROM 'TD74", THEN CONTINUE WITH 'TD75' WITH SELECTED CHOICES FROM 'TD74' DISPLAYED;
ELSE SKIP TO 'HATE INCIDENT RESOURCE';

'TD75' What do you think is the main reason that person was the target for a hate incident?

TD75

[IF NEEDED: If you witnessed more than one incident, please think about the most recent incident.]

- Because of their race or skin color 1
- Because of their sexual orientation2
- Because of their gender or sex, including gender identity3
- Because of their religion4
- Because of their ancestry, national origin, or language.....5
- Because of their disability6
- Because of their immigration status7
- Because of their age.....8
- Because of some other reason: _____...9
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'HATE INCIDENT RESOURCE':

TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO 'TD66', 'TD71'.

'HATE INCIDENT RESOURCE'

HATE INCIDENT RESOURCE

If you would like mental or emotional support, help is available 24 hours a day at the toll-free number 855-845-7415. If you prefer, you can remain anonymous. You can also visit www.mentalhealthsf.org/warm-line/.

If you would like to report a hate incident or connect with resources, including mental health and legal services, visit www.cavshate.org or call 833-866-4283. California vs Hate is not affiliated with law enforcement, and you can report anonymously. If you want to report a hate crime to law enforcement, contact your local police department, or call 911. **Implemented on Sep 5th, 2023*

SECTION E: CIGARETTE, ALCOHOL AND DRUG USE

Cigarette Use
'TC38'

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

TC38

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

'TE81'

How old were you when you first tried cigarette smoking, even one or two puffs?

TE81

_____Age [HR: 0-TAGE]

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

'TE19'

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

TE19

- NONE0 **[GO TO 'E-CIGAR INTRO']**
- 1 OR 2 DAYS.....1
- 3-5 DAYS.....2
- 6-9 DAYS.....3
- 10-19 DAYS.....4
- 20-29 DAYS.....5
- 30 DAYS.....6
- REFUSED.....-7
- DON'T KNOW.....-8

'TE20'

In the past 30 days, when you smoked, about how many cigarettes did you smoke in a typical day?

TE20

[IF NEEDED, SAY: "On average."]

[IF NEEDED, SAY: "On the days you smoked."]

[IF R SAYS "A Pack", CODE THIS AS 20 CIGARETTES]

_____NUMBER OF CIGARETTES [HR: 0-120]

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

E-Cigarette Use
'E-CIGARETTE INTRO TEEN'

E-CIGAR INTRO

The next questions are about electronic cigarettes and other electronic vaping products. These products typically contain nicotine, flavors, and other ingredients. They may also be called e-cigs, vape pens, pod mods, hookah pens or e-hookah.

Do not include products used only for marijuana.

'TE79'

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

TE79

- YES.....1
- NO.....2 **[GO TO 'TE22']**
- REFUSED.....-7 **[GO TO 'TE22']**
- DON'T KNOW.....-8 **[GO TO 'TE22']**

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

TE82

_____ Age [HR: 0-TAGE]

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

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

TE80

_____ Number of days [HR: 0 - 30]

- REFUSED.....-7 **[IF TE80=0, GO TO 'PN_TE83']**
- DON'T KNOW.....-8 **[GO TO 'PN_TE83']**

'TE68' What are your reasons for using electronic cigarettes?

TE68

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 'TE83':
 IF ['TC38'=1 AND 'TE79'=1] AND 'TE81'= 'TE82' OR IF 'TE81' =-7,-8 OR IF 'TE82'=-7,8 CONTINUE WITH 'TE83';
 ELSE GO TO 'TE22'

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

TE83

- CIGARETTES..... 1
- E-CIGARETTES 2
- TRIED AT THE SAME TIME 3

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

Alcohol Use/Abuse

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

TE22

- YES.....1
- NO.....2 **[GO TO 'PN_TE69']**
- REFUSED.....-7 **[GO TO 'PN_TE69']**
- DON'T KNOW.....-8 **[GO TO 'PN_TE69']**

PROGRAMMING NOTE 'TE24A' :

IF 'TA20B' = 1 (MALE AT BIRTH) GO TO 'TE24' ;
ELSE CONTINUE WITH 'TE24A'

'TE24A' How many days in the past 30 days did you have four or more drinks in a row, that is within a couple of hours?

TE24A

- NONE0
- 1 DAY1
- 2 DAYS2
- 3-5 DAYS3
- 6-9 DAYS4
- 10-19 DAYS5
- 20 DAYS OR MORE6
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TE24' :

IF 'TA20B' = 2 (FEMALE AT BIRTH), GO TO 'TE69';
ELSE CONTINUE WITH 'TE24'

'TE24' How many days in the past 30 days did you have five or more drinks in a row, that is within a couple of hours?

TE24

- NONE0
- 1 DAY1
- 2 DAYS2
- 3-5 DAYS3
- 6-9 DAYS4
- 10-19 DAYS5
- 29 DAYS OR MORE6
- REFUSED.....-7
- DON'T KNOW.....-8

Marijuana Use

PROGRAMMING NOTE 'TE69':

IF SC24X = 3 OR 5 (NO QUESTIONS ON DRUGS) OR IF SC23XXX = 1 SKIP TO 'TG11';
ELSE CONTINUE TO 'TE69'

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

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

TE69

[IF NEEDED: THC is the active ingredient in marijuana.]

- YES.....1
- NO.....2 [GO TO 'TE84']
- REFUSED.....-7 [GO TO 'TE84']
- DON'T KNOW.....-8 [GO TO 'TE84']

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

TE70

- 0 DAYS1 [GO TO 'TE84']
- 1-2 DAYS2
- 3-5 DAYS3
- 6-9 DAYS4
- 10-19 DAYS5
- 20-29 DAYS6
- 30 DAYS OR MORE7
- REFUSED.....-7
- DON'T KNOW.....-8

'TE71' How often have you used tobacco and marijuana at the same time? Would you say...

TE71

- Usually1
- Sometimes2
- Never3
- REFUSED.....-7
- DON'T KNOW.....-8

'TE72' During the past 30 days, how did you use marijuana? Did you...

Smoke it in a joint, bong, or pipe?

TE72

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

'TE78' During the past 30 days, how did you use marijuana? Did you...

Smoke part or all of a cigar with marijuana in it, which is sometimes called a blunt?

TE78

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

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

Eat it?

TE73

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

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

'TE74' [During the past 30 days, how did you use marijuana?] Did you...

Drink it?

TE74

[IF NEEDED SAY: For example, in tea, cola, alcohol or other drinks]

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

'TE75'

[During the past 30 days, how did you use marijuana?] Did you...

Vaporize it?

TE75

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

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

'TE76'

[During the past 30 days, how did you use marijuana?] Did you...

Dab it?

TE76

[IF NEEDED SAY: For example, using butane hash oil, wax or concentrates]

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

'TE77'

[During the past 30 days, how did you use marijuana?] Did you...

Use it some other way?

TE77

- YES (SPECIFY _____)..... 1
- NO..... 2
- REFUSED.....-7
- DON'T KNOW.....-8

'TE84'

Have you used heroin in the past 12 months?

TE84

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

'TE85'

Examples of prescription painkillers are Vicodin, OxyContin, Norco, Hydrocodone, Percocet and Methadone. In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor's directions?

TE85

[Do not read the response categories.]

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

PROGRAMMING NOTE 'TE86':

IF 'TE85' = 1, THEN CONTINUE WITH 'TE86';
ELSE GO TO 'TE88'

'TE86' Did you get the prescription(s) from one doctor or from more than one doctor?

TE86

- ONE DOCTOR 1
- MORE THAN ONE DOCTOR.....2
- I DIDN'T GET IT FROM A DOCTOR.....3
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TE87':

IF 'TE85' = 1, THEN CONTINUE WITH 'TE87';
ELSE CONTINUE TO 'TE88'

'TE87' What condition or conditions have you taken the medicine for?

TE87

- DENTAL WORK/DENTAL PAIN..... 1
- PAIN AFTER SURGERY, NOT ACCIDENT
RELATED 2
- PAIN AFTER AN ACCIDENT OR INJURY 3
- CHRONIC PAIN, REGARDLESS OF CAUSE... 4
- RECREATIONAL USE..... 5
- DEPRESSION, ANXIETY, OR STRESS 6
- TO TREAT SUBSTANCE USE DISORDER..... 7
- ADDICTION TO PAINKILLERS..... 8
- OTHER (SPECIFY) _____ 91
- REFUSED.....-7
- DON'T KNOW.....-8

'TE88' Have you used methamphetamines in the past 12 months?

TE88

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

SECTION F: MENTAL HEALTH

K6 Mental Health Assessment

'TG11'

The next questions ask about how you have been feeling during the past 30 days. About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

TG11

- ALL..... 1
- MOST.....2
- SOME3
- A LITTLE.....4
- NONE5
- REFUSED.....-7
- DON'T KNOW.....-8

'TG12'

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

TG12

- ALL..... 1
- MOST.....2
- SOME3
- A LITTLE.....4
- NONE5
- REFUSED.....-7
- DON'T KNOW.....-8

'TG13'

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

TG13

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

- ALL..... 1
- MOST.....2
- SOME3
- A LITTLE.....4
- NONE5
- REFUSED.....-7
- DON'T KNOW.....-8

'TG14'

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

TG14

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

- ALL..... 1
- MOST.....2
- SOME3
- A LITTLE.....4
- NONE5
- REFUSED.....-7
- DON'T KNOW.....-8

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

TG15

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

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

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

TG16

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

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

Repeated K6

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

TF30

- YES..... 1
- NO..... 2 **[GO TO 'T111']**
- REFUSED.....-7 **[GO TO 'T111']**
- DON'T KNOW.....-8 **[GO TO 'T111']**

PROGRAMMING NOTE 'TF31' :

IF 'TF30' = 1 THEN CONTINUE WITH 'TF31';
ELSE SKIP TO 'T111'

'TF31' The next questions are about the one month in the past 12 months when you were at your worst emotionally.

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

TF31

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

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

TF32

- ALL.....1
- MOST.....2
- SOME3
- A LITTLE.....4
- NONE5
- REFUSED.....-7
- DON'T KNOW.....-8

'TF33' How often did you feel restless or fidgety?

TF33

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

- ALL.....1
- MOST.....2
- SOME3
- A LITTLE.....4
- NONE5
- REFUSED.....-7
- DON'T KNOW.....-8

'TF34' How often did you feel so depressed that nothing could cheer you up?

TF34

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

- ALL.....1
- MOST.....2
- SOME3
- A LITTLE.....4
- NONE5
- REFUSED.....-7
- DON'T KNOW.....-8

'TF35' How often did you feel that everything was an effort?

TF35

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

- ALL.....1
- MOST.....2
- SOME3
- A LITTLE.....4
- NONE5
- REFUSED.....-7
- DON'T KNOW.....-8

'TF36' How often did you feel worthless?

TF36

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

- ALL.....1
- MOST.....2
- SOME3

- A LITTLE.....4
- NONE5
- REFUSED.....-7
- DON'T KNOW.....-8

'TI11' In the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?

TI11

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

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

TF11

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

PROGRAMMING NOTE 'TI13' :
 IF 'TE22' = 1 (MORE THAN SIP OF ALCOHOL) OR 'TE69' =1 (EVER USED MARIJUANA) OR 'TE84' (EVER USED HEROIN) OR 'TE85' (EVER MISUSED PAINKILLER) OR 'TE88' (EVER USED METHAMPHETAMINES) CONTINUE WITH 'TI13' ;
 ELSE GO TO 'PN_TF46'

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

TI13

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

Telehealth

PROGRAMMING NOTE 'TF46':
 IF 'TF11'=1 OR 'TI13'=1 THEN ASK CONTINUE;
 ELSE SKIP TO 'PN_TF50'

'TF46' Think about your problems with mental health, emotions, nerves, or your use of alcohol or drugs in the past 12 months. Did you receive care from an in-person visit video visit or telephone visit?

TF46

(SELECT ALL THAT APPLY)

- IN-PERSON VISIT1
- VIDEO VISIT2
- TELEPHONE VISIT3
- NO.....4
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TF47':
 IF 'TF46'= 1, CONTINUE WITH 'TF47';
 ELSE GO TO 'PN_TF48'

'TF47' How satisfied were you with the care you received through the in-person visit?

TF47

- Very satisfied 1
- Somewhat satisfied.....2
- Somewhat dissatisfied3
- Very dissatisfied.....4
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TF48':

IF 'TF46'= 2, CONTINUE WITH 'TF48';
ELSE GO TO 'PN_TF49'

'TF48' How satisfied were you with the care you received through the video visit?

TF48

- Very satisfied 1
- Somewhat satisfied.....2
- Somewhat dissatisfied3
- Very dissatisfied.....4
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TF49':

IF 'TF46'= 3, CONTINUE WITH 'TF49';
ELSE GO TO 'PN_TF50'

'TF49' How satisfied were you with the care you received through the telephone visit?

TF49

- Very satisfied 1
- Somewhat satisfied.....2
- Somewhat dissatisfied3
- Very dissatisfied.....4
- REFUSED.....-7
- DON'T KNOW.....-8

Delays in Mental Health Care

PROGRAMMING NOTE 'TF50':

IF 'T111'=1 OR 'TF11=1' OR 'T113=1' THEN CONTINUE;
ELSE SKIP TO 'TF45'

'TF50' During the past 12 months, did you delay or not get mental health care you needed--such as seeing a therapist, psychologist, psychiatrist, or other mental health professional?

TF50

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

PROGRAMMING NOTE 'TF51':

IF 'TF50'=1 CONTINUE;
ELSE SKIP TO 'TF45'

'TF51' Did you get the mental healthcare eventually?

TF51

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

'TF52' Why did you delay or not get the mental health care you needed?

TF52

(Select all that apply)

- COULDN'T GET APPOINTMENT 1
- PROVIDER DID NOT ACCEPT MY INSURANCE2
- MY INSURANCE DID NOT COVER.....3
- COMMUNICATION ISSUES DUE TO LANGUAGE4
- TRANSPORTATION PROBLEMS.....5
- HOURS WERE NOT CONVENIENT.....6
- THERE WAS NO CHILDCARE FOR CHILDREN AT HOME7
- I FORGOT OR LOST REFERRAL8
- I DIDN'T HAVE TIME TO GO9
- TOO EXPENSIVE10
- I HAVE NO INSURANCE.....11
- OTHER (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TF53':

IF MORE THAN ONE RESPONSE FROM 'TF52', THEN CONTINUE WITH 'TF53' WITH SELECTED CHOICES FROM 'TF52' DISPLAYED; ELSE GO TO 'TF45'

'TF53' What is the MAIN reason you delayed or did not get the mental health care you needed?

TF53

- COULDN'T GET APPOINTMENT 1
- PROVIDER DID NOT ACCEPT MY INSURANCE2
- MY INSURANCE DID NOT COVER3
- COMMUNICATION ISSUES DUE TO LANGUAGE4
- TRANSPORTATION PROBLEMS5
- HOURS WERE NOT CONVENIENT.....6
- THERE WAS NO CHILDCARE FOR CHILDREN AT HOME7
- I FORGOT OR LOST REFERRAL8
- I DIDN'T HAVE TIME TO GO.....9
- TOO EXPENSIVE.....10
- I HAVE NO INSURANCE11
- OTHER (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

Climate Change

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

TF45

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

SECTION G: SEXUAL BEHAVIORS

PROGRAMMING NOTE 'TE32' :

IF SC23XXX =2 , GO TO 'TF1' ;
ELSE CONTINUE WITH 'TE32'

'TE32' The next section is about sexual behavior. The information will be kept private and you can refuse to answer.

Have you ever had sexual intercourse?

TE32

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

- YES..... 1
- NO..... 2 **[GO TO 'PN_TL44']**
- REFUSED.....-7 **[GO TO 'PN_TL44']**
- DON'T KNOW.....-8 **[GO TO 'PN_TL44']**

PROGRAMMING NOTE 'TG33':

IF 'TA20B'=2 (FEMALE AT BIRTH) AND TAGE= BETWEEN 15 AND 17 YEARS AND 'TE32'=1, CONTINUE WITH 'TG33'
ELSE GO TO 'TG37';
IF 'TA20B' = 2 (FEMALE AT BIRTH) AND 'TA21B'≠2 (IDENTIFY NOT AS FEMALE) THEN DISPLAY: 'These next questions may be relevant to you because you were assigned female at birth.';
ELSE CONTINUE WITH 'TG33'

'TG33' {These next questions may be relevant to you because you were assigned female at birth.}

During the past 12 months, did you become pregnant with an unplanned pregnancy?

TG33

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

'TG34' During the past 12 months, has a doctor, medical provider, or family planning counselor talked to you about birth control? This includes an IUD or an implant (that thing in your arm).

TG34

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

PROGRAMMING NOTE 'TG18B':

IF 'TE32' = 2 (NOT SEXUALLY ACTIVE), THEN GO TO 'PN_TL44';
ELSE CONTINUE WITH 'TG18B'

'TG18B' During the past 12 months, did you or your male partner(s) use a birth control method to prevent pregnancy?

TG18B

- YES..... 1
- NO..... 2 **[GO TO 'PN_TG20B']**
- I DO NOT HAVE A MALE PARTNER 3 **[GO TO 'PN_TL44']**
- REFUSED.....-7 **[GO TO 'PN_TL44']**
- DON'T KNOW.....-8 **[GO TO 'PN_TL44']**

'TG19B' During the past 12 months, which MAIN birth control method did you or your male partner(s) use?

TG19B

- IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.).....3
- IMPLANT (NEXPLANON® - THAT THING IN YOUR ARM).....4
- BIRTH CONTROL PILLS5
- OTHER HORMONAL METHODS (INJECTION/ DEPO-PROVERA, PATCH, VAGINAL RING) ...6
- CONDOMS (MALE OR FEMALE)7
- PHEXXI (BIRTH CONTROL GEL)8
- OTHER (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

'TG35' During the past 12 months, where did you or your male partner(s) get your MAIN birth control method or prescription?

TG35

- PRIVATE DOCTOR'S OFFICE 1
- HMO FACILITY (KAISER, ANTHEM BLUE CROSS, HEALTH NET, UNITED HEALTHCARE, ETC.).....2
- HOSPITAL OR HOSPITAL CLINIC.....3
- PLANNED PARENTHOOD4
- COUNTY HEALTH DEPARTMENT5
- FAMILY PLANNING CLINIC6
- COMMUNITY CLINIC.....7
- SCHOOL OR SCHOOL-BASED CLINIC.....8
- NATIVE AMERICAN HEALTH CENTER/CLINIC.....9
- PHARMACY10
- SOME OTHER PLACE (SPECIFY: _____)91
- DON'T KNOW (WHERE MALE PARTNER(S) RECEIVED BIRTH CONTROL) 11

'TG36' During the past 12 months, did you receive your MAIN birth control method through a video or telephone visit?

TG36

- YES, OVER A VIDEO VISIT..... 1
- YES, OVER A TELEPHONE VISIT2
- NO.....3
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TG20B':

IF 'TG18B'=2, THEN CONTINUE;
ELSE GO TO 'PN_TL44'

'TG20B' What is the MAIN reason you and your male partner(s) did not use birth control in the past 12 months?

TG20B

- TRYING TO GET PREGNANT/WANT A BABY 1
- HAVEN'T FOUND A METHOD I LIKE.....2
- COST3
- HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL.....4
- NO TRANSPORTATION5

- DON'T KNOW WHERE TO GET IT6
- DON'T BELIEVE IN BIRTH CONTROL.....7
- WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS8
- PARTNER WON'T LET ME.....9
- FORGET TO USE BIRTH CONTROL.....10
- FEEL UNCOMFORTABLE ASKING FOR BIRTH CONTROL/TALKING ABOUT BIRTH CONTROL.....11
- OTHER (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TG37':
 IF 'TA20B'=1 AND TAGE= BETWEEN 15 AND 17 YEARS AND 'TE32'= 1, CONTINUE;
 ELSE GO TO 'PN_TL44'

'TG37' During the past 12 months, has a doctor, medical provider, or family planning counselor talked to you about birth control such as male condoms?

TG37

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

'TG22B' During the past 12 months, did you or your female partner(s) use a birth control method to prevent pregnancy?

TG22B

- YES.....1
- NO.....2 **[GO TO 'PN_TG24B']**
- I DO NOT HAVE A FEMALE PARTNER.....3 **[GO TO 'PN_TL44']**
- REFUSED.....-7 **[GO TO 'PN_TL44']**
- DON'T KNOW.....-8 **[GO TO 'PN_TL44']**

'TG38' During the past 12 months, which MAIN birth control method did you or your female partner(s) use?

TG38

- IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.).....3
- IMPLANT (NEXPLANON® - THAT THING IN YOUR ARM).....4
- BIRTH CONTROL PILLS5
- OTHER HORMONAL METHODS (INJECTION/ DEPO-PROVERA, PATCH, VAGINAL RING) ...6
- CONDOMS (MALE OR FEMALE)7
- PHEXXI (BIRTH CONTROL GEL)8
- OTHER (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

'TG39' During the past 12 months, where did you or your female partner(s) get your MAIN birth control method or prescription?

TG39

- PRIVATE DOCTOR'S OFFICE1
- HMO FACILITY (KAISER, ANTHEM BLUE CROSS, HEALTH NET, UNITED HEALTHCARE, ETC.).....2
- HOSPITAL OR HOSPITAL CLINIC.....3

- PLANNED PARENTHOOD4
- COUNTY HEALTH DEPARTMENT5
- FAMILY PLANNING CLINIC6
- COMMUNITY CLINIC.....7
- SCHOOL OR SCHOOL-BASED CLINIC.....8
- NATIVE AMERICAN HEALTH CENTER/CLINIC.....9
- PHARMACY10
- SOME OTHER PLACE (SPECIFY: _____)91
- DON'T KNOW (WHERE FEMALE PARTNER(S) RECEIVED BIRTH CONTROL)11

'TG40' During the past 12 months, did you receive your MAIN birth control method through a video or telephone visit?

TG40

- YES, OVER A VIDEO VISIT.....1
- YES, OVER A TELEPHONE VISIT2
- NO.....3
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TG24B':
 IF 'TG22B'=2, THEN CONTINUE WITH 'TG24B';
 ELSE GO TO 'PN_TL44'

'TG24B' What is the MAIN reason you and your female partner(s) did not use birth control in the past 12 months?

TG24B

- TRYING TO GET PREGNANT/WANT A BABY 1
- HAVEN'T FOUND A METHOD I LIKE.....2
- COST3
- HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL.....4
- NO TRANSPORTATION5
- DON'T KNOW WHERE TO GET IT6
- DON'T BELIEVE IN BIRTH CONTROL.....7
- WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS8
- PARTNER WON'T LET ME.....9
- FORGET TO USE BIRTH CONTROL.....10
- FEEL UNCOMFORTABLE ASKING FOR BIRTH CONTROL/TALKING ABOUT BIRTH CONTROL.....11
- OTHER (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

Pre-Exposure Prophylaxis

PROGRAMMING NOTE 'TL44':
 IF 'TA24' = 02 (LESBIAN OR GAY) OR 'TA24' = 06 (BISEXUAL),
 OR ['TA20B'=1 (MALE AT BIRTH) AND 'TA21B'≠1 (IDENTIFY AS NOT MALE)],
 OR ['TA20B'=2 (FEMALE AT BIRTH) AND 'TA21B'≠2 (IDENTIFY AS NOT FEMALE)],
 THEN CONTINUE WITH 'TL44';
 ELSE SKIP TO 'TH31';
 IF 'TP1_BRC' = 3,4 (NO QUESTIONS ON SEXUAL BEHAVIOR) SKIP TO 'TF1';
 ELSE CONTINUE WITH 'TL44'

'TL44' People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.

At any time in the past 30 days, have you taken PrEP or Truvada®?

TL44

- YES..... 1 **[GO TO 'TH31']**
- NO.....2
- REFUSED.....-7
- DON'T KNOW.....-8

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

TL45

- YES..... 1 **[GO TO 'TH31']**
- NO.....2
- REFUSED.....-7
- DON'T KNOW.....-8

'TL46' Have you ever taken any PrEP or Truvada®?

TL46

- YES..... 1 **[GO TO 'TH31']**
- NO.....2
- REFUSED.....-7
- DON'T KNOW.....-8

'TL47' Before today, have you ever heard of PrEP or Truvada®?

TL47

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

HIV Testing

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

TH31

- YES..... 1
- NO.....2 **[GO TO 'TL49']**
- REFUSED.....-7 **[GO TO 'TL49']**
- DON'T KNOW.....-8 **[GO TO 'TL49']**

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

TL48

- I WAS OFFERED THE TEST 1 **[GO TO 'SECTION H']**
- I ASKED FOR THE TEST.....2 **[GO TO 'SECTION H']**
- I DON'T REMEMBER.....3 **[GO TO 'SECTION H']**
- OTHER (SPECIFY: _____)91 **[GO TO 'SECTION H']**
- REFUSED.....-7 **[GO TO 'SECTION H']**
- DON'T KNOW.....-8 **[GO TO 'SECTION H']**

'TL49' Were you ever offered an HIV test?

TL49

- YES..... 1

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

SECTION H: HEALTH CARE UTILIZATION AND ACCESS

Usual Source of Care

'TF1' Now I'm going to ask about health care visits.

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

TF1

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

- YES..... 1
- NO.....2 **[GO TO 'PN_TF3']**
- DOCTOR/MY DOCTOR3
- KAISER.....4
- MORE THAN ONE PLACE5
- REFUSED.....-7 **[GO TO 'PN_TF3']**
- DON'T KNOW.....-8 **[GO TO 'PN_TF3']**

PROGRAMMING NOTE 'TF2' :

IF 'TF1' = 4 (KAISER), FILL IN 'TF2' = 1 AND GO TO 'TF3' ;
 ELSE IF 'TF1' = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
 ELSE DISPLAY "What kind of place do you go to most often—a medical...".

'TF2' {What kind of place do you go to most often -- a medical.../Is your doctor in a private...} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

TF2

- DOCTOR'S OFFICE/KAISER/OTHER HMO 1
- CLINIC/HEALTH CENTER/HOSPITAL CLINIC 2
- EMERGENCY ROOM3
- SOME OTHER PLACE
(SPECIFY: _____)91
- NO ONE PLACE94
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TF3' :

IF 'TB19'=1 OR 'TB28'=1 (ER VISIT DUE TO ASTHMA), MARK 'YES=1' ON 'TF3' AND GO TO 'TF16' ;
 ELSE CONTINUE WITH 'TF3'

Emergency Room Visits

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

TF3

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

Visits to Medical Doctor

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

TF16

_____ TIMES [HR: 0-365]

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

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

TF5

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

Personal Doctor

PROGRAMMING NOTE 'T114' :
 IF 'TF1' = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE), CONTINUE WITH 'T114' ;
 ELSE GO TO 'TH49'

'T114' Do you have a personal doctor or medical provider who is your main provider?

T114

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

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

PROGRAMMING NOTE 'TH49':
 IF 'T114' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
 ELSE DISPLAY "a";

'TH49' In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

TH49

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

- YES 1
- NO 2 **[GO TO 'PN_T117']**
- REFUSED -7 **[GO TO 'PN_T117']**
- DON'T KNOW -8 **[GO TO 'PN_T117']**

'TH46' How often were you able to get an appointment within two days? Would you say...

TH46

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

Care Coordination

PROGRAMMING NOTE 'T117':
 IF 'TB17' = 1 (YES, STILL HAVE ASTHMA) OR 'TB18' = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS) AND IF 'TF1' = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE)

AND IF 'TI14' = 1 (YES HAS PERSONAL DOCTOR), CONTINUE WITH 'TI17';
ELSE GO TO 'TI18'

'TI17' Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services, such as tests or treatments?

TI17

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

Delays in Care

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

TI18

- YES.....1
- NO.....2 **[GO TO 'TF9']**
- REFUSED.....-7 **[GO TO 'TF9']**
- DON'T KNOW.....-8 **[GO TO 'TF9']**

'TH61' Did you get the medicine that a doctor prescribed for you eventually?

TH61

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

'TH62' During the past 12 months, why did you delay or not get a medicine that a doctor prescribed for you?

TH62

[SELECT ALL THAT APPLY]

- MEDICATION NOT IN STOCK.....1
- INSURANCE APPROVAL ISSUE2
- DELAYS IN COMMUNICATION WITH PROVIDER OR PHARMACY.....3
- CONCERNS WITH SIDE EFFECTS OR INTERACTIONS WITH OTHER MEDICATIONS4
- DIDN'T WANT OR THOUGHT I DIDN'T NEED PRESCRIPTION5
- TOO HARD TO TRACK ALL MY MEDICATIONS6
- I FORGOT OR LOST PRESCRIPTION.....7
- I DIDN'T HAVE TIME.....8
- I HAVE NO INSURANCE.....9
- TOO EXPENSIVE10
- OTHER (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TH63':
IF MORE THAN ONE RESPONSE FROM 'TH62', THEN CONTINUE WITH 'TH63' WITH SELECTED CHOICES FROM 'TH62' DISPLAYED;
ELSE SKIP TO 'TF9'

'TH63' What was the one main reason why you delayed the medicine that a doctor prescribed for you?

TH63

- MEDICATION NOT IN STOCK 1
- INSURANCE APPROVAL ISSUE2
- DELAYS IN COMMUNICATION WITH PROVIDER OR PHARMACY.....3
- CONCERNS WITH SIDE EFFECTS OR INTERACTIONS WITH OTHER MEDICATIONS4
- DIDN'T WANT OR THOUGHT I DIDN'T NEED PRESCRIPTION5
- TOO HARD TO TRACK ALL MY MEDICATIONS6
- I FORGOT OR LOST PRESCRIPTION7
- I DIDN'T HAVE TIME.....8
- I HAVE NO INSURANCE9
- TOO EXPENSIVE.....10
- OTHER (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

'TF9' During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

TF9

- YES..... 1
- NO.....2 **[GO TO 'TF14B']**
- REFUSED.....-7 **[GO TO 'TF14B']**
- DON'T KNOW.....-8 **[GO TO 'TF14B']**

'TH57' Did you get the care eventually?

TH57

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

'TH60' During the past 12 months, why did you delay or not get the care you felt you needed?

TH60

[SELECT ALL THAT APPLY]

- COULDN'T GET APPOINTMENT 1
- MY INSURANCE WAS NOT ACCEPTED2
- MY INSURANCE DID NOT COVER.....3
- LANGUAGE UNDERSTANDING PROBLEMS .4
- TRANSPORTATION PROBLEMS.....5
- HOURS WERE NOT CONVENIENT6
- THERE WAS NO CHILD CARE FOR CHILDREN AT HOME 7
- I FORGOT OR LOST REFERRAL8
- I DIDN'T HAVE TIME TO GO9
- TOO EXPENSIVE10
- I HAVE NO INSURANCE.....11
- OTHER (SPECIFY: _____)91
- REFUSED.....-7

DON'T KNOW-8

PROGRAMMING NOTE 'TH59':

IF MORE THAN ONE RESPONSE FROM 'TH60' WITH SELECTED CHOICES FROM 'TH60' DISPLAYED, THEN CONTINUE WITH 'TH59'; ELSE SKIP TO 'TF14B'

'TH59' What was the one main reason why you delayed getting the care you felt you needed?

TH59

- COULDN'T GET APPOINTMENT 1
- MY INSURANCE WAS NOT ACCEPTED.....2
- MY INSURANCE DID NOT COVER3
- LANGUAGE UNDERSTANDING PROBLEMS .4
- TRANSPORTATION PROBLEMS5
- HOURS WERE NOT CONVENIENT.....6
- THERE WAS NO CHILD CARE FOR CHILDREN AT HOME7
- I FORGOT OR LOST REFERRAL8
- I DIDN'T HAVE TIME TO GO.....9
- TOO EXPENSIVE.....10
- I HAVE NO INSURANCE11
- OTHER (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW-8

Dental Health

'TF14B' This next question is about dental health.

About how long has it been since you visited a dental provider? (eg, dental hygienists and dentists)

TF14B

- HAVE NEVER VISITED.....0
- 6 MONTHS AGO OR LESS 1
- MORE THAN 6 MONTHS UP TO 1 YEAR AGO2
- MORE THAN 1 YEAR UP TO 2 YEARS AGO..3
- MORE THAN 2 YEARS UP TO 5 YEARS AGO4
- MORE THAN 5 YEARS AGO.....5
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE 'TF28':

IF 'TA4' =1 (ATTENDED SCHOOL LAST WEEK) OR 'TA4C' = 1 (ATTENDED SCHOOL LAST YEAR) THEN CONTINUE WITH 'TF28'; ELSE GO TO 'SECTION J: DEMOGRAPHIC INFORMATION PART II'

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

TF28

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

'TF29' How many days of school did you miss?

TF29

_____ DAYS [0-200]

- LESS THAN ONE DAY996
- REFUSED.....-7
- DON'T KNOW.....-8

SECTION J: DEMOGRAPHIC INFORMATION PART II

Race/Ethnicity
'T11'

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

Are you Latino or Hispanic?

T11

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

- YES..... 1
- NO.....2 [GO TO 'PN_T12']
- REFUSED.....-7 [GO TO 'PN_T12']
- DON'T KNOW-8 [GO TO 'PN_T12']

'T11A'

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

T11A

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE 'T12' :

IF 'T11' = 1 (YES), DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR 'T12' , CONTINUE WITH PROGRAMMING NOTE 'T12H' ;
ELSE GO TO SKIPS AS INDICATED FOR SINGLE RESPONSES

'T12'

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

T12

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

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

[CODE ALL THAT APPLY]

- WHITE..... 1
- BLACK OR AFRICAN AMERICAN 2
- ASIAN 3
- AMERICAN INDIAN OR ALASKA NATIVE 4
- PACIFIC ISLANDER..... 5
- NATIVE HAWAIIAN 6
- OTHER (SPECIFY: _____)91

- REFUSED.....-7 [GO TO 'TI3']
- DON'T KNOW.....-8 [GO TO 'TI3']

PROGRAMMING NOTE 'TI2H' :
 IF 'TI2'= 1 (WHITE), CONTINUE WITH 'TI2H';
 ELSE GO TO PROGRAMMING NOTE 'TI2I'

'TI2H' What are your white origin or origins?
 For example, German, Irish, English, Italian, Armenian, Iranian, etc.

TI2H

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

PROGRAMMING NOTE 'TI2I' :
 IF 'TI2'= 2(BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'TI2I';
 ELSE GO TO PROGRAMMING NOTE 'TI2A'

'TI2I' What are your Black origin or origins?
 For example, African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghanaian, etc.

TI2I

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

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

'TI2A' You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

TI2A

[CODE ALL THAT APPLY]

- APACHE 1
- BLACKFOOT/BLACKFEET2
- CHEROKEE3
- CHOCTAW4
- MEXICAN AMERICAN INDIAN5
- NAVAJO.....6
- POMO7
- PUEBLO8
- SIOUX9
- YAQUI10
- OTHER TRIBE [Ask for spelling]
 (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

'TI2B' Are you an enrolled member in a federally or state recognized tribe?

TI2B

- YES..... 1
- NO.....2 [GO TO 'PN_TI2D']
- REFUSED.....-7 [GO TO 'PN_TI2D']
- DON'T KNOW.....-8 [GO TO 'PN_TI2D']

'T12C' Which tribe are you enrolled in?

T12C

- APACHE
 - MESCALERO APACHE, NM.....1
 - APACHE (NOT SPECIFIED)2
 - OTHER APACHE [Ask for spelling]
(SPECIFY: _____)3
- BLACKFEET
 - BLACKFOOT/BLACKFEET4
- CHEROKEE
 - WESTERN CHEROKEE5
 - CHEROKEE (NOT SPECIFIED)6
 - OTHER CHEROKEE [Ask for spelling]
(SPECIFY: _____)7
- CHOCTAW
 - CHOCTAW OKLAHOMA8
 - CHOCTAW (NOT SPECIFIED)9
 - OTHER CHOCTAW [Ask for spelling]
(SPECIFY: _____)10
- NAVAJO
 - NAVAJO (NOT SPECIFIED)11
- POMO
 - HOPLAND BAND, HOPLAND RANCHERIA ..12
 - SHERWOOD VALLEY RANCHERIA13
 - POMO (NOT SPECIFIED).....14
 - OTHER POMO [Ask for spelling]
(SPECIFY: _____)15
- PUEBLO
 - HOPI16
 - YSLETA DEL SUR PUEBLO OF TEXAS.....17
 - PUEBLO (NOT SPECIFIED)18
 - OTHER PUEBLO [Ask for spelling]
(SPECIFY: _____)19
- SIOUX
 - OGLALA/PINE RIDGE SIOUX20
 - SIOUX (NOT SPECIFIED)21
 - OTHER SIOUX [Ask for spelling]
(SPECIFY: _____)22
- YAQUI
 - PASCUA YAQUI TRIBE OF ARIZONA23
 - YAQUI (NOT SPECIFIED)24
 - OTHER YAQUI (SPECIFY: _____)25
 - OTHER [Ask for spelling]
(SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE 'T12D' :

IF 'T12' = 3 (ASIAN) CONTINUE WITH 'T12D' ;
ELSE GO TO PROGRAMMING NOTE 'T12D1'

'T12D' You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

T12D

[CODE ALL THAT APPLY]

- BANGLADESHI1

- BURMESE2
- CAMBODIAN3
- CHINESE4
- FILIPINO5
- HMONG6
- INDIAN (INDIA)7
- INDONESIAN8
- JAPANESE9
- KOREAN10
- LAOTIAN11
- MALAYSIAN12
- PAKISTANI13
- SRI LANKAN14
- TAIWANESE15
- THAI16
- VIETNAMESE17
- OTHER ASIAN (SPECIFY: _____)..91
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TI2D1' :

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

'TI2D1'

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

TI2D1

[CODE ALL THAT APPLY]

- SAMOAN/AMERICAN SAMOAN 1
- GUAMANIAN2
- TONGAN3
- FIJIAN4
- OTHER PACIFIC ISLANDER
 (SPECIFY: _____)91
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TI2F' :

IF 'TI1' = 1 (YES, LATINO) AND ['TI2' = 6 (NATIVE HAWAIIAN) OR 5 (OTHER PACIFIC ISLANDER) OR 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 3 (ASIAN) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH 'TI2F' ;
 ELSE IF MULTIPLE RESPONSES TO 'TI2' OR 'TI2D' OR 'TI2D1' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'TI2F' ;
 ELSE GO TO 'TI3' ;
 FOR 'TI1A' RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF 'TI1' = -7 (REFUSE), INSERT "Latino"

'TI2F'

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

TI2F

- YES.....1
- NO.....2 **[GO TO 'TI3']**
- REFUSED.....-7 **[GO TO 'TI3']**
- DON'T KNOW.....-8 **[GO TO 'TI3']**

'TI2E'

Which do you most identify with?

T12E

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

Country of Birth
'T13'

In what country were you born?

T13

- UNITED STATES 1
- AMERICAN SAMOA 2
- CANADA 3
- CHINA 4
- EL SALVADOR 5
- ENGLAND 6

- FRANCE7
- GERMANY8
- GUAM9
- GUATEMALA10
- HUNGARY11
- INDIA12
- IRAN13
- IRELAND14
- ITALY15
- JAPAN16
- KOREA17
- MEXICO18
- PHILIPPINES19
- POLAND20
- PORTUGAL21
- PUERTO RICO22
- RUSSIA23
- TAIWAN24
- VIETNAM25
- VIRGIN ISLANDS26
- OTHER (SPECIFY: _____)91
- REFUSED-7
- DON'T KNOW-8

Citizenship, Immigration Status, Years in the US

PROGRAMMING NOTE 'T14' :
 IF 'T13' = 1, 9, 22, OR 26 (BORN IN USA OR US TERRITORY), CODE T14=1 AND GO TO 'T17' ;
 ELSE CONTINUE WITH 'T14'

'T14' Are you a citizen of the United States?

T14

- YES1 **[GO TO 'T16']**
- NO2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'T15' :
 IF 'T13' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'T17';
 ELSE GONTINUE WITH 'T15'

'T15' Are you a permanent resident with a green card?

T15

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

- YES1
- NO2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

'T16' About how many years have you lived in the United States?

T16

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

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

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

Language Spoken at Home

'T17' What languages do you speak at home?

T17

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- ENGLISH1
- SPANISH2
- CANTONESE.....3
- VIETNAMESE4
- TAGALOG.....5
- MANDARIN.....6
- KOREAN7
- ASIAN INDIAN LANGUAGES8
- RUSSIAN9
- OTHER 1 (SPECIFY: _____)91
- OTHER 2 (SPECIFY: _____)92
- REFUSED.....-7
- DON'T KNOW.....-8

SECTION Q: ADVERSE CHILDHOOD EXPERIENCES

Past ACEs Assessment
'ACESINTRO2'

ACESINTRO2

Adverse Childhood Experiences, are stressful or traumatic events experienced from birth through the age of 18 and relate to categories of child abuse, neglect, and/or household challenges. Medical professionals, including doctors, nurse practitioners, midwives, psychologists, and others, can perform Adverse Childhood Experiences assessments.

'TQ20' Have you heard the term Adverse Childhood Experiences or ACEs before?

TQ20

- YES..... 1
- NO.....2
- DON'T KNOW.....3
- REFUSED.....-7

'TQ17' Have you ever completed an assessment of your own history of Adverse Childhood Experiences with a medical health or mental health professional?

TQ17

- YES..... 1
- NO.....2
- DON'T KNOW.....3
- REFUSED.....-7

PROGRAMMING NOTE 'TQ21':
IF RESPONSE TO PREVIOUS QUESTION= 1 CONTINUE;
ELSE SKIP TO 'TK1'

'TQ21' When your provider reviewed your responses to the ACEs screener did they discuss your strengths, resilience or positive experiences in your life?

TQ21

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

ACES Screener

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

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

TQ1

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

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

TQ2

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

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

TQ3

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

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

TQ4

- YES.....1
- NO.....2
- PARENTS NOT MARRIED3
- REFUSED.....-7
- DON'T KNOW.....-8

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

TQ5

- NEVER1
- ONCE2
- MORE THAN ONCE.....3
- REFUSED.....-7
- DON'T KNOW.....-8

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

TQ6

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

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

TQ7

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

'TQ8' Have you ever lived with a parent or guardian who died?

TQ8

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

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

TQ9

- VERY OFTEN.....1
- SOMEWHAT OFTEN2
- NOT VERY OFTEN3

- NEVER4
- REFUSED.....-7
- DON'T KNOW.....-8

Positive Childhood Experiences

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

Felt able to talk to family about feelings?

TQ10

- All of the time 1
- Most of the time2
- Some of the time.....3
- A little of the time4
- Never5
- REFUSED.....-7
- DON'T KNOW.....-8

'TQ11' {How often have you...} Felt family stood by you during difficult times?

TQ11

- All of the time 1
- Most of the time2
- Some of the time.....3
- A little of the time4
- Never5
- REFUSED.....-7
- DON'T KNOW.....-8

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

TQ12

- All of the time 1
- Most of the time2
- Some of the time.....3
- A little of the time4
- Never5
- REFUSED.....-7
- DON'T KNOW.....-8

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

TQ13

- All of the time 1
- Most of the time2
- Some of the time.....3
- A little of the time4
- Never5
- REFUSED.....-7
- DON'T KNOW.....-8

'TQ14' {How often have you...} Felt supported by friends?

TQ14

- All of the time 1
- Most of the time2
- Some of the time.....3
- A little of the time4
- Never5

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

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

TQ15

- All of the time 1
- Most of the time 2
- Some of the time..... 3
- A little of the time 4
- Never 5
- REFUSED.....-7
- DON'T KNOW.....-8

'TQ16' {How often have you...} Enjoyed participating in community traditions?

TQ16

- All of the time 1
- Most of the time 2
- Some of the time..... 3
- A little of the time 4
- Never 5
- REFUSED.....-7
- DON'T KNOW.....-8

SECTION K: SUICIDE IDEATION AND ATTEMPTS

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

TK1

Have you ever seriously thought about committing suicide?

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

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

TK2

- YES..... 1
- NO.....2 [GO TO 'TK4']
- REFUSED.....-7 [GO TO 'TK4']
- DON'T KNOW.....-8 [GO TO 'TK4']

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

TK3

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

'TK4' Have you ever attempted suicide?

TK4

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

PROGRAMMING NOTE 'TK5' :

IF ('TK2' = 2, -7, OR -8) AND ('TK4' = 2, -7, OR -8), THEN GO TO 'SUICIDE RESOURCE';
 IF ('TK3' = 2, -7, OR -8) AND ('TK4' = 2, -7, OR -8), THEN GO TO 'SUICIDE RESOURCE';
 IF 'TK3' = 1 AND ('TK4' = 2, -7, OR -8), THEN GO TO 'SUICIDE RESOURCE';
 ELSE CONTINUE WITH 'TK5'

'TK5' Have you attempted suicide at any time in the past 12 months?

TK5

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

'SUICIDE RESOURCE'

**SUICIDE
RESOURCE**

You can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit [988lifeline.org](https://www.988lifeline.org) to chat online or find information about getting help.

POST-NOTE FOR SUICIDE RESOURCE:

IF ('TK2' = 2, -7, OR -8) AND ('TK4' = 2, -7, OR -8), THEN GO TO 'TL50' (NEXT SECTION); ELSE CONTINUE WITH 'TK7'

'TK7'

Would you like to discuss your thoughts with this person now or would you like to continue with the survey?

TK7

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

SECTION L: CIVIC ENGAGEMENT AND RESILIENCY

Community Involvement

'TL50'

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

TL50

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

'TL10'

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

TL10

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

'TL52'

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

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

Do you think you...

TL52

- Definitely could not 1
- Probably could not2
- Maybe could3
- Probably could4
- Definitely could5
- REFUSED.....-7
- DON'T KNOW.....-8

'TL53'

Do you think you could contact an elected official or someone else in government who represents your community?

TL53

- Definitely could not 1
- Probably could not2
- Maybe could3
- Probably could4
- Definitely could5
- REFUSED.....-7
- DON'T KNOW.....-8

Voting Attitudes

'TL54'

How much do you agree or disagree with this statement?

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

TL54

- Strongly agree 1
- Agree2
- Neither agree nor disagree3
- Disagree4
- Strongly disagree.....5
- REFUSED.....-7
- DON'T KNOW.....-8

'TL63' How likely are you to go to college?

TL63

- VERY LIKELY1
- SOMEWHAT LIKELY2
- NOT VERY LIKELY3
- NOT AT ALL LIKELY4
- REFUSED.....-7
- DON'T KNOW.....-8

'TL64' How has the COVID pandemic influenced your plans for college?

TL64

- I AM MORE LIKELY TO ATTEND COLLEGE
OR COMMUNITY COLLEGE.....1
- I AM LESS LIKELY TO ATTEND COLLEGE
OR COMMUNITY COLLEGE.....2
- NO CHANGE3
- REFUSED.....-7
- DON'T KNOW.....-8

SECTION M: CLOSING

Follow Up and Close

'T110'

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

T110

- YES..... 1
- MAYBE/PROBABLY YES2
- DEFINITELY NOT3
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE 'TM4':

IF 'TK7' = 2, -7, OR -8, CONTINUE WITH 'TM4';
ELSE GO TO 'CLOSE'

SUICIDE RESOURCE 2:

'TM4'

TM4

As I mentioned earlier, you can call 988 to speak with someone about your suicidal thoughts or attempts. It is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit [988lifeline.org](https://www.988lifeline.org) to chat online or find information about getting help.

'CLOSE'

Thank you. You have helped with a very important health survey. If you have any questions, you can contact Dr. Ponce, who heads the study. Would you like the number?

CLOSE

[IF YES, SAY: "Dr. Ponce can be reached toll-free at 1-866-275-2447. Goodbye."]

[IF NO, SAY: "Goodbye"]

'T19'

T19

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

- A PARENT WAS LISTENING ON AN EXTENSION..... 1
- A PARENT WAS IN THE ROOM LISTENING, ... OR2
- NEITHER3
- DON'T KNOW.....-8