



california
health
interview
survey

CHIS 2023
Adult CATI Questionnaire
(Interviewer- administered)
Version 3.03
May 15, 2024
Adult Respondents Age 18 and Older

Collaborating Agencies:

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

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Guide to Questionnaire Formatting

The following are from the CHIS Adult 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. 'QA23_A1': Adult questionnaire, Section A, question #1. 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 interviewer 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 current question.
Dynamic text	{...} and (...) Denotes that text is automatically filled based on previous responses.

PROGRAMMING NOTE 'QA23_A1':
 SET AADATE = CURRENT DATE (YYYYMMDD)

'QA23_A1' What is your date of birth?

AA1

MONTH _____ [Range: 1-12]

- JANUARY1
- FEBRUARY.....2
- MARCH3
- APRIL.....4
- MAY5
- JUNE6
- JULY7
- AUGUST8
- SEPTEMBER9
- OCTOBER10
- NOVEMBER.....11
- DECEMBER.....12
- REFUSED-7
- DON'T KNOW-8

DAY _____ [Range: 1-31]

YEAR _____ [Range: 1907-2005]

'QA23_G20' In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

AH44A

[IF NEEDED, SAY: "THIS INCLUDES HEAD START, DAY CARE CENTERS, BEFORE-OR AFTER-SCHOOL CARE PROGRAMS, AND ANY BABY-SITTING ARRANGEMENTS.]

- YES1
- NO2 [\[GO TO 'QA23_A23'\]](#)
- REFUSED-7 [\[GO TO 'QA23_A23'\]](#)
- DON'T KNOW-8 [\[GO TO 'QA23_A23'\]](#)

'QA23_C37' "During the past year, when has someone else smoked tobacco or vaped around you in California?

AC187

[INTERVIEWER NOTE: IF R SAYS, "NEVER HAD SOMEONE SMOKE OR VAPE AROUND YOU", CODE AS 5]

- IN THE PAST WEEK1
- IN THE PAST TWO WEEKS2
- IN THE PAST MONTH.....3 [\[GO TO 'QA23_C42'\]](#)
- LONGER THAN A MONTH AGO, BUT WITHIN THE PAST YEAR.....4 [\[GO TO 'QA23_C42'\]](#)
- NO ONE HAS SMOKED TOBACCO OR VAPED AROUND ME WITHIN THE PAST YEAR5 [\[GO TO 'QA23_C42'\]](#)
- REFUSED-7 [\[GO TO 'QA23_C42'\]](#)
- DON'T KNOW-8 [\[GO TO 'QA23_C42'\]](#)

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NOTE: Please consult the CHIS 2022 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A: Demographic Information, Part I

Age

PROGRAMMING NOTE 'QA23_A1':
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA23_A1' What is your date of birth?

AA1

MONTH _____ [RANGE: 1-12]

- JANUARY1
- FEBRUARY.....2
- MARCH3
- APRIL.....4
- MAY5
- JUNE6
- JULY7
- AUGUST8
- SEPTEMBER.....9
- OCTOBER10
- NOVEMBER.....11
- DECEMBER.....12

DAY _____ [RANGE: 1-31]

YEAR _____ [RANGE: 1907-2004]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_A2':
 IF 'QA23_A1' = -7 OR -8 (REF/DK), CONTINUE WITH 'QA23_A2';
 ELSE GO TO 'QA23_A5'

'QA23_A2' What month and year were you born?

AA1A

MONTH _____ [RANGE: 1-12]

- JANUARY1
- FEBRUARY.....2
- MARCH3
- APRIL4
- MAY5
- JUNE6
- JULY7
- AUGUST8
- SEPTEMBER.....9
- OCTOBER10
- NOVEMBER.....11
- DECEMBER.....12

YEAR _____ [RANGE: 1907-2004]

- REFUSED -7
- DON'T KNOW -8

'QA23_A3' What is your age, please?

AA2

_____ YEARS OF AGE [RANGE: 0-120]

- REFUSED -7
- DON'T KNOW -8

'QA23_A4' Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

AA2A

- BETWEEN 18 AND 29.....1
- BETWEEN 30 AND 39.....2
- BETWEEN 40 AND 44.....3
- BETWEEN 45 AND 49.....4
- BETWEEN 50 AND 64.....5
- 65 OR OLDER6
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_A4': AAGE ENUM.AGE
 CALCULATE VALUE OF AAGE BASED ON 'QA23_A1', 'QA23_A2', OR 'QA23_A3' TO USE IN ALL
 AGE-RELATED QUESTIONS;
 IF 'QA23_A1', 'QA23_A2', OR 'QA23_A3'= -7 OR -8 (REF/DK), THEN USE 'QA23_A4';
 ELSE USE ENUM.AGE

Gender Identity

'QA23_A5' What sex were you assigned at birth, on your original birth certificate?

AD65E

- Female2
- Male1
- Don't know3
- Prefer not to answer.....9
- REFUSED -7

'QA23_A6' What is your current gender?

AD66C

- Female2 [GO TO 'PN_QA23_A8']
- Male1 [GO TO 'PN_QA23_A8']
- Transgender.....3 [GO TO 'PN_QA23_A8']
- Non-binary.....5 [GO TO 'PN_QA23_A8']
- I use a different term: (____).....7
- Don't know8 [GO TO 'PN_QA23_A8']
- Prefer not to answer.....9 [GO TO 'PN_QA23_A8']
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_A7':

IF **'QA23_A6'** = 07 (I USE A DIFFERENT TERM) CONTINUE;
ELSE SKIP TO **'QA23_A8'**

'QA23_A7' What is your current gender identity?

AD67B

- Specify: (_____)..... -3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_A8':

IF [**'QA23_A5'** = 1 (MALE AT BIRTH) AND **'QA23_A6'** = 2, 3, 5, 7] OR [**'QA23_A5'** = 2 (FEMALE AT BIRTH) AND **'QA23_A6'** = 1, 3, 5, 7] THEN CONTINUE WITH **'QA23_A8'**;
ELSE SKIP to **'QA23_A9'**

'QA23_A8' Just to confirm, you were assigned {INSERT RESPONSE FROM **'QA23_A5'**} at birth and now describe yourself as {INSERT RESPONSE FROM **'QA23_A6'**}. Is that correct?

AD68B

- YES1
- NO.....2 [GO TO **'QA23_A7'**]
- REFUSED -7
- DON'T KNOW -8

POST NOTE: ON SECOND ATTEMPT IF = 2, GO TO **'QA23_A7'** AND FLAG **'QA23_A8'** = 1

Ethnicity

'QA23_A9' Are you Latino or Hispanic?

AA4

- YES1
- NO2 **[GO TO 'PN_QA23_A11']**
- REFUSED -7 **[GO TO 'PN_QA23_A11']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_A11']**

'QA23_A10' 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.

AA5

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

- MEXICAN/MEXICAN AMERICAN/
CHICANO.....1
- SALVADORAN4
- GUATEMALAN5
- COSTA RICAN6
- HONDURAN7
- NICARAGUAN8
- PANAMANIAN9
- PUERTO RICAN 10
- CUBAN..... 11
- SPANISH-AMERICAN (FROM SPAIN) 12
- OTHER LATINO (SPECIFY: _____) .. 91
- REFUSED -7
- DON'T KNOW -8

Race

PROGRAMMING NOTE 'QA23_A11':
 IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA23_A11',
 CONTINUE WITH 'PN_QA23_A14';
 ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

DISPLAY INSTRUCTIONS:
 IF 'QA23_A9' = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic.
 Also,";

'QA23_A11' {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?

AA5A

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

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

[CODE ALL THAT APPLY]

- | | | | |
|--------------------------|------------------------------------|----|-----------------------|
| <input type="checkbox"/> | WHITE..... | 1 | |
| <input type="checkbox"/> | BLACK OR AFRICAN AMERICAN | 2 | [GO TO 'PN_QA23_A13'] |
| <input type="checkbox"/> | ASIAN | 3 | [GO TO 'PN_QA23_A17'] |
| <input type="checkbox"/> | AMERICAN INDIAN OR ALASKA NATIVE . | 4 | [GO TO 'PN_QA23_A14'] |
| <input type="checkbox"/> | PACIFIC ISLANDER..... | 5 | [GO TO 'PN_QA23_A18'] |
| <input type="checkbox"/> | NATIVE HAWAIIAN | 6 | [GO TO 'PN_QA23_A19'] |
| <input type="checkbox"/> | OTHER (SPECIFY: _____)..... | 91 | [GO TO 'PN_QA23_A19'] |
| <input type="radio"/> | REFUSED..... | -7 | [GO TO 'QA23_A21'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'QA23_A21'] |

'QA23_A12' What are your white origin or origins?

AA5H

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

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

PROGRAMMING NOTE 'QA23_A13':
 IF 'QA23_A11' = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QA23_A13';
 ELSE GO TO 'PN_QA23_A14'

'QA23_A13' What are your Black origin or origins?

AA5I

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

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

PROGRAMMING NOTE 'QA23_A14':
 IF 'QA23_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA23_A14';
 ELSE GO TO 'PN_QA23_A17'

'QA23_A14' 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.

AA5B

[CODE ALL THAT APPLY]

- APACHE1
- BLACKFOOT/BLACKFEET2
- CHEROKEE3
- CHOCTAW.....4
- MEXICAN AMERICAN INDIAN5
- NAVAJO.....6
- POMO7
- PUEBLO.....8
- SIOUX.....9
- YAQUI 10
- OTHER TRIBE (SPECIFY: __)..... 91
- REFUSED -7
- DON'T KNOW -8

'QA23_A15' Are you an enrolled member in a federally or state recognized tribe?

AA5C

- YES1
- NO2 **[GO TO 'PN_QA23_A17']**
- REFUSED -7 **[GO TO 'PN_QA23_A17']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_A17']**

'QA23_A16' Which tribe are you enrolled in?

AA5D

[CODE ALL THAT APPLY]

- APACHE1
 - BLACKFOOT/BLACKFEET2
 - CHEROKEE3
 - CHOCTAW.....4
 - MEXICAN AMERICAN INDIAN5
 - NAVAJO.....6
 - POMO7
 - PUEBLO.....8
 - SIOUX.....9
 - YAQUI 10
 - OTHER TRIBE (SPECIFY: ____) 91
 - REFUSED -7
 - DON'T KNOW -8
-
- APACHE
 - MESCALERO APACHE, NM1
 - APACHE (NOT SPECIFIED)2
 - OTHER APACHE (SPECIFY: ____).....3

 - BLACKFEET
 - BLACKFOOT/BLACKFEET4

 - CHEROKEE
 - WESTERN CHEROKEE5
 - CHEROKEE (NOT SPECIFIED).....6
 - OTHER CHEROKEE (SPECIFY: ____)7

 - CHOCTAW
 - CHOCTAW OKLAHOMA8
 - CHOCTAW (NOT SPECIFIED)9
 - OTHER CHOCTAW (SPECIFY: ____). 10

 - NAVAJO
 - NAVAJO (NOT SPECIFIED)..... 11

 - POMO
 - HOPLAND BAND, HOPLAND 12
 - RANCHERIA
 - SHERWOOD VALLEY RANCHERIA 13
 - POMO (NOT SPECIFIED)..... 14
 - OTHER POMO (SPECIFY: ____) 15

 - PUEBLO
 - HOPI 16
 - YSLETA DEL SUR PUEBLO 17
 - OF TEXAS
 - PUEBLO (NOT SPECIFIED) 18
 - OTHER PUEBLO (SPECIFY: ____)..... 19

 - SIOUX
 - OGLALA/PINE RIDGE SIOUX..... 20
 - SIOUX (NOT SPECIFIED)..... 21
 - OTHER SIOUX (SPECIFY: ____) 22

 - YAQUI
 - PASCUA YAQUI TRIBE OF ARIZONA 23
 - YAQUI (NOT SPECIFIED)..... 24

- OTHER
- OTHER YAQUI (SPECIFY: _____) 25
 - OTHER (SPECIFY: _____)..... 91
 - REFUSED -7
 - DON'T KNOW -8

PROGRAMMING NOTE 'QA23_A17':
 IF 'QA23_A11' = 3 (ASIAN) CONTINUE WITH 'QA23_A17';
 ELSE GO TO 'PN_QA23_A18'

'QA23_A17' 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.

AA5E

[CODE ALL THAT APPLY]

- BANGLADESHI1
- BURMESE2
- CAMBODIAN3
- CHINESE4
- FILIPINO5
- HMONG6
- INDIAN (INDIA).....7
- INDONESIAN.....8
- JAPANESE9
- KOREAN 10
- LAOTIAN..... 11
- MALAYSIAN..... 12
- PAKISTANI 13
- SRI LANKAN..... 14
- TAIWANESE..... 15
- THAI 16
- VIETNAMESE..... 17
- OTHER ASIAN (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_A18':

IF 'QA23_A11' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'QA23_A18';
ELSE GO TO 'PN_QA23_A19'

'QA23_A18' 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.

AA5E1

[CODE ALL THAT APPLY]

- SAMOAN/AMERICAN SAMOAN.....1
- GUAMANIAN2
- TONGAN.....3
- FIJIAN4
- OTHER PACIFIC ISLANDER
(SPECIFY: __) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_A19':

IF 'QA23_A9' = 1 (LATINO) AND ['QA23_A11' = 6 (NATIVE HAWAIIAN) OR 'QA23_A11' = 5 (OTHER PACIFIC ISLANDER) OR 'QA23_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'QA23_A11' = 3 (ASIAN) OR 'QA23_A11' = 2 (BLACK/AFRICAN AMERICAN) OR 'QA23_A11' = 1 (WHITE) OR 'QA23_A11' = 91 (OTHER)], CONTINUE WITH 'QA23_A19';
ELSE IF THERE WERE MULTIPLE RESPONSES TO 'QA23_A11', 'QA23_A17', OR 'QA23_A18' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'QA23_A19';
ELSE SKIP TO 'QA23_A21'

'QA23_A19' You said that you are: {INSERT MULTIPLE RESPONSES FROM 'QA23_A10', 'QA23_A11', 'QA23_A17' AND 'QA23_A18'}.

AA5G

Do you identify with any one race in particular?

- YES1
- NO.....2 **[GO TO 'QA23_A21']**
- REFUSED -7 **[GO TO 'QA23_A21']**
- DON'T KNOW -8 **[GO TO 'QA23_A21']**

PROGRAMMING NOTE FOR 'QA23_A20':

IF 'QA23_A9' = 1 (YES, LATINO) AND 'QA23_A10' ≠ (-7 OR -8), DO NOT DISPLAY 'QA23_A20' = 14 (LATINO);

IF 'QA23_A11' = 5 (YES, OTHER PACIFIC ISLANDER) AND 'QA23_A18' (1 TO 4) OR 91], DO NOT DISPLAY 'QA23_A20' = 17 (OTHER PACIFIC ISLANDER);

IF 'QA23_A11' = 3 AND 'QA23_A17' = [(1 TO 17) OR 91], DO NOT DISPLAY 'QA23_A20' = 19 (ASIAN)

'QA23_A20' Which do you most identify with?

AA5F

[INTERVIEWER NOTE: IF R UNABLE TO CHOOSE ONE, OFFER "BOTH/ALL/MULTIRACIAL"]

- MEXICAN/MEXICAN AMERICAN/
CHICANO.....1
- SALVADORAN4
- GUATEMALAN5
- COSTA RICAN6
- HONDURAN7
- NICARAGUAN8
- PANAMANIAN9
- 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

Language Spoken at Home

‘QA23_A21’ What languages do you speak at home?

AH36

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- ENGLISH1
- SPANISH2
- CANTONESE.....3
- VIETNAMESE4
- TAGALOG.....5
- MANDARIN6
- KOREAN7
- ASIAN INDIAN LANGUAGES.....8
- RUSSIAN9
- OTHER 1 (SPECIFY: _____) 91
- OTHER 2 (SPECIFY: _____) 92
- REFUSED -7
- DON'T KNOW -8

Additional Language Use

PROGRAMMING NOTE ‘QA23_A22’:
 IF ‘QA23_A21’ = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE ‘QA23_A24’;

DISPLAY INSTRUCTIONS:
 IF ‘QA23_A21’ > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH ‘QA23_A22’ AND DISPLAY:
 “Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English” AND DROP RESPONSE CATEGORY “Not at all?”;

SET ‘QA23_A22’ ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME ‘QA23_A22’ WAS ASKED

‘QA23_A22’ {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English...

AH37

- Very well.....1
- Well2
- Not well, or3
- Not at all?4
- REFUSED -7
- DON'T KNOW -8

Educational Attainment

'QA23_A23' What is the highest grade of education you have completed and received credit for?

AH47

- NO FORMAL EDUCATION 30
 - GRADE SCHOOL2
 - HIGH SCHOOL OR EQUIVALENT3
 - 4-YEAR COLLEGE OR UNIVERSITY
 - GRADUATE OR.....4
 - PROFESSIONAL SCHOOL.....5
 - 2-YEAR JUNIOR OR
COMMUNITY COLLEGE.....6
 - VOCATIONAL, BUSINESS, OR
TRADE SCHOOL.....7
 - REFUSED-7
 - DON'T KNOW (OUT OF RANGE)..... -8
-
- GRADE
- 1ST GRADE.....1
 - 2ND GRADE2
 - 3RD GRADE3
 - 4TH GRADE.....4
 - 5TH GRADE.....5
 - 6TH GRADE.....6
 - 7TH GRADE.....7
 - 8TH GRADE.....8
- HIGH
- 9TH GRADE.....9
 - 10TH GRADE..... 10
 - 11TH GRADE..... 11
 - 12TH GRADE..... 12
- COLLEGE
- 1ST YEAR OF COLLEGE OR
UNIVERSITY (FRESHMAN)..... 13
 - 2ND YEAR OF COLLEGE OR
UNIVERSITY (SOPHOMORE) 14
 - 3RD YEAR OF COLLEGE OR
UNIVERSITY (JUNIOR)..... 15
 - 4TH YEAR OF COLLEGE
OR UNIVERSITY (SENIOR)(BA/BS)..... 16
 - 5TH YEAR OF COLLEGE OR
UNIVERSITY..... 17
- Graduate
- 1ST YEAR OF GRADUATE OR
PROFESSIONAL SCHOOL..... 18
 - 2ND YEAR OF GRADUATE OR
PROFESSIONAL SCHOOL (MA/MS) 19
 - 3RD YEAR OF GRADUATE OR
PROFESSIONAL SCHOOL..... 20
 - MORE THAN 3 YEARS OF GRADUATE
OR PROFESSIONAL SCHOOL (PHD) 21
- COMMUNITY
- 1ST YEAR OF JUNIOR OR
COMMUNITY COLLEGE..... 22

- 2ND YEAR OF JUNIOR OR COMMUNITY COLLEGE (AA/AS)..... 23
- 1ST YEAR OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL 24
- 2ND YEAR OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL 25
- MORE THAN 2 YEARS OF VOCATIONAL BUSINESS, OR TRADE SCHOOL..... 26

Marital Status

'QA23_A24' Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

AH43

[IF R MENTIONS MORE THAN ONE, CODE THE LOWEST NUMBER THAT APPLIES]

- MARRIED.....1
 - LIVING WITH PARTNER.....2
 - WIDOWED3
 - DIVORCED4
 - SEPARATED5
 - NEVER MARRIED6
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'PN_QA23_A28']
 [GO TO 'PN_QA23_A28']
 [GO TO 'PN_QA23_A28']
 [GO TO 'PN_QA23_A28']
 [GO TO 'PN_QA23_A28']
 [GO TO 'PN_QA23_A28']

Spouse/Partner

PROGRAMMING NOTE 'QA23_A25':

DISPLAY INSTRUCTIONS:

IF 'QA23_A24' = 1, THEN DISPLAY "spouse";
 IF 'QA23_A24' = 2, THEN DISPLAY "partner";

'QA23_A25' Is your {spouse/partner} also living in your household?

AH44

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_A26' May I have your {spouse/partner}'s age and gender?

SC11A

[ENTER SPOUSE'S/PARTNER'S AGE AND SEX]

SPOUSE/PARTNER AGE _____
 SPOUSE/PARTNER SEX _____

[SR: 18-120]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_A27':

IF 'WSC6' = -3 IN SCREENER, CONTINUE WITH 'QA23_A27';
 ELSE SKIP TO 'PN_QA23_A28'

Adult Roster

'PRE_ROSTER' Besides yourself (and your spouse/partner), are there other adults, age 18 or older, currently living in this household?

PRE-ROSTER

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

PROGRAMMING NOTE 'QA23_A28':

IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE;
 ELSE GOTO 'QA23_B1'

'QA23_A28' How many children, age 11 and younger including babies, normally live in this household?

SC7B

- _____ CHILDREN UNDER 12
- REFUSED -7
- DON'T KNOW -8

'QA23_A29' And how many adolescents age 12-17, normally live in this household?

SC8B

- _____ CHILDREN 12 -17
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_A29': SET KIDCNT = 'QA23_A28' + 'QA23_A29'

'QA23_A30' {Let's start with the oldest} What is (the child's/this child's/the next child's) first name or initials?

SC13A1

- Name/ Initials given (SPECIFY) _____
- REFUSED -7
- DON'T KNOW -8

'QA23_A31' What is (the child's/this child's) age?

SC13A2

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

PROGRAMMING NOTE 'QA23_A32':

IF KIDCNT = 1 INSERT "the child's"

IF KIDCNT > 1 INSERT "this child's"

'QA23_A32' What is {the child's/this child's} gender?

GENDER6

- MALE1
- FEMALE2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_A33':

IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK 'QA23_A33' FOR EACH ROSTER MEMBER WITHOUT AN AGE

NOTE 'QA23_A33' IS PART OF THE CHILD ROSTER (IF 'QA23_A31' = -7, -8. ASK 'QA23_A33' IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)

(IF 'QA23_A31' = -3 AND 'QA23_A30' = -7, -8 AND 'QA23_A31' = -7, -8 INSERT "the child" AND DO NOT DISPLAY CHILD NAME/SEX)

'QA23_A33' Is {CHILD NAME/ the child} (READ LIST. ENTER ONE ONLY) ...

SC15A4

- 0 to 5 years old, or1
- 6 to 11 years old, or2
- 12 to 17 years old?3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_A34':

IF KIDCNT = 1 INSERT "the child"

IF KIDCNT > 1 INSERT "all the children"

'QA23_A34' Are you the parent or legal guardian of (the child/all the children) in your household?

SC14B4

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

PROGRAMMING NOTE 'QA23_A35':
 IF 'QA23_A34' = 2 ASK 'QA23_A35' FOR EACH CHILD IN THE ROSTER

'QA23_A35' Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

SC14B

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

PROGRAMMING NOTE 'QA23_A36':
 IF NAME GIVEN AT 'QA23_A26' INSERT 'QA23_A26' NAME
 ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)
 IF KIDCNT = 1 INSERT "the child"
 IF KIDCNT > 1 INSERT "all the children"

'QA23_A36' Is {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

SC14C1

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

POST NOTE 'QA23_A36': IF 'QA23_A36' = 1 AUTO POPULATE 'QA23_A37' AS 'YES' FOR ALL CHILDREN IN HH

PROGRAMMING NOTE 'QA23_A37':
 IF 'QA23_A36' = 2 ASK 'QA23_A37' FOR EACH CHILD IN THE ROSTER

'QA23_A37' Is (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

SC14C2

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

PROGRAMMING NOTE 'QA23_A38':

```

IF 'QA23_A35' = 1 THEN
CHILD1CNT = COUNT OF CHILDREN IN 'QA23_A35' AGED 0 TO 5 YRS
CHILD2CNT = COUNT OF CHILDREN IN 'QA23_A35' AGED 6 TO 11 YRS
TEENCNT = COUNT OF CHILDREN IN 'QA23_A35' AGED 12 TO 17 YRS
# Child selection from only those with 'QA23_A35'=1
IF CHILD2CNT = 0,
IF CHILD1CNT = 1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],
ELSE IF CHILD1CNT > 1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT
ELSE IF CHILD1CNT = 0,
IF CHILD2CNT = 1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD],
ELSE IF CHILD2CNT > 1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT
ELSE, FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT + CHILD2CNT)
FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT + CHILD2CNT)
SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB
# Teen selection from only those with 'QA23_A35' = 1
IF TEENCNT = 1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN] ,
ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT
    
```

'QA23_A38' We have recorded 1 child 17 or younger in this household. Have we missed anyone aged 17 or younger who usually lives here but is temporarily away?

SC13A

- NO, NO ONE MISSED1
- YES2 **[GOTO 'QA23_A30'_LOOP]**
- REFUSED-7
- DON'T KNOW-8

POST NOTE 'QA23_A38': DO CHILD AND TEEN SELECTION BASED ON CRITERIA

CHILD_INDEX HOLDS THE VALUE OF THE SELECTED CHILD
 TEEN_INDEX HOLDS THE VALUE OF THE SELECTED TEEN
 SET_CHILD IS SET TO 1 IF A CHILD IS SELECTED
 SET_TEEN IS SET TO 1 IF A TEEN IS SELECTED

'QA23_A39' What is your relationship to {CHILD NAME/ AGE/SEX}?

SC17B

- MOTHER (BIRTH/ADOPTIVE/STEP)1
- FATHER (BIRTH/ADOPTIVE/STEP).....2
- SISTER (BIRTH/ADOPTIVE/STEP)3
- BROTHER (BIRTH/ADOPTIVE/STEP)4
- GRANDMOTHER5
- GRANDFATHER.....6
- AUNT7
- UNCLE8
- COUSIN9
- OTHER RELATIVE 10
- NONRELATIVE..... 11
- REFUSED-7
- DON'T KNOW-8

POST NOTE 'QA23_A39': IF A CHILD IS SELECTED, CONDUCT CHILD INTERVIEW FIRST AND DISPLAY INTRO1C "We would now like to ask you some questions about (CHILD). This section of the interview takes about 15 minutes."

Section B: Health Conditions

General Health

'QA23_B1' Would you say that in general your health is excellent, very good, good, fair, or poor?

AB1

- EXCELLENT1
- VERY GOOD2
- GOOD3
- FAIR4
- POOR5
- REFUSED -7
- DON'T KNOW -8

Asthma

'QA23_B2' Has a doctor ever told you that you have asthma?

AB17B

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

[GO TO
'PN_QA23_B9']
[GO TO
'PN_QA23_B9']
[GO TO
'PN_QA23_B9']

'QA23_B3' Do you still have asthma?

AB40

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

'QA23_B4' During the past 12 months, have you had an episode of asthma or an asthma attack?

AB41

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

'QA23_B5' During the past 12 months, how many days of work did you miss due to asthma?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

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

(0 - 365)

'QA23_B6' Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

AB18

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

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

'QA23_B7' 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?

AB43

- YES1
- NO.....2 **[GO TO 'PN_AB22']**
- REFUSED-7 **[GO TO 'PN_AB22']**
- DON'T KNOW-8 **[GO TO 'PN_AB22']**

'QA23_B8' Do you have a written or printed copy of this plan?

AB98

[IF NEEDED, SAY: "THIS CAN BE AN ELECTRONIC OR HARD COPY."]

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

Diabetes

PROGRAMMING NOTE 'QA23_B9':

IF 'QA23_A5' = 2 (FEMALE AT BIRTH) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

'QA23_B9' {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

AB22

- YES1
- NO.....2 **[GO TO 'QA23_B16']**
- BORDERLINE OR PRE-DIABETES.....3 **[GO TO 'QA23_B16']**
- REFUSED-7 **[GO TO 'QA23_B16']**
- DON'T KNOW-8 **[GO TO 'QA23_B16']**

'QA23_B10' Are you now taking insulin?

AB24

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

'QA23_B11' Do you now take diabetic pills to lower your blood sugar?

AB25

[IF NEEDED: "These are sometimes called oral agents or oral hypoglycemic agents."]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_B12' About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin 'A one C'?

AB27

- _____ NUMBER OF TIMES [HR: 0-52]
- REFUSED.....-7
- DON'T KNOW -8

'QA23_B13' During the past 12 months, has a doctor, nurse, or health professional told you your hemoglobin A1C level is less than 9%

AB150

[IF NEEDED: NORMAL LEVEL IS UNDER 5.7%; PREDIABETES IS BETWEEN 5.7 AND 6.4%; DIABETES IS OVER 6.5; AND UNCONTROLLED DIABETES IS OVER 9%.]

- YES1
- NO.....2
- DON'T KNOW3
- REFUSED -7

'QA23_B14' When was the last time you had an eye exam in which the pupils were dilated?

AB63

This would have made your eyes sensitive to bright light for a short time.

- WITHIN THE PAST MONTH1
- WITHIN THE PAST YEAR
(1-12 MONTHS AGO).....2
- WITHIN THE PAST 2 YEARS
(1-2 YEARS AGO)3
- 2 OR MORE YEARS AGO.....4
- NEVER.....5
- REFUSED -7
- DON'T KNOW -8

'QA23_B15' Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

AB112

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

Hypertension

'QA23_B16' Has a doctor ever told you that you have high blood pressure?

AB29

- YES1
- NO2 **[GO TO 'QA23_B20']**
- HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION3 **[GO TO 'QA23_B20']**
- REFUSED-7 **[GO TO 'QA23_B20']**
- DON'T KNOW-8 **[GO TO 'QA23_B20']**

'QA23_B17' Are you now taking any medications for high blood pressure?

AB30

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

'QA23_B18' The last time you had your blood pressure checked by a doctor, nurse, or health professional in the past 12 months, was it under control (less than 140/90)?

AB152

- YES1
- NO2
- DON'T KNOW3
- REFUSED-7

'QA23_B19' During the past 12 months, did you reduce the salt in your diet to help control your high blood pressure?

AB153

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

'QA23_B20' During the past 12 months, has a doctor, nurse, or health professional ever told you that you had high cholesterol (high cholesterol is defined as a total cholesterol greater than 240)?

AB154

- YES1
- NO2 **[GO TO 'QA23_B22']**
- DON'T KNOW3 **[GO TO 'QA23_B22']**
- REFUSED-7 **[GO TO 'QA23_B22']**

'QA23_B21' The last time a doctor, nurse, or health professional checked your cholesterol, was it less than 200?

AB155

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

Heart Disease

'QA23_B22' Has a doctor ever told you that you have any kind of heart disease?

AB34

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_B23' Has a doctor, nurse, or other health professional ever told you that you had a **stroke**?

AC6

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

Section CV: COVID-19

'QA23_CV1' Did you ever receive a positive test result for COVID-19?

CV5B

- YES1
- NO2 **[GO TO 'QA23_CV4']**
- REFUSED -7 **[GO TO 'QA23_CV4']**
- DON'T KNOW -8 **[GO TO 'QA23_CV4']**

'QA23_CV2' How did you get your positive test result for COVID-19?

CV23

- From a clinic, hospital, lab or other testing site1
- From a self-test kit2
- From both a testing site and a self-test kit...3
- REFUSED -7
- DON'T KNOW -8

'QA23_CV3' Long-lasting COVID-19 symptoms could include tiredness, shortness of breath, changes to taste or smell, finding it hard to concentrate, or any other symptoms that impact on everyday functioning. Did you experience any of these symptoms for 2 months or longer?

CV15

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

'QA23_CV4' Have you experienced any of the following situations because of the Coronavirus or COVID-19 pandemic?

CV7B

[CHECK ALL THAT APPLY]

- I've quit my regular job to take care of myself or a family member due to COVID-19 illness.7
- I've had difficulty in obtaining childcare, or had an increase in childcare expenses ...8
- I've had financial difficulties with paying rent or mortgage9
- I've been treated unfairly because of my race/ethnicity 11
- I have had financial difficulties with paying Covid-19 medical bills 14
- None of these 13
- REFUSED -7
- DON'T KNOW -8

'QA23_CV5' Have you completed the primary vaccine series for COVID-19?

[IF NEEDED, SAY: Completed primary vaccine series means one of the following:
Receiving two shots of the Pfizer or Moderna vaccine, a single shot of the Johnson & Johnson vaccine.]

CV16A

- YES1
- NO2 **[GO TO 'QA23_CV7']**
- REFUSED-7 **[GO TO 'QA23_CV7']**
- DON'T KNOW-8 **[GO TO 'QA23_CV7']**

'QA23_CV6' Have you received any additional doses or boosters after your primary vaccine series?

CV16B

- YES1 **[GO TO 'QA23_CV8']**
- NO2 **[GO TO 'QA23_CV8']**
- REFUSED-7 **[GO TO 'QA23_CV8']**
- DON'T KNOW-8 **[GO TO 'QA23_CV8']**

'QA23_CV7' What are the reasons why you have not completed the primary vaccine series for COVID-19?

CV17

[CHECK ALL THAT APPLY]

- I AM WORRIED ABOUT SIDE EFFECTS...1
- I THINK THE VACCINE WAS DEVELOPED TOO QUICKLY2
- I DON'T KNOW ENOUGH ABOUT THE VACCINE TO MAKE THE DECISION TO GET IT.....3
- I THINK A VACCINE FOR COVID-19 IS UNNECESSARY4
- I DON'T BELIEVE IN VACCINES IN GENERAL5
- I DO PLAN TO GET FULLY VACCINATED6
- SOMETHING ELSE, (SPECIFY:____) 91
- REFUSED-7
- DON'T KNOW-8

'QA23_CV8' If health guidelines recommend additional COVID-19 vaccine doses will you get them?

CV24

- YES1 **[GO TO 'QA23_CV10']**
- NO2
- REFUSED-7 **[GO TO 'QA23_CV10']**
- DON'T KNOW-8 **[GO TO 'QA23_CV10']**

'QA23_CV9' What would make you more likely to get the additional COVID-19 vaccine doses?

CV25

- _____91
- I would not get them.....2
- Don't know3
- REFUSED -7

'QA23_CV10' Do you have an N95, KN95 or KF94 mask?

CV26

- YES1 **[GO TO 'SECTION C']**
- NO.....2
- REFUSED -7 **[GO TO 'SECTION C']**
- DON'T KNOW -8 **[GO TO 'SECTION C']**

'QA23_CV11' Can you get an N95, KN95, or KN94 mask if public health recommended it to protect you from COVID-19?

CV27

- Yes1 **[GO TO 'SECTION C']**
- No.....2
- I would not wear one.....3 **[GO TO 'SECTION C']**
- Don't know4 **[GO TO 'SECTION C']**
- REFUSED -7 **[GO TO 'SECTION C']**

'QA23_CV12' Why are you not able to get an N95, KN95, or KF94 mask?

CV28

- They are too expensive.....1
- I don't know where to buy them/
can't find them.....2
- Don't know3
- REFUSED -7

Section C: Health Behaviors

Physical Activities

'QA23_C1' Moderate physical activities make you breathe somewhat harder than normal. Think about moderate physical activities you do in your free time, like walking, bicycling, dancing, swimming, and gardening. During the past 7 days, did you do any moderate physical activity for a total of 150 minutes (2.5 hours)?

AC212

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

Cigarette Use

'QA23_C2' Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

AE15

- YES1
- NO.....2 **[GO TO 'PN_QA23_C5']**
- REFUSED -7 **[GO TO 'PN_QA23_C5']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_C5']**

'QA23_C3' Do you now smoke cigarettes every day, some days, or not at all?

AE15A

- EVERY DAY1 **[GO TO 'PN_QA23_C5']**
- SOME DAYS.....2 **[GO TO 'PN_QA23_C5']**
- NOT AT ALL.....3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_C4':
 IF 'QA23_C3' = 3 THEN CONTINUE;
 ELSE GOTO 'PN_QA23_C5'

'QA23_C4' How long has it been since you last smoked a cigarette, even one or two puffs?

AC173

[INTERVIEWER NOTE: IF R SAYS, "10 YEARS OR LONGER", CODE THIS AS 10 YEARS]

_____ AMOUNT OF TIME

[IF 'QA23_C4' > 30
 DAYS OR > 5 WEEKS
 OR > 1 MONTH OR = -
 7, -8, GO TO
 'PN_QA23_C11']

_____ UNIT OF TIME

- DAYS1 [HR: 0-365]
- WEEKS2 [HR: 0-52]
- MONTHS.....3 [HR: 0-12]
- YEARS4 [HR: 0-AAGE]
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_C5':
 IF 'QA23_C2' = 2, -7, -8 OR 'QA23_C3' = 1, 2 OR 'QA23_C4' <= 30 DAYS OR 'QA23_C4' <= 5 WEEKS
 OR 'QA23_C4' <= 1 MONTH, CONTINUE WITH 'QA23_C5';
 ELSE GO TO 'QA23_C16';

'QA23_C5' During the past 30 days, on how many days did you smoke cigarettes?

AC174

[INTERVIEWER NOTE: IF R SAYS, "NEVER SMOKED", CODE THIS AS 0 DAYS]

_____ NUMBER OF DAYS

[HR: 0-30]

- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_C6':
 IF 'QA23_C3' = 1 (SMOKE EVERY DAY), CONTINUE WITH 'QA23_C6';
 ELSE IF 'QA23_C3' = 2 (SMOKE SOME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY SMOKER), GO TO
 'QA23_C7';
 ELSE GO TO 'QA23_C9';

'QA23_C6' On average, how many cigarettes do you now smoke a day?

AD32

[INTERVIEWER NOTE: IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]

__ NUMBER OF CIGARETTES

[HR: 0-120]

- REFUSED-7
- DON'T KNOW-8

Any answer, goto 'AC54B'

PROGRAMMING NOTE 'QA23_C7':
IF 'QA23_C3' = 2 (SMOKE SOME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY SMOKER), CONTINUE WITH 'QA23_C7';
ELSE GO TO 'QA23_C8'

'QA23_C7' In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?

AE16

[IF NEEDED, SAY: "If you did not smoke everyday in the past 30 days, consider the days you did smoke."
AND IF R SAYS "A PACK", CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_C8':
IF 'QA23_C3' = 1 (SMOKE EVERY DAY), THEN READ "How";
ELSE IF 'QA23_C3' = 2 (SMOKE SOME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY SMOKER), THEN READ "On days when you smoke, how";

'QA23_C8' {On days when you smoke, how/How} soon after you are awake do you usually smoke your first cigarette?

AC54B

[INTERVIEWER NOTE: IF R SAYS, "IMMEDIATELY", CODE THIS AS 0]
[INTERVIEWER NOTE: IF R SAYS, "I DON'T SMOKE AFTER WAKING UP", CODE THIS AS 999]

_____ AMOUNT OF TIME [0-24 HOURS]

- MINUTES1
- HOURS2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_C9':
IF 'QA23_C3' = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA23_C9'

'QA23_C9' Were any of the cigarettes you smoked menthol flavored?

AC175B

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

'QA23_C10' How old were you when you smoked your first whole cigarette?

AC176

_____ AGE IN YEARS

[HR: 1 THRU AAGE (OR 105 IF AAGE = -7, -8)]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_C11':

IF 'QA23_C3' = 1 (SMOKE EVERY DAY) OR 'QA23_C3' = 2 (SMOKE SOME DAYS) OR 'QA23_C5' > 0 (PAST 30-DAY SMOKER) OR 'QA23_C4' <= 365 DAYS OR 'QA23_C4' <= 52 WEEKS OR 'QA23_C4' <= 1 YEAR, CONTINUE WITH 'QA23_C11'; ELSE GO TO 'QA23_C16';

'QA23_C11' Were you smoking cigarettes at all around this time 12 months ago?

AC177

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

PROGRAMMING NOTE 'QA23_C12':

IF 'QA23_C3' = 1 (SMOKE EVERY DAY) OR 'QA23_C3'= 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA23_C12'; ELSE GO TO 'QA23_C16'

'QA23_C12' During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

AC49

- YES1
- NO2 [GO TO 'QA23_C14']
- REFUSED -7 [GO TO 'QA23_C14']
- DON'T KNOW -8 [GO TO 'QA23_C14']

'QA23_C13' I'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

AC178

- _____ AMOUNT OF TIME
- _____ UNIT OF TIME
- DAYS1 [HR: 0-365]
- WEEKS2 [HR: 0-52]
- MONTHS.....3 [HR: 0-12]
- YEARS4 [HR: 0-10]
- REFUSED -7
- DON'T KNOW -8

'QA23_C14' In the past 12 months, did a doctor or other health professional advise you to quit smoking?

AC77

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

'QA23_C15' Are you thinking about quitting smoking in the next six months?

AC50

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

E-cigarette Use

'QA23_C16' Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?

AC81C

Do not include products used only for marijuana.

- YES1
- NO2 **[GO TO 'QA23_C28']**
- REFUSED-7 **[GO TO 'QA23_C28']**
- DON'T KNOW-8 **[GO TO 'QA23_C28']**

'QA23_C17' In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

AC82C

- _____ Number of days [HR: 0 - 30]
- REFUSED-7
- DON'T KNOW-8

'QA23_C18' Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

AC134

- YES1
- NO2 **[GO TO 'PN_QA23_C27']**
- REFUSED-7 **[GO TO 'PN_QA23_C27']**
- DON'T KNOW-8 **[GO TO 'PN_QA23_C27']**

'QA23_C19' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC179

Fruit flavored (e.g., cherry, grape, mango)?

- YES1
- NO2
- REFUSED -7

DON'T KNOW -8

'QA23_C20' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC180

Candy or sweet flavored (e.g., chocolate, vanilla)?

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

'QA23_C21' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC181

Alcohol or liquor flavored (e.g., wine, Russian cream, honey bourbon, cognac)?

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

'QA23_C22' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC182A

Mint flavored (e.g., arctic ice, wintergreen)?

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

'QA23_C23' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC182B

Menthol flavored?

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

'QA23_C24' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC183

Tobacco flavored?

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

'QA23_C25' Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC184

Some other flavor?

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

PROGRAMMING NOTE 'QA23_C26':
 IF 'QA23_C17' = 1 TO 30 CONTINUE;
 ELSE SKIP TO 'QA23_C28'

'QA23_C26' In the past 30 days, have you stopped using e-cigarettes or other electronic vaping products for one day or longer because you were trying to quit?

AC214

- YES1
- NO2
- NOT APPLICABLE3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_C27':
 IF 'AC82C > 0', THEN CONTINUE;
 ELSE SKIP TO 'QA23_C28'

'QA23_C27' Do you plan to quit using e-cigarette or other electronic vaping products for good...?

AC185

- In the next 30 days1
- In the next 3 months2
- In the next 6 months3
- In the next year4
- Do not have a plan to quit5
- REFUSED-7
- DON'T KNOW-8

'QA23_C28' During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

AC135

- 0 DAYS1 **[GO TO 'QA23_C30']**
- 1-2 DAYS2
- 3-5 DAYS3
- 6-9 DAYS4
- 10-19 DAYS5
- 20-29 DAYS6
- 30 DAYS7
- REFUSED-7 **[GO TO 'QA23_C30']**
- DON'T KNOW-8 **[GO TO 'QA23_C30']**

'QA23_C29' Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?

AC136

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

'QA23_C30' During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

AC137

- 0 DAYS1 **[GO TO 'QA23_C32']**
- 1-2 DAYS2
- 3-5 DAYS3
- 6-9 DAYS4
- 10-19 DAYS5
- 20-29 DAYS6
- 30 DAYS7
- REFUSED-7 **[GO TO 'QA23_C32']**
- DON'T KNOW-8 **[GO TO 'QA23_C32']**

'QA23_C31' Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?

AC138

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

'QA23_C32' During the past 30 days, on how many days did you smoke big cigars?

AC139

- 0 DAYS1 **[GO TO 'QA23_C34']**
- 1-2 DAYS2
- 3-5 DAYS3
- 6-9 DAYS4
- 10-19 DAYS5
- 20-29 DAYS6
- 30 DAYS7
- REFUSED-7 **[GO TO 'QA23_C34']**
- DON'T KNOW-8 **[GO TO 'QA23_C34']**

'QA23_C33' Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

AC140

- YES1
- NO.....2
- REFUSED.....-7
- DON'T KNOW-8

'QA23_C34' During the past 30 days, on how many days did you use a hookah water pipe?

AC141

- 0 DAYS1 **[GO TO 'QA23_C36']**
- 1-2 DAYS2
- 3-5 DAYS3
- 6-9 DAYS4
- 10-19 DAYS5
- 20-29 DAYS6
- 30 DAYS7
- REFUSED.....-7 **[GO TO 'QA23_C36']**
- DON'T KNOW-8 **[GO TO 'QA23_C36']**

'QA23_C35' Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

AC142

- YES1
- NO.....2
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_C36':
 IF 'QA23_C3' = 1, 2 OR 'QA23_C5' > 0 OR 'QA23_C17' > 0 OR 'QA23_C28' > 1 OR 'QA23_C30' > 1
 OR 'QA23_C32' > 1 OR 'QA23_C34' > 1, CONTINUE WITH 'QA23_C36';
 ELSE GO TO 'QA23_C37'

'QA23_C36' When you first started using tobacco products, did you start with a flavored tobacco product, such as those flavored with mint or menthol, fruit, candy or wine?

AC186

- YES1
- NO.....2
- REFUSED.....-7
- DON'T KNOW-8

'QA23_C37' "During the past year, when has someone else smoked tobacco or vaped around you in California?"

AC187

[INTERVIEWER NOTE: IF R SAYS, "NEVER HAD SOMEONE SMOKE OR VAPE AROUND YOU", CODE AS 5]

- IN THE PAST WEEK1
- IN THE PAST TWO WEEKS2
- IN THE PAST MONTH.....3 [GO TO 'QA23_C42']
- LONGER THAN A MONTH AGO, BUT WITHIN THE PAST YEAR.....4 [GO TO 'QA23_C42']
- NO ONE HAS SMOKED TOBACCO OR VAPE AROUND ME WITHIN THE PAST YEAR5 [GO TO 'QA23_C42']
- REFUSED -7 [GO TO 'QA23_C42']
- DON'T KNOW -8 [GO TO 'QA23_C42']

'QA23_C38' In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor....

AC188

on the sidewalks?

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C39' {In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor?} Were you exposed...

AC189

Inside your home?

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C40' {In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor?} Were you exposed...

AC190

Inside your workplace (do not include home-based workplace)? Please indicate if you did not work in the past two weeks.

- YES1
- NO.....2
- DID NOT WORK IN THE PAST TWO WEEKS.....3
- REFUSED -7
- DON'T KNOW -8

'QA23_C41' {In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor?} Were you exposed...?

AC191

At a public park or beach?

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

Marijuana Use

'QA23_C42' There are many methods for consuming marijuana, also called cannabis weed, or hashish, and other products containing THC. Methods for consuming these products, include smoking, vaporizing, dabbing, eating, or drinking.

AC115

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

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

- YES1
- NO2 **[GO TO 'QA23_C57']**
- REFUSED-7 **[GO TO 'QA23_C57']**
- DON'T KNOW-8 **[GO TO 'QA23_C57']**

'QA23_C43' How long has it been since you last used marijuana or hashish in any form?

AC116

[INTERVIEWER NOTE: IF LESS THAN ONE DAY SINCE LAST USED MARIJUANA OR HASHISH, ENTER 0]

- DAYS [HR: 0-365]1
- MONTHS [HR: 0-12]2
- YEARS [0-99]3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_C44':
 IF 'QA23_C43' > 30 DAYS OR >1 MONTH, THEN GO TO 'QA23_C57';
 ELSE CONTINUE WITH 'QA23_C44';

'QA23_C44' During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

AC117

- 0 DAYS1 **[GO TO 'QA23_C57']**
- 1-2 DAYS2
- 3-5 DAYS3
- 6-9 DAYS4
- 10-19 DAYS5
- 20-29 DAYS6
- 30 DAYS7
- REFUSED-7
- DON'T KNOW-8

'QA23_C45' How often have you used tobacco and marijuana at the same time? Would you say...

AC118

- USUALLY1
- SOMETIMES2
- NEVER3
- REFUSED -7
- DON'T KNOW -8

'QA23_C46' During the past 30 days, how did you use marijuana? Did you...

AC119

Smoke it in a joint, bong, or pipe?

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

'QA23_C47' During the past 30 days, how did you use marijuana? Did you...

AC120

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

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

'QA23_C48' [During the past 30 days, how did you use marijuana?] Did you...

AC121

Eat it?

[IF NEEDED SAY: FOR EXAMPLE, IN BROWNIES, CAKES, COOKIES OR CANDY]

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

'QA23_C49' [During the past 30 days, how did you use marijuana?] Did you...

AC122

Drink it?

[IF NEEDED SAY: FOR EXAMPLE, IN TEA, COLA, ALCOHOL OR OTHER DRINKS]

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

'QA23_C50' During the past 30 days, how did you use marijuana?] Did you...

AC123

Vaporize it?

[IF NEEDED SAY: FOR EXAMPLE, IN AN E-CIGARETTE TYPE VAPORIZER]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C51' During the past 30 days, how did you use marijuana?] Did you...

AC124

Dab it?

[IF NEEDED SAY: FOR EXAMPLE, USING BUTANE HASH OIL, WAX OR CONCENTRATES]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C52' [During the past 30 days, how did you use marijuana?] Did you...

AC125

Use it some other way?

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C53' Was any of your marijuana use in the past month recommended by a doctor or other health care provider?

AC126

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

[GO TO 'QA23_C55']

'QA23_C54' Was all of your marijuana use in the past month recommended by a doctor or other health care provider?

AC127

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_C55':
 IF 'QA23_C43' > 30 DAYS OR > 1 MONTH, THEN GO TO 'QA23_C57' IF USED MORE THAN 1 METHOD USED IN 'QA23_C46' – 'QA23_C52' CONTINUE WITH 'QA23_C55' AND DISPLAY ONLY RESPONSE OPTIONS WHERE = 1 FOR 'QA23_C46'-'QA23_C52'; ELSE GO TO 'QA23_C56'

'QA23_C55' During the past 30 days, how did you use marijuana or cannabis most often?

AC193

- SMOKE IT IN A JOINT, BONG, OR PIPE ...1
- SMOKE PART OR ALL OF A CIGAR WITH MARIJUANA IN IT2
- EAT IT3
- DRINK IT4
- VAPORIZE IT5
- DAB IT6
- OTHER, SPECIFY: (_____)..... 91
- REFUSED -7
- DON'T KNOW -8

'QA23_C56' Where did you get the marijuana or cannabis you used in the past 30 days?

AC194

- LICENSED CANNABIS DISPENSARY1
- VAPE OR SMOKE SHOP2
- ANOTHER TYPE OF SHOP3
- CANNABIS DELIVERY SERVICE4
- WEBSITE5
- POP-UP SHOP6
- FAMILY OR FRIEND7
- ANOTHER PERSON8
- I GROW OR MAKE IT MYSELF9
- OTHER, SPECIFY _____ 91
- REFUSED -7
- DON'T KNOW -8

'QA23_C57' During the past year, when has someone else smoked marijuana around you in California?

AC192

[INTERVIEWER NOTE: IF R SAYS, "NEVER HAD SOMEONE SMOKE MARIJUANA AROUND YOU", CODE AS 5]

- IN THE PAST WEEK1
- IN THE PAST TWO WEEKS2
- IN THE PAST MONTH.....3
- LONGER THAN A MONTH AGO BUT WITHIN THE PAST YEAR.....4
- NO ONE HAS SMOKED MARIJUANA AROUND ME WITHIN THE PAST YEAR...5
- REFUSED -7
- DON'T KNOW -8

CBD Use

'QA23_C58' CBD, or cannabidiol, is a chemical found in both marijuana and hemp plants that many people use for medicinal purposes. CBD does not make the user high. These questions specifically ask about products that contain CBD, but not THC.

AC195

Have you ever, even once, tried CBD in any form?"

- YES1
- NO2 **[GO TO 'QA23_C70']**
- REFUSED -7 **[GO TO 'QA23_C70']**
- DON'T KNOW -8 **[GO TO 'QA23_C70']**

'QA23_C59' How long has it been since you last used CBD in any form?

AC196

[INTERVIEWER NOTE: IF LESS THAN ONE DAY SINCE LAST USED CBD, ENTER 0]

- DAYS [HR: 0-365]1
- MONTHS [HR: 0-12]2
- YEARS [0-99]3
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_C59': COMPUTE CBDLASTUSE = (YEAR*365) + (MONTH*30) + (DAY)
IF CBDLASTUSE > 30, GO TO **'QA23_C70'**

'QA23_C60' During the past 30 days, on how many days did you use CBD or CBD product?

AC197

- 0 DAYS1 **[GO TO 'QA23_C70']**
- 1-2 DAYS2
- 3-5 DAYS3
- 6-9 DAYS4
- 10-19 DAYS5
- 20-29 DAYS6
- 30 DAYS7
- REFUSED -7
- DON'T KNOW -8

'QA23_C61' During the past 30 days, how did you use CBD? Did you...

AC198

Take it orally?

[FOR EXAMPLE, SUBLINGUAL TINCTURES, PILLS, CAPSULES, OR DROPS]

- YES1
- NO2 **[GO TO 'QA23_C70']**
- REFUSED -7 **[GO TO 'QA23_C70']**
- DON'T KNOW -8 **[GO TO 'QA23_C70']**

'QA23_C62' During the past 30 days, how did you use CBD? Did you...

AC199

Eat it?

[FOR EXAMPLE, EDIBLES, LIKE COOKIES OR GUMMIES]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C63' During the past 30 days, how did you use CBD? Did you...

AC200

Drink it?

[FOR EXAMPLE, IN A TEA OR SODA]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C64' During the past 30 days, how did you use CBD? Did you...

AC201

apply it on your skin?

[FOR EXAMPLE, IN A CREAM, LOTION, OR OIL THAT IS APPLIED TO THE SKIN.]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C65' During the past 30 days, how did you use CBD? Did you...

AC202

Smoke it?

[FOR EXAMPLE, IN A JOINT, BONG, CIGAR (BLUNT), OR PIPE]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C66' During the past 30 days, how did you use CBD? Did you...

AC203

vaporize it?

[FOR EXAMPLE, IN AN E-CIGARETTE TYPE VAPORIZER.]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C67' During the past 30 days, how did you use CBD? Did you...

AC204

dab it?

[FOR EXAMPLE, INHALING THE SMOKE MADE FROM HEATING CONCENTRATED CBD WAX, RESIN, OR OILS.]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C68' During the past 30 days, how did you use CBD? Did you...

AC205

use it some other way?

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

PROGRAMMING NOTE 'QA23_C69':
 IF USED MORE THAN 1 METHOD USED IN 'QA23_C61' - 'QA23_C68' CONTINUE WITH 'QA23_C69'
 AND DISPLAY ONLY RESPONSE OPTIONS WHERE 'QA23_C61' - 'QA23_C68' = 1;
 ELSE GO TO 'QA23_C70'

'QA23_C69' During the past 30 days, how did you use CBD most often?

AC206

- TAKE IT ORALLY1
- EAT IT2
- DRINK IT.....3
- APPLY IT ON YOUR SKIN.....4
- SMOKE IT5
- VAPORIZE IT6
- DAB IT.....7
- USE IT ANOTHER WAY..... 91
- REFUSED -7
- DON'T KNOW -8

'QA23_C70' Have you used heroin in the past 12 months?

AC128

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

'QA23_C71' Have you used methamphetamines in the past 12 months?

AC166

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

Prescription painkiller Use

'QA23_C72' Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. Have you used prescription painkillers in the past 12 months? Please include prescription painkillers, whether or not a doctor prescribed them.

AC215

- YES1
- NO2 **[GO TO 'QA23_C78']**
- REFUSED-7 **[GO TO 'QA23_C78']**
- DON'T KNOW-8 **[GO TO 'QA23_C78']**

'QA23_C73' Think about the prescription painkiller you took in the last 12 months. Why did you take this prescription painkiller?

AC222

[CHECK ALL THAT APPLY]

- Dental work/dental pain1
- Pain after surgery, not accident related2
- Pain after an accident or injury3
- Chronic pain, regardless of cause4
- Recreational use5
- Depression, anxiety, or stress.....6
- To treat substance use disorder7
- Addiction to painkillers8
- Other (Specify) _____ 91
- REFUSED-7
- DON'T KNOW-8

'QA23_C74' Think about the prescription painkiller you took in the last 12 months. Where did you get it from?

AC217

[CHECK ALL THAT APPLY]

- A prescription from my doctor1
- A prescription from someone else's doctor (a friend, a family friend)2
- Not from a prescription (bought or received from elsewhere)3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_C75':

IF 'QA23_C72' = 1 CONTINUE;
ELSE SKIP TO 'QA23_C78'

'QA23_C75' In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor's directions?

AC129

(IF NEEDED: EXAMPLES OF PRESCRIPTION PAINKILLERS ARE VICODIN®, OXYCONTIN®, NORCO®, HYDROCODONE, PERCOCET® AND METHADONE)

- YES1
- NO2 **[GO TO 'QA23_C78']**
- REFUSED -7
- DON'T KNOW -8

'QA23_C76' Did you get the prescription(s) from one doctor or from more than one doctor?

AC131

- ONE DOCTOR1
- MORE THAN ONE DOCTOR2
- DIDN'T GET IT FROM A DOCTOR3
- REFUSED -7
- DON'T KNOW -8

'QA23_C77' What condition or conditions have you taken the medicine for?

AC133

[CHECK ALL THAT APPLY]

- DENTAL WORK/ DENTAL PAIN1
- SURGERY, NOT ACCIDENT RELATED2
- RECENT INJURY3
- CHRONIC PAIN, REGARDLESS OF CAUSE4
- OTHER (SPECIFY)_____ 91
- REFUSED -7
- DON'T KNOW -8

Alcohol Use

'QA23_C78' In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail. Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

AC207

- YES1
- NO2 **[GO TO 'QA23_C83']**
- REFUSED -7 **[GO TO 'QA23_C83']**
- DON'T KNOW -8 **[GO TO 'QA23_C83']**

'QA23_C79' How long has it been since you last drank an alcoholic beverage?

AC208

- WITHIN THE PAST 30 DAYS1
- MORE THAN 30 DAYS AGO, BUT WITHIN THE PAST 12 MONTHS2 **[GO TO 'QA23_C83']**
- MORE THAN 12 MONTHS AGO3 **[GO TO 'QA23_C83']**
- REFUSED -7 **[GO TO 'QA23_C83']**
- DON'T KNOW -8 **[GO TO 'QA23_C83']**

'QA23_C80' Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

AC209

In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

- NUMBER OF DAYS1 **[RANGE 1-30]**
- REFUSED -7
- DON'T KNOW -8

'QA23_C81' On the days that you drank during the past 30 days, how many drinks did you usually have each day? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

AC210

- NUMBER OF DRINKS1 **[SR: 1-20, HR: 0-99]**
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_C82':
 IF 'QA23_A5' = 2 THEN DISPLAY "4 or more";
 ELSE IF 'QA23_A5' = 1 THEN DISPLAY "5 or more"

'QA23_C82' During the past 30 days, on how many days did you have {4/5} or more drinks on the same occasion? By 'occasion,' we mean at the same time or within a couple of hours of each other.

AC211

- NUMBER OF DAYS1 **[RANGE 0-30]**
- REFUSED -7
- DON'T KNOW -8

Gambling

'QA23_C83' Gambling is an activity where you bet (or place a wager) on an uncertain outcome. It can take many forms for example, casino games, playing the lottery or scratch-offs, betting on sports, fantasy leagues, bingo, loteria, and some online games such as slots or cards

AC218

Have you gambled in the past 12 months?

- YES1
- NO.....2 **[GO TO 'QA23_GV1']**
- REFUSED -7 **[GO TO 'QA23_GV1']**
- DON'T KNOW -8 **[GO TO 'QA23_GV1']**

PROGRAMMING NOTE AC219:
 IF 'QA23_C83' = 1 CONTINUE;
 ELSE GOTO 'QA23_GV1'

'QA23_C84' During the past 12 months, have you become restless, irritable or anxious when trying to stop/ cut down on gambling?

AC219

[IF NEEDED READ: FOR EXAMPLE, PLAYING THE LOTTERY, BUYING SCRATCH OFFS, PLAYING BINGO, PLAYING CASINO GAMES, PLAYING SLOTS OR CARDS ON LINE, BETTING ON SPORTS]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C85' During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble?

AC220

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_C86' During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?

AC221

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

Section GV: Gun Violence

'QA23_GV1' How many firearms are kept in or around your home?

AGV1

Include weapons such as pistols, shotguns, and rifles. Include those kept in a garage, outdoor storage area, or motor vehicle. Do not count BB guns, starter pistols, or guns that cannot fire.

We are asking about firearms in a health survey because of our interest in firearm-related injuries.

[IF NEEDED, SAY: "We are asking these in a health survey because of our interest in firearm-related injuries."]

- | | | |
|-----------------------|----------------------------------|---|
| | _____ Number of firearms [0-999] | <p>[IF 'QA23_GV1'= 0, GO TO 'QA23_GV5']</p> <p>[IF 'QA23_GV1'= 1, GO TO 'QA23_GV3']</p> <p>[IF 'QA23_GV1'> 1, GO TO 'QA23_GV2']</p> <p>[GO TO 'QA23_GV5']</p> <p>[GO TO 'QA23_GV5']</p> |
| <input type="radio"/> | REFUSED..... | -7 |
| <input type="radio"/> | DON'T KNOW..... | -8 |

'QA23_GV2' How many of these firearms are handguns?

AGV2

- | | | |
|-----------------------|----------------------------------|--|
| | _____ Number of handguns [0-999] | [IF 'QA23_GV2'> 1, GO TO 'QA23_GV4'] |
| <input type="radio"/> | REFUSED..... | -7 |
| <input type="radio"/> | DON'T KNOW..... | -8 |

'QA23_GV3' Is that firearm a handgun?

AGV3

- | | | |
|-----------------------|-----------------|----|
| <input type="radio"/> | YES..... | 1 |
| <input type="radio"/> | NO..... | 2 |
| <input type="radio"/> | REFUSED..... | -7 |
| <input type="radio"/> | DON'T KNOW..... | -8 |

'QA23_GV4' Are any of your firearms kept loaded and unlocked?

AGV9

[IF NEEDED, SAY: UNLOCKED MEANS NOT USING A TRIGGER LOCK, CABLE LOCK, OR LOCK BOX OR CABINET/CONTAINER]

- | | | |
|-----------------------|-----------------|----|
| <input type="radio"/> | YES..... | 1 |
| <input type="radio"/> | NO..... | 2 |
| <input type="radio"/> | REFUSED..... | -7 |
| <input type="radio"/> | DON'T KNOW..... | -8 |

PROGRAMMING NOTE 'QA23_GV5':
IF AGE < 21 YEARS THEN CONTINUE;
ELSE GO TO 'SECTION D'

'QA23_GV5' If you wanted a firearm, do you think you would be able to get one within 2 days?

AGV8

- YES1
- NO.....2
- REFUSED.....-7
- DON'T KNOW.....-8

Section D: General Health, Disability, and Sexual Health

Height and Weight

'QA23_D1' These next questions are about your height and weight. How tall are you without shoes? You answer in feet and inches or centimeters"

AE17

[IF NEEDED, SAY: "ABOUT HOW TALL?"]

- _____ FEET
- _____ INCHES
- _____ CENTIMETERS
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_D2':

DISPLAY INSTRUCTIONS:

IF 'QA23_A5' = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR 'QA23_A4' < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how"; ELSE DISPLAY "How"

'QA23_D2' {When not pregnant, how/How} much do you weigh without shoes? You may answer in pounds or kilograms

AE18

[IF NEEDED, SAY: "About how much?"]

- _____ POUNDS
- _____ KILOGRAMS
- REFUSED -7
- DON'T KNOW -8

Disability

'QA23_D3' Are you blind or deaf, or do you have a severe vision or hearing problem?

AD50

- Yes1
- No.....2 **[GO TO 'QA23_D5']**
- REFUSED -7 **[GO TO 'QA23_D5']**
- DON'T KNOW -8 **[GO TO 'QA23_D5']**

'QA23_D4' Are you legally blind?

AL8

- Yes1
- No.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_D5' Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

AL10

- Yes1
- No.....2
- REFUSED-7
- DON'T KNOW-8

'QA23_D6' Do you have difficulty dressing or bathing?

AL11

- Yes1
- No.....2
- REFUSED-7
- DON'T KNOW-8

'QA23_D7' Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

AL12

- Yes1
- No.....2
- REFUSED-7
- DON'T KNOW-8

Sexual Partners

'QA23_D8' We are asking a few questions about people's sexual experiences. All answers will be kept private.

AD43B

In the past 12 months, how many sexual partners have you had?

- | | |
|--|--|
| ____NUMBER OF PARTNERS [HR: 0-99,
SR: 0-20] | [IF 'QA23_D8'>=0 GO TO
'PN_QA23_D10'] |
| <input type="radio"/> REFUSED-7 | [IF 'QA23_D8'>=0 GO TO
'PN_QA23_D9'] |
| <input type="radio"/> DON'T KNOW-8 | [IF 'QA23_D8'>=0 GO TO
'PN_QA23_D9'] |

'QA23_D9' Can you give me your best guess of the number of sexual partners you have had in the past 12 months?

AD44B

[IF R PROVIDES EXACT NUMBER, ENTER AS GIVEN. OTHERWISE, CODE INTO CATEGORIES PROVIDED]

_____ NUMBER OF PARTNERS **[HR: 0 - 99, SR: 0 - 20]**

OR

- 0 PARTNERS.....1
- 1 PARTNER.....2
- 2-3 PARTNERS.....3
- 4-5 PARTNERS.....4
- 6-10 PARTNERS.....5
- MORE THAN 10 PARTNERS.....6
- REFUSED.....-7
- DON'T KNOW.....-8

Sexual Orientation

PROGRAMMING NOTE 'QA23_D10':
 IF 'QA23_D8' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR 'QA23_D9' =0, GO TO PROGRAMMING NOTE 'QA23_D11';
 ELSE CONTINUE WITH 'QA23_D10';

DISPLAY INSTRUCTIONS:
 IF 'QA23_D8' OR 'QA23_D9' = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";
 ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"

'QA23_D10' {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

AD45B

- MALE.....1
- FEMALE.....2
- BOTH MALE AND FEMALE.....3
- REFUSED.....-7
- DON'T KNOW.....-8

'QA23_D11' Which of the following best represents how you think of yourself?

AD46C

- Lesbian or gay2 **[GO TO
PN_QA23_D13]**
- Straight, that is,
not lesbian or gay.....1 **[GO TO
PN_QA23_D13]**
- Bisexual or pansexual.....6 **[GO TO
PN_QA23_D13]**
- I use a different term: (____).....7
- Don't know8 **[GO TO
PN_QA23_D13]**
- Prefer not to answer.....9 **[GO TO
PN_QA23_D13]**
- REFUSED -7 **[GO TO
PN_QA23_D13]**

'QA23_D12' What term do you use?

AD86

- Specify: (_____)
- REFUSED -7
- DON'T KNOW -8

Registered Domestic Partner

PROGRAMMING NOTE 'QA23_D13':
 IF ['QA23_A6' = 1 (IDENTIFIES AS MALE) AND 'QA23_D10' = 1 (MALE)] OR ['QA23_A6' = 2 (IDENTIFIES AS FEMALE) AND 'QA23_D10' = 2 (FEMALE)] OR ['QA23_D10' = 3, -7, -8] OR [IF 'QA23_D8' ≠ 1] CONTINUE WITH 'QA23_D13';
 ELSE GO TO 'QA23_D14'

'QA23_D13' Are you legally married to someone of the same sex?

AD60B

[DO NOT INCLUDE LEGAL DOMESTIC PARTNERSHIP. INCLUDE LEGAL SAME SEX MARRIAGES PERFORMED IN CALIFORNIA AND OTHER STATES.]

- YES1 **[GO TO
'PN_QA23_D15']**
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_D14' Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

AD61B

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

Pre-Exposure Prophylaxis

PROGRAMMING NOTE 'QA23_D14':
 IF ['QA23_A5' = 1 OR 'QA23_A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND 'QA23_D10' = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH 'QA23_D14';
 ELSE IF ('QA23_A6' = 1 AND 'QA23_A5' = 2) OR ('QA23_A6' = 2 AND 'QA23_A5' = 1), THEN CONTINUE WITH 'QA23_D14';
 ELSE IF 'QA23_A6' = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH 'QA23_D15';
 ELSE IF 'QA23_A6' = 1 AND 'QA23_D11' = 2 OR 6, THEN CONTINUE WITH 'QA23_D15';
 ELSE SKIP TO 'QA23_D18';

'QA23_D15' 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®?

- AD79**
- YES1 **[GO TO 'QA23_D19']**
 - NO2
 - REFUSED -7
 - DON'T KNOW -8

'QA23_D16' In the past 12 months, have you taken any PrEP or Truvada®?

- AD80**
- YES1 **[GO TO 'QA23_D19']**
 - NO2
 - REFUSED -7
 - DON'T KNOW -8

'QA23_D17' Have you ever taken any PrEP or Truvada®?

- AD81**
- YES1 **[GO TO 'QA23_D19']**
 - NO2
 - REFUSED -7
 - DON'T KNOW -8

'QA23_D18' Before today, have you ever heard of PrEP or Truvada®?

- AD82**
- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8

HIV Testing

'QA23_D19' Have you ever been tested for HIV, the virus that causes AIDS?

AD83

- YES1
- NO2 [GO TO 'QA23_D21']
- REFUSED -7 [GO TO 'QA23_D21']
- DON'T KNOW -8 [GO TO 'QA23_D21']

'QA23_D20' For your most recent HIV test, were you offered the test or did you ask for the test?

AD84

- I WAS OFFERED THE TEST1 [GO TO 'QA23_F1']
- I ASKED FOR THE TEST2 [GO TO 'QA23_F1']
- I WAS REQUIRED TO TAKE THE TEST4
- I DON'T REMEMBER3 [GO TO 'QA23_F1']
- OTHER (SPECIFY: _____) 91 [GO TO 'QA23_F1']
- REFUSED -7 [GO TO 'QA23_F1']
- DON'T KNOW -8 [GO TO 'QA23_F1']

'QA23_D21' Were you ever offered an HIV test?

AD85

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

Section F: Mental Health

K6 Mental Health Assessment

'QA23_F1' The following questions ask about how you have been feeling during the past 30 days.

AJ29

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?

- All of the time1
- Most of the time,2
- Some of the time3
- A little of the time4
- None of the time5
- REFUSED -7
- DON'T KNOW -8

'QA23_F2' 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?

AJ30

- ALL1
- MOST2
- SOME3
- A LITTLE4
- NONE / NEVER5
- REFUSED -7
- DON'T KNOW -8

'QA23_F3' During the past 30 days, about how often did you feel restless or fidgety?

AJ31

[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?"]

- ALL1
- MOST2
- SOME3
- A LITTLE4
- NONE / NEVER5
- REFUSED -7
- DON'T KNOW -8

'QA23_F4' How often did you feel so depressed that nothing could cheer you up?

AJ32

[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?"]

- ALL1
- MOST2
- SOME3
- A LITTLE4
- NONE / NEVER5
- REFUSED -7
- DON'T KNOW -8

'QA23_F5' During the past 30 days, about how often did you feel that everything was an effort?

AJ33

[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?"]

- ALL1
- MOST2
- SOME3
- A LITTLE4
- NONE / NEVER5
- REFUSED -7
- DON'T KNOW -8

'QA23_F6' ... During the past 30 days, about how often did you feel worthless?

AJ34

[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?"]

- ALL1
- MOST2
- SOME3
- A LITTLE4
- NONE / NEVER5
- REFUSED -7
- DON'T KNOW -8

Repeated K6

'QA23_F7' Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

AF62

- YES1
- NO2 **[GO TO 'QA23_F14']**
- REFUSED -7 **[GO TO 'QA23_F14']**
- DON'T KNOW -8 **[GO TO 'QA23_F14']**

'QA23_F8' 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?

AF63

- ALL1
- MOST2
- SOME3
- A LITTLE4
- NONE / NEVER5
- REFUSED -7
- DON'T KNOW -8

'QA23_F9' During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

AF64

- ALL.....1
- MOST.....2
- SOME.....3
- A LITTLE.....4
- NONE / NEVER.....5
- REFUSED.....-7
- DON'T KNOW.....-8

'QA23_F10' How often did you feel restless or fidgety?

AF65

[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
- SOME.....3
- A LITTLE.....4
- NONE / NEVER.....5
- REFUSED.....-7
- DON'T KNOW.....-8

'QA23_F11' How often did you feel so depressed that nothing could cheer you up?

AF66

[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 / NEVER.....5
- REFUSED.....-7
- DON'T KNOW.....-8

'QA23_F12' How often did you feel that everything was an effort?

AF67

[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 / NEVER.....5
- REFUSED.....-7
- DON'T KNOW.....-8

'QA23_F13' How often did you feel worthless?

AF68

[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 / NEVER.....5
- REFUSED.....-7
- DON'T KNOW.....-8

Sheehan Scale

```

PROGRAMMING NOTE 'QA23_F14':
IF 'QA23_F1'-'QA23_F6' > 0 THEN,
IF 'QA23_F1'-'QA23_F6' = 1 THEN 'QA23_F1'_R-'QA23_F6'_R = 4;
ELSE IF 'QA23_F1'-'QA23_F6' = 2 THEN 'QA23_F1'_R-'QA23_F6'_R = 3;
ELSE IF 'QA23_F1'-'QA23_F6' = 3 THEN 'QA23_F1'_R-'QA23_F6'_R = 2;
ELSE IF 'QA23_F1'-'QA23_F6' = 4 THEN 'QA23_F1'_R-'QA23_F6'_R = 1;
ELSE IF 'QA23_F1'-'QA23_F6' = 5 THEN 'QA23_F1'_R-'QA23_F6'_R = 0;
ELSE 'QA23_F1'_R-'QA23_F6'_R = 'QA23_F1'-'QA23_F6';
IF 'QA23_F8'-'QA23_F13' > 0 THEN,
IF 'QA23_F8'-'QA23_F13' = 1 THEN 'QA23_F8'_R-'QA23_F13'_R = 4;
ELSE IF 'QA23_F8'-'QA23_F13' = 2 THEN 'QA23_F8'_R-'QA23_F13'_R = 3;
ELSE IF 'QA23_F8'-'QA23_F13' = 3 THEN 'QA23_F8'_R-'QA23_F13'_R = 2;
ELSE IF 'QA23_F8'-'QA23_F13' = 4 THEN 'QA23_F8'_R-'QA23_F13'_R = 1;
ELSE IF 'QA23_F8'-'QA23_F13' = 5 THEN 'QA23_F8'_R-'QA23_F13'_R = 0;
ELSE 'QA23_F8'_R-'QA23_F13'_R = 'QA23_F8'-'QA23_F13';

IF ('QA23_F1'_R - 'QA23_F6'_R) >= 0 (NON-MISSING) THEN DO;
IF ('QA23_F1'_R + 'QA23_F2'_R + 'QA23_F3'_R + 'QA23_F4'_R + 'QA23_F5'_R + 'QA23_F6'_R) > 8
OR
('QA23_F8'_R + 'QA23_F9'_R + 'QA23_F10'_R + 'QA23_F11'_R + 'QA23_F12'_R + 'QA23_F13'_R) >
8, THEN CONTINUE WITH 'QA23_F15' INTRO;

IF ('QA23_F8'_R - 'QA23_F13'_R) 7 OR
('QA23_F8'_R + 'QA23_F9'_R + 'QA23_F10'_R + 'QA23_F11'_R + 'QA23_F12'_R + 'QA23_F13'_R) >
7, THEN CONTINUE WITH 'QA23_F15' INTRO;

IF 'QA23_F7' = 1 THEN DISPLAY "again, please";
ELSE SKIP TO 'QA23_F20';
    
```

'QA23_F14' Think {again, please,} about the month in the past 12 months when you were at your worst emotionally.

AF69B_INTRO

PROGRAMMING NOTE 'QA23_F15':
 IF AGE > 70 GO TO 'QA23_F16';
 ELSE CONTINUE WITH 'QA23_F15';

'QA23_F15' Did your emotions interfere a lot, some, or not at all with your performance at work/school?

AF69B

- A LOT1
- SOME..... 2
- NOT AT ALL..... 3
- I DO NOT WORK..... 4
- REFUSED-7
- DON'T KNOW-8

'QA23_F16' Did your emotions interfere a lot, some, or not at all with your household chores?

AF70B

- A LOT1
- SOME.....2
- NOT AT ALL.....3
- REFUSED-7
- DON'T KNOW-8

'QA23_F17' Did your emotions interfere a lot, some, or not at all with your social life?

AF71B

- A LOT1
- SOME.....2
- NOT AT ALL.....3
- REFUSED-7
- DON'T KNOW-8

'QA23_F18' Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

AF72B

- A LOT1
- SOME.....2
- NOT AT ALL.....3
- REFUSED-7
- DON'T KNOW-8

'QA23_F19' Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

AF73B

- _____ NUMBER OF DAYS
- REFUSED-7
- DON'T KNOW-8

Access & Utilization

'QA23_F20' Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?

AF81

- YES1
- NO2 **[GO TO 'QA23_F22']**
- REFUSED-7 **[GO TO 'QA23_F22']**
- DON'T KNOW-8 **[GO TO 'QA23_F22']**

'QA23_F21' Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

AJ1

- YES1
- NO2
- DON'T HAVE INSURANCE3
- REFUSED-7
- DON'T KNOW-8

'QA23_F22' In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

AF74

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

'QA23_F23' In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

AF75

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

PROGRAMMING NOTE 'QA23_F24':
 IF 'QA23_F22' = 1 OR 'QA23_F23' = 1, THEN CONTINUE;
 ELSE GOTO 'QA23_F28'

'QA23_F24' Think about your problems with mental health, emotions, nerves, or use of alcohol or drugs in the past 12 months. Did you receive care from an in-person visit, video visit, or telephone visit?

AF114

[CHECK ALL THAT APPLY]

- IN-PERSON VISIT1 **[GO TO 'QA23_F25']**
- VIDEO VISIT2 **[GO TO 'QA23_F26']**
- TELEPHONE VISIT3 **[GO TO 'QA23_F27']**
- NO4 **[GO TO 'PN_QA23_F28']**
- REFUSED-7 **[GO TO 'PN_QA23_F28']**
- DON'T KNOW-8 **[GO TO 'PN_QA23_F28']**

‘PN_QA23_F28’]

‘QA23_F25’ How satisfied are you with the in-person visit?

AF115

- Very satisfied1
- Somewhat satisfied2
- Somewhat dissatisfied3
- Very dissatisfied4
- REFUSED -7
- DON'T KNOW -8

‘QA23_F26’ How satisfied are you with the video visit?

AF116

- Very satisfied1
- Somewhat satisfied2
- Somewhat dissatisfied3
- Very dissatisfied4
- REFUSED -7
- DON'T KNOW -8

‘QA23_F27’ How satisfied are you with the telephone visit?

AF117

- Very satisfied1
- Somewhat satisfied2
- Somewhat dissatisfied3
- Very dissatisfied4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE ‘QA23_F28’:

IF ‘QA23_F22’ = 1 OR ‘QA23_F23’ = 1 THEN CONTINUE WITH ‘QA23_F28’;
ELSE SKIP TO ‘QA23_F33’

‘QA23_F28’ Did you seek help for your mental or emotional health or for an alcohol or drug problem?

AF76

- MENTAL-EMOTIONAL HEALTH1
- ALCOHOL-DRUG PROBLEM2
- BOTH MENTAL &
ALCOHOL-DRUG PROBLEMS3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE ‘QA23_F29’:

IF ‘QA23_F28’ = 1, display: “mental or emotional health”;
IF ‘QA23_F28’ = 2, display: “use of alcohol or drugs”;
IF ‘QA23_F28’ = 3, display: “mental or emotional health and your use of alcohol or drugs”;
ELSE SKIP TO ‘QA23_F30’

‘QA23_F29’ In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}?

AF77

Do not count overnight hospital stays.

- _____ NUMBER OF VISITS [HR: 0-365, SR:0-52]
- REFUSED -7
- DON'T KNOW -8

'QA23_F30' Are you still receiving treatment for these problems from one or more of these providers?

AF78

- YES1 [GO TO 'QA23_F33']
- NO2
- REFUSED -7 [GO TO 'QA23_F33']
- DON'T KNOW -8 [GO TO 'QA23_F33']

'QA23_F31' Did you complete the recommended full course of treatment?

AF79

- YES1 [GO TO 'QA23_F33']
- NO2
- REFUSED -7 [GO TO 'QA23_F33']
- DON'T KNOW -8 [GO TO 'QA23_F33']

'QA23_F32' What is the main reason you are no longer receiving treatment?

AF80

- GOT BETTER/NO LONGER NEEDED1
- NOT GETTING BETTER2
- WANTED TO HANDLE PROBLEM ON OWN3
- HAD BAD EXPERIENCES WITH TREATMENT4
- LACK OF TIME/TRANSPORTATION5
- TOO EXPENSIVE6
- INSURANCE DOES NOT COVER7
- OTHER (SPECIFY: _____)8
- REFUSED -7
- DON'T KNOW -8

'QA23_F33' During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

AJ5

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

Stigma

PROGRAMING NOTE 'QA23_F34':
 IF 'QA23_F20' = 1 AND ('QA23_F22' ≠ 1 AND 'QA23_F23' ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH 'QA23_F34';
 ELSE SKIP TO 'QA23_F38'

'QA23_F34' Here are some reasons people have for not seeking help even when they think they might need it. Please mark 'yes' or 'no' for whether each statement applies to why you did not see a professional.

AF82

You were concerned about the cost of treatment.

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_F35' You did not feel comfortable talking with a professional about your personal problems.

AF83

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_F36' You were concerned about what would happen if someone found out you had a problem.

AF84

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_F37' You had a hard time getting an appointment.

AF85

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

Climate Change

PROGRAMMING NOTE 'QA23_F38':
 IF ADULTCNT >= 2 OR (ADULTCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR MEMBERS OF YOUR HOUSEHOLD"

'QA23_F38' Potentially dangerous weather-related events are increasing in California. These include extreme heat waves, flooding, wildfires, and smoke from wildfires.

AF110B

In the past two years, have you or members of your household personally experienced extreme heat wave?

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

'QA23_F39' Wildfire?

AF110C

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

'QA23_F40' Smoke from wildfire?

AF110D

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

'QA23_F41' Flood/rising sea levels/mudslide?

AF110E

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_F42':

DISPLAY INSTRUCTIONS:

IF ADULTCNT >= 2 OR (ADULTCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE PHYSICAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD"

IF 'QA23_F38' = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves", OR

'QA23_F39' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR

OR 'QA23_F40' = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR

OR 'AF112E' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding"

ALWAYS DISPLAY 'Not applicable'

ELSE GOTO 'SECTION G'

'QA23_F42' Was your physical health {or the physical health of members of your household} harmed by any of these events?

AF111B

[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]

- YES, FROM EXTREME HEAT WAVES1
- YES, FROM FLOODING2
- YES, FROM WILDFIRES.....3
- YES, FROM SMOKE FROM WILDFIRES...4
- NOT APPLICABLE5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_F43':

DISPLAY INSTRUCTIONS:

IF ADULTCNT >= 2 OR (ADULTCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE MENTAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD"

IF 'QA23_F38' = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves", OR

'QA23_F39' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR

OR 'QA23_F40' = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR

OR 'AF112E' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding"

ALWAYS DISPLAY 'Not applicable'

ELSE GOTO 'SECTION G'

'QA23_F43' Was your mental health {or the mental health of members of your household} harmed by any of these events?

AF112B

[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]

- Yes, from extreme heat waves1
- Yes, from flooding2
- Yes, from wildfires.....3
- Yes, from smoke from wildfires.....4
- Not applicable5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_F44':
 IF 'QA23_F40' = 1 CONTINUE;
 ELSE SKIP TO PROGRAMMING NOTE 'QA23_G1' IN 'SECTION G'

'QA23_F44' When you experienced wildfire smoke in your community, did you access a space that provided filtered air?

AF118

- Yes, my home1
- Yes, a friend or neighbour's home2
- Yes, a community cleaner air shelter3
- Yes, a commercial building
(mall, movie theater, etc.) 4
- No5
- Not applicable6
- REFUSED -7
- DON'T KNOW -8

Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

PROGRAMMING NOTE 'QA23_G1':

DISPLAY INSTRUCTIONS:

IF CHILD INTERVIEW COMPLETED AND 'QA23_A39' = 1 AND 'CH12' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services." OR

IF CHILD INTERVIEW COMPLETED AND 'QA23_A39' = 2 AND 'CH15' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services."

'QA23_G1' Now a few more questions about your background. {Your answers are confidential and will not be reported to Immigration Services.}

PROGRAMMING NOTE 'QA23_G2':

IF CHILD INTERVIEW COMPLETED AND 'QA23_A39' = 1, MARK 'QA23_G2' = 'CH11' AND GO TO 'QA23_G3';

IF CHILD INTERVIEW COMPLETED AND 'QA23_A39' = 2, MARK 'QA23_G2' = 'CH14' AND GO TO 'QA23_G3';

ELSE CONTINUE WITH 'QA23_G2';

'QA23_G2' In what country were you born?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND6
- FRANCE7
- GERMANY8
- GUAM9
- GUATEMALA 10
- HUNGARY 11
- INDIA..... 12
- IRAN..... 13
- IRELAND..... 14
- ITALY 15
- JAPAN..... 16
- KOREA..... 17
- MEXICO 18
- PHILIPPINES 19
- POLAND 20
- PORTUGAL 21
- PUERTO RICO 22
- RUSSIA..... 23
- TAIWAN 24
- VIETNAM 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: _____)..... 91

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_G3':

IF 'QA23_G2' ≠ 1, (NOT BORN IN US) GO TO 'PN_QA23_G5';

'ELSE IF 'QA23_G2' = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH 'QA23_G3';

IF CHILD INTERVIEW COMPLETED ['QA23_A39' = 1, 2 AND 'QA23_G2' = 1 DISPLAY "You previously mentioned you were born in the United States."];

ELSE DISPLAY "In what country was your mother born"

'QA23_G3' {You previously mentioned you were born in the United States}.In what country was your mother born?

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

- UNITED STATES1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND6
- FRANCE7
- GERMANY8
- GUAM9
- GUATEMALA 10
- HUNGARY 11
- INDIA 12
- IRAN 13
- IRELAND 14
- ITALY 15
- JAPAN 16
- KOREA 17
- MEXICO 18
- PHILIPPINES 19
- POLAND 20
- PORTUGAL 21
- PUERTO RICO 22
- RUSSIA 23
- TAIWAN 24
- VIETNAM 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

'QA23_G4' In what country was your father born?

AH35

[SELECT FROM MOST LIKELY COUNTRIES]

[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

- UNITED STATES.....1
- AMERICAN SAMOA2
- CANADA3
- CHINA4
- EL SALVADOR5
- ENGLAND6
- FRANCE7
- GERMANY8
- GUAM9
- GUATEMALA 10
- HUNGARY 11
- INDIA 12
- IRAN..... 13
- IRELAND..... 14
- ITALY 15
- JAPAN..... 16
- KOREA..... 17
- MEXICO 18
- PHILIPPINES 19
- POLAND 20
- PORTUGAL 21
- PUERTO RICO 22
- RUSSIA..... 23
- TAIWAN 24
- VIETNAM 25
- VIRGIN ISLANDS 26
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

Citizenship and Immigration

PROGRAMMING NOTE 'QA23_G5':

IF 'QA23_G2' = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [IF CHILD INTERVIEW COMPLETED AND [('QA23_A39' = 1 AND 'CH11A' = 1) OR ('QA23_A39' = 2 AND 'CH14A' = 1)], CODE 'QA23_G5' = 1 AND GO TO 'PN_QA23_G11'; ELSE CONTINUE WITH 'QA23_G5'

'QA23_G5' Are you a citizen of the United States?

AH39

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

PROGRAMMING NOTE 'QA23_G6':

IF 'QA23_G5' = 2, 3 CONTINUE ELSE GOTO 'QA23_G7'

IF 'QA23_G2' = 2 (AMERICAN SAMOA), GO TO 'PN_QA23_G9'

'QA23_G6' Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

AH40

[IF NEEDED, SAY: "PEOPLE USUALLY CALL THIS A "GREEN CARD" BUT THE COLOR CAN ALSO BE PINK, BLUE, OR WHITE.]

- YES1
- NO.....2
- APPLICATION PENDING.....3
- REFUSED -7
- DON'T KNOW -8

'QA23_G7' About how many years have you lived in the United States?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

- _____ NUMBER OF YEARS
- _____ YEAR (FIRST CAME TO LIVE IN US)
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_G9':

IF 'QA23_G5' = 1 (NATURALIZED) OR 'QA23_G6' = 1 (HAS GREEN CARD), GO TO 'QA23_G11'; ELSE CONTINUE WITH 'QA23_G9'

'QA23_G9' Are you currently here on any of the following: a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the U.S. for a limited amount of time?

AG36B

[INTERVIEWER: CHECK FIRST MENTION.]

[INTERVIEWER: CIRCLE "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]

- TOURIST VISA1
- STUDENT VISA.....2
- WORK VISA OR PERMIT.....3
- DEFERRED ACTION FOR CHILDHOOD ARRIVALS OR "DACA"4
- ANOTHER DOCUMENT WHICH PERMITS STAY FOR LIMITED TIME6
- REFUGEE/ASYLUM STATUS.....8 [GO TO 'QA23_G11']
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7 [GO TO 'QA23_G11']
- DON'T KNOW -8 [GO TO 'QA23_G11']

'QA23_G10' Is this visa or document still valid or has it expired?

AG37B

- VALID1
- EXPIRED2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

Living with Parents

PROGRAMMING NOTE 'QA23_G11':
 IF [AAGE < 30 OR 'QA23_A4' = 1 (AGE 18-29)] AND ['QA23_A25' = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR 'QA23_A24' = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH 'QA23_G11'; ELSE GO TO 'PN_QA23_G20'

'QA23_G11' Are you now living with either of your parents?

AH43A

[INTERVIEWER NOTE: IF R MENTIONS IN-LAWS, CODE AS YES]

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

Teen Permission

'QA23_G12' {Earlier you mentioned you had at least one adolescent age 12 to 17 in your household.} We would like to survey {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} for our study. It is a web survey and should take {him/her} about 15 minutes to complete. Your teen's answers may help other teens in your community and across California.

TP1

As a token of our appreciation, we will send your teen a \$10 gift card for completing the survey.

We will mail the survey information to your home with instructions on how your teen can complete the survey.

- 1. [Click here to see the types of questions we will ask](#)

[Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issues including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, and using drugs. There are also some questions about bullying, violence, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need.

Your teen can skip any question they want or stop the survey at any time.]

- 2. [Click here to learn about how we intend to contact your teen](#)

[We will send a letter to your home asking you to provide a sealed envelope to your teen. This envelope will include the study link and their unique secure access code. With your permission, we will also obtain a best phone number to try and complete the survey over the phone in the event your teen does not complete the survey on the web. Your teen's name and any contact information we have will be erased from our records after the study is complete.]

- 3. [Click here for our privacy protection policy](#)

[Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete. For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.]

Do we have your permission to contact {him/her} and ask if {he/she} will participate in the survey?

- Yes1
- No.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_G13':
 IF 'QA23_G12' = 2, -7, -8 SKIP TO 'QA23_G14';
 ELSE CONTINUE WITH 'TP_1A';
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA23_G12', DO NOT DISPLAY "Questions in teen survey....in need.;
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA23_G12', DO NOT DISPLAY "Like your answers, {his/her} answers....8714."
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'QA23_G12'=1, SKIP TO 'QA23_G15'

'QA23_G13' Thank you. Your teen's answers may help other teens in your community and across California. {Before we proceed, there is some text we are required to show you.}

TP1_A

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need. He/she} can skip any questions {he/she} wants or stop the survey at any time}

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.

For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.}

To confirm, do we have your permission to contact {him/her} and ask {him/her} to participate in the survey?

- Yes1
- No.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_G14':

IF 'QA23_G12'_A = 2, -7, -8 CONTINUE WITH 'QA23_G14' AND DISPLAY "However,...interview";
 ELSE IF 'QA23_G12'=2, CONTINUE WITH 'QA23_G14' AND DISPLAY "Questions in the teen survey are a lot like the ones you are answering, but it is much shorter... 8714."
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA23_G12', DO NOT DISPLAY "Questions in teen survey.... any time."
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA23_G12', DO NOT DISPLAY "Like your answers, {his/her} answers8714."
 ELSE SKIP TO 'QA23_G15'

'QA23_G14' We understand that you would prefer that your teen not participate in the survey.

TP1_BRC

{However, these are important public health issues facing California. Some parents choose to not let their teen participate because they are not comfortable having their teen answer questions about drugs or sexual behavior. If you prefer, we can make sure that questions about drugs or sexual behavior are not included in the interview.}

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need. {He/she} can skip any questions {he/she} wants or stop the survey at any time.}

These are important public health issues facing California. Some parents choose to not let their teen participate because they are not comfortable having their teen answer questions about drugs or sexual behavior. If you prefer, we can make sure that questions about drugs or sexual behavior are not included in the interview.

{Like your answers, {his/her} answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. {His/Her} name is never connected with those answers. {His/her} name and any contact information we have will be erased from our records after the study is complete.} For more information about the rights of research subjects, please contact the Office for the Protection of Research Subjects at 1-310-825-8714.}

Given this information, would you reconsidering giving us your permission to contact {him/her} and ask {him/her} if {he/she} will participate in the survey?

- Yes1 [GO TO 'QA23_G15']
- Yes, if no questions on drugs.....2 [GO TO 'QA23_G15']
- Yes, if no questions on sexual behavior3 [GO TO 'QA23_G15']
- Yes, if no questions on drugs and sexual behavior4 [GO TO 'QA23_G15']
- No.....5 [GO TO 'QA23_G18']
- REFUSED -7 [GO TO 'QA23_G18']
- DON'T KNOW -8 [GO TO 'QA23_G18']

'QA23_G15' Thank you for permitting your teen to participate in this important study. In order to properly contact your teen, please provide {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} first and last name. Remember {his/her} name is never connected with {his/her} answers.

TP_NAME

First name _____
 Last name _____

In the event your teen does not complete the web survey, we would like your permission to try and call your teen and have {him/her} complete the survey over the phone. Because it is important that we contact {ADOLESCENT'S FIRST NAME} to complete the survey, it would be helpful if you could provide the best phone number to try and contact {him/her}. This phone number will be erased from our records after the study is complete. This may be a home, landline, or cell phone number.

Would you please provide a home, landline, or other cell phone number that we may call to contact {ADOLESCENT'S FIRST NAME}?

_____ - _____ - _____

- Landline.....1
- Cell phone2 **[GO TO 'QA23_G16']**
- REFUSED -7
- DON'T KNOW -8

'QA23_G16' Is the cell phone number you just provided your teen's personal phone number?

TP2_CELL2

- Yes1
- No.....5
- REFUSED -7
- DON'T KNOW -8

'QA23_G17' Are you willing to let us send your teen a text message reminder to participate in the survey?

TP3

- Yes1 **[GO TO 'QA23_G19']**
- No.....2 **[GO TO 'QA23_G19']**
- REFUSED -7 **[GO TO 'QA23_G19']**
- DON'T KNOW -8 **[GO TO 'QA23_G19']**

'QA23_G18' We understand that you would prefer your teen not participate in the survey. Thank you for your consideration.

TP6

PROGRAMMING NOTE 'QA23_G19':
 IF 'QA23_G12' = 1 OR 'QA23_G12'_RC = 1,2,3, CONTINUE WITH 'QA23_G19';
 ELSE SKIP TO 'QA23_G20'

'QA23_G19' Thank you for allowing your teen to participate. We have some more questions for you.

TP_END

Paid Child care

PROGRAMMING NOTE 'QA23_G20':
 ANY CHILDREN IN 'QA23_A38' ARE AGE 13 OR LESS, CONTINUE WITH 'QA23_G20';
 ELSE GO TO 'QA23_A23';
 IF ANY CHILD IN ROSTER 'QA23_A38' < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY "for any children under age 14";
 IF 'QA23_A24' = 1 (MARRIED) AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";
 ELSE IF 'QA23_A25' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
 ELSE DISPLAY "you"

'QA23_G20' In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

AH44A

[IF NEEDED, SAY: "THIS INCLUDES HEAD START, DAY CARE CENTERS, BEFORE-OR AFTER-SCHOOL CARE PROGRAMS, AND ANY BABY-SITTING ARRANGEMENTS.]

- YES1
- NO2 **[GO TO 'QA23_A23']**
- REFUSED -7 **[GO TO 'QA23_A23']**
- DON'T KNOW -8 **[GO TO 'QA23_A23']**

'QA23_G21' In the past month, how much did you pay for all child care arrangements and programs?

AH44B

[IF NEEDED, SAY: "IF IT IS EASIER FOR YOU, YOU CAN TELL ME WHAT YOU PAID IN A TYPICAL WEEK LAST MONTH. YOU OR ANY OTHER ADULT IN YOUR HOUSEHOLD."]

- \$__ AMOUNT LAST MONTH **[HR: 0-8,000]**
- \$__ AMOUNT IN TYPICAL WEEK **[HR: 0-3,000]**
- NO PAYMENT IN LAST MONTH OR WEEK3
- REFUSED -7
- DON'T KNOW -8

Veteran Status

'QA23_G22' Did you ever serve on active duty in the Armed Forces of the United States?

AG22

- YES1
- NO2 **[GO TO 'QA23_G27']**
- REFUSED -7 **[GO TO 'QA23_G27']**
- DON'T KNOW -8 **[GO TO 'QA23_G27']**

'QA23_G23' When did you serve?

AG23

- FROM _____
- TO _____

- STILL SERVING, OR

[CHECK ALL THAT APPLY]

- WORLD WAR II
(SEPT 1940 TO JULY 1947)1
- KOREAN WAR
(JUNE 1950 TO JAN 1955)2
- VIETNAM WAR
(AUG 1964 TO APRIL 1975)3
- GULF WAR/
OPERATION DESERT STORM
(1990 TO 1991).....4
- AFGHANISTAN/
OPERATION ENDURING FREEDOM
(2001 TO 2021).....5
- IRAQ WAR/
OPERATION IRAQI FREEDOM
(2003 TO 2021).....6
- REFUSED -7
- DON'T KNOW -8

'QA23_G24' Altogether, how long did you serve?

AG24

- _____ YEARS
- _____ MONTHS
- REFUSED -7
- DON'T KNOW -8

'QA23_G25' Do you have a VA service-connected disability rating?

AG31

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

[GO TO 'QA23_G27']
[GO TO 'QA23_G27']
[GO TO 'QA23_G27']

'QA23_G26' What is your service-connected disability rating?

AG32

- 0 PERCENT1
- 10 OR 20 PERCENT2
- 30 OR 40 PERCENT3
- 50 OR 60 PERCENT4
- 70 PERCENT OR HIGHER5
- REFUSED -7
- DON'T KNOW -8

Employment

'QA23_G27' Which of the following were you doing last week?

AK1

[IF NEEDED: IF R MENTIONS 'WORKING REMOTELY', CODE AS 'WORKING AT A JOB OR BUSINESS']

- Working at a job or business.....1 **[GO TO 'PN_QA23_G31']**
- With a job or business but not at work.....2
- Looking for work, or3
- Not working at a job or business?.....4
- REFUSED -7 **[GO TO 'PN_QA23_G31']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_G31']**

'QA23_G28' What is the main reason you did not work last week?

AK2

[IF NEEDED, SAY: "MAIN REASON IS THE MOST IMPORTANT REASON."]

- TAKING CARE OF HOUSE OR FAMILY1
- ON PLANNED VACATION2
- COULDN'T FIND A JOB3
- GOING TO SCHOOL/STUDENT4
- RETIRED5 **[GO TO 'QA23_G30']**
- DISABLED6 **[GO TO 'QA23_G30']**
- UNABLE TO WORK TEMPORARILY7
- ON LAYOFF OR STRIKE8
- ON FAMILY OR MATERNITY LEAVE.....9
- OFF SEASON 10
- SICK..... 11
- OTHER..... 91
- REFUSED -7
- DON'T KNOW -8

'QA23_G29' Do you usually work?

AG10

- YES1
- NO.....2
- LOOKING FOR WORK.....3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_G30':
 IF [AAGE = -7 OR -8 OR AAGE < 65] AND ['QA23_G29' = 2 (DOES NOT USUALLY WORK) OR
 'QA23_G28' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH 'QA23_G30';
 ELSE GO TO 'PN_QA23_G31'

'QA23_G30' Are you receiving Social Security Disability Insurance or SSDI?

AL22

- YES1 [GO TO 'PN_QA23_G35']
- NO2 [GO TO 'PN_QA23_G35']
- REFUSED -7 [GO TO 'PN_QA23_G35']
- DON'T KNOW -8 [GO TO 'PN_QA23_G35']

PROGRAMMING NOTE 'QA23_G31':
 IF 'QA23_G27' = 1, 2, -7, OR -8 (working, with job, don't know, or refused) OR 'QA23_G29' = 1 (usually works), CONTINUE WITH 'QA23_G31';
 ELSE GO TO 'PN_QA23_G35'

'QA23_G31' On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

AK4

[IF NEEDED, SAY: "WHERE DID YOU WORK MOST HOURS?"]

- PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION1
- GOVERNMENT2
- SELF-EMPLOYED3
- FAMILY BUSINESS OR FARM4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_G32':

DISPLAY INSTRUCTIONS:

IF 'QA23_G31' = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND THE FUNCTION (E.G. BUDGET OFFICE, POLICE, ETC.)]";
 ELSE DISPLAY "WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?" AND
 [IF NEEDED, SAY: WHAT DO THEY MAKE OR DO AT THIS BUSINESS?]

'QA23_G32' {What kind of agency or department is this? / What kind of business or industry is this?}

AK5

{[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]}

[IF NEEDED, SAY: "What do they make or do at this business?"]
 [INTERVIEWER: ENTER DESCRIPTION]

- _____ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)
- REFUSED -7
- DON'T KNOW -8

'QA23_G33' What is the main kind of work you do?

AK6

[MAIN JOB = WHERE WORKS MOST HOURS.]
 [INTERVIEWER: ENTER DESCRIPTION]

- _____ (OCCUPATION)
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_G34':
 IF 'QA23_G31' = 2 (GOVERNMENT EMPLOYEE), CODE 'QA23_G34' = 8 AND GO TO 'QA23_G35';
 IF 'QA23_G31' = 3 (SELF-EMPLOYED), CONTINUE WITH 'QA23_G34' AND DISPLAY "Including yourself, about" and "you";
 ELSE CONTINUE WITH 'QA23_G34' AND DISPLAY "About" and "your employer";

'QA23_G34' {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

AK8

[IF NEEDED, SAY: "YOUR BEST GUESS IS FINE]

- 1 OR 21
- 3-92
- 10-243
- 25-504
- 51-1005
- 101-2006
- 201-9997
- 1,000 OR MORE8
- REFUSED -7
- DON'T KNOW -8

Employment (Spouse/Partner)

PROGRAMMING NOTE 'QA23_G35':
 IF 'QA23_A24' = 1 (MARRIED) OR 'QA23_D13' = 1 OR 'QA23_D14' = 1, CONTINUE WITH 'QA23_G35';
 IF 'QA23_A24' = 1, THEN DISPLAY "spouse"; ELSE IF 'QA23_D13' = 1 OR 'QA23_D14' = 1, THEN DISPLAY "partner";
 ELSE GO TO 'QA23_H1'

'QA23_G35' Which of the following was your {spouse/partner} doing last week?

AG8

- Working at a job or business.....1 **[GO TO 'QA23_G37']**
- With a job or business but not at work.....2 **[GO TO 'QA23_G37']**
- Looking for work, or3
- Not working at a job or business.....4
- REFUSED -7
- DON'T KNOW -8

'QA23_G36' Does your {spouse/partner} usually work?

AG11

- YES1
- NO2 **[GO TO 'QA23_H1']**
- LOOKING FOR WORK3 **[GO TO 'QA23_H1']**
- REFUSED -7 **[GO TO 'QA23_H1']**
- DON'T KNOW -8 **[GO TO 'QA23_H1']**

'QA23_G37' On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

AG9

- PRIVATE COMPANY,
NON-PROFIT ORGANIZATION
FOUNDATION1
- GOVERNMENT2
- SELF-EMPLOYED3
- FAMILY BUSINESS OR FARM4
- REFUSED -7
- DON'T KNOW -8

Section H: Health Insurance

Usual Source of Care

'QA23_H1' Is there a place that you usually go to when you are sick or need advice about your health?

AH1

[INTERVIEWER NOTE: SELECT "3" OR "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]

- YES1
- NO2 [GO TO 'QA23_H3']
- DOCTOR/MY DOCTOR3 [GO TO 'QA23_H3']
- KAISER4 [GO TO 'QA23_H3']
- MORE THAN ONE PLACE5 [GO TO 'QA23_H3']
- REFUSED-7 [GO TO 'QA23_H3']
- DON'T KNOW-8 [GO TO 'QA23_H3']

PROGRAMMING NOTE 'QA23_H2':

DISPLAY INSTRUCTIONS:

IF 'QA23_H1' = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";
 ELSE IF 'QA23_H1' = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
 ELSE IF 'QA23_H1' = 4 (KAISER) CIRCLE "1" FOR CONTINUE WITH 'QA23_H2'
 AND GO TO 'QA23_H3'

'QA23_H2' {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?

AH3

- DOCTOR'S OFFICE/KAISER/
OTHER HMO1
- CLINIC/HEALTH CENTER/
HOSPITAL CLINIC2
- EMERGENCY ROOM3
- SOME OTHER PLACE (SPECIFY: _____) 91
- NO ONE PLACE 92
- REFUSED-7
- DON'T KNOW-8

Emergency Room Visits

'QA23_H3' During the past 12 months, did you visit a hospital emergency room for your own health?

AH12

- YES1
- NO2 [GOTO 'QA23_H5']
- REFUSED-7 [GOTO 'QA23_H5']
- DON'T KNOW-8 [GOTO 'QA23_H5']

'QA23_H4' How many times did you do that?

AH95

[IF NEEDED, SAY: "DURING THE PAST 12 MONTHS, HOW MANY TIMES DID YOU VISIT A HOSPITAL EMERGENCY ROOM FOR YOUR OWN HEALTH?"].

- _____ NUMBER OF TIMES [HR: 0 - 200]
- REFUSED -7
- DON'T KNOW -8

Medicare Coverage

'QA23_H5' MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?

AI1

[INTERVIEWER NOTE: INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE ORIGINAL MEDICARE PLAN.]

- YES1 [GOTO 'QA23_H8']
- NO2
- REFUSED-7 [GOTO 'QA23_H14']
- DON'T KNOW-8 [GOTO 'QA23_H14']

POST NOTE 'QA23_H5': IF 'QA23_H5' = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA23_H6':
 IF [AAGE > 64 OR 'QA23_A4' = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND 'QA23_H5' = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH 'QA23_H6';
 ELSE GO TO PROGRAMMING NOTE 'QA23_H8'

'QA23_H6' Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

AI2

- CORRECT, NOT COVERED BY MEDICARE1 [GO TO 'PN_AI6']
- NOT CORRECT, R IS COVERED BY MEDICARE2 [GO TO 'PN_QA23_H8']
- AGE IS INCORRECT..... 93
- REFUSED-7 [GO TO 'PN_AI6']
- DON'T KNOW-8 [GO TO 'PN_AI6']

POST NOTE 'QA23_H6': IF 'QA23_H6' = 2, SET ARMCARE = 1 AND SET ARINSURE = 1

'QA23_H7' What is your age, please?

AI3

- _____ YEARS OF AGE [HR: 18-105] [IF 'QA23_H7'>=0, GO TO 'PN_QA23_H15']
- REFUSED -7 [GO TO 'PN_QA23_H15']
 - DON'T KNOW -8 [GO TO 'PN_QA23_H15']

POST NOTE 'QA23_H7': AIDATE
 SET AIDATE = CURRENT DATE (YYYYMMDD);
 SET AAGE = 'QA23_H7';
 IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE 'QA23_H8': IF ARMCARE = 1, CONTINUE WITH 'QA23_H8';
 ELSE GO TO 'PN_QA23_H14'

'QA23_H8' Is this a MediCARE Advantage Plan?

AH123

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."].

- YES1 [GO TO 'QA23_H10']
- NO2
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H8': IF 'QA23_H8' = 1, SET ARMADV = 1

'QA23_H9' Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

AI4

[IF NEEDED, SAY: "THESE ARE POLICIES THAT COVER HEALTH CARE COSTS NOT COVERED BY MEDICARE ALONE."]

- YES1
- NO2 [GO TO 'PN_QA23_H14']
- REFUSED -7 [GO TO 'PN_QA23_H14']
- DON'T KNOW -8 [GO TO 'PN_QA23_H14']

POST NOTE FOR 'QA23_H9': IF 'QA23_H9'= 1, SET ARSUPP= 1

PROGRAMMING NOTE 'QA23_H10':

IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA23_H14';
 DISPLAYS;

IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";

IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";

'QA23_H10' For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

AH126

[IF NEEDED, SAY: "AARP STANDS FOR THE AMERICAN ASSOCIATION OF RETIRED PERSONS"]

- DIRECTLY1
- YOUR CURRENT EMPLOYER2
- YOUR FORMER EMPLOYER3
- UNION.....4
- FAMILY BUSINESS5
- AARP6
- SPOUSE'S / PARTNER'S EMPLOYER7
- SPOUSE'S / PARTNER'S UNION8
- PROFESSIONAL/
FRATERNAL ORGANIZATION9
- OTHER..... 91
- REFUSED -7
- DON'T KNOW -8

'QA23_H11' Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AH53

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE COVERAGE.]

[IF NEEDED, SAY: "A DEDUCTIBLE IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING."]

[IF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR HEALTH INSURANCE PLAN."]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_H12' Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

AH54

- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'PN_QA23_H14']**
[GO TO 'PN_QA23_H14']
[GO TO 'PN_QA23_H14']

'QA23_H13' Who is that?

AH55

[IF NEEDED, SAY: "WHO BESIDES YOURSELF PAYS ANY PORTION OF THAT COST FOR THAT PLAN, SUCH AS YOUR EMPLOYER, A UNION, OR PROFESSIONAL ORGANIZATION?"]

[CODE ALL THAT APPLY]

[PROBE: "ANY OTHERS?"]

- YOUR CURRENT EMPLOYER1
- YOUR FORMER EMPLOYER2
- UNION3
- SPOUSE'S/PARTNER'S CURRENT EMPLOYER4
- SPOUSE'S/PARTNER'S FORMER EMPLOYER5
- PROFESSIONAL/FRATERNAL ORGANIZATION6
- MEDICAID/MEDI-CAL ASSISTANCE7
- OTHER 91
- REFUSED -7
- DON'T KNOW -8

POST NOTE FOR 'QA23_H13': IF 'QA23_H13' = 7, SET ARMCAL = 1;

MediCal Coverage

PROGRAMMING NOTE 'QA23_H14':
 IF ARMCAL = 1, DISPLAY "Is it correct that you are";
 ELSE DISPLAY "Are you"

'QA23_H14' {Is it correct that you are/Are you} covered by Medi-CAL?

A16

[IF NEEDED, SAY: " MEDI-CAL IS A HEALTH INSURANCE PROGRAM FOR LOW-INCOME INDIVIDUALS IN CALIFORNIA."]

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

POST NOTE FOR 'QA23_H14': IF 'QA23_H14' = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
 IF ARMCAL = 1 AND 'QA23_H14' = 2, SET ARMCAL = 0

Employer-Based Coverage

PROGRAMMING NOTE 'QA23_H15':

DISPLAY INSTRUCTIONS:
 IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other";
 ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other";
 ELSE DISPLAY "a"

'QA23_H15' {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

A18

[IF NEEDED, SAY: "...either through your own or someone else's employment?"]

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

POST NOTE FOR 'QA23_H15': IF 'QA23_H15' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE 'QA23_H16':
 IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH 'AI11';
 ELSE GO TO 'PN_QA23_H18'

'QA23_H16' Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

AI11

[IF NEEDED, SAY: "DON'T INCLUDE A PLAN THAT PAYS ONLY FOR CERTAIN ILLNESSES SUCH AS CANCER OR STROKE, OR ONLY GIVES YOU 'EXTRA CASH' IF YOU ARE IN A HOSPITAL."]

- YES1
- NO2 **[GO TO 'PN_QA23_H18']**
- REFUSED -7 **[GO TO 'PN_QA23_H18']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_H18']**

POST NOTE 'QA23_H16': IF 'QA23_H16' = 1, SET ARDIRECT = 1 AND SET ARINSURE =1

PROGRAMMING NOTE 'QA23_H17':
 IF ARDIRECT = 1, THEN CONTINUE WITH 'QA23_H17';
 ELSE GO TO 'PN_QA23_H18'

'QA23_H17' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

AH104

- INSURANCE COMPANY OR HMO1
- COVERED CALIFORNIA2
- OTHER (SPECIFY: _____) 92
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H17': IF 'QA23_H17' = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'QA23_H18':
 IF 'QA23_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA23_H16' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23_H18';
 ELSE GO TO 'PN_QA23_H20'

'QA23_H18' Was this plan obtained in your own name or in the name of someone else?

AI9

[IF NEEDED, SAY: "EVEN SOMEONE WHO DOES NOT LIVE IN THIS HOUSEHOLD."]

- IN MY OWN NAME1 [GO TO 'PN_QA23_H20']
- IN SOMEONE ELSE'S NAME2 [GO TO 'PN_QA23_H20']
- REFUSED -7 [GO TO 'PN_QA23_H20']
- DON'T KNOW -8 [GO TO 'PN_QA23_H20']

POST NOTE 'QA23_H18': IF 'QA23_H15' = 1 AND 'QA23_H18' = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
 IF 'QA23_H15' = 1 AND 'QA23_H18' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF 'QA23_H16' = 1 AND 'QA23_H18' = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
 IF 'QA23_H16' = 1 AND 'QA23_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
 IF 'QA23_H16' = 1 AND 'QA23_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE =
 PROGRAMMING NOTE 'QA23_H19': IF 'QA23_A24' = 1 (MARRIED) OR 'QA23_D13' = 1 OR 'QA23_D14' = 1 OR IF 'QA23_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA23_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA23_H19' ;
 ELSE GO TO PROGRAMMING NOTE 'QA23_H20';
 IF 'QA23_A24' = 1, THEN DISPLAY "spouse's name";
 IF 'QA23_A24' ≠ 1 AND ('QA23_D13' = 1 OR 'QA23_D14' = 1), THEN DISPLAY "partner's name";
 IF 'QA23_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

PROGRAMMING NOTE 'QA23_H19':
 IF 'QA23_A24' = 1 (MARRIED) OR 'QA23_D13' = 1 OR 'QA23_D14' = 1 OR IF 'QA23_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA23_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA23_H19';
 ELSE GO TO PROGRAMMING NOTE 'QA23_H20';
 IF 'QA23_A24' = 1, THEN DISPLAY "spouse's name";
 IF 'QA23_A24' ≠ 1 AND ('QA23_D13' = 1 OR 'QA23_D14' = 1), THEN DISPLAY "partner's name";
 IF 'QA23_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA23_H19' Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

A19A

- IN SPOUSE'S/PARTNER'S NAME1
- IN PARENT'S NAME2
- IN SOMEONE ELSE'S NAME3
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H19': IF 'QA23_H15' = 1 AND 'QA23_H19' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1;
 IF 'QA23_H17' = 2 AND 'QA23_H19' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1;
 IF 'QA23_H15' = 1 AND 'QA23_H19' = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;
 IF 'QA23_H16' = 1 AND 'QA23_H19' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP = 1;
 IF 'QA23_H16' = 1 AND 'QA23_H19' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE 'QA23_H20':
 IF 'QA23_H15' = 1 (EMPLOYER-BASED COVERAGE) AND 'QA23_G34' <= 5 (FIRM SIZE <=100), CONTINUE WITH 'QA23_H20' AND DISPLAY;
 IF AREMPOW = 1 THEN DISPLAY {you};
 IF AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
 ELSE GO TO PROGRAMMING NOTE 'QA23_H21';

'QA23_H20' 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?

AH105

[IF NEEDED, SAY: “SHOP IS THE SMALL BUSINESS HEALTH OPTIONS PROGRAM ADMINISTERED BY COVERED CALIFORNIA”]

- EMPLOYER1
- UNION2
- SHOP / COVERED CALIFORNIA3
- OTHER (SPECIFY: _____) 92
- REFUSED -7
- DON'T KNOW -8

POST NOTE FOR 'QA23_H20': IF 'QA23_H20' = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE 'QA23_H21':
 IF ARHBEX = 1, THEN CONTINUE WITH 'QA23_H21';
 ELSE GO TO 'PN_QA23_H23';

'QA23_H21' Was this a bronze, silver, gold or platinum plan?

AH106

- BRONZE1
- SILVER2
- GOLD3
- PLATINUM4
- MEDI-CAL / MEDICAID5
- MINIMUM COVERAGE PLAN/
CATASTROPHIC6
- OTHER (SPECIFY: _____) 92
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_H22':
 IF 'QA23_H20' = 3, THEN GO TO 'QA23_H23';
 ELSE CONTINUE WITH 'QA23_H22';

'QA23_H22' Was there a subsidy or discount on the premium for this plan?

AH107

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

PROGRAMMING NOTE 'QA23_H23':
 IF 'QA23_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA23_H16' = 1 (PURCHASED OWN
 COVERAGE), CONTINUE WITH 'QA23_H23';
 ELSE GO TO 'PN_QA23_H28'

'QA23_H23' Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AH57

[IF NEEDED, SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR HEALTH CARE EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE SYSTEM, WHILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE COVERAGE."]

[IF NEEDED, SAY: "A DEDUCTIBLE IS THE AMOUNT YOU PAY FOR MEDICAL CARE BEFORE YOUR HEALTH PLAN STARTS PAYING.]

[IF NEEDED, SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR HEALTH INSURANCE PLAN."]

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

**[GO TO
'PN_QA23_H26']**

'QA23_H24' How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.

AH128

[IF NEEDED, SAY: Do not include the cost of any co-pays or deductibles you or your family may have had to pay].

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage.]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

_____ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]

- REFUSED -7
- DON'T KNOW -8

'QA23_H25' Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

AH58

- YES1
- NO2 **[GO TO 'PN_QA23_H28']**
- REFUSED -7 **[GO TO 'PN_QA23_H28']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_H28']**

PROGRAMMING NOTE 'QA23_H26':

IF 'QA23_H23' = 2, THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";
ELSE DISPLAY "Who is that"

'QA23_H26' Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

AH56

[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- YOUR CURRENT EMPLOYER1
- YOUR FORMER EMPLOYER2
- UNION3
- SPOUSE'S/ PARTNER'S
CURRENT EMPLOYER4
- SPOUSE'S/ PARTNER'S
FORMER EMPLOYER5
- PROFESSIONAL/
FRATERNAL ORGANIZATION6
- MEDICAID/MEDI-CAL ASSISTANCE7
- MEDICARE9
- COVERED CALIFORNIA..... 11
- OTHER..... 91
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H26': IF 'QA23_H26' = 1, 2, OR 3, THEN SET AREMPOWN = 1;

IF 'QA23_H26' = 4 OR 5, THEN SET AREMPSP= 1;

IF 'QA23_H26' = 6, THEN SET AROTHER= 1;

IF 'QA23_H26' = 9, SET ARMCARE = 1 AND SET ARDIRECT= 0;

IF 'QA23_H26' = 7, SET ARMCAL = 1 AND SET ARDIRECT= 0;

IF 'QA23_H26' = 11, SET ARHBEX= 1;

IF 'QA23_H26' = 91, THEN SET AROTHER= 1

'QA23_H27' How much do they contribute to your plan each month?

AH129

_____ (AMOUNT)

[HR:0-9997,SR:0-2000]

- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_H28':

IF ['QA23_G27' = 1 OR 2 (R WORKED LAST WEEK) OR 'QA23_G29'= 1 (R USUALLY WORKS)] AND
 'QA23_G31' ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOW ≠ 1 (NO EMPLOYER-BASED
 COVERAGE), CONTINUE WITH 'QA23_H28';
 ELSE GO TO PROGRAMMING NOTE 'QA23_H32'

'QA23_H28' Does your employer offer health insurance to any of its employees?

AI13

- YES1
- NO2 [GO TO 'PN_QA23_H32']
- REFUSED -7 [GO TO 'PN_QA23_H32']
- DON'T KNOW -8 [GO TO 'PN_QA23_H32']

'QA23_H29' Are you eligible to be in this plan?

AI14

- YES1
- NO2 [GO TO 'PN_AI5A']
- REFUSED -7 [GO TO 'PN_QA23_H32']
- DON'T KNOW -8 [GO TO 'PN_QA23_H32']

'QA23_H30' What is the one main reason why you aren't in this plan?

AI15

- Covered by another plan.....1 [GO TO 'PN_QA23_H32']
- Plan too expensive.....2 [GO TO 'PN_QA23_H32']
- Didn't like plan offered3 [GO TO 'PN_QA23_H32']
- Don't need or believe in health insurance....4 [GO TO 'PN_QA23_H32']
- Other (Specify: _____).....91 [GO TO 'PN_QA23_H32']
- REFUSED -7 [GO TO 'PN_QA23_H32']
- DON'T KNOW -8 [GO TO 'PN_QA23_H32']

'QA23_H31' What is the one main reason why you are not eligible for this plan?

AI15A

- HAVEN'T YET WORKED FOR.....1
THIS EMPLOYER LONG ENOUGH
TO BE COVERED
- CONTRACT OR TEMPORARY2
EMPLOYEES NOT ALLOWED IN PLAN
- DON'T WORK ENOUGH HOURS3
PER WEEK OR WEEKS PER YEAR
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

CHAMPUS/CHAMPVA, TRICARE, VA Coverage

PROGRAMMING NOTE 'QA23_H32':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH 'QA23_H32'; ELSE GO TO 'PN_QA23_H33'

'QA23_H32' Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

AI16

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

POST NOTE 'QA23_H32': IF 'QA23_H32' = 1, SET ARMILIT= 1 AND SET ARINSURE = 1

AIM, MRMIP, Family PACT, HEALTHY KIDS, Other Government Coverage

PROGRAMMING NOTE 'QA23_H33':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH 'QA23_H33'; ELSE GO TO PROGRAMMING NOTE 'QA23_H34'

'QA23_H33' Are you covered by some other government health program, such as AIM, 'Mister MIP,' the Family PACT program, Healthy Kids, or something else?

AI17

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men.]

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

POST NOTE 'QA23_H33': IF 'QA23_H33'= 1, SET AROTHGOV= 1 AND SET ARINSURE = 1

Other Coverage

PROGRAMMING NOTE 'QA23_H34':
 IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH 'QA23_H34'; ELSE GO TO PROGRAMMING NOTE 'QA23_H38'

'QA23_H34' Do you have any health insurance coverage through a plan that I missed?

A118

- YES1
- NO2 [GO TO 'PN_QA23_H38']
- REFUSED -7 [GO TO 'PN_QA23_H38']
- DON'T KNOW -8 [GO TO 'PN_QA23_H38']

'QA23_H35' What type of health insurance do you have?

A119

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization or directly from the health plan?"]

- THROUGH CURRENT OR FORMER EMPLOYER/UNION1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION2
- PURCHASED DIRECTLY FROM HEALTH PLAN3
- MEDICARE4
- MEDI-CAL5
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC8
- COVERED CALIFORNIA..... 10
- SHOP THROUGH COVERED CALIFORNIA..... 11
- OTHER GOVERNMENT HEALTH PLAN 91
- OTHER NON-GOVERNMENT HEALTH PLAN 92
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H35': IF 'QA23_H35'= 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF 'QA23_H35'= 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
 IF 'QA23_H35'= 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
 IF 'QA23_H35'= 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
 IF 'QA23_H35'= 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
 IF 'QA23_H35'= 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
 IF 'QA23_H35'= 8, SET ARIHS = 1;
 IF 'QA23_H35'= 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH =1;
 IF 'QA23_H35'= 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;
 IF 'QA23_H35'= 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
 IF 'QA23_H35'= 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA23_H36':
 IF 'QA23_H36' = 1, 2, OR 3 CONTINUE WITH 'QA23_H36';
 ELSE GO TO 'PN_QA23_H38'

'QA23_H36' Was this plan obtained in your own name or in the name of someone else?

AH59

[PROBE: "Even someone who does not live in this household?"]

- IN MY OWN NAME1 **[GO TO 'PN_QA23_H38']**
- IN SOMEONE ELSE'S NAME2
- REFUSED -7 **[GO TO 'PN_QA23_H38']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_H38']**

POST NOTE 'QA23_H36': IF ('QA23_H35' = 1 OR 2 OR KAI19 =11) AND 'QA23_H36' = 1 THEN SET AREMPOW = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
 IF ('QA23_H35' = 3 OR 10) AND 'QA23_H36' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
 IF ('QA23_H35' = 1 OR 2) AND ('QA23_H36' = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOW = 0 AND SET ARINSURE = 1;
 IF 'QA23_H35' = 1 AND ('QA23_H36' = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA23_H37':
 IF 'QA23_A24' = 1 (MARRIED) OR 'QA23_D13'= 1 OR 'QA23_D14'= 1 OR IF 'QA23_G11'= 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH 'QA23_H37';
 ELSE GO TO PROGRAMMING NOTE 'QA23_H38';
 IF 'QA23_A24' = 1 THEN DISPLAY "spouse's name";
 IF 'QA23_A24' ≠ 1 AND ('QA23_D13'= 1 OR 'QA23_D14'= 1), THEN DISPLAY "partner's name";
 IF 'QA23_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA23_H37' Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

AH60

- IN SPOUSE'S / PARTNER'S NAME1
- IN PARENT'S NAME2
- IN SOMEONE ELSE'S NAME3
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H37': IF 'QA23_H37'= 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
 IF 'QA23_H37'= 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE 'QA23_H38':
 IF ARIHS ≠ 1 AND 'QA23_A11'= 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA23_H38';
 ELSE GO TO 'PN_AI37 Intro'

'QA23_H38' Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

A120

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

POST NOTE 'QA23_H38': IF 'QA23_H38' = 1, SET ARIHS = 1

Spouse's Insurance Coverage Type & Eligibility

PROGRAMMING NOTE 'QA23_H39':
 IF ['QA23_A24' = 1 (MARRIED) OR 'QA23_D13' = 1 OR 'QA23_D14' = 1] AND 'QA23_A25' = 1
 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37Intro;
 IF 'QA23_A24' = 1, THEN DISPLAY "spouse";
 ELSE IF 'QA23_D13' = 1 OR 'QA23_D14' = 1, THEN DISPLAY "partner";
 ELSE GO TO PROGRAMMING NOTE 'QA23_H61'

'QA23_H39' These next questions are about the type of health insurance your {spouse/partner} may have.

AI37Intro

PROGRAMMING NOTE 'QA23_H40':
 IF SPOUSE 65 OR OLDER THEN
 IF ARMCARE ≠ 1, CONTINUE WITH 'QA23_H40' WITHOUT DISPLAY
 ELSE IF ARMCARE = 1, CONTINUE WITH 'QA23_H40' AND DISPLAY "You said that you are covered by Medicare." AND "also";
 ELSE GO TO 'PN_QA23_H43'

'QA23_H40' {You said that you are covered by Medicare.} Is (**SPOUSE/PARTNER**) {also} covered by Medicare?

AI37

- Yes1
- No.....2
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H40': IF 'QA23_H40' = 1, SET SPMPCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H41':
 IF SPMPCARE ≠ 1, SKIP TO PROGRAMMING NOTE 'QA23_H42'; DISPLAYS;
 IF SPMPCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA23_H41' WITHOUT DISPLAY;
 ELSE IF SPMPCARE = 1 AND ARMADV = 1, CONTINUE WITH 'QA23_H41' AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
 IF 'QA23_A24' = 1 (MARRIED) THEN DISPLAY "spouse's";
 ELSE IF 'QA23_D13' = 1 OR 'QA23_D14' = 1 THEN DISPLAY "partner's";

'QA23_H41' {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

AH127

[IF NEEDED, SAY: "MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage."].

- Yes1
- No.....2
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H41': IF 'QA23_H41' = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H42':
 IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'QA23_H43';
 ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH 'QA23_H42' WITHOUT DISPLAY;
 ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH 'QA23_H42' AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
 IF 'QA23_A24' = 1 (MARRIED), THEN DISPLAY "spouse";
 ELSE IF 'QA23_D13' = 1 OR 'QA23_D14' = 1 THEN DISPLAY "partner";
 ELSE GO TO 'PN_QA23_H43'

'QA23_H42' {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

AI37A

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

POST NOTE 'QA23_H42': IF 'QA23_H42' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H43': IF ARMCAL = 1, CONTINUE WITH 'QA23_H43';
 DISPLAY "also" IF ARMCARE = 1;
 ELSE GO TO 'PN_QA23_H44'

'QA23_H43' You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

AI38

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

POST NOTE 'QA23_H43': IF 'QA23_H43' = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H44':
 IF AREMPOW = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA23_H44';
 IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
 ELSE GO TO PROGRAMMING NOTE 'QA23_H45'

'QA23_H44' You said you have insurance from your current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?

AI40

- YES1 **[GO TO 'PN_QA23_H47']**
- NO2
- OTHER3
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H44': IF 'QA23_H44' = 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA23_H45':
 IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH 'QA23_H45';
 IF ARMCARE= 1 OR ARMCAL= 1, THEN DISPLAY "also";
 ELSE GO TO PROGRAMMING NOTE 'QA23_H46'

'QA23_H45' You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

AH108

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

- YES1 **[GO T 'PN_QA23_H47']**
- NO.....2
- OTHER3
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H45': IF 'QA23_H45'= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1 AND SPHBEX= 1;

PROGRAMMING NOTE 'QA23_H46':
 IF 'QA23_G35' = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA23_G36' = 1 (USUALLY WORKS), CONTINUE WITH 'QA23_H46';
 IF AREMPSP = 1 AND 'QA23_A24' = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";
 ELSE IF AREMPSP = 1 AND ('QA23_D13' = 1 OR 'QA23_D14' = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";
 IF SPINSURE = 1, THEN DISPLAY "also";
 ELSE GO TO 'PN_QA23_H47'

'QA23_H46' {You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

AI40A

- YES1
- NO.....2
- OTHER3
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H46': IF 'QA23_H46' = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H47':

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA23_H47';
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO 'PN_QA23_H48'

'QA23_H47' You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

AI41

- YES1
- NO2
- OTHER3
- REFUSED-7
- DON'T KNOW-8

POST NOTE 'QA23_H47': IF 'QA23_H47'= 1, SET SPDIRECT= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA23_H48':

IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH 'QA23_H48';
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO 'PN_QA23_H49'

'QA23_H48' You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

AH109

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

POST NOTE 'QA23_H48': IF 'QA23_H48'= 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE 'QA23_H49':

IF ARMILIT = 1, CONTINUE WITH 'QA23_H49';
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO 'PN_QA23_H50'

'QA23_H49' You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

AI42

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

POST NOTE 'QA23_H49': IF 'QA23_H49' = 1, SET SPMILIT = 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA23_H50':
 IF AROTHGOV = 1, CONTINUE WITH 'QA23_H50';
 IF 'QA23_H36' = 91, THEN DISPLAY "some government health plan";
 IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOW = 1 OR ARMILIT = 1,
 DISPLAY "also";
 ELSE GO TO 'PN_QA23_H51'

'QA23_H50' You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

AI42A

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

POST NOTE 'QA23_H50': IF 'QA23_H50'= 1, SET SPOTHGOV= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1

PROGRAMMING NOTE 'QA23_H51':
 IF SPINSURE ≠ 1, DISPLAY "any";
 ELSE DISPLAY "through any other source"

'QA23_H51' Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

AI46

- YES1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO 'PN_QA23_H53']**
[GO TO 'PN_QA23_H57']
[GO TO 'PN_QA23_H57']

'QA23_H52' What type of health insurance does {he/she} have?

AI47

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group or other organization, or directly from the health plan?"]

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- THROUGH CURRENT OR FORMER EMPLOYER/UNION1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION2
- PURCHASED DIRECTLY FROM HEALTH PLAN3
- MEDICARE4
- MEDI-CAL5
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, OR URBAN INDIAN CLINIC8
- COVERED CALIFORNIA..... 10
- SHOP THROUGH COVERED CALIFORNIA..... 11
- OTHER GOVERNMENT HEALTH PLAN 91
- OTHER NON-GOVERNMENT HEALTH PLAN 92
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H52': IF 'QA23_H52' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
 IF 'QA23_H52'= 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
 IF 'QA23_H52'= 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
 IF 'QA23_H52'= 4, SET SPMPCARE = 1 AND SET SPINSURE = 1;
 IF 'QA23_H52'= 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
 IF 'QA23_H52'= 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
 IF 'QA23_H52'= 8, SET SPIHS = 1;
 IF 'QA23_H52'= 10, SET SPHBEX = 1 AND SPDIRECT =1 AND SPINSURE = 1 AND SPDIROTH= 1;
 IF 'QA23_H52'= 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;
 IF 'QA23_H52'= 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
 IF 'QA23_H52'= 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA23_H53':

IF SPINSURE ≠ 1, CONTINUE WITH 'QA23_H53' ;

ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE 'QA23_H55';

ELSE GO TO PROGRAMMING NOTE 'QA23_H57'

'QA23_H53' You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

AI48

- YES1 [GO TO 'PN_QA23_H57']
- NO2 [GO TO 'PN_QA23_H57']
- REFUSED-7 [GO TO 'PN_QA23_H57']
- DON'T KNOW-8 [GO TO 'PN_QA23_H57']

'QA23_H54' What type of health insurance does {he/she} have?

AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group or other organization, or directly from the health plan?"]

- THROUGH CURRENT OR FORMER EMPLOYER/UNION.....1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION2
- PURCHASED DIRECTLY FROM HEALTH PLAN3
- MEDICARE4
- MEDI-CAL5
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, OR URBAN INDIAN CLINIC8
- COVERED CALIFORNIA..... 10
- SHOP THROUGH COVERED CALIFORNIA..... 11
- OTHER GOVERNMENT HEALTH PLAN 91
- OTHER NON-GOVERNMENT HEALTH PLAN 92
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H54': IF 'QA23_H54' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
 IF 'QA23_H54' = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
 IF 'QA23_H54' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
 IF 'QA23_H54' = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
 IF 'QA23_H54' = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
 IF 'QA23_H54' = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
 IF 'QA23_H54' = 8, SET SPIHS = 1;
 IF 'QA23_H54' = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;
 IF 'QA23_H54' = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;
 IF 'QA23_H54' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
 IF 'QA23_H54' = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE 'QA23_H55':

IF 'QA23_H52' = (1, 2, 3, 10, 11) OR 'QA23_H54' = (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA23_H55';
 IF 'QA23_A24' = 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF 'QA23_D13' = 1 OR 'QA23_D14' = 1 THEN DISPLAY "partner's";
 ELSE SKIP TO 'PN_QA23_H57'

'QA23_H55' Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

AH62

[IF NEEDED, SAY: "Even someone who does not live in this household]

- IN SPOUSE'S/PARTNER'S NAME.....1 [GO TO 'PN_QA23_H57']
- IN SOMEONE ELSE'S NAME2 [GO TO 'PN_QA23_H57']
- REFUSED.....-7 [GO TO 'PN_QA23_H57']
- DON'T KNOW.....-8 [GO TO 'PN_QA23_H57']

POST NOTE 'QA23_H55': IF 'QA23_H55' = 1 AND ['QA23_H52' = (1 OR 2) OR 'QA23_H54' = (1 OR 2)], SET SPEMPOW = 1 AND SPEMPOT = 0;
 IF 'QA23_H55' = 1 AND ['QA23_H52' = 3 OR 'QA23_H54' = 3], SET KSPDIROW = 1;
 IF 'QA23_H55' = 1 AND ['QA23_H52' = 10 OR 'QA23_H54' = 10], SET SPHBEX = 1 AND SPDIROW = 1;
 IF 'QA23_H55' = 1 AND ['QA23_H52' = 11 OR 'QA23_H54' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;
 IF 'QA23_H55' = 1 AND ['QA23_H52' = 11 OR 'QA23_H54' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA23_H56' Is the plan in your name, parent's name, or someone else's name?

AH63

- IN MY NAME.....1
- IN MY PARENT'S NAME.....2
- IN SOMEONE ELSE'S NAME3
- REFUSED.....-7
- DON'T KNOW.....-8

POST NOTE 'QA23_H56': IF 'QA23_H56' = 1 AND ['QA23_H52' = (1 OR 2) OR 'QA23_H54' = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;
 IF 'QA23_H56' = 1 AND ['QA23_H52' = 3 OR 'QA23_H54' = 3], SET SPDIPAR = 1 AND ARSAMES = 1;
 IF 'QA23_H56' = 1 AND ['QA23_H52' = 10 OR 'QA23_H54' = 10], SET SPHBEX = 1 AND SPDIPAR = 1 AND ARSAMES = 1;
 IF 'QA23_H56' = 1 AND ['QA23_H52' = 11 OR 'QA23_H54' = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;
 IF 'QA23_H56' = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

PROGRAMMING NOTE 'QA23_H57':
 IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA23_H61';
 ELSE IF [(('QA23_G35' =1 OR 2) OR('QA23_G36'=1))] AND 'QA23_G37'≠3 CONTINUE WITH
 'QA23_H57';
 IF 'QA23_A24' = 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF 'QA23_D13' = 1 OR 'QA23_D14'= 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
 ELSE GO TO PROGRAMMING NOTE 'QA23_H61'

'QA23_H57' Does your {spouse's/partner's} employer offer health insurance to any of its employees?

- | | | |
|-------------|---|--------------------------|
| AI43 | <input type="radio"/> YES.....1 | |
| | <input type="radio"/> NO.....2 | |
| | <input type="radio"/> REFUSED.....-7 | [GO TO
'PN_QA23_H61'] |
| | <input type="radio"/> DON'T KNOW.....-8 | [GO TO
'PN_QA23_H61'] |

'QA23_H58' Is {he/she} eligible to be in this plan?

- | | | |
|-------------|---|--------------------------|
| AI44 | <input type="radio"/> YES.....1 | |
| | <input type="radio"/> NO.....2 | [GO TO
'PN_QA23_H60'] |
| | <input type="radio"/> REFUSED.....-7 | [GO TO
'PN_QA23_H61'] |
| | <input type="radio"/> DON'T KNOW.....-8 | [GO TO
'PN_QA23_H61'] |

'QA23_H59' What is the ONE main reason why {he/she} isn't in this plan?

- | | | |
|-------------|---|--------------------------|
| AI45 | <input type="radio"/> COVERED BY ANOTHER PLAN1 | [GO TO
'PN_QA23_H61'] |
| | <input type="radio"/> PLAN TOO EXPENSIVE2 | [GO TO
'PN_QA23_H61'] |
| | <input type="radio"/> DIDN'T LIKE THE PLAN OFFERED3 | [GO TO
'PN_QA23_H61'] |
| | <input type="radio"/> DIDN'T NEED OR BELIEVE IN
HEALTH INSURANCE.....4 | [GO TO
'PN_QA23_H61'] |
| | <input type="radio"/> OTHER (SPECIFY: _____)91 | [GO TO
'PN_QA23_H61'] |
| | <input type="radio"/> REFUSED.....-7 | [GO TO
'PN_QA23_H61'] |
| | <input type="radio"/> DON'T KNOW.....-8 | |

'QA23_H60' What is the one main reason why {he/she} is not eligible for this plan?

AI45A

- HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED1
- CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN2
- DOESN'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR3
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

Managed-Care Plan Characteristics

PROGRAMMING NOTE 'QA23_H61':

IF ARMCARE= 1 (R HAS MEDICARE) AND (AREMPOWN≠ 1 AND AREMPOTH≠ 1 AND ARDIRECT≠1 AND ARMCAL≠ 1 AND ARMILIT≠ 1 AND ARIHS≠ 1 AND ARHBEX≠ 1 AND AROTHGOV≠ 1 AND AROTHER≠ 1), THEN SKIP TO 'PN_AI25';

IF ARMCARE≠ 1 AND AREMPOWN≠ 1 AND AREMPOTH≠ 1 AND ARDIRECT≠ 1 AND ARMCAL≠ 1 AND ARMILIT≠ 1 AND ARIHS≠ 1 AND ARHBEX≠ 1 AND AROTHGOV≠ 1 AND AROTHER≠ 1, THEN SKIP TO GO TO 'QA23_H83';

ELSE CONTINUE WITH 'QA23_H61' DISPLAY;

IF ['QA23_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other" ;

IF ['QA23_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL";

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other" ;

[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;IF ['QA23_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND";

IF ['QA23_A24' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal";

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY";

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY “Medi-Cal”;
 ELSE DISPLAY, “Is your health plan an HMO?”

‘QA23_H61’ {Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.}

AI22C

Is your {Medi-Cal/other} health plan an HMO?

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it’s an emergency.”]

[IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO.”]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]

- YES1 **[GO TO ‘PN_QA23_H63’]**
- NO.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE ‘QA23_H62’:
 IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO ‘QA23_H63’;
 ELSE CONTINUE WITH ‘QA23_H62’;

‘QA23_H62’ Is your health plan a PPO or EPO?

AH122

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it’s an emergency, you can see doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: “PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]

- PPO.....1
- EPO.....2
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_H63':

IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH 'QA23_H63' AND DISPLAY "your main";

IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH 'QA23_H63' AND DISPLAY "this"

'QA23_H63' What is the name of {your main/this} health plan?

AI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]

- ACCESS SENIOR HEALTHCARE1
- AETNA2
- AETNA GOLDEN MEDICARE3
- AIDS HEALTHCARE FOUNDATION, LA4
- ALAMEDA ALLIANCE FOR HEALTH5
- ALTAMED HEALTH SERVICES..... 83
- ANTHEM BLUE CROSS OF CALIFORNIA.....7
- ASPIRE HEALTH PLAN8
- BLUE CROSS CALIFORNIACARE9
- BLUE CROSS SENIOR SECURE 79
- BLUE SHIELD 65 PLUS 11
- BLUE SHIELD OF CALIFORNIA..... 12
- BRAND NEW DAY (UNIVERSAL CARE) 13
- CALIFORNIA HEALTH AND WELLNESS PLAN 14
- CALIFORNIAKIDS (CALKIDS) 15
- CAL OPTIMA (CALOPTIMA ONE CARE) 16
- CALVIVA HEALTH..... 17
- CARE 1ST HEALTH PLAN..... 18
- CAREMORE HEALTH PLAN..... 19
- CENTER FOR ELDER'S INDEPENDENCE 21
- CEN CAL HEALTH 80
- CENTRAL CALIFORNIA ALLIANCE FOR HEALTH..... 22
- CENTRAL HEALTH PLAN..... 23
- CHINESE COMMUNITY HEALTH PLAN 24
- CHOICE PHYSICIANS NETWORK..... 25
- CIGNA HEALTHCARE 26
- CITIZENS CHOICE HEALTHPLAN 27
- COMMUNITY CARE HEALTH PLAN 28
- COMMUNITY HEALTH GROUP 29
- CONTRA COSTA HEALTH PLAN..... 81
- DAVITA HEALTHCARE PARTNERS PLAN 31
- EASY CHOICE HEALTH PLAN 32
- EPIC HEALTH PLAN 33
- GEM CARE HEALTH PLAN 34
- GOLD COAST HEALTH PLAN..... 35
- GOLDEN STATE MEDICARE

	HEALTH PLAN	36
<input type="radio"/>	HEALTH NET	38
<input type="radio"/>	HEALTH NET SENIORITY PLUS.....	39
<input type="radio"/>	HEALTH PLAN OF SAN JOAQUIN.....	40
<input type="radio"/>	HEALTH PLAN SAN JP AUTHORITY	41
<input type="radio"/>	HERITAGE PROVIDER NETWORK	42
<input type="radio"/>	HUMANA GOLD PLUS.....	43
<input type="radio"/>	HUMANA HEALTH PLAN.....	44
<input type="radio"/>	IEHP (INLAND EMPIRE HEALTH PLAN)	45
<input type="radio"/>	INTER VALLEY HEALTH PLAN	46
<input type="radio"/>	HEALTH ADVANTAGE.....	82
<input type="radio"/>	KAISER PERMANENTE.....	47
<input type="radio"/>	KAISER PERMANENTE SENIOR ADVANTAGE.....	48
<input type="radio"/>	KERN FAMILY HEALTH CARE.....	49
<input type="radio"/>	L.A. CARE HEALTH PLAN.....	50
<input type="radio"/>	MD CARE.....	51
<input type="radio"/>	MOLINA HEALTHCARE OF CALIFORNIA.....	54
<input type="radio"/>	MONARCH HEALTH PLAN.....	55
<input type="radio"/>	ON LOK SENIOR HEALTH SERVICES.....	56
<input type="radio"/>	PARTNERSHIP HEALTHPLAN OF CALIFORNIA	57
<input type="radio"/>	PIH HEALTH CARE SOLUTIONS.....	58
<input type="radio"/>	PREMIER HEALTH PLAN SERVICES	59
<input type="radio"/>	PRIMECARE MEDICAL NETWORK.....	60
<input type="radio"/>	PROVIDENCE HEALTH NETWORK	61
<input type="radio"/>	SCRIPPS HEALTH PLAN SERVICES.....	68
<input type="radio"/>	SEASIDE HEALTH PLAN.....	69
<input type="radio"/>	SAN FRANCISCO HEALTH PLAN.....	84
<input type="radio"/>	SANTA CLARA FAMILY HEALTH PLAN	90
<input type="radio"/>	SAN MATEO HEALTH COMMISION	86
<input type="radio"/>	SANTA BARBARA.....	88
<input type="radio"/>	SATELLITE HEALTH PLAN	92
<input type="radio"/>	SCAN HEALTH PLAN	67
<input type="radio"/>	SHARP HEALTH PLAN	70
<input type="radio"/>	SUTTER HEALTH PLAN	71
<input type="radio"/>	SUTTER SENIOR CARE.....	72
<input type="radio"/>	UNITED HEALTHCARE	73
<input type="radio"/>	UNITED HEALTHCARE SECURE HORIZON.....	74
<input type="radio"/>	UNIVERSITY HEALTHCARE ADVANTAGE.....	75
<input type="radio"/>	VALLEY HEALTH PLAN.....	76
<input type="radio"/>	VENTURA COUNTY HEALTH CARE PLAN.....	77
<input type="radio"/>	WESTERN HEALTH ADVANTAGE	78
<input type="radio"/>	CHAMPUS/CHAMP-VA	93
<input type="radio"/>	TRICARE/TRICARE FOR LIFE/ TRICARE PRIME	87
<input type="radio"/>	VA HEALTH CARE SERVICES.....	89
<input type="radio"/>	MEDI-CAL.....	52

- MEDICARE 53
- OTHER (SPECIFY: _____) 85
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_H63': IF 'QA23_H63'= 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA23_H64':

IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR AROTHER ≠ 1) AND 'QA23_A24'= 1 (MARRIED) OR 'QA23_D13'= 1 OR 'QA23_D14'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

'QA23_H64' {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

AI25

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

High Deductible Health Plans

PROGRAMMING NOTE 'QA23_H65':

IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH 'QA23_H65'; ELSE GO TO 'QA23_H70'

'QA23_H65' Does your health plan have a deductible that is more than \$1,000?

AH71

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

- YES1
- NO2
- YES, ONLY WHEN I GO OUT OF NETWORK3
- REFUSED -7
- DON'T KNOW -8

'QA23_H66' Does your health plan have a deductible for all covered persons that is more than \$2,000?

AH72

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

- YES1
- NO2
- YES, ONLY WHEN I GO OUT OF NETWORK3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_H67':
 IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH 'QA23_H67';
 ELSE CONTINUE WITH 'QA23_H70'

'QA23_H67' Do you have a special account or fund you can use to pay for medical expenses?

AH73B

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).]

- YES1
- NO2 [GO TO 'QA23_H70']
- REFUSED -7 [GO TO 'QA23_H70']
- DON'T KNOW -8 [GO TO 'QA23_H70']

'QA23_H68' Do you have money in this account?

AH130

- YES1
- NO2 [GO TO 'QA23_H70']
- REFUSED -7 [GO TO 'QA23_H70']
- DON'T KNOW -8 [GO TO 'QA23_H70']

'QA23_H69' How much money do you have in this account? Your best guess is fine.

AH131

_____ (AMOUNT)

- REFUSED -7
- DON'T KNOW -8

Coverage over Past 12 Months

'QA23_H70' Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

A131

- YES1
- NO2 [GO TO 'QA23_H72']
- REFUSED -7 [GO TO 'QA23_H78']
- DON'T KNOW -8 [GO TO 'QA23_H73']

'QA23_H71' How long have you had your current health insurance?

AH132

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

- _____ Number of Years [IF 'QA23_H71' >=0, GO TO 'QA23_H76']
- _____ Number of Months [IF 'QA23_H71' >=0, GO TO 'QA23_H76']
- REFUSED -7 [GO TO 'QA23_H76']
- DON'T KNOW -8 [GO TO 'QA23_H76']

'QA23_H72' Out of the last 12 months, how many months did you have your current health insurance plan?

AH133

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS

- REFUSED -7
- DON'T KNOW -8

'QA23_H73' During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

A132

- YES1
- NO2 [GO TO 'QA23_H76']
- REFUSED -7 [GO TO 'QA23_H76']
- DON'T KNOW -8 [GO TO 'QA23_H76']

'QA23_H74' Was your other health insurance Medi-CAL, 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?

A133

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- MEDI-CAL1
- OBTAINED THROUGH CURRENT OR FORMER EMPLOYER/UNION3
- PURCHASED DIRECTLY5
- PURCHASED THROUGH COVERED CALIFORNIA6
- OTHER HEALTH PLAN 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_H75':
 IF MORE THAN ONE RESPONSE FROM 'QA23_H74', THEN CONTINUE WITH 'QA23_H75';
 ELSE GO TO 'QA23_H76'

'QA23_H75' Before your current plan, which health insurance did you have?

AH134

- MEDI-CAL1
- OBTAINED THROUGH CURRENT
OR FORMER EMPLOYER/UNION3
- PURCHASED DIRECTLY.....5
- PURCHASED THROUGH COVERED
CALIFORNIA.....6
- OTHER HEALTH PLAN..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_H76':
 IF 'QA23_H73' ≠ 1 OR 'QA23_H70' = 1, THEN CONTINUE WITH 'QA23_H76';
 ELSE GO TO 'QA23_H77'

'QA23_H76' Before your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

AH135

- MEDI-CAL1
- OBTAINED THROUGH CURRENT
OR FORMER EMPLOYER/UNION3
- PURCHASED DIRECTLY.....5
- PURCHASED THROUGH COVERED
CALIFORNIA.....6
- OTHER HEALTH PLAN..... 91
- REFUSED -7
- DON'T KNOW -8

No other health plan

PROGRAMMING NOTE 'QA23_H77':
 IF 'QA23_H76' = 95, THEN SKIP TO 'QA23_H78', ELSE CONTINUE.
 IF ONLY ONE RESPONSE FROM 'QA23_H74' THEN DISPLAY THAT RESPONSE
 ELSE IF 'QA23_H75' >0 DISPLAY RESPONSE FROM 'QA23_H75'
 ELSE IF 'QA23_H76' >0 DISPLAY RESPONSE FROM 'QA23_H76'
 IF 'QA23_H74' OR AH143 OR 'QA23_H76'=1 DISPLAY "the MediCAL plan"
 IF 'QA23_H74' OR AH143 OR 'QA23_H76'=3 DISPLAY "plan through current or former employer or union"
 IF 'QA23_H74' OR AH143 OR 'QA23_H76'=5 DISPLAY "plan you purchased directly"
 IF 'QA23_H74' OR AH143 OR 'QA23_H76'=6 DISPLAY "the Covered California plan"
 IF 'QA23_H74' OR AH143 OR 'QA23_H76'=91 DISPLAY "the other health plan"

'QA23_H77' How long did you have the {MediCAL/ Covered California plan/other health} plan {through current or former employer or union/ you purchased directly}?

AH136

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

- _____ NUMBER OF YEARS **[IF>0 GOTO AH137]**
- _____ NUMBER OF MONTHS **[IF>0 GOTO AH137]**
- REFUSED -7
- DON'T KNOW -8

'QA23_H78' During the past 12 months, did you change your health insurance plan?

AH137

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

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

PROGRAMMING NOTE 'QA23_H79':
 IF 'QA23_H70' = 2, -7, -8 OR 'QA23_H73' = 1, -7, -8 THEN CONTINUE,
 ELSE SKIP TO 'QA23_H80'

'QA23_H79' During the past 12 months, was there any time when you had no health insurance at all?

A134

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

PROGRAMMING NOTE 'QA23_H80':
 IF 'QA23_H79' = 1 OR 'QA23_H73' = 2, THEN CONTINUE WITH 'QA23_H80';
 ELSE SKIP TO 'PN_QA23_H91'.

'QA23_H80' For how many months of the past 12 months did you have no health insurance at all?

A135

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

- ___ NUMBER OF MONTHS [HR: 0-11] [IF 'QA23_H80'=0, GO TO 'PN_QA23_H91']
- REFUSED -7 [GO TO 'PN_QA23_H91']
- DON'T KNOW -8 [GO TO 'PN_QA23_H91']

Reasons for Lack of Coverage

'QA23_H81' What is the one main reason why you did not have any health insurance during those months?

A136

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUSB CHANGED EMPLOYER/ LOST JOB.....2 [GO TO 'QA23_H82']
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED5
- DON'T BELIEVE IN INSURANCE6
- DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES.....7
- CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE8
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

'QA23_H82' Was this due to a lost job, reduction in hours, change in employer, or something else?

AH140

- Lost job.....1
- Reduction in hours2
- Change in employe3
- Something else (Specify: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

'QA23_H83' During the time that you were uninsured, did you try to find health insurance on your own?

AH74

- YES1 [GO TO 'PN_QA23_H91']
- NO2 [GO TO 'PN_QA23_H91']
- REFUSED -7 [GO TO 'PN_QA23_H91']
- DON'T KNOW -8 [GO TO 'PN_QA23_H91']

'QA23_H84' What is the one main reason why you do not have any health insurance?

A124

[IF R SAYS NO NEED, PROBE WHY]

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS CHANGED EMPLOYER/ LOST JOB2 [GO TO 'QA23_H85']
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED5
- DON'T BELIEVE IN INSURANCE6
- DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES ...7
- CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE8
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

'QA23_H85' Was this due to a lost job, reduction in hours, change in employer, or something else?

AH141

- LOST JOB1
- REDUCTION IN HOURS2
- CHANGE IN EMPLOYE3
- SOMETHING ELSE (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

'QA23_H86' During the time that you have been uninsured, have you tried to find health insurance on your own?

AH75

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

'QA23_H87' Were you covered by health insurance at any time during the past 12 months?

AI27

- YES1 **[GO TO 'QA23_H89']**
- NO2
- REFUSED-7
- DON'T KNOW-8

'QA23_H88' How long has it been since you last had health insurance?

AI28

- MORE THAN 12 MONTHS AGO, BUT1 **[GO TO 'PN_QA23_H91']**
- NOT MORE THAN 3 YEARS
- MORE THAN 3 YEARS2 **[GO TO 'PN_QA23_H91']**
- NEVER HAD HEALTH INSURANCE3 **[GO TO 'PN_QA23_H91']**
- REFUSED-7 **[GO TO 'PN_QA23_H91']**
- DON'T KNOW-8 **[GO TO 'PN_QA23_H91']**

'QA23_H89' For how many months out of the last 12 months did you have health insurance?

AI29

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

- _____ MONTHS [HR: 0-12] **[GO TO 'PN_QA23_H91']**
- REFUSED-7
- DON'T KNOW-8

'QA23_H90' During that time when you had health insurance, was your insurance Medi-CAL, 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?

AI30

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

(7 maximum responses)

- MEDI-CAL1
- OBTAINED THROUGH CURRENT OR FORMER EMPLOYER/UNION3
- PURCHASED DIRECTLY.....5
- PURCHASED THROUGH COVERED CALIFORNIA.....6
- OTHER HEALTH PLAN..... 91
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_H91':

IF ARINSURE ≠ 1 OR 'QA23_H74'= 2 OR ARDIRECT= 1 OR 'QA23_H90'= (5, 6) OR 'QA23_H74'= (5, 6) OR ARHBEX =1 OR SPHBEX = 1;
 THEN CONTINUE WITH 'QA23_H91';
 ELSE GO TO 'PN_QA23_H108'

'QA23_H91' 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?

- AH103H**
- YES1
 - NO2 **[GO TO 'PN_QA23_H108']**
 - REFUSED -7 **[GO TO 'PN_QA23_H108']**
 - DON'T KNOW -8 **[GO TO 'PN_QA23_H108']**

'QA23_H92' Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

- AH110H**
- DIRECTLY FROM AN INSURANCE COMPANY OR HMO1
 - THROUGH COVERED CALIFORNIA2
 - BOTH FROM AN INSURANCE COMPANY THROUGH COVERED CALIFORNIA.....3
 - REFUSED -7 **[GO TO 'QA23_H95']**
 - DON'T KNOW -8 **[GO TO 'QA23_H95']**

PROGRAMMING NOTE 'QA23_H93':

IF 'QA23_H92' = 1; THEN CONTINUE WITH 'QA23_H93';
 IF 'QA23_H92' = 3; THEN CONTINUE WITH 'QA23_H93' AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
 ELSE GO TO PROGRAMMING NOTE 'QA23_H97';

'QA23_H93' {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

- AH98H**
- How difficult was it to find a plan with the coverage you needed? Was it...
- Very difficult.....1
 - Somewhat difficult.....2
 - Not too difficult3
 - Not at all difficult.....4
 - REFUSED -7
 - DON'T KNOW -8

'QA23_H94' How difficult was it to find a plan you could afford? Was it...

AH99H

- Very difficult.....1
- Somewhat difficult.....2
- Not too difficult3
- Not at all difficult.....4
- REFUSED-7
- DON'T KNOW-8

'QA23_H95' Did anyone help you find a health plan?

AH100H

- Yes.....1
- No.....2
- REFUSED-7
- DON'T KNOW-8

[GO TO
'PN_QA23_H97']
[GO TO
'PN_QA23_H97']
[GO TO
'PN_QA23_H97']

'QA23_H96' Who helped you?

AH101H

- BROKER.....1
- FAMILY MEMBER/FRIEND.....2
- INTERNET3
- OTHER (SPECIFY: _____) 91
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_H97':
 IF 'QA23_H92' = 2; THEN CONTINUE WITH 'QA23_H97';
 IF 'QA23_H92' = 3;
 THEN CONTINUE WITH 'QA23_H97' AND DISPLAY "Now, think about your experience with Covered California."
 ELSE GO TO 'PN_QA23_H91';

'QA23_H97' {Now, think about your experience with Covered California.}

AH111H

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

- Very difficult.....1
- Somewhat difficult.....2
- Not too difficult3
- Not at all difficult.....4
- REFUSED-7
- DON'T KNOW-8

'QA23_H98' How difficult was it to find a plan you could afford? Was it...

AH112H

- Very difficult.....1
- Somewhat difficult.....2
- Not too difficult3
- Not at all difficult.....4
- REFUSED-7
- DON'T KNOW-8

'QA23_H99' Did anyone help you find a health plan?

AH113H

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

[GO TO
'PN_QA23_H101']
[GO TO
'PN_QA23_H101']
[GO TO
'PN_QA23_H101']

'QA23_H100' Who helped you?

AH114H

- BROKER1
- FAMILY MEMBER / FRIEND2
- INTERNET3
- CERTIFIED ENROLLMENT
COUNSELLOR4
- OTHER (SPECIFY: _____) 91
- REFUSED-7
- DON'T KNOW-8

'QA23_H101' Did you have all the information you felt you needed to make a good decision on a health plan?

AH115H

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_H102':
IF 'QA23_A22' > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH
'QA23_H102';
ELSE GO TO 'QA23_H103';

'QA23_H102' Were you able to get information about your health plan options in your language?

AH116H

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

'QA23_H103' Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

AH117H

- VERY IMPORTANT1
- SOMEWHAT IMPORTANT.....2
- NOT IMPORTANT3
- REFUSED -7
- DON'T KNOW -8

'QA23_H104' Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

AH118H

- VERY IMPORTANT1
- SOMEWHAT IMPORTANT.....2
- NOT IMPORTANT3
- REFUSED -7
- DON'T KNOW -8

'QA23_H105' Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

AH119H

- VERY IMPORTANT1
- SOMEWHAT IMPORTANT.....2
- NOT IMPORTANT3
- REFUSED -7
- DON'T KNOW -8

'QA23_H106' Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

AH120H

- VERY IMPORTANT1
- SOMEWHAT IMPORTANT.....2
- NOT IMPORTANT3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_H107':
 IF 'QA23_H21' = 1 THEN DISPLAY "Bronze"
 ELSE IF 'QA23_H21' = 2 THEN DISPLAY "Silver"
 ELSE IF 'QA23_H21' = 3 THEN DISPLAY "Gold"
 ELSE IF 'QA23_H21' = 4 THEN DISPLAY "Platinum"
 ELSE IF 'QA23_H21' = 6 THEN DISPLAY "Minimum coverage"
 ELSE DISPLAY;

'QA23_H107' Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage} plan?

AH121H

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?

- COST1
- SPECIFIC DOCTOR2
- SPECIFIC HOSPITAL.....3
- CHOICE OF DOCTORS IN NETWORK.....4

- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_H108':
 IF ARINSURE = 1, CONTINUE WITH 'QA23_H108';
 ELSE SKIP TO 'QA23_H109';

'QA23_H108' Overall, how satisfied are you with your current health insurance plan? Are you...

AH139

- Very satisfied.....1
- Somewhat satisfied2
- Somewhat dissatisfied3
- Very dissatisfied4
- REFUSED -7
- DON'T KNOW -8

Hospitalizations

'QA23_H109' During the past 12 months, were you a patient in a hospital overnight or longer?

AH14

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

Medical Debt

PROGRAMMING NOTE 'QA23_H110':
 IF ARMCAL = 1 OR ARINSURE ≠ 1, SKIP TO 'QA23_H112';
 ELSE IF 'QA23_H75' = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your current health plan", AND CONTINUE WITH 'QA23_H110'

'QA23_H110' The following questions are about your current health plan. While you've had your current health plan, have you ever reached the limit of what your insurance company would pay for?

AH79B

[IF NEEDED, SAY: "EVER for your current health plan."]

- YES1
- NO2 **[GO TO 'QA23_H112']**
- REFUSED -7 **[GO TO 'QA23_H112']**
- DON'T KNOW -8 **[GO TO 'QA23_H112']**

'QA23_H111' Did this happen in the past 12 months?

AH80B

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

'QA23_H112' During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?

AH81B

[IF NEEDED, SAY: "Dental bills should be included."]

- YES1
- NO2 **[GO TO 'PN_QA23_I1']**
- REFUSED-7 **[GO TO 'PN_QA23_I1']**
- DON'T KNOW-8 **[GO TO 'PN_QA23_I1']**

'QA23_H113' What is the total amount of medical bills?

AH83B

[IF NEEDED, SAY: "The bills can be from earlier years as well as this year."]

- LESS THAN \$1,0001
- \$1,000 TO LESS THAN \$2,0002
- \$2,000 TO LESS THAN \$4,0003
- \$4,000 TO LESS THAN \$8,0004
- \$8,000 OR MORE5
- NONE6
- REFUSED-7
- DON'T KNOW-8

'QA23_H114' Were you or your family member uninsured at the time care was provided?

AH84B

- YES1
- NO2
- MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS, SOME UNINSURED AND SOME INSURED3
- REFUSED-7
- DON'T KNOW-8

'QA23_H115' Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

AH85B

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

'QA23_H116' Because of these medical bills, did you take on credit card debt?

AH86B

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

Section I: Child and Adolescent Health Insurance

Child's Health Insurance

PROGRAMMING NOTE 'QA23_I1':
 IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE 'QA23_I36' TO ASK ABOUT SELECTED ADOLESCENT;
 IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE 'QA23_I2';
 ELSE CONTINUE WITH 'QA23_I1'

'QA23_I1' Does (CHILD) have the same health insurance as you?

CF10A

- YES1 [GO TO 'QA23_I18']
- NO2
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_I1': IF 'QA23_I1'= 1 AND ARMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA23_I1'= 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH= 1;
 IF 'QA23_I1'= 1 AND AREMPOW = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH= 1;
 IF 'QA23_I1'= 1 AND AREMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA23_I1'= 1 AND AREMPPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA23_I1'= 1 AND AREMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA23_I1'= 1 AND ARDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA23_I1'= 1 AND ARMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA23_I1'= 1 AND AROTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA23_I1'= 1 AND AROTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
 IF 'QA23_I1'= 1 AND ARIHS= 1, SET CHIHS= 1
 IF 'QA23_I1'= 1 AND ARHBEX= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

PROGRAMMING NOTE 'QA23_I2':

IF SPINSURE ≠ 1, THEN SKIP TO 'QA23_I3';
 ELSE IF 'QA23_I1' = 2 AND ARSAMESP = 1, THEN SKIP TO 'QA23_I3';
 ELSE CONTINUE WITH 'QA23_I2'

'QA23_I2' Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/
 PARTNER NAME}?

MA1

- YES1 **[GO TO 'QA23_I18']**
- NO.....2
- REFUSED.....-7
- DON'T KNOW.....-8

POST NOTE 'QA23_I2': IF 'QA23_I2'= 1 AND SPMPCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;
 IF 'QA23_I2'= 1 AND SPMCAL= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA23_I2'= 1 AND SPEMPOWN= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;
 IF 'QA23_I2'= 1 AND SPOTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA23_I2'= 1 AND SPIHS= 1, SET CHIHS= 1
 IF 'QA23_I2'= 1 AND SPHBE= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA23_I2'= 1 AND SPARPAR= 1, THEN SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1IF 'QA23_I2'= 1 AND SPEMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA23_I2'= 1 AND SPEMPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA23_I2'= 1 AND SPEMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA23_I2'= 1 AND SPDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA23_I2'= 1 AND SPMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;
 IF 'QA23_I2'= 1 AND SPOTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

Medi-Cal Coverage (Child)

'QA23_I3' Is {he/she} currently covered by Medi-CAL?

CF1

[IF NEEDED, SAY: "Medi-Cal is a health insurance program for low-income individuals in California]

- YES1
- NO.....2
- REFUSED.....-7
- DON'T KNOW.....-8

POST NOTE 'QA23_I3': IF 'QA23_I3' = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

Employer-Based Coverage (Child)

'QA23_I4' Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

CF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

- YES1
- NO.....2 [GO TO 'PN_QA23_I6']
- REFUSED -7 [GO TO 'PN_QA23_I6']
- DON'T KNOW -8 [GO TO 'PN_QA23_I6']

POST NOTE 'QA23_I4': IF 'QA23_I4'= 1, SET CHEMP= 1 AND CHINSURE= 1

'QA23_I5' Is this plan through an employer, through a union, or through Covered California's SHOP program?

A190

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by/ Covered California.]

- EMPLOYER1
- UNION.....2
- SHOP / COVERED CALIFORNIA3
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

POST NOTE FOR 'QA23_I5': IF 'QA23_I5'= 3, THEN SET CHHBEX= 1

Private Coverage (Child)

PROGRAMMING NOTE 'QA23_I6':
 IF CHINSURE = 1 THEN GO TO A193;
 ELSE CONTINUE WITH 'QA23_I6'

'QA23_I6' Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

CF4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]

- YES1
- NO.....2 [GO TO 'PN_QA23_I12']
- REFUSED -7 [GO TO 'PN_QA23_I12']
- DON'T KNOW -8 [GO TO 'PN_QA23_I12']

POST NOTE 'QA23_I6': IF 'QA23_I6'= 1, SET CHDIRECT= 1 AND CHINSURE= 1

PROGRAMMING NOTE 'QA23_I7':

IF CHDIRECT= 1, THEN CONTINUE WITH 'QA23_I7';
ELSE GO TO 'PN_QA23_I8'

'QA23_I7' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

AI91

- INSURANCE COMPANY OR HMO.....1
- COVERED CALIFORNIA.....2
- OTHER (SPECIFY: _____)..... 91
- REFUSED.....-7
- DON'T KNOW.....-8

POST NOTE FOR 'QA23_I7': IF 'QA23_I7'= 2, THEN SET CHHBEX= 1

PROGRAMMING NOTE 'QA23_I8':

IF CHHBEX = 1 AND CHDIRECT= 1, THEN CONTINUE WITH 'QA23_I8';
ELSE GO TO 'PN_QA23_I9';

'QA23_I8' Was there a subsidy or discount on the premium for this plan?

AI93

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

[GO TO
'PN_QA23_I12']
[GO TO
'PN_QA23_I12']

PROGRAMMING NOTE 'QA23_I9':

IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23_I9';
ELSE GO TO 'QA23_I12'

'QA23_I9' Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AI54

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage.]

[IF NEEDED, SAY: "A *deductible* is the amount you pay for medical care before your health plan starts paying.

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

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

[GO TO
'PN_QA23_I12']
[GO TO
'PN_QA23_I12']

'QA23_I10' Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

A150

- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'PN_QA23_I12']
[GO TO 'PN_QA23_I12']

'QA23_I11' Who else pays all or some portion of the cost for (CHILD)'s health plan?

A151

[CODE ALL THAT APPLY]

- YOUR CURRENT EMPLOYER1
- YOUR FORMER EMPLOYER2
- UNION3
- SPOUSE'S/PARTNER'S CURRENT EMPLOYER4
- SPOUSE'S/PARTNER'S FORMER EMPLOYER5
- PROFESSIONAL/FRATERNAL ORGANIZATION6
- MEDICAID/MEDI-CAL ASSISTANCE7
- COVERED CALIFORNIA 10
- OTHER 91
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_I11': IF 'QA23_I11'= 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF 'QA23_I11'= 7, SET CHMCAL= 1
IF 'QA23_I11'= 10, SET CHHBEX= 1;

CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)

PROGRAMMING NOTE 'QA23_I12':
IF CHINSURE = 1, GO TO 'PN_QA23_I18';
ELSE CONTINUE WITH 'QA23_I12'

'QA23_I12' Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

CF6

- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'PN_QA23_I18']

POST NOTE 'QA23_I12': IF 'QA23_I12'= 1, SET CHMILIT= 1 AND CHINSURE= 1

AIM, MRMIP, HEALTHY KIDS, Other Government Coverage

'QA23_I13' Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Healthy Kids, or something else?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

- AIM.....1 [GO TO 'PN_QA23_I18']
- MRMIP2 [GO TO 'PN_QA23_I18']
- Healthy Kids3 [GO TO 'PN_QA23_I18']
- No other plan.....4
- Something else (Specify: _____).....91 [GO TO 'PN_QA23_I18']
- REFUSED.....-7
- DON'T KNOW.....-8

POST NOTE 'QA23_I13': IF 'QA23_I13' = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

Other Coverage (Child)

'QA23_I14' Does {he/she} have any health insurance coverage through a plan that I missed?

CF8

- YES.....1
- NO.....2 [GO TO 'PN_QA23_I17']
- REFUSED.....-7 [GO TO 'PN_QA23_I17']
- DON'T KNOW.....-8 [GO TO 'PN_QA23_I17']

'QA23_I15' What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

CF9

CHECK ALL THAT APPLY]

[PROBE: "Any others?"]

- THROUGH CURRENT OR FORMER EMPLOYER/UNION.....1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION TRADE GROUP OR OTHER ORGANIZATION2
- PURCHASED DIRECTLY FROM A HEALTH PLAN (BY YOU OR ANYONE ELSE).....3
- MEDICARE4
- MEDI-CAL5
- CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY CARE6
- INDIAN HEALTH SERVICE TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC8
- COVERED CALIFORNIA..... 10
- SHOP THROUGH COVERED CALIFORNIA..... 11
- OTHER GOVERNMENT HEALTH PLAN..... 91
- OTHER NON-GOVERNMENT HEALTH PLAN 92
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_I15': IF 'QA23_I15' = 8, SET CHIHS = 1
 IF 'QA23_I15'= 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;
 IF 'QA23_I15'= 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;
 IF 'QA23_I15'= 91, SET CHOTHGOV = 1 AND CHINSURE = 1
 IF 'QA23_I15'= 92, SET CHOTHER = 1 AND CHINSURE = 1
 IF 'QA23_I15'= -7 OR -8, SET CHINSURE = 1

IF 'QA23_I15'= 1, SET CHEMP = 1 AND CHINSURE = 1
 IF 'QA23_I15'= 2, SET CHEMP = 1 AND CHINSURE = 1
 IF 'QA23_I15'= 3, SET CHDIRECT = 1 AND CHINSURE = 1
 IF 'QA23_I15'= 4, SET CHMCARE = 1 AND CHINSURE = 1
 IF 'QA23_I15'= 5, SET CHMCAL = 1 AND CHINSURE = 1
 IF 'QA23_I15'= 7, SET CHMILIT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'QA23_I16':

IF 'QA23_I15' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'QA23_I16';
ELSE SKIP TO 'PN_QA23_I17'

'QA23_I16' Just to verify, you said that (CHILD) gets health insurance through Medicare?

CF9VER

- YES1
- NO.....2
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_I17':

IF CHINSURE ≠ 1 CONTINUE WITH 'QA23_I17';
ELSE GO TO 'QA23_I18';

'QA23_I17' What is the one main reason why (CHILD) is not enrolled in the Medi-CAL program?

CF1A

- PAPERWORK TOO DIFFICULT1
- DO NOT KNOW IF ELIGIBLE.....2
- INCOME TOO HIGH, NOT ELIGIBLE3
- NOT ELIGIBLE DUE TO
CITIZENSHIP/IMMIGRATION STATUS.....4
- DO NOT BELIEVE IN HEALTH
INSURANCE.....6
- DO NOT NEED INSURANCE BECAUSE
SHE/HE IS HEALTHY.....7
- ALREADY HAVE INSURANCE8
- DID NOT KNOW ABOUT IT9
- DO NOT LIKE OR WANT WELFARE..... 10
- OTHER (SPECIFY: _____) 91
- REFUSED.....-7
- DON'T KNOW-8

Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE 'QA23_I18':

IF 'QA23_I1' = 1 AND ARMCARE = 1 THEN CONTINUE WITH 'QA23_I18';
IF CHINSURE = 1, THEN CONTINUE WITH 'QA23_I18';
ELSE GO TO 'PN_QA23_I22'

'QA23_I18' Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA3

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it's an emergency."]

- YES1 **[GO TO 'QA23_I20']**
- NO.....2
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_I19':
 IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'QA23_I20';
 ELSE CONTINUE WITH 'QA23_I19';

'QA23_I19' Is (CHILD)'s health plan a PPO or EPO?

AI115

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it’s an emergency, you can see doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can see doctors and specialists directly without a referral from your primary care provider.”]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: “{His/Her} MAIN health plan.”]

- PPO.....1
- EPO.....2
- OTHER (SPECIFY: _____) 91
- REFUSED.....-7
- DON'T KNOW-8

'QA23_I20' What is the name of (CHILD)'s main health plan?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

- ACCESS SENIOR HEALTHCARE1
- AETNA2
- AETNA GOLDEN MEDICARE.....3
- AIDS HEALTHCARE FOUNDATION, LA...4
- ALAMEDA ALLIANCE FOR HEALTH5
- ALTAMED HEALTH SERVICES..... 83
- ANTHEM BLUE CROSS OF CALIFORNIA..7
- ASPIRE HEALTH PLAN8
- BLUE CROSS CALIFORNIACARE9
- BLUE CROSS SENIOR SECURE79
- BLUE SHIELD 65 PLUS 11
- BLUE SHIELD OF CALIFORNIA 12
- BRAND NEW DAY (UNIVERSAL CARE). 13
- CALIFORNIA HEALTH AND WELLNESS PLAN 14
- CALIFORNIAKIDS (CALKIDS) 15
- CAL OPTIMA (CALOPTIMA ONE CARE) 16
- CALVIVA HEALTH..... 17
- CARE 1ST HEALTH PLAN..... 18
- CAREMORE HEALTH PLAN..... 19
- CENTER FOR ELDERS' INDEPENDENCE 21
- CEN CAL HEALTH 80
- CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 22
- CENTRAL HEALTH PLAN..... 23
- CHINESE COMMUNITY HEALTH PLAN . 24
- CHOICE PHYSICIANS NETWORK..... 25
- CIGNA HEALTHCARE 26
- CITIZENS CHOICE HEALTHPLAN 27
- COMMUNITY CARE HEALTH PLAN 28
- COMMUNITY HEALTH GROUP 29
- CONTRA COSTA HEALTH PLAN..... 81
- DAVITA HEALTHCARE PARTNERS PLAN 31
- EASY CHOICE HEALTH PLAN 32
- EPIC HEALTH PLAN 33
- GEM CARE HEALTH PLAN 34
- GOLD COAST HEALTH PLAN 35
- GOLDEN STATE MEDICARE HEALTH PLAN 36
- HEALTH NET 38
- HEALTH NET SENIORITY PLUS..... 39
- HEALTH PLAN OF SAN JOAQUIN..... 40
- HEALTH PLAN SAN JP AUTHORITY 41
- HERITAGE PROVIDER NETWORK 42
- HUMANA GOLD PLUS 43
- HUMANA HEALTH PLAN..... 44
- IEHP (INLAND EMPIRE HEALTH PLAN) 45
- INTER VALLEY HEALTH PLAN 46

<input type="radio"/>	HEALTH ADVANTAGE.....	82
<input type="radio"/>	KAISER PERMANENTE.....	47
<input type="radio"/>	KAISER PERMANENTE SENIOR ADVANTAGE.....	48
<input type="radio"/>	KERN FAMILY HEALTH CARE.....	49
<input type="radio"/>	L.A. CARE HEALTH PLAN.....	50
<input type="radio"/>	MD CARE.....	51
<input type="radio"/>	MOLINA HEALTHCARE OF CALIFORNIA.....	54
<input type="radio"/>	MONARCH HEALTH PLAN.....	55
<input type="radio"/>	ON LOK SENIOR HEALTH SERVICES ...	56
<input type="radio"/>	PARTNERSHIP HEALTHPLAN OF CALIFORNIA.....	57
<input type="radio"/>	PIH HEALTH CARE SOLUTIONS.....	58
<input type="radio"/>	PREMIER HEALTH PLAN SERVICES.....	59
<input type="radio"/>	PRIMECARE MEDICAL NETWORK.....	60
<input type="radio"/>	PROVIDENCE HEALTH NETWORK.....	61
<input type="radio"/>	SCRIPPS HEALTH PLAN SERVICES.....	68
<input type="radio"/>	SEASIDE HEALTH PLAN.....	69
<input type="radio"/>	SAN FRANCISCO HEALTH PLAN.....	84
<input type="radio"/>	SANTA CLARA FAMILY HEALTH PLAN.....	90
<input type="radio"/>	SAN MATEO HEALTH COMMISION.....	86
<input type="radio"/>	SANTA BARBARA.....	88
<input type="radio"/>	SATELLITE HEALTH PLAN.....	92
<input type="radio"/>	SCAN HEALTH PLAN.....	67
<input type="radio"/>	SHARP HEALTH PLAN.....	70
<input type="radio"/>	SUTTER HEALTH PLAN.....	71
<input type="radio"/>	SUTTER SENIOR CARE.....	72
<input type="radio"/>	UNITED HEALTHCARE.....	73
<input type="radio"/>	UNITED HEALTHCARE SECURE HORIZON.....	74
<input type="radio"/>	UNIVERSITY HEALTHCARE ADVANTAGE.....	75
<input type="radio"/>	VALLEY HEALTH PLAN.....	76
<input type="radio"/>	VENTURA COUNTY HEALTH CARE PLAN.....	77
<input type="radio"/>	WESTERN HEALTH ADVANTAGE.....	78
<input type="radio"/>	CHAMPUS/CHAMP-VA.....	93
<input type="radio"/>	TRICARE/TRICARE FOR LIFE/ TRICARE PRIME.....	87
<input type="radio"/>	VA HEALTH CARE SERVICES.....	89
<input type="radio"/>	MEDI-CAL.....	52
<input type="radio"/>	MEDICARE.....	53
<input type="radio"/>	OTHER (SPECIFY: _____).....	85
<input type="radio"/>	REFUSED.....	-7
<input type="radio"/>	DON'T KNOW.....	-8

POST NOTE 'QA23_I20': IF 'QA23_I20' = 93, 87, OR 89 THEN SET CHMILIT=1

'QA23_I21' Is (CHILD) covered for prescription drugs?

CF14

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

High Deductible Health Plans (Child)

PROGRAMMING NOTE FOR 'QA23_I22':
 IF (ARINSURE ≠ 1 OR 'QA23_I1' ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH 'QA23_I22';
 ELSE SKIP TO PROGRAMMING NOTE 'QA23_I25'

'QA23_I22' Does (CHILD)'s health plan have a deductible that is more than \$1,000?

AI79

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care.]

- YES1
- NO2
- YES, BUT ONLY WHEN WE GO OUT OF NETWORK3
- REFUSED-7
- DON'T KNOW-8

'QA23_I23' Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

A180

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."].

- YES1
- NO2
- YES, BUT ONLY WHEN WE GO OUT OF NETWORK3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_I24':
 IF ('QA23_I22'= 1 OR 3) OR ('QA23_I23'= 1 OR 3), CONTINUE WITH 'QA23_I24';
 ELSE SKIP TO PROGRAMMING NOTE 'QA23_I25'

'QA23_I24' Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

A181

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs)]

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

Reasons for Lack of Coverage (Child)

PROGRAMMING NOTE 'QA23_I25':
 IF CHINSURE = 1, GO TO 'QA23_I30';
 ELSE CONTINUE WITH 'QA23_I25'

'QA23_I25' What is the one main reason (CHILD) does not have any health insurance?

CF18

- Can't afford/Too expensive1
- Not eligible due to working status/
 Changed employer/Lost job2
- Not eligible due to health or other3
- Not eligible due to
 citizenship/immigration status4
- Family situation changed5
- Don't believe in insurance6
- Did not have insurance while
 switching insurance companies7
- Can get health care for free/pay
 for own care8
- Other (Specify: _____) 91
- REFUSED -7
- DON'T KNOW -8

Coverage over Past 12 Months (Child)

'QA23_I26' Was (CHILD) covered by health insurance at any time during the past 12 months?

CF20

- YES1 **[GO TO 'QA23_I28']**
- NO2
- REFUSED -7
- DON'T KNOW -8

'QA23_I27' How long has it been since (CHILD) last had health insurance?

CF21

- MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO1 [GO TO 'PN_IA10A]
- MORE THAN 3 YEARS AGO2 [GO TO 'PN_IA10A]
- NEVER HAD HEALTH INSURANCE COVERAGE.....3 [GO TO 'PN_IA10A]
- REFUSED-7 [GO TO 'PN_IA10A]
- DON'T KNOW-8 [GO TO 'PN_IA10A']

'QA23_I28' For how many of the last 12 months did {he/she} have health insurance?

CF22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

- _____ MONTHS [HR: 0-12] [GO TO 'PN_QA23_I36']
- REFUSED-7
- DON'T KNOW-8

'QA23_I29' During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, 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?

CF23

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

(7 maximum responses)

- Medi-Cal.....1 [GO TO 'PN_QA23_I36']
- Through current or former employer/union ..3 [GO TO 'PN_QA23_I36']
- Purchased directly5 [GO TO 'PN_QA23_I36']
- Covered California6 [GO TO 'PN_QA23_I36']
- Other health plan91 [GO TO 'PN_QA23_I36']
- REFUSED-7 [GO TO 'PN_QA23_I36']
- DON'T KNOW-8 [GO TO 'PN_QA23_I36']

'QA23_I30' Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

CF24

- YES1 **[GO TO 'PN_QA23_I36']**
- NO2
- HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)3
- REFUSED -7
- DON'T KNOW -8

'QA23_I31' When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

CF25

- YES1 **[GO TO 'QA23_I33']**
- NO2
- REFUSED -7 **[GO TO 'QA23_I33']**
- DON'T KNOW -8 **[GO TO 'QA23_I33']**

'QA23_I32' Was this other health insurance Medi-CAL, 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?

CF26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

(7 maximum responses)

- MEDI-CAL1
- THROUGH CURRENT OR FORMER EMPLOYER/UNION4
- PURCHASED DIRECTLY5
- COVERED CALIFORNIA6
- OTHER HEALTH PLAN 91
- REFUSED -7
- DON'T KNOW -8

'QA23_I33' During the past 12 months, was there any time when {he/she} had no health insurance at all?

CF27

- YES1 **[GO TO 'PN_QA23_I36']**
- NO2 **[GO TO 'PN_QA23_I36']**
- REFUSED -7 **[GO TO 'PN_QA23_I36']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_I36']**

'QA23_I34' For how many of the past 12 months did {he/she} have no health insurance?

CF28

[IF < 1 MONTH, ENTER '1']

- _____ MONTHS [RANGE: 1-12]
- REFUSED -7
 - DON'T KNOW -8

'QA23_I35' [What is the one main reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

CF29

[IF R SAYS, "No need," PROBE WHY]

- Can't afford/Too expensive1
- Not eligible due to working status/
Changed employer/Lost job2
- Not eligible due to health or
other problems3
- Not eligible due to citizenship/
immigration status4
- Family situation changed5
- Don't believe in insurance6
- Did not have insurance while switching
insurance companies7
- Can get health care for free/pay
for own care8
- Other (Specify: _____) 91
- REFUSED -7
- DON'T KNOW -8

Teen's Health Insurance

PROGRAMMING NOTE 'QA23_I36':
 IF NO TEEN SELECTED, GO TO PN 'QA23_J1';
 IF ARINSURE = 1, CONTINUE WITH 'QA23_I36';
 IF ARINSURE ≠ 1, GO TO PN 'QA23_I37';
 ELSE CONTINUE WITH 'QA23_I36'

'QA23_I36' Does (TEEN) have the same health insurance as you

IA10A

- YES1 [GO TO 'QA23_I54']
- NO.....2
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_I36': IF 'QA23_I36' = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
 IF 'QA23_I36' = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF 'QA23_I36' = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'QA23_I36' = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'QA23_I36' = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'QA23_I36' = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

 IF 'QA23_I36' = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF 'QA23_I36' = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF 'QA23_I36' = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF 'QA23_I36' = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
 IF 'QA23_I36' = 1 AND ARIHS = 1, SET TEIHS = 1
 IF 'QA23_I36' = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE 'QA23_I37':
 IF SPINSURE ≠ 1 THEN SKIP TO 'QA23_I38';
 ELSE IF 'QA23_I36'= 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA23_I38';
 ELSE CONTINUE WITH 'QA23_I37'

'QA23_I37' Does (TEEN) have the same insurance as your spouse?

MA5

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

POST NOTE 'QA23_I37': IF 'QA23_I37'= 1 AND SPMPCARE = 1, SET TEMPCARE = 1 AND SET TEINSURE = 1;
 IF 'QA23_I37'= 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF 'QA23_I37'= 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'QA23_I37'= 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'QA23_I37'= 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'QA23_I37'= 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

 IF 'QA23_I37'= 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF 'QA23_I37'= 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF 'QA23_I37'= 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF 'QA23_I37'= 1 AND SPOTHER= 1, SET TEOTHER= 1 AND SET TEINSURE = 1;
 IF 'QA23_I37'= 1 AND SPIHS= 1, SET TEIHS= 1

 IF 'QA23_I37'= 1 AND SPHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE= 1;
 IF 'QA23_I37'= 1 AND SPARPAR= 1, THEN SET TEOTHER= 1 AND SET TEINSURE= 1 AND SPSAMETE= 1

PROGRAMMING NOTE 'QA23_I38':
 IF TEINSURE≠ 1 OR CHINSURE≠ 1, THEN SKIP TO 'QA23_I39';
 ELSE IF ('QA23_I36'= 2 AND ARSAMECH= 1) OR ('QA23_I37'= 2 AND SPSAMECH= 1), THEN SKIP TO 'QA23_I39';
 ELSE CONTINUE WITH 'QA23_I38';

'QA23_I38' Does (TEEN) have the same insurance as (CHILD)?

- MA6**
- YES1 [GO TO 'QA23_I66']
 - NO2
 - REFUSED -7
 - DON'T KNOW -8

POST NOTE 'QA23_I38': IF 'QA23_I38'= 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
 IF 'QA23_I38'= 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF 'QA23_I38'= 1 AND CHEMP= 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'QA23_I38'= 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF 'QA23_I38'= 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF 'QA23_I38'= 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF 'QA23_I38'= 1 AND CHIHS = 1, SET TEIHS = 1;
 IF 'QA23_I38'= 1 AND CHOTHER = 1, SET TEOTHER = 1;
 IF 'QA23_I38'= 1 AND CHHBEX = 1, SET TEHBEX = 1

Medi-Cal Coverage (Teen)

'QA23_I39' Is {he/she} currently covered by Medi-CAL?

- IA1**
- [IF NEEDED, SAY: Medi-Cal is a health insurance program for low-income individuals in California]
- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8

POST NOTE 'QA23_I39': IF 'QA23_I39'= 1, SET TEMCAL= 1 AND SET TEINSURE= 1

Employer-Based Coverage (Teen)

'QA23_I40' Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

- IA3**
- [INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]
- YES1
 - NO2 [GO TO 'QA23_I42']
 - REFUSED -7 [GO TO 'QA23_I42']
 - DON'T KNOW -8 [GO TO 'QA23_I42']

POST NOTE 'QA23_I40': IF 'QA23_I40'= 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA23_I41' Is this plan through an employer, through a union, or through Covered California's SHOP program?

A194

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California.]

- EMPLOYER1
- UNION.....2
- SHOP / COVERED CALIFORNIA3
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

POST NOTE FOR 'QA23_I41': IF 'QA23_I41'= 3, THEN SET TEHBEX = 1

Private Coverage (Teen)

PROGRAMMING NOTE 'QA23_I42':
IF TEINSURE = 1 THEN GO TO 'QA23_I43';
ELSE CONTINUE WITH 'QA23_I42'

'QA23_I42' Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

IA4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital]

- YES1
- NO.....2 **[GO TO 'QA23_I48']**
- REFUSED -7 **[GO TO 'QA23_I48']**
- DON'T KNOW -8 **[GO TO 'QA23_I48']**

POST NOTE 'QA23_I42': IF 'QA23_I42' = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE 'QA23_I43':
IF TEDIRECT = 1, THEN CONTINUE WITH 'QA23_I43';
ELSE GO TO 'PN_QA23_I44'

'QA23_I43' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

A195

- INSURANCE COMPANY OR HMO.....1
- COVERED CALIFORNIA.....2
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

POST NOTE FOR 'QA23_I43': IF 'QA23_I43' = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE 'QA23_I44':
 IF 'QA23_I41' = 3, THEN GO TO PN 'QA23_I45';
 ELSE CONTINUE WITH 'QA23_I44';

'QA23_I44' Was there a subsidy or discount on the premium for this plan?

A197

- YES1
- NO2 **[GO TO 'QA23_I48']**
- REFUSED-7 **[GO TO 'QA23_I48']**
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_I45':
 IF TEEMP= 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT= 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA23_I45';
 ELSE GO TO PROGRAMMING NOTE 'QA23_I48'

'QA23_I45' Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

A155

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage.]

[IF NEEDED, SAY: A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: Premium is the monthly charge for the cost of your health insurance plan."]

- YES1
- NO2 **[GO TO 'QA23_I48']**
- REFUSED-7 **[GO TO 'QA23_I48']**
- DON'T KNOW-8

'QA23_I46' Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

A152

- YES1
- NO2 **[GO TO 'PN_QA23_I48']**
- REFUSED-7 **[GO TO 'PN_QA23_I48']**
- DON'T KNOW-8 **[GO TO 'PN_QA23_I48']**

'QA23_I47' Who else pays all or some portion of the cost for (TEEN)'s health plan?

AI53

[CODE ALL THAT APPLY]

- CURRENT EMPLOYER1
- FORMER EMPLOYER2
- UNION.....3
- SPOUSE'S/PARTNER'S CURRENT EMPLOYER4
- SPOUSE'S/PARTNER'S FORMER EMPLOYER5
- PROFESSIONAL/FRATERNAL ORGANIZATION.....6
- MEDICAID/MEDI-CAL ASSISTANCE7
- COVERED CALIFORNIA..... 10
- OTHER..... 91
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_I47': IF 'QA23_I47' = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
 IF 'QA23_I47' = 7, SET TEMCAL = 1;
 IF 'QA23_I47' = 10, SET TEHBEX = 1;

CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

PROGRAMMING NOTE 'QA23_I48':
 IF TEINSURE = 1, GO TO PROGRAMMING NOTE 'QA23_I53';
 ELSE CONTINUE WITH 'QA23_I48'

'QA23_I48' Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

IA6

- YES1 **[GO TO 'PN_QA23_I54']**
- NO.....2 **[GO TO 'PN_QA23_I48']**
- REFUSED..... -7 **[GO TO 'PN_QA23_I48']**
- DON'T KNOW -8

POST NOTE 'QA23_I48': IF 'QA23_I48' = 1, SET TEMILIT= 1 AND SET TEINSURE = 1

AIM, MRMIP, Family PACT, Healthy Kids, Other (Teen)

'QA23_I49' Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Family PACT, Healthy Kids or something else?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men.]

- AIM.....1 **[GO TO 'PN_QA23_I54']**
- MISTER MIP/MRMIP2 **[GO TO 'PN_QA23_I54']**
- Family PACT3 **[GO TO 'PN_QA23_I54']**
- HEALTHY KIDS4 **[GO TO 'PN_QA23_I54']**
- NO OTHER PLAN.....5
- SOMETHING ELSE (SPECIFY: ____)...91 **[GO TO 'PN_QA23_I54']**
- REFUSED.....-7
- DON'T KNOW-8

POST NOTE 'QA23_I49': IF 'QA23_I49' = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

Other Coverage (Teen)

'QA23_I50' Does {he/she} have any health insurance coverage through a plan that I missed?

IA8

- YES.....1
- NO.....2 **[GO TO 'PN_QA23_I54']**
- REFUSED.....-7 **[GO TO 'PN_QA23_I54']**
- DON'T KNOW-8 **[GO TO 'PN_QA23_I54']**

'QA23_I51' What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

IA9

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group or other organization directly from the health plan?"]

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

- THROUGH CURRENT OR FORMER EMPLOYER/UNION.....1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION TRADE GROUP OR OTHER ORGANIZATION2
- PURCHASED DIRECTLY FROM A HEALTH PLAN (BY YOU OR ANYONE ELSE)3
- MEDICARE4
- MEDI-CAL5
- CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC8
- COVERED CALIFORNIA..... 10
- SHOP THROUGH COVERED CALIFORNIA..... 11
- OTHER GOVERNMENT HEALTH PLAN..... 91
- OTHER NON-GOVERNMENT HEALTH PLAN..... 92
- REFUSED -7
- DON'T KNOW -8

POST NOTE 'QA23_I51': IF 'QA23_I51'= 1, SET TEEMP= 1 AND TEINSURE= 1;
 IF 'QA23_I51' = 2, SET TEEMP= 1 AND TEINSURE= 1;
 IF 'QA23_I51' = 3, SET TEDIRECT= 1 AND TEINSURE= 1;
 IF 'QA23_I51' = 4, SET TEMCARE= 1 AND TEINSURE= 1;
 IF 'QA23_I51' = 5, SET TEMCAL= 1 AND TEINSURE= 1;
 IF 'QA23_I51' = 7, SET TEMILIT= 1 AND TEINSURE= 1;
 IF 'QA23_I51' = 8, SET TEIHS= 1;
 IF 'QA23_I51' = 10, SET TEHBEX= 1 AND TEINSURE= 1 AND TEDIRECT= 1;
 IF 'QA23_I51' = 11, SET TEHBEX= 1 AND TEINSURE= 1 AND TEEMP= 1;
 IF 'QA23_I51' = 91, SET TEOTHGOV= 1 AND TEINSURE= 1;
 IF 'QA23_I51' = 92, SET TEOTHER= 1 AND TEINSURE= 1;
 IF 'QA23_I51' = -3, SET TEINSURE= 1

PROGRAMMING NOTE 'QA23_I52':

IF 'QA23_I51'= 4 (TEEN HAS MEDICARE), CONTINUE WITH 'QA23_I52';
ELSE SKIP TO PROGRAMMING NOTE 'QA23_I53'

'QA23_I52' Just to verify, you said that (TEEN) gets health insurance through Medicare?

IA9VER

- YES1
 - NO2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO
'PN_QA23_I54']
[GO TO
'PN_QA23_I54']

PROGRAMMING NOTE 'QA23_I53':

IF TEINSURE ≠ 1 CONTINUE WITH 'QA23_I53';
ELSE GO TO 'QA23_I54';

'QA23_I53' What is the one main reason why (TEEN) is not enrolled in the Medi-CAL program?

IA1A

- PAPERWORK TOO DIFFICULT1
- DO NOT KNOW IF ELIGIBLE.....2
- INCOME TOO HIGH, NOT ELIGIBLE3
- NOT ELIGIBLE DUE TO
CITIZENSHIP/IMMIGRATION STATUS4
- DO NOT BELIEVE IN HEALTH
INSURANCE6
- DO NOT NEED INSURANCE BECAUSE
SHE/HE IS HEALTHY7
- ALREADY HAVE INSURANCE8
- DID NOT KNOW ABOUT IT9
- DO NOT LIKE OR WANT WELFARE..... 10
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

Managed Care Plan Characteristics (Teen)

PROGRAMMING NOTE 'QA23_I54':
 IF 'QA23_I36' = 1 AND ARMCARE = 1, THEN 'QA23_I54' = 'QA23_H62' AND 'QA23_I56' = 'QA23_H64'
 AND 'QA23_I57' = 'QA23_H65' AND GO TO PN 'QA23_I58';
 ELSE IF 'QA23_I38' = 1, THEN 'QA23_I54' = 'QA23_I18' AND 'QA23_I56' = 'QA23_I20' AND
 'QA23_I57' = 'QA23_I21' AND GO TO 'PN_QA23_I58'; ELSE IF TEINSURE = 1, THEN CONTINUE
 WITH 'QA23_I54';
 ELSE GO TO PROGRAMMING NOTE 'QA23_I58'

'QA23_I54' Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA8

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]

- YES1 **[GO TO 'QA23_I56']**
- NO.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_I55':
 IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'QA23_I56';
 ELSE CONTINUE WITH 'QA23_I55';

'QA23_I55' Is (TEEN)'s health plan a PPO or EPO?

AI116

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

- PPO.....1
- EPO.....2
- Other (Specify: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

'QA23_I56' What is the name of (TEEN)'s main health plan?

MA7

- ACCESS SENIOR HEALTHCARE1
- AETNA2
- AETNA GOLDEN MEDICARE.....3
- AIDS HEALTHCARE FOUNDATION, LA....4
- ALAMEDA ALLIANCE FOR HEALTH5
- ALTAMED HEALTH SERVICES..... 83
- ANTHEM BLUE CROSS OF CALIFORNIA..7
- ASPIRE HEALTH PLAN8
- BLUE CROSS CALIFORNIA CARE9
- BLUE CROSS SENIOR SECURE79
- BLUE SHIELD 65 PLUS 11
- BLUE SHIELD OF CALIFORNIA 12
- BRAND NEW DAY (UNIVERSAL CARE). 13
- CALIFORNIA HEALTH AND WELLNESS PLAN 14
- CALIFORNIA KIDS (CALKIDS) 15
- CAL OPTIMA (CALOPTIMA ONE CARE) 16
- CALVIVA HEALTH..... 17
- CARE 1ST HEALTH PLAN..... 18
- CAREMORE HEALTH PLAN..... 19
- CENTER FOR ELDER'S INDEPENDENCE 21
- CEN CAL HEALTH 80
- CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 22
- CENTRAL HEALTH PLAN..... 23
- CHINESE COMMUNITY HEALTH PLAN . 24
- CHOICE PHYSICIANS NETWORK..... 25
- CIGNA HEALTHCARE 26
- CITIZENS CHOICE HEALTH PLAN..... 27
- COMMUNITY CARE HEALTH PLAN 28
- COMMUNITY HEALTH GROUP 29
- CONTRA COSTA HEALTH PLAN..... 81
- DAVITA HEALTHCARE PARTNERS PLAN..... 31
- EASY CHOICE HEALTH PLAN 32
- EPIC HEALTH PLAN 33
- GEM CARE HEALTH PLAN 34
- GOLD COAST HEALTH PLAN
- GOLDEN STATE MEDICARE 35
- HEALTH PLAN 36
- HEALTH NET 38
- HEALTH NET SENIORITY PLUS..... 39
- HEALTH PLAN OF SAN JOAQUIN 40
- HEALTH PLAN SAN JP AUTHORITY 41
- HERITAGE PROVIDER NETWORK 42
- HUMANA GOLD PLUS 43
- HUMANA HEALTH PLAN..... 44
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- INTER VALLEY HEALTH PLAN 46
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- KAISER PERMANENTE

	SENIOR ADVANTAGE	48
<input type="radio"/>	KERN FAMILY HEALTH CARE	49
<input type="radio"/>	L.A. CARE HEALTH PLAN	50
<input type="radio"/>	MD CARE.....	51
<input type="radio"/>	MOLINA HEALTHCARE OF CALIFORNIA.....	54
<input type="radio"/>	MONARCH HEALTH PLAN.....	55
<input type="radio"/>	ON LOK SENIOR HEALTH SERVICES ...	56
<input type="radio"/>	PARTNERSHIP HEALTHPLAN OF CALIFORNIA	57
<input type="radio"/>	PIH HEALTH CARE SOLUTIONS.....	58
<input type="radio"/>	PREMIER HEALTH PLAN SERVICES.....	59
<input type="radio"/>	PRIMECARE MEDICAL NETWORK	60
<input type="radio"/>	PROVIDENCE HEALTH NETWORK	61
<input type="radio"/>	SCRIPPS HEALTH PLAN SERVICES	68
<input type="radio"/>	SEASIDE HEALTH PLAN.....	69
<input type="radio"/>	SAN FRANCISCO HEALTH PLAN.....	84
<input type="radio"/>	SANTA CLARA FAMILY HEALTH PLAN.....	90
<input type="radio"/>	SAN MATEO HEALTH COMMISION	86
<input type="radio"/>	SANTA BARBARA.....	88
<input type="radio"/>	SATELLITE HEALTH PLAN	92
<input type="radio"/>	SCAN HEALTH PLAN	67
<input type="radio"/>	SHARP HEALTH PLAN	70
<input type="radio"/>	SUTTER HEALTH PLAN	71
<input type="radio"/>	SUTTER SENIOR CARE	72
<input type="radio"/>	UNITED HEALTHCARE	73
<input type="radio"/>	UNITED HEALTHCARE SECURE HORIZON.....	74
<input type="radio"/>	UNIVERSITY HEALTHCARE ADVANTAGE	75
<input type="radio"/>	VALLEY HEALTH PLAN	76
<input type="radio"/>	VENTURA COUNTY HEALTH CARE PLAN.....	77
<input type="radio"/>	WESTERN HEALTH ADVANTAGE	78
<input type="radio"/>	CHAMPUS/CHAMP-VA	93
<input type="radio"/>	TRICARE/TRICARE FOR LIFE/TRICARE PRIME.....	87
<input type="radio"/>	VA HEALTH CARE SERVICES.....	89
<input type="radio"/>	MEDI-CAL.....	52
<input type="radio"/>	MEDICARE	53
<input type="radio"/>	OTHER (SPECIFY: _____)	85
<input type="radio"/>	REFUSED	-7
<input type="radio"/>	DON'T KNOW	-8

POST NOTE 'QA23_I56': IF 'QA23_I56' = 93, 87, OR 89 THEN SET TEMILIT=1

'QA23_I57' Is (TEEN) covered for prescription drugs?

IA14

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

High Deductible Health Plans (Teen)

PROGRAMMING NOTE FOR 'QA23_I58':
 IF [(ARINSURE ≠ 1 OR 'QA23_I36' ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1),
 THEN CONTINUE WITH 'QA23_I58';
 ELSE SKIP TO PN 'QA23_I61'

'QA23_I58' Does (TEEN)'s health plan have a deductible that is more than \$1,000?

A182

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

- YES1
- NO2
- YES, ONLY WHEN GO OUT OF NETWORK3
- REFUSED-7
- DON'T KNOW-8

'QA23_I59' Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

A183

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

- YES1
- NO2
- YES, ONLY WHEN GO OUT OF NETWORK3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'AI84':
 IF ('QA23_I58' = 1 OR 3) OR ('QA23_I59' = 1 OR 3), CONTINUE WITH 'QA23_I60';
 ELSE SKIP TO PROGRAMMING NOTE 'QA23_I61'

'QA23_I60' Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

AI84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs)."]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

Reasons for Lack of Coverage (Teen)

PROGRAMMING NOTE 'QA23_I61':
 IF TEINSURE = 1, GO TO 'QA23_I66';
 ELSE CONTINUE WITH 'QA23_I61'

'QA23_I61' What is the one main reason (TEEN) does not have any health insurance?

IA18

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/ LOST JOB.....2
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED.....5
- DON'T BELIEVE IN INSURANCE6
- DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES ...7
- CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE8
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

Coverage over Past 12 months (Teen)

'QA23_I62' Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

- YES1 **[GO TO 'QA23_I64']**
- NO2
- REFUSED-7
- DON'T KNOW-8

'QA23_I63' How long has it been since (TEEN) last had health insurance?

IA21

- MORE THAN 12 MONTHS, BUT 1
NO MORE THAN 3 YEARS AGO1 **[GO TO
'PN_QA23_J1']**
- 2 MORE THAN 3 YEARS AGO2 **[GO TO
'PN_QA23_J1']**
- 3 NEVER HAD HEALTH INSURANCE
COVERAGE3 **[GO TO
'PN_QA23_J1']**
- REFUSED-7 **[GO TO
'PN_QA23_J1']**
- DON'T KNOW-8 **[GO TO
'PN_QA23_J1']**

'QA23_I64' For how many of the last 12 months did {he/she} have health insurance?

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS,
ENTER 1]

- _____ MONTHS [HR: 0-12] **[IF 'QA23_I64'=0, GO TO
'PN_QA23_J1']**
- REFUSED-7 **[GO TO
'PN_QA23_J1']**
- DON'T KNOW-8 **[GO TO
'PN_QA23_J1']**

'QA23_I65' During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, 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?

IA23

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- MEDICAL THROUGH CURRENT OR FORMER.....1 [GO TO 'PN_QA23_J1']
- EMPLOYER/UNION3 [GO TO 'PN_QA23_J1']
- PURCHASED DIRECTLY.....5 [GO TO 'PN_QA23_J1']
- COVERED CALIFORNIA.....6 [GO TO 'PN_QA23_J1']
- OTHER HEALTH PLAN.....91 [GO TO 'PN_QA23_J1']
- REFUSED -7 [GO TO 'PN_QA23_J1']
- DON'T KNOW -8 [GO TO 'PN_QA23_J1']

'QA23_I66' Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for all of the past 12 months?

IA24

- YES1 [GO TO 'PN_QA23_J1']
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_I67' When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

IA25

- YES1
- NO.....2 [GO TO 'QA23_I69']
- REFUSED -7 [GO TO 'QA23_I69']
- DON'T KNOW -8 [GO TO 'QA23_I69']

'QA23_I68' Was this other health insurance Medi-Cal, 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?

IA26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

(7 maximum responses)

- MEDI-CAL1
- THROUGH CURRENT OR
FORMER EMPLOYER/UNION4
- PURCHASED DIRECTLY5
- COVERED CALIFORNIA6
- OTHER HEALTH PLAN 91
- REFUSED -7
- DON'T KNOW -8

'QA23_I69' During the past 12 months, was there any time when {he/she} had no health insurance at all?

IA27

- YES1
- NO2 **[GO TO
'PN_QA23_J1']**
- REFUSED -7 **[GO TO
'PN_QA23_J1']**
- DON'T KNOW -8 **[GO TO
'PN_QA23_J1']**

'QA23_I70' For how many of the past 12 months did {he/she} have no health insurance?

IA28

[IF < 1 MONTH, ENTER '1']

- _____ MONTHS [RANGE: 1-12]
- REFUSED -7
- DON'T KNOW -8

'QA23_I71' What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

IA29

[IF R SAYS, "No need," PROBE WHY]

- CAN'T AFFORD/TOO EXPENSIVE1
- NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/ LOST JOB.....2
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS3
- NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS4
- FAMILY SITUATION CHANGED5
- DON'T BELIEVE IN INSURANCE6
- DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES ...7
- CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE8
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'QA23_I72':
 IF NO TEEN SELECTED, GO TO SECTION J;
 IF 'AD65D'= 1 (MALE AT BIRTH), DISPLAY "mother";
 IF 'AD65D'= 2 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'AD65D'=-7/-8 (REFUSED/DON'T KNOW) AND 'QA23_A26' Sex =1 DISPLAY "father" OR If 'QA20_A23' =2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"

'QA23_I72' In what country was (TEEN)'s {mother/father} born?

AI56

- United States.....1
- American Samoa2
- Canada.....3
- China.....4
- Guam9
- Japan 16
- Korea..... 17
- Mexico..... 18
- Philippines..... 19
- Puerto Rico 22
- Vietnam 25
- Virgin Islands..... 26
- Other (Specify: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_I73':

IF 'AD65D' = 1 (MALE AT BIRTH), DISPLAY "mother";
 IF 'AD65D' = 2 (FEMALE AT BIRTH), DISPLAY "father"
 IF 'AD65D' = -7/-8 (REFUSED/DON'T KNOW) AND 'QA23_A26' Sex =1 DISPLAY "father" OR If
 'QA23_A26' =2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"

'QA23_I73' Does (TEEN)'s {mother/father} now live in the U.S.?

A157

- Yes1
- No.....2
- Mother/Father/Other parent} deceased3
- {Mother/Father/Other parent} never
lived in U.S.....4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_I74':

IF 'AD65D' = 1 (MALE AT BIRTH), DISPLAY "mother";
 IF 'AD65D' = 2 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'AD65D' = -7/-8 (REFUSED/DON'T KNOW) AND 'QA23_A26' Sex =1 DISPLAY "father" OR If
 'QA23_A26' =2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"
 IF 'QA23_I73' = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

'QA23_I74' {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

A158

- Yes1
- No.....2
- Application pending.....3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_I75':

IF 'QA23_I74' = 1 SKIP TO 'PN_QA23_I76' IF 'QA23_A5' = 1 (MALE AT BIRTH), DISPLAY "mother"; IF
 'AD65E' = 2 (FEMALE AT BIRTH), DISPLAY "father"; IF 'QA23_A5' = -7/-8 (REFUSED/DON'T KNOW)
 AND 'QA23_A26' Sex =2 DISPLAY "father" OR If 'QA23_A26' =21DISPLAY "mother" ELSE IF DISPLAY
 "other parent" IF 'A157 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was"; ELSE DISPLAY "Is"

'QA23_I75' {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card? People usually call this a "Green Card" but the color can also be pink, blue, or white.

A159

- Yes1
- No.....2
- Application pending.....3
- REFUSED -7
- DON'T KNOW -8

'QA23_I76'

About how many years has (TEEN)'s {mother/father} lived in the United States?

A160

_____ NUMBER OF YEARS
_____ YEAR FIRST CAME AND LIVE IN U.S.

- NUMBER OF YEARS1
- YEAR FIRST CAME TO LIVE IN US2
- MOTHER/FATHER DECEASED3
- MOTHER/FATHER NEVER LIVED IN US ..4
- REFUSED -7
- DON'T KNOW -8

Section J: Health Care Utilization and Access

Visits to Medical Doctor

PROGRAMMING NOTE 'QA23_J1':
 IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";

'QA23_J1' Now, I'd like to ask about the health care you receive. During the past 12 months, how many times have you seen a medical doctor?

AH5

- _____ TIMES [HR: 0-365] **[IF 'QA23_J1' > 0 GOTO 'PN_QA23_J3']**
- REFUSED -7
 - DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J2':
 IF 'QA23_J1' = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH 'QA23_J2';
 ELSE GO TO 'PN_QA23_J3'

'QA23_J2' About how long has it been since you last saw a doctor about your own health?

AH6

- ONE YEAR AGO OR LESS0
- MORE THAN 1 UP TO 2 YEARS AGO1
- MORE THAN 2 UP TO 5 YEARS AGO2
- MORE THAN 5 YEARS AGO3
- NEVER4 **[GO TO 'QA23_J4']**
- REFUSED -7
- DON'T KNOW -8

'QA23_J3' About how long has it been since you last saw a doctor or medical provider for a routine check-up?

AJ114

[IF NEEDED, SAY: A ROUTINE CHECK-UP IS A VISIT NOT FOR AN ILLNESS OR PROBLEM. THIS VISIT MAY INCLUDE QUESTIONS ABOUT HEALTH BEHAVIORS SUCH AS SMOKING.]

- ONE YEAR AGO OR LESS0
- MORE THAN 1 UP TO 2 YEARS AGO1
- MORE THAN 2 UP TO 5 YEARS AGO2
- MORE THAN 5 YEARS AGO3
- NEVER4
- REFUSED -7
- DON'T KNOW -8

'QA23_J4' In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

AJ218

- Never1
- Sometimes2
- Usually3
- Always.....4
- Not applicable5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J5':
 IF HOUSEHOLD HAS A SELECTED TEEN, CONTINUE;
 ELSE SKIP TO 'QA23_J6'

'QA23_J5' In the last 6 months, how often was it easy to get the care, tests, or treatment [teen's name] needed?

AJ219

- Never.....1
- Sometimes2
- Usually3
- Always.....4
- Not applicable5
- REFUSED -7
- DON'T KNOW -8

'QA23_J6' During the past 12 months, about how many days did you miss work at a job or business because of illness, injury or disability?

AJ115

[IF NEEDED: "DO NOT INCLUDE FAMILY OR MATERNITY/PATERNITY LEAVE."]

_____ DAYS (0 - 365)

- DID NOT HAVE JOB IN PAST 12 MONTHS.....1
- REFUSED -7
- DON'T KNOW -8
- Other (specify)..... 996

Personal Doctor

PROGRAMMING NOTE 'QA23_J7':
 IF 'QA23_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA23_J7';
 ELSE GO TO 'PN_QA23_J8'

'QA23_J7' Do you have a personal doctor or medical provider who is your main provider?

AJ77

[IF NEEDED, SAY: "THIS CAN BE A GENERAL DOCTOR, A SPECIALIST DOCTOR, A PHYSICIAN ASSISTANT, A NURSE, OR OTHER HEALTH PROVIDER."]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J8':
 IF ARINSURE = 1 OR 'QA23_H1' = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA23_J8'
 ELSE GO TO 'PN_QA23_J10'
DISPLAY INSTRUCTIONS:
 IF 'QA23_J7' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
 ELSE DISPLAY "a";

'QA23_J8' 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?

AJ102

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

- YES1
- NO.....2 **[GO TO 'PN_QA23_J10']**
- REFUSED -7 **[GO TO 'PN_QA23_J10']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_J10']**

'QA23_J9' How often were you able to get an appointment within two days? Would you say...

AJ103

- Never.....1
- Sometimes2
- Usually3
- Always.....4
- REFUSED -7
- DON'T KNOW -8

Care Coordination

PROGRAMMING NOTE 'QA23_J10':
 IF 'QA23_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND 'QA23_J7' = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [('QA23_B3' = 1 OR 'QA23_B4' = 1 (HAS ASTHMA)) OR AB22' = 1 (HAS DIABETES) OR 'QA23_B22' = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH 'QA23_J10';
 ELSE GO TO 'QA23_J11'

'QA23_J10' 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?

AJ80

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

Tele-Medical Care

'QA23_J11' During the past 12 months, did your usual medical provider offer telephone or video appointments?

AJ220

- Yes1
- No2 **[GO TO 'QA23_J14']**
- REFUSED -8 **[GO TO 'QA23_J14']**
- Don't know3 **[GO TO 'QA23_J14']**

'QA23_J12' What options did your medical provider offer?

AJ221

(SELECT ALL THAT APPLY)

- In-person appointments1
- Telephone appointments2
- Video appointments3
- REFUSED -7 **[GO TO 'QA23_J14']**
- DON'T KNOW -8 **[GO TO 'QA23_J14']**

'QA23_J13' How satisfied are you with the availability of telephone or video health care from your providers?

AJ222

- Very satisfied1
- Somewhat satisfied2
- Neither satisfied nor dissatisfied3
- Somewhat dissatisfied4
- Very dissatisfied5
- REFUSED -7 **[GO TO 'QA23_J14']**
- DON'T KNOW -8 **[GO TO 'QA23_J14']**

'QA23_J14' During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

AJ202

- Yes1
- No.....2 **[GO TO 'QA23_J28']**
- REFUSED-8 **[GO TO 'QA23_J28']**
- DON'T KNOW3 **[GO TO 'QA23_J28']**

'QA23_J15' What was this care for?

AJ203

- Primary Care1 **[GO TO 'QA23_J18']**
- Dental Care2 **[GO TO 'QA23_J18']**
- Mental Health3 **[GO TO 'QA23_J18']**
- Family Planning4
- Other speciality care5 **[GO TO 'QA23_J18']**
- Other: _____ 91 **[GO TO 'QA23_J18']**
- REFUSED-7 **[GO TO 'QA23_J18']**
- DON'T KNOW-8 **[GO TO 'QA23_J18']**

'QA23_J16' Where did you receive your family planning service?

AJ223

- Private Doctor's Office1
- HMO Facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.)2
- Hospital or Hospital Clinic3
- Planned Parenthood4
- County Health Department5
- Family Planning Clinic.....6
- Community Clinic7
- School or School-Based Clinic.....8
- Tribal Health Clinic/Urban Indian Health Program/Clinic9
- Pharmacy 10
- Some other place (Specify: _____) 11
- REFUSED-7
- DON'T KNOW-8

'QA23_J17' Was the appointment via telephone or video?

AJ224

- Yes, a telephone visit.....1
- Yes, a video visit2
- Both.....3
- No.....4
- REFUSED-7
- DON'T KNOW-8

'QA23_J18' Think about your telephone or video health care experiences in the past 12 months. How satisfied are you that your health provider addressed your health concerns?

AJ225

- Very satisfied1
- Satisfied2
- Slightly satisfied3
- Not satisfied at all4
- REFUSED -7
- DON'T KNOW -8

'QA23_J19' Think about your most recent telephone or video health care experience. Would you have preferred an in-person visit?

AJ226

- Yes1
- No2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J20':

IF 'QA23_J15' = 2, CONTINUE;

ELSE GOTO 'PN_QA23_J21'

'QA23_J20' Think about your most recent video visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

AJ227

- Much worse1
- Somewhat worse2
- About the Same3
- Somewhat better4
- Much better5
- I did not have a video visit6
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J21':

IF 'QA23_J15' = 3, CONTINUE;

ELSE GOTO 'PN_QA23_J22'

'QA23_J21' Think about your most recent video visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

AJ228

- Much worse1
- Somewhat worse2
- About the Same3
- Somewhat better4
- Much better5
- I did not have a video visit6
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J22':

IF 'QA23_J15' = 1, CONTINUE;
ELSE GOTO 'PN_QA23_J23'

'QA23_J22' Think about your most recent video visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

AJ229

- Much worse1
- Somewhat worse2
- About the Same3
- Somewhat better4
- Much better5
- I did not have a video visit.....6
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J23':

IF 'QA23_J15' = 2, CONTINUE;
ELSE GOTO 'PN_QA23_J24'

'QA23_J23' Think about your most recent telephone visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

AJ230

- Much worse1
- Somewhat worse2
- About the Same3
- Somewhat better4
- Much better5
- I did not have a video visit.....6
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J24':

IF 'QA23_J15' = 3, CONTINUE;
ELSE GOTO 'PN_QA23_J25'

'QA23_J24' Think about your most recent telephone visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

AJ231

- Much worse1
- Somewhat worse2
- About the Same3
- Somewhat better4
- Much better5
- I did not have a telephone visit6
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J25':

IF 'QA23_J15' = 1, CONTINUE;
ELSE GOTO 'QA23_J26'

'QA23_J25' Think about your most recent telephone visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was....

AJ232

- Much worse1
- Somewhat worse2
- About the Same3
- Somewhat better4
- Much better5
- I did not have a telephone visit6
- REFUSED -7
- DON'T KNOW -8

'QA23_J26' Did you have any problems with a telephone or video appointment?

AJ233

- Yes1
- No2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J27':

IF 'QA23_J26' = 1 THEN CONTINUE;
ELSE GO TO 'PN_QA23_J28'

'QA23_J27' What problems did you experience?

AJ234

- Bad internet/network connection1
- Couldn't download the telehealth app2
- Audio/Video was not working3
- No privacy during the telehealth appointment4
- The doctor/nurse did not speak my language/understand my language5
- Other: _____ 91
- REFUSED -7
- DON'T KNOW -8

Communication Problems with a Doctor

PROGRAMMING NOTE 'QA23_J28':
 IF 'QA23_A22' >= 2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH 'QA23_J28';
 ELSE GO TO 'PN_QA23_J33'

'QA23_J28' The last time you saw a doctor, did you have a hard time understanding the doctor?

- AJ8B**
- Yes1 [GO TO 'QA23_J30']
 - No.....2
 - REFUSED -7 [GO TO 'PN_QA23_J33']
 - DON'T KNOW -8 [GO TO 'PN_QA23_J33']

PROGRAMMING NOTE 'QA23_J29':
 IF 'QA23_J28' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'QA23_A21' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QA23_J29';
 ELSE GO TO 'PN_QA23_J33'
 SET 'QA23_J29' ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA23_J29' WAS ASKED;

'QA23_J29' In what language did the doctor speak to you?

- AJ50**
- ENGLISH1 [GO TO 'QA23_J31']
 - SPANISH2 [GO TO 'PN_QA23_J33']
 - CANTONESE.....3 [GO TO 'PN_QA23_J33']
 - VIETNAMESE4 [GO TO 'PN_QA23_J33']
 - TAGALOG.....5 [GO TO 'PN_QA23_J33']
 - MANDARIN6 [GO TO 'PN_QA23_J33']
 - KOREAN7 [GO TO 'PN_QA23_J33']
 - ASIAN INDIAN LANGUAGES.....8 [GO TO 'PN_QA23_J33']
 - RUSSIAN9 [GO TO 'PN_QA23_J33']
 - OTHER (SPECIFY: _____).....91 [GO TO 'PN_QA23_J33']
 - REFUSED -7 [GO TO 'PN_QA23_J33']
 - DON'T KNOW -8 [GO TO 'PN_QA23_J33']

'QA23_J30' Was this because you and the doctor spoke different languages?

AJ9

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

'QA23_J31' Did you need someone to help you understand the doctor?

AJ10

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

[GO TO
'PN_QA23_J33']
[GO TO
'PN_QA23_J33']
[GO TO
'PN_QA23_J33']

'QA23_J32' Who was this person who helped you understand the doctor?

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

- MINOR CHILD (UNDER AGE 18)1
- AN ADULT FAMILY MEMBER OR FRIEND OF MINE.....2
- NON-MEDICAL OFFICE STAFF3
- MEDICAL STAFF INCLUDING NURSES/DOCTORS4
- PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE)5
- OTHER (PATIENTS, SOMEONE ELSE).....6
- DID NOT HAVE SOMEONE TO HELP7
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_J33':
IF 'QA23_A22' = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH 'QA23_J33';
ELSE GO TO 'QA23_J34'

'QA23_J33' In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

AJ105

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

Delays in Care

'QA23_J34' During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

AH16

- YES1
- NO2 **[GO TO 'PN_QA23_J39']**
- REFUSED -7 **[GO TO 'PN_QA23_J39']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_J39']**

'QA23_J35' Did you get the medicine that a doctor prescribed for you eventually?

AJ251

- Yes1
- No2
- REFUSED -7
- DON'T KNOW -8

'QA23_J36' During the past 12 months, why did you delay or not get a medicine that a doctor prescribed for you?

AJ252

[CHECK ALL THAT APPLY]

- Medication not in stock1
- Insurance approval issue2
- Delays in communication with provider or pharmacy3
- 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 time8
- I have no insurance9
- Too expensive 10
- Other (Specify: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J37':
 IF MORE THAN ONE RESPONSE FROM 'QA23_J36', THEN CONTINUE WITH 'QA23_J37' WITH
 SELECTED CHOICES FROM 'QA23_J36' DISPLAYED;
 ELSE SKIP TO NEXT TOPIC

'QA23_J37' What was the one main reason why you delayed the medicine that a doctor prescribed for you?

AJ253

- Medication not in stock1
- Insurance approval issue2
- Delays in communication with provider
or pharmacy3
- 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 time8
- I have no insurance9
- Too expensive 10
- Other (Specify: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J38':
 IF ARINSURE = 1, THEN CONTINUE WITH 'QA23_J38';
 ELSE GO TO 'QA23_J39'

'QA23_J38' Did you delay or not get a medicine while you had your current insurance plan?

AJ176

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

'QA23_J39' 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?

AH22

- YES1
- NO2 **[GO TO 'QA23_J44']**
- REFUSED -7 **[GO TO 'QA23_J44']**
- DON'T KNOW -8 **[GO TO 'QA23_J44']**

'QA23_J40' Did you get the care eventually?

AJ129

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

'QA23_J41' During the past 12 months, why did you delay or did not get the care you felt you needed?

AJ254

[SELECT ALL THAT APPLY]

- Couldn't get appointment1
- My insurance was not accepted.....2
- My insurance did not cover3
- Language understanding problems4
- Transportation problems5
- Hours were not convenient6
- There was no child care for children at home7
- I forgot or lost referral.....8
- I didn't have time to go.....9
- Too expensive..... 10
- I have no insurance..... 11
- Other (Specify: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J42':
 IF MORE THAN ONE RESPONSE FROM 'QA23_J41' WITH SELECTED CHOICES FROM 'QA23_J41' DISPLAYED, THEN CONTINUE WITH 'QA23_J42';
 ELSE SKIP TO NEXT TOPIC

'QA23_J42' What was the one main reason why you delayed getting the care you felt you needed?

AJ131B

- Couldn't get appointment1
- My insurance was not accepted.....2
- My insurance did not cover3
- Language understanding problems4
- Transportation problems5
- Hours were not convenient6
- There was no child care for children at home7
- I forgot or lost referral.....8
- I didn't have time to go.....9
- Too expensive..... 10
- I have no insurance..... 11
- Other (Specify: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J43':
 IF ARINSURE = 1, THEN CONTINUE WITH 'QA23_J43';
 ELSE GO TO 'QA23_J44'

'QA23_J43' Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

AJ177

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

'QA23_J44' Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

AJ136

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

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

PROGRAMMING NOTE 'QA23_J45':
 IF 'QA23_J44' = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH 'QA23_J45';
 ELSE GO TO 'QA23_J48'

'QA23_J45' During the past 12 months, did you have any trouble finding a medical specialist who would see you?

AJ137

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

'QA23_J46' During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

AJ138

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

PROGRAMMING NOTE 'QA23_J47':
 IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA23_J47';
 ELSE SKIP TO 'QA23_J48'

'QA23_J47' During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

AJ139

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

'QA23_J48' Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

AJ133

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

'QA23_J49' During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

AJ134

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

PROGRAMMING NOTE 'QA23_J50':
 IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA23_J50';
 ELSE SKIP TO 'QA23_J51'

'QA23_J50' During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

AJ135

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

Pregnancy Status

PROGRAMMING NOTE 'QA23_J51':
 IF 'QA23_A5' = 1 (MALE AT BIRTH), THEN GO TO 'PN_QA23_J61';
 IF AGE > 45, THEN GO TO 'PN_QA23_J68';

DISPLAY INSTRUCTIONS:
 IF ['QA23_A5' = 2 (FEMALE AT BIRTH) AND 'QA23_A6' = 1 (IDENTIFIES AS FEMALE)], DISPLAY "These next questions are about women's health."
 IF ['QA23_A5' = 2 (FEMALE AT BIRTH) AND 'QA23_A6' = 1, 3, 5, OR -7, -8 (MALE, TRANSGENDER, NON-BINARY, REFUSED OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and we will skip them."

'QA23_J51' These next questions may be relevant to you because you were assigned female at birth.

AD13

To your knowledge, are you now pregnant?

- YES1 **[GO TO 'QA23_J53']**
- NO2
- NOT APPLICABLE3
- REFUSED-7
- DON'T KNOW-8

Family Planning

PROGRAMMING NOTE 'QA23_J52':
 IF AGE IS BETWEEN 18 AND 44 YEARS AND 'QA23_A5' = 2 (FEMALE AT BIRTH) WITH 'QA23_D10' = 1 (MALE SEXUAL PARTNER) THEN CONTINUE
 IF AGE > 44 YEARS GO TO 'PN_QA23_J68';
 ELSE IF 'QA23_A5' = 1 (MALE AT BIRTH) THEN GO TO 'PN_QA23_J61';
 ELSE CONTINUE WITH 'QA23_J52'

'QA23_J52' Which of the following statements best describes your pregnancy plans? Would you say...

AJ169

- I do not plan to get pregnant within the next 12 months1
 - I am not sexually active.....2
 - I am planning to get pregnant within the next 12 months3
 - I am currently pregnant4
 - I am not able to get pregnant.....5
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'PN_QA23_J61']
 [GO TO 'PN_QA23_J61']
 [GO TO 'PN_QA23_J61']

'QA23_J53' During the past 12 months, did you become pregnant with an unintended pregnancy?

AJ235

- Yes1
- No.....2
- Not applicable3
- REFUSED -7
- DON'T KNOW -8

'QA23_J54' 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).

AJ236

- Yes1
- No.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J55':

IF 'QA23_J51' = 1 (PREGNANT), GO TO 'PN_QA23_J68';

IF 'QA23_A5' = 2 (FEMALE AT BIRTH) AND 'QA23_D10' = 2, -3 (FEMALE SEXUAL PARTNER, SKIPPED), GO TO 'PN_QA23_J68';

IF 'QA23_J52' = 2, 4, 5 (NOT SEXUALLY ACTIVE OR PREGNANT OR NOT ABLE TO GET PREGNANT) THEN GO TO 'QA23_J60';
ELSE CONTINUE WITH 'QA23_J55'

DISPLAY INSTRUCTIONS:

IF 'QA23_D8' = 1 OR 'QA23_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your male partner use a birth control method to prevent pregnancy? This includes male or female sterilization."

IF 'QA23_D8' > 1 OR -7, -8 AND 'QA23_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, did you or your male partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

'QA23_J55' During the past 12 months, did you or your male partner{s} use a birth control method to prevent pregnancy? This includes male or female sterilization.

AF40C

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

- YES1
- NO2 **[GO TO 'PN_QA23_J60']**
- NOT MALE PARTNER3 **[GO TO 'PN_QA23_J61']**
- REFUSED -7 **[GO TO 'PN_QA23_J61']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_J61']**

PROGRAMMING NOTE 'QA23_J56':

DISPLAY INSTRUCTIONS:

IF 'QA23_D8' =1 OR 'QA23_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partner use?"

IF 'QA23_D8' > 1 OR -7, -8 AND 'QA23_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partners use?";

'QA23_J56' During the past 12 months, which MAIN birth control method did you or your male partner{s} use?

AJ237

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- TUBAL LIGATION (TUBES TIED, CUT, FALLOPIAN TUBES REMOVED).....1
- VASECTOMY (MALE STERILIZATION)2
- IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.)3
- IMPLANT (NEXPLANON® - THAT THING IN YOUR ARM).....4
- BIRTH CONTROL PILLS.....5 **[GO TO 'QA23_J58']**
- OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING)6 **[GO TO 'QA23_J58']**
- CONDOMS (MALE OR FEMALE)7 **[GO TO 'QA23_J58']**
- PHEXXI (BIRTH CONTROL GEL).....8 **[GO TO 'QA23_J58']**
- OTHER (SPECIFY: _____)91 **[GO TO 'QA23_J58']**
- REFUSED -7 **[GO TO 'PN_QA23_J61']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_J61']**

PROGRAMMING NOTE 'QA23_J57':

DISPLAY INSTRUCTIONS:

IF 'QA23_J56' = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT', ELSE SKIP TO 'QA23_J58'

'QA23_J57' "Did you or your male partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?"

AJ238

- Yes1
- No.....2 **[GO TO 'PN_QA23_J61']**
- REFUSED -7 **[GO TO 'PN_QA23_J61']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_J61']**

PROGRAMMING NOTE 'QA23_J58':

DISPLAY INSTRUCTIONS:

IF 'QA23_D8' = 1 OR 'QA23_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your male partner get your MAIN birth control method or prescription?"
 IF 'QA23_D8' > 1 OR -7, -8 AND 'QA23_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your male partner(s) get your MAIN birth control method or prescription?";

'QA23_J58' During the past 12 months, where did you or your male partner{s} get your MAIN birth control method or prescription?

AJ239

- PRIVATE DOCTOR'S OFFICE1
- HMO FACILITY (KAISER ANTHEM BLUE CROSS HEALTH NET, UNITED HEALTHCARE, ETC.)2
- HOSPITAL OR HOSPITAL CLINIC3
- PLANNED PARENTHOOD.....4
- COUNTY HEALTH DEPARTMENT5
- FAMILY PLANNING CLINIC6
- COMMUNITY CLINIC7
- SCHOOL OR SCHOOL-BASED CLINIC8
- NATIVE AMERICAN HEALTH CENTER/ CLINIC9
- PHARMACY 10
- SOME OTHER PLACE (SPECIFY: __)... 91
- REFUSED -7
- DON'T KNOW -8

'QA23_J59' During the past 12 months, did you receive your main birth control method through a video or telephone visit?

AJ240

- Yes, over a video visit1
- Yes, over a telephone visit.....2
- No.....3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE AJ170B':

'QA23_J55'= 2 CONTINUE;
ELSE SKIP TO 'PN_QA23_J61'

DISPLAY INSTRUCTIONS:

IF 'QA23_D8'= 1 OR 'QA23_D9'= 2 (1 PARTNER) DISPLAY "What is the main reason you and your male partner did not use birth control in the past 12 months?"

IF 'QA23_D8' >1 OR -8 AND 'QA23_D9' = 3,4,5,6 OR > 1 DISPLAY "What is the main reason you and your male partners did not use birth control in the past 12 months?";

'QA23_J60' What is the main reason you and your male partner{s} did not use birth control in the past 12 months?

AJ170B

- TRYING TO GET PREGNANT/
WANT A BABY1
- HAVEN'T FOUND A METHOD I LIKE2
- COST3
- HAVEN'T HAD TIME TO GO IN FOR
BIRTH CONTROL.....4
- NO TRANSPORTATION5
- DON'T KNOW WHERE TO GET IT.....6
- DON'T BELIEVE IN BIRTH CONTROL.....7
- WORRIED ABOUT SIDE EFFECTS AND/
OR HEALTH RISKS.....8
- PARTNER WON'T LET ME9
- FORGET TO USE BIRTH CONTROL 10
- FEEL UNCOMFORTABLE ASKING
FOR BIRTH CONTROL/TALKING ABOUT
BIRTH CONTROL..... 11
- REFUSED -7
- DON'T KNOW -8

[GO TO
'PN_QA23_J61']
[GO TO
'PN_QA23_J61']

PROGRAMMING NOTE 'QA23_J61':

IF AGE IS BETWEEN 18 AND 54 YEARS AND 'QA23_A5' = 1 (MALE AT BIRTH) WITH 'QA23_D10' = 2 OR 3 (FEMALE SEXUAL PARTNER, BOTH MALE AND FEMALE) THEN CONTINUE;
IF AGE > 54 YEARS THEN GO TO 'PN_QA23_J68'

'QA23_J61' During the past 12 months, has a doctor, medical provider, or family planning counsellor talked to you about birth control such as male condoms or vasectomy?

AJ241

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J62':

DISPLAY INSTRUCTIONS:

IF 'QA23_D8' = 1 OR 'QA23_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your female partner use a birth control method to prevent pregnancy? This includes male or female sterilization."

IF 'QA23_D8' > 1 OR -7, 8 AND 'QA23_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, did you or your female partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

'QA23_J62' During the past 12 months, did you or your female partner{s} use birth control method to prevent pregnancy? This includes male or female sterilization.

AJ242

[IF NEEDED, SAY: STERILIZATION INCLUDES HAVING YOUR PARTNER'S TUBES TIED, GETTING A VASECTOMY, OR HAVING AN OPERATION SO YOU CANNOT HAVE CHILDREN.]

- Yes1
- No.....2 **[GO TO 'PN_QA23_J67']**
- No female partner3 **[GO TO 'PN_QA23_J68']**
- REFUSED -7 **[GO TO 'PN_QA23_J68']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_J68']**

PROGRAMMING NOTE 'QA23_J63':

DISPLAY INSTRUCTIONS:

IF 'QA23_D8' = 1 OR 'QA23_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partner use?"

IF 'QA23_D8' > 1 OR -8 AND 'QA23_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partners use?";

'QA23_J63' During the past 12 months, which MAIN birth control method did you or your female partner{s} use?

AJ243

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

- TUBAL LIGATION
(TUBES TIED, CUT,
FALLOPIAN TUBES REMOVED).....1
- VASECTOMY (MALE STERILIZATION)2
- IUD (MIRENA®, PARAGARD®, SKYLA®,
KYLEENA®, LILETTA®, ETC.)3
- IMPLANT (NEXPLANON® - THAT THING IN
YOUR ARM).....4
- BIRTH CONTROL PILLS.....5 **[GO TO 'QA23_J65']**
- OTHER HORMONAL METHODS
(INJECTION/DEPO-PROVERA, PATCH,
VAGINAL RING)6 **[GO TO 'QA23_J65']**
- CONDOMS (MALE OR FEMALE)7 **[GO TO 'QA23_J65']**
- PHEXXI (BIRTH CONTROL GEL).....8 **[GO TO 'QA23_J65']**
- OTHER (SPECIFY: _____)91 **[GO TO 'QA23_J65']**
- REFUSED -7 **[GO TO
'PN_QA23_J68']**
- DON'T KNOW -8 **[GO TO
'PN_QA23_J68']**

PROGRAMMING NOTE 'QA23_J64':

DISPLAY INSTRUCTIONS:

IF 'QA23_J63' = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'QA23_J64' Did you or your female partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?

AJ244

- Yes1
 - No2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'PN_QA23_J68']
[GO TO 'PN_QA23_J68']
[GO TO 'PN_QA23_J68']

PROGRAMMING NOTE 'QA23_J65':

DISPLAY INSTRUCTIONS:

IF 'QA23_D8' = 1 OR 'QA23_D9' = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your female partner get your MAIN birth control method or prescription?"

IF 'QA23_D8' > 1 OR -8 AND 'QA23_D9' = 3, 4, 5, 6 (MORE THAN 1 PARTNERS) DISPLAY "During the past 12 months, where did you or your female partner(s) get your MAIN birth control method or prescription?";

'QA23_J65' During the past 12 months, where did you or your female partner{s} get your MAIN birth control method or prescription?

AJ245

- PRIVATE DOCTOR'S OFFICE1
- HMO FACILITY (KAISER, ANTHEM BLUE CROSS, HEALTH NET, UNITED HEALTHCARE, ETC.)2
- HOSPITAL OR HOSPITAL CLINIC3
- PLANNED PARENTHOOD4
- COUNTY HEALTH DEPARTMENT5
- FAMILY PLANNING CLINIC6
- COMMUNITY CLINIC7
- SCHOOL OR SCHOOL-BASED CLINIC8
- NATIVE AMERICAN HEALTH CENTER/ CLINIC9
- PHARMACY 10
- SOME OTHER PLACE (SPECIFY: __) 91
- REFUSED -7
- DON'T KNOW -8

'QA23_J66' During the past 12 months, did you receive your main birth control method through a video or telephone visit?

AJ246

- Yes, over a video visit1
- Yes, over a telephone visit2
- No3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J67':

'QA23_J62' = 2, then CONTINUE;
ELSE SKIP TO 'PN_QA23_J68'

DISPLAY INSTRUCTIONS:

IF 'QA23_D8' = 1 OR 'QA23_D9' = 2 (1 PARTNER) DISPLAY "What is the MAIN reason you and your male partner did not use birth control in the past 12 months?"

IF 'QA23_D8' > 1 OR -7, -8 AND 'QA23_D9' = 3,4,5,6 (MORE THAN 1 PARTNERS) DISPLAY "What is the MAIN reason you and your female partners did not use birth control in the past 12 months?";

'QA23_J67' What is the main reason you and your female partner{s} did not use birth control in the past 12 months?

AJ175B

- TRYING TO GET PREGNANT/
WANT A BABY1
- HAVEN'T FOUND A METHOD I LIKE2
- COST3
- HAVEN'T HAD TIME TO GO IN
FOR BIRTH CONTROL4
- NO TRANSPORTATION5
- DON'T KNOW WHERE TO GET IT6
- DON'T BELIEVE IN BIRTH CONTROL7
- WORRIED ABOUT SIDE EFFECTS AND/
OR HEALTH RISKS8
- PARTNER WON'T LET ME9
- FORGET TO USE BIRTH CONTROL 10
- FEEL UNCOMFORTABLE ASKING FOR/
TALKING ABOUT BIRTH CONTROL 11
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

Mammogram

PROGRAMMING NOTE 'QA23_J68':

IF R LIVES IN SANTA CLARA COUNTY AND ('QA23_A5'= 2 AND 'AAGE'= 50-74) CONTINUE WITH 'QA23_J68';
ELSE SKIP TO 'PN_QA23_J70';

'QA23_J68' During the past 2 years, have you had a mammogram?

AJ206

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]

- Yes1 **[GO TO
'PN_QA23_J70']**
- No2
- REFUSED -7 **[GO TO
'PN_QA23_J70']**
- DON'T KNOW -8 **[GO TO
'PN_QA23_J70']**

'QA23_J69' What is the one most important reason why you have not had a mammogram in the past 2 years?

AJ207

- No reason/never thought about it1
- Didn't know I needed this type of test2
- Doctor didn't tell me I needed it3
- Haven't had any problems4
- Put it off/laziness5
- Too expensive/no insurance6
- Too painful, unpleasant, embarrassing.....7
- Too young8
- Don't have a doctor9
- Transportation problem 10
- Competing priorities
(work, childcare, caregiving) 11
- REFUSED -7
- DON'T KNOW -8

Dental Health

'QA23_J70' About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

AG1

- Have never visited0 **[GO TO 'QA23_J74']**
- 6 months ago or less.....1
- More than 6 months, and up to 1 year2
- More than 1 year, and up to 2 years ago....3
- More than 2 years, and up to 5 years ago ...4
- More than 5 years ago5
- REFUSED -7 **[GO TO 'QA23_J74']**
- DON'T KNOW -8 **[GO TO 'QA23_J74']**

PROGRAMMING NOTE 'QA23_J71':
 IF 'QA23_J70' = 1-5, THEN CONTINUE;
 ELSE GO TO 'QA23_J74'

'QA23_J71' Was it for a routine checkup or cleaning, or was it for a specific problem?

AJ167

- ROUTINE CHECKUP OR CLEANING1
- SPECIFIC PROBLEM2
- BOTH3
- REFUSED -7
- DON'T KNOW -8

**PROGRAMMING NOTE 'AJ247': IF 'AG1'= 1, 2 THEN CONTINUE
ELSE GO TO 'AG3'**

'QA23_J72' How many times have you received a dental service within the last 12 months?

- AJ247**
- None.....1 **[GO TO 'QA23_J74']**
 - Once.....2
 - Twice.....3
 - Three times4
 - Four times5
 - Five times or more6
 - REFUSED-7
 - DON'T KNOW-8 **[GO TO 'QA23_J74']**

'QA23_J73' Where did you receive the dental service?

- AJ248B**
- Free health/dental event1
 - Dentist office2
 - Hospital3
 - Other4
 - REFUSED-7
 - DON'T KNOW-8

'QA23_J74' Do you now have any type of insurance that pays for part or all of your dental care?

- AG3**
- YES1
 - NO.....2
 - REFUSED-7
 - DON'T KNOW-8

'QA23_J75' Where did you receive educational information about oral health or preventive dental care?

- AJ249B**
- Have not received any educational information1 **[GO TO 'PN_QA23_J77']**
 - From dental office2 **[GO TO 'PN_QA23_J77']**
 - From school of my child3 **[GO TO 'PN_QA23_J77']**
 - From social media.....4 **[GO TO 'PN_QA23_J77']**
 - From family or friends5 **[GO TO 'PN_QA23_J77']**
 - From Smile, California™ website.....6 **[GO TO 'PN_QA23_J77']**
 - From other sources7 **[GO TO 'PN_QA23_J77']**
 - From other online sources8 **[GO TO 'PN_QA23_J77']**
 - REFUSED-7 **[GO TO 'PN_QA23_J77']**

- DON'T KNOW -8
- 'PN_QA23_J77']
 [GO TO
 'PN_QA23_J77']

PROGRAMMING NOTE 'QA23_J76':
 IF 'QA23_J70'= 0, 3, 4, 5 DISPLAY "What is the main reason you have not visited a dentist in the last 12 months?"

'QA23_J76' What is the main reason you have not visited a dentist in the last 12 months?

AJ250

- Not applicable1
- No reason to go/No problem.....2
- Could not find a dentist3
- Could not afford/no insurance.....4
- Other(s)_____.....5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J77':
 IF HOUSEHOLD HAS A SELECTED TEEN, THEN CONTINUE;
 ELSE GOTO 'QA23_J83'

'QA23_J77' Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

MA10

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_J78' This next question is about dental health.

MTF14B

About how long has it been since (teen's name) visited a dental provider? (eg, dental hygienists and dentists)

- Have never visited0
 - 6 months ago or less.....1
 - More than 6 months, and up to 1 year2
 - More than 1 year, and up to 2 years ago....3
 - More than 2 years, and up to 5 years ago...4
 - More than 5 years ago5
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'QA23_J82']
 [GO TO 'QA23_J82']
 [GO TO 'QA23_J82']
 [GO TO 'QA23_J82']
 [GO TO 'QA23_J82']

**PROGRAMMING NOTE 'MTH64': IF 'MTF14B'= 1, 2 THEN CONTINUE
ELSE GO TO 'MTH67'**

'QA23_J79' How many times has (teen's name) received a dental service within the last 12 months?

MTH64

- None.....1 **[GO TO 'QA23_J81']**
- Once.....2
- Twice.....3
- Three times4
- Four times5
- Five times or more6
- REFUSED-7 **[GO TO 'QA23_J81']**
- DON'T KNOW-8 **[GO TO 'QA23_J81']**

'QA23_J80' Where did (teen's name) receive the dental service in the last 12 months?

MTH65B

[CHECK ALL THAT APPLY]

- Free health/dental event1
- Dentist office2
- Hospital3
- Other4
- REFUSED-7
- DON'T KNOW-8

'QA23_J81' Where did (TEEN) receive educational information about oral health or preventive dental care in the last 12 months?

MTH66B

- Have not received any educational information1
- From dental office2
- From school of my child3
- From social media.....4
- From family or friends5
- From Smile, California™ website.....6
- From other sources7
- From other online sources8
- REFUSED-7
- DON'T KNOW-8

'QA23_J82' What is the main reason (teen's name) has not visited a dentist in the last 12 months?

MTH67

- Not applicable1
- No reason to go/No problem.....2
- Could not find a dentist3
- Could not afford/no insurance.....4
- Other(s)_____ 91
- REFUSED-7
- DON'T KNOW-8

Discrimination in Healthcare Setting

'QA23_J83' Thinking about when you are receiving medical care, was there ever a time when you would have gotten better care if you had belonged to a different race or ethnic group?

DMC8

- YES1
- NO2 **[GO TO 'PN_QA23_J85']**
- REFUSED -7 **[GO TO 'PN_QA23_J85']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_J85']**

'QA23_J84' Think about the last time this happened. How long ago was that?

DMC9

- A YEAR AGO OR LESS1
- MORE THAN 1 UP TO 2 YEARS AGO2
- MORE THAN 2 UP TO 3 YEARS AGO3
- MORE THAN 3 UP TO 5 YEARS AGO4
- MORE THAN 5 UP TO 10 YEARS AGO5
- MORE THAN 10 UP TO 20 YEARS AGO ...6
- MORE THAN 20 YEARS AGO7
- REFUSED -7
- DON'T KNOW -8

Caregiving

'QA23_J85' Some people provide short-term or long-term help to a family member or friend who has a serious or chronic illness or disability. This may include help with things they cannot do for themselves.

'QA23_J86' During the past 12 months, did you provide any such help to a family member or friend?}}

AJ87

[IF NEEDED, SAY: "This may include help with baths, medicines, household chores, paying bills, driving to doctor's visits or the grocery store, arranging for medical and support services, or just checking in to see how they are doing."]

- YES1
- NO2 **[GO TO 'PN_QA23_K1']**
- REFUSED -7 **[GO TO 'PN_QA23_K1']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_K1']**

'QA23_J87' For the next set of questions, please think about the person for whom you provided the most care.

AJ101B

Do you currently provide care for this person?

- Yes1
- No2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J88':

DISPLAY INSTRUCTIONS:

IF 'QA23_J87' = 1 THEN DISPLAY "How" and "is", ELSE DISPLAY "At the time you provided care" and "was"

'QA23_J88' {How/At the time you provided care, how} old {is/was} this person? Your best estimate is fine.

AJ201

- _____ Age [HR: 0-110]
- REFUSED -7
 - DON'T KNOW -8

'QA23_J89' What is this person's relationship to you?

AJ90

- HUSBAND.....1
- WIFE2
- SPOUSE/PARTNER.....3
- FATHER/FATHER-IN-LAW4
- MOTHER/MOTHER-IN-LAW5
- BROTHER/BROTHER-IN-LAW6
- SISTER/SISTER-IN-LAW7
- GRANDFATHER.....8
- GRANDMOTHER9
- SON/SON-IN-LAW.....10
- DAUGHTER/DAUGHTER-IN-LAW.....11
- OTHER RELATIVE12
- FRIEND/NEIGHBOR13
- OTHER NON-RELATIVE.....14
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J90':

DISPLAY INSTRUCTIONS:

IF 'QA23_J87' = 1 THEN DISPLAY "do"; ELSE DISPLAY "did";
 IF 'QA23_J89' = -7, -8 THEN DISPLAY "family member/friend";
 ELSE DISPLAY {'QA23_J89'}

'QA23_J90' In a typical week, about how many hours {do/did} you spend, helping your {AJ90/ family member/friend}?

AJ93

- _____ Hours [HR: 0-125]
- REFUSED -7
 - DON'T KNOW -8

PROGRAMMING NOTE AJ191:

IF 'QA23_J87' = 1 OR 2 CONTINUE WITH 'QA23_J91';
ELSE GO TO 'QA23_J92';

DISPLAY INSTRUCTIONS:

IF 'QA23_J87' = 1 DISPLAY "Are you paid for any of the hours you help your 'QA23_J89'?";
IF 'QA23_J87' = 2 DISPLAY "Were you paid for any of the hours you helped your 'QA23_J89'?"

'QA23_J91' {Are/Were} you paid for any of the hours you {help/helped} your 'QA23_J89'?

AJ191

[IF NEEDED, SAY: This could be payment from a public program, family member, or directly from the care recipient.]

- Yes1
- No.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J92':

DISPLAY INSTRUCTIONS:

IF AJ101B' = 1 THEN DISPLAY "is";
ELSE DISPLAY "was";

'QA23_J92' How much of a financial stress would you say that caring for your {AJ90} {is/was} for you?

AJ193

- Extremely stressful.....1
- Somewhat stressful.....2
- A little stressful3
- Not at all stressful4
- REFUSED -7
- DON'T KNOW -8

'QA23_J93' During the past 12 months, did your {AJ90} live...

AJ91B

[CHECK ALL THAT APPLY]

- Alone1
- With you2
- With some other family member3
- In a nursing home4
- In an assisted-living facility.....5
- In some other living situation.....6
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_J94':

DISPLAY INSTRUCTIONS:

IF 'QA23_J87' = 1 THEN DISPLAY "What", "does", and "requires". ELSE DISPLAY "At the time you provided care, what", "did", and "required".

'QA23_J94' {What/At the time you provided care, what} disabilities or illnesses {does/did} {he/she/he or she} have that {require/required} your help?

AJ194

[CHECK ALL THAT APPLY]

- Alzheimer's, confusion, dementia, Forgetfulness1
- Arthritis2
- Back problems3
- Broken bones4
- Cancer5
- Diabetes6
- Feeble, unsteady, falling7
- Lung disease, emphysema, COPD8
- Mental illness, emotional illness, Depression9
- Mobility problem, can't get around 10
- Old age, aging11
- Stroke12
- Surgery, wounds 13
- Other (Specify: _____) 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE FOR 'QA23_J95':

IF 'QA23_J87' = 1 CONTINUE;
ELSE SKIP TO 'PN_QA23_K1'

'QA23_J95' {Do you have all of the support and services you need to care for your {AJ90}?

AJ197

- Yes1
- No2
- REFUSED -7
- DON'T KNOW -8

'QA23_J96' During the past 12 months, have you experienced any physical health problems due to providing care to your {AJ90}?

AJ199A

- Yes1
- No2
- REFUSED -7
- DON'T KNOW -8

'QA23_J97' During the past 12 months, have you experienced any mental health problems due to providing care to your {AJ90}?

AJ199B

- Yes1
- No.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_J98' Has your work situation changed because of helping your {AJ90}, such as a change in job position, reduced number of work hours, quitting or retiring?

AJ200

[CHECK ALL THAT APPLY]

- No change in job status1
- Changed job.....2
- Took a second job/
Increased hours with current job.....3
- Reduced number of work hour.....4
- Temporary leave of absence5
- Quit job6
- Retired/retired early7
- Received paid family leave8
- I don't work.....9
- Other (Specify:_____). 91
- REFUSED -7
- DON'T KNOW -8

Section K: Employment, Income, Poverty Status, Food Security

Hours Worked

PROGRAMMING NOTE 'QA23_K1':
 IF 'QA23_G27' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR 'QA23_G29' = 1 (R USUALLY WORKS) CONTINUE WITH 'QA23_K1';
 ELSE GO TO 'PN_QA23_K4'

'QA23_K1' How many hours per week do you usually work at all jobs or businesses?

AK3

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

- _____ HOURS [HR: 0-95]
- REFUSED -7
- DON'T KNOW -8

'QA23_K2' How long have you worked at your main job?

AK7

[IF NEEDED, SAY: "THAT IS, FOR YOUR CURRENT EMPLOYER."].

[IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

- _____ MONTHS [HR: 0-12]
- _____ YEARS [HR: 0-50]
- REFUSED -7
- DON'T KNOW -8

Income Last Month

PROGRAMMING NOTE 'QA23_K3':
 IF 'QA23_G27' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK) OR 'QA23_G29' = 1 (USUALLY WORKS), CONTINUE WITH 'QA23_K3';
 ELSE SKIP TO 'PN_QA23_K4'

'QA23_K3' What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

AK10

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

- \$ _____ AMOUNT [HR: 0-999995]
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_K4':
 IF 'QA23_G35' = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'QA23_G36' = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH 'QA23_K4' AND:
 IF 'QA23_G27' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'QA23_G29' ≠ 1 (R DOES NOT USUALLY WORK), AND 'QA23_A24' = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."
 ELSE IF 'QA23_G27' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'QA23_G29' ≠ 1 (R DOES NOT USUALLY WORK), AND ('QA23_D13' = 1 OR 'QA23_D14' = 1), THEN DISPLAY "The next question is about your partner's employment."
 IF 'QA23_A24' = 1 THEN DISPLAY "spouse";
 ELSE IF 'QA23_D13' = 1 OR 'QA23_D14' = 1 THEN DISPLAY "partner";
 ELSE SKIP TO 'QA23_K6'

'QA23_K4' How many hours per week does your {spouse/partner} usually work at all jobs or businesses?

AK20

- _____ HOURS [HR: 0-95]
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_K5':
 IF 'QA23_K4' ≠ 0 CONTINUE WITH 'QA23_K5';
 IF 'QA23_A24' = 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF 'QA23_D13' = 1 OR 'QA23_D14' = 1, THEN DISPLAY "partner's";
 ELSE GO TO 'QA23_K6'

'QA23_K5' What is your best estimate of all your {spouse's/partner's} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

AK10A

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

- \$ _____ AMOUNT [HR: 0-999995]
- REFUSED -7
- DON'T KNOW -8

'QA23_K6' What is your best estimate of your household's total annual income from all sources before taxes in 2022?

AK22

[IF NEEDED, SAY: "INCLUDE MONEY FROM JOBS, SOCIAL SECURITY, RETIREMENT INCOME, UNEMPLOYMENT PAYMENTS, PUBLIC ASSISTANCE AND SO FORTH. ALSO INCLUDE INCOME FROM INTEREST, DIVIDENDS, NET INCOME FROM BUSINESS, FARM, OR RENT AND ANY OTHER MONEY INCOME."]

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

- \$ _____ AMOUNT [HR: 0-999995]
- REFUSED -7 [GO TO 'PN_QA23_K8']
- DON'T KNOW -8 [GO TO 'PN_QA23_K8']

'QA23_K7' PLEASE VERIFY AMOUNT ENTERED:
I have entered that your annual household income is (AMOUNT). Is that correct?

- AK22A**
- YES1 [GO TO PN 'QA23_K14']
 - NO2 [GO TO 'QA23_K6']
 - REFUSED-7
 - DON'T KNOW-8

PROGRAMMING NOTE 'QA23_K8':
IF 'QA23_K6' = -7 OR -8 CONTINUE WITH 'QA23_K8';
ELSE GO TO 'PN_QA23_K14'

'QA23_K8' We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?...

- AK11**
- MORE1 [GO TO 'QA23_K10']
 - EQUAL TO \$20K OR LESS2
 - REFUSED-7 [GO TO 'PN_QA23_K14']
 - DON'T KNOW-8 [GO TO 'PN_AK17']

'QA23_K9' Is it ...

- AK12**
- \$5,000 or less1 [GO TO 'PN_QA23_K14']
 - \$5,001 to \$10,0002 [GO TO 'PN_QA23_K14']
 - \$10,001 to \$15,0003 [GO TO 'PN_QA23_K14']
 - \$15,001 to 20,0004 [GO TO 'PN_QA23_K14']
 - REFUSED-7 [GO TO 'PN_QA23_K14']
 - DON'T KNOW-8 [GO TO 'PN_QA23_K14']

'QA23_K10' Is it more or less than \$70,000 per year

- AK13**
- MORE1 [GO TO 'QA23_K12']
 - EQUAL TO \$70K OR LESS2
 - REFUSED-7 [GO TO 'PN_QA23_K14']
 - DON'T KNOW-8 [GO TO 'PN_QA23_K14']

'QA23_K11' Is it ...

AK14

- \$20,001 to \$30,0001 [GO TO 'PN_QA23_K14']
- \$30,001 to \$40,0002 [GO TO 'PN_QA23_K14']
- \$40,001 to \$50,0003 [GO TO 'PN_QA23_K14']
- \$50,001 to \$60,0004 [GO TO 'PN_QA23_K14']
- \$60,001 to \$70,0005 [GO TO 'PN_QA23_K14']
- REFUSED -7 [GO TO 'PN_QA23_K14']
- DON'T KNOW -8 [GO TO 'PN_QA23_K14']

'QA23_K12' Is it more or less than \$135,000 per year?

AK15

- MORE1 [GO TO 'PN_QA23_K14']
- EQUAL TO \$70K OR LESS2
- REFUSED -7 [GO TO 'PN_QA23_K14']
- DON'T KNOW -8 [GO TO 'PN_QA23_K14']

'QA23_K13' Is it ...

AK16

- \$70,001 to \$80,0001
- \$80,001 to \$90,0002
- \$90,001 to \$100,0003
- \$100,001 to \$135,0004
- REFUSED -7
- DON'T KNOW -8

Number of Persons Supported

PROGRAMMING NOTE 'QA23_K14':
 IF R IS ONLY MEMBER OF HH, SET 'QA23_K14' = 1 AND GO TO 'PN_QA23_K15';
 ELSE CONTINUE WITH 'QA23_K14'

'QA23_K14' Including yourself, how many people living in your household are supported by your total household income?

AK17

- _____ NUMBER OF PEOPLE [HR: 1-20]
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_K15':
 'QA23_K15' MUST BE LESS THAN 'QA23_K14';
 IF R IS ONLY MEMBER OF HH, GO TO 'QA23_K16';
 IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS)
 OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD
 ENUMERATION) = 'QA23_K14' GO TO PROGRAMMING NOTE 'QA23_K16';
 ELSE CONTINUE WITH 'QA23_K15'

'QA23_K15' How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

AK18

- _____ NUMBER OF CHILDREN (UNDER AGE18) **[HR: 0-20]**
- REFUSED -7
- DON'T KNOW -8

'QA23_K16' Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

AK32

- YES1
- NO2 **[GO TO 'QA23_K18']**
- REFUSED -7 **[GO TO 'QA23_K18']**
- DON'T KNOW -8 **[GO TO 'QA23_K18']**

'QA23_K17' How many?

AK33

- _____ NUMBER OF PEOPLE **[HR: 1-20]**
- REFUSED -7
- DON'T KNOW -8

Paid Family Leave

'QA23_K18' A new California law passed in 2020 provides up to 8 weeks of paid family and medical leave for eligible workers at 60-70% of their weekly earnings, up to a maximum of \$1,300 per week? Have you seen or heard anything about this law?

AK136

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

'QA23_K19' In the past 5 years, have you taken a paid leave longer than two weeks from work because of your own or a family member's serious health condition or for the arrival of a newborn, newly adopted or foster child?

AK137

- YES1
- NO2 **[GO TO 'PN_QA23_K21']**
- REFUSED -7 **[GO TO 'PN_QA23_K21']**
- DON'T KNOW -8 **[GO TO 'PN_QA23_K21']**

'QA23_K20' What were the reasons you took a leave from work?

AK138

[CHECK ALL THAT APPLY]

- OWN HEALTH1
- FAMILY MEMBER'S HEALTH2
- ARRIVAL OF NEWBORN
NEWLY ADOPTED CHILD, OR
FOSTER CHILD3
- OTHER (SPECIFY: _____)..... 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_K21':

IF 'QA23_K19' = 2 (DID NOT TAKE LEAVE IN PAST 5 YEARS), THEN CONTINUE;
ELSE SKIP TO 'QA23_K22'

'QA23_K21' What were the reasons you didn't take family or medical leave in the past 5 years?

AK139

[CHECK ALL THAT APPLY]

- FEAR OF LOSING JOB1
- FEAR OF HURTING CHANGES OF
JOB ADVANCEMENT2
- COULD NOT AFFORD TO
GO ON LEAVE3
- EMPLOYER DENIED REQUEST
FOR LEAVE4
- NOT ELIGIBLE FOR LEAVE5
- DIDN'T KNOW ABOUT LEAVE
PROGRAM.....6
- PROCESS TO APPLY FOR LEAVE
TOO COMPLICATED7
- USED OTHER AVAILABLE
LEAVE OPTIONS (E.G., VACATION OR
SICK LEAVE)8
- DID NOT NEED TO TAKE LEAVE9
- REFUSED -7
- DON'T KNOW -8

Availability of Food in the Household

PROGRAMMING NOTE 'QA23_K22':
 IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH 'QA23_K22'
 ELSE GO TO 'AL9';

DISPLAY INSTRUCTIONS:
 IF 'QA23_K14' = 1, THEN DISPLAY "I",
 ELSE IF 'QA23_K14' > 1 DISPLAY "We"

'QA23_K22' These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

AM1

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

Was that ...

- Often true1
- Sometimes true2
- Never true3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_K23':

DISPLAY INSTRUCTIONS:

IF 'QA23_K22' = 1, THEN DISPLAY "I",
ELSE IF 'QA23_K22' > 1 DISPLAY "We"

'QA23_K23' The second statement is: '{I/We} couldn't afford to eat balanced meals.'

AM2

Was that ...

- Often true1
- Sometimes true2
- Never true3
- REFUSED -7
- DON'T KNOW -8

'QA23_K24' In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

AM3

- Yes1
- No2 **[GO TO 'QA23_K26']**
- REFUSED -7 **[GO TO 'QA23_K26']**
- DON'T KNOW -8 **[GO TO 'QA23_K26']**

'QA23_K25' How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

AM3A

- ALMOST EVERY MONTH1
- SOME MONTHS BUT NOT EVERY MONTH2
- ONLY IN 1 OR 2 MONTHS3
- REFUSED -7
- DON'T KNOW -8

Hunger

'QA23_K26' In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

AM4

- Yes1
- No2
- REFUSED -7
- DON'T KNOW -8

'QA23_K27' In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

AM5

- Yes1
- No2
- REFUSED -7
- DON'T KNOW -8

Dietary Intake

PROGRAMMING NOTE 'QA23_K28':
 IF HOUSEHOLD INCOME IS ≤ 185% FPL CONTINUE;
 ELSE SKIP TO 'SECTION L'

'QA23_K28' Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

AE2B

During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month.

[IF NEEDED, SAY: "YOUR BEST GUESS IS FINE."]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"]

_____TIMES

- PER DAY1 **[HR: 0-20; SR: 0-9]**
- PER WEEK]2 **[HR: 0-70; SR: 0-29]**
- PER MONTH.....3 **[HR: 0-210; SR: 0-149]**
- REFUSED -7
- DON'T KNOW -8

'QA23_K29' [During the past month,] how many times did you eat vegetables like green salad, green beans, or potatoes? Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup.

AE7B

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

[IF STRONGLY NEEDED, SAY: "Such as tomatoes, carrots, onions, or broccoli."]

[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "Rice is not a vegetable."]

_____TIMES

- PER DAY [HR: 0-20; SR: 0-9].....1
- PER WEEK [HR: 0-70; SR: 0-29]2
- PER MONTH [HR: 0-210; SR: 0-149].....3
- REFUSED -7
- DON'T KNOW -8

'QA23_K30' During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

AC46B

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]
 [IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]

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

_____ TIMES

- PER DAY1 [HR: 0-20; SR: 0-9]
- PER WEEK2 [HR: 0-70; SR: 0-29]
- PER MONTH.....3 [HR: 0-210; SR: 0-149]
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_K31':

IF CAGE ≥ 2 YEARS AND HOUSEHOLD INCOME IS ≤ 185% FPL CONTINUE;
 ELSE SKIP TO 'SECTION L'

'QA23_K31' Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

CC13B

[IF NEEDED, SAY: SERVINGS ARE SELF-DEFINED. A SERVING IS THE CHILD'S REGULAR PORTION OF THIS FOOD.]

- _____ Servings [HR: 0-20; SR 0-9]
- REFUSED -7
- DON'T KNOW -8

'QA23_K32' Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

CC31B

- _____ Servings [HR: 0-20; SR 0-4]
- REFUSED -7
- DON'T KNOW -8

'QA23_K33' Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

CC50B

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

- _____ Glasses, cans or bottles [HR 0-15; SR 0-7]
- REFUSED -7
- DON'T KNOW -8

Section L: Public Program Participation

PROGRAMMING NOTE 'QA23_L1':

IF HOUSEHOLD INCOME IS \leq 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND ((ARMCAL=1 OR ARINSURE \neq 1))] CONTINUE WITH 'SECTION L';
ELSE GO TO 'PN_QA23_L41'

'QA23_L1' Are you now receiving TANF or CalWORKs?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.]

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

PROGRAMMING NOTE 'QA23_L2':

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA23_L2';
ELSE GO TO 'QA23_L4';

'QA23_L2' Is (TEEN) now receiving TANF or CalWORKs?

IAP1

[IF NEEDED, SAY: "TANF MEANS TEMPORARY ASSISTANCE TO NEEDY FAMILIES; AND CALWORKS MEANS CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITIES TO KIDS. BOTH REPLACED AFDC, CALIFORNIA'S OLD WELFARE ENTITLEMENT PROGRAM."]

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

Food Stamps

PROGRAMMING NOTE 'QA23_L3':
IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA23_L3';
ELSE SKIP TO 'QA23_L4'

'QA23_L3' Is (CHILD) now on TANF or CalWORKs?

CE11

[IF NEEDED, SAY: TANF MEANS 'TEMPORARY ASSISTANCE TO NEEDY FAMILIES,' AND CALWORKS MEANS 'CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITIES TO KIDS.' BOTH REPLACED AFDC, CALIFORNIA'S OLD WELFARE ENTITLEMENT PROGRAM.]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_L4' Are you receiving Food Stamp benefits, also known as CalFresh?

AL5

[IF NEEDED, SAY: "YOU RECEIVE BENEFITS THROUGH AN EBT CARD." EBT STANDS FOR ELECTRONIC BENEFIT TRANSFER CARD AND IS ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_L5':
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH 'QA23_L5';
ELSE GO TO 'QA23_L7'

'QA23_L5' Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

IAP2

[IF NEEDED, SAY: YOU MAY RECEIVE BENEFITS AS STAMPS OR THROUGH AN EBT CARD. EBT STANDS FOR ELECTRONIC BENEFIT TRANSFER CARD, AND IS ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD.]

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_L6':
 IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA23_L6';
 ELSE SKIP TO 'QA23_L7'

'QA23_L6' Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

CE11A

[IF NEEDED, SAY: YOU MAY RECEIVE BENEFITS THROUGH AN ELECTRONIC BENEFIT TRANSFER (EBT) CARD, ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD.]

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

Supplemental Security Income

'QA23_L7' Are you receiving Supplemental Security Income (SSI)?

AL6

[IF NEEDED, SAY: "SSI MEANS SUPPLEMENTAL SECURITY INCOME. THIS IS DIFFERENT FROM SOCIAL SECURITY"]

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

WIC

PROGRAMMING NOTE 'QA23_L8':
 IF 'AD65D' = 2 (FEMALE AT BIRTH) AND 'QA23_J51' = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH 'QA23_L8';
 ELSE GO TO 'PN_AL9'

'QA23_L8' Are you on WIC?

AL7

[IF NEEDED, SAY: "WIC IS THE SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN."]

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

PROGRAMMING NOTE 'QA23_L9':

IF (CAGE < 7, OR CAGE = 8, 9) AND (HOUSEHOLD INCOME IS<=200 FPL or poverty<5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH 'QA23_L9';
ELSE GO TO 'PN_AL9'

'QA23_L9' Is (CHILD) on WIC now?

CE11C

WIC MEANS 'SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN.

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

Assets

PROGRAMMING NOTE 'QA23_L10':

IF 'QA23_D4' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'QA23_A4' = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'QA23_L10'; ELSE SKIP TO PROGRAMMING NOTE 'QA23_L12';

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA23_K14' .

IF 'QA23_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA23_K14'= 1 DISPLAY \$ 130,000;

IF 'QA23_K14'= 2 DISPLAY \$ 195,000;

IF 'QA23_K14'= 3 DISPLAY \$ 260,000;

IF 'QA23_K14'= 4 DISPLAY \$ 325,000;

IF 'QA23_K14'= 5 DISPLAY \$ 390,000;

IF 'QA23_K14'= 6 DISPLAY \$ 455,000;

IF 'QA23_K14'= 7 DISPLAY \$ 520,000;

IF 'QA23_K14'= 8 DISPLAY \$ 585,000;

IF 'QA23_K14'= 9 DISPLAY \$ 650,000;

IF 'QA23_K14' ≥ 10 DISPLAY \$ 715,000;

IF 'QA23_A24'= 1 (MARRIED) OR 'QA23_D13'= 1 OR 'QA23_D14'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'QA23_L10' Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

AL9B

- YES1 **[GO TO 'PN_QA23_L12']**
- NO.....2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_L11':

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM

'QA23_K14'

IF 'QA23_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA23_K14'= 1 DISPLAY \$ 2,000;

IF 'QA23_K14'= 2 DISPLAY \$ 3,000;

IF 'QA23_K14'= 3 DISPLAY \$ 3,150;

IF 'QA23_K14'= 4 DISPLAY \$ 3,300;

IF 'QA23_K14'= 5 DISPLAY \$ 3,450;

IF 'QA23_K14'= 6 DISPLAY \$ 3,600;

IF 'QA23_K14'= 7 DISPLAY \$ 3,750;

IF 'QA23_K14'= 8 DISPLAY \$ 3,900;

IF 'QA23_K14'= 9 DISPLAY \$ 4,050;

IF 'QA23_K14' ≥ 10 DISPLAY \$ 4,200;

IF 'QA23_A24'= 1 (MARRIED) OR 'QA23_D13'= 1 OR 'QA23_D14'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'QA23_L11' Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

AL9C

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

Child Support

PROGRAMMING NOTE 'QA23_L12':

DISPLAY INSTRUCTIONS:

IF 'QA23_A24' = 1 (MARRIED) AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";

ELSE IF ['QA23_A24' = 2 (LIVING WITH PARTNER) OR 'QA23_D13' = 1 OR 'QA23_D14' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";

ELSE DISPLAY "you"

'QA23_L12' Did {you or your spouse/you or your partner/you} receive any money last month for child support?

AL15B

- YES1
- NO2 **[GO TO 'PN_QA23_L14']**
- REFUSED-7 **[GO TO 'PN_QA23_L14']**
- DON'T KNOW-8 **[GO TO 'PN_QA23_L14']**

PROGRAMMING NOTE 'QA23_L13':

DISPLAY INSTRUCTIONS:

IF 'QA23_A24' = 1 (MARRIED) AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
 ELSE IF ['QA23_A24' = 2 (LIVING WITH PARTNER) OR 'QA23_D13' = 1 OR 'QA23_D14' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

'QA23_L13' What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?

AL16B

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

- \$ _____ AMOUNT [000001-999995]
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_L14':

DISPLAY INSTRUCTIONS:

IF 'QA23_A24' = 1 (MARRIED) AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
 ELSE IF ['QA23_A24' = 2 (LIVING WITH PARTNER) OR 'QA23_D13' = 1 OR 'QA23_D14' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
 ELSE DISPLAY "you"

'QA23_L14' Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

AL17

- YES, RESPONDENT PAID1
- YES, SPOUSE/PARTNER PAID2
- YES, BOTH PAID3
- NO4 [GO TO 'PN_AL32]
- REFUSED -7 [GO TO 'PN_QA23_L16']
- DON'T KNOW -8 [GO TO 'PN_QA23_L16']

PROGRAMMING NOTE 'QA23_L15':

DISPLAY INSTRUCTIONS:

IF 'QA23_A24' = 1 (MARRIED) AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
 ELSE IF ['QA23_A24' = 2 (LIVING WITH PARTNER) OR 'QA23_D13' = 1 OR 'QA23_D14' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
 ELSE DISPLAY "you"

'QA23_L15' What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month?

AL18

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

- | | | |
|-----------------------|------------------|------------------------|
| | _____ AMOUNT | [000001-999995] |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

Worker's Compensation

PROGRAMMING NOTE 'QA23_L16':

IF 'QA23_A24' = 1 (MARRIED) AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
 ELSE IF ['QA23_A24' = 2 (LIVING WITH PARTNER) OR 'QA23_D13' = 1 OR 'QA23_D14' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
 ELSE DISPLAY "you"

'QA23_L16' Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

AL32

- | | | | |
|-----------------------|------------------|----|----------------------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO
'PN_QA23_L18'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO
'PN_QA23_L18'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO
'PN_QA23_L18'] |

PROGRAMMING NOTE 'QA23_L17':

DISPLAY INSTRUCTIONS:

IF 'QA23_A24' = 1 (MARRIED) AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
 ELSE IF ['QA23_A24' = 2 (LIVING WITH PARTNER) OR 'QA23_D13'= 1 OR 'QA23_D14'= 1 (LEGAL SAME-SEX COUPLE)] AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

'QA23_L17' What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

AL33

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

- | | | |
|-----------------------|------------------|------------------------|
| | _____ AMOUNT | [000001-999995] |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

Social Security/Pension Payments

PROGRAMMING NOTE 'QA23_L18':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA23_A24'= 1 (MARRIED) AND 'QA23_A25'= 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH 'QA23_L18' AND DISPLAY "you or your spouse";
 ELSE IF AGE ≥ 65 AND 'QA23_A25' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 'QA23_L18' AND DISPLAY "you or your partner";
 ELSE IF AGE ≥ 65, THEN CONTINUE WITH 'QA23_L18' AND DISPLAY "you";
 ELSE GO TO 'PN_QA23_L20'

'QA23_L18' Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

AL18A

- | | | | |
|-----------------------|------------------|----|------------------------------|
| <input type="radio"/> | YES | 1 | |
| <input type="radio"/> | NO | 2 | [GO TO 'PN_QA23_L20'] |
| <input type="radio"/> | REFUSED | -7 | [GO TO 'PN_QA23_L20'] |
| <input type="radio"/> | DON'T KNOW | -8 | [GO TO 'PN_QA23_L20'] |

PROGRAMMING NOTE 'QA23_L19':
 IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA23_A24'= 1 (MARRIED) AND 'QA23_A25'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";
 ELSE IF AGE ≥ 65 AND 'QA23_A25'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";
 ELSE IF AGE ≥ 65, DISPLAY "you";

'QA23_L19' What was the total amount {you} received last month from Social Security and Pensions {for both you and your spouse/partner}?

AL18B

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

- | | | |
|-----------------------|------------------|------------------------|
| | AMOUNT | [000001-999995] |
| <input type="radio"/> | REFUSED | -7 |
| <input type="radio"/> | DON'T KNOW | -8 |

Reasons for Non-Participation in Medi-Cal*

PROGRAMMING NOTE 'QA23_L20':
 IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH 'QA23_L20';
 ELSE GO TO 'QA23_L21'

'QA23_L20' What is the one main reason why you are not enrolled in the Medi-Cal program?

AL19

- PAPERWORK TOO DIFFICULT1
- DO NOT KNOW IF ELIGIBLE.....2
- INCOME TOO HIGH, NOT ELIGIBLE3
- NOT ELIGIBLE DUE TO
CITIZENSHIP/IMMIGRATION STATUS.....4
- DO NOT BELIEVE IN HEALTH
INSURANCE6
- DO NOT NEED INSURANCE
BECAUSE HEALTHY7
- ALREADY HAVE INSURANCE8
- DID NOT KNOW ABOUT IT9
- DO NOT LIKE / WANT WELFARE 10
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

Medi-Cal Eligibility

PROGRAMMING NOTE 'QA23_L21':

DISPLAY INSTRUCTIONS:

IF 'QA23_H75' = 1 OR 'QA23_H76' = 1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH 'QA23_L21' AND DISPLAY "You previously said you had Medi-Cal. How long did you have Medi-Cal?"; IF ARMCAL = 1 (MEDI-CAL) OR 'QA23_H74' = 1, CONTINUE WITH 'QA23_L21' AND DISPLAY "{You previously said you have Medi-Cal. How long have you had Medi-Cal?" ELSE GO TO 'QA23_L41'

'QA23_L21' {You previously said you had Medi-Cal. How long did you have Medi-Cal?} {You previously said you have Medi-Cal. How long have you had Medi-Cal?}

AL40

- _____ YEARS
- _____ MONTHS
- REFUSED -7
- DON'T KNOW -8

'QA23_L22' During the past 12 months, when you most recently contacted the County office regarding your Medi-Cal benefits, how long did you have to wait before speaking to a representative?

AL86

- 5 MINUTES OR LESS1
- MORE THAN 5 MINUTES, UP TO 15 MINUTES2
- MORE THAN 15, UPS TO 30 MINUTES3
- MORE THAN 30 MINUTES4
- NEVER CONTACTED THE COUNTY OFFICE5 [GO TO 'QA23_L27']
- REFUSED -7 [GO TO 'QA23_L27']
- DON'T KNOW -8 [GO TO 'QA23_L27']

'QA23_L23' Most recently, how did you contact the County office?

AL87

- VISITED OFFICE IN PERSON1
- CALLED OFFICE2
- DIRECTLY CONTACTED ELIGIBILITY WORKER3
- ONLINE4
- MAIL5
- OTHER (SPECIFY: _____) 91
- REFUSED -7
- DON'T KNOW -8

'QA23_L24' How long did it take for the County representative to take care of your problem?

AL88

- A WEEK OR LESS1
- MORE THAN 1 WEEK UP TO
2 WEEKS2
- MORE THAN 2 WEEKS UP TO
A MONTH.....3
- MORE THAN A MONTH4
- REFUSED -7
- DON'T KNOW -8

'QA23_L25' Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

AL89

The County representative was able to answer all of my questions. Do you...

- Strongly agree1
- Agree.....2
- Neither agree nor disagree3
- Disagree4
- Strongly disagree5
- REFUSED -7
- DON'T KNOW -8

'QA23_L26' The County representative treated me with dignity and respect.

AL90

- Strongly agree1
- Agree.....2
- Neither agree nor disagree3
- Disagree4
- Strongly disagree5
- REFUSED -7
- DON'T KNOW -8

'QA23_L27' What areas should the County office consider improving?

AL91

[CHECK ALL THAT APPLY]

- Reduce wait times.....1
- Spend more time with me2
- Explain things so I can understand3
- Tell me what the next steps are4
- No improvement needed.....5
- Other (specify: _____) 91
- REFUSED -7
- DON'T KNOW -8

'QA23_L28' How satisfied are you with the County office? Would you say...

AL92

- Very satisfied.....1
- Somewhat satisfied.....2
- Neither satisfied or dissatisfied3
- Dissatisfied.....4
- Very dissatisfied5
- Not applicable6
- REFUSED-7
- DON'T KNOW-8

'QA23_L29' Have you renewed your Medi-Cal in the last 12 months?

AL93

- YES1
- NO.....2 **[GO TO 'QA23_L32']**
- REFUSED-7 **[GO TO 'QA23_L32']**
- DON'T KNOW-8 **[GO TO 'QA23_L32']**

'QA23_L30' When renewing your Medi-Cal, did you have any issues or problems?

AL94

- YES1 **[GO TO 'QA23_L33']**
- NO.....2
- REFUSED-7
- DON'T KNOW-8

'QA23_L31' Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

AL95

- YES, LOST COVERAGE FOR 1-2 MONTHS1
- YES, LOST COVERAGE2
- YES, HAD TO REAPPLY.....3
- NO.....4
- REFUSED-7
- DON'T KNOW-8

'QA23_L32' Before you had Medi-Cal, what health coverage did you have?

AL96

- No insurance1 **[GO TO 'QA23_L35']**
- Employer-based2 **[GO TO 'QA23_L35']**
- Private3 **[GO TO 'QA23_L35']**
- Covered California4
- Other5
- REFUSED-7 **[GO TO 'QA23_L35']**
- DON'T KNOW-8 **[GO TO 'QA23_L35']**

'QA23_L33' Did you have a problem changing to Medi-Cal?

AL97

- YES1
- NO.....2 **[GO TO 'QA23_L35']**
- REFUSED-7 **[GO TO 'QA23_L35']**
- DON'T KNOW-8 **[GO TO 'QA23_L35']**

'QA23_L34' What was the problem?

AL98

[CHECK ALL THAT APPLY]

- Had to pay premiums while waiting for Medi-Cal decision1
- Received conflicting eligibility notices2
- Delay in receiving Medi-Cal3
- Could not see my provider4
- Required to provide a lot of paperwork5
- Had to file an appeal6
- REFUSED-7
- DON'T KNOW-8

Public Charge Related

'QA23_L35' The Medi-Cal program sends written Notice of Actions to provide information about eligibility, and changes in status, level of benefits, or Share of Cost.

AL105

The Notice of Actions I have received in the past are:

- Easy to read or understand.....1
- Difficult to read or understand.....2
- Contain helpful information3
- Does not contain helpful information4
- I never got a Notice of Actions5 **[GO TO 'QA23_L37']**
- REFUSED-7 **[GO TO 'QA23_L37']**
- DON'T KNOW-8 **[GO TO 'QA23_L37']**

'QA23_L36' How can Notice of Actions be improved?

AL106

- Reduce text.....1
- Simplify language/Reading level.....2
- Shorter paragraphs/sentences.....3
- Send fewer notices4
- Give me clear steps of what I need to do5
- No improvement needed.....6
- REFUSED-7
- DON'T KNOW-8

'QA23_L37' Were you able to update your contact information?

AL107

- Yes1 **[GO TO 'QA23_L39']**
- No.....2
- Did not need to update.....3 **[GO TO 'QA23_L41']**
- REFUSED-7 **[GO TO 'QA23_L41']**
- DON'T KNOW-8 **[GO TO 'QA23_L41']**

'QA23_L38' Why not?

AL108

- My changes did not update.....1
- I don't know how to update my information .2
- Did not need to update.....3
- REFUSED-7
- DON'T KNOW-8

'QA23_L39' Please tell us if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement:

AL109

Updating my contact information was easy.

- Strongly agree1
- Agree.....2
- Neither agree nor disagree3
- Disagree4
- Strongly disagree5
- REFUSED-7
- DON'T KNOW-8

'QA23_L40' How did you update your contact information?

AL110

- Visited office in person1
- Called county office.....2
- Called health plan3
- Directly contacted eligibility worker4
- Online5
- Mail.....6
- Portal.....7
- Other, specify: (_____) 91
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE 'QA23_L41':

IF 'QA23_G2' ≠ 1,2, 9,22, OR 26, CONTINUE WITH 'QA23_L41';
ELSE SKIP TO 'QA23_M1'

'QA23_L41' Was there ever a time when you decided not to apply for one or more non-cash government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it would disqualify you, or a family member, from obtaining a green card or becoming a U.S. citizen?

AL99

- YES1
- NO2 [GO TO 'QA23_L43']
- REFUSED -7 [GO TO 'QA23_L43']
- DON'T KNOW -8 [GO TO 'QA23_L43']

'QA23_L42' Did this happen in the last 12 months?

AL104

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

'QA23_L43' Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to get medical services?

AL100

- YES1
- NO2 [GO TO 'QA23_L45']
- REFUSED -7 [GO TO 'QA23_L45']
- DON'T KNOW -8 [GO TO 'QA23_L45']

'QA23_L44' Did this happen in the past 12 months?

AL101

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

'QA23_L45' Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to enroll yourself or a child in school?

AL102

- YES1
- NO2 [GO TO 'QA23_M1']
- REFUSED -7 [GO TO 'QA23_M1']
- DON'T KNOW -8 [GO TO 'QA23_M1']

'QA23_L46' Did this happen in the past 12 months?

AL103

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

Section M: Housing and Social Cohesion

Housing

'QA23_M1' Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?/

AK23

[IF NEEDED, SAY: "A duplex is a building with 2 units."]

- HOUSE1
- DUPLEX2
- BUILDING WITH 3 OR MORE UNITS.....3
- MOBILE HOME4
- REFUSED -7
- DON'T KNOW -8

'QA23_M2' Do you own or rent your home?

AK25

- OWN1
- RENT2
- OTHER ARRANGEMENT3
- REFUSED -7
- DON'T KNOW -8

'QA23_M3' Did you live in this house or apartment one year ago?

AM204

- Yes1 **[GO TO 'QA23_M5']**
- No.....2
- REFUSED -7 **[GO TO 'QA23_M5']**
- DON'T KNOW -8 **[GO TO 'QA23_M5']**

'QA23_M4' In what zipcode did you live one year ago?

AM205

- Specify: _____
- REFUSED -7
 - DON'T KNOW -8

'QA23_M5' How do you feel about your current housing situation – do you feel very stable and secure, fairly stable and secure, just somewhat stable and secure, fairly unstable and insecure, very unstable and insecure?

AM183

- VERY STABLE AND SECURE1
- FAIRLY STABLE AND SECURE,2
- JUST SOMEWHAT STABLE AND SECURE3
- FAIRLY UNSTABLE AND INSECURE, OR.....4
- VERY UNSTABLE AND INSECURE?.....5
- REFUSED -7
- DON'T KNOW -8

'QA23_M6' Please tell me how often you personally worry about the following – very often, somewhat often, from time to time, or almost never.

AM184

Struggling to keep up with your mortgage or rent payments

- VERY OFTEN1
- SOMEWHAT OFTEN.....2
- FROM TIME TO TIME3
- ALMOST NEVER.....4
- REFUSED -7
- DON'T KNOW -8

'QA23_M7' People sometimes struggle to pay their rent or mortgage. In order to pay your rent or mortgage, have you had to do any of the following in the past three years?

AM185

[CHECK ALL THAT APPLY]

- Take on an additional job or work more at their current job1
- Stop saving for retirement.....2
- Accumulate credit card debt3
- Cut back on health care4
- Cut back on healthy, nutritious food5
- Move to a neighborhood that they feel is less safe.....6
- Move to a place where the schools are not as good7
- None of these/not sure.....8
- REFUSED -7
- DON'T KNOW -8

'QA23_M8' Think about your experiences with housing; for example, experiences while renting or buying a home, obtaining a mortgage, getting your landlord to make repairs, or interactions with your neighbors.

AM189

During the last two years, do you think your directly experienced discrimination or harassment related to housing?

- Yes1
- No.....2 **[GO TO 'QA23_M11']**
- REFUSED -7 **[GO TO 'QA23_M11']**
- DON'T KNOW -8 **[GO TO 'QA23_M11']**

'QA23_M9' Why do you think you were targeted for this discrimination or harassment?

AM190

- Because of your ancestry, national origin or language1
- Because of your race or skin color2
- Because of your gender or sex, including gender identity3
- Because of your sexual orientation.....4
- Because of your religion5
- Because of your disability6
- Because of your immigration status.....7
- Because you have children.....8
- Because of some other reason: _____...9
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_M10':
 IF MORE THAN ONE RESPONSE FROM 'QA23_M9', THEN CONTINUE WITH 'QA23_M10' WITH SELECTED CHOICES FROM 'QA23_M9' DISPLAYED;
 ELSE SKIP TO 'QA23_M11'

'QA23_M10' What do you think is the MAIN reason you were targeted for this discrimination or harassment?

AM191

- Because of your ancestry, national origin or language1
- Because of your race or skin color2
- Because of your gender or sex, including gender identity3
- Because of your sexual orientation.....4
- Because of your religion5
- Because of your disability6
- Because of your immigration status.....7
- Because you have children.....8
- Because of some other reason: _____...9
- REFUSED -7
- DON'T KNOW -8

'QA23_M11' In the past 2 years, did you or your household receive or use a Housing Choice Section 8 voucher?

AM192

[IF NEEDED: HOUSING CHOICE SECTION 8 VOUCHERS ARE A FORM OF GOVERNMENT ASSISTANCE WITH HOUSING]

- Yes1
- No.....2 **[GO TO 'QA23_M15']**
- REFUSED -7 **[GO TO 'QA23_M15']**
- DON'T KNOW -8 **[GO TO 'QA23_M15']**

'QA23_M12' Were you or your household...

AM193

[CHECK ALL THAT APPLY]

- Unable to use your Housing voucher.....1
- Denied housing because of your
Housing voucher2
- Told by a landlord that they do not
accept Housing vouchers, or3
- None of these.....4
- REFUSED -7
- DON'T KNOW -8

Hate Incident

'QA23_M13'

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.

'AM194INTRO' This next set of questions focuses on whether you may have been targeted for hate because of prejudice toward people with certain characteristics or religious beliefs. You may or may not actually have these characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to get something from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

'QA23_M15' During the past 12 months, do you think you directly experienced a hate incident?

AM194

- Yes1
- No.....2 **[GO TO 'QA23_M20']**
- REFUSED8 **[GO TO 'QA23_M20']**
- DON'T KNOW9 **[GO TO 'QA23_M20']**

'QA23_M16' Did you experience..

AM195

[SELECT ALL THAT APPLY]

- Physical abuse or attack1
- Verbal abuse or insults2
- Cyberbullying3
- Property damage, or4
- Something else (Specify: _____).....5
- REFUSED -7
- DON'T KNOW -8

'QA23_M17' Where did the incident or incidences take place?

AM196

[SELECT ALL THAT APPLY]

- At home1
- At school2
- At work3
- At a store, theater, gas station, or
other business.....4
- On the street or sidewalk5
- Online, or.....6
- Somewhere else (Specify: _____).....7
- REFUSED -7
- DON'T KNOW -8

'QA23_M18' Why do you think you were targeted?

AM197

- Because of your race or skin color1
- 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 'QA23_M19':
 IF MORE THAN ONE RESPONSE FROM 'QA23_M18', THEN CONTINUE WITH 'QA23_M19' WITH
 SELECTED CHOICES FROM 'QA23_M18' DISPLAYED;
 ELSE SKIP TO 'QA23_M20'

'QA23_M19' What do you think is the MAIN reason you were targeted for a hate incident?

AM198

[IF NEEDED, SAY: 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 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

'QA23_M20' During the past 12 months, have you witnessed another person experiencing a hate incident?

AM199

- Yes1
- No.....2 **[GO TO 'QA23_M26']**
- REFUSED -7 **[GO TO 'QA23_M26']**
- DON'T KNOW -8 **[GO TO 'QA23_M26']**

'QA23_M21' Did you witness...

AM200

[SELECT ALL THAT APPLY]

- Physical abuse or attack1
- Verbal abuse or insults2
- Cyberbullying3
- Property damage, or4
- Something else (Specify: _____).....5
- REFUSED -7
- DON'T KNOW -8

'QA23_M22' Where did the incident take place?

AM201

[SELECT ALL THAT APPLY]

- At home1
- At school2
- At work3
- At a store, theater, gas station, or
other business4
- On the street or sidewalk5
- Online, or6
- Somewhere else (Specify: _____)7
- REFUSED -7
- DON'T KNOW -8

'QA23_M23' Why do you think the person was targeted for a hate incident?

AM202

[SELECT ALL THAT APPLY]

- Because of their race or skin color1
- 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 language5
- Because of their disability6
- Because of their immigration status7
- Because of their age8
- Because of some other reason: _____9
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_M24':
 IF MORE THAN ONE RESPONSE FROM 'QA23_M23', THEN CONTINUE WITH 'QA23_M24' WITH
 SELECTED CHOICES FROM 'QA23_M23' DISPLAYED;
 ELSE SKIP TO 'QA23_M24'

'QA23_M24' What do you think is the MAIN reason that person was the target for a hate incident?

AM203

[IF NEEDED, SAY: IF YOU WITNESSED MORE THAN ONE INCIDENT, PLEASE
THINK ABOUT THE MOST RECENT INCIDENT.]

- Because of their race or skin color1
- 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 'QA23_M25':
 TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO
 'QA23_M15', 'QA23_M20'.

'QA23_M25'

If you would like mental or emotional support, someone is available 24 hours a day at the toll-free number 855-845-7415. You do not have to provide your full name or contact information if you prefer to stay anonymous. You can also visit www.mentalhealthsf.org/peer-run-warmline/.

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, Monday to Friday from 9 a.m. to 6 p.m. 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 immediately or you are in present danger, please call 911.

PROGRAMMING NOTE 'QA23_M26':
 IF 'QA23_H1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH 'QA23_M26'
 ELSE GO TO 'QA23_M27'

'QA23_M26' Is there anyone at your doctor's or healthcare provider's office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

AJ178

- Yes1
- No.....2
- REFUSED -7
- DON'T KNOW -8

Encounters with Police

'QA23_M27' Difficult life experiences can have harmful effects on a person's physical and mental health, even after those experiences have passed. For example, encounters with the police or the court system.

AM186

Nowadays, persons are often stopped by the police for many different reasons. In the past three years, how many times have you been stopped by the police?

- 01
- 12
- 23
- 34
- 45
- 5 OR MORE6
- REFUSED -7
- DON'T KNOW -8

Social Cohesion

'QA23_M28' Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

AM19

People in my neighborhood are willing to help each other.

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?"]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

- STRONGLY AGREE1
- AGREE.....2
- DISAGREE.....3
- STRONGLY DISAGREE.....4
- REFUSED -7
- DON'T KNOW -8

'QA23_M29' People in this neighborhood generally do not get along with each other.

AM20

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

'QA23_M30' People in this neighborhood can be trusted.

AM21

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?]

[DO NOT PROBE A 'DON'T KNOW' RESPONSE]

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

Safety

'QA23_M31' Do you feel safe in your neighborhood...

AK28

- All of the time1
- Most of the time2
- Some of the time, or3
- None of the time4
- REFUSED -7
- DON'T KNOW..... -8

Civic Engagement

'QA23_M32' In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

AM39

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_M33' Do you think you could contact an elected official or someone else in government who represents your community?

AM45

- Definitely could not.....1
- Probably could not2
- Maybe could.....3
- Probably could4
- Definitely could.....5
- REFUSED -7
- DON'T KNOW -8

'QA23_M34' In the past 12 months, have you been an active member of any group that tries to influence public policy or government, not including a political party?

AM48

- YES1
- NO.....2 **[GO TO 'QA23_M1']**
- REFUSED -7 **[GO TO 'QA23_M1']**
- DON'T KNOW -8 **[GO TO 'QA23_M1']**

Section P: Voter Engagement

Voter Engagement

PROGRAMMING NOTE 'QA23_P1':
 IF 'QA23_G5' = 1 (CITIZEN) OR 'QA23_G2' = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH 'QA23_P1';
 ELSE GO TO 'QA23_P3'

'QA23_P1' How often do you vote in presidential elections?

AP73

- Always1
- Sometimes, or2
- Never?3
- REFUSED -7
- DON'T KNOW -8

'QA23_P2' How often do you vote in state elections, such as for Governor or state proposition?

AP74

- Always1
- Sometimes, or2
- Never?3
- REFUSED -7
- DON'T KNOW -8

'QA23_P3' How often do you vote in local elections, such as for Mayor or school board?

AP75

- Always1
- Sometimes, or2
- Never?3
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE 'QA23_P4':
 IF 'QA23_P1' OR 'QA23_P2' or 'QA23_P3' = 2 OR 3, CONTINUE WITH 'QA23_P4';
 ELSE SKIP TO 'QA23_S1'

'QA23_P4' For the most recent election that you did not vote in, what is the main reason why you did not vote?

AP80

- I dislike politics1
- Voting has little to do with the way real decisions are made2
- I did not like any of the candidates on the ballot.....3
- My one vote is not going to affect how things turn out4
- I was not informed enough about the candidates or issues to make a good decision5
- I did not see a difference between the candidates or parties.....6
- I was not interested in what is happening in government.....7
- I just did not think about doing it8
- I forgot9
- I had to work..... 10
- I did not have transportation 11
- Other (Specify:_____)..... 91
- REFUSED -7
- DON'T KNOW -8

Section Q: Adverse Childhood Experiences

ACEs Screener

'QA23_Q1' 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.

'QA23_Q2' Have you heard the term Adverse Childhood Experiences or ACEs before?

- AQ28**
- Yes1
 - No.....2
 - Don't know3
 - REFUSED -7

Past ACEs assessment

'QA23_Q3' Have you ever completed an assessment of your own history of Adverse Childhood Experiences with a medical health or mental health professional?

- AQ23**
- Yes1
 - No.....2 **[GO TO 'PN_QA23_Q5']**
 - Don't know3 **[GO TO 'PN_QA23_Q5']**
 - REFUSED -7 **[GO TO 'PN_QA23_Q5']**

'QA23_Q4' When your provider reviewed your responses to the ACE assessment did they discuss your strengths, resilience or positive experiences in your life?

- AQ29**
- Yes1
 - No.....2
 - Don't know3
 - REFUSED -7

PROGRAMMING NOTE 'QA23_Q5':

IF SELECTED TEEN, CONTINUE;
ELSE SKIP TO 'PN_AQ25'

'QA23_Q5' Have you ever completed an assessment of (TEEN's) Adverse Childhood Experiences with a medical health or mental health professional?

- AQ24**
- Yes1
 - No.....2
 - Don't know3
 - REFUSED -7

PROGRAMMING NOTE 'QA23_Q6':
 IF SELECTED CHILD, CONTINUE;
 ELSE SKIP TO 'QA23_Q7'

'QA23_Q6' Have you ever completed an assessment of (CHILD's) Adverse Childhood Experiences with a medical health or mental health professional.

AQ25

- Yes1
- No.....2
- Don't know3
- REFUSED -7

'QA23_Q7' The following questions are about events that might have happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

'QA23_Q8' Before you were 18 years of age...

AQ1

Did you live with anyone who was depressed, mentally ill, or suicidal?

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_Q9' [Before you were 18 years of age...]

AQ2

Did you live with anyone who was a problem drinker or alcoholic?

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_Q10' [Before you were 18 years of age...]

AQ3

Did you live with anyone who used illegal street drugs or who abused prescription medications?

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_Q11' [Before you were 18 years of age...]

AQ4

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_Q12' Before you were 18 years of age...

AQ5

Were your parents separated or divorced?

- YES1
- NO.....2
- PARENT NOT MARRIED3
- REFUSED -7
- DON'T KNOW -8

'QA23_Q13' [Before you were 18 years of age...]

AQ6

How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

- NEVER.....1
- ONCE.....2
- MORE THAN ONCE3
- REFUSED -7
- DON'T KNOW -8

'QA23_Q14' [Before you were 18 years of age...]

AQ7

How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.

- NEVER.....1
- ONCE.....2
- MORE THAN ONCE3
- REFUSED -7
- DON'T KNOW -8

'QA23_Q15' [Before you were 18 years of age...]

AQ8

How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- NEVER.....1
- ONCE.....2
- MORE THAN ONCE3
- REFUSED-7
- DON'T KNOW-8

'QA23_Q16' [Before you were 18 years of age...]

AQ9

How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- NEVER.....1
- ONCE.....2
- MORE THAN ONCE3
- REFUSED-7
- DON'T KNOW-8

'QA23_Q17' [Before you were 18 years of age...]

AQ10

How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

- NEVER.....1
- ONCE.....2
- MORE THAN ONCE3
- REFUSED-7
- DON'T KNOW-8

'QA23_Q18' [Before you were 18 years of age...]

AQ11

How often did anyone at least 5 years older than you or an adult, force you to have sex?

- NEVER.....1
- ONCE.....2
- MORE THAN ONCE3
- REFUSED-7
- DON'T KNOW-8

'QA23_Q19' Before you were 18 years of age. Were you ever the victim of violence or witness any violence in your neighborhood?

AQ12

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

'QA23_Q20' [Before you were 18 years of age...] Were you ever treated or judged unfairly because of your race or ethnic group?

AQ13

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_Q21' [Before you were 18 years of age...] Did you ever live with a parent or guardian who died?

AQ14

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'QA23_Q22' [Before you were 18 years of age...] 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?

AQ15

- VERY OFTEN1
- SOMEWHAT OFTEN.....2
- NOT VERY OFTEN3
- NEVER.....4
- REFUSED -7
- DON'T KNOW -8

'QA23_Q23' For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say..

AQ30

- Never.....1
- A little of the time2
- Some of the time3
- Most of the time4
- All of the time5
- REFUSED -7
- DON'T KNOW -8

'QA23_Q24' For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say..

AQ31

- Never.....1
- A little of the time2
- Some of the time3
- Most of the time4
- All of the time5
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE ACES RESOURCE:**DISPLAY INSTRUCTIONS:**

IF [('QA23_Q16' OR 'QA23_Q17' OR 'QA23_Q18') = -7, -8 OR ('QA23_Q16' OR 'QA23_Q17' OR 'QA23_Q18') >1], DISPLAY RAINN RESOURCE AND (IF 'QA23_Q14' = 1 OR 'QA23_Q14' = -7, -8) DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE;
ELSE SKIP TO 'QA23_S1'

'QA23_Q25' We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counsellor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

National Domestic Violence hotline: We have a toll-free number if you'd like to talk about these issues. Would you like the toll-free number?"

[IF R SAYS "YES", SAY: Someone is available 24 hours a day to provide information. GIVE OUT 1-800-799-7233 TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

[IF CATI, DISPLAY: Would you like me to repeat this information?]

Section S: Suicide Ideation and Attempts

Suicide Ideation and Attempts

'QA23_S1' The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

AF86

Have you ever seriously thought about committing suicide?

- YES1
- NO2 **[GO TO 'PN_AM10B']**
- REFUSED -7 **[GO TO 'PN_AM10B']**
- DON'T KNOW -8 **[GO TO 'PN_AM10B']**

'QA23_S2' Have you seriously thought about committing suicide at any time in the past 12 months?

AF87

- YES1
- NO2 **[GO TO 'QA23_S4']**
- REFUSED -7 **[GO TO 'QA23_S4']**
- DON'T KNOW -8 **[GO TO 'QA23_S4']**

'QA23_S3' Have you seriously thought about committing suicide at any time in the past 2 months?

AF91

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

'QA23_S4' Have you ever attempted suicide?

AF88

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

PROGRAMMING NOTE 'QA23_S5':

IF 'QA23_S2' = (2, -7, -8) AND 'QA23_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
 IF 'QA23_S3' = (2, -7, -8) AND 'QA23_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
 IF 'QA23_S3' = 1 AND 'QA23_S4' = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
 ELSE CONTINUE WITH 'QA23_S5'

'QA23_S5' Have you attempted suicide at any time in the past 12 months?

AF89

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

'QA23_S6': 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.

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

PROGRAMMING NOTE FOR 'QA23_S7':
IF **'QA23_S2'** = (2, -7, -8) AND **'QA23_S4'** = (2, -7, -8) THEN SKIP TO 'NEXT SECTION';
ELSE CONTINUE;

'QA23_S7' Would you like to discuss your thoughts with this person or would you like to continue with the survey?

AF90

- DISCUSS THOUGHTS WITH PERSON1
- CONTINUE WITH SURVEY2 **[GO TO 'PN_AM10B']**
- REFUSED-7 **[GO TO 'PN_AM10B']**
- DON'T KNOW-8 **[GO TO 'PN_AM10B']**

Follow-Up Survey Permission

PROGRAMMING NOTE 'AM10B':
 IF ('QA23_D4' OR 'QA23_D5' OR 'QA23_D6'= 1), THEN DISPLAY "JUST A COUPLE OF FINAL QUESTIONS";
 ELSE DISPLAY "JUST A FINAL QUESTION";

'AM10B' Just a {couple of} final question{s} and then we are done. Please provide your name and telephone number so that we may call you if we have additional questions.

AM10B

First Name: _____ Last Name: _____
 Phone Number: _____

PROGRAMMING NOTE 'LTSS_A':
 IF ('QA23_D4' OR 'QA23_D5' OR 'QA23_D6' = 1), THEN CONTINUE;
 ELSE GO TO PROGRAMMING NOTE 'CLOSE1' AND 'CLOSE 2'

'LTSS_A' Based on your responses, we'd like to ask you a few more questions. This new survey usually takes about 15 minutes and you will be paid \$25. This other survey is for people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands.)

LTSS_A

Would you like to participate in this survey?

- YES1
- NO.....2
- REFUSED -7
- DON'T KNOW -8

'LTSS_RECON2' Would you like to participate in this survey at a later date?

LTSS_RECON2

- YES1
 - NO.....2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO 'PN_SUICIDE RESOURCE2']
 [GO TO 'PN_SUICIDE RESOURCE2']
 [GO TO 'PN_SUICIDE RESOURCE2']

PROGRAMMING NOTE 'LTSS_FOLLOW-UP':
 IF ('QA23_D4' OR 'QA23_D5' OR 'QA23_D6'= 1) AND 'AM10B' IS BLANK, CONTINUE WITH 'LTSS_FOLLOW_UP';
 ELSE GO TO 'PN_SUICIDE RESOURCE2'

'LTSS_FOLLOW_UP'

LTSS_FOLLOW_UP

Please provide your name and telephone number so that we may call you if we have additional questions.

First Name: _____ Last Name: _____

Phone Number: _____

PROGRAMMING NOTE SUICIDE RESOURCE 2:

IF 'QA23_S7' = (2, -7, -8),
AND ['QA23_S3' = 1 OR ('QA23_S3' = 2, -7, -8 AND 'QA23_S5' = 1)], THEN CONTINUE WITH
SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE2

'SUICIDE RESOURCE2': Again, 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

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

You can also visit [988lifeline.org](https://www.988lifeline.org) to chat online or find information about getting help.

PROGRAMMING NOTE CLOSE1 AND CLOSE2:

IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO 'CLOSE2';
ELSE CONTINUE WITH 'CLOSE1'

'CLOSE1' Let me check to see if there is anyone else.

If true, goto 'HH_SELECT'

'CLOSE2' Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator.

Dr. Ponce can be reached toll-free at 1-866-275-2447.

Thank you, and good-bye.