



CHIS 2025
Adult CAWI Questionnaire
(Self- administered)
Version 6.9
April 8, 2025
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.
Question and Response Text	On CAWI, this text is displayed.
Uppercase Text	On CAWI, this text is NOT shown to the respondent.
Range	On CAWI, 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 'QA25_A1':
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA25_A1' What is your date of birth?

AA1

Month _____ [Range: 1-12]

- ☐ January1
- ☐ February.....2
- ☐ March3
- ☐ April4
- ☐ May5
- ☐ June6
- ☐ July7
- ☐ August8
- ☐ September.....9
- ☐ October10
- ☐ November.....11
- ☐ December.....12
- ☐ REFUSED/ DON'T KNOW..... -3

Day _____ [Range: 1-31]

- ☐ REFUSED/ DON'T KNOW..... -3

Year _____ [Range: 1907-2005]

- ☐ REFUSED/ DON'T KNOW..... -3

‘AA4’

Just to confirm, you were assigned {INSERT RESPONSE FROM ‘QA25_A5’} at birth
and now describe yourself as {INSERT RESPONSE FROM ‘QA25_A6’}. Is that correct?

AD68B

- ☐ Yes1
- ☐ No.....2 [\[GO TO ‘QA25_A7’\]](#)
- ☐ REFUSED/ DON'T KNOW..... -3

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NOTE: Please consult the CHIS 2025 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 'QA25_A1':
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA25_A1' What is your date of birth?

AA1

Month _____ [Range: 1-12]

- ☐ January1
- ☐ February2
- ☐ March3
- ☐ April4
- ☐ May5
- ☐ June6
- ☐ July7
- ☐ August8
- ☐ September9
- ☐ October10
- ☐ November11
- ☐ December12
- ☐ REFUSED/DON'T KNOW -3

Day _____ [Range: 1-31]

- ☐ REFUSED/DON'T KNOW -3

Year _____ [Range: 1907-2006]

- ☐ REFUSED/DON'T KNOW -3

'QA25_A2' What month and year were you born?

AA1A

Month _____ [Range: 1-12]

- ☐ January1
- ☐ February2
- ☐ March3
- ☐ April4
- ☐ May5
- ☐ June6
- ☐ July7
- ☐ August8
- ☐ September9
- ☐ October10
- ☐ November11
- ☐ December12
- ☐ REFUSED/DON'T KNOW -3

Year _____ [Range: 1907-2006]

- ☐ REFUSED/DON'T KNOW -3

'QA25_A3' What is your age?

AA2

_____ Years of age [RANGE: 0-120]

☐ REFUSED/DON'T KNOW..... -3

'QA25_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 291
- ☐ Between 30 and 392
- ☐ Between 40 and 443
- ☐ Between 45 and 494
- ☐ Between 50 and 645
- ☐ 65 or older6
- ☐ REFUSED/DON'T NOW -3

POST NOTE 'QA25_A4':

AAGE ENUM.AGE CALCULATE VALUE OF AAGE BASED ON 'QA25_A1', 'QA25_A2', OR 'QA25_A3' TO USE IN ALL AGE-RELATED QUESTIONS; IF 'QA25_A1', 'QA25_A2', OR 'QA25_A3' = -3, THEN USE 'QA25_A4'; ELSE USE ENUM.AGE

Gender Identity

'QA25_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 -3

'QA25_A6' What is your current gender?

AD66C

- ☐ Female2
- ☐ Male1
- ☐ Transgender.....3
- ☐ Nonbinary.....5
- ☐ I use a different term: (____).....7
- ☐ Don't know8
- ☐ Prefer not to answer.....9
- ☐ REFUSED -3

PROGRAMMING NOTE 'QA25_A7':

IF ['QA25_A5' = 1 (MALE AT BIRTH) AND 'QA25_A6' = 2, 3, 5, 7] OR ['QA25_A5' = 2 (FEMALE AT BIRTH) AND 'QA25_A6' = 1, 3, 5, 7] THEN CONTINUE WITH 'QA25_A7';
ELSE SKIP to 'PN_QA25_A8';

DISPLAY INSTRUCTIONS:

IF RESPONDENT SELECTS 'QA25_A6' = 7 (I USE A DIFFERENT TERM) AND THE WRITE-IN FIELD IS BLANK THEN DISPLAY "Just to confirm, you were assigned {INSERT RESPONSE FROM 'QA25_A5'} and now describe yourself as 'I use a different term'. Is that correct?"

'QA25_A7' Just to confirm, you were assigned {INSERT RESPONSE FROM 'QA25_A5'} at birth and now describe yourself as {INSERT RESPONSE FROM 'QA25_A6'}. Is that correct?

AD68B

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

[IF AD68BSKIP = MISSING, GO TO 'QA25_A5'; ELSE IF AD68BSKIP = 1, GO TO 'PN_QA25_A8']

POST NOTE: IF 'QA25_A7' = 2, THEN SET AD68BSKIP=1, GO TO 'QA25_A5'

PROGRAMMING NOTE 'QA25_A8':

IF 'QA25_A6' = 3 (TRANSGENDER) THEN CONTINUE;
ELSE GO TO 'PN_QA25_A9'

'QA25_A8' Thank you. We recorded your gender as Transgender. In some surveys, Transgender is not an answer choice. How you would answer the following question where Transgender is **not** an answer choice:

AA18

What is your current gender?

- ☐ Female2
☐ Male1
☐ Nonbinary.....5
☐ I use a different term: (____).....7
☐ Don't know8
☐ Prefer not to answer.....9
☐ REFUSED -3

PROGRAMMING NOTE 'QA25_A9':

IF 'QA25_A6' = 3, THEN GO TO 'PN_QA25_A10';
IF 'QA25_A7' = 1 AND 'QA25_A6' ≠ 3 (NOT TRANSGENDER), OR IF 'QA25_A5' = 3, 9 (DON'T KNOW, PREFER NOT TO ANSWER) OR 'QA25_A6' = 8, 9, -3 (DON'T KNOW, PREFER NOT TO ANSWER, REFUSED) THEN CONTINUE;
ELSE GO TO 'PN_QA25_A10'

'QA25_A9' Some people identify as trans or transgender, meaning they have a different gender identity from their sex assigned at birth. Do you think of yourself as trans or transgender?

AA19

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_A10':

IF 'QA25_A6'=7 (I USE A DIFFERENT TERM), THEN CONTINUE;
ELSE GO TO 'QA25_A11'

'QA25_A10' We recorded your current gender as {INSERT: open-text gender identity response}.
If you had to place your current gender in one of the following categories, which would you choose?

AA20

- ☐ Female2
- ☐ Male1
- ☐ Transgender.....3
- ☐ Nonbinary.....5
- ☐ REFUSED/DON'T KNOW -3

Race and ethnicity

'QA25_A11' Please tell me, what is your race and ethnicity?

AA6*Select all that apply*

- ☐ American Indian or Alaska Native.....1
For example, Aztec, Cherokee, Maya, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Apache, Navajo Nation, etc.
 - ☐ Asian2
For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.
 - ☐ Black or African American.....3
For example, African American, Nigerian, Jamaican, Ethiopian, Haitian, South African, etc.
 - ☐ Hispanic or Latino4
For example, Mexican, Salvadoran, Guatemalan, Hispanic, Puerto Rican, Spanish, etc.
 - ☐ Middle Eastern or North African.....5
For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
 - ☐ Native Hawaiian or Pacific Islander6
For example, Native Hawaiian, Samoan, Chamorro, Fijian, Tongan, Marshallese, etc.
 - ☐ White7
For example, English, German, Irish, Italian, Scottish, French, etc.
 - ☐ Other (Specify: _____) 91
 - ☐ REFUSED/DON'T KNOW -3
- [GO TO 'QA25_A24']**

PROGRAMMING NOTE 'QA25_A12':

IF 'QA25_A11' = 4, 5 (HISPANIC OR LATINO, MIDDLE EASTERN OR NORTH AFRICAN) THEN CONTINUE WITH 'QA25_A12';

IF 'QA25_A11'=4, THEN DISPLAY "Hispanic or Latino", "category is", and "this category";

IF 'QA25_A11'=5, THEN DISPLAY "Middle Eastern or North African", "category is", and "this category";

IF 'QA25_A11'=4 AND 5, THEN DISPLAY "Hispanic or Latino and Middle Eastern or North African", "categories are", and "these categories are";

ELSE GO TO 'PN_QA25_A13';

'QA25_A12' Thank you. We have recorded your response as {Middle Eastern or North African/Hispanic or Latino/Middle Eastern or North African and Hispanic or Latino}. In some surveys, the {Middle Eastern or North African/Hispanic or Latino/Middle Eastern or North African and Hispanic or Latino} {category is/categories are} not listed. We are interested in how you would answer the following question where {this category is/these categories are} not listed:

AA23

Please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as

- ☐ White1
- ☐ Black or African American.....2
- ☐ Asian3
- ☐ American Indian or Alaska Native.....4
- ☐ Pacific Islander.....5
- ☐ Native Hawaiian6
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_A13':

IF 'QA25_A11'= 1 (AIAN), CONTINUE;

ELSE GO TO 'PN_QA25_A16'

'QA25_A13' You said you are American Indian or Alaska Native. What is your tribal heritage?

AA7

Select all that apply

- ☐ Apache1
- ☐ Aztec2
- ☐ Blackfeet Tribe of the Blackfeet Indian Reservation of Montana3
- ☐ Cherokee.....4
- ☐ Choctaw5
- ☐ Maya6
- ☐ Native village of Barrow Inupiat Traditional government7
- ☐ Navajo Nation.....8
- ☐ Nome Eskimo Community9
- ☐ Sioux 10
- ☐ Tarasco 11
- ☐ Yaqui 12
- ☐ Other tribe (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

'QA25_A14' Are you an enrolled member in a federally or state recognized tribe?

AA8

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

**[GO TO
 'PN_QA25_A16']**
**[GO TO
 'PN_QA25_A16']**

'QA25_A15' Which tribe are you enrolled in?

AA9

- Apache
☐ Mescalero Apache, NM.....1
☐ Apache (not specified) 2
☐ Other Apache (Specify: _____)3
 Blackfeet
☐ Blackfoot/Blackfeet4
 Cherokee
☐ Western Cherokee5
☐ Cherokee (not specified)6
☐ Other Cherokee (Specify: _____)7
 Choctaw
☐ Choctaw Oklahoma.....8
☐ Choctaw (not specified)9
☐ Other Choctaw (Specify: _____)..... 10
 Navajo
☐ Navajo (not specified) 11
 Pomo
☐ Hopland Band, Hopland Rancheria 12
☐ Sherwood Valley Rancheria..... 13
☐ Pomo (not specified) 14
☐ Other Pomo (SPECIFY: _____)..... 15
 Pueblo
☐ Hopi..... 16
☐ Ysleta del Sur Pueblo of Texas 17
☐ 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 Yaqui (Specify: _____) ... 25
 Other
☐ Other (Specify: _____)..... 91
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_A16':

IF 'QA25_A11' = 2 (ASIAN), CONTINUE;

ELSE GO TO 'PN_QA25_A17'

'QA25_A16' You said you are Asian. What specific ethnic group are you?**AA10***Select all that apply*

- ☐ Asian Indian1
- ☐ Cambodian.....2
- ☐ Chinese3
- ☐ Filipino.....4
- ☐ Hmong.....5
- ☐ Japanese.....6
- ☐ Korean.....7
- ☐ Pakistani.....8
- ☐ Taiwanese9
- ☐ Vietnamese 10
- ☐ Other Asian (Specify:____) 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_A17':

IF 'QA25_A11' = 3 (BLACK OR AFRICAN AMERICAN), CONTINUE;

ELSE GO TO 'PN_QA25_A18'

'QA25_A17' You said you are Black or African American. What are your Black origin or origins?**AA11***Select all that apply*

- ☐ African American.....1
- ☐ Ethiopian2
- ☐ Eritrean.....3
- ☐ Ghanaian.....4
- ☐ Haitian5
- ☐ Jamaican.....6
- ☐ Kenyan7
- ☐ Nigerian.....8
- ☐ Somali9
- ☐ South African..... 10
- ☐ Other Black or African American
(Specify:____) 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_A18':

IF 'QA25_A11'= 4 (HISPANIC OR LATINO), CONTINUE;
ELSE GO TO 'PN_QA25_A19'

'QA25_A18' You said you are Hispanic or Latino. What is your Hispanic or Latino origin?

AA12

Select all that apply

- ☐ Cuban.....1
- ☐ Dominican2
- ☐ Guatemalan.....3
- ☐ Hispanic4
- ☐ Honduran5
- ☐ Mexican.....6
- ☐ Nicaraguan.....7
- ☐ Peruvian.....8
- ☐ Puerto Rican9
- ☐ Salvadoran 10
- ☐ Spanish 11
- ☐ Other Hispanic or Latino (Specify:____) 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_A19':

IF 'QA25_A11'= 5 (MENA), CONTINUE;
ELSE GO TO 'PN_QA25_A20'

'QA25_A19' You said you are Middle Eastern or North African. What specific origin or origins are you?

AA13

Select all that apply

- ☐ Arab.....1
- ☐ Assyrian2
- ☐ Egyptian3
- ☐ Iranian4
- ☐ Iraqi5
- ☐ Israeli.....6
- ☐ Jordanian7
- ☐ Lebanese8
- ☐ Palestinian.....9
- ☐ Syrian 10
- ☐ Other Middle Eastern or North African
(Specify:____) 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_A20':
 IF 'QA25_A11' = 6 (NHPI), CONTINUE;
 ELSE GO TO 'PN_QA25_A21'

'QA25_A20' You said you are Native Hawaiian or Pacific Islander. What specific ethnic group are you?

AA14

Select all that apply

- ☐ Chamorro1
- ☐ Fijian.....2
- ☐ Maori4
- ☐ Marshallese.....5
- ☐ Native Hawaiian6
- ☐ Palauan7
- ☐ Samoan.....8
- ☐ Tahitian9
- ☐ Tongan 10
- ☐ Other Native Hawaiian or Pacific Islander
 (Specify:____) 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_A21':
 IF 'QA25_A11'= 7 (WHITE), CONTINUE;
 ELSE GO TO 'PN_QA25_A22'

'QA25_A21' You said you are White. What are your White origin or origins?

AA15

Select all that apply

- ☐ Dutch1
- ☐ English2
- ☐ French3
- ☐ German4
- ☐ Irish5
- ☐ Italian.....6
- ☐ Polish7
- ☐ Russian8
- ☐ Scottish9
- ☐ Swedish..... 10
- ☐ Other White (Specify:____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_A22':**RACE AND ETHNICITY EXPERIMENT SAMPLE (REE=1):**

IF MULTIPLE RESPONSES ARE SELECTED IN 'QA25_A11' OR MULTIPLE RESPONSES ARE SELECTED IN 'QA25_A16' THROUGH 'QA25_A21', THEN CONTINUE,
ELSE SKIP TO 'QA25_A24';

DISPLAY INSTRUCTIONS:

IF 'QA25_A11'=1 (AMERICAN INDIAN OR ALASKA NATIVE), THEN DISPLAY 'QA25_A11'=1
(AMERICAN INDIAN OR ALASKA NATIVE);

IF 'QA25_A11' = 2 (ASIAN) AND 'QA25_A16' = 1 TO 10, 91 (ASIAN ETHNIC GROUPS), THEN DO NOT DISPLAY 'ASIAN' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A16';
ELSE IF 'QA25_A11' = 2 (ASIAN) AND 'QA25_A16' = -3 (NO VALID RESPONSES), THEN DISPLAY 'ASIAN';

IF 'QA25_A11' = 3 (BLACK OR AFRICAN AMERICAN) AND 'QA25_A17' = 1 TO 10, 91 (BLACK OR AFRICAN AMERICAN ORIGINS), THEN DO NOT DISPLAY 'BLACK OR AFRICAN AMERICAN' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A17';
ELSE IF 'QA25_A11' = 3 (BLACK OR AFRICAN AMERICAN) AND 'QA25_A17' = -3 (NO VALID RESPONSES), THEN DISPLAY 'BLACK OR AFRICAN AMERICAN';

IF 'QA25_A11' = 4 (HISPANIC OR LATINO) AND 'QA25_A18' = 1 TO 10, 91 (HISPANIC OR LATINO ORIGINS), THEN DO NOT DISPLAY 'HISPANIC OR LATINO' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A18';
ELSE IF 'QA25_A11' = 4 (HISPANIC OR LATINO) AND 'QA25_A18' = -3 (NO VALID RESPONSES), THEN DISPLAY 'HISPANIC OR LATINO';

IF 'QA25_A11' = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND 'QA25_A19' = 1 TO 10, 91 (MIDDLE EASTERN OR NORTH AFRICAN ORIGINS), THEN DO NOT DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A19';
ELSE IF 'QA25_A11' = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND 'QA25_A19' = -3 (NO VALID RESPONSES), THEN DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN';

IF 'QA25_A11' = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND 'QA25_A20' = 1 TO 10, 91 (NATIVE HAWAIIAN OR PACIFIC ISLANDER ETHNIC GROUP), THEN DO NOT DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A20';
ELSE IF 'QA25_A11' = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND 'QA25_A20' = -3 (NO VALID RESPONSES), THEN DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER';

IF 'QA25_A11' = 7 (WHITE) AND 'QA25_A21' = 1 TO 10, 91 (WHITE ORIGINS), THEN DO NOT DISPLAY 'WHITE' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A21';
ELSE IF 'QA25_A11' = 7 (WHITE) AND 'QA25_A21' = -3 (NO VALID RESPONSES), THEN DISPLAY 'WHITE';

DISPLAY "You said you are: {INSERT SELECTED RESPONSES FROM 'AA6, 'QA25_A16', 'QA25_A17', 'QA25_A18', 'QA25_A19', 'QA25_A20', 'QA25_A21'}"

RACE AND ETHNICITY EXPERIMENT SAMPLE (REE=2)

IF 'QA25_A11'=1 ONLY OR 'QA25_A11'=3 ONLY OR 'QA25_A11'=7 ONLY, THEN SKIP TO NEXT TOPIC (AH36);
ELSE IF MULTIPLE RESPONSES ARE SELECTED IN 'QA25_A11' OR MULTIPLE RESPONSES ARE SELECTED IN 'QA25_A16' THROUGH 'QA25_A21', THEN CONTINUE,

ELSE SKIP TO 'QA25_A24';

DISPLAY INSTRUCTIONS:

IF 'QA25_A11' = 1 (AMERICAN INDIAN OR ALASKA NATIVE), THEN DISPLAY 'AMERICAN INDIAN OR ALASKA NATIVE';

IF 'QA25_A11' = 3 (BLACK OR AFRICAN AMERICAN), THEN DISPLAY 'BLACK OR AFRICAN AMERICAN';

IF 'QA25_A11' = 7 (WHITE), THEN DISPLAY 'WHITE';

IF 'QA25_A11' = 2 (ASIAN) AND 'QA25_A16' = 1 TO 10, 91 (ASIAN ETHNIC GROUPS), THEN DO NOT DISPLAY 'ASIAN' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A16';

ELSE IF 'QA25_A11' = 2 (ASIAN) AND 'QA25_A16' = -3 (NO VALID RESPONSES), THEN DISPLAY 'ASIAN';

IF 'QA25_A11' = 4 (HISPANIC OR LATINO) AND 'QA25_A18' = 1 TO 10, 91 (HISPANIC OR LATINO ORIGINS), THEN DO NOT DISPLAY 'HISPANIC OR LATINO' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A18';

ELSE IF 'QA25_A11' = 4 (HISPANIC OR LATINO) AND 'QA25_A18' = -3 (NO VALID RESPONSES), THEN DISPLAY 'HISPANIC OR LATINO';

IF 'QA25_A11' = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND 'QA25_A19' = 1 TO 10, 91 (MIDDLE EASTERN OR NORTH AFRICAN ORIGINS), THEN DO NOT DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A19';

IF 'QA25_A11' = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND 'QA25_A19' = -3 (NO VALID RESPONSES), THEN DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN';

IF 'QA25_A11' = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND 'QA25_A20' = 1 TO 10, 91 (NATIVE HAWAIIAN OR PACIFIC ISLANDER ETHNIC GROUP), THEN DO NOT DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A20';

ELSE IF 'QA25_A11' = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND 'QA25_A19' = -3 (NO VALID RESPONSES), THEN DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER';

DISPLAY "You said you are: {INSERT SELECTIONS IN 'QA25_A11', 'QA25_A16', 'QA25_A18', 'QA25_A19', 'QA25_A20'}"

DISPLAY INSTRUCTIONS FOR REE=1 AND REE=2:

IF RESPONDENT SELECTS 'QA25_A11' = 91 (OTHER SPECIFY) AND THE WRITE-IN FIELD IS BLANK

THEN DISPLAY "You said you are: {DISPLAY FROM REE=1/REE=2}, and another race and ethnicity."

'QA25_A22' You said you are: {DISPLAY FROM REE=1/REE=2}.

AA16

Do you identify with any one group in particular?

- | | | | |
|-----------------------|-------------------------|----|--------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | No..... | 2 | [GO TO 'QA25_A24'] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'QA25_A24'] |

PROGRAMMING NOTE 'QA25_A23':

ONLY DISPLAY CATEGORIES BASED ON SELETED RESPONSES FROM 'QA25_A11' AND 'QA25_A16' THROUGH 'QA25_A21', AND EXPERIMENT CONDITIONS (REE=1 OR REE=2):

DISPLAY INSTRUCTIONS:

ALWAYS DISPLAY OPTION 75 'Both/All/Multiracial', 76 'None of these';

RACE AND ETHNICITY EXPERIMENT SAMPLE (REE=1):

IF 'QA25_A11' = 1 (AMERICAN INDIAN OR ALASKA NATIVE), THEN DISPLAY 'AMERICAN INDIAN OR ALASKA NATIVE';

IF 'QA25_A11' = 2 (ASIAN) AND 'QA25_A16' = 1 TO 10 OR 91 (ASIAN ETHNIC GROUPS), THEN DO NOT DISPLAY 'ASIAN' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A16';
ELSE IF 'QA25_A11' = 2 (ASIAN) AND 'QA25_A16' = -3 (NO VALID RESPONSES), THEN DISPLAY 'ASIAN';

IF 'QA25_A11' = 3 (BLACK OR AFRICAN AMERICAN) AND 'QA25_A17' = 1 TO 10 OR 91 (BLACK OR AFRICAN AMERICAN ORIGINS), THEN DO NOT DISPLAY 'BLACK OR AFRICAN AMERICAN' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A17';
ELSE IF 'QA25_A11' = 3 (BLACK OR AFRICAN AMERICAN) AND 'QA25_A17' = -3 (NO VALID RESPONSES), THEN DISPLAY 'BLACK OR AFRICAN AMERICAN';

IF 'QA25_A11' = 4 (HISPANIC OR LATINO) AND 'QA25_A18' = 1 TO 10 OR 91 (HISPANIC OR LATINO ORIGINS), THEN DO NOT DISPLAY 'HISPANIC OR LATINO' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A18';
ELSE IF 'QA25_A11' = 4 (HISPANIC OR LATINO) AND 'QA25_A18' = -3 (NO VALID RESPONSES), THEN DISPLAY 'HISPANIC OR LATINO';

IF 'QA25_A11' = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND 'QA25_A19' = 1 TO 10 OR 91 (MIDDLE EASTERN OR NORTH AFRICAN ORIGINS), THEN DO NOT DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A19';
ELSE IF 'QA25_A11' = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND 'QA25_A19' = -3 (NO VALID RESPONSES), THEN DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN';

IF 'QA25_A11' = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND 'QA25_A20' = 1 TO 10 OR 91 (NATIVE HAWAIIAN OR PACIFIC ISLANDER ETHNIC GROUPS), THEN DO NOT DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A20';
ELSE IF 'QA25_A11' = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND 'QA25_A19' = -3 (NO VALID RESPONSES), THEN DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER';

IF 'QA25_A11' = 7 (WHITE) AND 'QA25_A21' = 1 TO 10 OR 91 (WHITE ORIGINS), THEN DO NOT DISPLAY 'WHITE' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A21';
ELSE IF 'QA25_A11' = 7 (WHITE) AND 'QA25_A21' = -3 (NO VALID RESPONSES), THEN DISPLAY 'WHITE';

RACE AND ETHNICITY EXPERIMENT SAMPLE (REE=2)

IF 'QA25_A11' = 1 (AMERICAN INDIAN OR ALASKA NATIVE), THEN DISPLAY 'AMERICAN INDIAN OR ALASKA NATIVE';

IF 'QA25_A11' = 3 (BLACK OR AFRICAN AMERICAN), THEN DISPLAY 'BLACK OR AFRICAN AMERICAN';

IF 'QA25_A11' = 7 (WHITE), THEN DISPLAY 'WHITE';

IF 'QA25_A11' = 2 (ASIAN) AND 'QA25_A16' = 1 TO 10 OR 91 (ASIAN ETHNIC GROUPS), THEN DO NOT DISPLAY 'ASIAN' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A16';
ELSE IF 'QA25_A11' = 2 (ASIAN) AND 'QA25_A16' = -3 (NO VALID RESPONSES), THEN DISPLAY 'ASIAN';

IF 'QA25_A11' = 4 (HISPANIC OR LATINO) AND 'QA25_A18' = 1 TO 10 OR 91 (HISPANIC OR LATINO ORIGINS), THEN DO NOT DISPLAY 'HISPANIC OR LATINO' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A18';
ELSE IF 'QA25_A11' = 4 (HISPANIC OR LATINO) AND 'QA25_A18' = -3 (NO VALID RESPONSES), THEN DISPLAY 'HISPANIC OR LATINO';

IF 'QA25_A11' = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND 'QA25_A19' = 1 TO 10 OR 91 (MIDDLE EASTERN OR NORTH AFRICAN ORIGINS), THEN DO NOT DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A19';
ELSE IF 'QA25_A11' = 5 (MIDDLE EASTERN OR NORTH AFRICAN) AND 'QA25_A19' = -3 (NO VALID RESPONSES), THEN DISPLAY 'MIDDLE EASTERN OR NORTH AFRICAN';

IF 'QA25_A11' = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND 'QA25_A20' = 1 TO 10 OR 91 (NATIVE HAWAIIAN OR PACIFIC ISLANDER ETHNIC GROUPS), THEN DO NOT DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER' AND DISPLAY SELECTED CATEGORIES IN 'QA25_A20';
ELSE IF 'QA25_A11' = 6 (NATIVE HAWAIIAN OR PACIFIC ISLANDER) AND 'QA25_A19' = -3 (NO VALID RESPONSES), THEN DISPLAY 'NATIVE HAWAIIAN OR PACIFIC ISLANDER';

DISPLAY INSTRUCTIONS FOR REE=1 AND REE=2:

IF RESPONDENT SELECTS 'QA25_A11' = 91 (OTHER SPECIFY) AND THE WRITE-IN FIELD IS BLANK

THEN DISPLAY "You said you are: {DISPLAY FROM REE=1/REE=2}, and another race and ethnicity."

'QA25_A23' Which one group do you most identify with?

AA17

- ☐ African American.....1
- ☐ American Indian or Alaska Native.....2
- ☐ Arab.....3
- ☐ Asian4
- ☐ Asian Indian5
- ☐ Assyrian6
- ☐ Black or African American7
- ☐ Cambodian.....8
- ☐ Chamorro9
- ☐ Chinese 10
- ☐ Cuban..... 11
- ☐ Dominican 12
- ☐ Dutch..... 13
- ☐ Egyptian 14
- ☐ English 15
- ☐ Eritrean..... 16
- ☐ Ethiopian 17
- ☐ Fijian..... 18
- ☐ Filipino..... 19
- ☐ French 20
- ☐ German 21
- ☐ Ghanaian..... 22
- ☐ Guatemalan..... 23
- ☐ Haitian 24

<input type="radio"/>	Hispanic or Latino	25
<input type="radio"/>	Hispanic	26
<input type="radio"/>	Hmong.....	27
<input type="radio"/>	Honduran	28
<input type="radio"/>	Iranian	29
<input type="radio"/>	Iraqi	30
<input type="radio"/>	Irish	31
<input type="radio"/>	Israeli.....	32
<input type="radio"/>	Italian.....	33
<input type="radio"/>	Jamaican.....	34
<input type="radio"/>	Japanese.....	35
<input type="radio"/>	Jordanian	36
<input type="radio"/>	Kenyan	37
<input type="radio"/>	Korean.....	38
<input type="radio"/>	Lebanese	39
<input type="radio"/>	Maori	40
<input type="radio"/>	Marshallese.....	41
<input type="radio"/>	Mexican.....	42
<input type="radio"/>	Middle Eastern or North African.....	43
<input type="radio"/>	Native Hawaiian or Pacific Islander	44
<input type="radio"/>	Native Hawaiian	45
<input type="radio"/>	Nicaraguan.....	46
<input type="radio"/>	Nigerian	47
<input type="radio"/>	Other (Specify: <u>[from 'QA25 A11']</u>)	48
<input type="radio"/>	Other Asian (Specify:____)	49
<input type="radio"/>	Other Black or African American (Specify:____)	50
<input type="radio"/>	Other Hispanic or Latino (Specify:____)	51
<input type="radio"/>	Other Middle Eastern or North African (Specify:____)	52
<input type="radio"/>	Other Native Hawaiian or Pacific Islander (Specify:____)	53
<input type="radio"/>	Other White (Specify:____).....	54
<input type="radio"/>	Pakistani.....	55
<input type="radio"/>	Palauan	56
<input type="radio"/>	Palestinian.....	57
<input type="radio"/>	Peruvian	58
<input type="radio"/>	Polish	59
<input type="radio"/>	Puerto Rican	60
<input type="radio"/>	Russian	61
<input type="radio"/>	Salvadoran.....	62
<input type="radio"/>	Samoan.....	63
<input type="radio"/>	Scottish	64
<input type="radio"/>	Somali	65
<input type="radio"/>	South African.....	66
<input type="radio"/>	Spaniard.....	67
<input type="radio"/>	Swedish.....	68
<input type="radio"/>	Syrian	69
<input type="radio"/>	Tahitian	70
<input type="radio"/>	Taiwanese.....	71
<input type="radio"/>	Tongan	72
<input type="radio"/>	Vietnamese	73
<input type="radio"/>	White	74
<input type="radio"/>	Both/All/Multiracial	75
<input type="radio"/>	None of these.....	76
<input type="radio"/>	REFUSED/DON'T KNOW.....	-3

Language Spoken at Home

'QA25_A24' What languages do you speak at home?

AH36

Check all that apply

- ☐ English.....1
- ☐ Spanish.....2
- ☐ Cantonese3
- ☐ Vietnamese.....4
- ☐ Tagalog.....5
- ☐ Mandarin.....6
- ☐ Korean7
- ☐ Asian Indian languages8
- ☐ Russian.....9
- ☐ Japanese 12
- ☐ French..... 14
- ☐ German..... 15
- ☐ Farsi..... 18
- ☐ Armenian 19
- ☐ Arabic..... 20
- ☐ Other 1 (Specify: _____) 91
- ☐ Other 2 (Specify: _____) 92
- ☐ REFUSED/DON'T KNOW -3

Additional Language Use

PROGRAMMING NOTE 'QA25_A25':

IF 'QA25_A24' = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO 'PN_QA25_A27';

DISPLAY INSTRUCTIONS:

IF 'QA25_A24' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH 'QA25_A25' 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 AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA25_A25' WAS ASKED

'QA25_A25' {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 well3
- ☐ Not at all4
- ☐ REFUSED/DON'T KNOW -3

Educational Attainment

'QA25_A26' What is the highest grade of education you have completed and received credit for?

AH47	
	<input type="radio"/> No Formal Education 30 <input type="radio"/> Grade School2 <input type="radio"/> High School or Equivalent.....3 <input type="radio"/> 4-Year College or University4 <input type="radio"/> Graduate or Professional School5 <input type="radio"/> 2-Year Junior or Community College.....6 <input type="radio"/> Vocational, Business, or Trade School.....7
Grade	<input type="radio"/> 1st Grade1 <input type="radio"/> 2nd Grade2 <input type="radio"/> 3rd Grade3 <input type="radio"/> 4th Grade4 <input type="radio"/> 5th Grade5 <input type="radio"/> 6th Grade6 <input type="radio"/> 7th Grade7 <input type="radio"/> 8th Grade8
High	<input type="radio"/> 9th Grade9 <input type="radio"/> 10th Grade 10 <input type="radio"/> 11th Grade 11 <input type="radio"/> 12th Grade 12
College	<input type="radio"/> 1st year of college or university (Freshman) 13 <input type="radio"/> 2nd year of college or university (Sophomore) 14 <input type="radio"/> 3rd year of college or university (Junior) 15 <input type="radio"/> 4th year of college..... 16 <input type="radio"/> or university (Senior)(BA/BS)..... 16 <input type="radio"/> 5th year of college or university 17
Graduate	<input type="radio"/> 1st year of graduate or professional School 18 <input type="radio"/> 2nd year of graduate or professional school (MA/MS) 19 <input type="radio"/> 3rd year of graduate or professional School 20 <input type="radio"/> More than 3 years of graduate or professional school (PhD) 21
Community	<input type="radio"/> 1st year of junior or community college 22 <input type="radio"/> 2nd year of junior or community college (AA/AS) 23
Business	<input type="radio"/> 1st year of vocational, business, or trade school..... 24 <input type="radio"/> 2nd year of vocational, business, or trade school..... 25 <input type="radio"/> More than 2 years of vocational, business,or trade school 26

Marital Status

'QA25_A27' Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

AH43

- | | | |
|---|----|--------------------------|
| <input type="radio"/> Married | 1 | |
| <input type="radio"/> Living with partner | 2 | |
| <input type="radio"/> Widowed | 3 | [GO TO
'PN_QA25_A31'] |
| <input type="radio"/> Divorced | 4 | [GO TO
'PN_QA25_A31'] |
| <input type="radio"/> Separated | 5 | [GO TO
'PN_QA25_A31'] |
| <input type="radio"/> Never married | 6 | [GO TO
'PN_QA25_A31'] |
| <input type="radio"/> REFUSED/DON'T KNOW | -3 | [GO TO
'PN_QA25_A31'] |

Spouse/Partner

PROGRAMMING NOTE 'QA25_A28':**DISPLAY INSTRUCTIONS:**

IF 'QA25_A27' = 1, THEN DISPLAY "spouse";

IF 'QA25_A27' = 2, THEN DISPLAY "partner";

'QA25_A28' Is your {spouse/partner} also living in your household?

AH44

- | | |
|--|----|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> No | 2 |
| <input type="radio"/> REFUSED/DON'T KNOW | -3 |

'QA25_A29' May I have your {spouse/partner}'s age and gender?

SC11A

Enter spouse's/Partner's age and gender

- | | | |
|-----------------------|-----------------------------|--------------|
| | Spouse/Partner age | [SR: 18-120] |
| | Spouse/Partner gender | |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 |

PROGRAMMING NOTE 'QA25_A30':

IF 'WSC6' = -3 IN SCREENER, CONTINUE WITH 'QA25_A30';

ELSE SKIP TO 'PN_QA25_A31'

Adult Roster

'QA25_A30' Besides yourself (and your spouse/partner), are there other adults, age 18 or older, currently living in this household?

PRE-ROSTER

- | | |
|--|----|
| <input type="radio"/> Yes | 1 |
| <input type="radio"/> No | 2 |
| <input type="radio"/> REFUSED/DON'T KNOW | -3 |

PROGRAMMING NOTE 'QA25_A31':

IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE;
ELSE GOTO 'QA25_B1'

'QA25_A31' How many children, age 11 and younger including babies, normally live in this household?

SC7B

- ☐ Children under 12 _____
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_A32' And how many adolescents age 12-17, normally live in this household?

SC8B

- ☐ Children 12 -17 _____
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_A32': SET KIDCNT = 'QA25_A31' + 'QA25_A32'

'QA25_A33' {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/DON'T KNOW..... -3

'QA25_A34' What is {the child's/this child's} age?

SC13A2

- ☐ _____AGE
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_A35':

IF KIDCNT = 1 INSERT "the child's"
IF KIDCNT > 1 INSERT "this child's"

'QA25_A35' What is {the child's/this child's} gender?

GENDER6

- ☐ Male1
- ☐ Female2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_A36':

IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK 'QA25_A36' FOR EACH ROSTER MEMBER WITHOUT AN AGE

NOTE 'QA25_A36' IS PART OF THE CHILD ROSTER

(IF 'QA25_A34' = -3. ASK 'QA25_A36' IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD) (IF 'QA25_A34' = -3 AND 'QA25_A33' = -3 INSERT "the child" AND DO NOT DISPLAY CHILD NAME/SEX)

'QA25_A36' Is {CHILD NAME/ the child}...

SC15A4

- ☐ 0 to 5 years old1
- ☐ 6 to 11 years old2
- ☐ 12 to 17 years old3
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_A37':

IF 'KIDCNT' = 1 INSERT "the child"

IF 'KIDCNT' > 1 INSERT "all the children"

'QA25_A37' Are you the parent or legal guardian of (the child/all the children) in your household?

SC14B4

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_A38':

IF 'QA25_A37' = 2 ASK 'QA25_A38' FOR EACH CHILD IN THE ROSTER

'QA25_A38' Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

SC14B

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_A39':

IF NAME GIVEN AT 'QA25_A29' INSERT 'QA25_A29' NAME

ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)

IF 'KIDCNT' =1 INSERT "the child"

IF 'KIDCNT' >1 INSERT "all the children"

'QA25_A39' 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/DON'T KNOW -3

POST NOTE 'QA25_A39': IF 'QA25_A39' = 1 AUTO POPULATE 'QA25_A40' AS 'YES' FOR ALL CHILDREN IN HH

PROGRAMMING NOTE 'QA25_A40':

IF 'QA25_A39' = 2 ASK 'QA25_A40' FOR EACH CHILD IN THE ROSTER

'QA25_A40' Is (INSERT AN ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

SC14C2

- ☐ Yes.....1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_A41':

IF 'QA25_A38' =1 THEN

CHILD1CNT = COUNT OF CHILDREN IN 'QA25_A38' AGED 0 TO 5 YRS

CHILD2CNT = COUNT OF CHILDREN IN 'QA25_A38' AGED 6 TO 11 YRS

TEENCNT = COUNT OF CHILDREN IN 'QA25_A38' AGED 12 TO 17 YRS

Child selection from only those with 'QA25_A38'=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 x CHILD1CNT / (2 x CHILD1CNT + CHILD2CNT)

FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = CHILD2CNT / (2 x CHILD1CNT +

CHILD2CNT) SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB

Teen selection from only those with 'QA25_A38'=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

'QA25_A41' We have recorded {CHILD1CNT+CHILD2CNT+TEENCNT} child{ren} 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 **[GO TO 'QA25_A33' _LOOP]**
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_A41': 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

'QA25_A42' 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
- ☐ Grandfather6
- ☐ Aunt.....7
- ☐ Uncle8
- ☐ Cousin9
- ☐ Other relative..... 10
- ☐ Nonrelative 11
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_A42': 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

'QA25_B1' Would you say that in general your health is excellent, very good, good, fair, or poor?

AB1

- ☐ Excellent.....1
- ☐ Very good.....2
- ☐ Good3
- ☐ Fair4
- ☐ Poor.....5
- ☐ REFUSED/DON'T KNOW..... -3

Asthma

'QA25_B2' Has a doctor ever told you that you have asthma?

AB17B

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO
'PN_QA25_B5']
[GO TO
'PN_QA25_B5']

'QA25_B3' Do you still have asthma?

AB40

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_B4' During the past 12 months, have you had an episode of asthma or an asthma attack?

AB41

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

Diabetes

PROGRAMMING NOTE 'QA25_B5':

IF 'QA25_A5' = 2 (FEMALE AT BIRTH) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

'QA25_B5' {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

AB22

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO 'QA25_B6']
[GO TO 'QA25_B6']

Heart Disease

'QA25_B6' Has a doctor ever told you that you have any kind of heart disease?

AB34

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

Section C: Health Behaviors

Cigarette Use

'QA25_C1' Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

AE15

- ☐ Yes1
☐ No2 **[GO TO 'PN_QA25_C4']**
☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_QA25_C4']**

'QA25_C2' Do you now smoke cigarettes every day, some days, or not at all?

AE15A

- ☐ Every day1 **[GO TO 'PN_QA25_C4']**
☐ Some days2 **[GO TO 'PN_QA25_C4']**
☐ Not at all3
☐ REFUSED/DON'T KNOW -3

'QA25_C3' How long has it been since you last smoked a cigarette, even one or two puffs?

AC173

_____ Amount of time

**[IF 'QA25_C3' > 30 DAYS
OR > 5 WEEKS OR >1 MONTH OR= -3, GO TO 'PN_QA25_C10']**

_____ Unit of time

- ☐ Days1 **[HR: 0-365]**
☐ Weeks2 **[HR: 0-52]**
☐ Months3 **[HR: 0-12]**
☐ Years4 **[HR: 0-AAGE]**
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_C4':

IF 'QA25_C1' = 2, -3 OR 'QA25_C2' = 1, 2 OR 'QA25_C3' <= 30 DAYS OR 'QA25_C3' <= 5 WEEKS OR 'QA25_C3' <= 1 MONTH, CONTINUE WITH 'QA25_C4';
ELSE GO TO 'QA25_C14';

'QA25_C4' During the past 30 days, on how many days did you smoke cigarettes?

AC174

- ☐ _____ Number of days **[HR: 0-30]**
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_C5':

IF 'QA25_C2' = 1 (SMOKE EVERY DAY), CONTINUE WITH 'QA25_C5';
 ELSE IF 'QA25_C2' = 2 (SMOKE SOME DAYS) OR 'QA25_C4' > 0 (PAST 30-DAY SMOKER), GO TO 'PN_QA25_C6';
 ELSE GO TO 'PN_QA25_C8';

'QA25_C5' On average, how many cigarettes do you now smoke a day?

AD32

A pack usually contains 20 cigarettes

- ☐ _____ Number of cigarettes [HR: 0-120]
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_C6':

IF 'QA25_C2' = 2 (SMOKE SOME DAYS) OR 'QA25_C4' > 0 (PAST 30-DAY SMOKER), CONTINUE WITH 'QA25_C6';
 ELSE GO TO 'PN_QA25_C7'

'QA25_C6' In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?

If you did not smoke every day in the past 30 days, consider the days you did smoke. A pack usually contains 20 cigarettes.

AE16

- ☐ _____ Number of cigarettes [HR: 0-120]
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_C7':**DISPLAY INSTRUCTIONS:**

IF 'QA25_C2' = 1 (SMOKE EVERY DAY), THEN READ "How";
 ELSE IF 'QA25_C2' = 2 (SMOKE SOME DAYS) OR 'QA25_C4' > 0 (PAST 30-DAY SMOKER), THEN READ "On days when you smoke, how";

'QA25_C7' {On days when you smoke, how/How} soon after you are awake do you usually smoke your first cigarette?

AC54B

- ☐ _____ Amount of time [HR: 0-24 HOURS]
☐ Minutes.....1
☐ Hours.....2
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_C8':

IF 'QA25_C2' = 1 (SMOKE EVERY DAY) OR 'QA25_C2' = 2 (SMOKE SOME DAYS) OR 'QA25_C4' > 0 (PAST 30-DAY SMOKER), CONTINUE WITH 'QA25_C8';
 ELSE GO TO 'QA25_C14'

'QA25_C8' Were any of the cigarettes you smoked menthol flavored?

AC175C

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

'QA25_C9' How old were you when you smoked your first whole cigarette?

AC176B

- ☐ _____ Age in years [HR: 1 THRU AAGE
(OR 105 IF AAGE = -
3)]
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_C10':

IF 'QA25_C2' = 1 (SMOKE EVERY DAY) OR 'QA25_C2' = 2 (SMOKE SOME DAYS), OR 'QA25_C4' > 0 (PAST 30-DAY SMOKER) CONTINUE WITH 'QA25_C10';
ELSE GO TO 'QA25_C14'

'QA25_C10' During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

AC49B

- ☐ Yes1
- ☐ No.....2 [GO TO 'QA25_C12']
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_C12']

'QA25_C11' We'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]
- ☐ Months3 [HR: 0-12]
- ☐ Years4 [HR: 0-10]
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C12' In the past 12 months, did a doctor or other health professional advise you to quit smoking?

AC77B

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C13' Are you thinking about quitting smoking in the next six months?

AC50B

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

E-cigarette Use

'QA25_C14' 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
☐ No.....2 [GO TO 'QA25_C73']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_C73']

'QA25_C15' 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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_C16':

IF 'QA25_C15' > 0 (PAST 30 DAY VAPE USE), CONTINUE WITH 'QA25_C16';
ELSE GO TO 'PN_QA25_C24'

'QA25_C16' Were any of the electronic vaping products you used in flavors such as mint, fruit, candy, or wine?

AC134

- ☐ Yes1
☐ No.....2 [GO TO 'PN_QA25_C24']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA25_C24']

'QA25_C17' Which flavor did you use in electronic vaping products? Was it...

AC179

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

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C18' Which flavor did you use in electronic vaping products? Was it...

AC180

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

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C19' Which flavor did you use in electronic vaping products? Was it...

AC181

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

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C20' Which flavor did you use in electronic vaping products? Was it...

AC182A

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

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C21' Which flavor did you use in electronic vaping products? Was it...

AC182B

Menthol flavored?

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C22' Which flavor did you use in electronic vaping products? Was it...

AC183

Tobacco flavored?

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C23' Which flavor did you use in electronic vaping products? Was it...

AC184

Some other flavor?

- ☐ Yes (Specify:.....).....1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_C24':

IF AAGE = 18-29 AND 'QA25_C14'=1 , THEN CONTINUE WITH 'QA25_C24';
ELSE SKIP TO 'PN_QA25_C32';

'QA25_C24' How old were you when you used your first electronic vaping product?

Do not include products used only for marijuana

AC223

_____ Age in years

**[HR: 1 THRU AAGE
(OR 29 IF AAGE = -3)]**

☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_C25':

IF 'AAGE' = 18 TO 29 AND 'QA25_C16' = 1, THEN CONTINUE WITH 'PN_QA25_C25';
ELSE SKIP TO 'PN_QA25_C27';

'QA25_C25' Where do you usually buy flavored electronic vaping products most of the time?

AC225

- ☐ A convenience store or gas station.....1
- ☐ A liquor store2
- ☐ A supermarket, grocery store, or drug store 3
- ☐ A vape shop or vape lounge4
- ☐ A smoke shop, tobacco specialty store, or tobacco outlet store.....5
- ☐ A friend or relative6
- ☐ A store on Tribal land.....7
- ☐ A website or app8
- ☐ Some other location9
- ☐ REFUSED/DON'T KNOW..... -3

**[GO TO
'PN_QA25_C27']**

**[GO TO
'PN_QA25_C27']**

**[GO TO
'PN_QA25_C27']**

**[GO TO
'PN_QA25_C27']**

'QA25_C26' Do you usually buy flavored electronic vaping products...

AC224

- ☐ In California1
- ☐ From another state.....2
- ☐ Outside the US.....3
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_C27':

IF 'AAGE' = 18-29 AND 'QA25_C15' > 0 (PAST 30 DAY USE), THEN CONTINUE WITH 'QA25_C27';
ELSE SKIP TO 'QA25_C32';

'QA25_C27' What is the **main** reason you use an electronic vaping product?

AC226

- ☐ I like the flavors and/or smell1
- ☐ It is less harmful than smoking.....2
- ☐ I want to quit or reduce smoking3
- ☐ It helps me relax.....4
- ☐ It is cheaper than smoking.....5
- ☐ It is fun and exciting6
- ☐ My friends or family vape7
- ☐ Some other reason8
- ☐ REFUSED/DON'T KNOW -3

'QA25_C28' Which types of electronic vaping products do you use?

AC227

- ☐ A disposable device1
- ☐ A device that uses replaceable pods or Cartridges.....2
- ☐ A device with a tank that you refill with liquids.....3
- ☐ A mod system4
- ☐ Something else (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

'QA25_C29' What brand of electronic vaping products do you **usually** use?

AC228

- ☐ Blu1
- ☐ Breeze Smoke2
- ☐ Elf Bar or EBDdesign3
- ☐ Flum8
- ☐ Geek Bar9
- ☐ Juul.....4
- ☐ NJOY.....5
- ☐ Vuse6
- ☐ Some other brand (Specify: _____)7
- ☐ Don't have a usual brand 10
- ☐ REFUSED/DON'T KNOW -3

'QA25_C30' What concentration of nicotine do you usually use in your electronic vaping products?

AC229

- ☐ I don't know the concentration1
- ☐ 0 mg/mL or 0% (nicotine free).....2
- ☐ 1–12 mg/mL or 0.1–1.2%.....3
- ☐ 13–17 mg/mL or 1.3–1.7%.....4
- ☐ 18–24 mg/mL or 1.8–2.4%.....5
- ☐ 25–49 mg/mL or 2.5–4.9%.....6
- ☐ 50 mg/mL or more or 5% or more.....7
- ☐ REFUSED/DON'T KNOW -3

'QA25_C31' How soon after you wake up do you usually vape?

AC296

_____ Amount of time **[HR: 0-24 HOURS]**

PROGRAMMING NOTE 'QA25_C32':

IF 'QA25_C15' > 0 (PAST 30-DAY VAPE USE), THEN CONTINUE WITH 'QA25_C32';
ELSE SKIP TO 'QA25_C73'

'QA25_C32' In the past 30 days, have you stopped using electronic vaping products for one day or longer because you were trying to quit?

AC214

- ☐ Yes1 **[GO TO**
'PN_QA25_C34']
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO**
'PN_QA25_C34']

PROGRAMMING NOTE 'QA25_C33':

IF AAGE = 18-29 AND 'QA25_C32' = 2, THEN CONTINUE WITH 'QA25_C33';
ELSE SKIP TO 'PN_QA25_C34';

'QA25_C33' Have you tried to -quit vaping?

AC236

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_C34':

IF AAGE = 18-29 AND ('QA25_C15' > 0), THEN CONTINUE;
ELSE SKIP TO 'QA25_C41';

'QA25_C34' Have you ever felt like you were addicted to vaping?

AC238

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C35' Have you ever felt like you really needed to vape?

AC239

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C36' Is it hard not to vape in places that prohibit vaping, like school or work?

AC240

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C37' Think of a time when you quit vaping or didn't vape for a while. Was it hard to concentrate because you couldn't vape?

AC241

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C38' Think of a time when you quit vaping or didn't vape for a while. Did you feel more irritable because you couldn't vape?

AC242

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C39' Think of a time when you quit vaping or didn't vape for a while. Did you feel a strong urge to vape?

AC243

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C40' Think of a time when you quit vaping or didn't vape for a while. Did you feel nervous, restless, or anxious, because you couldn't vape?

AC244

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_C41':

IF 'QA25_C15' > 0 (PAST 30-DAY VAPE USE), THEN CONTINUE WITH 'QA25_C41';
ELSE SKIP TO 'QA25_C73'

'QA25_C41' Do you plan to quit vaping for good...?

AC185

- ☐ In the next 30 days.....1
- ☐ In the next 3 months2
- ☐ In the next 6 months3
- ☐ In the next year4
- ☐ Do not have a plan to quit5
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_C42':

IF AAGE = 18-29 AND 'QA25_C41' = 1, 2, 3, 4, THEN CONTINUE WITH 'QA25_C42';
 ELSE IF AAGE = 18-29 AND 'QA25_C41' = 5 THEN SKIP TO 'PN_QA25_C43';
 ELSE IF AAGE = 18-29 AND 'QA25_C41' = -3 THEN SKIP TO 'QA25_C44';
 ELSE SKIP TO 'QA25_C73';

'QA25_C42' How serious is your current plan to quit vaping?

AC245

- ☐ Very serious1
- ☐ Somewhat serious2
- ☐ Not very serious3
- ☐ Not at all serious4
- ☐ Not sure.....5
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_C43':

IF 'QA25_C41' = 5 OR 'QA25_C42' = 3, 4, 5, -3, THEN CONTINUE WITH 'QA25_C43';
 ELSE SKIP TO 'QA25_C44'

'QA25_C43' What is the **main** reason you continue vaping?

AC246

- ☐ I enjoy using vapes1
- ☐ It is healthier than smoking2
- ☐ I use it to quit smoking3
- ☐ It is good for relaxing.....4
- ☐ I like the flavor or taste of it5
- ☐ I am used to it or it became part of my
lifestyle6
- ☐ My friends/family vape7
- ☐ It's too hard to quit vaping8
- ☐ Some other reason9
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_C44':

IF 'AAGE' = (18-29) AND 'QA25_C15' > 0) CONTINUE;
 ELSE GO TO 'QA25_C52'

'QA25_C44' How much would your health improve if you quit vaping?

AC247

- ☐ Not at all.....1
- ☐ A little2
- ☐ Somewhat.....3
- ☐ A lot.....4
- ☐ REFUSED/DON'T KNOW -3

'QA25_C45' Think about the people who are important to you. How would they feel if you quit vaping during the next 12 months?

AC248

- ☐ Strongly disapprove1
- ☐ Disapprove2
- ☐ Neither disapprove nor approve.....3
- ☐ Approve4
- ☐ Strongly approve5
- ☐ REFUSED/DON'T KNOW -3

'QA25_C46' Please indicate how often the following apply to you.

I reach for my electronic vaping product without thinking about it.

AC267

- ☐ Never.....1
- ☐ Rarely2
- ☐ Sometimes3
- ☐ Often4
- ☐ Almost always5
- ☐ REFUSED/DON'T KNOW -3

'QA25_C47' When I'm out of electronic vaping products, I drop everything to buy them.

AC268

- ☐ Never.....1
- ☐ Rarely2
- ☐ Sometimes3
- ☐ Often4
- ☐ Almost always5
- ☐ REFUSED/DON'T KNOW -3

'QA25_C48' I vape more before going into a situation where vaping is not allowed.

AC269

- ☐ Never.....1
- ☐ Rarely2
- ☐ Sometimes3
- ☐ Often4
- ☐ Almost always5
- ☐ REFUSED/DON'T KNOW -3

'QA25_C49' When I can't vape for a few hours, the craving is intolerable.

AC270

- ☐ Never.....1
- ☐ Rarely2
- ☐ Sometimes3
- ☐ Often4
- ☐ Almost always5
- ☐ REFUSED/DON'T KNOW -3

'QA25_C50' Do you know if your health plan offers resources to help you quit vaping? For example, counseling or medication.

AC249

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C51' Do you know if your community or local organizations offers resources to help you quit vaping? For example, counselling or support.

AC250

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C52' If you decide to quit vaping in the future, would you seek help or information from...

AC251

A quitline (call, text, or app-based)?

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C53' If you decide to quit vaping in the future, would you seek help or information from...

AC252

An internet website?

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C54' If you decide to quit vaping in the future, would you seek help or information from...

AC253

A class, program, or counselling?

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C55' If you decide to quit vaping in the future, would you seek help or information from...

AC254

Your family or friends?

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C56' If you decide to quit vaping in the future, would you seek help or information from...

AC255

Your doctor or other health professional?

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C57' Has it been difficult finding someone to help you quit vaping?

AC256

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_C58':

IF 'AAGE' = 18-29 YEARS AND (AC81C=1 or AC82C>0) AND 'QA25_C33' = 1 OR 'QA25_C32' = 1,
 THEN CONTINUE;
 ELSE SKIP TO 'QA25_C72';

'QA25_C58' Have you felt a lack of support or encouragement from health professionals to quit vaping?

AC257

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C59' Has cost prevented you from using medications to help you quit vaping? Examples of medications include, nicotine patches, gums, inhalers, or lozenges,

AC258

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C60' Are you afraid of the side effects from medications to help you quit vaping?

AC259

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C61' Have you felt a lack of encouragement or help from family or friends to quit vaping?

AC260

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C62' Are you afraid of gaining weight if you quit vaping?

AC261

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C63' Do any family members or friends encourage you to vape?

AC262

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C64' Are you afraid of failing to quit vaping?

AC263

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C65' Do you believe that medications to help you quit vaping do not work?

AC264

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C66' Are you afraid that quitting vaping ,may negatively affect your social relationships?

AC265

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C67' Do you believe that you can quit vaping in the future?

AC266

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C68' Do you agree or disagree with the following statements.

Electronic vaping products contain dangerous chemicals.

AC271

- ☐ Strongly agree1
- ☐ Agree.....2
- ☐ Neither agree nor disagree3
- ☐ Disagree.....4
- ☐ Strongly disagree5
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C69' Vaping is harmful to your health.

AC272

- ☐ Strongly agree1
- ☐ Agree.....2
- ☐ Neither agree nor disagree3
- ☐ Disagree.....4
- ☐ Strongly disagree5
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C70' Flavored electronic vaping products are safe to use.

AC273

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree3
- ☐ Disagree.....4
- ☐ Strongly disagree5
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C71' Vaping is safer than smoking cigarettes.

AC274

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree3
- ☐ Disagree.....4
- ☐ Strongly disagree5
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C72' In the past 12 months, did a doctor or other health professional advise you to quit vaping?

AC275

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C73' During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

AC135

- ☐ 0 days.....1 **[GO TO 'QA25_C75']**
- ☐ 1-2 days2
- ☐ 3-5 days3
- ☐ 6-9 days4
- ☐ 10-19 days5
- ☐ 20-29 days6
- ☐ 30 days.....7
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_C75']**

'QA25_C74' Were any of the chewing tobacco, snuff or snus you used in flavors such as mint, fruit, candy, or wine?

AC136B

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C75' During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

AC137

- ☐ 0 days.....1 **[GO TO 'QA25_C77']**
- ☐ 1-2 days2
- ☐ 3-5 days3
- ☐ 6-9 days4
- ☐ 10-19 days5
- ☐ 20-29 days6
- ☐ 30 days.....7
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_C77']**

'QA25_C76' Were any of the cigarillos or little cigars you smoked in flavors such as mint, fruit, candy, or wine?

AC138B

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C77' During the past 30 days, on how many days did you smoke big cigars?

AC139

- ☐ 0 days.....1 **[GO TO 'QA25_C79']**
- ☐ 1-2 days2
- ☐ 3-5 days3
- ☐ 6-9 days4
- ☐ 10-19 days5
- ☐ 20-29 days6
- ☐ 30 days.....7
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_C79']**

'QA25_C78' Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

AC140

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C79' During the past 30 days, on how many days did you use a hookah water pipe?

AC141

- ☐ 0 days.....1 **[GO TO 'QA25_C81']**
- ☐ 1-2 days2
- ☐ 3-5 days3
- ☐ 6-9 days4
- ☐ 10-19 days5
- ☐ 20-29 days6
- ☐ 30 days.....7
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_C81']**

'QA25_C80' Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

AC142

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C81' Nicotine pouches are small, white pouches that contain nicotine. Users place the pouches in their mouth. Nicotine pouches are different from other smokeless tobacco products like snus, dip, or chew, because they do not contain any ground tobacco leaf. Common brands include Zyn, On!, and Velo, but there are many others.

During the past 30 days, how many days did you use nicotine pouches?

AC276

Please DO NOT include other types of pouches, such as snus pouches or smokeless tobacco pouches when answering this question.

- ☐ 0 days.....1 **[GO TO 'PN_QA25_C83']**
☐ 1-2 days 2
☐ 3-5 days 3
☐ 6-9 days 4
☐ 10-19 days 5
☐ 20-29 days 6
☐ 30 days.....7
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_QA25_C83']**

'QA25_C82' Were any of the nicotine pouches you used in flavors such as mint, fruit, candy, or wine?

AC277

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE AC186':

IF 'QA25_C2' = 1, 2 OR 'QA25_C4' > 0 OR 'QA25_C15' > 0 OR 'QA25_C73' > 1 OR 'QA25_C75' > 1 OR 'QA25_C77' > 1 OR 'QA25_C79' > 1 OR 'QA25_C81' > 1, CONTINUE WITH 'QA25_C83'; ELSE GO TO 'QA25_C84'

'QA25_C83' When you first started using tobacco products, did you start with a flavored tobacco product, such as those flavored with mint, menthol, fruit, candy or wine?

AC186

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_C84' During the past year, when has someone else smoked tobacco or vaped around you in California?

AC187

- ☐ In the past week1
- ☐ In the past two weeks2
- ☐ In the past month3 [GO TO 'QA25_C89']
- ☐ Longer than a month ago, but within the past year4 [GO TO 'QA25_C89']
- ☐ No one has smoked tobacco or vaped around me within the past year5 [GO TO 'QA25_C89']
- ☐ REFUSED/DON'T KNOW -3 [GO TO 'QA25_C89']

'QA25_C85' In the past two weeks, were you exposed to secondhand tobacco smoke or second hand vape...

AC188

on the sidewalks?

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C86' In the past two weeks, were you exposed to second hand tobacco smoke or second hand vape

AC189

Inside your home?

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C87' In the past two weeks, were you exposed to secondhand tobacco smoke or second hand vape

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 weeks3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C88' In the past two weeks, were you exposed to second hand tobacco smoke or second hand vape

AC191

At a public park or beach?

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C89' Which statement best describes smoking or vaping a tobacco product inside your home?

AC143B

- ☐ Not allowed anywhere or at any time inside my home1
- ☐ Allowed in some places or at some times inside my home2
- ☐ Allowed anywhere and at any time inside my home3
- ☐ REFUSED/DON'T KNOW -3

Marijuana Use

'QA25_C90' There are many methods for consuming marijuana, also called cannabis or weed, 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 in any form?

- ☐ Yes1
- ☐ No2 **[GO TO 'QA25_C104']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'QA25_C104']**

'QA25_C91' How long has it been since you last used marijuana in any form?

AC116

If less than one day since last used marijuana, enter 0

- ☐ Days1 **[HR: 0-365]**
- ☐ Months2 **[HR: 0-12]**
- ☐ Years3 **[0-99]**
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_C92':

IF 'QA25_C91' >30 DAYS OR >1 MONTH, THEN GO TO 'QA25_C104';
ELSE CONTINUE WITH 'QA25_C92';

'QA25_C92' During the past 30 days, on how many days did you use marijuana, or another THC product?

AC117

- ☐ 0 days1 **[GO TO 'QA25_C104']**
- ☐ 1-2 days2
- ☐ 3-5 days3
- ☐ 6-9 days4
- ☐ 10-19 days5
- ☐ 20-29 days6
- ☐ 30 days7
- ☐ REFUSED/DON'T KNOW -3

'QA25_C93' During the past 30 days, how did you use marijuana? Did you...

AC119

Smoke it in a joint, bong, or pipe?

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C94' 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
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C95' During the past 30 days, how did you use marijuana? Did you...

AC121

Eat it?

For example, in brownies, cakes, cookies or candy

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C96' During the past 30 days, how did you use marijuana? Did you...

AC122

Drink it?

For example, in tea, cola, alcohol or other drinks

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C97' During the past 30 days, how did you use marijuana? Did you...

AC123

Vaporize it?

For example, in an e-cigarette type vaporizer

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C98' During the past 30 days, how did you use marijuana? Did you...

AC124

Dab it?

For example, using butane hash oil, wax or concentrates

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

'QA25_C99' During the past 30 days, how did you use marijuana? Did you...

AC125

Use it some other way?

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

'QA25_C100' Was any of your marijuana use in the past month recommended by a doctor or other health care provider?

AC126

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

[GO TO 'QA25_C102']

'QA25_C101' Was all of your marijuana use in the past month recommended by a doctor or other health care provider?

AC127

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_C102':

IF 'QA25_C91' >30 DAYS OR >1 MONTH, THEN GO TO 'QA25_C104' IF USED MORE THAN 1 METHOD USED IN 'QA25_C93' –'QA25_C99' CONTINUE WITH 'QA25_C102' AND DISPLAY ONLY RESPONSE OPTIONS WHERE =1 FOR 'QA25_C93' – 'QA25_C99'; ELSE GO TO 'QA25_C103'

'QA25_C102' During the past 30 days, how did you use marijuana or cannabis most often?

AC193

- ☐ Smoke it in a joint, bong, or pipe1
- ☐ Smoke part or all of a cigar with marijuana in it2
- ☐ Eat it3
- ☐ Drink it4
- ☐ Vaporize it5
- ☐ Dab it.....6
- ☐ Other, specify:_____ 91
- ☐ REFUSED/DON'T KNOW -3

‘QA25_C103’ 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/DON'T KNOW -3

‘QA25_C104’ During the past 30 days, has someone else smoked marijuana around you in California?

AC192B

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

Fentanyl Use

‘AC284_INTRO’ This next question is about illegally made fentanyl. Illegally made fentanyl can't be obtained from a doctor or pharmacy. Illegally made fentanyl can come as powder, pills, or blotter paper. It can come in bright colors called "rainbow" fentanyl. It can also be mixed with heroin or other drugs.

‘QA25_C105’ Have you ever, even once, used illegally made fentanyl?

AC284

- ☐ Yes1
- ☐ No2 **[GO TO ‘QA25_C108’]**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO ‘QA25_C108’]**

‘QA25_C106’ When did you last use illegally made fentanyl?

AC285

- ☐ Within the past 30 days1
- ☐ More than 30 days ago but within the past 12 months2
- ☐ More than 12 months ago3 **[GO TO ‘QA25_C108’]**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO ‘QA25_C108’]**

‘QA25_C107’ During the past 12 months, how did you prefer to use illegally made fentanyl?

AC286

- ☐ Inject1
- ☐ Smoke2
- ☐ Snort/sniff3
- ☐ Orally by pill or tablet4
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

Prescription Stimulant Use

'QA25_C108' Have you ever, even once, used any prescription stimulants (such as Adderall®, Dexedrine®) in a way doctor did not direct you to use it?

AC287

- ☐ Yes1
☐ No.....2 [GO TO 'QA25_C113']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_C113']

'QA25_C109' In the past 12 months, have you used any prescription stimulants (such as Adderall®, Dexedrine®) in a way a doctor did not direct you to use it?

AC288

- ☐ Yes1
☐ No.....2 [GO TO 'QA25_C113']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_C113']

'QA25_C110' In the past 30 days did you use any prescription stimulants (such as Adderall®, Dexedrine®) in a way a doctor did not direct you to use it?

AC289

- ☐ Yes1
☐ No.....2 [GO TO 'QA25_C113']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_C113']

'QA25_C111' During the past 30 days, how many days did you use prescription stimulants (such as Adderall®, Dexedrine®) in a way a doctor did not direct you to use it?

AC290

- ☐ 1 or 2 days1
☐ 3 to 5 days.....2
☐ 6 to 9 days.....3
☐ 10 to 19 days.....4
☐ 20 to 29 days.....5
☐ All 30 days.....6
☐ REFUSED/DON'T KNOW..... -3

'QA25_C112' Think about the last time you used prescription stimulants (such as Adderall®, Dexedrine®) in a way a doctor did not direct you to use it. Why did you use prescription stimulants (such as Adderall®, Dexedrine®) at that time?

AC291

- ☐ To help me lose weight1
☐ To help me concentrate2
☐ To help me be alert or stay awake.....3
☐ To help me study4
☐ To experiment or to see what they're like5
☐ To feel good or get high6
☐ To increase or decrease the effect(s) of
some other drug7
☐ Because I am "hooked" or I need to have
them8
☐ I used for some another reason
(SPECIFY:) 91
☐ REFUSED/DON'T KNOW..... -3

Methamphetamine Use

'QA25_C113' Have you ever, even once, used illegally made methamphetamine? Common street names include Crank, Crystal, Meth, Glass, Tweak, Ice and Tina.

AC292

- ☐ Yes1
☐ No.....2 **[GO TO NEXT TOPIC]**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO NEXT TOPIC]**

'QA25_C114' When did you last use illegally made methamphetamine?

AC293

- ☐ Within the past 30 days.....1
☐ More than 30 days ago but within the past 12 months2 **[GO TO 'QA25_C116']**
☐ More than 12 months ago3 **[GO TO 'QA25_C116']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_C116']**

'QA25_C115' During the past 30 days, on how many days did you use illegally made methamphetamine?

AC294

- ☐ 1 or 2 days1
☐ 3 to 5 days.....2
☐ 6 to 9 days.....3
☐ 10 to 19 days.....4
☐ 20 to 29 days.....5
☐ All 30 days.....6
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_C117']**

'QA25_C116' How do you prefer to use illegally made methamphetamine?

AC295

- ☐ Inject.....1
☐ Smoke2
☐ Snort/sniff3
☐ Orally by pill or tablet4
☐ Other (Specify:____)..... 91
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_C117']**

Alcohol Use

'QA25_C117' 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.

AC207

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.

- ☐ Yes1
☐ No.....2 **[GO TO 'QA25_C122']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_C122']**

'QA25_C118' How long has it been since you last drank an alcoholic beverage?

AC208

- ☐ Within the past 30 days.....1
- ☐ More than 30 days ago, but
within the past 12 months2 **[GO TO 'QA25_C122']**
- ☐ More than 12 months ago3 **[GO TO 'QA25_C122']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_C122']**

'QA25_C119' 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 days **[RANGE 1-30]**
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C120' 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 drinks **[SR: 1-20, HR: 0-99]**
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_C121':

IF 'QA25_A5' = 2 (FEMALE AT BIRTH) THEN DISPLAY "4 or more";
ELSE IF 'QA25_A5' = 1 (MALE AT BIRTH) THEN DISPLAY "5 or more"

'QA25_C121' 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 days **[RANGE: 0-30]**
- ☐ REFUSED/DON'T KNOW..... -3

Gambling

'QA25_C122' 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 'QA25_D1']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_D1']**

'QA25_C123' During the past 12 months, have you become restless, irritable or anxious when trying to stop/ cut down on gambling?

AC219

For example, playing the lottery, buying scratch offs, playing bingo, playing casino games, playing slots or cards on line, or betting on sports

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_C124' 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/DON'T KNOW..... -3

'QA25_C125' 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/DON'T KNOW..... -3

Section D: General Health, Disability, and Sexual Health

Height and Weight

'QA25_D1' These next questions are about your height and weight. How tall are you without shoes?
You answer in feet and inches or centimetres

AE17

- ☐ _____ Feet
- ☐ _____ Inches
- ☐ _____ Centimetres
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_D2':

DISPLAY INSTRUCTIONS:

IF 'AD65D' = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR 'QA25_A4' < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

'QA25_D2' {When not pregnant, how/How} much do you weigh without shoes? You may answer in pounds or kilograms

AE18

- ☐ _____ Pounds
- ☐ _____ Kilograms
- ☐ REFUSED/DON'T KNOW -3

Disability

'QA25_D3' Are you blind or deaf, or do you have a severe vision or hearing problem?

AD50

- ☐ Yes1
- ☐ No2 **[GO TO 'QA25_D5']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'QA25_D5']**

'QA25_D4' Are you legally blind?

AL8

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_D5' Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

AL10

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_D6' Do you have difficulty dressing or bathing?

AL11

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_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/DON'T KNOW..... -3

'QA25_D8' Do you have serious difficulty walking or climbing stairs?

AD88

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_D9' Do you have a condition that substantially limits one or more basic physical activities such as reaching, lifting, or carrying?

AD87

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

Sexual Partners

'QA25_D10' 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 'QA25_D10'>=0 GO TO 'PN_QA25_D12']**
☐ Don't know3 **[GO TO 'PN_QA25_D11']**
☐ REFUSED -3 **[GO TO 'QA25_D13']**

'QA25_D11' Can you give me your best guess of the number of sexual partners you have had in the past 12 months?

AD44B

_____ Number of partners **[HR: 0 - 99, SR: 0 - 20]**

OR

- ☐ 0 partners1
☐ 1 partner.....2
☐ 2-3 partners.....3
☐ 4-5 partners.....4
☐ 6-10 partners.....5
☐ More than 10 partners.....6
☐ REFUSED/DON'T KNOW..... -3

Sexual Orientation

PROGRAMMING NOTE 'QA25_D12':

IF 'QA25_D10' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR 'AD44' = 0, GO TO PROGRAMMING NOTE 'QA25_D13';
ELSE CONTINUE WITH 'QA25_D12';

DISPLAY INSTRUCTIONS:

IF 'QA25_D10' OR 'QA25_D11' = 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"

'QA25_D12' {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

AD45B

- ☐ Male1
- ☐ Female2
- ☐ Both male and female3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_D13' Which of the following best represents how you think of yourself?

AD46C

- ☐ Lesbian or Gay2
- ☐ Straight, that is, not lesbian or gay1
- ☐ Bisexual or pansexual6
- ☐ I use a different term: (____)7
- ☐ Don't know8
- ☐ Prefer not to answer9
- ☐ REFUSED -3

Registered Domestic Partner

PROGRAMMING NOTE 'QA25_D14':

IF ['QA25_A6' = 1 (IDENTIFIES AS MALE) AND 'QA25_D12' = 1 (MALE)] OR ['QA25_A6' = 2 (IDENTIFIES AS FEMALE) AND 'QA25_D12' = 2 (FEMALE)] OR ['QA25_D12' = 3, -3] OR [IF 'QA25_D13' ≠ 1] CONTINUE WITH 'QA25_D14';
ELSE GO TO 'QA25_D15'

'QA25_D14' 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_QA25_D16']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_D15' 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/DON'T KNOW..... -3

Pre-Exposure Prophylaxis

PROGRAMMING NOTE 'QA25_D16':

IF ['QA25_A5' = 1 OR 'QA25_A6' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND 'QA25_D12' = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH 'QA25_D16';

ELSE IF ('QA25_A6' = 2 AND 'QA25_A5' = 1) OR ('QA25_A6' = 1 AND 'QA25_A5' = 2), THEN CONTINUE WITH 'QA25_D16';

ELSE IF 'QA25_A6' = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH 'QA25_D16';

ELSE IF 'QA25_A6' = 1 AND 'QA25_D13' = 2 OR 6, THEN CONTINUE WITH 'QA25_D16';

ELSE SKIP TO 'QA25_D20' ;

'QA25_D16' People who do not have HIV can take medication to lower the risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. These medications are also known as Truvada®, Descovy®, or Apretude.

AD79

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

- ☐ Yes1 **[GO TO 'QA25_D20']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_D17' In the past 12 months, have you taken any PrEP medications?

If needed: These include (Truvada®, Descovy®, or Apretude?)

AD80

- ☐ Yes1 **[GO TO 'QA25_D20']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_D18' Have you ever taken any PrEP medications? (

If needed: These include Truvada®, Descovy®, or Apretude

AD81

- ☐ Yes1 **[GO TO 'QA25_D20']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_D19' Before today, have you ever heard of PrEP medications?

If needed: These include (Truvada®, Descovy®, or Apretude

AD82

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

HIV Testing

'QA25_D20' Have you ever been tested for HIV, the virus that causes AIDS?

AD83

- ☐ Yes1
☐ No.....2 [GO TO 'QA25_D22']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_D22']

'QA25_D21' For your most recent HIV test, were you offered the test or did you ask for the test?

AD84

- ☐ I was offered the test.....1 [GO TO 'PN_QA25_F1']
☐ I asked for the test2 [GO TO 'PN_QA25_F1']
☐ I was required to take the test.....4
☐ I don't remember3 [GO TO 'PN_QA25_F1']
☐ Other (Specify:.....) 91 [GO TO 'PN_QA25_F1']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA25_F1']

'QA25_D22' Were you ever offered an HIV test?

AD85

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

Section F: Mental Health

K6 Mental Health Assessment

'QA25_F1' The following questions ask about how you have been feeling during the past 30 days. For each question, please mark the category that best describes how often you had this feeling.

AJ29

About how often during the past 30 days did you feelnervous?

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time.....3
- ☐ A little of the time4
- ☐ None of the time.....5
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_F2' ... hopeless?

AJ30

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time.....3
- ☐ A little of the time4
- ☐ None of the time.....5
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_F3' ... restless or fidgety?

AJ31

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time.....3
- ☐ A little of the time4
- ☐ None of the time.....5
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_F4' ... so depressed that nothing could cheer you up?

AJ32

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time.....3
- ☐ A little of the time4
- ☐ None of the time.....5
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_F5' ... that everything was an effort?

AJ33

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time.....3
- ☐ A little of the time4
- ☐ None of the time.....5
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_F6' ... worthless?

AJ34

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time.....3
- ☐ A little of the time4
- ☐ None of the time.....5
- ☐ REFUSED/DON'T KNOW -3

Repeated K6

'QA25_F7' 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
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

[GO TO
'QA25_F14']
[GO TO
'QA25_F14']

'QA25_F8' The next questions are about the one month in the past 12 months when you were at your worst emotionally.

AF63

During that same month, how often did you feelnervous?

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time.....3
- ☐ A little of the time4
- ☐ None of the time.....5
- ☐ REFUSED/DON'T KNOW -3

'QA25_F9' ... hopeless?

AF64

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time.....3
- ☐ A little of the time4
- ☐ None of the time.....5
- ☐ REFUSED/DON'T KNOW -3

'QA25_F10' ... restless or fidgety?

AF65

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time.....3
- ☐ A little of the time4
- ☐ None of the time.....5
- ☐ REFUSED/DON'T KNOW -3

'QA25_F11' ... so depressed that nothing could cheer you up?

AF66

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time3
- ☐ A little of the time4
- ☐ None of the time5
- ☐ REFUSED/DON'T KNOW -3

'QA25_F12' ... that everything was an effort?

AF67

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time3
- ☐ A little of the time4
- ☐ None of the time5
- ☐ REFUSED/DON'T KNOW -3

'QA25_F13' ... worthless?

AF68

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time3
- ☐ A little of the time4
- ☐ None of the time5
- ☐ REFUSED/DON'T KNOW -3

Sheehan Scale

PROGRAMMING NOTE 'QA25_F14':

```

IF 'QA25_F1'-'QA25_F6' > 0 THEN,
IF 'QA25_F1'-'QA25_F6' = 1 THEN 'QA25_F1'_R-'QA25_F6'_R = 4;
ELSE IF 'QA25_F1'-'QA25_F6' = 2 THEN 'QA25_F1'_R-'QA25_F6'_R = 3;
ELSE IF 'QA25_F1'-'QA25_F6' = 3 THEN 'QA25_F1'_R-'QA25_F6'_R = 2;
ELSE IF 'QA25_F1'-'QA25_F6' = 4 THEN 'QA25_F1'_R-'QA25_F6'_R = 1;
ELSE IF 'QA25_F1'-'QA25_F6' = 5 THEN 'QA25_F1'_R-'QA25_F6'_R = 0;
ELSE 'QA25_F1'_R-'QA25_F6'_R = 'QA25_F1'-'QA25_F6';
IF 'QA25_F8'-'QA25_F13' > 0 THEN,
IF 'QA25_F8'-'QA25_F13' = 1 THEN 'QA25_F8'_R-'QA25_F13'_R = 4;
ELSE IF 'QA25_F8'-'QA25_F13' = 2 THEN 'QA25_F8'_R-'QA25_F13'_R = 3;
ELSE IF 'QA25_F8'-'QA25_F13' = 3 THEN 'QA25_F8'_R-'QA25_F13'_R = 2;
ELSE IF 'QA25_F8'-'QA25_F13' = 4 THEN 'QA25_F8'_R-'QA25_F13'_R = 1;
ELSE IF 'QA25_F8'-'QA25_F13' = 5 THEN 'QA25_F8'_R-'QA25_F13'_R = 0;
ELSE 'QA25_F8'_R-'QA25_F13'_R = 'QA25_F8'-'QA25_F13';

IF ('QA25_F1'_R - 'QA25_F6'_R) >= 0 (NON-MISSING) THEN DO;
IF ('QA25_F1'_R + 'QA25_F2'_R + 'QA25_F3'_R + 'QA25_F4'_R + 'QA25_F5'_R + 'QA25_F6'_R) > 8
OR
('QA25_F8'_R + 'QA25_F9'_R + 'QA25_F10'_R + 'QA25_F11'_R + 'QA25_F12'_R + 'QA25_F13'_R) >
8, THEN CONTINUE WITH 'QA25_F15' INTRO;

IF ('QA25_F8'_R - 'QA25_F13'_R) 7 OR
('QA25_F8'_R + 'QA25_F9'_R + 'QA25_F10'_R + 'QA25_F11'_R + 'QA25_F12'_R + 'QA25_F13'_R) >
7, THEN CONTINUE WITH 'QA25_F15' INTRO;

IF 'QA25_F7' = 1 THEN DISPLAY "again, please";
ELSE SKIP TO 'QA25_F20';

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'QA25_F14' Think {again, please,} about the month in the past 12 months when you were at your worst emotionally.

AF69B_INTRO**PROGRAMMING NOTE 'QA25_F15':**

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IF AGE > 70 GO TO 'QA25_F16';
ELSE CONTINUE WITH 'QA25_F15';

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'QA25_F15' Did your emotions interfere a lot, some, or not at all with your performance at work/school?

AF69B

- ☐ A lot 1
- ☐ Some 2
- ☐ Not at all 3
- ☐ I do not work 4
- ☐ REFUSED/DON'T KNOW -3

'QA25_F16' Did your emotions interfere a lot, some, or not at all with your household chores?

AF70B

- ☐ A lot 1
- ☐ Some 2
- ☐ Not at all 3
- ☐ REFUSED/DON'T KNOW -3

'QA25_F17' Did your emotions interfere a lot, some, or not at all with your social life?

AF71B

- ☐ A lot 1
- ☐ Some 2
- ☐ Not at all 3
- ☐ REFUSED/DON'T KNOW -3

'QA25_F18' Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

AF72B

- ☐ A lot 1
- ☐ Some 2
- ☐ Not at all 3
- ☐ REFUSED/DON'T KNOW -3

'QA25_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/DON'T KNOW -3

Access & Utilization

'QA25_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
 - ☐ REFUSED/DON'T KNOW -3
- [GO TO 'QA25_F22']**
[GO TO 'QA25_F22']

'QA25_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/DON'T KNOW -3

'QA25_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/DON'T KNOW -3

'QA25_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
☐ No.....2
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_F24':

IF 'QA25_F22' = 1 OR 'QA25_F23' = 1, THEN CONTINUE;
 ELSE GOTO 'QA25_F28'

'QA25_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 'QA25_F25']
☐ Video visit.....2 [GO TO 'QA25_F26']
☐ Telephone visit.....3 [GO TO 'QA25_F27']
☐ No.....4 [GO TO
'PN_QA25_F28']
☐ REFUSED/DON'T KNOW -3 [GO TO
'PN_QA25_F28']

'QA25_F25' How satisfied are you with the in-person visit?

AF115

- ☐ Very satisfied.....1
☐ Somewhat satisfied.....2
☐ Somewhat dissatisfied3
☐ Very dissatisfied4
☐ REFUSED/DON'T KNOW -3

'QA25_F26' How satisfied were you with the video visit?

AF116

- ☐ Very satisfied.....1
☐ Somewhat satisfied.....2
☐ Somewhat dissatisfied3
☐ Very dissatisfied4
☐ REFUSED/DON'T KNOW -3

'QA25_F27' How satisfied were you with the telephone visit?

AF117

- ☐ Very satisfied.....1
☐ Somewhat satisfied.....2
☐ Somewhat dissatisfied3
☐ Very dissatisfied4
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_F28':

IF 'QA25_F22' = 1 OR 'QA25_F23' = 1 THEN CONTINUE WITH 'QA25_F28';
ELSE SKIP TO 'QA25_F33'

'QA25_F28' Did you seek help for your mental or emotional health or for an alcohol or drug problem?

AF76

- ☐ Mental-emotional health.....1
- ☐ Alcohol-drug problem.....2
- ☐ Both mental and alcohol-drug problems3
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_F29':

IF 'QA25_F28' = 1, display: "mental or emotional health";
IF 'QA25_F28' = 2, display: "use of alcohol or drugs";
IF 'QA25_F28' = 3, display: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO 'QA25_F33'

'QA25_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}? Do not count overnight hospital stays.

AF77

- ☐ _____ Number of visits **[HR:0-365, SR:0-52]**
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_F30' Are you still receiving treatment for these problems from one or more of these providers?

AF78

- ☐ Yes1 **[GO TO 'QA25_F33']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_F33']**

'QA25_F31' Did you complete the recommended full course of treatment?

AF79

- ☐ Yes1 **[GO TO 'QA25_F33']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_F33']**

'QA25_F32' What is the main reason you are no longer receiving treatment?

AF80

- ☐ Got better/ no longer needed treatment.....1
- ☐ Not getting better2
- ☐ Wanted to handle problem on my own3
- ☐ Had bad experiences with treatment4
- ☐ Lack of time or transportation5
- ☐ Too expensive.....6
- ☐ Insurance does not cover.....7
- ☐ Other (Specify: _____)91
- ☐ REFUSED/DON'T KNOW.....-3

'QA25_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
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

Stigma

PROGRAMING NOTE 'QA25_F34':

IF 'QA25_F20' = 1 AND ('QA25_F22' \neq 1 AND 'QA25_F23' \neq 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH 'QA25_F34';
ELSE SKIP TO 'QA25_F38'

'QA25_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/DON'T KNOW..... -3

'QA25_F35' You did not feel comfortable talking with a professional about your personal problems.

AF83

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_F36' You were concerned about what would happen if someone found out you had a problem.

AF84

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_F37' You had a hard time getting an appointment.

AF85

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

Climate Change

'QA25_F38' Does the issue of climate change make you feel nervous, depressed, or emotionally stressed?

AF119

- ☐ Yes..... 1
☐ No2
☐ REFUSED/DON'T KNOW-3

PROGRAMMING NOTE 'QA25_F39':

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

'QA25_F39' Potentially dangerous weather-related events are increasing in California. These include extreme heat waves, flooding, wildfires, and smoke from wildfires, and droughts or water shortages. .

AF110B

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

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

'QA25_F40' Wildfire?

AF110C

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

'QA25_F41' Smoke from wildfire?

AF110D

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

'QA25_F42' Flood/rising sea levels/mudslide?

AF110E

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

'QA25_F43' Droughts or water shortages?

AF110F

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_F44':

IF 'QA25_F39' = 1, CONTINUE WITH 'QA25_F44'

ELSE GO TO 'PN_QA25_F47' ;

'QA25_F44' Do you have air conditioning at home?**AF122**

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

**[GO TO
'PN_QA25_F46']****[GO TO
'PN_QA25_F46']****'QA25_F45'** Which of the following statements best describes the way you used air conditioning during the last extreme heat wave?**AF123**

- ☐ I used my air conditioning1
- ☐ I used less air conditioning because it was too expensive2
- ☐ I used less air conditioning because it doesn't work3
- ☐ I used less air conditioning because of medical reasons4
- ☐ I used less air conditioning because of some other reason (Specify: _____).....5
- ☐ NA/DON'T HAVE AIR CONDITIONING (NOT READ BY ENUMERATOR).....6
- ☐ REFUSED/DON'T KNOW.....3

**[GO TO
'PN_QA25_F47']****[GO TO
'PN_QA25_F47']**

PROGRAMMING NOTE 'QA25_F46':

IF 'QA25_F44' = 2 THEN CONTINUE WITH 'QA25_F46';

ELSE IF 'QA25_F44' = 1 AND 'QA25_F45' = 2, 3, 4, 5 THEN CONTINUE WITH 'QA25_F46';

ELSE GO TO 'PN_AF118'

'QA25_F46' What was the main way you stayed cool during the last extreme heat wave?**AF120**

- ☐ Air conditioning in your own home3
- ☐ Air conditioning in a friend or neighbor's home1
- ☐ Air conditioning in a commercial building (mall, movie theater, etc.)2
- ☐ Community cooling center 11
- ☐ Green space or outside water (public parks, neighborhood gardens, pool, lake, or river) .5
- ☐ Ice packs, cold compresses, cool bath or shower.....4
- ☐ Swamp cooler6
- ☐ Fan7
- ☐ Other8
- ☐ None.....9
- ☐ NOT APPLICABLE/DIDN'T EXPERIENCE EXTREME HEAT WAVES (NOT READ BY ENUMERATOR)..... 10
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE AF118:

IF 'QA25_F41' = 1 THEN CONTINUE;

ELSE SKIP TO PROGRAMMING NOTE 'QA25_F48'

'QA25_F47' 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 neighbor's home2
- ☐ Yes, a community clean air shelter3
- ☐ Yes, a commercial building (mall, movie theater, etc.) 4
- ☐ No.....5
- ☐ NOT APPLICABLE/DIDN'T EXPERIENCE SMOKE FROM WILDFIRE6
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_F48':

IF 'QA25_F39' = 1 OR 'QA25_F41' = 1 THEN CONTINUE WITH 'QA25_F48';
ELSE GO TO 'PN_QA25_F49'

'QA25_F48' What barriers prevented you or members of your household from accessing clean air or cooling centers during heat waves and/or smoke events?

AF121

- ☐ Transportation1
- ☐ Hours of operation2
- ☐ Distance from home3
- ☐ Lack of information4
- ☐ Disability5
- ☐ Something else (Specify:____) 91
- ☐ None7
- ☐ NOT APPLICABLE/DIDN'T EXPERIENCE
HEAT WAVES OR SMOKE EVENTS
(NOT READ BY ENUMERATOR)8
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AF111C':**DISPLAY INSTRUCTIONS:**

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

IF 'QA25_F39' = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves", OR

IF 'QA25_F40' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR

IF 'QA25_F41' = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR

IF 'QA25_F42' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flood/rising sea levels/mudslide"

OR IF 'QA25_F43' = 1, THEN CONTINUE AND DISPLAY, "Yes, from droughts or water shortages"

ALWAYS DISPLAY 'No'

ELSE GOTO 'PROGRAMMING NOTE 'QA25_G1''

'QA25_F49' Was your physical health {or the physical health of members of your household} harmed by any of these events?

AF111C

- ☐ Yes, from extreme heat waves1
- ☐ Yes, from wildfires3
- ☐ Yes, from smoke from wildfires4
- ☐ Yes, from flood/rising sea levels/mudslide...2
- ☐ Yes, from droughts or water shortages5
- ☐ No6
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AF112B':

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

IF 'QA25_F39' = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves", OR

IF 'QA25_F40' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR

IF 'QA25_F41' = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR

IF 'QA25_F42' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flood/ rising sea levels/mudslide" OR

IF 'QA25_F43' = 1, THEN CONTINUE AND DISPLAY, "Yes, from droughts or water shortages"

ALWAYS DISPLAY 'No'

ELSE GOTO 'PROGRAMMING NOTE 'QA25_G1''

'QA25_F50' Was your mental health {or the mental health of members of your household} harmed by any of these events?

AF112C

- ☐ Yes, from extreme heat waves1
- ☐ Yes, from wildfires.....3
- ☐ Yes, from smoke from wildfires.....4
- ☐ Yes, from flood/rising sea levels/mudslide...2
- ☐ Yes, from droughts or water shortages.....5
- ☐ No.....6
- ☐ REFUSED/DON'T KNOW..... -3

Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

PROGRAMMING NOTE 'QA25_G1':

DISPLAY INSTRUCTIONS:

IF CHILD INTERVIEW COMPLETED AND 'QA25_A42' = 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 'QA25_A42' = 2 AND 'CH15' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services."

'QA25_G1' Now a few more questions about your background. {Your answers are confidential and will not be reported to Immigration Services.}

PROGRAMMING NOTE 'QA25_G2':

IF CHILD INTERVIEW COMPLETED AND 'QA25_A42'=1, MARK 'QA25_G2'= 'CH11' AND GO TO 'QA25_G3';

IF CHILD INTERVIEW COMPLETED AND 'QA25_A42'=2, MARK 'QA25_G2'= 'CH14' AND GO TO 'QA25_G3';

ELSE CONTINUE WITH 'QA25_G2'

'QA25_G2' In what country were you born?

AH33

- ☐ 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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_G3':

IF 'QA25_G2' ≠ 1, (NOT BORN IN US) GO TO 'PN_QA25_G5';

ELSE IF 'QA25_G2' = 1 OR -3 (BORN IN US, SKIPPED) CONTINUE WITH 'QA25_G3';

IF CHILD INTERVIEW COMPLETED ['QA25_A42' = 1, 2 AND 'QA25_G2' = 1 DISPLAY "You previously mentioned you were born in the United States."];

ELSE DISPLAY "In what country was your mother born"

'QA25_G3' {You previously mentioned you were born in the United States}. In what country was your mother born?

AH34

- ☐ 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/DON'T KNOW..... -3

'QA25_G4' In what country was your father born?

AH35

- ☐ 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/DON'T KNOW..... -3

Citizenship and Immigration

PROGRAMMING NOTE 'QA25_G5':

IF 'QA25_G2' = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [IF CHILD INTERVIEW COMPLETED AND '[(SC17B'=1 AND CH11A=1) OR (SC17B=2 AND CH14A=1)], CODE 'QA25_G5' = 1 AND GO TO 'PN_QA25_G11'
ELSE CONTINUE WITH 'QA25_G5'

'QA25_G5' Are you a citizen of the United States?

AH39

- ☐ Yes1
☐ No.....2
☐ Application pending.....3
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_G6':

IF 'QA25_G5' = 2, 3 CONTINUE ELSE GOTO 'QA25_G7'
IF 'QA25_G2' = 2 (AMERICAN SAMOA), GO TO 'PN_QA25_G9'

'QA25_G6' Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

AH40

People usually call this a "Green Card" but the color can also be pink, blue, or white.

- ☐ Yes1
☐ No.....2
☐ Application pending.....3
☐ REFUSED/DON'T KNOW -3

'QA25_G7' About how many years have you lived in the United States?

AH41

For less than a year, enter 1 year

- ☐ _____ Number of years
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE AH41Y:

(IF 'QA25_G2' = 03-08, 10-21, 23-25 OR 91-99) AND 'QA25_G7' = MISSING, CONTINUE;
ELSE GO TO PROGRAMMING NOTE 'QA25_A28'

'QA25_G8'

AH41Y

- ☐ _____ Year (First came to live in U.S.)
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_G9':

IF 'QA25_G5' = 1 (NATURALIZED) OR 'QA25_G6' = 1 (HAS GREEN CARD), GO TO 'QA25_G11';
ELSE CONTINUE WITH 'QA25_G9'

'QA25_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

- ☐ Tourist visa1
- ☐ Student visa2
- ☐ Work visa or permit3
- ☐ Deferred action for childhood arrivals
or "DACA"4
- ☐ Another document which permits stay
for limited time6
- ☐ Refugee/asylum status8 [GO TO 'QA25_G11']
- ☐ Other (specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3 [GO TO 'QA25_G11']

'QA25_G10' Is this visa or document still valid or has it expired?

AG37B

- ☐ Valid1
- ☐ Expired2
- ☐ Application pending3
- ☐ REFUSED/DON'T KNOW -3

Living with Parents

PROGRAMMING NOTE 'QA25_G11':

IF ['AAGE' < 30 OR 'QA25_A4' = 1 (AGE 18-29)] AND ['QA25_A28' = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR 'QA25_A27' = 3, 4, 5, 6, OR -3 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, SKIPPED) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH 'QA25_G11';
ELSE GO TO 'PN_QA25_G37'

'QA25_G11' Are you now living with either of your parents?

AH43A

This includes your parents as well as your spouse/partner's parents

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

Teen Permission

PROGRAMMING NOTE 'QA25_G12':

IF 'QA25_A32'=1 (NUMBER OF ADOLESCENTS AGE 12-17 IN HOUSEHOLD) THEN CONTINUE AND
 DISPLAY 'QA25_G12';
 ELSE IF 'QA25_A32' >1 THEN SKIP TO PROGRAMMING NOTE 'QA25_G20'

DISPLAY INSTRUCTIONS:

IF 'QA25_G12' = -3 THEN DISPLAY ERROR MESSAGE "Please select Yes or No to proceed to the next question."

DISPLAY 'QA25_G20', 'QA25_G21', 'QA25_G22' ON ONE SCREEN

'QA25_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 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 UCLA Office of the Human Research Protection Program (OHRPP) at 1-310-206-2040.]

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

- ☐ Yes1
☐ No.....2 **[GO TO 'QA25_G14']**

PROGRAMMING NOTE 'QA25_G13':**DISPLAY INSTRUCTIONS:**

IF 'QA25_G13' = -3 THEN DISPLAY ERROR MESSAGE "Please select Yes or No to proceed to the next question."

IF 'QA25_G12' =2, -3 SKIP TO 'QA25_G14';

ELSE CONTINUE WITH 'QA25_G13';

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA25_G12', DO NOT DISPLAY "Questions in teen survey....in need.;

ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA25_G12', DO NOT DISPLAY "Like your answers, {his/her} answers....8714."

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'QA25_G12'=1, SKIP TO 'QA25_G15'

'QA25_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 UCLA Office of the Human Research Protection Program (OHRPP) at 1-310-206-2040.} To confirm, do we have your permission to contact {him/her} and ask {him/her} to participate in the survey?

- ☐ Yes1 **[GO TO 'QA25_G15']**
☐ No.....2

PROGRAMMING NOTE 'QA25_G14':**DISPLAY INSTRUCTIONS:**

IF 'QA25_G14' = -3 THEN DISPLAY ERROR MESSAGE "Please select Yes or No to proceed to the next question."

IF 'QA25_G12'_A =2, -3 CONTINUE WITH 'QA25_G14' AND DISPLAY "However,...interview";

ELSE IF 'QA25_G12'=2, CONTINUE WITH 'QA25_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 'QA25_G12', DO NOT DISPLAY "Questions in teen survey....any time."

ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA25_G12', DO NOT DISPLAY "Like your answers, {his/her} answers2040."

ELSE SKIP TO 'QA25_G15'

'QA25_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 counselling 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 UCLA Office of the Human Research Protection Program (OHRPP) at 310-206-2040.}

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

- | | | | |
|-----------------------|--|---|--------------------|
| <input type="radio"/> | Yes | 1 | [GO TO 'QA25_G15'] |
| <input type="radio"/> | Yes if no questions on drugs..... | 2 | [GO TO 'QA25_G15'] |
| <input type="radio"/> | Yes if no questions on sexual behavior | 3 | [GO TO 'QA25_G15'] |
| <input type="radio"/> | Yes if no questions on drugs and sexual behavior | 4 | [GO TO 'QA25_G15'] |
| <input type="radio"/> | No..... | 5 | [GO TO 'QA25_G18'] |

PROGRAMMING NOTE 'QA25_G15':**DISPLAY INSTRUCTIONS:**

IF 'QA25_G12' = -3 THEN DISPLAY ERROR MESSAGE "Please provide a contact number to proceed to the next question."

'QA25_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 'QA25_G16']**

'QA25_G16'

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

TP2_CELL2

- ☐ Yes1
☐ No.....2

'QA25_G17'

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

TP3

- ☐ Yes1 **[GO TO 'QA25_G19']**
☐ No.....2 **[GO TO 'QA25_G19']**

'QA25_G18'

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

TP6**PROGRAMMING NOTE 'QA25_G19':**

IF 'QA25_G12' = 1 OR 'QA25_G12'_RC =1,2,3, CONTINUE WITH 'QA25_G19';
 ELSE SKIP TO 'QA25_G37'

'QA25_G19'

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

TP_END

'QA25_G20' Earlier you mentioned you had at least two teens age 12 to 17 in your household. We would like to survey {TEEN1 AND TEEN2'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} for our study. It is a web survey and should take them about 15 minutes each to complete.
Your teens' answers may help other teens in your community and across California.

TP2

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

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

4. 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 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 teens can skip any question they want or stop the survey at any time.]

5. 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 envelopes to your teens. Each 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 teens do not complete the survey on the web. Your teens' names and any contact information we have will be erased from our records after the study is complete.]

6. Click here for our privacy protection policy

[Like your answers, their answers are kept strictly confidential and are combined with the answers of other teens for research purposes only. Their name is never connected with those answers. Their 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 UCLA Office of the Human Research Protection Program (OHRPP) at 1-310-206-2040.]

'QA25_G21' Do we have your permission to contact {TEEN 1'S NAME} and ask if {he/she} will participate in the survey?

TP2_T1

- ☐ Yes1
☐ No.....2

'QA25_G22' Do we have your permission to contact {TEEN 2'S NAME} and ask if they will participate in the survey?

TP2_T2

- ☐ Yes1
☐ No.....2

POST NOTE TP2_T2:

IF 'QA25_G21' = 1 SET 'TEEN1ELI' = 1

IF 'QA25_G22' = 1 SET 'TEEN2ELI' = 1

PROGRAMMING NOTE 'QA25_G23':

IF 'TEEN1ELI' OR 'TEEN2ELI' = 1 THEN CONTINUE;
 ELSE IF 'TEEN1ELI' ≠ 1 AND 'TEEN2ELI' ≠ 1 GO TO 'PN_TP_BRC';

DISPLAY INSTRUCTIONS:

IF ('TEEN1ELI' AND 'TEEN2ELI' = 1) THEN DISPLAY "Thank you. Your teen's answers may help other teens in your community and across California.";
 IF ('TEEN1ELI' OR 'TEEN2ELI' = 1) THEN DISPLAY "Thank you. Your teen's answers may help other teens in your community and across California.";
 IF 'TEEN1ELI' = 1 AND 'TEEN2ELI' ≠ 1 DISPLAY 'QA25_G23' AND 'QA25_G24'
 IF 'TEEN1ELI' ≠ 1 AND 'TEEN2ELI' = 1 DISPLAY 'QA25_G23' AND 'QA25_G25'

OTHER DISPLAY INSTRUCTIONS:

IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA25_G20', DO NOT DISPLAY "Questions in teen survey....in need.;
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA25_G20', DO NOT DISPLAY
 "Like your
 answers, {his/her} answers....2040."
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'QA25_G20'=1, SKIP TO
 'QA25_G29'

DISPLAY 'QA25_G23', 'QA25_G24', 'QA25_G25' ON THE SAME SCREEN

IF 'QA25_G24', 'QA25_G25' = -3 DO NOT ALLOW THE RESPONDENT TO SKIP/REFUSE THE QUESTION/DISPLAY STANDARD ERROR MESSAGE. FOR CATI, INSERT INTERVIEWER NOTE: SELECT 'NO' IF RESPONDENT WANTS TO SKIP/REFUSE THE QUESTION

'QA25_G23' Thank you. Your {teen's/teens} answers may help other teens in your community and across California. {Before we proceed, there is some text we are required to show you.}

TP2_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. They can skip any questions they want or stop the survey at any time}

{Like your answers, their answers are kept strictly confidential and are combined with the answers of other teenagers for research purposes only. Their name is never connected with those answers. Their 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 UCLA Office of the Human Research Protection Program (OHRPP) at 1-310-206-2040.}

'QA25_G24' To confirm, do we have permission to contact {TEEN1'S NAME} and ask {him/her} to participate in the survey?

TP2_A_T1

- ☐ Yes1
☐ No.....2

'QA25_G25' To confirm, do we have permission to contact {TEEN2'S NAME} and ask {him/her} to participate in the survey?

TP2_A_T2

- ☐ Yes1
☐ No.....2

POST NOTE 'QA25_G25':

IF 'QA25_G24' = 1 SET 'TEEN1ELI' = 1

IF 'QA25_G25' = 1 SET 'TEEN2ELI' = 1

PROGRAMMING NOTE 'QA25_G26':

IF ('TEEN1ELI' AND 'TEEN2ELI' = 1) THEN SKIP TO 'PN_QA25_G29'
 ELSE CONTINUE WITH 'QA25_G26'

DISPLAY INSTRUCTIONS:

SCENARIO 2 (RESPONDENT DOES NOT CONSENT TO SPEAKING WITH BOTH ELIGIBLE TEENS):

IF ('TEEN1ELI' ≠ 1 AND 'TEEN2ELI' ≠ 1) THEN DISPLAY "We understand that you would prefer that your teens not participate in the survey."

SCENARIO 3 (RESPONDENT CONSENTS TO SPEAKING WITH ONLY ONE ELIGIBLE TEEN):

IF ('TEEN1ELI' ≠ 1 OR 'TEEN2ELI' ≠ 1) THEN THEN DISPLAY "We understand that you would prefer that your teen not participate in the survey.";

IF 'TEEN1ELI' = 1 AND 'TEEN2ELI' ≠ 1, ONLY DISPLAY TP2_BRC AND 'QA25_G25'

IF 'TEEN1ELI' ≠ 1 AND 'TEEN2ELI' = 1, ONLY DISPLAY TP2_A AND 'QA25_G24'

OTHER DISPLAY INSTRUCTIONS:

IF 'TEEN1ELI' ≠ 1 CONTINUE WITH 'QA25_G26' AND DISPLAY "However,...interview";

IF 'TEEN2ELI' ≠ 1 CONTINUE WITH 'QA25_G26' AND DISPLAY "However,...interview";

ELSE IF 'QA25_G21' OR 'QA25_G22' = 2, CONTINUE WITH 'QA25_G26' AND DISPLAY "Questions in the teen survey are a lot like the ones you are answering, but it is much shorter... 2040."

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA25_G20', DO NOT DISPLAY "Questions in teen survey...any time."

ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA25_G20', DO NOT DISPLAY "Like your answers, {his/her} answers2040."

ELSE SKIP TO 'QA25_G29';

DISPLAY 'QA25_G26', 'QA25_G27', 'QA25_G28' ON THE SAME SCREEN

IF 'QA25_G27', 'QA25_G28' = -3 DO NOT ALLOW THE RESPONDENT TO SKIP/REFUSE THE QUESTION/DISPLAY STANDARD ERROR MESSAGE.

'QA25_G26' We understand that you would prefer that your {teen/teens} not participate in the survey.

TP2_BRC

{However, these are important public health issues facing California. Some parents choose to not let their teens participate because they are not comfortable having their teens 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 counselling and support information for any teen in need. They can skip any questions they want or stop the survey at any time.}

These are important public health issues facing California. Some parents choose to not let their teens participate because they are not comfortable having their teens 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, their answers are kept strictly confidential and are combined with the answers of other teens for research purposes only. Their name is never connected with those answers. Their 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 UCLA Office of the Human Research Protection Program (OHRPP) at 1-310-206-2040.}

'QA25_G27' Given this information, would you reconsider giving your permission to contact {TEEN' 1S NAME } and ask {him/her} if they will participate in the survey?

TP2_BRC_T1

- ☐ Yes1
- ☐ Yes if no questions on drugs.....2
- ☐ Yes if no questions on sexual behavior3
- ☐ Yes if no questions on drugs and sexual behavior4
- ☐ No.....5

'QA25_G28' Given this information, would you reconsider giving your permission to contact {TEEN 2'S NAME} and ask {him/her} if they will participate in the survey?

TP2_BRC_T2

- ☐ Yes1
- ☐ Yes if no questions on drugs.....2
- ☐ Yes if no questions on sexual behavior3
- ☐ Yes if no questions on drugs and sexual behavior4
- ☐ No.....5

POST NOTE TP2_BRC_T2:

IF TP2_BRC_T1= 1, 2, 3, 4 SET 'TEEN1ELI' = 1

IF TP2_BRC_T2= 1, 2, 3, 4 SET 'TEEN2ELI' = 1

PROGRAMMING NOTE 'QA25_G29':

IF ('TEEN1ELI' OR 'TEEN2ELI' = 1) THEN CONTINUE;
ELSE GO TO 'PN_QA25_G35';

DISPLAY INSTRUCTIONS:

SCENARIO 1 (RESPONDENT CONSENTS TO SPEAKING WITH BOTH ELIGIBLE TEENS):

IF ('TEEN1ELI' AND 'TEEN2ELI' = 1) THEN DISPLAY "Thank you.
for permitting your teens to participate in this important study. In order to properly contact your teens..
"In the event your teens do not complete the web survey, we would like your permission to try and call
your teens and have them complete the survey over the phone.

DISPLAY THE FOLLOWING:

Teen 1's first name _____
 Teen 1's last name _____
 AND
 Teen 2's first name _____
 Teen 2's last name _____

SCENARIO 3 (RESPONDENT CONSENTS TO SPEAKING WITH ONLY ONE ELIGIBLE TEEN):

ELSE IF ('TEEN1ELI' OR 'TEEN2ELI' = 1) THEN DISPLAY "Thank you.

for permitting your teens to participate in this important study. In order to properly contact your teens..";
 "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."

DISPLAY THE FOLLOWING (IF 'TEEN1ELI' = 1):

Teen 1's first name _____
 Teen 1's last name _____

DISPLAY THE FOLLOWING (IF 'TEEN2ELI' = 1):

Teen 2's first name _____
 Teen 2's last name _____

'QA25_G29' Thank you for permitting your {teen/teens} to participate in this important study. In order to properly contact your {teen/teens}, please provide { TEEN 1'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION/ TEEN 2'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION/TEEN1'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION AND TEEN2'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} first and last name. Remember {his/her/their} name is never connected with {his/her/their} answers.

TP_NAME2

Teen 1's first name _____
 Teen 2's last name _____
 {OR/AND}
 Teen2's first name _____
 Teen2's last name _____

In the event your {teen does/teens do} not complete the web survey, we would like your permission to try and call your {teen/teens} and have {him/her/them} complete the survey over the phone. Because it is important that we contact {TEEN 1'S FIRST NAME/ TEEN 2'S FIRST NAME/TEEN1 AND TEEN2'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/them}. This phone number will be erased from our records after the study is complete. This may be a home, landline, or cell phone number.

'QA25_G30' Would you please provide a home, landline, or other cell phone number that we may call to contact { TEEN'S FIRST NAME/ TEEN 2'S FIRST NAME/TEEN1 AND TEEN2'S FIRST NAME}?

TP_CON1

TEEN NAME'S CONTACT NUMBER: ____ - ____ - ____

- ☐ Landline.....1
☐ Cell phone2

{and}

'QA25_G31' TEEN2 NAME'S CONTACT NUMBER: ____ - ____ - ____

TP_CON2

- ☐ Landline.....1
☐ Cell phone2

'QA25_G32' Is the cell phone number you just provided your { TEEN1'S NAME} personal phone number?

TP2_CELL3

- ☐ Yes1
☐ No.....2

'QA25_G33' Is the cell phone number you just provided {TEEN 2'S} personal phone number?

TP2_CELL3_2

- ☐ Yes1
☐ No.....2

PROGRAMMING NOTE 'QA25_G34':

IF 'QA25_G32', 'QA25_G33' = 2, -3 THEN GO TO 'QA25_G36'
 ELSE CONTINUE

DISPLAY INSTRUCTIONS:

IF ('QA25_G32' AND 'QA25_G33' = 1) THEN DISPLAY "Are you willing to let us send your teens a text message reminder to participate in the survey?";

IF ('QA25_G32' OR 'QA25_G33' = 1) THEN DISPLAY "Are you willing to let us send your teen a text message reminder to participate in the survey?";

'QA25_G34' Are you willing to let us send your {teen/teens} a text message reminder to participate in the survey?

TP3_B

- ☐ Yes1 **[GO TO 'QA25_G36']**
☐ No.....2 **[GO TO 'QA25_G36']**

PROGRAMMING NOTE 'QA25_G35':

IF ('TEEN1ELI' OR 'TEEN2ELI' = 1) THEN CONTINUE;
 ELSE GO TO 'PN_QA25_G36'

DISPLAY INSTRUCTIONS:

IF ('TEEN1ELI' AND 'TEEN2ELI' = 2) THEN DISPLAY "We understand that you would prefer your teens not participate in the survey. Thank you for your consideration.";

ELSE IF ('TEEN1ELI' OR 'TEEN2ELI' = 2) THEN DISPLAY "We understand that you would prefer your teen not participate in the survey. Thank you for your consideration.";

'QA25_G35' We understand that you would prefer your teen not participate in the survey. Thank you for your consideration.

TP6_B

PROGRAMMING NOTE 'QA25_G36':

IF ('TEEN1ELI' OR 'TEEN2ELI' = 1) THEN CONTINUE;

ELSE SKIP TO 'QA25_G37'

DISPLAY INSTRUCTIONS:

IF ('TEEN1ELI' AND 'TEEN2ELI' = 1) THEN DISPLAY "Thank you for allowing your teens to participate. We have some more questions for you."

ELSE IF ('TEEN1ELI_C' OR 'TEEN2ELI_C' = 1) THEN DISPLAY "Thank you for allowing your teen to participate. We have some more questions for you."

'QA25_G36' Thank you for allowing your {teen/teens} to participate. We have some more questions for you.**TP_END2**

Paid Child Care

PROGRAMMING NOTE 'QA25_G37':

ANY CHILDREN IN 'QA25_A41' ARE AGE 13 OR LESS, CONTINUE WITH 'QA25_G37';

ELSE GO TO 'QA25_A26';

IF ANY CHILD IN ROSTER 'QA25_A41' < 14 AND CHILD IN ROSTER \geq 14 DISPLAY "for any children under age 14";

IF 'QA25_A27' = 1 (MARRIED) AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";

ELSE IF 'QA25_A28' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";

ELSE DISPLAY "you"

'QA25_G37' 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***This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.*

- ☐ Yes1
☐ No.....2 **[GO TO 'QA25_A26']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_A26']**

'QA25_G38' In the past month, how much did you pay for all child care arrangements and programs?**AH44B***You or another adult in your household may pay for this arrangement or program**If it easier for you, how much do you pay for all child care arrangements and programs in a typical week last month.*

- ☐ _____ Amount last month **[HR: 0-8,000]**
☐ _____ Amount in typical week **[HR: 0-3,000]**
☐ There was no payment
in the last month.....3
☐ REFUSED/DON'T KNOW..... -3

Veteran Status

'QA25_G39' Did you ever serve on active duty in the Armed Forces of the United States?

AG22

- ☐ Yes1
☐ No.....2 **[GO TO 'QA25_G44']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_G44']**

'QA25_G40' When did you serve?

AG23

- ☐ From _____ (Dynamic range - Starting range for each person should be their Birth year)
 To _____
☐ Still serving

OR

Check all that apply

(6 maximum responses)

- ☐ 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
 (1990-1991)4
☐ Afghanistan/ Operation Enduring Freedom
 (2001 to 2021)5
☐ Iraq War / Operation Iraqi Freedom
 (2003 to 2021)6
☐ REFUSED/DON'T KNOW..... -3

'QA25_G41' Altogether, how long did you serve?

AG24

- ☐ _____ Years
☐ _____ Months
☐ REFUSED/DON'T KNOW..... -3

'QA25_G42' Do you have a VA service-connected disability rating?

AG31

- ☐ Yes1
☐ No.....2 **[GO TO 'QA25_G44']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_G44']**

'QA25_G43' 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/DON'T KNOW..... -3

Employment

'QA25_G44' Which of the following were you doing last week?

AK1

If you worked remotely from home, please select working at a job or business.

- | | |
|--|----------------------------------|
| <input type="radio"/> Working at a job or business.....1 | [GO TO
'PN_QA25_G48'] |
| <input type="radio"/> With a job or business but not at work.....2 | |
| <input type="radio"/> Looking for work.....3 | |
| <input type="radio"/> Not working at a job or business.....4 | |
| <input type="radio"/> REFUSED/DON'T KNOW..... -3 | [GO TO
'PN_QA25_G48'] |

'QA25_G45' What is the main reason you did not work last week?

AK2

Main reason is the most important reason

- | | |
|--|---------------------------|
| <input type="radio"/> Taking care of house or family.....1 | |
| <input type="radio"/> On planned vacation2 | |
| <input type="radio"/> Couldn't find a job3 | |
| <input type="radio"/> Going to school/student4 | |
| <input type="radio"/> Retired.....5 | [GO TO 'QA25_G47'] |
| <input type="radio"/> Disabled6 | [GO TO 'QA25_G47'] |
| <input type="radio"/> Unable to work temporarily7 | |
| <input type="radio"/> On layoff or strike8 | |
| <input type="radio"/> On family or maternity leave9 | |
| <input type="radio"/> Off season..... 10 | |
| <input type="radio"/> Sick 11 | |
| <input type="radio"/> Other 91 | |
| <input type="radio"/> REFUSED/DON'T KNOW..... -3 | |

'QA25_G46' Do you usually work?

AG10

- | |
|--|
| <input type="radio"/> Yes.....1 |
| <input type="radio"/> No.....2 |
| <input type="radio"/> Looking for work.....3 |
| <input type="radio"/> REFUSED/DON'T KNOW..... -3 |

PROGRAMMING NOTE 'QA25_G47':

IF ['AAGE' = -3 OR 'AAGE' < 65] AND ['QA25_G46' = 2 (DOES NOT USUALLY WORK) OR 'QA25_G45' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH 'QA25_G47';
ELSE GO TO PROGRAMMING NOTE 'QA25_G48'

'QA25_G47' Are you receiving Social Security Disability Insurance or SSDI?

AL22

- ☐ Yes1 [GO TO 'PN_QA25_G52']
- ☐ No.....2 [GO TO 'PN_QA25_G52']
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA25_G52']

PROGRAMMING NOTE 'QA25_G48':

IF 'QA25_G44' = 1, 2, -3 (working, with job, skipped) OR 'QA25_G46' = 1 (usually works), CONTINUE WITH 'QA25_G48';
ELSE GO TO 'PN_QA25_G52'

'QA25_G48' 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

Your main job is where you work the most hours

- ☐ Private company, non-profit organization or foundation1
- ☐ Government2
- ☐ Self-employed3
- ☐ Family business or farm.....4
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_G49':

IF 'QA25_G48' = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and ["Include both the level of government (such as state, or local) and the function (such as budget, office, police, etc.);
ELSE DISPLAY "What kind of business or industry is this?" AND ["What do they make or do at this business?"]

'QA25_G49' {What kind of agency or department is this? / What kind of business or industry is this?}

AK5

{[Include both the level of government (such as state, or local) and the function (such as budget office, police, etc./ 'What do they make or do at this business?']}

- ☐ REFUSED/DON'T KNOW..... -3

'QA25_G50' What is the main kind of work you do?

AK6

Main job = where works most hours.

Enter description

☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_G51':

IF 'QA25_G48' = 2 (GOVERNMENT EMPLOYEE), CODE 'QA25_G51' = 8 AND GO TO 'QA25_G52';

IF 'QA25_G48' = 3 (SELF-EMPLOYED), CONTINUE WITH 'QA25_G51' AND DISPLAY "Including yourself, about" and "you";

ELSE CONTINUE WITH 'QA25_G51' AND DISPLAY "About" and "your employer";

'QA25_G51' {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

AK8

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/DON'T KNOW -3

Employment (Spouse/Partner)

PROGRAMMING NOTE 'QA25_G52':

IF 'QA25_A27' = 1 (MARRIED) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1, CONTINUE WITH 'QA25_G52';

IF 'QA25_A27' = 1, THEN DISPLAY "spouse";

ELSE IF 'QA25_D14' = 1 OR 'QA25_D15' = 1, THEN DISPLAY "partner";

ELSE GO TO 'QA25_H1'

'QA25_G52' Which of the following was your {spouse/partner} doing last week?

AG8

- ☐ Working at a job or business1 **[GO TO 'QA25_G54']**
- ☐ With a job or business but not at work2 **[GO TO 'QA25_G54']**
- ☐ Looking for work3
- ☐ Not working at a job or business4
- ☐ REFUSED/DON'T KNOW -3

'QA25_G53' Does your {spouse/partner} usually work?

AG11

- ☐ Yes1
- ☐ No.....2 **[GO TO 'QA25_H1']**
- ☐ Looking for work.....3 **[GO TO 'QA25_H1']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_H1']**

'QA25_G54' 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
or foundation1
- ☐ Government2
- ☐ Self-employed3
- ☐ Family business or farm.....4
- ☐ REFUSED/DON'T KNOW..... -3

Section H: Health Insurance

Usual Source of Care

'QA25_H1' The next topics are about health insurance and health care.
Is there a place that you usually go to when you are sick or need advice about your health?

AH1

- ☐ Yes1
☐ No.....2 [GO TO 'QA25_H3']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_H3']

PROGRAMMING NOTE 'QA25_H2':

IF 'QA25_H1' = 1, CONTINUE WITH 'QA25_H2';
ELSE SKIP TO 'QA25_H3'

'QA25_H2' What kind of place do you go to most often?

AH3B

- ☐ Medical provider or doctor's office including Kaiser Permanente1
☐ Health center, or medical clinic, including school clinic.....2
☐ Emergency Room3
☐ Urgent care or clinic in a drug store or grocery store4
☐ Some other place (Specify: _____) 91
☐ No one place 92
☐ REFUSED/DON'T KNOW..... -3

Emergency Room Visits

'QA25_H3' During the past 12 months, did you visit a hospital emergency room for your own health?

AH12

- ☐ Yes1
☐ No.....2 [GO TO 'QA25_H6']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_H6']

'QA25_H4' How many times did you do that?

AH95

Count times you visited a hospital emergency room for your own health.

- ☐ _____ Number of times [HR: 0 - 200]
☐ REFUSED/DON'T KNOW..... -3

'QA25_H5' Why did you go to the hospital emergency room?

AH153

- ☐ Medical or mental health emergency1
- ☐ Difficulty getting an appointment with a doctor, a specialist, or other health professional2
- ☐ Only option for treatment3
- ☐ Other (specify) 91
- ☐ REFUSED/DON'T KNOW -3

Medicare Coverage

'QA25_H6' 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

- ☐ Yes1 **[GO TO 'QA25_H8']**
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'QA25_H14']**

POST NOTE 'QA25_H6': IF 'QA25_H6' = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA25_H7':

IF ['AAGE' > 64 OR 'QA25_A4' = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND 'QA25_H6' = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH 'QA25_H7';
ELSE GO TO PROGRAMMING NOTE 'QA25_H8'

'QA25_H7' Is it correct that you are not covered by Medicare even though you told me earlier that you are 65 or older?

AI2

- ☐ Correct, I am not covered by Medicare1 **[GO TO 'PN_QA25_H14']**
- ☐ Not correct, I am covered by Medicare2 **[GO TO 'PN_QA25_H8']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_QA25_H14']**

POST NOTE 'QA25_H7': AIDATE

SET AIDATE= CURRENT DATE (YYYYMMDD);

SET AAGE= 'QA25_H8';

IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE 'QA25_H8':

IF ARMCARE = 1, CONTINUE WITH 'QA25_H8';
ELSE GO TO PROGRAMMING NOTE 'QA25_H14'

'QA25_H8' Is this a Medicare Advantage Plan?

AH123

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 'QA25_H10']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_H8': IF 'QA25_H8' = 1, SET ARMADV = 1

'QA25_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

These are policies that cover health care costs not covered by Medicare alone.

- ☐ Yes1
☐ No.....2 **[GO TO 'PN_QA25_H14']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_QA25_H14']**

POST-NOTE FOR 'QA25_H9': IF 'QA25_H9' = 1, SET ARSUPP = 1**PROGRAMMING NOTE 'QA25_H10':**

IF ARMADV \neq 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP \neq 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA25_H14';
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";

'QA25_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

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/DON'T KNOW..... -3

'QA25_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

Premium is the monthly charge for the cost of your health insurance plan.

Co-pays 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.

A deductible is the amount you pay for medical care before your health plan starts paying.

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_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
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO
'PN_QA25_H14']
[GO TO
'PN_QA25_H14']

'QA25_H13' Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?

AH55

Check all that apply

- ☐ Your current employer1
- ☐ Your former employer2
- ☐ Union.....3
- ☐ Spouse's/Partner's current employer.....4
- ☐ Spouse's/Partner' s former employer.....5
- ☐ Professional/Fraternal organization6
- ☐ Medicaid/Medi-Cal assistance7
- ☐ Other 91
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE FOR 'QA25_H13': IF 'QA25_H13' = 7, SET ARMCAL = 1;

Medi-Cal Coverage

PROGRAMMING NOTE 'QA25_H14':

IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

'QA25_H14' {Is it correct that you are/Are you} covered by Medi-CAL?

AI6

Medi-Cal is a health insurance program for low-income individuals in California

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE FOR 'QA25_H14': IF 'QA25_H14' = 1, SET ARMCAL= 1 AND SET ARINSURE= 1;
IF ARMCAL= 1 AND 'QA25_H14'= 2, SET ARMCAL= 0

Employer-Based Coverage

PROGRAMMING NOTE 'QA25_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"

'QA25_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?

AI8

You may be covered either through your own or someone else's employment

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE FOR 'QA25_H15': IF 'QA25_H15' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE 'QA25_H16':

IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH 'QA25_H16';
ELSE GO TO PROGRAMMING NOTE 'QA25_H18'

'QA25_H16' Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

AI11

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
- ☐ No.....2 **[GO TO 'PN_QA25_H18']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_QA25_H18']**

POST NOTE FOR 'QA25_H16': IF 'QA25_H16' = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA25_H17':

IF ARDIRECT = 1, THEN CONTINUE WITH 'QA25_H17';
ELSE GO TO 'PN_QA25_H18'

'QA25_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/DON'T KNOW..... -3

POST NOTE FOR 'QA25_H17': IF 'QA25_H17' = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'QA25_H18':

IF 'QA25_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA25_H16' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA25_H18';
ELSE GO TO 'PN_QA25_H20'

'QA25_H18'

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

AI9*This may include someone who does not live in this household.*

- ☐ In my own name.....1 **[GO TO 'PN_QA25_H20']**
- ☐ In someone else's name2
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_QA25_H20']**

POST NOTE FOR 'QA25_H18':

IF 'QA25_H15' = 1 AND 'QA25_H18' = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF 'QA25_H15' = 1 AND 'QA25_H18' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'QA25_H16' = 1 AND 'QA25_H18' = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF 'QA25_H16' = 1 AND 'QA25_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
IF 'QA25_H16' = 1 AND 'QA25_H18' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE =
PROGRAMMING NOTE 'QA25_H19': IF 'QA25_A27' = 1 (MARRIED) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 OR IF 'QA25_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA25_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA25_H19';
ELSE GO TO PROGRAMMING NOTE 'QA25_H20';
IF 'QA25_A27' = 1, THEN DISPLAY "spouse's name";
IF 'QA25_A27' ≠ 1 AND ('QA25_D14' = 1 OR 'QA25_D15' = 1), THEN DISPLAY "partner's name";
IF 'QA25_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

PROGRAMMING NOTE 'QA25_H19':

IF 'QA25_A27' = 1 (MARRIED) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 OR IF 'QA25_G11' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA25_A4' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'QA25_H19';

ELSE GO TO PROGRAMMING NOTE 'QA25_H20';

IF 'QA25_A27' = 1, THEN DISPLAY "spouse's name";

IF 'QA25_A27' ≠ 1 AND ('QA25_D14' = 1 OR 'QA25_D15' = 1), THEN DISPLAY "partner's name";

IF 'QA25_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA25_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/DON'T KNOW -3

POST NOTE FOR 'QA25_H19':

IF 'QA25_H15' = 1 AND 'QA25_H19' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1;

IF 'QA25_H17' = 2 AND 'QA25_H19' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1;

IF 'QA25_H15' = 1 AND 'QA25_H19' = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;

IF 'QA25_H16' = 1 AND 'QA25_H19' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP = 1;

IF 'QA25_H16' = 1 AND 'QA25_H19' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE 'QA25_H20':

IF 'QA25_H15' = 1 (EMPLOYER-BASED COVERAGE) AND 'QA25_G51' ≤ 5 (FIRM SIZE ≤ 100), CONTINUE WITH 'QA25_H20' AND DISPLAY;

IF AREMPOWN = 1 THEN DISPLAY {you};

IF AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 THEN DISPLAY {he or she};

ELSE GO TO PROGRAMMING NOTE 'QA25_H21';

'QA25_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

SHOP is the Small Business Health Options Program administered by Covered California.

- ☐ Employer1
- ☐ Union2
- ☐ SHOP / Covered California3
- ☐ Other (Specify: _____) 92

POST NOTE FOR 'QA25_H20': IF 'QA25_H20' = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE 'QA25_H21':

IF ARHBEX = 1, THEN CONTINUE WITH 'QA25_H21';

ELSE GO TO 'PN_QA25_H23';

'QA25_H21' Was this a bronze, silver, gold or platinum plan?**AH106**

- ☐ Bronze1
☐ Silver.....2
☐ Gold.....3
☐ Platinum.....4
☐ Medi-CAL / Medicaid.....5
☐ Minimum coverage plan / Catastrophic.....6
☐ Other (Specify: _____) 92
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_H22':

IF 'QA25_H20' = 3, THEN GO TO 'QA25_H23';

ELSE CONTINUE WITH 'QA25_H22';

'QA25_H22' Was there a subsidy or discount on the premium for this plan?**AH107**

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_H23':

IF 'QA25_H15' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA25_H16' = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA25_H23';

ELSE GO TO PROGRAMMING NOTE 'QA25_H28'

'QA25_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***Premium is the monthly charge for the cost of your health insurance plan.**Co-pays 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.**A deductible is the amount you pay for medical care before your health plan starts paying.*

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

**[GO TO
'PN_QA25_H26']**

'QA25_H24' How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.

AH128

Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

Premium is the monthly charge for the cost of your health insurance plan.

Co-pays 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.

A deductible is the amount you pay for medical care before your health plan starts paying

_____ (Amount)

[HR:0-9997, SR:0-2000]

☐ REFUSED/DON'T KNOW..... -3

'QA25_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

☐ No.....2

☐ REFUSED/DON'T KNOW..... -3

**[GO TO
'PN_QA25_H28']**

**[GO TO
'PN_QA25_H28']**

PROGRAMMING NOTE 'QA25_H26':

IF 'QA25_H23'= 2, CONTINUE WITH 'QA25_H26';
ELSE SKIP TO 'PN_QA25_H28'

'QA25_H26' Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization?

AH56

Check all that apply

- ☐ Your current employer1
- ☐ Your former employer2
- ☐ Union.....3
- ☐ Spouse's/Partner's current employer.....4
- ☐ Spouse's/Partner's former employer5
- ☐ Professional/Fraternal organization6
- ☐ Medicaid/Medi-Cal assistance7
- ☐ Medicare9
- ☐ Covered California 11
- ☐ Other 91
- ☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H26':

IF 'QA25_H26'= 1, 2, OR 3, THEN SET AREMPOWN= 1;
IF 'QA25_H26'= 4 OR 5, THEN SET AREMPSP= 1;
IF 'QA25_H26'= 6, THEN SET AROTHER= 1;
IF 'QA25_H26'= 9, SET ARMCARE= 1 AND SET ARDIRECT= 0;
IF 'QA25_H26'= 7, SET ARMCAL= 1 AND SET ARDIRECT= 0;
IF 'QA25_H26'= 11, SET ARHBEX= 1;
IF 'QA25_H26'= 91, THEN SET AROTHER= 1

'QA25_H27' How much do they contribute to your plan each month?

AH129

- ☐ _____ (Amount)
- ☐ REFUSED/DON'T KNOW..... -3

[HR:0-9997,SR:0-2000]

POST NOTE 'QA25_H27':

IF RESPONDENT GIVES AMOUNT GREATER THAN SR DISPLAY "Just to confirm, you said (DISPLAY AMOUNT ENTERED)"

PROGRAMMING NOTE 'QA25_H28':

IF ['QA25_G44' = 1 OR 2 (R WORKED LAST WEEK) OR 'QA25_G46' = 1 (R USUALLY WORKS)] AND
 'QA25_G48' ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOW ≠ 1 (NO EMPLOYER-BASED
 COVERAGE), CONTINUE WITH 'QA25_H28';
 ELSE GO TO PROGRAMMING NOTE 'QA25_H32'

'QA25_H28' Does your employer offer health insurance to any of its employees?

AI13

- ☐ Yes1
☐ No.....2 [GO TO
'PN_QA25_H32']
☐ REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA25_H32']

'QA25_H29' Are you eligible to be in this plan?

AI14

- ☐ Yes1
☐ No.....2 [GO TO
'PN_QA25_H31']
☐ REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA25_H32']

'QA25_H30' What is the one main reason why you aren't in this plan?

AI15

- ☐ Covered by another plan.....1 [GO TO
'PN_QA25_H32']
☐ Plan too expensive.....2 [GO TO
'PN_QA25_H32']
☐ Didn't like plan offered3 [GO TO
'PN_QA25_H32']
☐ Don't need or believe in health insurance....4 [GO TO
'PN_QA25_H32']
☐ Other (Specify: _____)91 [GO TO
'PN_QA25_H32']
☐ REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA25_H32']

'QA25_H31' What is the one main reason why you are not eligible for this plan?

AI15A

- ☐ Haven't yet worked for this employer
long enough to be covered1
☐ Contract or temporary employees
not allowed in plan2
☐ Don't work enough hours per week
or weeks per year3
☐ Other (Specify: _____) 91
☐ REFUSED/DON'T KNOW..... -3

CHAMPUS/CHAMPVA, TRICARE, VA Coverage

PROGRAMMING NOTE 'QA25_H32':

IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH 'QA25_H32';
ELSE GO TO 'PN_QA25_H33'

'QA25_H32' Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

AI16

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_H32': IF 'QA25_H32' = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

AIM, MRMIP, Family PACT, HEALTHY KIDS, Other Government Coverage

PROGRAMMING NOTE 'QA25_H33':

IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH 'QA25_H33';
ELSE GO TO PROGRAMMING NOTE 'QA25_H34'

'QA25_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

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
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H33': IF 'QA25_H33' = 1, SET AROTHGOV= 1 AND SET ARINSURE= 1

Other Coverage

PROGRAMMING NOTE 'QA25_H34':

IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH 'QA25_H34';
ELSE GO TO PROGRAMMING NOTE 'QA25_H38'

'QA25_H34' Do you have any health insurance coverage through a plan that I missed?

AI18

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

**[GO TO
'PN_QA25_H38']
[GO TO
'PN_QA25_H38']**

'QA25_H35' What type of health insurance do you have?

A119

Check all that apply.

- ☐ 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/DON'T KNOW -3

POST NOTE 'QA25_H35':

IF 'QA25_H35'= 1, SET AREMPOTH= 1 AND SET ARINSURE= 1;
 IF 'QA25_H35'= 2, SET AREMPOTH= 1 AND SET ARINSURE= 1;
 IF 'QA25_H35'= 3, SET ARDIRECT= 1 AND SET ARINSURE= 1;
 IF 'QA25_H35'= 4, SET ARMCARE= 1 AND SET ARINSURE= 1;
 IF 'QA25_H35'= 5, SET ARMCAL= 1 AND SET ARINSURE= 1;
 IF 'QA25_H35'= 7, SET ARMILIT= 1 AND SET ARINSURE= 1;
 IF 'QA25_H35'= 8, SET ARIHS= 1;
 IF 'QA25_H35'= 10, SET ARHBEX= 1 AND ARDIRECT= 1 AND ARINSURE= 1 AND ARDIROTH=1;
 IF 'QA25_H35'= 11, SET ARHBEX= 1 AND SET ARINSURE= 1 AND AREMPOTH= 1;
 IF 'QA25_H35'= 91, SET AROTHGOV= 1 AND SET ARINSURE= 1;
 IF 'QA25_H35'= 92, -7, OR -8, SET AROTH= 1 AND SET ARINSURE= 1

PROGRAMMING NOTE 'QA25_H36':

IF 'QA25_H35' = 1, 2, OR 3 CONTINUE WITH 'QA25_H36';
ELSE GO TO 'PN_QA25_H38'

'QA25_H36' Was this plan obtained in your own name or in the name of someone else?

AH59

This may include someone who does not live in this household.

- ☐ In my own name.....1 **[GO TO 'PN_QA25_H38']**
- ☐ In someone else's name2
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_QA25_H38']**

POST NOTE 'QA25_H36':

IF ('QA25_H35' = 1 OR 2 OR KAI19 = 11) AND 'QA25_H36' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF ('QA25_H35' = 3 OR 10) AND 'QA25_H36' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF ('QA25_H35' = 1 OR 2) AND ('QA25_H36' = 2, -3), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF 'QA25_H35' = 1 AND ('QA25_H36' = 2, -3) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA25_H37':

IF 'QA25_A27' = 1 (MARRIED) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 OR IF 'QA25_G11' = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH 'QA25_H37';
ELSE GO TO PROGRAMMING NOTE 'QA25_H38';
IF 'QA25_A27' = 1 THEN DISPLAY "spouse's name";
IF 'QA25_A27' ≠ 1 AND ('QA25_D14' = 1 OR 'QA25_D15' = 1), THEN DISPLAY "partner's name";
IF 'QA25_G11' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA25_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/DON'T KNOW..... -3

POST-NOTE 'QA25_H37':

IF 'QA25_H37' = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP = 1;
IF 'QA25_H37' = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE 'QA25_H38':

IF ARIHS \neq 1 AND 'AA5A' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA25_H38';
ELSE GO TO 'PN_QA25_H39'

'QA25_H38' Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

AI20

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H38': IF 'QA25_H38' = 1, SET ARIHS = 1

Spouse's Insurance Coverage Type & Eligibility

PROGRAMMING NOTE AI37Intro:

IF ['QA25_A27' = 1 (MARRIED) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1] AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37Intro;
 IF 'QA25_A27' = 1, THEN DISPLAY "spouse";
 ELSE IF 'QA25_D14' = 1 OR 'QA25_D15' = 1, THEN DISPLAY "partner";
 ELSE GO TO PROGRAMMING NOTE 'QA25_H61'

'QA25_H39' These next questions are about the type of health insurance your {spouse/partner} may have.

AI37Intro

PROGRAMMING NOTE 'QA25_H40':

IF SPOUSE 65 OR OLDER THEN
 IF ARMCARE \neq 1, CONTINUE WITH 'QA25_H40' WITHOUT DISPLAY ELSE IF ARMCARE = 1, CONTINUE WITH 'QA25_H40' AND DISPLAY "You said that you are covered by Medicare." AND "also";
 ELSE GO TO 'PN_QA25_H43'

'QA25_H40' {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

AI37

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POSTNOTE 'QA25_H40': IF 'QA25_H40' = 1, SET SPM CARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA25_H41':

IF SPMCAR ≠ 1, SKIP TO PROGRAMMING NOTE 'QA25_H42'; DISPLAYS;
 IF SPMCAR = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA25_H41' WITHOUT DISPLAY;
 ELSE IF SPMCAR = 1 AND ARMADV = 1, CONTINUE WITH 'QA25_H41' AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
 IF 'QA25_A27' = 1 (MARRIED) THEN DISPLAY "spouse's";
 ELSE IF 'QA25_D14' = 1 OR 'QA25_D15' = 1 THEN DISPLAY "partner's";

'QA25_H41' {You said that you have a MediCARE Advantage plan.} Does your {spouse/partner} {also} have a MediCARE Advantage plan?

AH127

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/DON'T KNOW..... -3

POST-NOTE 'QA25_H41': IF 'QA25_H41' = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA25_H42':

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'QA25_H43';
 ELSE IF SPMCAR = 1 AND ARSUPP ≠ 1, CONTINUE WITH 'QA25_H42' WITHOUT DISPLAY;
 ELSE IF SPMCAR = 1 AND ARSUPP = 1, CONTINUE WITH 'QA25_H42' AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
 IF 'QA25_A27' = 1 (MARRIED), THEN DISPLAY "spouse";
 ELSE IF 'QA25_D14' = 1 OR 'QA25_D15' = 1 THEN DISPLAY "partner";
 ELSE GO TO PROGRAMMING NOTE 'QA25_H43'

'QA25_H42' {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

AI37A

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H42': IF 'QA25_H42' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA25_H43':

IF ARMCAL = 1, CONTINUE WITH 'QA25_H43';
 DISPLAY "also" IF ARMCARE = 1;
 ELSE GO TO PROGRAMMING NOTE 'QA25_H44'

'QA25_H43' You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

AI38

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H43': IF 'QA25_H43' = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA25_H44':IF AREMPOWN = 1 AND ARHBEX \neq 1, CONTINUE WITH 'QA25_H44' ;

IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE 'QA25_H45'

'QA25_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_QA25_H47']**
☐ No.....2
☐ Other3
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H44': IF 'QA25_H44'= 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA25_H45':

IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH 'QA25_H45';

IF ARMCARE= 1 OR ARMCAL= 1, THEN DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE 'QA25_H46'

'QA25_H45' You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

AH108

SHOP is the Small Business Health Options Program administered by Covered California.

- ☐ Yes1 **[GO TO 'PN_QA25_H47']**
☐ No.....2
☐ Other3
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_H45': IF 'QA25_H45'= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP=1 AND SPHBEX= 1;

PROGRAMMING NOTE AI40A:

IF 'QA25_G52' = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA25_G53' = 1 (USUALLY WORKS), CONTINUE WITH 'QA25_H46';
 IF AREMPSP = 1 AND 'QA25_A27' = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";
 ELSE IF AREMPSP = 1 AND ('QA25_D14' = 1 OR 'QA25_D15' = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";
 IF SPINSURE = 1, THEN DISPLAY "also";
 ELSE GO TO PROGRAMMING NOTE 'QA25_H47'

'QA25_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
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H46': IF 'QA25_H46' = 1, SET SPEMPOWN= 1 AND SET SPINSURE= 1

PROGRAMMING NOTE 'QA25_H47':

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA25_H47';
 IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
 ELSE GO TO PROGRAMMING NOTE 'QA25_H48'

'QA25_H47' You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

AI41

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H47': IF 'QA25_H47' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'QA25_H48':

IF ARDIRECT=1 AND ARHBEX= 1, CONTINUE WITH 'QA25_H48';
 IF ARMCARE= 1 OR ARMCAL= 1 OR AREMPOWN= 1, DISPLAY "also";
 ELSE GO TO 'PN_QA25_H49'

'QA25_H48' You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

AH109

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H48':

IF 'QA25_H48' = 1, SET SPDIRECT = 1 AND SET SPINSURE= 1 AND ARSAMESP=1 AND SPHBEX= 1;

PROGRAMMING NOTE 'QA25_H49':

IF ARMILIT = 1, CONTINUE WITH 'QA25_H49';

IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO 'PN_QA25_H50'

'QA25_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
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H49': IF 'QA25_H49' = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA25_H50':

IF AROTHGOV = 1, CONTINUE WITH 'QA25_H50';

IF 'QA25_H36' = 91, THEN DISPLAY "some government health plan";

IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";

ELSE GO TO 'PN_QA25_H51'

'QA25_H50' You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

AI42A

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_H50':

IF 'QA25_H50' = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP = 1

PROGRAMMING NOTE 'QA25_H51':

IF SPINSURE ≠ 1, DISPLAY "any";

ELSE DISPLAY "through any other source"

'QA25_H51' Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

AI46

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

**[GO TO
 'PN_QA25_H53']**
**[GO TO
 'PN_QA25_H57']**

'QA25_H52' What type of health insurance does {he/she} have?

A147

Check all that apply

- ☐ Through current or former employer/union1
- ☐ Through school, professional association, trade group or other organization.....2
- ☐ Purchased directly from health plan3
- ☐ Medicare4
- ☐ Medi-Cal.....5
- ☐ CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care.....7
- ☐ Indian Health Service, Tribal Health Program, or Urban Indian Clinic.....8
- ☐ Covered California 10
- ☐ SHOP through Covered California..... 11
- ☐ Other government health plan 91
- ☐ Other non-government health plan 92
- ☐ REFUSED/DON'T KNOW -3

POST-NOTE 'QA25_H52':

IF 'QA25_H52'= 1, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
 IF 'QA25_H52'= 2, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
 IF 'QA25_H52'= 3, SET SPDIRECT= 1 AND SET SPINSURE= 1;
 IF 'QA25_H52'= 4, SET SPMPCARE= 1 AND SET SPINSURE= 1;
 IF 'QA25_H52'= 5, SET SPMCAL= 1 AND SET SPINSURE= 1;
 IF 'QA25_H52'= 7, SET SPMILIT= 1 AND SET SPINSURE= 1;
 IF 'QA25_H52'= 8, SET SPIHS= 1;
 IF 'QA25_H52'= 10, SET SPHBEX= 1 AND SPDIRECT= 1 AND SPINSURE= 1 AND SPDIRECTH= 1;
 IF 'QA25_H52'= 11, SET SPHBEX= 1 AND SET SPINSURE= 1 AND SET SPEMPOTH= 1;
 IF 'QA25_H52'= 91, SET SPOTHGOV= 1 AND SET SPINSURE= 1;
 IF 'QA25_H52'= 92, -3, SET SPOTHER= 1 AND SET SPINSURE= 1

PROGRAMMING NOTE 'QA25_H53':

IF SPINSURE ≠ 1, CONTINUE WITH 'QA25_H53';
 ELSE IF SPINSURE= 1 AND (SPEMPOTH= 1 OR SPDIRECT= 1), THEN SKIP TO PROGRAMMING NOTE 'QA25_H55';
 ELSE GO TO PROGRAMMING NOTE 'QA25_H57'

'QA25_H53' You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

A148

- ☐ Yes1 **[GO TO 'PN_QA25_H57']**
- ☐ No.....2 **[GO TO 'PN_QA25_H57']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_QA25_H57']**

'QA25_H54' What type of health insurance does {he/she} have?

A149

Check all that apply

- ☐ Through current or1
former employer/union
- ☐ Through school,2
professional association,
trade group or other organization
- ☐ Purchased directly from health plan3
- ☐ Medicare4
- ☐ Medi-Cal5
- ☐ CHAMPUS/CHAMP-VA, TRICARE,7
VA or some other military health care
- ☐ Indian Health Service,8
Tribal Health Program, or
Urban Indian Clinic
- ☐ Covered California 10
- ☐ SHOP through Covered California..... 11
- ☐ Other government health plan 91
- ☐ Other non-government health plan 92
- ☐ REFUSED/DON'T KNOW -3

POST-NOTE 'QA25_H54':

IF 'QA25_H54'= 1, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
 IF 'QA25_H54'= 2, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
 IF 'QA25_H54'= 3, SET SPDIRECT= 1 AND SET SPINSURE= 1;
 IF 'QA25_H54'= 4, SET SPMPCARE= 1 AND SET SPINSURE= 1;
 IF 'QA25_H54'= 5, SET SPMCAL= 1 AND SET SPINSURE= 1;
 IF 'QA25_H54'= 7, SET SPMILIT= 1 AND SET SPINSURE= 1;
 IF 'QA25_H54'= 8, SET SPIHS= 1;
 IF 'QA25_H54'= 10, SET SPHBEX= 1 AND SET SPDIRECT= 1 AND SET SPINSURE= 1 AND
 SPDIROTH= 1;
 IF 'QA25_H54'= 11, SET SPHBEX= 1 AND SET SPINSURE= 1 AND SPEMOTH= 1;
 IF 'QA25_H54'= 91, SET SPOTHGOV= 1 AND SET SPINSURE= 1;
 IF 'QA25_H54'= 92, -3, SET SPOTHER= 1 AND SET SPINSURE= 1;

PROGRAMMING NOTE 'QA25_H55':

IF 'QA25_H52' = (1, 2, 3, 10, 11) OR 'QA25_H54' = (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA25_H55';
 IF 'QA25_A27' = 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF 'QA25_D14' = 1 OR 'QA25_D15' = 1 THEN DISPLAY "partner's";
 ELSE SKIP TO PROGRAMMING NOTE 'QA25_H57'

'QA25_H55' Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

AH62

This may include someone who does not live in this household.

- ☐ In spouse's/partner's name1 **[GO TO 'PN_QA25_H57']**
- ☐ In someone else's name2
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_QA25_H57']**

POST-NOTE 'QA25_H55':

IF 'QA25_H55' = 1 AND ['QA25_H52' = (1 OR 2) OR 'QA25_H54' = (1 OR 2)], SET SPEMPOW = 1 AND SPEMPOT = 0;
 IF 'QA25_H55' = 1 AND ['QA25_H52' = 3 OR 'QA25_H54' = 3], SET KSPDIROW = 1;
 IF 'QA25_H55' = 1 AND ['QA25_H52' = 10 OR 'QA25_H54' = 10], SET SPHBEX = 1 AND SPDIROW = 1;
 IF 'QA25_H55' = 1 AND ['QA25_H52' = 11 OR 'QA25_H54' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA25_H56' Is the plan in your name, parent's name, or someone else's name?

AH63

- ☐ In my name1
- ☐ In my parent's name2
- ☐ In someone else's name3
- ☐ REFUSED/DON'T KNOW -3

POST NOTE 'QA25_H56':

IF 'QA25_H56' = 1 AND ['QA25_H52' = (1 OR 2) OR 'QA25_H54' = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;
 IF 'QA25_H56' = 1 AND ['QA25_H52' = 3 OR 'QA25_H54' = 3], SET SPDIPAR = 1 AND ARSAMES = 1;
 IF 'QA25_H56' = 1 AND ['QA25_H52' = 10 OR 'QA25_H54' = 10], SET SPHBEX = 1 AND SPDIPAR = 1 AND ARSAMES = 1;
 IF 'QA25_H56' = 1 AND ['QA25_H52' = 11 OR 'QA25_H54' = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;
 IF 'QA25_H56' = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

PROGRAMMING NOTE 'QA25_H57':

IF SPEMPOWN= 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA25_H61';
 ELSE IF [('QA25_G52'=1 OR 2) OR ('QA25_G53'=1)] AND 'QA25_G54' ≠ 3 CONTINUE WITH
 'QA25_H57';

IF 'QA25_A27'= 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF 'QA25_D14'= 1 OR 'QA25_D15'= 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"

ELSE GO TO PROGRAMMING NOTE 'QA25_H61'

'QA25_H57' Does your {spouse's/partner's} employer offer health insurance to any of its employees?

AI43

- ☐ Yes1
☐ No.....2 [GO TO
'PN_QA25_H61']
☐ REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA25_H61']

'QA25_H58' Is {he/she} eligible to be in this plan?

AI44

- ☐ Yes1
☐ No.....2 [GO TO
'PN_QA25_H60']
☐ REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA25_H61']

'QA25_H59' What is the ONE main reason why {he/she} isn't in this plan?

AI45

- ☐ Covered by another plan.....1 [GO TO
'PN_QA25_H61']
☐ Plan too expensive.....2 [GO TO
'PN_QA25_H61']
☐ Didn't like the plan offered3 [GO TO
'PN_QA25_H61']
☐ Didn't need or believe in health insurance...4 [GO TO
'PN_QA25_H61']
☐ Other (Specify: _____).....91 [GO TO
'PN_QA25_H61']
☐ REFUSED/DON'T KNOW..... -3 [GO TO
'PN_QA25_H61']

'QA25_H60' What is the one main reason why {he/she} is not eligible for this plan?

AI45A

- ☐ Hasn't yet worked for this employer.....1
 long enough to be covered
☐ Contract or temporary employees.....2
 not allowed in
☐ Doesn't work enough hours per week3
 or week per year
☐ Other (Specify: _____)..... 91
☐ REFUSED/DON'T KNOW..... -3

Managed-Care Plan Characteristics

PROGRAMMING NOTE 'QA25_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 'QA25_H64' ;
 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 'QA25_H83' ;
 ELSE CONTINUE WITH 'QA25_H61' DISPLAY;
 IF ['QA25_A27'= 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 ['QA25_A27'= 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 ['QA25_A27'= 1 (MARRIED) OR AD60= 1 OR AD61= 1 (LEGAL SAME-SEX COUPLE)] AND [(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 "Next, I have some questions about your own main health plan."; AND";
 IF ['QA25_A27'= 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 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?"

'QA25_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.}

Is your {Medi-Cal/other} health plan an HMO?

AI22C

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.

- ☐ Yes1 **[GO TO 'PN_QA25_H63']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_H62':

IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO 'QA25_H63';

ELSE CONTINUE WITH 'QA25_H62';

'QA25_H62' Is your health plan a PPO or EPO?**AH122**

EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospital. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.

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.

- ☐ PPO.....1
- ☐ EPO.....2
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_H63':IF ARINSURE = 1 AND ARMCARE \neq 1, THEN CONTINUE WITH 'QA25_H63' AND DISPLAY "your main";

IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH 'QA25_H63' AND DISPLAY "this"

'QA25_H63' What is the name of {your main/this} health plan?**AI22A**

- ☐ Anthem Blue Cross of California.....7
- ☐ Health Net 38
- ☐ Kaiser Permanente 47
- ☐ Kaiser Permanente Senior Advantage 48
- ☐ Scan Health Plan 67
- ☐ United Healthcare 73
- ☐ United Healthcare Secure Horizon 74
- ☐ Medicare 53
- ☐ Other (Specify: _____)..... 85
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_H63': IF 'QA25_H63'= 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA25_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 'QA25_A27'= 1 (MARRIED) OR 'QA25_D14'= 1 OR 'QA25_D15'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

'QA25_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
☐ No.....2
☐ REFUSED/DON'T KNOW -3

High Deductible Health Plans

PROGRAMMING NOTE 'QA25_H65':

IF AREMPOWN= 1 (EMPLOYER-BASED FROM OWN EMPLOYER)
 OR AREMPSP= 1 (EMPLOYER-BASED FROM SPOUSE'S EMPLOYER)
 OR AREMPPAR= 1 (EMPLOYER-BASED FROM PARENT'S EMPLOYER)
 OR ARDIRECT= 1 (DIRECTLY PURCHASED)
 OR AREMPOTH= 1 (EMPLOYER-BASED FROM OTHER)
 THEN CONTINUE WITH 'QA25_H65';
 ELSE GO TO 'QA25_H70'

'QA25_H65' Does your health plan have a deductible that costs..

AH71B

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ \$0-\$10001
☐ \$1001-\$20002
☐ \$2001-\$30003
☐ \$3001-\$40004
☐ \$4001-\$50005
☐ More than \$50016
☐ REFUSED/DON'T KNOW -3

'QA25_H66' Does your health plan have a deductible for all covered persons that costs..?

AH72B

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ \$0-\$20001
☐ \$2001-\$40002
☐ \$4001-\$60003
☐ \$6001-\$80004
☐ \$8001-\$10,0005
☐ More than \$10,0016
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_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 'QA25_H67';
ELSE CONTINUE WITH 'QA25_H70'

'QA25_H67' Do you have a special account or fund you can use to pay for medical expenses?

AH73B

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 [GO TO 'QA25_H70']
☐ REFUSED/DON'T KNOW -3 [GO TO 'QA25_H70']

'QA25_H68' Do you have money in this account?

AH130

- ☐ Yes1
☐ No.....2 [GO TO 'QA25_H70']
☐ REFUSED/DON'T KNOW -3 [GO TO 'QA25_H70']

'QA25_H69' How much money do you have in this account? Your best guess is fine.

AH131

- ☐ _____ (Amount)
☐ REFUSED/DON'T KNOW -3

Coverage over Past 12 Months

'QA25_H70' Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

AI31

- ☐ Yes1
☐ No.....2 [GO TO 'QA25_H72']
☐ Don't know3 [GO TO 'QA25_H73']
☐ REFUSED -3 [GO TO 'QA25_H78']

'QA25_H71' How long have you had your current health insurance?

AH132

- ☐ _____ Number of Years [IF>=0, GO TO 'QA25_H76']
☐ _____ Number of Months [IF>=0, GO TO 'QA25_H76']
☐ REFUSED/DON'T KNOW -3 [GO TO 'QA25_H76']

'QA25_H72' Out of the last 12 months, how many months did you have your current health insurance plan?

AH133

- ☐ _____ Number of Months
☐ REFUSED/DON'T KNOW -3

'QA25_H73' During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

AI32

- ☐ Yes1
☐ No.....2 **[GO TO 'QA25_H76']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_H76']**

'QA25_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?

AI33

Check all that apply

- ☐ Medi-Cal.....1
☐ Obtained through current
or former employer/union.....3
☐ Purchased directly5
☐ Purchased through Covered California.....6
☐ Other health plan 91
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_H75':

IF MORE THAN ONE RESPONSE FROM 'QA25_H74', THEN CONTINUE WITH 'QA25_H75';
ELSE GO TO 'QA25_H76'

'QA25_H75' Before your current plan, which health insurance did you have?

AH134

- ☐ Medi-Cal.....1
☐ Obtained through current
or former employer/union.....3
☐ Purchased directly5
☐ Purchased through Covered California.....6
☐ Other health plan 91
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_H76':

IF 'QA25_H73' ≠ 1 OR 'QA25_H70' = 1, THEN CONTINUE WITH 'QA25_H76';
ELSE GO TO 'QA25_H77'

'QA25_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-Cal.....1
☐ Obtained through current
or former employer/union.....3
☐ Purchased directly5
☐ Purchased through Covered California.....6
☐ Other health plan 91
☐ No other health plan..... 95
☐ REFUSED/DON'T KNOW..... -3

No other health plan

PROGRAMMING NOTE 'QA25_H77':

IF 'QA25_H76' = 95, THEN SKIP TO 'QA25_H78', ELSE CONTINUE.
 IF ONLY ONE RESPONSE FROM 'QA25_H74' THEN DISPLAY THAT RESPONSE
 ELSE IF 'QA25_H75' >0 DISPLAY RESPONSE FROM 'QA25_H75'
 ELSE IF 'QA25_H76' >0 DISPLAY RESPONSE FROM 'QA25_H76'
 IF 'QA25_H74' OR AH143 OR 'QA25_H76'=1 DISPLAY "the MediCAL plan"
 IF 'QA25_H74' OR AH143 OR 'QA25_H76'=3 DISPLAY "plan through current or former employer or union"
 IF 'QA25_H74' OR AH143 OR 'QA25_H76'=5 DISPLAY "plan you purchased directly"
 IF 'QA25_H74' OR AH143 OR 'QA25_H76'=6 DISPLAY "the Covered California plan"
 IF 'QA25_H74' OR AH143 OR 'QA25_H76'=91 DISPLAY "the other health plan"

'QA25_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

- ☐ _____ Number of years
- ☐ _____ Number of months
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_H78' During the past 12 months, did you change your health insurance plan?

AH137

Please include changes in health plan from the same or different health insurance companies.

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_H79':

IF 'QA25_H70'= 2, -3 OR 'QA25_H73' = 1, -3 THEN CONTINUE;
 ELSE SKIP TO 'QA25_H80'

'QA25_H79' During the past 12 months, was there any time when you had no health insurance at all?

AI34

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_H80':

IF 'QA25_H79'=1 OR 'QA25_H73'=2, THEN CONTINUE WITH 'QA25_H80';
 ELSE SKIP TO PN 'QA25_H91'

'QA25_H80' For how many months of the past 12 months did you have no health insurance at all?

AI35

- ☐ _____ Number of months [HR: 0-11] **[IF 'QA25_H80'=0, GO TO 'PN_QA25_H91']**
- ☐ REFUSED/DON'T KNOW.....-3

Reasons for Lack of Coverage

'QA25_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 status/2 **[GO TO 'QA25_H82']**
- ☐ Changed employer/Lost job
- ☐ Not eligible due to health or3
other problems
- ☐ Not eligible due to citizenship/4
immigration status
- ☐ Family situation changed5
- ☐ Don't believe in insurance6
- ☐ Did not have insurance while switching7
insurance companies
- ☐ Can get health care for free/8
Pay for own care
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

'QA25_H82' Was this due to a lost job, reduction in hours, change in employer, or something else?

AH140

- ☐ Lost job1
- ☐ Reduction in hours2
- ☐ Change in employer3
- ☐ Something else (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

'QA25_H83' During the time that you were uninsured, did you try to find health insurance on your own?

AH74

- ☐ Yes1 **[GO TO 'PN_QA25_H91']**
- ☐ No2 **[GO TO 'PN_QA25_H91']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_QA25_H91']**

'QA25_H84' What is the one main reason why you do not have any health insurance?

AI24

- ☐ Can't afford/Too expensive1
- ☐ Not eligible due to working status/2 **[GO TO 'QA25_H85']**
- ☐ Changed employer/Lost job
- ☐ Not eligible due to health or3
other problems
- ☐ Not eligible due to citizenship/4
immigration status
- ☐ Family situation changed5
- ☐ Don't believe in insurance6
- ☐ Did not have insurance while switching7
insurance companies
- ☐ Can get health care for free/8
Pay for own care
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

'QA25_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 employer3
- ☐ Something else (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

'QA25_H86' During the time that you have been uninsured, have you tried to find health insurance on your own?

AH75

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_H87' Were you covered by health insurance at any time during the past 12 months?

AI27

- ☐ Yes1 **[GO TO 'QA25_H89']**
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_H88' How long has it been since you last had health insurance?

A128

- ☐ More than 12 months ago, but not more than 3 years1 **[GO TO 'PN_QA25_H91']**
- ☐ More than 3 years2 **[GO TO 'PN_QA25_H91']**
- ☐ Never had health insurance3 **[GO TO 'PN_QA25_H91']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_QA25_H91']**

'QA25_H89' For how many months out of the last 12 months did you have health insurance?

A129

- ☐ _____ Months [HR: 0-12] **[GO TO 'PN_QA25_H91']**
- ☐ REFUSED/DON'T KNOW -3

'QA25_H90' During that time when you had health insurance, was your insurance MediCAL, 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?

A130

Check all that apply

- ☐ Medi-Cal1
- ☐ Through current or3
former employer or union
- ☐ Purchased directly5
- ☐ Covered California6
- ☐ Other health plan 91
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_H91':

IF ARINSURE \neq 1 OR 'QA25_H74'= 2 OR ARDIRECT= 1 OR 'QA25_H90'= (5, 6) OR 'QA25_H74'= (5, 6) OR ARHBEX= 1 OR SPHBEX= 1; THEN CONTINUE WITH 'QA25_H91';
ELSE GO TO PROGRAMMING NOTE 'QA25_H108'
IF PROXY=1, GO TO 'QA25_H109'

'QA25_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 **[GO TO 'PN_QA25_H108']**
- ☐ No2 **[GO TO 'PN_QA25_H108']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_QA25_H108']**

'QA25_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 HMO.....1
- ☐ Through Covered California.....2
- ☐ Both from an insurance company and through Covered California.....3
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_H95']**

PROGRAMMING NOTE 'QA25_H93':

IF 'QA25_H92'= 1; THEN CONTINUE WITH 'QA25_H93';

IF 'QA25_H92'= 3; THEN CONTINUE WITH 'QA25_H93' AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."

ELSE GO TO PROGRAMMING NOTE 'QA25_H97';

'QA25_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?

- ☐ Very difficult.....1
- ☐ Somewhat difficult.....2
- ☐ Not too difficult3
- ☐ Not at all difficult.....4
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_H94' How difficult was it to find a plan you could afford?

AH99H

- ☐ Very difficult.....1
- ☐ Somewhat difficult.....2
- ☐ Not too difficult3
- ☐ Not at all difficult.....4
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_H95' Did anyone help you find a health plan?

AH100H

- ☐ Yes1
- ☐ No.....2 **[GO TO 'PN_QA25_H97']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_QA25_H97']**

'QA25_H96' Who helped you?

AH101H

- ☐ Broker.....1
- ☐ Family member/Friend2
- ☐ Internet3
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_H97':

IF 'QA25_H92'= 2, THEN CONTINUE WITH 'QA25_H97';

IF 'QA25_H92'= 3; THEN CONTINUE WITH 'QA25_H97' AND DISPLAY "Now, think about your experience with Covered California.";

ELSE GO TO PROGRAMMING NOTE 'QA25_H91';

'QA25_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?

- ☐ Very difficult.....1
☐ Somewhat difficult.....2
☐ Not too difficult3
☐ Not at all difficult.....4
☐ REFUSED/DON'T KNOW..... -3

'QA25_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/DON'T KNOW..... -3

'QA25_H99' Did anyone help you find a health plan?**AH113H**

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

**[GO TO
'PN_QA25_H101']****[GO TO
'PN_QA25_H101']****'QA25_H100'** Who helped you?**AH114H**

- ☐ Broker.....1
☐ Family member / friend2
☐ Internet3
☐ Certified enrollment counselor4
☐ Other (Specify: _____)..... 91
☐ REFUSED/DON'T KNOW..... -3

'QA25_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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_H102':

IF 'QA25_A25' > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH
 'QA25_H102';
 ELSE GO TO 'QA25_H103';

'QA25_H102' Were you able to get information about your health plan options in your language?

AH116H

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_H103' Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

AH117H

- ☐ Very important.....1
- ☐ Somewhat important2
- ☐ Not important.....3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_H104' Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

AH118H

- ☐ Very important.....1
- ☐ Somewhat important2
- ☐ Not important.....3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_H105' Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

AH119H

- ☐ Very important.....1
- ☐ Somewhat important2
- ☐ Not important.....3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_H106' Was the choice of doctors in the plan's network very important, somewhat important, or not important in choosing your plan?

AH120H

- ☐ Very important.....1
- ☐ Somewhat important2
- ☐ Not important.....3
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_H107':

IF 'QA25_H21'= 1 THEN DISPLAY "Bronze"
 ELSE IF 'QA25_H21'= 2 THEN DISPLAY "Silver"
 ELSE IF 'QA25_H21'= 3 THEN DISPLAY "Gold"
 ELSE IF 'QA25_H21'= 4 THEN DISPLAY "Platinum"
 ELSE IF 'QA25_H21'= 6 THEN DISPLAY "Minimum coverage"
 ELSE DISPLAY "";

'QA25_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?

- ☐ Cost.....1
- ☐ Specific doctor2
- ☐ Specific hospital3
- ☐ Choice of doctors in network.....4
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_H108':

IF ARINSURE = 1, CONTINUE WITH 'QA25_H108';
 ELSE SKIP TO 'QA25_H109';

'QA25_H108' Overall, how satisfied are you with your current health insurance plan?

AH139

- ☐ Very satisfied.....1
- ☐ Somewhat satisfied.....2
- ☐ Somewhat dissatisfied3
- ☐ Very dissatisfied4
- ☐ REFUSED/DON'T KNOW..... -3

Hospitalizations

'QA25_H109' During the past 12 months, were you a patient in a hospital overnight or longer?

AH14

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

Medical Debt

PROGRAMMING NOTE 'QA25_H110':IF ARMCAL =1 OR ARINSURE \neq 1, SKIP TO 'QA25_H112';

ELSE IF 'QA25_H75' = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your current health plan", AND CONTINUE WITH 'QA25_H110'

'QA25_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

- ☐ Yes1
☐ No.....2 [GO TO 'QA25_H112']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_H112']

'QA25_H111' Did this happen in the past 12 months?

AH80B

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_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*Dental bills should be included.*

- ☐ Yes1
☐ No.....2 [GO TO 'PN_QA25_I1']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA25_I1']

'QA25_H113' What is the total amount of medical bills?

AH83B*The bills can be from earlier years as well as this year.*

- ☐ Less than \$1,0001
☐ \$1,000 to less than \$2,000.....2
☐ \$2,000 to less than \$4,000.....3
☐ \$4,000 to less than \$8,000.....4
☐ \$8,000 or more.....5
☐ None.....6
☐ REFUSED/DON'T KNOW..... -3

'QA25_H114' Were you or your family member uninsured at the time care was provided?

AH84B

- ☐ Yes1
- ☐ No.....2
- ☐ More than one person with medical
bill problems, some uninsured and
some insured.....3
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_H115':

IF R LIVES IN LOS ANGELES COUNTY CONTINUE;
ELSE GO TO **'QA25_H123'**

IF **'QA25_H112'** = 1 THEN CONTINUE;
ELSE GO TO **'QA25_H117'**;

'QA25_H115' Where did you receive the care that led to these unpaid medical bills?

AH142

Select all that apply

- ☐ Medical doctor's office or Clinic1
- ☐ Hospital or Emergency Room2
- ☐ Ambulance or other medical
transportation3
- ☐ Urgent care4
- ☐ Dentist5
- ☐ Other (Specify:_____) 91
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_H116':

IF MULTIPLE SELECTIONS FROM **'QA25_H115'** THEN CONTINUE, AND ONLY DISPLAY
RESPONSES FROM **'QA25_H115'**;
ELSE GO TO **'QA25_H117'**;

'QA25_H116' Which of these resulted in the greatest amount of unpaid medical bills?

AH143

- ☐ Medical doctor's office or Clinic1
- ☐ Hospital or Emergency Room2
- ☐ Ambulance or other medical
transportation3
- ☐ Urgent care4
- ☐ Dentist5
- ☐ Other (specify:_____) 91
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_H117':

IF 'QA25_H112' = 1 AND ('QA25_H114' = 2 OR 3) THEN CONTINUE WITH 'QA25_H117';
ELSE GO TO 'QA25_H123';

'QA25_H117' Did any of the following lead to your problems paying for these medical bills?

AH144

Select all that apply

- ☐ High-deductible amount(s)1
- ☐ High co-pay amounts2
- ☐ Your insurance denied coverage or
payment for the service3
- ☐ You used an out-of-network provider4
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_H118':

IF 'QA25_H117' = 4 THEN CONTINUE;
ELSE GO TO 'QA25_H120';

'QA25_H118' Were you aware this provider was out-of-network when you received the service?

AH145

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_H119':

IF 'QA25_H118' = 1 THEN CONTINUE;
ELSE GO TO 'QA25_H120';

'QA25_H119' Why did you select this out-of-network provider?

AH146

- ☐ Preferred this provider1
- ☐ Unable to use an in-network provider2
- ☐ Some other reason3
- ☐ REFUSED/DON'T KNOW -3

'QA25_H120' Did the provider give you information or an application for financial assistance to reduce the medical bill or extend the payment plan?

AH147

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_H121' Did you complete an application for financial assistance?

AH148

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_H122':

IF 'QA25_H120' = 1 OR 'QA25_H121' = 1, THEN CONTINUE;
ELSE GO TO 'QA25_H123';

'QA25_H122' Did you receive financial assistance?

'QA25_H122'

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_H123' Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

AH85B

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_H124' Because of these medical bills, did you take on credit card debt?

AH86B

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

Section I: Child and Adolescent Health Insurance

Child's Health Insurance

PROGRAMMING NOTE 'QA25_I1':

IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE 'QA25_I36' TO ASK ABOUT SELECTED ADOLESCENT;

IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE 'QA25_I2';

ELSE CONTINUE WITH 'QA25_I1'

'QA25_I1' Does (CHILD) have the same health insurance as you?

CF10A

- ☐ Yes1 **[GO TO 'QA25_I18']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I1':

IF 'QA25_I1'= 1 AND ARMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND ARSAMECH=1;

IF 'QA25_I1'= 1 AND ARMCAL= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'QA25_I1'= 1 AND AREMPOWN= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'QA25_I1'= 1 AND AREMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'QA25_I1'= 1 AND AREMPPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'QA25_I1'= 1 AND AREMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'QA25_I1'= 1 AND ARDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND

ARSAMECH=1;

IF 'QA25_I1'= 1 AND ARMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'QA25_I1'= 1 AND AROTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND

ARSAMECH= 1;

IF 'QA25_I1'= 1 AND AROTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'QA25_I1'= 1 AND ARIHS= 1, SET CHIHS= 1

IF 'QA25_I1'= 1 AND ARHBEX= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

PROGRAMMING NOTE 'QA25_I2':

IF SPINSURE≠ 1, THEN SKIP TO 'QA25_I3'

ELSE IF 'QA25_I1' = 2 AND ARSAMESP = 1, THEN SKIP TO 'QA25_I3'

ELSE CONTINUE WITH 'QA25_I2'

'QA25_I2' Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/
PARTNER NAME}?

MA1

- ☐ Yes1 **[GO TO 'QA25_I18']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I2':

IF 'QA25_I2'= 1 AND SPMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;

IF 'QA25_I2'= 1 AND SPMCAL= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'QA25_I2'= 1 AND SPMPOW= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;

IF 'QA25_I2'= 1 AND SPOTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'QA25_I2'= 1 AND SPIHS= 1, SET CHIHS= 1

IF 'QA25_I2'= 1 AND SPHBE= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'QA25_I2'= 1 AND SPARPAR= 1, THEN SET CHOTHER= 1 AND SET CHINSURE= 1 AND

SPSAMECH = 1IF 'QA25_I2'= 1 AND SPMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'QA25_I2'= 1 AND SPMPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'QA25_I2'= 1 AND SPMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'QA25_I2'= 1 AND SPDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'QA25_I2'= 1 AND SPMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'QA25_I2'= 1 AND SPOTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

Medi-Cal Coverage (Child)

'QA25_I3' Is {he/she} currently covered by Medi-CAL?

CF1*Medi-Cal is a health insurance program for low-income individuals in California.*

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I3': IF 'QA25_I3'= 1, SET CHMCAL= 1 AND SET CHINSURE= 1

Employer-Based Coverage (Child)

'QA25_I4' Is (CHILD) covered by a health insurance plan or HMO through your own or someone
else's employment or union?

CF3

- ☐ Yes1
☐ No.....2 **[GO TO 'PN_QA25_I6']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_QA25_I6']**

POST NOTE 'QA25_I4': IF 'QA25_I4' = 1, SET CHEMP = 1 AND CHINSURE = 1

'QA25_I5' Is this plan through an employer, through a union, or through Covered California's SHOP program?

A190

SHOP is the Small Business Health Options Program administered by/ Covered California.

- ☐ Employer1
- ☐ Union.....2
- ☐ SHOP / Covered California3
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

POST NOTE FOR 'QA25_I5': IF 'QA25_I5' = 3, THEN SET CHHBEX = 1

Private Coverage (Child)

PROGRAMMING NOTE 'QA25_I6':

IF CHINSURE = 1 THEN GO TO 'QA25_I8';

ELSE CONTINUE WITH 'QA25_I6'

'QA25_I6' Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

CF4

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_QA25_I12']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_QA25_I12']**

POST NOTE 'QA25_I6': IF 'QA25_I6' = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'QA25_I7':

IF CHDIRECT = 1, THEN CONTINUE WITH 'QA25_I7';

ELSE GO TO PROGRAMMING NOTE 'QA25_I8'

'QA25_I7' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

A191

- ☐ Insurance company or HMO1
- ☐ Covered California2
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

POST NOTE FOR 'QA25_I7': IF 'QA25_I7' = 2, THEN SET CHHBEX= 1

PROGRAMMING NOTE 'QA25_I8':

IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH 'QA25_I8';
ELSE GO TO PROGRAMMING NOTE 'QA25_I9';

'QA25_I8'

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

A193

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_I9':

IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT= 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA25_I9';
ELSE GO TO 'QA25_I12'

'QA25_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.

A154

Premium is the monthly charge for the cost of your health insurance plan.

Co-pays 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.

A deductible is the amount you pay for medical care before your health plan starts paying.

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_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
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

**[GO TO
'PN_QA25_I12']
[GO TO
'PN_QA25_I12']**

'QA25_I11' Who else pays all or some portion of the cost for (CHILD)'s health plan?

A151

Check all that apply

- ☐ Your current employer1
- ☐ Your former employer2
- ☐ Union.....3
- ☐ Spouse's/Partner's current employer.....4
- ☐ Spouse's/Partner's former employer5
- ☐ Professional/Fraternal organization6
- ☐ Medicaid/Medi-Cal assistance7
- ☐ Covered California 10
- ☐ Other 91
- ☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'QA25_I11':

IF 'QA25_I11' = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF 'QA25_I11' = 7, SET CHMCAL = 1

IF 'QA25_I11' = 10, SET CHHBEX = 1

CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)

PROGRAMMING NOTE 'QA25_I12':

IF CHINSURE = 1, GO TO 'PN_QA25_I18';

ELSE CONTINUE WITH 'QA25_I12'

'QA25_I12' Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

CF6

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

**[GO TO
'PN_QA25_I18']**

POST NOTE 'QA25_I12': IF 'QA25_I12' = 1, SET CHMILIT = 1 AND CHINSURE = 1

AIM, MRMIP, HEALTHY KIDS, Other Government Coverage

'QA25_I13' Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Healthy Kids, or something else?

CF7

AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program.

- ☐ AIM1 [GO TO 'PN_QA25_I18']
- ☐ MRMIP2 [GO TO 'PN_QA25_I18']
- ☐ Healthy Kids3 [GO TO 'PN_QA25_I18']
- ☐ No other plan.....4
- ☐ Something else (Specify: _____)91 [GO TO 'PN_QA25_I18']
- ☐ REFUSED/DON'T KNOW -3

POST NOTE 'QA25_I13': IF 'QA25_I13' = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

Other Coverage (Child)

'QA25_I14' Does {he/she} have any health insurance coverage through a plan that I missed?

CF8

- ☐ Yes1
- ☐ No.....2 [GO TO 'PN_QA25_I17']
- ☐ REFUSED/DON'T KNOW -3 [GO TO 'PN_QA25_I17']

'QA25_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

- ☐ Through current or former employer/union1
- ☐ Through school, professional association, trade group or other organization2
- ☐ Purchased directly from a health plan (by you or anyone else)3
- ☐ Medicare4
- ☐ Medi-Cal.....5
- ☐ CHAMPUS/CHAMP-VA, TRICARE, VA, OR some other military care.....6
- ☐ Indian Health Service, Tribal Health Program Urban Indian Clinic.....8
- ☐ Covered California 10
- ☐ SHOP through Covered California..... 11
- ☐ Other government health plan 91
- ☐ Other non-government health plan 92
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I15':

IF 'QA25_I15'= 8, SET CHIHS= 1
 IF 'QA25_I15'= 10, SET CHHBEX= 1 AND CHINSURE= 1 AND CHDIRECT=1;
 IF 'QA25_I15'= 11, SET CHHBEX= 1 AND CHINSURE= 1 AND CHEMP= 1;
 IF 'QA25_I15'= 91, SET CHOTHGOV= 1 AND CHINSURE= 1
 IF 'QA25_I15'= 92, SET CHOTHER= 1 AND CHINSURE= 1
 IF 'QA25_I15'= -3, SET CHINSURE= 1
 IF 'QA25_I15'= 1, SET CHEMP= 1 AND CHINSURE= 1
 IF 'QA25_I15'= 2, SET CHEMP= 1 AND CHINSURE= 1
 IF 'QA25_I15'= 3, SET CHDIRECT= 1 AND CHINSURE= 1
 IF 'QA25_I15'= 4, SET CHMCARE= 1 AND CHINSURE= 1
 IF 'QA25_I15'= 5, SET CHMCAL= 1 AND CHINSURE= 1
 IF 'QA25_I15'= 7, SET CHMILIT= 1 AND CHINSURE= 1

PROGRAMMING NOTE 'QA25_I16':

IF 'QA25_I15' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'QA25_I16';
 ELSE SKIP TO PROGRAMMING NOTE 'QA25_I17'

'QA25_I16' Just to verify, you said that (CHILD) gets health insurance through Medicare?

CF9VER

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_I17':IF CHINSURE \neq 1 CONTINUE WITH 'QA25_I17';

ELSE GO TO 'QA25_I18';

'QA25_I17' What is the one main reason why (CHILD) is not enrolled in the Medi-CAL program?**CF1A**

- ☐ Paperwork too difficult.....1
- ☐ Do not know if eligible2
- ☐ Income too high, not eligible3
- ☐ Not eligible due to
citizenship/immigration status4
- ☐ Do not believe in health insurance.....6
- ☐ 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/DON'T KNOW -3

Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE 'QA25_I18':

IF 'QA25_I1' = 1 AND ARMCARE = 1 THEN CONTINUE WITH 'QA25_I18';

IF CHINSURE = 1, THEN CONTINUE WITH 'QA25_I18';

ELSE GO TO 'PN_QA25_I22'

'QA25_I18' Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?**MA3**

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 'QA25_I20']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_I19':

IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'QA25_I20';

ELSE CONTINUE WITH 'QA25_I19';

'QA25_I19' Is (CHILD)'s health plan a PPO or EPO?**AI115**

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.

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.

- ☐ PPO.....1
- ☐ EPO.....2
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_I20' What is the name of (CHILD)'s main health plan?**MA2**

- ☐ Aetna.....2
- ☐ Anthem Blue Cross of California.....7
- ☐ Blue Shield..... 12
- ☐ Cigna Healthcare 26
- ☐ Health Net 38
- ☐ Kaiser Permanente 47
- ☐ United Healthcare 73
- ☐ MediCal 87
- ☐ Medicare 52
- ☐ Other (Specify: _____)..... 85
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I20': IF 'QA25_I20' = 93, 87, OR 89 THEN SET CHMILIT=1**'QA25_I21'** Is (CHILD) covered for prescription drugs?**CF14**

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

High Deductible Health Plans (Child)

PROGRAMMING NOTE FOR 'QA25_I22':

IF (ARINSURE \neq 1 OR 'QA25_I1' \neq 1) AND (CHEMP= 1 OR CHDIRECT= 1 OR CHOTHER= 1), THEN CONTINUE WITH 'QA25_I22';
ELSE SKIP TO PROGRAMMING NOTE 'QA25_I25'

'QA25_I22' Does (CHILD)'s health plan have a deductible that costs...

AI79B

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ \$0-\$10001
- ☐ \$1001-\$20002
- ☐ \$2001-\$30003
- ☐ \$3001-\$40004
- ☐ \$4001-\$50005
- ☐ More than \$50016
- ☐ REFUSED/DON'T KNOW -3

'QA25_I23' Does (CHILD)'s health plan have a deductible for all covered persons that costs...

AI80B

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ \$0-\$20001
- ☐ \$2001-\$40002
- ☐ \$4001-\$60003
- ☐ \$6001-\$80004
- ☐ \$8001-\$10,0005
- ☐ More than \$10,0016
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_I24':

IF ('QA25_I22'= 2, 3, 4, 5, 6) OR ('QA25_I23'=2, 3, 4, 5, 6), CONTINUE WITH 'QA25_I24';
ELSE SKIP TO PROGRAMMING NOTE 'QA25_I25'

'QA25_I24' Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

AI81

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/DON'T KNOW -3

Reasons for Lack of Coverage (Child)

PROGRAMMING NOTE 'QA25_I25':
 IF CHINSURE = 1, GO TO 'QA25_I30';
 ELSE CONTINUE WITH 'QA25_I25'

'QA25_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/2
Changed employer/Lost job
- ☐ Not eligible due to health or other3
- ☐ Not eligible due to4
citizenship/immigration status
- ☐ Family situation changed5
- ☐ Don't believe in insurance6
- ☐ Did not have insurance while7
switching insurance companies
- ☐ Can get health care for free/pay8
for own care
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

Coverage over Past 12 Months (Child)

'QA25_I26' Was (CHILD) covered by health insurance at any time during the past 12 months?

CF20

- ☐ Yes1 [GO TO 'QA25_I28']
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_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_QA25_I36']
- ☐ More than 3 years ago2 [GO TO
'PN_QA25_I36']
- ☐ Never had health insurance coverage3 [GO TO
'PN_QA25_I36']
- ☐ REFUSED/DON'T KNOW -3 [GO TO
'PN_QA25_I36']

'QA25_I28' For how many of the last 12 months did {he/she} have health insurance?

CF22

- ☐ _____ Months [HR: 0-12] [GO TO
'PN_QA25_I36']
- ☐ REFUSED/DON'T KNOW -3

'QA25_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

Check all that apply

- ☐ Medi-Cal.....1 [GO TO 'PN_QA25_I36']
- ☐ Through current or former employer/union ..3 [GO TO 'PN_QA25_I36']
- ☐ Purchased directly5 [GO TO 'PN_QA25_I36']
- ☐ Covered California6 [GO TO 'PN_QA25_I36']
- ☐ Other health plan91 [GO TO 'PN_QA25_I36']
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_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_QA25_I36']
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_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 'QA25_I33']
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_I33']

'QA25_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

Check all that apply

- ☐ Medi-Cal.....1
- ☐ Through current or4
former employer/union
- ☐ Purchased directly5
- ☐ Covered California6
- ☐ Other health plan 91
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_I33' During the past 12 months, was there any time when {he/she} had no health insurance at all?

CF27

- ☐ Yes1
- ☐ No.....2 [GO TO 'PN_QA25_I36']
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA25_I36']

'PN_QA25_I36']**'QA25_I34'** For how many of the past 12 months did {he/she} have no health insurance?**CF28**

- ☐ _____ MONTHS **[RANGE: 1-12]**
☐ REFUSED/DON'T KNOW.....-3

'QA25_I35' What is the one main reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?**CF29**

- ☐ Can't afford/Too expensive1
☐ Not eligible due to working status/2
 Changed employer/Lost job
☐ Not eligible due to health or3
 other problems
☐ Not eligible due to citizenship/4
 immigration status
☐ Family situation changed5
☐ Don't believe in insurance6
☐ Did not have insurance while switching7
 insurance companies
☐ Can get health care for free/pay8
 for own care
☐ Other (Specify: _____) 91
☐ REFUSED/DON'T KNOW -3

Teen's Health Insurance

PROGRAMMING NOTE 'QA25_I36':

IF NO TEEN SELECTED, GO TO 'PN_QA25_J1';
 IF ARINSURE = 1, CONTINUE WITH 'QA25_I36';
 IF ARINSURE ≠ 1, GO TO PN 'QA25_I37';
 ELSE CONTINUE WITH 'QA25_I36'

'QA25_I36' Does (TEEN) have the same health insurance as you?**IA10A**

- ☐ Yes1 **[GO TO 'QA25_I54']**
☐ No.....2
☐ REFUSED/DON'T KNOW -3

POST NOTE 'QA25_I36':

IF 'QA25_I36'= 1 AND ARMCARE= 1, SET TEMCARE= 1 AND SET TEINSURE= 1;
 IF 'QA25_I36'= 1 AND ARMCAL= 1, SET TEMCAL= 1 AND SET TEINSURE= 1;
 IF 'QA25_I36'= 1 AND AREMPOWN= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
 IF 'QA25_I36'= 1 AND AREMPSP= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
 IF 'QA25_I36'= 1 AND AREMPPAR= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
 IF 'QA25_I36'= 1 AND AREMPOTH= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
 IF 'QA25_I36'= 1 AND ARDIRECT= 1, SET TEDIRECT= 1 AND SET TEINSURE= 1;
 IF 'QA25_I36'= 1 AND ARMILIT= 1, SET TEMILIT= 1 AND SET TEINSURE= 1;
 IF 'QA25_I36'= 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE= 1;
 IF 'QA25_I36'= 1 AND AROTHER= 1, SET TEOTHER= 1 AND SET TEINSURE= 1;
 IF 'QA25_I36'= 1 AND ARIHS= 1, SET TEIHS= 1
 IF 'QA25_I36'= 1 AND ARHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE= 1;

PROGRAMMING NOTE 'QA25_I37':IF SPINSURE \neq 1 THEN SKIP TO 'QA25_I38';

ELSE IF 'QA25_I36' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA25_I38';

ELSE CONTINUE WITH 'QA25_I37'

'QA25_I37' Does (TEEN) have the same insurance as your spouse?**MA5**

- ☐ Yes1 [GO TO 'QA25_I54']
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I37': IF 'QA25_I37' = 1 AND SPMPCARE = 1, SET TEMPCARE = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPENPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPENPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPIHS = 1, SET TEIHS = 1

IF 'QA25_I37' = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

IF 'QA25_I37' = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND SPSAMETE = 1

PROGRAMMING NOTE 'QA25_I38':IF TEINSURE \neq 1 OR CHINSURE \neq 1, THEN SKIP TO 'QA25_I39';

ELSE IF ('QA25_I36' = 2 AND ARSAMECH = 1) OR ('QA25_I37' = 2 AND SPSAMECH = 1), THEN SKIP TO 'QA25_I39';

ELSE CONTINUE WITH 'QA25_I38';

'QA25_I38' Does (TEEN) have the same insurance as (CHILD)?**MA6**

- ☐ Yes1 [GO TO 'QA25_I66']
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I38': IF 'QA25_I38' = 1 AND CHMCARE = 1, SET TEMPCARE = 1 AND SET TEINSURE = 1;

IF 'QA25_I38' = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF 'QA25_I38' = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA25_I38' = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF 'QA25_I38' = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF 'QA25_I38' = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF 'QA25_I38' = 1 AND CHIHS = 1, SET TEIHS = 1;

IF 'QA25_I38' = 1 AND CHOTHER = 1, SET TEOTHER = 1;

IF 'QA25_I38' = 1 AND CHHBEX = 1, SET TEHBEX = 1

Medi-Cal Coverage (Teen)

'QA25_I39' Is {he/she} currently covered by Medi-CAL?

IA1

Medi-Cal is a health insurance program for low-income individuals in California

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I39': IF 'QA25_I39' = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

Employer-Based Coverage (Teen)

'QA25_I40' Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

IA3

- ☐ Yes1
☐ No.....2 **[GO TO 'QA25_I42']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_I42']**

POST NOTE 'QA25_I40': IF 'QA25_I40' = 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA25_I41' Is this plan through an employer, through a union, or through Covered California's SHOP program?

AI94

SHOP is the Small Business Health Options Program administered by Covered California.

- ☐ Employer1
☐ Union.....2
☐ SHOP / Covered California3
☐ Other (Specify: _____) 91

POST NOTE FOR 'QA25_I41': IF 'QA25_I41'= 3, THEN SET TEHBEX = 1

Private Coverage (Teen)

PROGRAMMING NOTE 'QA25_I42':
 IF TEINSURE= 1 THEN GO TO 'QA25_I43';
 ELSE CONTINUE WITH 'QA25_I42'

'QA25_I42' Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

IA4

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 'QA25_I48']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_I48']**

POST NOTE 'QA25_I42': IF 'QA25_I42' = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE 'QA25_I43':

IF TEDIRECT = 1, THEN CONTINUE WITH 'QA25_I43';
ELSE GO TO 'PN_QA25_I44'

'QA25_I43' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

A195

- ☐ Insurance company or HMO1
- ☐ Covered California2
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

POST NOTE FOR 'A195: IF 'QA25_I43' = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE 'QA25_I44':

IF 'QA25_I41' = 3, THEN GO TO PN 'QA25_I45';
ELSE CONTINUE WITH 'QA25_I44';

'QA25_I44' Was there a subsidy or discount on the premium for this plan?

A197

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_I45':

IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA25_I45';
ELSE GO TO PROGRAMMING NOTE 'QA25_I48'

'QA25_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

Premium is the monthly charge for the cost of your health insurance plan.

Co-pays 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.

A deductible is the amount you pay for medical care before your health plan starts paying.

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_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
☐ No.....2 **[GO TO 'PN_QA25_I48']**
☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_QA25_I48']**

'QA25_I47' Who else pays all or some portion of the cost for (TEEN)'s health plan?

A153

Check all that apply

- ☐ Your current employer1
☐ Your former employer2
☐ Union.....3
☐ Spouse's/Partner's current employer.....4
☐ Spouse's/Partner's former employer5
☐ Professional/Fraternal organization6
☐ Medicaid/Medi-Cal assistance7
☐ Covered California 10
☐ Other 91
☐ REFUSED/DON'T KNOW -3

POST NOTE 'QA25_I47': IF 'QA25_I47' = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
 IF 'QA25_I47' = 7, SET TEMCAL = 1;
 IF 'QA25_I47' = 10, SET TEHBEX = 1;

CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

PROGRAMMING NOTE 'QA25_I48':
 IF TEINSURE = 1, GO TO PROGRAMMING NOTE 'QA25_I53';
 ELSE CONTINUE WITH 'QA25_I48'

'QA25_I48' Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

IA6

- ☐ Yes1 **[GO TO 'PN_QA25_I54']**
☐ No.....2
☐ REFUSED/DON'T KNOW -3

POST NOTE 'QA25_I48': IF 'QA25_I48' = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

AIM, MRMIP, Family PACT, Healthy Kids, Other (Teen)

'QA25_I49' Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Family PACT, Healthy Kids or something else?

IA7

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.

- ☐ AIM1 [GO TO 'PN_QA25_I54']
- ☐ MRMIP2 [GO TO 'PN_QA25_I54']
- ☐ Family PACT3 [GO TO 'PN_QA25_I54']
- ☐ Healthy Kids4 [GO TO 'PN_QA25_I54']
- ☐ No other plan.....5
- ☐ Something else (Specify: ____)91 [GO TO 'PN_QA25_I54']
- ☐ REFUSED/DON'T KNOW -3

POST NOTE 'QA25_I49': IF 'QA25_I49' = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

Other Coverage (Teen)

'QA25_I50' Does {he/she} have any health insurance coverage through a plan that I missed?

IA8

- ☐ Yes1
- ☐ No.....2 [GO TO 'PN_QA25_I54']
- ☐ REFUSED/DON'T KNOW -3 [GO TO 'PN_QA25_I54']

'QA25_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

Check all that apply

- ☐ Through current or former employer/union1
- ☐ Through school, professional association trade group or other organization.....2
- ☐ Purchased directly from a health plan (by you or anyone else)3
- ☐ Medicare4
- ☐ Medi-Cal.....5
- ☐ CHAMPUS/CHAMP-VA, TRICARE, VA, or some other military health care.....7
- ☐ Indian Health Service, Tribal Health Program, Urban Indian Clinic .8
- ☐ Covered California 10
- ☐ SHOP through Covered California..... 11
- ☐ Other government health plan 91
- ☐ Other non-government health plan 92
- ☐ REFUSED/DON'T KNOW -3

POST NOTE 'QA25_I51':

IF 'QA25_I51' = 1, SET TEEMP = 1 AND TEINSURE = 1;
 IF 'QA25_I51' = 2, SET TEEMP = 1 AND TEINSURE = 1;
 IF 'QA25_I51' = 3, SET TEDIRECT = 1 AND TEINSURE = 1;
 IF 'QA25_I51' = 4, SET TEMCARE = 1 AND TEINSURE = 1;
 IF 'QA25_I51' = 5, SET TEMCAL = 1 AND TEINSURE = 1;
 IF 'QA25_I51' = 7, SET TEMILIT = 1 AND TEINSURE = 1;
 IF 'QA25_I51' = 8, SET TEIHS = 1;
 IF 'QA25_I51' = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;
 IF 'QA25_I51' = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;
 IF 'QA25_I51' = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;
 IF 'QA25_I51' = 92, SET TEOTHER = 1 AND TEINSURE = 1;
 IF 'QA25_I51' = -3, SET TEINSURE = 1

PROGRAMMING NOTE 'QA25_I52':

IF 'QA25_I51' = 4 (TEEN HAS MEDICARE), CONTINUE WITH 'QA25_I52';
 ELSE SKIP TO PROGRAMMING NOTE 'QA25_I53'

'QA25_I52' Just to verify, you said that (TEEN) gets health insurance through Medicare?

IA9VER

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_I53':

IF TEINSURE \neq 1 CONTINUE WITH 'QA25_I53';
ELSE GO TO 'QA25_I54';

'QA25_I53' What is the one main reason why (TEEN) is not enrolled in the Medi-CAL program?

IA1A

- ☐ Paperwork too difficult.....1
- ☐ Do not know if eligible2
- ☐ Income too high, not eligible3
- ☐ Not eligible due to
citizenship/immigration status4
- ☐ Do not believe in health insurance.....6
- ☐ 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/DON'T KNOW..... -3

Managed Care Plan Characteristics (Teen)

PROGRAMMING NOTE 'QA25_I54':

IF 'QA25_I36' = 1 AND ARMCARE = 1, THEN 'QA25_I54' = 'QA25_H62' AND 'QA25_I56' =
'QA25_H64' AND 'QA25_I57' = 'AH71' AND GO TO PN 'QA25_I58';
ELSE IF 'QA25_I38' = 1, THEN 'QA25_I54' = 'QA25_I18' AND 'QA25_I56' = 'QA25_I20' AND
'QA25_I57' = 'QA25_I21' AND GO TO PN 'QA25_I58';
ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'QA25_I54';
ELSE GO TO PROGRAMMING NOTE 'QA25_I58'

'QA25_I54' Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA8

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.

- ☐ Yes1 **[GO TO 'QA25_I56']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_I55':

IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'QA25_I56';

ELSE CONTINUE WITH 'QA25_I55';

'QA25_I55' Is (TEEN)'s health plan a PPO or EPO?**AI116**

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.

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.

- ☐ PPO.....1
- ☐ EPO.....2
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_I56' What is the name of (TEEN)'s main health plan?**MA7**

- ☐ Aetna.....2
- ☐ Anthem Blue Cross of California.....7
- ☐ Blue Shield..... 12
- ☐ Cigna Healthcare 26
- ☐ Health Net 38
- ☐ Kaiser Permanente 47
- ☐ United Healthcare 73
- ☐ Medi-cal..... 52
- ☐ Medicare 53
- ☐ Other (Specify: _____)..... 85
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I56': IF 'QA25_I56' = 93, 87, OR 89 THEN SET TEMILIT = 1**'QA25_I57'** Is (TEEN) covered for prescription drugs?**IA14**

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

High Deductible Health Plans (Teen)

PROGRAMMING NOTE 'QA25_I58':

IF [(ARINSURE \neq 1 OR 'QA25_I36' \neq 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1),
THEN CONTINUE WITH 'QA25_I58';
ELSE SKIP TO PN 'QA25_I61'

'QA25_I58' Does (TEEN)'s health plan have a deductible that costs...

AI82B

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ \$0-\$10001
- ☐ \$1001-\$20002
- ☐ \$2001-\$30003
- ☐ \$3001-\$40004
- ☐ \$4001-\$50005
- ☐ More than \$50016
- ☐ REFUSED/DON'T KNOW -3

'QA25_I59' Does (TEEN)'s health plan have a deductible for all covered persons that costs...

AI83B

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ \$0-\$20001
- ☐ \$2001-\$40002
- ☐ \$4001-\$60003
- ☐ \$6001-\$80004
- ☐ \$8001-\$10,0005
- ☐ More than \$10,0016
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_I60':

IF ('QA25_I58' = 2, 3, 4, 5, 6) OR ('QA25_I59' = 2, 3, 4, 5, 6), CONTINUE WITH 'QA25_I60';
ELSE SKIP TO PROGRAMMING NOTE **IA10AT2**;

'QA25_I60' Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

AI84

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/DON'T KNOW -3

Reasons for Lack of Coverage (Teen)

PROGRAMMING NOTE 'QA25_I61':
 IF TEINSURE = 1, GO TO 'QA25_I66';
 ELSE CONTINUE WITH 'QA25_I61'

'QA25_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 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/DON'T KNOW -3

Coverage over Past 12 months (Teen)

'QA25_I62' Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

- ☐ Yes1 **[GO TO 'QA25_I64']**
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_I63' How long has it been since (TEEN) last had health insurance?

IA21

- ☐ More than 12 months, but
no more than 3 years ago1 **[GO TO
'PN_QA25_J1']**
- ☐ 2 More than 3 years ago2 **[GO TO
'PN_QA25_J1']**
- ☐ 3 Never had health insurance coverage3 **[GO TO
'PN_QA25_J1']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO
'PN_QA25_J1']**

'QA25_I64' For how many of the last 12 months did {he/she} have health insurance?

IA22

- _____ Months [HR: 0-12] **[IF 'QA25_I64'=0 GO
TO 'PN_QA25_J1']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO
'PN_QA25_J1']**

'QA25_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

Check all that apply

(5 maximum responses)

- | | | | |
|--------------------------|---|----|---------------------|
| <input type="checkbox"/> | MediCal | 1 | [GO TO 'QA25_I72'] |
| <input type="checkbox"/> | Through current or former employer/union .. | 3 | [GO TO 'QA25_I72'] |
| <input type="checkbox"/> | Purchased directly | 5 | [GO TO 'QA25_I72'] |
| <input type="checkbox"/> | Covered California | 6 | [GO TO 'QA25_I72'] |
| <input type="checkbox"/> | Other health plan | 91 | [GO TO 'QA25_I72'] |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 | [GO TO 'QA25_I72'] |

'QA25_I66' Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for all of the past 12 months?

IA24

- | | | | |
|-----------------------|--------------------------|----|---------------------|
| <input type="radio"/> | Yes | 1 | [GO TO 'QA25_I72'] |
| <input type="radio"/> | No | 2 | |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 | |

'QA25_I67' When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

IA25

- | | | | |
|-----------------------|--------------------------|----|--------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | No | 2 | [GO TO 'QA25_I69'] |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 | [GO TO 'QA25_I69'] |

'QA25_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

Check all that apply

- | | | |
|--------------------------|--|----|
| <input type="checkbox"/> | Medi-Cal | 1 |
| <input type="checkbox"/> | Through current or former employer/union | 4 |
| <input type="checkbox"/> | Purchased directly | 5 |
| <input type="checkbox"/> | Covered California | 6 |
| <input type="checkbox"/> | Other health plan | 91 |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 |

'QA25_I69' During the past 12 months, was there any time when {he/she} had no health insurance at all?

IA27

- ☐ Yes1
- ☐ No.....2 **[GO TO 'QA25_I72']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_I72']**

'QA25_I70' For how many of the past 12 months did {he/she} have no health insurance?

IA28

- ☐ _____ MONTHS [RANGE: 1-12]
- ☐ REFUSED/DON'T KNOW.....-3

'QA25_I71' What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

IA29

- ☐ Can't afford/too expensive1
- ☐ Not eligible due to working status/
changed employer/lost job2
- ☐ Not eligible due to health or other problems 3
- ☐ 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/DON'T KNOW..... -3

TEEN2: Teen's Health Insurance

PROGRAMMING NOTE 'QA25_I72':

IF NO SECOND TEEN SELECTED, GO TO PN 'QA25_J1';

IF ARINSURE = 1, CONTINUE WITH 'QA25_I72';

IF ARINSURE \neq 1, GO TO PN 'QA25_I73';

ELSE CONTINUE WITH 'QA25_I72'

'QA25_I72' We are asking a few questions about (TEEN2).

Does (TEEN2) have the same health insurance as you?

IA10AT2

- ☐ Yes1 **[GO TO 'QA25_I90']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I72':

IF 'QA25_I72' = 1 AND ARMCARE = 1, SET TEMCARET2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I72' = 1 AND ARMCAL = 1, SET TEMCALT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I72' = 1 AND AREMPOWN = 1, SET TEEMPT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I72' = 1 AND AREMPSP = 1, SET TEEMPT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I72' = 1 AND AREMPPAR = 1, SET TEEMPT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I72' = 1 AND AREMPOTH = 1, SET TEEMPT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I72' = 1 AND ARDIRECT = 1, SET TEDIRECTT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I72' = 1 AND ARMILIT = 1, SET TEMILITT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I72' = 1 AND AROTHGOV = 1, SET TEOTHGOVT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I72' = 1 AND AROTHER = 1, SET TEOTHERT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I72' = 1 AND ARIHS = 1, SET TEIHST2 = 1

IF 'QA25_I72' = 1 AND ARHBEX = 1, SET TEHBEXT2 = 1 AND SET TEINSURET2 = 1;

PROGRAMMING NOTE 'QA25_I73':IF SPINSURE \neq 1 THEN SKIP TO 'QA25_I74';

ELSE IF 'QA25_I72' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA25_I74';

ELSE CONTINUE WITH 'QA25_I73'

'QA25_I73' Does (TEEN2) have the same insurance as your spouse?**MA5T2**

- ☐ Yes1 **[GO TO 'QA25_I90']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I73':

IF 'QA25_I73' = 1 AND SPMPCARE = 1, SET TEMCARET2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPMCAL = 1, SET TEMCALT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPMPOWN = 1, SET TEEMPT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPMPSP = 1, SET TEEMPT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPMPAR = 1, SET TEEMPT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPMPOTH = 1, SET TEEMPT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPDIRECT = 1, SET TEDIRECTT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPMILIT = 1, SET TEMILITT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPOTHGOV = 1, SET TEOTHGOVT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPOTHER = 1, SET TEOTHERT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPIHS = 1, SET TEIHST2 = 1

IF 'QA25_I73' = 1 AND SPHBEX = 1, SET TEHBEXT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I73' = 1 AND SPARPAR = 1, THEN SET TEOTHERT2 = 1 AND SET TEINSURET2 = 1 AND
SPSAMETET2 = 1**PROGRAMMING NOTE 'QA25_I74':**IF TEINSURET2 \neq 1 OR CHINSURE \neq 1, THEN SKIP TO 'QA25_I75';ELSE IF ('QA25_I72' = 2 AND ARSAMECH = 1) OR ('QA25_I73' = 2 AND SPSAMECH = 1), THEN SKIP TO
'QA25_I75';

ELSE CONTINUE WITH 'QA25_I74';

'QA25_I74' Does (TEEN2) have the same insurance as (CHILD)?**MA6T2**

- ☐ Yes1 **[GO TO 'QA25_I102']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I74':

IF 'QA25_I74' = 1 AND CHMCARE = 1, SET TEMCARET2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I74' = 1 AND CHMCAL = 1, SET TEMCALT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I74' = 1 AND CHEMP = 1, SET TEEMPT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I74' = 1 AND CHDIRECT = 1, SET TEDIRECTT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I74' = 1 AND CHMILIT = 1, SET TEMILITT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I74' = 1 AND CHOTHGOV = 1, SET TEOTHGOVT2 = 1 AND SET TEINSURET2 = 1;

IF 'QA25_I74' = 1 AND CHIHS = 1, SET TEIHST2 = 1;

IF 'QA25_I74' = 1 AND CHOTHER = 1, SET TEOTHERT2 = 1;

IF 'QA25_I74' = 1 AND CHHBEX = 1, SET TEHBEXT2 = 1

'MA9' Does (TEEN2) have the same insurance as (TEEN)?

MA9

- ☐ Yes1 **[GO TO 'QA25_I102']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'MA9': IF 'MA9'= 1 AND TEMCARE= 1, SET TEMCARET2= 1 AND SET TEINSURET2= 1;
 IF 'MA9'= 1 AND TEMCAL= 1, SET TEMCALT2= 1 AND SET TEINSURET2= 1;
 IF 'MA9'= 1 AND TEEMP= 1, SET TEEMPT2= 1 AND SET TEINSURET2= 1;
 IF 'MA9'= 1 AND TEDIRECT= 1, SET TEDIRECTT2= 1 AND SET TEINSURET2= 1;
 IF 'MA9'= 1 AND TEMILIT= 1, SET TEMILITT2= 1 AND SET TEINSURET2= 1;
 IF 'MA9'= 1 AND TEOTHGOV= 1, SET TEOTHGOVT2= 1 AND SET TEINSURET2= 1;
 IF 'MA9'= 1 AND TEIHS= 1, SET TEIHST2= 1;
 IF 'MA9'= 1 AND TEOTHER= 1, SET TEOTHERT2= 1;
 IF 'MA9'= 1 AND TEHBEX= 1, SET TEHBEXT2= 1

TEEN2: Medi-Cal Coverage (Teen)

'QA25_I75' Is {he/she} currently covered by Medi-CAL?

IA1T2

Medi-Cal is a health insurance program for low-income individuals in California

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I75': IF 'QA25_I75'= 1, SET TEMCALT2 = 1 AND SET TEINSURET2 = 1

TEEN2: Employer-Based Coverage (Teen)

'QA25_I76' Is (TEEN2) covered by a health insurance plan or HMO through your own or someone else's employment or union?

IA3T2

- ☐ Yes1
☐ No.....2 **[GO TO 'QA25_I78']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_I78']**

POST NOTE 'QA25_I76': IF 'QA25_I76'= 1, SET TEEMPT2 = 1 AND SET TEINSURET2 = 1

'QA25_I77' Is this plan through an employer, through a union, or through Covered California's SHOP program?

AI94T2

SHOP is the Small Business Health Options Program administered by Covered California.

- ☐ Employer1
☐ Union.....2
☐ SHOP / Covered California3
☐ Other (Specify: _____) 91

POST NOTE FOR 'QA25_I77': IF 'QA25_I77'= 3, THEN SET TEHBEXT2 = 1

TEEN2: Private Coverage (Teen)

PROGRAMMING NOTE 'QA25_I78':
 IF TEINSURET2 = 1 THEN GO TO 'QA25_I79';
 ELSE CONTINUE WITH 'QA25_I78'

'QA25_I78' Is (TEEN2) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

IA4T2

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
☐ No2 [GO TO 'QA25_I84']
☐ REFUSED/DON'T KNOW -3 [GO TO 'QA25_I84']

POST NOTE 'QA25_I78': IF 'QA25_I78' = 1, SET TEDIRECTT2 = 1 AND SET TEINSURET2 = 1

PROGRAMMING NOTE 'QA25_I79':
 IF TEDIRECTT2 = 1, THEN CONTINUE WITH 'QA25_I79';
 ELSE GO TO 'PN_QA25_I80'

'QA25_I79' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

AI95T2

- ☐ Insurance company or HMO1
☐ Covered California2
☐ Other (Specify: _____) 91
☐ REFUSED/DON'T KNOW -3

POST NOTE FOR 'QA25_I79': IF 'QA25_I79' = 2, THEN SET TEHBEXT2 = 1

PROGRAMMING NOTE 'QA25_I80':
 IF 'QA25_I77' = 3, THEN GO TO PN 'QA25_I81';
 ELSE CONTINUE WITH 'QA25_I80';

'QA25_I80' Was there a subsidy or discount on the premium for this plan?

AI97T2

- ☐ Yes1
☐ No2
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_I81':

IF TEEMPT2 = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECTT2 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA25_I81';
ELSE GO TO PROGRAMMING NOTE 'QA25_I84'

'QA25_I81'

Do you pay any or all of the premium or cost for (TEEN2)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AI55T2

Premium is the monthly charge for the cost of your health insurance plan.

Co-pays 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.

A deductible is the amount you pay for medical care before your health plan starts paying.

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_I82'

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?

AI52T2

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

**[GO TO
'PN_QA25_I84']
[GO TO
'PN_QA25_I84']**

'QA25_I83'

Who else pays all or some portion of the cost for (TEEN)'s health plan?

AI53T2

Check all that apply

- ☐ Your current employer1
- ☐ Your former employer2
- ☐ Union.....3
- ☐ Spouse's/Partner's current employer.....4
- ☐ Spouse's/Partner's former employer5
- ☐ Professional/Fraternal organization6
- ☐ Medicaid/Medi-Cal assistance7
- ☐ Covered California 10
- ☐ Other 91
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I83': IF 'QA25_I83' = 1-6, SET TEEMPT2 = 1 AND TEDIRECTT2 = 0;

IF 'QA25_I83' = 7, SET TEMCAL2 = 1;

IF 'QA25_I83' = 10, SET TEHBEXT2 = 1;

TEEN2: CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

PROGRAMMING NOTE 'QA25_I84':

IF TEINSURET2 = 1, GO TO PROGRAMMING NOTE 'QA25_I89';
ELSE CONTINUE WITH 'QA25_I84'

'QA25_I84' Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

IA6T2

- ☐ Yes1 **[GO TO 'PN_QA25_I90']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I84': IF 'QA25_I84' = 1, SET TEMILITT2 = 1 AND SET TEINSURET2 = 1

TEEN2: AIM, MRMIP, Family PACT, Healthy Kids, Other (Teen)

'QA25_I85' Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Family PACT, Healthy Kids or something else?

IA7T2

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.

- ☐ AIM1 **[GO TO 'PN_QA25_I90']**
☐ MRMIP2 **[GO TO 'PN_QA25_I90']**
☐ Family PACT3 **[GO TO 'PN_QA25_I90']**
☐ Healthy Kids4 **[GO TO 'PN_QA25_I90']**
☐ No other plan.....5
☐ Something else (Specify: ____)91 **[GO TO 'PN_QA25_I90']**
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I85': IF 'QA25_I85' = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOVT2 = 1 AND SET TEINSURET2 = 1

TEEN2: Other Coverage (Teen)

'QA25_I86' Does {he/she} have any health insurance coverage through a plan that I missed?

IA8T2

- ☐ Yes1 **[GO TO 'PN_QA25_I90']**
☐ No.....2 **[GO TO 'PN_QA25_I90']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_QA25_I90']**

'QA25_I87' What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

IA9T2

Check all that apply

- ☐ Through current or former employer/union1
- ☐ Through school, professional association trade group or other organization.....2
- ☐ Purchased directly from a health plan (by you or anyone else)3
- ☐ Medicare4
- ☐ Medi-Cal.....5
- ☐ CHAMPUS/CHAMP-VA, TRICARE, VA, or some other military health care.....7
- ☐ Indian Health Service, Tribal Health Program, Urban Indian Clinic .8
- ☐ Covered California 10
- ☐ SHOP through Covered California..... 11
- ☐ Other government health plan 91
- ☐ Other non-government health plan 92
- ☐ REFUSED/DON'T KNOW -3

POST NOTE 'QA25_I87': IF 'QA25_I87' = 1, SET TEEMPT2 = 1 AND TEINSURET2 = 1;
 IF 'QA25_I87' = 2, SET TEEMPT2 = 1 AND TEINSURET2 = 1;
 IF 'QA25_I87' = 3, SET TEDIRECTT2 = 1 AND TEINSURET2 = 1;
 IF 'QA25_I87' = 4, SET TEMCARET2 = 1 AND TEINSURET2 = 1;
 IF 'QA25_I87' = 5, SET TEMCALT2 = 1 AND TEINSURET2 = 1;
 IF 'QA25_I87' = 7, SET TEMILITT2 = 1 AND TEINSURET2 = 1;
 IF 'QA25_I87' = 8, SET TEIHST2 = 1;
 IF 'QA25_I87' = 10, SET TEHBEXT2 = 1 AND TEINSURET2 = 1 AND TEDIRECTT2 = 1;
 IF 'QA25_I87' = 11, SET TEHBEXT2 = 1 AND TEINSURET2 = 1 AND TEEMPT2 = 1;
 IF 'QA25_I87' = 91, SET TEOTHGOVT2 = 1 AND TEINSURET2 = 1;
 IF 'QA25_I87' = 92, SET TEOTHERT2 = 1 AND TEINSURET2 = 1;
 IF 'QA25_I87' = -3, SET TEINSURET2 = 1

PROGRAMMING NOTE 'QA25_I88':

IF 'QA25_I87' = 4 (TEEN HAS MEDICARE), CONTINUE WITH 'QA25_I88';
 ELSE SKIP TO PROGRAMMING NOTE 'QA25_I89'

'QA25_I88' Just to verify, you said that (TEEN2) gets health insurance through Medicare?

IA9VERT2

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_I89':

IF TEINSURET2 \neq 1 CONTINUE WITH 'QA25_I89';
ELSE GO TO 'QA25_I90';

'QA25_I89' What is the one main reason why (TEEN2) is not enrolled in the Medi-CAL program?

IA1AT2

- ☐ Paperwork too difficult.....1
- ☐ Do not know if eligible2
- ☐ Income too high, not eligible3
- ☐ Not eligible due to
citizenship/immigration status4
- ☐ Do not believe in health insurance.....6
- ☐ 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/DON'T KNOW..... -3

TEEN2: Managed Care Plan Characteristics (Teen)

PROGRAMMING NOTE 'QA25_I90':

IF 'QA25_I72' = 1 AND ARMCARE = 1, THEN 'QA25_I90' = 'QA25_H62' AND 'QA25_I92' = 'QA25_H64'
AND 'QA25_I93' = 'AH71' AND GO TO PN 'QA25_I94';
ELSE IF 'QA25_I74' = 1, THEN 'QA25_I90' = 'MA3T2' AND 'QA25_I92' = 'MA2T2' AND 'QA25_I93' =
'QA25_I21' AND GO TO 'PN_QA25_I94'; ELSE IF TEINSURET2 = 1, THEN CONTINUE WITH
'QA25_I90';
ELSE GO TO PROGRAMMING NOTE 'QA25_I94'

'QA25_I90' Is (TEEN2)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA8T2

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.

- ☐ Yes1 **[GO TO 'QA25_I92']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_I91':

IF TEMCALT2 = 1 (TEEN HAS MEDI-CAL), GO TO 'QA25_I92';

ELSE CONTINUE WITH 'QA25_I91';

'QA25_I91' Is (TEEN2)'s health plan a PPO or EPO?**AI116T2**

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.

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.

- ☐ PPO.....1
- ☐ EPO.....2
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_I92' What is the name of (TEEN2)'s main health plan?**MA7T2**

- ☐ Aetna.....2
- ☐ Anthem Blue Cross of California.....7
- ☐ Blue Shield..... 12
- ☐ Cigna Healthcare 26
- ☐ Health Net 38
- ☐ Kaiser Permanente 47
- ☐ United Healthcare 73
- ☐ Medi-cal..... 52
- ☐ Medicare 53
- ☐ Other (Specify: _____)..... 85
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'QA25_I92': IF 'QA25_I92' = 93, 87, OR 89 THEN SET TEMILITT2 =1**'QA25_I93'** Is (TEEN2) covered for prescription drugs?**IA14T2**

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

TEEN2: High Deductible Health Plans (Teen)

PROGRAMMING NOTE FOR 'QA25_I94':

IF [(ARINSURE \neq 1 OR 'QA25_I72' \neq 1) AND (TEEMPT2 = 1 OR TEDIRECTT2 = 1 OR TEOTHERT2 = 1), THEN CONTINUE WITH 'QA25_I94';
ELSE SKIP TO PN 'QA25_I97'

'QA25_I94' Does (TEEN2)'s health plan have a deductible that costs...

AI82BT2

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ \$0-\$10001
- ☐ \$1001-\$20002
- ☐ \$2001-\$30003
- ☐ \$3001-\$40004
- ☐ \$4001-\$50005
- ☐ More than \$50016
- ☐ REFUSED/DON'T KNOW -3

'QA25_I95' Does (TEEN2)'s health plan have a deductible for all covered persons that costs...

AI83BT2

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ \$0-\$20001
- ☐ \$2001-\$40002
- ☐ \$4001-\$60003
- ☐ \$6001-\$80004
- ☐ \$8001-\$10,0005
- ☐ More than \$10,0016
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AI84T2':

IF ('QA25_I94' = 2, 3, 4, 5, 6) OR ('AI83T2' = 2, 3, 4, 5, 6), CONTINUE WITH 'AI84T2';
ELSE SKIP TO PROGRAMMING NOTE 'QA25_I97'

'AI84T2' Do you have a special account or fund you can use to pay for (TEEN2)'s medical expenses?

AI84T2

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/DON'T KNOW -3

TEEN2: Reasons for Lack of Coverage (Teen)

PROGRAMMING NOTE 'QA25_I97':
 IF TEINSURET2 = 1, GO TO 'QA25_I102';
 ELSE CONTINUE WITH 'QA25_I97'

'QA25_I97' What is the one main reason (TEEN2) does not have any health insurance?

IA18T2

- ☐ 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/DON'T KNOW -3

TEEN2: Coverage over Past 12 months (Teen)

'QA25_I98' Was (TEEN2) covered by health insurance at any time during the past 12 months?

IA20T2

- ☐ Yes1 **[GO TO 'QA25_I100']**
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_I99' How long has it been since (TEEN2) last had health insurance?

IA21

- ☐ More than 12 months, but
no more than 3 years ago1 **[GO TO
'PN_QA25_J1']**
- ☐ 2 More than 3 years ago2 **[GO TO
'PN_QA25_J1']**
- ☐ 3 Never had health insurance coverage3 **[GO TO
'PN_QA25_J1']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO
'PN_QA25_J1']**

'QA25_I100' For how many of the last 12 months did {he/she} have health insurance?

IA22T2

- _____ Months [HR: 0-12] **[IF 'QA25_I64'=0 GO
TO 'PN_QA25_J1']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO
'PN_QA25_J1']**

'QA25_I101' During that time when (TEEN2) 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?

IA23T2

Check all that apply

(5 maximum responses)

- | | | | |
|--------------------------|---|----|-------------------------|
| <input type="checkbox"/> | MediCal | 1 | [GO TO
'PN_QA25_J1'] |
| <input type="checkbox"/> | Through current or former employer/union .. | 3 | [GO TO
'PN_QA25_J1'] |
| <input type="checkbox"/> | Purchased directly | 5 | [GO TO
'PN_QA25_J1'] |
| <input type="checkbox"/> | Covered California | 6 | [GO TO
'PN_QA25_J1'] |
| <input type="checkbox"/> | Other health plan | 91 | [GO TO
'PN_QA25_J1'] |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 | [GO TO
'PN_QA25_J1'] |

'QA25_I102' Thinking about {his/her} current health insurance, did (TEEN2) have this same insurance for all of the past 12 months?

IA24T2

- | | | | |
|-----------------------|--------------------------|----|-------------------------|
| <input type="radio"/> | Yes | 1 | [GO TO
'PN_QA25_J1'] |
| <input type="radio"/> | No | 2 | |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 | |

'QA25_I103' When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

IA25T2

- | | | | |
|-----------------------|--------------------------|----|---------------------|
| <input type="radio"/> | Yes | 1 | |
| <input type="radio"/> | No | 2 | [GO TO 'QA25_I105'] |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 | [GO TO 'QA25_I105'] |

'QA25_I104' 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?

IA26T2

Check all that apply

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Medi-Cal | 1 |
| <input type="checkbox"/> | Through current or
former employer/union | 4 |
| <input type="checkbox"/> | Purchased directly | 5 |
| <input type="checkbox"/> | Covered California | 6 |
| <input type="checkbox"/> | Other health plan | 91 |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 |

'QA25_I105' During the past 12 months, was there any time when {he/she} had no health insurance at all?

IA27T2

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3
- [GO TO
'PN_QA25_J1']
[GO TO
'PN_QA25_J1']**

'QA25_I106' For how many of the past 12 months did {he/she} have no health insurance?

IA28T2

- ☐ _____ MONTHS [RANGE: 1-12]
☐ REFUSED/DON'T KNOW.....-3

'QA25_I107' What is the one main reason why (TEEN2) did not have any health insurance during the time {he/she} wasn't covered?

IA29T2

- ☐ Can't afford/too expensive1
☐ Not eligible due to working status/
changed employer/lost job2
☐ Not eligible due to health or other problems 3
☐ 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/DON'T KNOW..... -3

Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'QA25_I108':

IF NO TEEN SELECTED, GO TO SECTION J;

IF 'QA25_A5' = 1 (MALE AT BIRTH), DISPLAY "mother";

IF 'QA25_A5' = 2 (FEMALE AT BIRTH), DISPLAY "father";

IF 'QA25_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA25_A29' Sex =1 DISPLAY "father" OR If

'QA20_A23' =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'QA25_I108' In what country was (TEEN)'s {mother/father} born?**A156**

- ☐ 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/DON'T KNNOW -3

PROGRAMMING NOTE 'QA25_I109':

IF 'QA25_A5' = 1 (MALE AT BIRTH), DISPLAY "mother";

IF 'QA25_A5' = 2 (FEMALE AT BIRTH), DISPLAY "father"

IF 'QA25_A5' = 3 (REFUSED/DON'T KNOW) AND 'QA25_A29' Sex =1 DISPLAY "father" OR If

'QA25_A29'=2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'QA25_I109' 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/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_I110':

IF 'QA25_A5'= 1 (MALE AT BIRTH), DISPLAY "mother";
 IF 'QA25_A5'= 2 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'QA25_A5'= 3 (REFUSED/DON'T KNOW) AND 'QA25_A29' Sex =1 DISPLAY "father" OR If
 'QA25_A29'=2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"
 IF 'QA25_I109'= 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

'QA25_I110' {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

A158

- ☐ Yes1
- ☐ No.....2
- ☐ Application pending.....3
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_I111':

IF 'QA25_I110' = 1 SKIP TO PN_'QA25_I112' IF 'QA25_A5' = 2 (MALE AT BIRTH), DISPLAY "mother";
 IF 'AD65E' = 1 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'QA25_A5' = -3 (REFUSED/DON'T KNOW) AND 'QA25_A29' Sex =2 DISPLAY "father" OR If
 'QA25_A29' =21 DISPLAY "mother" ELSE IF DISPLAY "other parent" IF 'AI57' = 3 (MOTHER/FATHER
 DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

'QA25_I111' {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/DON'T KNOW -3

'QA25_I112' About how many years has (TEEN)'s {mother/father} lived in the United States?

A160

- ☐ _____ Number of years
- ☐ _____ Year first come and live in U.S.
- ☐ Number of years1
- ☐ Year first came to live in US.....2
- ☐ Mother/father deceased3
- ☐ Mother/father never lived in US4
- ☐ REFUSED/DON'T KNOW-3

TEEN2: Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'QA25_I113':

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 'QA25_A29' Sex =1 DISPLAY "father" OR If

'QA20_A23' =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'QA25_I113' In what country was (TEEN2)'s {mother/father} born?**AI56T2**

- ☐ 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: _____)..... 13
- ☐ REFUSED/DON'T KNNOW -3

PROGRAMMING NOTE 'QA25_I114':

IF 'QA25_I113' = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO 'AI77';

ELSE CONTINUE WITH 'QA25_I114';

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 'QA25_A29' Sex =1 DISPLAY "father" OR If

'QA25_A29' =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'QA25_I114' Does (TEEN2)'s {mother/father} now live in the U.S.?**AI57T2**

- ☐ Yes1
- ☐ No.....2
- ☐ Mother/Father/Other parent} deceased3
- ☐ {Mother/Father/Other parent} never lived
in U.S.4
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_I115':

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 'QA25_A29' Sex =1 DISPLAY "father" OR If
 'QA25_A29' =2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"
 IF 'QA25_I114' = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

'QA25_I115' {Is/Was} (TEEN2)'s {mother/father} a citizen of the United States?

AI58T2

- ☐ Yes1
- ☐ No.....2
- ☐ Application pending.....3
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_I116':

IF 'QA25_I115' = 1 SKIP TO 'PN_QA25_I112'
 IF 'QA25_A5' = 1 (MALE AT BIRTH), DISPLAY "mother"; IF 'AD65E' = 2 (FEMALE AT BIRTH), DISPLAY
 "father"; IF 'QA25_A5' = -7/-8 (REFUSED/DON'T KNOW) AND 'QA25_A29' Sex =2 DISPLAY "father"
 OR If 'QA25_A29' =21 DISPLAY "mother" ELSE IF DISPLAY "other parent" IF 'AI57T2' = 3
 (MOTHER/FATHER DECEASED), DISPLAY "Was"; ELSE DISPLAY "Is"

'QA25_I116' {Is/Was} (TEEN2)'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.

AI59T2

- ☐ Yes1
- ☐ No.....2
- ☐ Application pending.....3
- ☐ REFUSED/DON'T KNOW -3

'QA25_I117' About how many years has (TEEN2)'s {mother/father} lived in the United States?

AI60T2

- ☐ _____ Number of years
- ☐ _____ Year first come and live in U.S.
- ☐ Number of years1
- ☐ Year first came to live in US.....2
- ☐ Mother/father deceased3
- ☐ Mother/father never lived in US4
- ☐ REFUSED/DON'T KNOW-3

Section J: Health Care Utilization and Access

Visits to Medical Doctor

PROGRAMMING NOTE 'QA25_J1':

IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care you receive";

'QA25_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 [IF 'QA25_J1' > 0 GOTO 'PN_QA25_J3']
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J2':

IF 'QA25_J1' = 0, -3 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH 'QA25_J2';
ELSE GO TO PROGRAMMING NOTE 'QA25_J3'

'QA25_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 'QA25_J4']
☐ REFUSED/DON'T KNOW -3

'QA25_J3' About how long has it been since you last saw a doctor or medical provider for a routine check-up?

AJ114

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/DON'T KNOW -3

'QA25_J4' In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

AJ218

- ☐ Never1
☐ Sometimes2
☐ Usually3
☐ Always4
☐ Not applicable5
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J5':

IF HOUSEHOLD HAS A SELECTED TEEN, CONTINUE;
ELSE SKIP TO 'QA25_J7'

'QA25_J5'

In the last 6 months, how often was it easy to get the care, tests, or treatment [teen's name] needed?

AJ219

- ☐ Never1
- ☐ Sometimes2
- ☐ Usually3
- ☐ Always4
- ☐ Not applicable5
- ☐ REFUSED/DON'T KNOW -3

'QA25_J6'

In the last 6 months, how often was it easy to get the care, tests, or treatment [TEEN2's name] needed?

AJ219T2

- ☐ Never1
- ☐ Sometimes2
- ☐ Usually3
- ☐ Always4
- ☐ Not applicable5
- ☐ REFUSED/DON'T KNOW -3

'QA25_J7'

During the past 12 months, how many days did you miss work at a job or business because of illness, injury or disability?

AJ115

Do not include family or maternity/paternity leave.

- _____ Days (0 - 365)
- ☐ Did not have job in past 12 months1
 - ☐ Other (specify)..... 996
 - ☐ REFUSED/DON'T KNOW -3

Personal Doctor

PROGRAMMING NOTE 'QA25_J8':

IF 'QA25_H1' = 1 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA25_J8';
ELSE GO TO PROGRAMMING NOTE 'QA25_J9'

'QA25_J8'

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

AJ77

This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J9':

IF ARINSURE = 1 OR 'QA25_H1' = 1 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA25_J9'
ELSE GO TO 'PN_QA25_J11'

DISPLAY INSTRUCTIONS:

IF 'QA25_J8' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

'QA25_J9' In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

AJ102

- ☐ Yes1
☐ No2 [GO TO 'PN_QA25_J11']
☐ REFUSED/DON'T KNOW -3 [GO TO 'PN_QA25_J11']

'QA25_J10' How often were you able to get an appointment within two days? Would you say...

AJ103

- ☐ Never1
☐ Sometimes2
☐ Usually3
☐ Always4
☐ REFUSED/DON'T KNOW -3

Care Coordination

PROGRAMMING NOTE 'QA25_J11':

IF 'QA25_H1' = 1 (HAS A USUAL SOURCE OF CARE) AND 'QA25_J8' = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [('QA25_B3' = 1 OR 'QA25_B4' = 1 (HAS ASTHMA)) OR AB22 = 1 (HAS DIABETES) OR 'QA25_B6' = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH 'QA25_J11';
ELSE GO TO 'QA25_J12'

'QA25_J11' 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/DON'T KNOW -3

Tele-Medical Care

'QA25_J12' During the past 12 months, did your usual medical provider offer telephone or video appointments?

AJ220

- ☐ Yes1
☐ No2 [GO TO 'QA25_J15']
☐ Don't know3 [GO TO 'QA25_J15']
☐ REFUSED -3 [GO TO 'QA25_J15']

'QA25_J13' What options did your medical provider offer?

AJ221

(Check all that apply)

- ☐ In-person appointments1
- ☐ Telephone appointments2
- ☐ Video appointments3
- ☐ REFUSED/DON'T KNOW -3

'QA25_J14' How satisfied are you with the availability of telephone or video health care from your providers?

AJ222

- ☐ Very satisfied.....1
- ☐ Somewhat satisfied.....2
- ☐ Neither satisfied nor dissatisfied3
- ☐ Somewhat dissatisfied4
- ☐ Very dissatisfied5
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_J15']**

'QA25_J15' 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 'QA25_J29']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_J29']**

'QA25_J16' What was this care for?

AJ203

- ☐ Primary Care1 **[GO TO 'QA25_J19']**
- ☐ Dental Care2 **[GO TO 'QA25_J19']**
- ☐ Mental Health3 **[GO TO 'QA25_J19']**
- ☐ Family Planning4
- ☐ Other speciality care5 **[GO TO 'QA25_J19']**
- ☐ Other:.....91 **[GO TO 'QA25_J19']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_J19']**

'QA25_J17' 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.....9
- ☐ Urban Indian Health Program/Clinic
- ☐ Pharmacy 10
- ☐ Some other place (Specify: _____) 11
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_J18' Was the appointment via telephone or video?

AJ224

- ☐ Yes, a telephone visit1
- ☐ Yes, a video visit2
- ☐ Both.....3
- ☐ No.....4
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_J19' Think about your telephone or video healthcare experiences in the past 12 months. How satisfied are you that your health provider addressed your health concerns?

AJ225

- ☐ Very satisfied.....1
- ☐ Satisfied2
- ☐ Slightly satisfied3
- ☐ Not satisfied at all.....4
- ☐ REFUSED DON'T KNOW..... -3

'QA25_J20' Think about your most recent telephone or video health care experience. Would you have preferred an in-person visit?

AJ226

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_J21':

IF 'QA25_J16' = 2, CONTINUE;

ELSE GOTO 'PN_QA25_J22'

'QA25_J21' 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 worse.....1
- ☐ Somewhat worse2
- ☐ About the Same3
- ☐ Somewhat better.....4
- ☐ Much better5
- ☐ I did not have a video visit.....6
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_J22':

IF 'QA25_J16' = 3, CONTINUE;

ELSE GOTO 'PN_QA25_J23'

'QA25_J22' 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 worse.....1
- ☐ Somewhat worse2
- ☐ About the Same3
- ☐ Somewhat better.....4
- ☐ Much better5
- ☐ I did not have a video visit.....6
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_J23':

IF 'QA25_J16' = 1, CONTINUE;

ELSE GOTO 'PN_QA25_J24'

'QA25_J23' 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 worse.....1
- ☐ Somewhat worse2
- ☐ About the Same3
- ☐ Somewhat better.....4
- ☐ Much better5
- ☐ I did not have a video visit.....6
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AJ230:

IF 'QA25_J16' = 2, CONTINUE;

ELSE GOTO 'PN_QA25_J25'

'QA25_J24' 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 telephone visit6
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J25':

IF 'QA25_J16' = 3, CONTINUE;

ELSE GOTO 'PN_QA25_J26'

'QA25_J25' 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/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J26':

IF 'QA25_J16' = 1, CONTINUE;

ELSE GOTO 'QA25_J27'

'QA25_J26' 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/DON'T KNOW -3

'QA25_J27' Did you have any problems with a telephone or video appointment?

AJ233

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J28':

IF 'QA25_J27' = 1 THEN CONTINUE;

ELSE GO TO 'QA25_J29'

'QA25_J28' What problems did you experience?**AJ234**

- ☐ Bad internet/network connection1
- ☐ Couldn't download the telehealth app.....2
- ☐ Audio/Video was not working.....3
- ☐ No privacy during the
telehealth appointment.....4
- ☐ The doctor/nurse did not speak
my language/understand my language.....5
- ☐ Other:..... 91
- ☐ REFUSED/DON'T KNOW -3

Patient respect

'QA25_J29' People experience different amounts of respect and dignity from their medical providers. Think about your experience in the past 12 months. To what degree did your medical providers treat you with respect or dignity?

- ☐ Great deal 1
- ☐ A fair amount..... 2
- ☐ Not too much..... 3
- ☐ None at all 4
- ☐ Don't know 5
- ☐ REFUSED -3

Communication Problems with a Doctor

PROGRAMMING NOTE 'AJ8B':

IF 'QA25_A25' >=2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH 'AJ8';

ELSE GO TO 'PN_QA25_J35'

'QA25_J30' The last time you saw a doctor, did you have a hard time understanding the doctor?**AJ8B**

- ☐ Yes1 **[GO TO 'QA25_J32']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO
'PN_QA25_J35']**

PROGRAMMING NOTE 'QA25_J31':

IF 'QA25_J30' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'QA25_A24' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QA25_J31';

ELSE GO TO 'PN_QA25_J35'

SET 'QA25_J31' ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA22_J16' WAS ASKED;

'QA25_J31' In what language did the doctor speak to you?

AJ50

- | | | | |
|-----------------------|--|----|-----------------------|
| <input type="radio"/> | English | 1 | [GO TO 'QA25_J33'] |
| <input type="radio"/> | Spanish | 2 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Cantonese | 3 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Vietnamese | 4 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Tagalog | 5 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Mandarin | 6 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Korean | 7 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Asian Indian languages
(including Hindi, Punjabi, Urdu) | 8 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Russian | 9 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Japanese | 12 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | French | 14 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | German | 15 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Farsi | 18 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | American | 19 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Arabic | 20 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | Other (Specify: _____) | 91 | [GO TO 'PN_QA25_J35'] |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 | [GO TO 'PN_QA25_J35'] |

'QA25_J32' Was this because you and the doctor spoke different languages?

AJ9

- | | | |
|-----------------------|--------------------------|----|
| <input type="radio"/> | Yes | 1 |
| <input type="radio"/> | No | 2 |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 |

'QA25_J33' Did you need someone to help you understand the doctor?

AJ10

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

**[GO TO
 'PN_QA25_J35']**
**[GO TO
 'PN_QA25_J35']**

'QA25_J34' Who was this person who helped you understand the doctor?

AJ11

- ☐ Minor child (under age 18)1
☐ An adult family member or friend of mine2
☐ 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/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J35':

IF 'QA25_A25' = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH 'QA25_J35';
 ELSE GO TO 'QA25_J36'

'QA25_J35' 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/DON'T KNOW -3

Delays in Care

'QA25_J36' During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

AH16

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

[GO TO 'QA25_J41']
[GO TO 'QA25_J41']

'QA25_J37' Did you get the medicine that a doctor prescribed for you eventually?

AJ251

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

'QA25_J38' 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 provider3
or pharmacy
- ☐ 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/DON'T KNOW -3

PROGRAMMING NOTE AJ253:

IF MORE THAN ONE RESPONSE FROM **'QA25_J38'**, THEN CONTINUE WITH **'QA25_J39'** WITH
SELECTED CHOICES FROM **'QA25_J38'** DISPLAYED;
ELSE SKIP TO NEXT TOPIC

'QA25_J39' 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 provider3
or pharmacy
- ☐ 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/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J40':

IF ARINSURE = 1, THEN CONTINUE WITH 'QA25_J40';

ELSE GO TO 'QA25_J41'

'QA25_J40' Did you delay or not get a medicine while you had your current insurance plan?**AJ176**

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_J41' 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
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

[GO TO 'QA25_J46']**[GO TO 'QA25_J46']****'QA25_J42'** Did you get the care eventually?**AJ129**

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_J43' During the past 12 months, why did you delay or not get the care you felt you needed?**AJ254***Check all that apply*

- ☐ Couldn't get appointment.....1
☐ 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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_J44':

IF MORE THAN ONE RESPONSE FROM 'QA25_J43' WITH SELECTED CHOICES FROM 'QA25_J43' DISPLAYED, THEN CONTINUE WITH 'QA25_J44';
ELSE SKIP TO NEXT TOPIC

'QA25_J44' 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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_J45':

IF ARINSURE = 1, THEN CONTINUE WITH 'QA25_J45';
ELSE GO TO 'QA25_J46'

'QA25_J45' Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

AJ177

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_J46' 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
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_J47':

IF 'QA25_J46' = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH 'QA25_J47';
ELSE GO TO 'QA25_J49'

'QA25_J47' During the past 12 months, did you have any trouble finding a medical specialist who would see you?

AJ137

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_J48' During the past 12 months, why did you have trouble finding a medical specialist who would see you?

AJ258

Select all that apply

- ☐ A specialist's office was not accepting new patients1
- ☐ My insurance did not cover it2
- ☐ I have no insurance.....3
- ☐ There were communication issues due to language4
- ☐ I was unable to reach a specialist.....5
- ☐ The hours were not convenient.....6
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_J49' 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
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_J50' During the past 12 months, why did you have trouble finding a general doctor who would see you?

AJ259

Select all that apply

- ☐ General doctor's office was not accepting new patients1
- ☐ My insurance did not cover it2
- ☐ I have no insurance.....3
- ☐ There were communication issues due to language4
- ☐ I was unable to reach a general doctor.....5
- ☐ The hours were not convenient.....6
- ☐ Other specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

Pregnancy Status

PROGRAMMING NOTE 'QA25_J51':

IF 'QA25_A5' = 1 (MALE AT BIRTH), THEN GO TO 'PN_QA25_J61';

IF AGE > 45, THEN GO TO 'PN_AJ206';

DISPLAY INSTRUCTIONS:

IF ['QA25_A5' = 2 (FEMALE AT BIRTH) AND 'QA25_A6' = 1, 3, 5, OR -3 (MALE, TRANSGENDER, NONBINARY, OR SKIPPED)], 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."

'QA25_J51' {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.}

AD13To your knowledge, are you now pregnant?

- ☐ Yes1 **[GO TO 'QA25_J53']**
☐ No.....2
☐ No applicable3
☐ REFUSED/DON'T KNOW..... -3

Family Planning

PROGRAMMING NOTE 'QA25_J52':

IF AGE IS BETWEEN 18 AND 44 YEARS AND 'QA25_A5' = 2 (FEMALE AT BIRTH) AND 'QA25_D12' = 1 OR 3 (MALE OR BOTH MALE AND FEMALE) THEN CONTINUE;

ELSE IF AGE > 44 YEARS GO TO 'PN_QA25_J61';

ELSE IF 'QA25_A5' = 1 (MALE AT BIRTH) THEN GO TO 'PN_QA25_J61';

ELSE CONTINUE WITH 'QA25_J52'

IF PROXY = 1, GO TO 'QA25_J68'

'QA25_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 pregnant5 **[GO TO 'PN_QA25_J61']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_QA25_J61']**

'QA25_J53' During the past 12 months, did you become pregnant with an unintended pregnancy?

AJ235

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_J55':

IF **'QA25_A5'** = 2 (FEMALE AT BIRTH) AND **'QA25_D12'** = 1, OR 3 (MALE, BOTH MALE AND FEMALE) CONTINUE;

ELSE GO TO **'PN_QA25_J61'**;

DISPLAY INSTRUCTIONS:

IF **'QA25_D10'** = 1 OR **'QA25_D11'** = 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 **'QA25_D10'** > 1 OR -3 AND **'QA25_D11'** = 3, 4, 5, 6 (MORE THAN ONE 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.";

'QA25_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

Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children.

- ☐ Yes1
☐ No.....2
☐ No male partner3
☐ REFUSED/DON'T KNOW..... -3
- [GO TO
 'PN_QA25_J60']
 [GO TO
 'PN_QA25_J61']
 [GO TO
 'PN_QA25_J61']

PROGRAMMING NOTE 'QA25_J56':**DISPLAY INSTRUCTIONS:**

IF 'QA25_D10' = 1 OR 'QA25_D11' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which main birth control method did you or your male partner use?"

IF 'QA25_D10' > 1 OR -3 AND 'QA25_D11' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, which main birth control method did you or your male partners use?";

'QA25_J56' During the past 12 months, which main birth control method did you or your male partner{s} use?

AJ237

- ☐ Tubal Ligation (Tubes Tied, Cut,1
Fallopian Tubes Removed)
- ☐ Vasectomy (Male sterilization)2
- ☐ IUD
(Mirena®, Paragard®, Skyla®, Kyleena®,
Liletta®, etc.)3
- ☐ Implant
(Nexplanon® - that thing in your arm)4
- ☐ Birth control pills5 [GO TO 'QA25_J58']
- ☐ Other hormonal methods
(Injection/Depo-Provera, patch,
vaginal ring)6 [GO TO 'QA25_J58']
- ☐ Condoms (male or female)7 [GO TO 'QA25_J58']
- ☐ Phexxi (birth control gel)8 [GO TO 'QA25_J58']
- ☐ Other (Specify: _____)91 [GO TO 'QA25_J58']
- ☐ REFUSED/DON'T KNOW -3 [GO TO
'PN_QA25_J61']

PROGRAMMING NOTE 'QA25_J57':**DISPLAY INSTRUCTIONS:**

IF 'QA25_J56' = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'QA25_J57' Did you or your male partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?

AJ238

- ☐ Yes1
- ☐ No2 [GO TO
'PN_QA25_J61']
- ☐ REFUSED/DON'T KNOW -3 [GO TO
'PN_QA25_J61']

PROGRAMMING NOTE 'QA25_J58':**DISPLAY INSTRUCTIONS:**

IF 'QA25_D10' = 1 OR 'QA25_D11' = 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 'QA25_D10' > 1 OR -3 AND 'QA25_D11' = 3,4,5,6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, where did you or your male partners get your main birth control method or prescription?";

'QA25_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 Parenthood4
- ☐ County health department.....5
- ☐ Family planning clinic.....6
- ☐ Community clinic.....7
- ☐ School or school-based clinic8
- ☐ Native American health center/clinic.....9
- ☐ Pharmacy..... 10
- ☐ Some other place (Specify: _____) ... 91
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_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/DON'T KNOW..... -3

PROGRAMMING NOTE AJ170B':

IF 'QA25_J55' = 2 CONTINUE;

ELSE SKIP TO 'PN_QA25_J61'

DISPLAY INSTRUCTIONS:IF 'QA25_D10' = 1 OR 'QA25_D11' = 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 'QA25_D10' >1 OR -3 AND 'QA25_D11' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "What is the main reason you and your male partners did not use birth control in the past 12 months?";

'QA25_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
- ☐ Cost.....3
- ☐ Haven't had time to go in for birth control4
- ☐ No transportation5
- ☐ Don't know where to get it.....6
- ☐ Don't believe in birth control.....7
- ☐ Worried about side effects and/or health risks8
- ☐ Partner won't let me9
- ☐ Forget to use birth control 10
- ☐ Feel uncomfortable asking for birth control/talking about birth control 11
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

**[GO TO
'PN_QA25_J61']**

PROGRAMMING NOTE 'QA25_J61':

IF AGE IS BETWEEN 20 AND 29 YEARS AND 'QA25_A5' = 1 (MALE AT BIRTH) WITH 'QA25_D12' = 2 OR 3 (FEMALE OR BOTH MALE AND FEMALE) THEN CONTINUE;
ELSE GO TO 'QA25_J68'

'QA25_J61' During the past 12 months, has a doctor, medical provider, or family planning counselor talked to you about birth control such as male condoms or vasectomy?

AJ241

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J62':**DISPLAY INSTRUCTIONS:**

IF 'QA25_D10' = 1 OR 'QA25_D11' = 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 'QA25_D10' > 1 OR -3 AND 'QA25_D11' = 3, 4, 5, 6 (MORE THAN ONE 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.";

'QA25_J62' During the past 12 months, did you or your female partner{s} use a birth control method to prevent pregnancy? This includes male or female sterilization.

AJ242

Sterilization includes having your partner's tubes tied, getting a vasectomy, or having an operation so you cannot have children.

- ☐ Yes1
- ☐ No2 **[GO TO 'PN_QA25_J67']**
- ☐ No female partner3 **[GO TO 'PN_QA25_J68']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_QA25_J68']**

PROGRAMMING NOTE 'QA25_J63':**DISPLAY INSTRUCTIONS:**

IF 'QA25_D10' = 1 OR 'QA25_D11' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which main birth control method did you or your female partner use?"

IF 'QA25_D10' > 1 OR -3 AND 'QA25_D11' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, which main birth control method did you or your female partners use?";

'QA25_J63' During the past 12 months, which main birth control method did you or your female partner{s} use?

AJ243

- ☐ 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 pills5 **[GO TO 'QA25_J65']**
- ☐ Other hormonal methods
(Injection/Depo-Provera, patch,
vaginal ring)6 **[GO TO 'QA25_J65']**
- ☐ Condoms (male or female)7 **[GO TO 'QA25_J65']**
- ☐ Phexxi (birth control gel)8 **[GO TO 'QA25_J65']**
- ☐ Other (Specify: _____)91 **[GO TO 'QA25_J65']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_AJ206']**

PROGRAMMING NOTE AJ244:**DISPLAY INSTRUCTIONS:**

IF 'QA25_J63'=1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'QA25_J64' Did you or your female partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?

AJ244

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO
'PN_AJ206']
[GO TO
'PN_AJ206']

PROGRAMMING NOTE 'QA25_J65':**DISPLAY INSTRUCTIONS:**

IF 'QA25_D10' = 1 OR 'QA25_D11' = 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 'QA25_D10' > 1 OR -3 AND 'QA25_D11' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, where did you or your female partner(s) get your main birth control method or prescription?";

'QA25_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 department.....5
- ☐ Family planning clinic.....6
- ☐ Community clinic.....7
- ☐ School or school-based clinic8
- ☐ Native American health center/clinic.....9
- ☐ Pharmacy 10
- ☐ Some other place (Specify: _____) ... 91
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_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 visit.....2
- ☐ No.....3
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_J67':

IF 'QA25_J62' = 2, THEN CONTINUE;

ELSE SKIP TO 'PN_AJ206'

DISPLAY INSTRUCTIONS:IF 'QA25_D10' = 1 OR 'QA25_D11' = 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 'QA25_D10' >1 OR -3 AND 'QA25_D11' = 3,4,5,6 (MORE THAN ONE PARTNERS) DISPLAY "What is the main reason you and your female partners did not use birth control in the past 12 months?";**'QA25_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
- ☐ Cost.....3
- ☐ Haven't had time to go in for birth control4
- ☐ No transportation5
- ☐ Don't know where to get it.....6
- ☐ Don't believe in birth control.....7
- ☐ Worried about side effects and/or health risks8
- ☐ Partner won't let me9
- ☐ Forget to use birth control 10
- ☐ Feel uncomfortable asking for birth control/talking about birth control 11
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

Dental Health

'QA25_J68' About how long has it been since you visited a dental provider? (for example, dental hygienists, dentists, dental specialists)**AG1**

- ☐ Have never visited0 [GO TO 'QA25_J72']
- ☐ 6 months ago or less.....1
- ☐ More than 6 months, and up to 1 year2
- ☐ More than 1 year, and up to 2 years ago3
- ☐ More than 2 years, and up to 5 years ago ...4
- ☐ More than 5 years ago5
- ☐ REFUSED/DON'T KNOW -3 [GO TO 'QA25_J72']

'QA25_J69' Was it for a routine checkup or cleaning, or was it for a specific problem?**AJ167**

- ☐ Routine checkup or cleaning.....1
- ☐ Specific problem2
- ☐ Both.....3
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J70':

IF 'QA25_J68' = 1, 2 THEN CONTINUE WITH 'QA25_J70'

ELSE GO TO 'QA25_J72'

'QA25_J70' How many times have you received a dental service within the last 12 months?**AJ247**

- ☐ None.....1 [GO TO 'QA25_J72']
☐ Once.....2
☐ Twice.....3
☐ Three Times.....4
☐ Four Times.....5
☐ Five Times or More.....6
☐ REFUSED/DON'T KNOW.....-3 [GO TO 'QA25_J72']

'QA25_J71' Where did you receive the dental services in the last 12 months?**AJ248B**

- ☐ Free health/dental event1
☐ Dentist office/clinic setting.....2
☐ Hospital3
☐ One or more of the above.....4
☐ REFUSED/DON'T KNOW.....-3

'QA25_J72' Did you experience any dental pain in the last 12 months?**AJ262**

- ☐ Yes1
☐ No.....2 [GO TO 'PN_QA25_J74']
☐ REFUSED/DON'T KNOW.....-3 [GO TO 'PN_QA25_J74']

'QA25_J73' Did you miss any school or work because of dental pain?**AJ263**

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW.....-3

PROGRAMMING NOTE 'QA25_J74':

IF 'AAGE' = BETWEEN 18-20 YEARS CONTINUE;

ELSE GO TO 'QA25_J76'

'QA25_J74' During the past 12 months, did you miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.**ATF28**

- ☐ Yes1
☐ No.....2 [GO TO 'QA25_J76']
☐ REFUSED/DON'T KNOW.....-3 [GO TO 'QA25_J76']

'QA25_J75' How many days of school or work did you miss?

ATF29

- [HR: 0-200]**
- _____ Days
- REFUSED/DON'T KNOW -3

'QA25_J76' Do you now have any type of insurance that pays for part or all of your dental care?

AG3

- Yes1
- No.....2
- REFUSED/DON'T KNOW -3

'QA25_J77' Where did you receive educational information about oral health or preventive dental care in the last 12 months?

AJ249B

- Have not received any educational information1
- ☐ From dental office2
- ☐ From school/college3
- ☐ From social media.....4
- ☐ From family or friends5
- ☐ From Smile, California™ website..... 10
- ☐ From another online sources9
- ☐ From community events or health fairs.....6
- ☐ From medical doctor's office7
- ☐ From other sources8
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J78':

IF 'QA25_J68'= 1, 2 THEN CONTINUE WITH 'QA25_J78';
ELSE GO TO 'PN_QA25_J79';

'QA25_J78' In the past 12 months, how often did the dentist and dental clinic staff explain things in a way that was easy to understand?

AJ264

- Never.....1
- Sometimes2
- Usually3
- Always4
- REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J79':

IF 'QA25_J68' = 0, 3, 4, 5 CONTINUE;

ELSE GO TO 'PN_QA25_J80'

DISPLAY INSTRUCTIONS:

IF 'QA25_J68' = 0, 3, 4, 5 DISPLAY "What is the main reason you have not visited a dentist in the last 12 months?"

'QA25_J79' What is the main reason you have not visited a dentist in the last 12 months?**AJ250B**

- ☐ No reason to go/no problems1
- ☐ Too expensive/no insurance3
- ☐ Fear or dislikes going4
- ☐ Do not have/know a dentist5
- ☐ Transportation problems.....6
- ☐ No dentist available/no appointment available...7
- ☐ Didn't know where to go8
- ☐ Hours not convenient.....9
- ☐ Speak a different language 10
- ☐ Other (specify:____) 91
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J80':

IF HOUSEHOLD HAS A SELECTED TEEN, THEN CONTINUE;

ELSE GOTO 'QA25_J82'

'QA25_J80' Do you now have any type of insurance that pays for part or all of (TEEN) dental care?**MA10**

- ☐ Yes1
- ☐ No.....2
- ☐ REFSUED/DON'T KNOW..... -3

'QA25_J81' Do you now have any type of insurance that pays for part or all of (TEEN2) dental care?**MA10T2**

- ☐ Yes1
- ☐ No.....2
- ☐ REFSUED/DON'T KNOW..... -3

Advance health care directive

'QA25_J82' An Advance Health Care Directive is a document that allows you to appoint someone to make health care decisions for you. It also allows you to give instructions about the kind of treatment you want or don't want. This document guides decisions about your health care if you become very ill and cannot decide or speak for yourself.

'QA25_J83' Have you completed an Advance Health Care Directive?

- ☐ Yes1
- ☐ No.....2
- ☐ Don't know3
- ☐ REFUSED -3

Caregiving

'QA25_J84' 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.

'QA25_J85' During the past 12 months, did you provide any such help to a family member or friend?

AJ87

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
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3
- [GO TO
'PN_QA25_K1']
[GO TO
'PN_QA25_K1']**

'QA25_J86' Do you currently provide care for this person?

AJ101B

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE FOR 'QA25_J87':**DISPLAY INSTRUCTIONS:**

IF 'QA25_J86' = 1 THEN DISPLAY "How" and "is", ELSE DISPLAY "At the time you provided care" and "was".

'QA25_J87' {How/At the time you provided care, how} old {is/was} this person? Your best estimate is fine.

AJ201

- _____ Age **[HR: 0-110]**
- ☐ REFUSED/DON'T KNOW -3

'QA25_J88' What is this person's relationship to you?

AJ90

- ☐ Husband.....1
- ☐ Wife2
- ☐ Spouse/partner3
- ☐ Father/father-in-law4
- ☐ Mother/mother-in-law5
- ☐ Brother/brother-in-law6
- ☐ Sister/sister-in-law7
- ☐ Grandfather8
- ☐ Grandmother9
- ☐ Son/son-in-law10
- ☐ Daughter/daughter-in-law11
- ☐ Other relative.....12
- ☐ Friend/neighbor13
- ☐ Other non-relative14
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J89':**DISPLAY INSTRUCTIONS:**

IF 'QA25_J86' = 1 THEN DISPLAY "do"; ELSE DISPLAY "did";

IF 'QA25_J88' = -3 THEN DISPLAY "family member/friend";

ELSE DISPLAY {'QA25_J88'}

'QA25_J89' In a typical week, about how many hours {do/did} you spend, helping your {AJ90/ family member/friend}?

AJ93

- _____ Hours **[HR: 0-125]**
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE AJ191:

IF 'QA25_J86' = 1 OR 2 CONTINUE WITH 'QA25_J90';

ELSE GO TO 'QA25_J91';

DISPLAY INSTRUCTIONS:

IF 'QA25_J86' = 1 DISPLAY "Are you paid for any of the hours you help your 'QA25_J88'? ";

IF 'QA25_J86' = 2 DISPLAY "Were you paid for any of the hours you helped your 'QA25_J88'? "

'QA25_J90' {Are/Were} you paid for any of the hours you {help/helped} your {AJ90}'?

AJ191*This could be payment from a public program, family member, or directly from the care recipient.*

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J91':**DISPLAY INSTRUCTIONS:**

IF AJ101B' = 1 THEN DISPLAY "is";

ELSE DISPLAY "was";

'QA25_J91' 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/DON'TKNOW -3

'QA25_J92' 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 facility5
☐ In some other living situation6
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_J93':**DISPLAY INSTRUCTIONS:**

IF 'QA25_J86' = 1 THEN DISPLAY "What", "does", and "requires". ELSE DISPLAY "At the time you provided care, what", "did", and "required".

'QA25_J93' {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, forgetfulness.....1
- ☐ Arthritis2
- ☐ Back problems3
- ☐ Broken bones4
- ☐ Cancer.....5
- ☐ Diabetes6
- ☐ Feeble, unsteady, falling7
- ☐ Lung disease, emphysema, COPD8
- ☐ Mental illness, emotional illness, depression.....9
- ☐ Mobility problem, can't get around 10
- ☐ Old age, aging.....11
- ☐ Stroke 12
- ☐ Surgery, wounds 13
- ☐ Other (Specify:.....)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE FOR 'QA25_J94':

IF 'QA25_J86' = 1 CONTINUE;
ELSE SKIP TO 'PN_QA25_K1'

'QA25_J94' Do you have all of the support and services you need to care for your {'QA25_J88'}?

AJ197

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_J95' During the past 12 months, have you experienced any physical health problems due to providing care to your {'QA25_J88'}?

AJ199A

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_J96' During the past 12 months, have you experienced any mental health problems due to providing care to your {'QA25_J88'}?

AJ199B

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

‘QA25_J97’ Has your work situation changed because of helping your **{‘QA25_J88’}**, 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/DON'T KNOW..... -3

Section K: Employment, Income, Poverty Status, Food Security

Hours Worked

PROGRAMMING NOTE 'QA25_K1':

IF 'QA25_G44' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR 'QA25_G46' = 1 (R USUALLY WORKS) CONTINUE WITH 'QA25_K1'; ELSE GO TO 'PN_QA25_K4'

'QA25_K1' How many hours per week do you usually work at all jobs or businesses?

AK3

If you do not work, enter 0 (zero).

- ☐ _____ Hours [HR: 0-95]
☐ REFUSED/DON'T KNOW -3

'QA25_K2' How long have you worked at your main job?

AK7

That is, for your current employer.

- ☐ _____ Months [HR: 0-12]
☐ _____ Years [HR: 0-50]
☐ REFUSED/DON'T KNOW -3

Income Last Month

PROGRAMMING NOTE 'QA25_K3':

IF 'QA25_G44' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK) OR 'QA25_G46' = 1 (USUALLY WORKS), CONTINUE WITH 'QA25_K3'; ELSE SKIP TO 'PN_QA25_K4'

'QA25_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

- ☐ \$ _____ Amount [HR: 0-999995]
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_K4':

IF 'QA25_G52' = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'QA25_G53' = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH 'QA25_K4' AND:
 IF 'QA25_G44' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'QA25_G46' ≠ 1 (R DOES NOT USUALLY WORK), AND 'QA25_A27' = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."
 ELSE IF 'QA25_G44' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'QA25_G46' ≠ 1 (R DOES NOT USUALLY WORK), AND ('QA25_D14' = 1 OR 'QA25_D15' = 1), THEN DISPLAY "The next question is about your partner's employment."
 IF 'QA25_A27' = 1 THEN DISPLAY "spouse";
 ELSE IF 'QA25_D14' = 1 OR 'QA25_D15' = 1 THEN DISPLAY "partner";
 ELSE SKIP TO 'QA25_K6'

'QA25_K4' How many hours per week does your {spouse/partner} usually work at all jobs or businesses?

AK20

- ☐ _____ Hours [HR: 0-95]
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_K5':

IF 'QA25_K4' ≠ 0 CONTINUE WITH 'QA25_K5';
 IF 'QA25_A27' = 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF 'QA25_D14' = 1 OR 'QA25_D15' = 1, THEN DISPLAY "partner's";
 ELSE GO TO 'QA25_K6'

'QA25_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

- ☐ \$ _____ Amount [HR: 0-999995]
☐ REFUSED/DON'T KNOW -3

Annual Household Income

'QA25_K6' What is your best estimate of your household's total annual income from all sources before taxes in 2024?

AK22

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.

- ☐ \$ _____ Amount [HR: 0-999995]
☐ REFUSED/DON'T KNOW -3 [GO TO 'PN_QA25_K8']

'QA25_K7' *Please verify amount entered*
 I have entered that your annual household income is (AMOUNT). Is that correct?

AK22A

- ☐ Yes1 [GO TO 'PN_AK17']
☐ No2 [GO TO 'QA25_K6']
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_K8':

IF 'QA25_K6' = -3 CONTINUE WITH 'QA25_K8';

ELSE GO TO 'PN_QA25_K14'

'QA25_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 ...

AK11

- ☐ More than \$20,000 per year.....1 [GO TO 'AK13']
☐ \$20,000 or less per year2
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA25_K14']

'QA25_K9' Is it ...

AK12

- ☐ \$5,000 or less1 [GO TO 'PN_QA25_K14']
☐ \$5,001 to \$10,0002 [GO TO 'PN_QA25_K14']
☐ \$10,001 to \$15,0003 [GO TO 'PN_QA25_K14']
☐ \$15,001 to 20,0004 [GO TO 'PN_QA25_K14']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA25_K14']

'QA25_K10' Is it ...

AK13

- ☐ More than \$70,000 per year.....1 [GO TO 'QA25_K12']
☐ \$70,000 or less per year2
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA25_K14']

'QA25_K11' Is it ...

AK14

- ☐ \$20,001 to \$30,0001 [GO TO 'PN_QA25_K14']
☐ \$30,001 to \$40,0002 [GO TO 'PN_QA25_K14']
☐ \$40,001 to \$50,0003 [GO TO 'PN_QA25_K14']
☐ \$50,001 to \$60,0004 [GO TO 'PN_QA25_K14']
☐ \$60,001 to \$70,0005 [GO TO 'PN_QA25_K14']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_QA25_K14']

'QA25_K12' Is it ...

AK15

- ☐ More than \$135,000 per year.....1 **[GO TO 'PN_QA25_K14']**
☐ \$135,000 or less per year2
☐ REFUSED/DON'T KNOW.....-3 **[GO TO 'PN_QA25_K14']**

'QA25_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/DON'T KNOW.....-3

Number of Persons Supported

PROGRAMMING NOTE 'QA25_K14':

IF R IS ONLY MEMBER OF HH, SET **'QA25_K14'** = 1 AND GO TO **'PN_QA25_K15'**;
ELSE CONTINUE WITH **'QA25_K14'**

'QA25_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/DON'T KNOW-3

PROGRAMMING NOTE 'QA25_K15':

'QA25_K15' MUST BE LESS THAN **'QA25_K14'**;
 IF R IS ONLY MEMBER OF HH, GO TO **'QA25_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) = **'QA25_K14'** GO TO PROGRAMMING NOTE **'QA25_K16'**;
 ELSE CONTINUE WITH **'QA25_K15'**

'QA25_K15' How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

AK18

- ☐ _____ Number of children (UNDER AGE 18) **[HR: 0-20]**
☐ REFUSED/DON'T KNOW-3

'QA25_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
☐ No.....2 **[GO TO 'AK136']**
☐ REFUSED/DON'T KNOW.....-3 **[GO TO 'AK136']**

'QA25_K17'

How many?

AK33

- ☐ _____ Number of people [HR: 1-20]
☐ REFUSED/DON'T KNOW..... -3

Paid Family Leave

'QA25_K18'

Have you seen or heard anything about the California Paid Family Leave law that provides paid family and medical leave for eligible workers?

AK136B

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_K19'

In the past 5 years, have you taken a paid leave longer than two weeks from work to bond with a newborn, newly adopted or foster child, take care of a seriously ill family member, or because of a family member's military service?

AK137B

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

[GO TO
 'PN_QA25_K21']
 [GO TO
 'PN_QA25_K21']

'QA25_K20'

What were the reasons you took a leave from work?

AK138B*Check all that apply*

- ☐ Own health1
☐ Family member's health2
☐ Arrival of newborn, newly adopted child,
 or foster child3
☐ A family member's military service.....4
☐ Other (Specify:_____) 91
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_K21':

IF 'AK137' = 2 (DID NOT TAKE LEAVE IN PAST 5 YEARS), THEN CONTINUE;
ELSE SKIP TO 'QA25_K22'

'QA25_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 advancement.....2
- ☐ Could not afford to go on leave3
- ☐ Employer denied request for leave4
- ☐ Not eligible for leave5
- ☐ Didn't know about leave program6
- ☐ Process to apply for leave too complicated .7
- ☐ Used other available leave options
(e.g., vacation or sick leave)8
- ☐ Did not need to take leave9
- ☐ REFUSED/DON'T KNOW..... -3

Availability of Food in the Household

PROGRAMMING NOTE 'QA25_K22':

IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [POVERTY= 8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH 'QA25_K22'

ELSE IF RESPONDENT LIVES IN (SAN FRANCISCO OR MARIN COUNTY) AND
(POVERTY=5, 6 (HH Income is between 200% and 400% FPL) OR [POVERTY= 8 (HH INCOME
NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)]), CONTINUE WITH 'QA25_K22'
(FOR PRE-PAID SAMPLE, PLEASE USE SAMPLE COUNTY INFORMATION)

ELSE GO TO 'QA25_L12';

DISPLAY INSTRUCTIONS:

IF 'QA25_K14' = 1, THEN DISPLAY "I",
ELSE IF 'QA25_K14' > 1 DISPLAY "We"

'AM1

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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_K23':**DISPLAY INSTRUCTIONS:**

IF 'QA25_K22' = 1, THEN DISPLAY "I",
 ELSE IF 'QA25_K22' > 1 DISPLAY "We"

'QA25_K23' The second statement is: '{I/We} couldn't afford to eat balanced meals.'

AM2

Was that ...

- ☐ Often true1
- ☐ Sometimes true2
- ☐ Never true3
- ☐ REFUSED/DON'T KNOW -3

'QA25_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 'QA25_K26']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'QA25_K26']**

'QA25_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/DON'T KNOW -3

Hunger

'QA25_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/DON'T KNOW -3

'QA25_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/DON'T KNOW -3

Dietary Intake

PROGRAMMING NOTE 'QA25_K28':

IF HOUSEHOLD INCOME IS \leq 200% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

'QA25_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.

Your best guess is fine

- _____ times
☐ REFUSED/DON'T KNOW -3

Select one

- ☐ 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/DON'T KNOW..... -3

'QA25_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

Other vegetables include tomatoes, carrots, onions, or broccoli. Rice is not a vegetable

- _____ times
☐ REFUSED/DON'T KNOW -3

Select one

- ☐ 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/DON'T KNOW..... -3

'QA25_K30' During the past month, how many glasses or cans of soda that contain sugar, such as Coke, did you drink? Do not include diet soda.

AC11

Do not include canned or bottled juices or teas. *Your best guess is fine*

- _____ Glasses or cans [HR 0-15 ;SR 0-7]
☐ REFUSED/DON'T KNOW -3

Select one

- ☐ 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/DON'T KNOW..... -3

'QA25_K31' During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

AC46B

Examples might include lemonade, Gatorade, Snapple, or Red Bull.

Do not include: 100% fruit juices or soda, yogurt drinks, carbonated water, or fruit-flavored teas.

- _____ times
☐ REFUSED/DON'T KNOW -3

Select one

- ☐ 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/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_K32':

IF CAGE \geq 2 YEARS AND HOUSEHOLD INCOME IS \leq 200% FPL CONTINUE;
 ELSE SKIP TO 'SECTION L'

'QA25_K32' 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

Servings are self-defined. A serving is the child's regular portion of this food.

- _____ Servings [HR: 0-20; SR 0-9]
☐ REFUSED/DON'T KNOW -3

'QA25_K33' 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/DON'T KNOW -3

Section L: Public Program Participation

PROGRAMMING NOTE 'QA25_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_QA25_L23'

'QA25_L1' Are you now receiving TANF or CalWORKs?

AL2

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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_L2':

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA25_L2';

ELSE GO TO 'QA25_L5';

'QA25_L2' Is (TEEN) now receiving TANF or CalWORKs?

IAP1

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/DON'T KNOW..... -3

'QA25_L3' Is (TEEN2) now receiving TANF or CalWORKs?

IAP1T2

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/DON'T KNOW..... -3

Food Stamps

PROGRAMMING NOTE 'QA25_L4':

IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA25_L4';
ELSE SKIP TO 'QA25_L5'

'QA25_L4' Is (CHILD) now on TANF or CalWORKs?

CE11

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/DON'T KNOW..... -3

'QA25_L5' Are you receiving Food Stamp benefits, also known as CalFresh?

AL5

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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_L6':

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA25_L6';
ELSE GO TO 'QA25_L9'

'QA25_L6' Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

IAP2

You may receive benefits through an Electronic Benefit Transfer (EBT) card, and is also known as the Golden State Advantage Card.

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'QA25_L7' Is (TEEN2) receiving Food Stamp benefits, also known as CalFresh?

IAP2T2

You may receive benefits through an Electronic Benefit Transfer (EBT) card, and is also known as the Golden State Advantage Card.

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_L4':

IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA25_L8';
ELSE SKIP TO 'QA25_L9'

'QA25_L8' Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

CE11A

You may receive benefits through an Electronic Benefit Transfer (EBT) card, also known as the Golden State Advantage Card.

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

Supplemental Security Income

'QA25_L9' Are you receiving Supplemental Security Income (SSI)?

AL6

SSI means Supplemental Security Income. This is different from Social Security.

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

WIC

PROGRAMMING NOTE 'QA25_L10':

IF 'QA25_A5' = 2 (FEMALE AT BIRTH) AND ['QA25_J51' = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH 'QA25_L10';
ELSE GO TO 'PN_QA25_L12';

'QA25_L10' Are you on WIC?

AL7

WIC is the Supplemental Food Program for Women, Infants and Children.

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_L11':

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 'QA25_L11';
ELSE GO TO 'PN_QA25_L12'

'QA25_L11' Is (CHILD) on WIC now?

CE11C

WIC means 'Supplemental Food Program for Women, Infants and Children.

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW -3

Assets

PROGRAMMING NOTE 'QA25_L12':

IF 'QA25_D4' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'QA25_A4' = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'QA25_L12';

ELSE SKIP TO PROGRAMMING NOTE 'QA25_L14';

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA25_K14'.

IF 'QA25_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA25_K14' = 1 DISPLAY \$ 130,000;

IF 'QA25_K14' = 2 DISPLAY \$ 195,000;

IF 'QA25_K14' = 3 DISPLAY \$ 260,000;

IF 'QA25_K14' = 4 DISPLAY \$ 325,000;

IF 'QA25_K14' = 5 DISPLAY \$ 390,000;

IF 'QA25_K14' = 6 DISPLAY \$ 455,000;

IF 'QA25_K14' = 7 DISPLAY \$ 520,000;

IF 'QA25_K14' = 8 DISPLAY \$ 585,000;

IF 'QA25_K14' = 9 DISPLAY \$ 650,000;

IF 'QA25_K14' ≥ 10 DISPLAY \$ 715,000;

IF 'QA25_A27' = 1 (MARRIED) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'QA25_L12' 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
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW.....-3

**[GO TO
'PN_QA25_L14']**

**[GO TO
'PN_QA25_L14']**

PROGRAMMING NOTE 'QA25_L13':

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA25_K14'

IF 'QA25_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA25_K14' = 1 DISPLAY \$ 2,000;

IF 'QA25_K14' = 2 DISPLAY \$ 3,000;

IF 'QA25_K14' = 3 DISPLAY \$ 3,150;

IF 'QA25_K14' = 4 DISPLAY \$ 3,300;

IF 'QA25_K14' = 5 DISPLAY \$ 3,450;

IF 'QA25_K14' = 6 DISPLAY \$ 3,600;

IF 'QA25_K14' = 7 DISPLAY \$ 3,750;

IF 'QA25_K14' = 8 DISPLAY \$ 3,900;

IF 'QA25_K14' = 9 DISPLAY \$ 4,050;

IF 'QA25_K14' ≥ 10 DISPLAY \$ 4,200;

IF 'QA25_A27' = 1 (MARRIED) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'QA25_L13' 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
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

Child Support

PROGRAMMING NOTE 'QA25_L14':**DISPLAY INSTRUCTIONS:**

IF 'QA25_A27' = 1 (MARRIED) AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";

ELSE IF ['QA25_A27' = 2 (LIVING WITH PARTNER) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";

ELSE DISPLAY "you"

'QA25_L14' Did {you or your spouse/you or your partner/you} receive any money last month for child support?

AL15B

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO
'PN_QA25_L16']
[GO TO
'PN_QA25_L16']

PROGRAMMING NOTE 'QA25_L15':**DISPLAY INSTRUCTIONS:**

IF 'QA25_A27' = 1 (MARRIED) AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY "combined" AND "and your spouse";
 ELSE IF ['QA25_A27' = 2 (LIVING WITH PARTNER) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 (LEGAL
 SAME-SEX COUPLE)] AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
 "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

'QA25_L15' 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

○ \$ _____ [000001-999995]
 ○ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_L16':**DISPLAY INSTRUCTIONS:**

IF 'QA25_A27' = 1 (MARRIED) AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY "you or your spouse or both of you";
 ELSE IF ['QA25_A27' = 2 (LIVING WITH PARTNER) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 (LEGAL
 SAME-SEX COUPLE)] AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you
 or your partner or both of you"
 ELSE DISPLAY "you"

'QA25_L16' 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, I paid1
 ○ Yes, my spouse/partner paid2
 ○ Yes, we both paid3
 ○ No4 [GO TO
 'PN_QA25_L18']
 ○ REFUSED/DON'T KNOW -3 [GO TO
 'PN_QA25_L18']

PROGRAMMING NOTE 'QA25_L17':**DISPLAY INSTRUCTIONS:**

IF 'QA25_A27' = 1 (MARRIED) AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY "you or your spouse or both of you";
 ELSE IF ['QA25_A27' = 2 (LIVING WITH PARTNER) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 (LEGAL
 SAME-SEX COUPLE)] AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you
 or your partner or both of you";
 ELSE DISPLAY "you"

'QA25_L17' 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

○ _____ AMOUNT [000001-999995]
 ○ REFUSED/DON'T KNOW -3

Worker's Compensation

PROGRAMMING NOTE 'QA25_L18':

IF 'QA25_A27' = 1 (MARRIED) AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY "you or your spouse";
 ELSE IF ['QA25_A27' = 2 (LIVING WITH PARTNER) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 (LEGAL
 SAME-SEX COUPLE)] AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your
 partner";
 ELSE DISPLAY "you"

'QA25_L18' Did {you or your spouse/you or your partner/you} receive any money last month for
 workers compensation?

AL32

- ☐ Yes1
☐ No2
☐ REFUSED/DON'T KNOW -3
- [GO TO
 'PN_QA25_L20']
 [GO TO
 'PN_QA25_L20']

PROGRAMMING NOTE 'QA25_L19':**DISPLAY INSTRUCTIONS:**

IF 'QA25_A27' = 1 (MARRIED) AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
 DISPLAY "combined" AND "and your spouse";
 ELSE IF ['QA25_A27' = 2 (LIVING WITH PARTNER) OR 'QA25_D14' = 1 OR 'QA25_D15' = 1 (LEGAL
 SAME-SEX COUPLE)] AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY
 "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

'QA25_L19' What was the {combined} total amount that you {and your spouse/and your partner}
 received from workers compensation last month?

AL33

- ☐ \$ [000001-999995]
☐ REFUSED/DON'T KNOW -3

Social Security/Pension Payments

PROGRAMMING NOTE 'QA25_L20':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA25_A27' = 1 (MARRIED) AND
 'QA25_A28' = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH 'QA25_L20' AND
 DISPLAY "you or your spouse";
 ELSE IF AGE ≥ 65 AND 'QA25_A28' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN
 CONTINUE WITH 'QA25_L20' AND DISPLAY "you or your partner";
 ELSE IF AGE ≥ 65, THEN CONTINUE WITH 'QA25_L20' AND DISPLAY "you";
 ELSE GO TO 'PN_QA25_L22'

'QA25_L20' Did {you or your spouse/you or your partner/you} receive any Social Security or Pension
 payments last month?

AL18A

- ☐ Yes1
☐ No2
☐ REFUSED/DON'T KNOW -3
- [GO TO
 'PN_QA25_L22']
 [GO TO
 'PN_QA25_L22']

PROGRAMMING NOTE 'QA25_L21':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA25_A27'= 1 (MARRIED) AND 'QA25_A28'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";
 ELSE IF AGE ≥ 65 AND 'QA25_A28'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";
 ELSE IF AGE ≥ 65, DISPLAY "you";

'QA25_L21' What was the total amount {you} received last month from Social Security and Pensions {for both you and your spouse/partner}?

AL18B

○ AMOUNT [000001-999995]
 ○ REFUSED/DON'T KNOW..... -3

Reasons for Non-Participation in Medi-Cal

PROGRAMMING NOTE 'QA25_L22':

IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH 'QA25_L22';
 ELSE GO TO 'AL40'

'QA25_L22' What is the one main reason why you are not enrolled in the Medi-Cal program?

AL19

- Paperwork too difficult.....1
- Do not know if eligible2
- Income too high, not eligible3
- Not eligible due to citizenship/4
immigration status
- Do not believe in health insurance.....6
- Do not need insurance because7
I'm healthy
- Already have insurance8
- Did not know about it9
- Do not like or want welfare..... 10
- Other (Specify: _____)..... 91
- REFUSED/DON'T KNOW..... -3

Public Charge Related

PROGRAMMING NOTE 'QA25_L23':

IF 'QA25_G2' ≠ 1,2, 9,22, OR 26, CONTINUE WITH 'QA25_L23';
 ELSE SKIP TO 'QA25_M1'

'QA25_L23' 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
- No.....2 [GO TO 'QA25_L25']
- REFUSED/DON'T KNOW..... -3 [GO TO 'QA25_L25']

'QA25_L24' Did this happen in the last 12 months?

AL104

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_L25' 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
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO 'QA25_L27']

[GO TO 'QA25_L27']

'QA25_L26' Did this happen in the past 12 months?

AL101

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_L27' 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
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO 'QA25_M1']

[GO TO 'QA25_M1']

'QA25_L28' Did this happen in the past 12 months?

AL103

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

Section M: Housing and Social Cohesion

Housing

'QA25_M1' Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

AK23

A duplex is a building with 2 units.

- ☐ House1
- ☐ Duplex2
- ☐ Building with 3 or more units3
- ☐ Mobile home4
- ☐ REFUSED/DON'T KNOW -3

'QA25_M2' Do you own or rent your home?

AK25

- ☐ Own1
- ☐ Rent2
- ☐ Other arrangement3
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_M3':

IF 'AGE' >= 65 AND 'QA25_M2' = 1, CONTINUE

ELSE GO TO 'QA25_M4'

'QA25_M3' Are you currently paying off a mortgage or loan on this home?

AM37

[INTERVIEWER NOTE: IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'QA25_M4' 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, have you directly experienced discrimination or harassment related to housing?

- ☐ Yes1
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

[GO TO 'QA25_M7']

[GO TO 'QA25_M7']

‘QA25_M5’ 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/DON'T KNOW -3

PROGRAMMING NOTE ‘QA25_M6’:

IF MORE THAN ONE RESPONSE FROM ‘QA25_M5’, THEN CONTINUE WITH ‘QA25_M6’ WITH SELECTED CHOICES FROM ‘QA25_M5’ DISPLAYED;
ELSE SKIP TO ‘QA25_M7’

‘QA25_M6’ What do you think is the MAIN reason you were targeted for this discrimination or harassment?

AM191

- ☐ Because of your ancestry, national origin or language.....1
- ☐ Because of your race or skin color2
- ☐ Because of your gender or sex, including gender identity3
- ☐ Because of your sexual orientation4
- ☐ Because of your religion5
- ☐ Because of your disability6
- ☐ Because of your immigration status7
- ☐ Because you have children8
- ☐ Because of some other reason:.....9
- ☐ REFUSED/DON'T KNOW -3

‘QA25_M7’ In the past 2 years, did you or your household receive or use a Housing Choice Section 8 voucher?

AM192

Housing Choice Section 8 vouchers are a form of government assistance with housing.

- ☐ Yes1
- ☐ No.....2 **[GO TO ‘QA25_M11’]**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO ‘QA25_M11’]**

‘QA25_M8’ 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/DON'T KNOW..... -3

Hate Incident

‘QA25_M9’

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.

‘QA25_M11’ This set of questions focuses on whether you may have been targeted for hate because of prejudice toward people with certain identities, characteristics or religious beliefs. You may or may not actually have these identities, characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to steal from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

AM194

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

- ☐ Yes1
- ☐ No.....2 **[GO TO ‘QA25_M28’]**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO ‘QA25_M28’]**

‘QA25_M12’ 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/DON'T KNOW..... -3

'QA25_M13' Where did the incident or incidents 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/DON'T KNOW..... -3

'QA25_M14' Why do you think you were targeted?

AM197

Select all that apply

- ☐ 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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_M15':

IF MORE THAN ONE RESPONSE FROM 'QA25_M14', THEN CONTINUE WITH 'QA25_M15' WITH
SELECTED CHOICES FROM 'QA25_M14' DISPLAYED;
ELSE SKIP TO 'PN_QA25_M16'

'QA25_M15' What do you think is the main reason you were targeted for a hate incident?

AM198

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/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_M16':

IF 'QA25_M11' = 1, THEN CONTINUE WITH 'QA25_M16';
 ELSE SKIP TO 'QA25_M28';

'QA25_M16' During the past 12 months, how many hate incidents have you experienced?

AM206

- ☐Number of hate incidents
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_M17':**DISPLAY INSTRUCTIONS:**

IF 'QA25_M16' > 1, THEN DISPLAY "these" and "incidents",
 ELSE DISPLAY "the" and "incident".

'QA25_M17' During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?

AM207

Select all that apply

- ☐ You experienced negative effects on your mental health, such as feeling sad, stressed, anxious, or depressed1
☐ You experienced negative effects on your physical health2
☐ You changed your behavior, such as changing schools, jobs, transportation, or where you shop3
☐ You had to take time off from work4
☐ You had to take time off from school5
☐ Other (please specify:)91
☐ None of these 92
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_M18':

IF 'QA25_M17' = 4 (took time off from work), THEN CONTINUE;
 ELSE GO TO 'QA25_M19';

DISPLAY INSTRUCTIONS:

IF 'QA25_M16' > 1, THEN DISPLAY "these" and "incidents",
 ELSE DISPLAY "the" and "incident".

'QA25_M18' During the past 12 months, about how many days did you take off from work because you experienced {these/the} hate incident{s}?

AM208

- ☐Number of days (HR: 0-365)
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_M19':

IF 'QA25_M17' = 5 (took time off from school), THEN CONTINUE;
ELSE GO TO 'QA25_M20';

DISPLAY INSTRUCTIONS:

IF 'QA25_M32' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA25_M19' During the past 12 months, about how many days did you take off from school because you experienced {these/the} hate incident{s}?

AM209

- ☐ _____ Number of days (HR: 0-365)
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_M20':**DISPLAY INSTRUCTIONS:**

IF 'QA25_M16' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA25_M20' During the past 12 months, were there any medical expenses for you or members of your household because you experienced the hate incident{s}?

AM210

Include mental and physical healthcare expenses.

- ☐ Yes1
☐ No2
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_M21':

IF 'QA25_M12' = 4, THEN CONTINUE;
ELSE GO TO 'AM212';

DISPLAY INSTRUCTIONS:

IF 'QA25_M16' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA25_M21' During the past 12 months, did you or members of your household have any damage to property or belongings that resulted from the hate incident{s}?

AM211

- ☐ Yes1
☐ No2
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_M22':**DISPLAY INSTRUCTIONS:**

IF 'QA25_M16' > 1, THEN DISPLAY "most severe".

'QA25_M22' After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?

AM214*Select all that apply*

- ☐ Counseling, therapy, or other type of mental health support1
- ☐ Medical care for a physical injury or symptom.....2
- ☐ Time off from school3
- ☐ Time off from work4
- ☐ Financial assistance.....5
- ☐ Protection for you or your family's physical safety6
- ☐ Help reporting to or working with the police or other law enforcement7
- ☐ Legal assistance8
- ☐ Interpretation or other types of language services 9
- ☐ Other (please specify: _____) 91
- ☐ Received no help or support 10
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_M23':**DISPLAY INSTRUCTIONS:**

IF 'QA25_M16' > 1, THEN DISPLAY "most severe"

'QA25_M23' Was there any kind of help or support that you felt you needed but did not receive after you experienced the {most severe} hate incident?

AM215

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_M24':
IF 'QA25_M23' = 1, THEN CONTINUE;

DISPLAY INSTRUCTIONS:
DISPLAY ONLY UNCHECKED CATEGORIES FROM 'QA25_M22';
ELSE GO TO 'QA25_M26';

'QA25_M24' What help or support did you feel you needed but did not receive?

AM216

Select all that apply

- ☐ Counseling, therapy, or other type
of mental health support1
- ☐ Medical care for a physical injury or
symptom.....2
- ☐ Time off from school3
- ☐ Time off from work4
- ☐ Financial assistance.....5
- ☐ Protection for you or your family's
physical safety6
- ☐ Help reporting to or working
with the police or other law enforcement7
- ☐ Legal assistance8
- ☐ Interpretation or other types of
language services9
- ☐ Other (please specify: _____) 91
- ☐ None of the above..... 10
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_M25':
IF MULTIPLE RESPONSES FROM 'QA25_M24', THEN CONTINUE

DISPLAY INSTRUCTIONS:
DISPLAY ONLY SELECTED OPTIONS FROM 'QA25_M24'
ELSE GO TO 'QA25_M26' ;

'QA25_M25' Which of these did you feel you needed the most?

AM217

- ☐ Counseling, therapy, or other type
of mental health support1
- ☐ Medical care for a physical injury or
symptom.....2
- ☐ Time off from school3
- ☐ Time off from work4
- ☐ Financial assistance.....5
- ☐ Protection for you or your family's
physical safety6
- ☐ Help reporting to or working
with the police or other law enforcement7
- ☐ Legal assistance8
- ☐ Interpretation or other types of
language services9

- ☐ {OTHER SPECIFY FROM 'QA25_M24'} . 91
☐ REFUSED/DON'T KNOW..... -3

'QA25_M26' Was the offender of the {most severe} incident a stranger, someone you knew by sight only, someone you knew but not well, or someone you knew well?

AM218

If more than one offender, select all that apply

- ☐ Stranger1
☐ Someone you knew by sight only2
☐ Someone you knew but not well3
☐ Someone you knew well4
☐ I don't know or I didn't see5
☐ REFUSED -3

'QA25_M27' Who was the offender of the {most severe} hate incident?

AM219

If more than one offender, select all that apply

- ☐ A friend or family member1
☐ Your classmate2
☐ Your co-worker3
☐ A customer at your workplace4
☐ A customer at a business
 you visited5
☐ An employee at a
 business you visited6
☐ Someone on-line7
☐ A caregiver8
☐ Someone on public transportation9
☐ Other (please specify without saying their
 names or other identifying information:__) 91
☐ I don't know or I didn't see 10
☐ REFUSED -3

'QA25_M28' During the past 12 months, have you witnessed another person experiencing a hate incident?

AM199

- ☐ Yes1
☐ No.....2

☐ REFUSED/DON'T KNOW..... -3

**[GO TO 'HATE
 INCIDENT
 RESOURCE']**
**[GO TO
 'QA25_M36']**

'QA25_M29' 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/DON'T KNOW -3

'QA25_M30' Where did the incident or incidents 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/DON'T KNOW -3

'QA25_M31' 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/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_M32':

IF MORE THAN ONE RESPONSE FROM 'QA25_M31', THEN CONTINUE WITH 'QA25_M32' WITH
SELECTED CHOICES FROM 'QA25_M31' DISPLAYED;
ELSE SKIP TO 'QA25_M32'

'QA25_M32' What do you think is the main reason that person was the target for a hate incident?

AM203

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 language5
- ☐ Because of their disability6
- ☐ Because of their immigration status.....7
- ☐ Because of their age8
- ☐ Because of some other reason:9
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_M33':

IF 'QA25_M28' = 1, THEN CONTINUE;
ELSE SKIP TO NEXT TOPIC;

'QA25_M33' During the past 12 months, how many hate incidents have you witnessed?

AM220

- ☐ _____ Number of hate incidents
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_M34':**DISPLAY INSTRUCTIONS:**

IF 'QA25_M33' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'QA25_M34' During the past 12 months, were there any medical expenses for you or members of your household because you witnessed the hate incident(s)?

AM224

Include mental and physical healthcare expenses.

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED -7
- ☐ DON'T KNOW -3

'QA25_M35' Was the offender of the {most severe} incident a stranger to the victim, someone the victim knew by sight only, someone the victim knew but not well, or someone the victim knew well?

AM231

If more than one offender, select all that apply

- ☐ Stranger to the victim1
- ☐ Someone the victim knew by sight only2
- ☐ Someone the victim knew but not well3
- ☐ Someone the victim knew well4
- ☐ I don't know or I didn't see5
- ☐ REFUSED -3

PROGRAMMING NOTE 'QA25_M36':
TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO
'QA25_M11', 'QA25_M28'.

'QA25_M36'

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

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

PROGRAMMING NOTE 'QA25_M37':
IF 'QA25_H1' = 1 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS \leq 400% FPL,
THEN CONTINUE WITH 'QA25_M37';
ELSE GO TO 'QA25_M38'

'QA25_M37' 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
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

Social Cohesion

'QA25_M38' 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.

Do you strongly agree, agree, disagree, or strongly disagree?

- ☐ Strongly Agree1
- ☐ Agree.....2
- ☐ Disagree.....3
- ☐ Strongly Disagree4
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_M39' Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

AM20

People in this neighborhood generally do not get along with each other.

Do you strongly agree, agree, disagree, or strongly disagree?

- ☐ Strongly Agree1
- ☐ Agree.....2
- ☐ Disagree.....3
- ☐ Strongly Disagree4
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_M40' Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

AM21

People in this neighborhood can be trusted.

Do you strongly agree, agree, disagree, or strongly disagree?

- ☐ Strongly Agree1
- ☐ Agree.....2
- ☐ Disagree.....3
- ☐ Strongly Disagree4
- ☐ REFUSED/DON'T KNOW..... -3

Safety

'QA25_M41' Do you feel safe in your neighborhood...

AK28

- ☐ All of the time1
- ☐ Most of the time2
- ☐ Some of the time, or.....3
- ☐ None of the time.....4
- ☐ REFUSED/DON'T KNOW..... -3

Civic Engagement

'QA25_M42' 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/DON'T KNOW -3

'QA25_M43' 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/DON'T KNOW -3

'QA25_M44' 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
- ☐ REFUSED/DON'T KNOW -3

[GO TO 'QA25_M1']
[GO TO 'QA25_M1']

Section Q: Adverse Childhood Experiences

'QA25_Q1' 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.

'QA25_Q2' Before you were 18 years of age..

AQ1

Did you live with anyone who was depressed, mentally ill, or suicidal?

- ☐ Yes1
- ☐ No.....2
- ☐ Don't know3
- ☐ REFUSED -3

'QA25_Q3' Did you live with anyone who was a problem drinker or alcoholic?

AQ2

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_Q4' Did you live with anyone who used illegal street drugs or who abused prescription medications?

AQ3

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_Q5' Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

AQ4

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_Q6' Before you were 18 years of age..

AQ5

Were your parents separated or divorced?

- ☐ Yes1
- ☐ No.....2
- ☐ Parent not married3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_Q7' 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/DON'T KNOW..... -3

'QA25_Q8' 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.

AQ7

- ☐ Never.....1
- ☐ Once.....2
- ☐ More than once3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_Q9' How often did a parent or adult in your home ever swear at you, insult you, or put you down?

AQ8

- ☐ Never.....1
- ☐ Once.....2
- ☐ More than once3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_Q10' How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

AQ9

- ☐ Never.....1
- ☐ Once.....2
- ☐ More than once3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_Q11' How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

AQ10

- ☐ Never.....1
- ☐ Once.....2
- ☐ More than once3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_Q12' How often did anyone at least 5 years older than you or an adult, force you to have sex?

AQ11

- ☐ Never.....1
- ☐ Once.....2
- ☐ More than once3
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_Q13' Before you were 18 years of age..

AQ12

Were you ever the victim of violence or witness any violence in your neighborhood?

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

'QA25_Q14' Were you ever treated or judged unfairly because of your race or ethnic group?

AQ13

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

'QA25_Q15' Did you ever live with a parent or guardian who died?

AQ14

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3

'QA25_Q16' Before you were 18 years of age..

AQ15

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?

- ☐ Very often.....1
- ☐ Somewhat often2
- ☐ Not very often.....3
- ☐ Never.....4
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'QA25_Q17':

DISPLAY INSTRUCTIONS:

IF [('QA25_Q10' OR 'QA25_Q11' OR 'QA25_Q12') = -3 OR ('QA25_Q10' OR 'QA25_Q11' OR 'QA25_Q12') >1], DISPLAY RAINN RESOURCE AND (IF 'QA25_Q8' = 1 OR 'QA25_Q8' = -3), DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE;
ELSE SKIP TO 'QA25_S1'

'QA25_Q17'

RAINN Resource: 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 counselor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

National Domestic Violence hotline: We have a tollfree number if you'd like to talk about these issues. Someone is available 24 hours a day to provide information. The number is 1-800-799-7233 or TTY 1-800-787-3224. This is the national domestic violence hotline.

Section S: Suicide Ideation and Attempts

Suicide Ideation and Attempts

'QA25_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
- ☐ No.....2 **[GO TO**
- 'PN_QA25_FU1']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO**
- 'PN_QA25_FU1']**

'QA25_S2' Have you seriously thought about committing suicide at any time in the past 12 months?

AF87

- ☐ Yes1
- ☐ No.....2 **[GO TO 'QA25_S4']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'QA25_S4']**

'QA25_S3' Have you seriously thought about committing suicide at any time in the past 2 months?

AF91

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_S4' Have you ever attempted suicide?

AF88

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'QA25_S5':

IF 'QA25_S2' = (2, -3) AND 'QA25_S4' = (2, -3) THEN GO TO 'QA25_S6';
 IF 'QA25_S3' = (2, -3) AND 'QA25_S4' = (2, -3) THEN GO TO 'QA25_S6';
 IF 'QA25_S3' = 1 AND 'QA25_S4' = (2, -3) THEN GO TO 'QA25_S6';
 ELSE CONTINUE WITH 'QA25_S5'

'QA25_S5' Have you attempted suicide at any time in the past 12 months?

AF89

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'QA25_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 to chat online or find information about getting help.

Follow-Up Survey Permission

PROGRAMMING NOTE 'QA25_FU1':

FLAG LTSS: IF ('QA25_D5' OR 'QA25_D6' OR 'QA25_D7' OR 'AD86' OR 'QA25_D9'= 1), THEN SET LTSSSEL = 1

FLAG MIRA: IF 'QA25_A11' = 4 (HISPANIC OR LATINO), THEN SET MIRAEI = 1

SAMPLE SELECTION:

IF LTSSSEL = 1 AND MIRA = 0, THEN SET LTSSSEL = 1

IF LTSSSEL = 0 AND MIRA = 1, THEN SET MIRASEL = 1

IF LTSSSEL = 1 AND MIRA = 1, THEN RANDOMLY SET LTSSSEL = 1 AT 50% AND MIRASEL = 1 AT 50%

DISPLAY INSTRUCTIONS:

IF LTSSSEL = 1 OR MIRASEL = 1, DISPLAY "JUST A COUPLE OF FINAL QUESTIONS";
ELSE DISPLAY "JUST A FINAL QUESTION";

'QA25_FU1' 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 'QA25_FU2':

IF LTSSSEL = 1, THEN CONTINUE;

ELSE GO TO 'PN_QA25_FU5'

'QA25_FU2' 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/DON'T KNOW..... -3

[GO TO LTSS SURVEY]

'QA25_FU3' Would you like to participate in this survey at a later date?

LTSS_RECON2

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO 'PN_SUICIDE RESOURCE2']
[GO TO 'PN_SUICIDE RESOURCE2']

PROGRAMMING NOTE 'QA25_FU4':

IF LTSSSEL = 1 AND 'QA25_FU1' IS BLANK, CONTINUE WITH 'LTSS_FOLLOW_UP';

ELSE GO TO 'PN_QA25_FU8'

'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 'QA25_FU5':

IF MIRASEL = 1, THEN CONTINUE;

ELSE GO TO 'PN_QA25_FU8'

'QA25_FU5'

Based on your responses, we'd like to ask you a few more questions. This new survey takes about 25 minutes and you will be paid \$20. The purpose of this study is to understand where and how Latinos get their healthcare.

MIRA_A

Would you like to participate in this survey?

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO MIRA SURVEY]

'QA25_FU6'

Would you like to participate in this survey at a later date?

- ☐ Yes1
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO 'PN_SUICIDE RESOURCE2']
[GO TO 'PN_SUICIDE RESOURCE2']

PROGRAMMING NOTE 'QA25_FU7':

IF MIRASEL = 1 AND 'QA25_FU1' IS BLANK, CONTINUE WITH 'QA25_FU7';

ELSE GO TO 'PN_QA25_FU8' ;

'QA25_FU7'**MIRA_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 'QA25_FU8':

IF 'QA25_S3' = 1 OR ('QA25_S3' = 2, -3 AND 'QA25_S5' = 1), THEN CONTINUE WITH 'SUICIDE RESOURCE 2';

ELSE GO TO 'PN_QA25_FU9'

'QA25_FU8'

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 to chat online or find information about getting help.

'QA25_FU9'

Thank you. We 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.