



CHIS 2024
Adult CAWI Questionnaire
(Self- administered)
Version 1.27
May 13, 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 'AA1':
SET AADATE = CURRENT DATE (YYYYMMDD)

'AA1' 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 ‘AD65E’} at birth and now describe yourself as {INSERT RESPONSE FROM ‘AD66C’}. Is that correct?

AD68B

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

[GO TO ‘AD68B’]

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

Section A: Demographic Information, Part I

Age

PROGRAMMING NOTE 'AA1':

SET AADATE = CURRENT DATE (YYYYMMDD)

'AA1'

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

'AA1A'

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

'AA2' What is your age?

AA2

_____ Years of age [RANGE: 0-120]

☐ REFUSED/DON'T KNOW..... -3

'AA2A' 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 'AA2A':

AAGE ENUM.AGE CALCULATE VALUE OF AAGE BASED ON 'AA1', 'AA1A', OR 'AA2' TO USE IN ALL AGE-RELATED QUESTIONS; IF 'AA1', 'AA1A', OR 'AA2' = -3, THEN USE 'AA2A'; ELSE USE ENUM.AGE

Gender Identity

'AD65E' 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

'AD66C' What is your current gender?

AD66C

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

PROGRAMMING NOTE 'AD68B':

IF ['AD65E' = 1 (MALE AT BIRTH) AND 'AD66C' = 2, 3, 5, 7] OR ['AD65E' = 2 (FEMALE AT BIRTH) AND 'AD66C' = 1, 3, 5, 7] THEN CONTINUE WITH 'AD68B';
ELSE SKIP to 'AA4'

'AD68B' Just to confirm, you were assigned {INSERT RESPONSE FROM 'AD65E'} at birth and now describe yourself as {INSERT RESPONSE FROM 'AD66C'}. Is that correct?

AD68B

- ☐ Yes1
☐ No.....2 [GO TO 'AD65E']
☐ REFUSED/DON'T KNOW..... -3

POST NOTE: ON SECOND ATTEMPT IF = 2 GO TO 'AD65E' AND FLAG 'AD68B' = 1

Ethnicity

'AA4' Are you Latino or Hispanic?

AA4

- ☐ Yes1
☐ No.....2 [GO TO 'PN_AA5A']
☐ REFUSED/DON'T KNOW.....3 [GO TO 'PN_AA5A']

'AA5' And what is your Latino or Hispanic ancestry or origin?

AA5

Check all that apply

- ☐ Mexican/Mexican American/Chicano.....1
☐ Salvadoran4
☐ Guatemalan.....5
☐ Costa Rican.....6
☐ Honduran7
☐ Nicaraguan.....8
☐ Panamanian9
☐ Puerto Rican 10
☐ Cuban..... 11
☐ Spanish-American (from Spain).....12
☐ Other Latino (Specify: _____)..... 91
☐ REFUSED/DON'T KNOW..... -3

Race

PROGRAMMING NOTE 'AA5A':

IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'AA5A',
CONTINUE WITH 'PN_AA5B'
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

DISPLAY INSTRUCTIONS:

IF 'AA4' = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic.
Also,";

'AA5A'

{You said you are Latino or Hispanic. Also,} please tell me which one or more of the
following you would use to describe yourself. Would you describe yourself as..

AA5A

- | | | | |
|--------------------------|---------------------------------------|----|-----------------------|
| <input type="checkbox"/> | White | 1 | |
| <input type="checkbox"/> | Black or African American..... | 2 | [GO TO
'PN_AA5I'] |
| <input type="checkbox"/> | Asian | 3 | [GO TO
'PN_AA5E'] |
| <input type="checkbox"/> | American Indian or Alaska Native..... | 4 | [GO TO
'PN_AA5B'] |
| <input type="checkbox"/> | Pacific Islander..... | 5 | [GO TO
'PN_AA5E1'] |
| <input type="checkbox"/> | Native Hawaiian | 6 | [GO TO
'PN_AA5G'] |
| <input type="checkbox"/> | Other (Specify: _____)..... | 91 | [GO TO
'PN_AA5G'] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'AH36'] |

'AA5H'

What are your white origin or origins?

AA5H

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

- ☐ Specify: (_____).....1
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AA5I':

IF 'AA5A' = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'AA5I';
ELSE GO TO 'PN_AA5B'

'AA5I'

What are your Black origin or origins?

AA5I

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

- ☐ Specify: (_____).....1
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AA5B':

IF 'AA5A' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'AA5B';
ELSE GO TO 'PN_AA5E'

'AA5B' You said, American Indian or Alaska Native, and what is your tribal heritage?

AA5B

Check all that apply

(11 maximum responses)

- ☐ Apache1
- ☐ Blackfoot/Blackfeet2
- ☐ Cherokee.....3
- ☐ Choctaw4
- ☐ Mexican American India.....5
- ☐ Navajo6
- ☐ Pomo7
- ☐ Pueblo8
- ☐ Sioux9
- ☐ Yaqui 10
- ☐ Other tribe (Specify: ____). 91
- ☐ REFUSED/DON'T KNOW..... -3

'AA5C' Are you an enrolled member in a federally or state recognized tribe?

AA5C

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

**[GO TO
'PN_AA5E']**
**[GO TO
'PN_AA5E']**

'AA5D'

Which tribe are you enrolled in?

AA5D

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 'AA5E':

IF 'AA5A' = 3 (ASIAN) CONTINUE WITH 'AA5E';
ELSE GO TO 'PN_AA5E1'

'AA5E' You said Asian, and what specific ethnic group are you?

AA5E

Check all that apply

(18 maximum responses)

- | | | |
|--------------------------|------------------------------------|----|
| <input type="checkbox"/> | Bangladeshi | 1 |
| <input type="checkbox"/> | Burmese | 2 |
| <input type="checkbox"/> | Cambodian | 3 |
| <input type="checkbox"/> | Chinese | 4 |
| <input type="checkbox"/> | Filipino | 5 |
| <input type="checkbox"/> | Hmong | 6 |
| <input type="checkbox"/> | Indian (India) | 7 |
| <input type="checkbox"/> | Indonesian | 8 |
| <input type="checkbox"/> | Japanese | 9 |
| <input type="checkbox"/> | Korean | 10 |
| <input type="checkbox"/> | Laotian | 11 |
| <input type="checkbox"/> | Malaysian | 12 |
| <input type="checkbox"/> | Pakistani | 13 |
| <input type="checkbox"/> | Sri Lankan | 14 |
| <input type="checkbox"/> | Taiwanese | 15 |
| <input type="checkbox"/> | Thai | 16 |
| <input type="checkbox"/> | Vietnamese | 17 |
| <input type="checkbox"/> | Other Asian (Specify: _____) | 91 |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 |

PROGRAMMING NOTE 'AA5E1':

IF 'AA5A' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'AA5E1';
ELSE GO TO PROGRAMMING NOTE 'PN_AA5G'

'AA5E1' You said you are Pacific Islander. What specific ethnic group are you?

AA5E1

Check all that apply

(5 maximum responses)

- | | | |
|--------------------------|---|----|
| <input type="checkbox"/> | Samoan/American Samoan | 1 |
| <input type="checkbox"/> | Guamanian | 2 |
| <input type="checkbox"/> | Tongan | 3 |
| <input type="checkbox"/> | Fijian | 4 |
| <input type="checkbox"/> | Other Pacific Islander (Specify: _____) | 91 |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 |

PROGRAMMING NOTE 'AA5G':

IF 'AA4' = 1 (LATINO) AND ['AA5A' = 6 (NATIVE HAWAIIAN) OR 'AA5A' = 5 (OTHER PACIFIC ISLANDER) OR 'AA5A' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 'AA5A' = 3 (ASIAN) OR 'AA5A' = 2 (BLACK/AFRICAN AMERICAN) OR 'AA5A' = 1 (WHITE) OR 'AA5A' = 91 (OTHER)], CONTINUE WITH 'AA5G';
 ELSE IF THERE WERE MULTIPLE RESPONSES TO 'AA5A', 'AA5E', OR 'AA5E1' [NOT COUNTING - 3, CONTINUE WITH 'AA5G';
 ELSE SKIP TO 'AH36'

'AA5G' You said that you are: {INSERT MULTIPLE RESPONSES FROM 'AA5', 'AA5A', 'AA5E' AND 'AA5E1'}.

AA5G

Do you identify with any one race in particular?

- ☐ Yes1
☐ No2 [GO TO 'AH36']
☐ REFUSED/DON'T KNOW -3 [GO TO 'AH36']

PROGRAMMING NOTE FOR 'AA5F':

IF 'AA4' = 1 (YES, LATINO) AND 'AA5' ≠ -3, DO NOT DISPLAY 'AA5F' = 14 (LATINO);
 IF 'AA5A' = 5 (YES, OTHER PACIFIC ISLANDER) AND 'AA5E1' = 1 TO 4 OR 91, DO NOT DISPLAY 'AA5F' = 17 (OTHER PACIFIC ISLANDER);
 IF 'AA5A' = 3 AND 'AA5E' = 1 TO 17 OR 91, DO NOT DISPLAY 'AA5F' = 19 (ASIAN)

'AA5F' Which do you most identify with?

AA5F

- ☐ Mexican/Mexican American/ Chicano1
☐ Salvadoran4
☐ Guatemalan5
☐ Costa Rican6
☐ Honduran7
☐ Nicaraguan8
☐ Panamanian9
☐ Puerto Rican 10
☐ Cuban 11
☐ Spanish-American (from Spain) 12
☐ Latino, Other Specify 13
☐ Latino 14
☐ Native Hawaiian 16
☐ Other Pacific Islander 17
☐ American Indian or Alaskan Native 18
☐ Asian 19
☐ Black or African American 20
☐ White 21
☐ Race, Other Specify 22
☐ Bangladeshi 30
☐ Burmese 31
☐ Cambodian 32
☐ Chinese 33
☐ Filipino 34
☐ Hmong 35
☐ Indian (India) 36
☐ Indonesian 37
☐ Japanese 38

<input type="radio"/>	Korean.....	39
<input type="radio"/>	Laotian	40
<input type="radio"/>	Malaysian	41
<input type="radio"/>	Pakistani.....	42
<input type="radio"/>	Sri Lankan	43
<input type="radio"/>	Taiwanese.....	44
<input type="radio"/>	Thai	45
<input type="radio"/>	Vietnamese	46
<input type="radio"/>	Asian, Other Specify	49
<input type="radio"/>	Samoa/ American Samoan	50
<input type="radio"/>	Guamanian.....	51
<input type="radio"/>	Tongan	52
<input type="radio"/>	Fijian.....	53
<input type="radio"/>	Pacific Islander, Other Specify	55
<input type="radio"/>	Both/All/Multiracial	90
<input type="radio"/>	None of these.....	95
<input type="radio"/>	Other (Specify).....	97
<input type="radio"/>	REFUSED/DON'T KNOW	-3

Language Spoken at Home

'AH36' What languages do you speak at home?

AH36

Check all that apply

<input type="checkbox"/>	English.....	1
<input type="checkbox"/>	Spanish.....	2
<input type="checkbox"/>	Cantonese	3
<input type="checkbox"/>	Vietnamese.....	4
<input type="checkbox"/>	Tagalog.....	5
<input type="checkbox"/>	Mandarin.....	6
<input type="checkbox"/>	Korean	7
<input type="checkbox"/>	Asian Indian languages	8
<input type="checkbox"/>	Russian.....	9
<input type="checkbox"/>	Japanese	12
<input type="checkbox"/>	French.....	14
<input type="checkbox"/>	German.....	15
<input type="checkbox"/>	Farsi.....	18
<input type="checkbox"/>	Armenian	19
<input type="checkbox"/>	Arabic.....	20
<input type="checkbox"/>	Other 1 (Specify: _____)	91
<input type="checkbox"/>	Other 2 (Specify: _____)	92
<input type="radio"/>	REFUSED/DON'T KNOW	-3

Additional Language Use

PROGRAMMING NOTE 'AH37':

IF 'AH36' = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO 'PN_AH43';

DISPLAY INSTRUCTIONS:

IF 'AH36' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH 'AH37' 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 'AH37' WAS ASKED

'AH37'

{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

'AH47'

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

AH47

- ☐ No Formal Education 30
- ☐ Grade School2
- ☐ High School or Equivalent.....3
- ☐ 4-Year College or University4
- ☐ Graduate or Professional School5
- ☐ 2-Year Junior or Community College.....6
- ☐ Vocational, Business, or Trade School.....7

Grade

- ☐ 1st Grade1
- ☐ 2nd Grade2
- ☐ 3rd Grade3
- ☐ 4th Grade4
- ☐ 5th Grade5
- ☐ 6th Grade6
- ☐ 7th Grade7
- ☐ 8th Grade8

High

- ☐ 9th Grade9
- ☐ 10th Grade 10
- ☐ 11th Grade 11
- ☐ 12th Grade 12

College

- ☐ 1st year of college or university (Freshman) 13
- ☐ 2nd year of college or university (Sophomore)..... 14

- ☐ 3rd year of college or university (Junior)
- ☐ 4th year of college..... 15
or university (Senior)(BA/BS)..... 16
- ☐ 5th year of college or university 17

- Graduate
 - ☐ 1st year of graduate or professional
School 18
 - ☐ 2nd year of graduate or
professional school (MA/MS)..... 19
 - ☐ 3rd year of graduate or professional
School 20
 - ☐ More than 3 years of graduate or
professional school (PhD)..... 21

- Community
 - ☐ 1st year of junior or community college 22
 - ☐ 2nd year of junior or
community college (AA/AS) 23

- Business
 - ☐ 1st year of vocational, business, or
trade school..... 24
 - ☐ 2nd year of vocational, business, or
trade school..... 25
 - ☐ More than 2 years of vocational,
business, or trade school 26

Marital Status

'AH43'

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

AH43

- ☐ Married1
- ☐ Living with partner2
- ☐ Widowed3

- ☐ Divorced4
- ☐ Separated.....5
- ☐ Never married6
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO
'PN_SC7B']
[GO TO
'PN_SC7B']
[GO TO
'PN_SC7B']
[GO TO
'PN_SC7B']
[GO TO
'PN_SC7B']

Spouse/Partner

PROGRAMMING NOTE 'AH44':**DISPLAY INSTRUCTIONS:**

IF 'AH43' = 1, THEN DISPLAY "spouse";

IF 'AH43' = 2, THEN DISPLAY "partner";

'AH44' Is your {spouse/partner} also living in your household?**AH44**

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

'SC11A' May I have your {spouse/partner}'s age and gender?**SC11A***Enter spouse's/Partner's age and sex*

- Spouse/Partner age _____ **[SR: 18-120]**
Spouse/Partner sex _____
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'PRE-ROSTER':

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

ELSE SKIP TO 'PN_SC7B'

Adult Roster

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

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

PROGRAMMING NOTE 'SC7B':

IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE;

ELSE GOTO 'AB1'

'SC7B' How many children, age 11 and younger including babies, normally live in this household?**SC7B**

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

'SC8B' And how many adolescents age 12-17, normally live in this household?

SC8B

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

POST NOTE 'SC8B': SET KIDCNT = 'SC7B' + 'SC8B'

'SC13A1' {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

'SC13A2' What is {the child's/this child's} age?

SC13A2

- ☐ _____ AGE
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'GENDER6':

IF KIDCNT = 1 INSERT "the child's"

IF KIDCNT > 1 INSERT "this child's"

'GENDER6' What is {the child's/this child's} gender?

GENDER6

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

PROGRAMMING NOTE 'SC15A4':

IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK **'SC15A4'** FOR EACH ROSTER MEMBER WITHOUT AN AGE

NOTE **'SC15A4'** IS PART OF THE CHILD ROSTER

(IF **'SC13A2'** = -3. ASK **'SC15A4'** IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD) (IF **'SC13A2'** = -3 AND **'SC13A1'** = -3 INSERT "the child" AND DO NOT DISPLAY CHILD NAME/SEX)

'SC15A4' 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 'SC14B4':

IF 'KIDCNT' = 1 INSERT "the child"

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

'SC14B4' Are you the parent or legal guardian of (the child/all the children) in your household?**SC14B4**

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

PROGRAMMING NOTE 'SC14B':

IF 'SC14B4' = 2 ASK 'SC14B' FOR EACH CHILD IN THE ROSTER

'SC14B' Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?**SC14B**

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

PROGRAMMING NOTE 'SC14C1':

IF NAME GIVEN AT 'SC11A' INSERT 'SC11A' NAME

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

IF 'KIDCNT' =1 INSERT "the child"

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

'SC14C1' 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**

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

POST NOTE 'SC14C1': IF 'SC14C1' = 1 AUTO POPULATE 'SC14C2' AS 'YES' FOR ALL CHILDREN IN HH**PROGRAMMING NOTE 'SC14C2':**

IF 'SC14C1' = 2 ASK 'SC14C2' FOR EACH CHILD IN THE ROSTER

'SC14C2' Is (INSERT AR 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 'SC13A':

IF 'SC14B' =1 THEN

CHILD1CNT = COUNT OF CHILDREN IN 'SC14B' AGED 0 TO 5 YRS

CHILD2CNT = COUNT OF CHILDREN IN 'SC14B' AGED 6 TO 11 YRS

TEENCNT = COUNT OF CHILDREN IN 'SC14B' AGED 12 TO 17 YRS

Child selection from only those with 'SC14B'=1

IF CHILD2CNT=0,

IF CHILD1CNT=1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],

ELSE IF CHILD1CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT

ELSE IF CHILD1CNT=0,

IF CHILD2CNT=1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD]

ELSE IF CHILD2CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT

ELSE, FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT + CHILD2CNT)

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

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

Teen selection from only those with 'SC14B'=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

'SC13A'

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

☐ REFUSED/DON'T KNOW..... -3

**[GO TO 'SC13A1'
_LOOP]**

POST NOTE 'SC13A': 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

'SC17B'

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

☐ Aunt7

☐ Uncle8

☐ Cousin9

☐ Other relative..... 10

☐ Nonrelative 11

☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'SC17B': 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

‘AB1’ 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

‘AB17B’ Has a doctor ever told you that you have asthma?

AB17B

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

[GO TO
'PN_AB22']
[GO TO
'PN_AB22']

‘AB40’ Do you still have asthma?

AB40

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

‘AB41’ 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

‘AB42’ During the past 12 months, how many days of work did you miss due to asthma?

If not working, enter zero.

AB42

- ☐ _____ DAYS (0 - 365)
- ☐ REFUSED/DON'T KNOW.....-3

‘AB18’ Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor.

AB18

This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.

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

‘AB43’ Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

AB43

- ☐ Yes1
☐ No.....2 [GO TO ‘PN_AB22’]
☐ REFUSED/DON'T KNOW..... -3 [GO TO ‘PN_AB22’]

‘AB98’ Do you have a written or printed copy of this plan?

AB98

This can be an electronic or hard copy.

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

Diabetes

PROGRAMMING NOTE ‘AB22’:

IF ‘AD65E’ = 2 (FEMALE AT BIRTH) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

‘AB22’ {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

AB22

- ☐ Yes1
☐ No.....2 [GO TO ‘AB29’]
☐ REFUSED/DON'T KNOW..... -3 [GO TO ‘AB29’]

‘AB24’ Are you now taking insulin?

AB24

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

‘AB25’ Do you now take diabetic pills to lower your blood sugar?

These are sometimes called oral agents or oral hypoglycemic agents.

AB25

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

‘AB27’ About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin A1c?

AB27

- ☐ _____ Number of times [HR: 0-52]
☐ REFUSED/DON'T KNOW..... -3

'AB150' During the past 12 months, has a doctor, nurse, or health professional told you your hemoglobin A1C level is less than 9%?

Normal level is under 5.7%; Prediabetes is between 5.7 and 6.4%; Diabetes is over 6.5; and Uncontrolled Diabetes is over 9%.

AB150

- ☐ Yes1
- ☐ No.....2
- ☐ Don't know3
- ☐ REFUSED -3

'AB63' When was the last time you had an eye exam in which the pupils were dilated?
This would have made your eyes sensitive to bright light for a short time.

AB63

- ☐ Less than 1 month ago1
- ☐ Between 1 and 12 months ago2
- ☐ Between 1 and 2 years ago3
- ☐ 2 or more years ago4
- ☐ Never.....5
- ☐ REFUSED/DON'T KNOW..... -3

'AB112' Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

AB112

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

Hypertension

'AB29' Has a doctor ever told you that you have high blood pressure?

AB29

- ☐ Yes1
- ☐ No.....2
- ☐ Borderline or pre-hypertension3
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO 'AB154']
[GO TO 'AB154']
[GO TO 'AB154']

'AB30' Are you now taking any medications for high blood pressure?

AB30

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

'AB152' The last time you had your blood pressure checked by a doctor, nurse, or health professional in the past 12 months, was it under control (less than 140/90)?

AB152

- ☐ Yes1
- ☐ No.....2
- ☐ Don't know3
- ☐ REFUSED -3

‘AB153’ During the past 12 months, did you reduce the salt in your diet to help control your high blood pressure?

AB153

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

‘AB154’ During the past 12 months, has a doctor, nurse, or health professional ever told you that you had high cholesterol (high cholesterol is defined as a total cholesterol greater than 240)?

AB154

- ☐ Yes1
- ☐ No.....2 **[GO TO ‘AB34’]**
- ☐ Don't know3 **[GO TO ‘AB34’]**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO ‘AB34’]**

‘AB155’ The last time a doctor, nurse, or health professional checked your cholesterol, was it less than 200?

AB155

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

Heart Disease

‘AB34’ Has a doctor ever told you that you have any kind of heart disease?

AB34

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

‘AB156’ Has a doctor, nurse, or other health professional ever told you that you had a **stroke**?

AB156

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

Section C: Health Behaviors

Physical Activities

'AC212' Moderate physical activities make you breathe somewhat harder than normal. Think about moderate physical activities you do in your free time, like walking, bicycling, dancing, swimming, and gardening. During the past 7 days, did you do any moderate physical activity for a total of 150 minutes (2.5 hours)?

AC212

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

Cigarette Use

'AE15' Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

AE15

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3
- [GO TO
'PN_AC174']
[GO TO
'PN_AC174']

'AE15A' Do you now smoke cigarettes every day, some days, or not at all?

AE15A

- ☐ Every day1
☐ Some days2
☐ Not at all3
☐ REFUSED/DON'T KNOW..... -3
- [GO TO
'PN_AC174']
[GO TO
'PN_AC174']

'AC173' How long has it been since you last smoked a cigarette, even one or two puffs?

AC173

- _____ Amount of time
- [IF 'AC173' > 30
DAYS
OR > 5 WEEKS OR
MONTH OR= -3, GO
TO 'PN_AC177']
- _____ Unit of time
- ☐ Days1
☐ Weeks2
☐ Months3
☐ Years4
☐ REFUSED/DON'T KNOW..... -3
- [HR: 0-365]
[HR: 0-52]
[HR: 0-12]
[HR: 0-AAGE]

PROGRAMMING NOTE 'AC174':

IF 'AE15' = 2, -3 OR 'AE15A' = 1, 2 OR 'AC173' <= 30 DAYS OR 'AC173' <= 5 WEEKS OR 'AC173' <= 1 MONTH, CONTINUE WITH 'AC174';
ELSE GO TO 'AC81C';

'AC174' 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 'AD32':

IF 'AE15A' = 1 (SMOKE EVERY DAY), CONTINUE WITH 'AD32';
ELSE IF 'AE15A' = 2 (SMOKE SOME DAYS) OR 'AC174' > 0 (PAST 30-DAY SMOKER), GO TO 'AE16';
ELSE GO TO 'AC175B';

'AD32' 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

Any answer, goto 'AC54B'

PROGRAMMING NOTE 'AE16':

IF 'AE15A' = 2 (SMOKE SOME DAYS) OR 'AC174' > 0 (PAST 30-DAY SMOKER), CONTINUE WITH 'AE16';
ELSE GO TO 'AC54B';

'AE16' 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 'AC54B':

IF 'AE15A' = 1 (SMOKE EVERY DAY), THEN READ "How";
ELSE IF 'AE15A' = 2 (SMOKE SOME DAYS) OR 'AC174' > 0 (PAST 30-DAY SMOKER), THEN READ "On days when you smoke, how";

'AC54B' {On days when you smoke, how/How} soon after you are awake do you usually smoke your first cigarette?

AC54B

- ☐ _____ Amount of time [0-24 HOURS]
☐ Minutes.....1
☐ Hours.....2

☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AC175B':

IF 'AE15A' = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS), CONTINUE WITH 'AC175B'

'AC175B' Were any of the cigarettes you smoked menthol flavored?

AC175B

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

'AC176' How old were you when you smoked your first whole cigarette?

AC176

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

PROGRAMMING NOTE 'AC177':

IF 'AE15A' = 1 (SMOKE EVERY DAY) OR 'AE15A' = 2 (SMOKE SOME DAYS) OR 'AC174' > 0 (PAST 30-DAY SMOKER) OR 'AC173' <= 365 DAYS OR 'AC173' <= 52 WEEKS OR 'AC173' <= 1 YEAR, CONTINUE WITH 'AC177';
 ELSE GO TO 'AC81C';

'AC177' Were you smoking cigarettes at all around this time 12 months ago?

AC177

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

PROGRAMMING NOTE 'AC49':

IF 'AE15A' = 1 (SMOKE EVERY DAY) OR 'AE15A' = 2 (SMOKE SOME DAYS), CONTINUE WITH 'AC49';
 ELSE GO TO 'AC81C'

'AC49' During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

AC49

- ☐ Yes1
☐ No.....2 [GO TO 'AC77']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'AC77']

'AC178'

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

'AC77'

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

AC77

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

'AC50'

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

AC50

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

E-cigarette Use

'AC81C'

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

AC81C

Do not include products used only for marijuana.

- ☐ Yes1
☐ No2 [GO TO 'AC135']
☐ REFUSED/DON'T KNOW -3 [GO TO 'AC135']

'AC82C'

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

'AC134'

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

AC134

- ☐ Yes1
☐ No2 [GO TO 'PN_AC185']
☐ REFUSED/DON'T KNOW -3 [GO TO 'PN_AC185']

‘AC179’ Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC179

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

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

‘AC180’ Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC180

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

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

‘AC181’ Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC181

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

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

‘AC182A’ Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC182A

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

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

‘AC182B’ Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC182B

Menthol flavored?

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

‘AC183’ Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC183

Tobacco flavored?

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

‘AC184’ Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...

AC184

Some other flavor?

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

PROGRAMMING NOTE 'AC214':

IF 'AC82C'=1 TO 30 CONTINUE;
ELSE SKIP TO 'AC135'

'AC214'

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

AC214

- ☐ Yes1
☐ No.....2
☐ Not applicable3
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AC185':

IF 'AC82C' > 0, THEN CONTINUE;
ELSE SKIP TO 'AC135'

'AC185'

Do you plan to quit using e-cigarette or other electronic vaping products 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 quit.....5
☐ REFUSED/DON'T KNOW..... -3

'AC135'

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

AC135

- ☐ 0 days.....1 **[GO TO 'AC137']**
☐ 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 'AC137']**

'AC136'

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

AC136

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

'AC137'

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

AC137

- ☐ 0 days.....1 **[GO TO 'AC139']**
☐ 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 'AC139']**

'AC138'

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

AC138

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

'AC139'

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

AC139

- ☐ 0 days.....1 **[GO TO 'AC141']**
☐ 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 'AC141']**

'AC140'

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

'AC141'

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

AC141

- ☐ 0 days.....1 **[GO TO 'AC186']**
☐ 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 'AC186']**

'AC142' 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

PROGRAMMING NOTE AC186':

IF 'AE15A' = 1, 2 OR 'AC174' > 0 OR 'AC82C' > 0 OR 'AC135' > 1 OR 'AC137' > 1 OR 'AC139' > 1 OR 'AC141' > 1, CONTINUE WITH 'AC186';
ELSE GO TO 'AC187'

'AC186' When you first started using tobacco products, did you start with a flavored tobacco product, such as those flavored with mint or menthol, fruit, candy or wine?

AC186

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

'AC187' "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 'AC115']
☐ Longer than a month ago, but
 within the past year4 [GO TO 'AC115']
☐ No one has smoked tobacco or vaped
 around me within the past year5 [GO TO 'AC115']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'AC115']

'AC188' In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor....

AC188

on the sidewalks?

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

'AC189' {In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor...

AC189

Inside your home?

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

'AC190' {In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor...

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

'AC191' {In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor

AC191

At a public park or beach?

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

Marijuana Use

'AC115' There are many methods for consuming marijuana, also called cannabis weed, or hashish, and other products containing THC. Methods for consuming these products, include smoking, vaporizing, dabbing, eating, or drinking.

AC115

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

- ☐ Yes1
- ☐ No.....2 **[GO TO 'AC192']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'AC192']**

'AC116' How long has it been since you last used marijuana or hashish in any form?

AC116

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

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

PROGRAMMING NOTE 'AC117':

IF 'AC116' >30 DAYS OR >1 MONTH, THEN GO TO 'AC192';
ELSE CONTINUE WITH 'AC117';

'AC117'

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

AC117

- ☐ 0 days1 **[GO TO 'AC192']**
☐ 1-2 days2
☐ 3-5 days3
☐ 6-9 days4
☐ 10-19 days5
☐ 20-29 days6
☐ 30 days7
☐ REFUSED/DON'T KNOW -3

'AC118'

How often have you used tobacco and marijuana at the same time?

AC118

- ☐ Usually1
☐ Sometimes2
☐ Never3
☐ REFUSED/DON'T KNOW -3

'AC119'

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

AC119

Smoke it in a joint, bong, or pipe?

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

'AC120'

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

AC120

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

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

'AC121'

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

AC121

Eat it?

For example, in brownies, cakes, cookies or candy

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

‘AC122’ 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

‘AC123’ 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

‘AC124’ 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

‘AC125’ 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

‘AC126’ 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 ‘AC193’]

‘AC127’ 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 'AC193':

IF 'AC116' >30 DAYS OR >1 MONTH, THEN GO TO 'AC192' IF USED MORE THAN 1 METHOD USED IN 'AC119' – 'AC125' CONTINUE WITH 'AC193' AND DISPLAY ONLY RESPONSE OPTIONS WHERE =1 FOR 'AC119' – 'AC125';
ELSE GO TO 'AC194'

'AC193' 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 it6
- ☐ Other, specify: _____ 91
- ☐ REFUSED/DON'T KNOW -3

'AC194' 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

'AC192' During the past year, when has someone else smoked marijuana around you in California?

AC192

- ☐ In the past week1
- ☐ In the past two weeks2
- ☐ In the past month3
- ☐ Longer than a month ago but
within the past year4
- ☐ No one has smoked marijuana around
me within the past year5
- ☐ REFUSED/DON'T KNOW -3

CBD Use

‘AC195’ CBD, or cannabidiol, is a chemical found in both marijuana and hemp plants that many people use for medicinal purposes. CBD does not make the user high.

AC195

These questions specifically ask about products that contain CBD, but not THC.

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

- ☐ Yes1
- ☐ No2 **[GO TO ‘AC128’]**
- ☐ REFUSED/DON’T KNOW -3 **[GO TO ‘AC128’]**

‘AC196’ How long has it been since you last used CBD in any form?

AC196

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

- ☐ Days [HR: 0-365]1
- ☐ Months [HR: 0-12]2
- ☐ Years [0-99]3
- ☐ REFUSED/DON’T KNOW -3

POST NOTE ‘AC196’:

COMPUTE CBDLASTUSE = (YEAR*365) + (MONTH*30) + (DAY)
IF CBDLASTUSE > 30, GO TO ‘AC128’

‘AC197’ During the past 30 days, on how many days did you use CBD or CBD product?

AC197

- ☐ 0 days1
- ☐ 1-2 days2 **[GO TO ‘AC128’]**
- ☐ 3-5 days3
- ☐ 6-9 days4
- ☐ 10-19 days5
- ☐ 20-29 days6
- ☐ 30 days7
- ☐ REFUSED/DON’T KNOW -3

‘AC198’ During the past 30 days, how did you use CBD? Did you...

AC198

Take it orally?

For example, sublingual tinctures, pills, capsules, or drops

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

‘AC199’

Did you...

AC199

Eat it?

For example, edibles, like cookies or gummies

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

‘AC200’

Did you...

AC200

Drink it?

For example, in a tea or soda

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

‘AC201’

Did you...

AC201

apply it on your skin?

For example, in a cream, lotion, or oil that is applied to the skin.

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

‘AC202’

Did you...

AC202

Smoke it?

For example, in a joint, bong, cigar (blunt), or pipe

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

‘AC203’

Did you...

AC203

vaporize it?

For example, in an e-cigarette type vaporizer.

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

'AC204' Did you...

AC204

dab it?

For example, inhaling the smoke made from heating concentrated CBD wax, resin, or oils.

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

'AC205' Did you...

AC205

use it some other way?

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

PROGRAMMING NOTE 'AC206':

IF USED MORE THAN 1 METHOD USED IN 'AC198' - 'AC205' CONTINUE WITH 'AC206' AND
DISPLAY ONLY RESPONSE OPTIONS WHERE 'AC198' - 'AC205' = 1;
ELSE GO TO 'AC128'

'AC206' During the past 30 days, how did you use CBD most often?

AC206

- ☐ Take it orally.....1
- ☐ Eat it2
- ☐ Drink it3
- ☐ Apply it on your skin3
- ☐ Smoke it4
- ☐ Vaporize it5
- ☐ Dab it.....6
- ☐ Use it another way 91
- ☐ REFUSED/DON'T KNOW..... -3

'AC128' Have you used heroin in the past 12 months?

AC128

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

'AC166' Have you used methamphetamines in the past 12 months?

AC166

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

Prescription painkiller Use

'AC215'

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

AC215

- ☐ Yes1
☐ No.....2 **[GO TO 'AC207']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'AC207']**

'AC222'

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

AC222

Check all that apply.

- ☐ Dental work/dental pain1
☐ Pain after surgery, not accident related2
☐ Pain after an accident or injury3
☐ Chronic pain, regardless of cause4
☐ Recreational use5
☐ Depression, anxiety, or stress.....6
☐ To treat substance use disorder7
☐ Addiction to painkillers8
☐ Other (Specify) 91
☐ REFUSED/DON'T KNOW..... -3

'AC217'

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

AC217

Check all that apply.

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

PROGRAMMING NOTE 'AC129':

IF 'AC215' = 1 CONTINUE;
ELSE SKIP TO 'AC207'

'AC129'

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

AC129

Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone.

- ☐ Yes1
☐ No.....2 **[GO TO 'AC207']**
☐ REFUSED/DON'T KNOW..... -3

‘AC131’ Did you get the prescription(s) from one doctor or from more than one doctor?

AC131

- ☐ One doctor1
- ☐ More than one doctor2
- ☐ Didn't get it from a doctor3
- ☐ REFUSED/DON'T KNOW -3

‘AC133’ What condition or conditions have you taken the medicine for?

AC133

Check all that apply

- ☐ Dental work/ dental pain1
- ☐ Surgery, not accident related2
- ☐ Recent injury3
- ☐ Chronic pain, regardless of cause4
- ☐ Other (Specify) 91
- ☐ REFUSED/DON'T KNOW -3

Alcohol Use

‘AC207’ 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
- ☐ No2 **[GO TO ‘AC218’]**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO ‘AC218’]**

‘AC208’ How long has it been since you last drank an alcoholic beverage?

AC208

- ☐ Within the past 30 days1
- ☐ More than 30 days ago, but
within the past 12 months2 **[GO TO ‘AC218’]**
- ☐ More than 12 months ago3 **[GO TO ‘AC218’]**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO ‘AC218’]**

‘AC209’ 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

‘AC210’ 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 ‘AC211’:

IF ‘AD65E’ = 1 THEN DISPLAY “4 or more”;
 ELSE IF ‘AD65E’ = 2 THEN DISPLAY “5 or more”

‘AC211’ 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

‘AC218’ 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 ‘AGV1’]
☐ REFUSED/DON'T KNOW..... -3 [GO TO ‘AGV1’]

‘AC219’ 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, betting on sports]

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

‘AC220’ 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

‘AC221’

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 GV: Gun Violence

'AGV1'

How many firearms are kept in or around your home?

AGV1

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

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

_____ Number of firearms [0-999]

[IF 'AGV1'= 0, GO TO 'AGV8']

[IF 'AGV1'= 1, GO TO 'AGV3']

[IF 'AGV1'> 1, GO TO 'AGV2']

[GO TO 'AGV8']

☐ REFUSED/DON'T KNOW..... -3

'AGV2'

How many of these firearms are handguns?

AGV2

_____ Number of handguns [0-999]

[IF > 1, GO TO 'AGV9']

☐ REFUSED/DON'T KNOW..... -3

'AGV3'

Is that firearm a handgun?

AGV3

☐ Yes1

☐ No.....2

☐ REFUSED/DON'T KNOW..... -3

'AGV9'

Are any of your firearms kept loaded and unlocked?

AGV9

Unlocked means not using a trigger lock, cable lock, or lock box or cabinet/container.

☐ Yes1

☐ No.....2

☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AGV8':

IF AGE < 21 YEARS THEN CONTINUE;
ELSE GO TO 'SECTION D'

'AGV8' If you wanted a firearm, do you think you would be able to get one within 2 days?

AGV8

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

Section D: General Health, Disability, and Sexual Health

Height and Weight

'AE17' 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 'AE18':

DISPLAY INSTRUCTIONS:

IF 'AD65D' = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR 'AA2A' < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

'AE18' {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

'AD50' Are you blind or deaf, or do you have a severe vision or hearing problem?

AD50

- ☐ Yes1
☐ No2
☐ REFUSED/DON'T KNOW -3
- [GO TO 'AL10']**
[GO TO 'AL10']

'AL8' Are you legally blind?

AL8

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

'AL10' 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

'AL11' Do you have difficulty dressing or bathing?

AL11

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

'AL12'

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

Sexual Partners

'AD43B'

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 'AD43B'>=0 GO TO 'PN_AD45B']**
☐ REFUSED/DON'T KNOW..... -3 **[IF 'AD43B'>=0 GO TO 'PN_AD44B']**

'AD44B'

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 partner2
☐ 2-3 partners3
☐ 4-5 partners4
☐ 6-10 partners5
☐ More than 10 partners6
☐ REFUSED/DON'T KNOW..... -3

Sexual Orientation

PROGRAMMING NOTE 'AD45B':

IF 'AD43B' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR 'AD44' = 0, GO TO PROGRAMMING NOTE 'AD46C';
ELSE CONTINUE WITH 'AD45B';

DISPLAY INSTRUCTIONS:

IF 'AD43B' OR 'AD44B' = 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"

'AD45B' {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

'AD46C' 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 'AD60B':

IF ['AD66C' = 1 (IDENTIFIES AS MALE) AND 'AD45B' = 1 (MALE)] OR ['AD66C' = 2 (IDENTIFIES AS FEMALE) AND 'AD45B' = 2 (FEMALE)] OR ['AD45B' = 3, -3] OR [IF 'AD46C' ≠ 1] CONTINUE WITH 'AD60B';
ELSE GO TO 'AD61B'

'AD60B' 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
☐ No2
☐ REFUSED/DON'T KNOW -3

**[GO TO
'PN_AD79']**

'AD61B' 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 'AD79':

IF ['AD65E' = 1 OR 'AD66C' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND 'AD45B' = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH 'AD79';
 ELSE IF ('AD66C' = 2 AND 'AD65E' = 1) OR ('AD66C' = 1 AND 'AD65E' = 2), THEN CONTINUE WITH 'AD79';
 ELSE IF 'AD66C' = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH 'AD79';
 ELSE IF 'AD66C' = 1 AND 'AD46C' = 2 OR 6, THEN CONTINUE WITH 'AD79';
 ELSE SKIP TO 'AD80';

'AD79' People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.

AD79

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

- ☐ Yes1 **[GO TO 'AD83']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'AD80' In the past 12 months, have you taken any PrEP or Truvada®?

AD80

- ☐ Yes1 **[GO TO 'AD83']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'AD81' Have you ever taken any PrEP or Truvada®?

AD81

- ☐ Yes1 **[GO TO 'AD83']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'AD82' Before today, have you ever heard of PrEP or Truvada®?

AD82

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

HIV Testing

'AD83' Have you ever been tested for HIV, the virus that causes AIDS?

AD83

- ☐ Yes1
- ☐ No2 [GO TO 'AD85']
- ☐ REFUSED/DON'T KNOW -3 [GO TO 'AD85']

'AD84' For your most recent HIV test, were you offered the test or did you ask for the test?

AD84

- ☐ I was offered the test1 [GO TO 'PN_AJ29']
- ☐ I asked for the test2 [GO TO 'PN_AJ29']
- ☐ I was required to take the test4
- ☐ I don't remember3 [GO TO 'PN_AJ29']
- ☐ Other (Specify: _____) 91 [GO TO 'PN_AJ29']
- ☐ REFUSED/DON'T KNOW -3 [GO TO 'PN_AJ29']

'AD85' Were you ever offered an HIV test?

AD85

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

Section F: Mental Health

K6 Mental Health Assessment

‘AJ29’

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 time3
- ☐ A little of the time4
- ☐ None of the time5
- ☐ REFUSED/DON'T KNOW..... -3

‘AJ30’

... hopeless?

AJ30

- ☐ 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

‘AJ31’

... restless or fidgety?

AJ31

- ☐ 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

‘AJ32’

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

AJ32

- ☐ 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

‘AJ33’

... that everything was an effort?

AJ33

- ☐ 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

'AJ34' ... worthless?

AJ34

- ☐ 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

Repeated K6

'AF62' Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

AF62

- ☐ Yes1
- ☐ No2 **[GO TO**
- 'AF69B_INTRO']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO**
- 'AF69B_INTRO']**

'AF63' 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 time3
- ☐ A little of the time4
- ☐ None of the time5
- ☐ REFUSED/DON'T KNOW -3

'AF64' ... hopeless?

AF64

- ☐ 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

'AF65' ... restless or fidgety?

AF65

- ☐ 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

'AF66' ... 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

'AF67' ... 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

'AF68' ... 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 'AF69B_INTRO':

```

IF 'AJ29'-'AJ34' > 0 THEN,
IF 'AJ29'-'AJ34' = 1 THEN 'AJ29'_R-'AJ34'_R = 4;
ELSE IF 'AJ29'-'AJ34' = 2 THEN 'AJ29'_R-'AJ34'_R = 3;
ELSE IF 'AJ29'-'AJ34' = 3 THEN 'AJ29'_R-'AJ34'_R = 2;
ELSE IF 'AJ29'-'AJ34' = 4 THEN 'AJ29'_R-'AJ34'_R = 1;
ELSE IF 'AJ29'-'AJ34' = 5 THEN 'AJ29'_R-'AJ34'_R = 0;
ELSE 'AJ29'_R-'AJ34'_R = 'AJ29'-'AJ34';
IF 'AF63'-'AF68' > 0 THEN,
IF 'AF63'-'AF68' = 1 THEN 'AF63'_R-'AF68'_R = 4;
ELSE IF 'AF63'-'AF68' = 2 THEN 'AF63'_R-'AF68'_R = 3;
ELSE IF 'AF63'-'AF68' = 3 THEN 'AF63'_R-'AF68'_R = 2;
ELSE IF 'AF63'-'AF68' = 4 THEN 'AF63'_R-'AF68'_R = 1;
ELSE IF 'AF63'-'AF68' = 5 THEN 'AF63'_R-'AF68'_R = 0;
ELSE 'AF63'_R-'AF68'_R = 'AF63'-'AF68';

IF ('AJ29'_R - 'AJ34'_R) >= 0 (NON-MISSING) THEN DO;
IF ('AJ29'_R + 'AJ30'_R + 'AJ31'_R + 'AJ32'_R + 'AJ33'_R + 'AJ34'_R) > 8 OR
('AF63'_R + 'AF64'_R + 'AF65'_R + 'AF66'_R + 'AF67'_R + 'AF68'_R) > 8, THEN CONTINUE WITH
'AF69B' INTRO;

IF ('AF63'_R - 'AF68'_R) 7 OR
('AF63'_R + 'AF64'_R + 'AF65'_R + 'AF66'_R + 'AF67'_R + 'AF68'_R) > 7, THEN CONTINUE WITH
'AF69B' INTRO;

IF 'AF62' = 1 THEN DISPLAY "again, please";
ELSE SKIP TO 'AF81';

```

'AF69B_INTRO' Think {again, please.} about the month in the past 12 months when you were at your worst emotionally.

AF69B_INTRO**PROGRAMMING NOTE 'AF69B':**

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IF AGE > 70 GO TO 'AF70B';
ELSE CONTINUE WITH 'AF69B';

```

'AF69B' 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

'AF70B' 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

'AF71B' 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

'AF72B' 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

'AF73B' 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

'AF81' 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

- ☐ Yes.....1
- ☐ No.....2 **[GO TO 'AF74']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'AF74']**

'AJ1' Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

AJ1

- ☐ Yes.....1
- ☐ No.....2
- ☐ Don't have insurance.....3
- ☐ REFUSED/DON'T KNOW..... -3

'AF74' 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

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

'AF75' 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 'AF114':

IF 'AF74'= 1 OR 'AF75'= 1, THEN CONTINUE;
ELSE GOTO 'AF76'

'AF114' 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 'AF115']
☐ Video visit.....2 [GO TO 'AF116']
☐ Telephone visit.....3 [GO TO 'AF117']
☐ No.....4 [GO TO
'PN_AF76']
☐ REFUSED/DON'T KNOW..... -3 [GO TO
'PN_AF76']

'AF115' 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

'AF116' How satisfied are you with the video visit?

AF116

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

'AF117' How satisfied are you with the telephone visit?

AF117

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

PROGRAMMING NOTE 'AF76':

IF 'AF74' = 1 OR 'AF75' = 1 THEN CONTINUE WITH 'AF76';
ELSE SKIP TO 'AJ5'

'AF76' 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 'AF77':

IF 'AF76' = 1, display: "mental or emotional health";

IF 'AF76' = 2, display: "use of alcohol or drugs";

IF 'AF76' = 3, display: "mental or emotional health and your use of alcohol or drugs";

ELSE SKIP TO 'AF78'

'AF77' 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

'AF78' Are you still receiving treatment for these problems from one or more of these providers?

AF78

- ☐ Yes1 [GO TO 'AJ5']
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'AJ5']

'AF79' Did you complete the recommended full course of treatment?

AF79

- ☐ Yes1 [GO TO 'AJ5']
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'AJ5']

'AF80' 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

'AJ5' 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 'AF82':

IF 'AF81' = 1 AND ('AF74' ≠ 1 AND 'AF75' ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
 CONTINUE WITH 'AF82';
 ELSE SKIP TO 'AF110B'

'AF82' 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

'AF83' You did not feel comfortable talking with a professional about your personal problems.

AF83

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

'AF84' You were concerned about what would happen if someone found out you had a problem.

AF84

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

'AF85' You had a hard time getting an appointment.

AF85

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

Climate Change

PROGRAMMING NOTE 'AF110B':

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

'AF110B'

Potentially dangerous weather-related events are increasing in California. These include extreme heat waves, flooding, wildfires, and smoke from wildfires, to prevent a wildfire.

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

'AF110C'

..... Wildfire?

AF110C

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

'AF110D'

..... Smoke from wildfire?

AF110D

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

'AF110E'

..... Flood/rising sea levels/mudslide?

AF110E

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

PROGRAMMING NOTE 'AF111B':

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

IF 'AF110B' = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves", OR

'AF110C' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR

OR 'AF110D' = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR

OR 'AF110E' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding"

ALWAYS DISPLAY 'Not applicable'

ELSE GOTO 'SECTION G'

'AF111B' Was your physical health {or the physical health of members of your household} harmed by any of these events?

AF111B

- ☐ Yes, from extreme heat waves1
- ☐ Yes, from flooding2
- ☐ Yes, from wildfires.....3
- ☐ Yes, from smoke from wildfires.....4
- ☐ Not Applicable5
- ☐ 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 'AF110B' = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves", OR

'AF110C' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR

'AF110D' = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR

'AF110E' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding"

ALWAYS DISPLAY 'Not applicable'

ELSE GOTO 'SECTION G'

'AF112B' Was your mental health {or the mental health of members of your household} harmed by any of these events?

AF112B

- ☐ Yes, from extreme heat waves1
- ☐ Yes, from flooding2
- ☐ Yes, from wildfires.....3
- ☐ Yes, from smoke from wildfires.....4
- ☐ Not Applicable5
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE AF118:

IF 'AF110D' = 1 CONTINUE;

ELSE SKIP TO PROGRAMMING NOTE 'INTRO' IN 'SECTION G'

'AF118'

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

AF118

- ☐ Yes, my home1
- ☐ Yes, a friend or neighbour's home2
- ☐ Yes, a community cleaner air shelter.....3
- ☐ Yes, a commercial building
(mall, movie theater, etc.) 4
- ☐ No.....5
- ☐ Not applicable6
- ☐ REFUSED/DON'T KNOW..... -3

Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

PROGRAMMING NOTE 'INTRO':

DISPLAY INSTRUCTIONS:

IF CHILD INTERVIEW COMPLETED AND 'SC17B' = 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 'SC17B' = 2 AND 'CH15' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services."

'INTRO'

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

PROGRAMMING NOTE 'AH33':

IF CHILD INTERVIEW COMPLETED AND 'SC17B'=1, MARK 'AH33'='CH11' AND GO TO 'AH34';

IF CHILD INTERVIEW COMPLETED AND 'SC17B'=2, MARK 'AH33'='CH14' AND GO TO 'AH34';

ELSE CONTINUE WITH 'AH33'

'AH33'

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 'AH34':

IF 'AH33' ≠ 1, (NOT BORN IN US) GO TO 'PN_AH39';

ELSE IF 'AH33' = 1 OR -3 (BORN IN US, SKIPPED) CONTINUE WITH 'AH34';

IF CHILD INTERVIEW COMPLETED ['SC17B' = 1, 2 AND 'AH33' = 1 DISPLAY "You previously mentioned you were born in the United States."];

ELSE DISPLAY "In what country was your mother born"

'AH34' {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

'AH35' 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 'AH39':

IF 'AH33' = 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 'AH39' = 1 AND GO TO 'PN_AH43A'
ELSE CONTINUE WITH 'AH39'

'AH39' Are you a citizen of the United States?

AH39

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

PROGRAMMING NOTE 'AH40':

IF 'AH39' = 2, 3 CONTINUE ELSE GOTO 'AH41'
IF 'AH33' = 2 (AMERICAN SAMOA), GO TO 'PN_AG36B'

'AH40' 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

'AH41' 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 'AH33' = 03-08, 10-21, 23-25 OR 91-99) AND 'AH41' = MISSING, CONTINUE;
ELSE GO TO PROGRAMMING NOTE 'AH44'

'AH41Y'

AH41Y

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

PROGRAMMING NOTE 'AG36B':

IF 'AH39' = 1 (NATURALIZED) OR 'AH40' = 1 (HAS GREEN CARD), GO TO 'AH43A';
ELSE CONTINUE WITH 'AG36B'

'AG36B'

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 'AH43A']
- ☐ Other (specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3 [GO TO 'AH43A']

'AG37B'

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 'AH43A':

IF ['AAGE' < 30 OR 'AA2A' = 1 (AGE 18-29)] AND ['AH44' = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR 'AH43' = 3, 4, 5, 6, OR -3 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, SKIPPED) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH 'AH43A';
ELSE GO TO 'PN_AH44A'

'AH43A'

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

‘TP1’ {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.

TP1

Your teen's answers may help other teens in your community and across California.

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

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

1. Click here to see the types of questions we will ask

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

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

2. Click here to learn about how we intend to contact your teen

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

3. Click here for our privacy protection policy

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

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

- ☐ Yes1
- ☐ No.....2
- ☐ Refused/Don't know.....-3

PROGRAMMING NOTE 'TP1_A':

IF 'TP1' =2, -3 SKIP TO 'TP1_BRC';

ELSE CONTINUE WITH 'TP1_A';

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'TP1', DO NOT DISPLAY "Questions in teen survey....in need.;

ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'TP1', DO NOT DISPLAY "Like your answers, {his/her} answers....8714."

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'TP1'=1, SKIP TO 'TP_NAME'

'TP1_A'

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

TP1_A

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

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

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

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

- ☐ Yes1
☐ No.....2
☐ Refused/Don't know.....-3

PROGRAMMING NOTE 'TP1_BRC':

IF 'TP1'_A =2, -3 CONTINUE WITH 'TP1_BRC' AND DISPLAY "However,....interview";
 ELSE IF 'TP1'=2, CONTINUE WITH 'TP1_BRC' 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 'TP1', DO NOT DISPLAY "Questions in teen survey....any time."
 ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'TP1', DO NOT DISPLAY "Like your answers, {his/her} answers8714."
 ELSE SKIP TO 'TP_NAME'

'TP1_BRC' 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 70ounselling and support information for any teen in need. {He/she} can skip any questions {he/she} wants or stop the survey at any time.}

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

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

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

- | | | | |
|-----------------------|--|----|-------------------|
| <input type="radio"/> | Yes | 1 | [GO TO 'TP_NAME'] |
| <input type="radio"/> | Yes if no questions on drugs..... | 2 | [GO TO 'TP_NAME'] |
| <input type="radio"/> | Yes if no questions on sexual behavior | 3 | [GO TO 'TP_NAME'] |
| <input type="radio"/> | Yes if no questions on drugs and sexual behavior | 4 | [GO TO 'TP_NAME'] |
| <input type="radio"/> | No..... | 5 | [GO TO 'TP6'] |
| <input type="radio"/> | REFUSED/DON'T KNOW..... | -3 | [GO TO 'TP6'] |

'TP_NAME' 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 phone.....2 **[GO TO 'TP2_CELL2']**
☐ REFUSED/DON'T KNOW..... -3

'TP2_CELL2' Is the cell phone number you just provided your teen's personal phone number?

TP2_CELL2

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

'TP3' Are you willing to let us send your teen a text message reminder to participate in the survey?

TP3

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

'TP6' We understand that you would prefer your teen not participate in the survey. Thank you for your consideration.

PROGRAMMING NOTE 'TP_END':

IF 'TP1' = 1 OR 'TP1'_RC =1,2,3, CONTINUE WITH 'TP_END';
ELSE SKIP TO 'AH44A'

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

TP_END

Paid Child Care

PROGRAMMING NOTE 'AH44A':

ANY CHILDREN IN 'SC13A' ARE AGE 13 OR LESS, CONTINUE WITH 'AH44A':

ELSE GO TO 'AH47';

IF ANY CHILD IN ROSTER '**SC13A**' < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY "for any children under age 14";

IF 'AH43' = 1 (MARRIED) AND 'AH44' =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";

ELSE IF 'AH44' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";

```
ELSE DISPLAY "you"
```

‘AH44A’

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 'AH47']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'AH47']**

'AH44B'

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

‘AG22’

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

AG22

- ☐ Yes1
☐ No.....2 **[GO TO 'AK1']**
☐ REFUSED/DON'T KNOW.....-3 **[GO TO 'AK1']**

‘AG23’ 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

‘AG24’ Altogether, how long did you serve?

AG24

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

‘AG31’ Do you have a VA service-connected disability rating?

AG31

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

[GO TO ‘AK1’]
[GO TO ‘AK1’]

‘AG32’ What is your service-connected disability rating?

AG32

- ☐ 0 Percent.....1
- ☐ 10 or 20 Percent2
- ☐ 30 or 40 Percent3
- ☐ 50 or 60 Percent4
- ☐ 70 Percent or higher5
- ☐ REFUSED/DON'T KNOW..... -3

Employment

‘AK1’ Which of the following were you doing last week?

AK1

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

- ☐ Working at a job or business.....1 **[GO TO ‘PN_AK4’]**
- ☐ With a job or business but not at work2
- ☐ Looking for work.....3
- ☐ Not working at a job or business.....4
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO ‘PN_AK4’]**

‘AK2’ What is the main reason you did not work last week?

AK2

Main reason is the most important reason

- ☐ Taking care of house or family1
- ☐ On planned vacation2
- ☐ Couldn't find a job3
- ☐ Going to school/student4
- ☐ Retired.....5 **[GO TO ‘AL22’]**
- ☐ Disabled6 **[GO TO ‘AL22’]**
- ☐ Unable to work temporarily7
- ☐ On layoff or strike8
- ☐ On family or maternity leave9
- ☐ Off season 10
- ☐ Sick 11
- ☐ Other 91
- ☐ REFUSED/DON'T KNOW..... -3

‘AG10’ Do you usually work?

AG10

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

PROGRAMMING NOTE 'AL22':

IF ['AAGE' = -3 OR 'AAGE' < 65] AND ['AG10' = 2 (DOES NOT USUALLY WORK) OR 'AK2' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH 'AL22';
ELSE GO TO PROGRAMMING NOTE 'AK4'

'AL22' Are you receiving Social Security Disability Insurance or SSDI?

AL22

- ☐ Yes1 [GO TO 'PN_AG8']
- ☐ No.....2 [GO TO 'PN_AG8']
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AG8']

PROGRAMMING NOTE 'AK4':

IF 'AK1' = 1, 2, -3 (working, with job, skipped) OR 'AG10' = 1 (usually works), CONTINUE WITH 'AK4';
ELSE GO TO 'PN_AG8'

'AK4' 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 'AK5':

IF 'AK4' = 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?"]

'AK5' {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

'AK6' 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 'AK8':

IF **'AK4'** = 2 (GOVERNMENT EMPLOYEE), CODE **'AK8'** = 8 AND GO TO **'AG8'**;

IF **'AK4'** = 3 (SELF-EMPLOYED), CONTINUE WITH **'AK8'** AND DISPLAY "Including yourself, about" and "you";

ELSE CONTINUE WITH **'AK8'** AND DISPLAY "About" and "your employer";

'AK8' {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 'AG8':

IF **'AH43'** = 1 (MARRIED) OR **'AD60B'** = 1 OR **'AD61B'** = 1, CONTINUE WITH **'AG8'**;

IF **'AH43'** = 1, THEN DISPLAY "spouse";

ELSE IF **'AD60B'** = 1 OR **'AD61B'** = 1, THEN DISPLAY "partner";

ELSE GO TO **'AH1'**

'AG8' Which of the following was your {spouse/partner} doing last week?

AG8

- ☐ Working at a job or business.....1 **[GO TO 'AG9']**
- ☐ With a job or business but not at work.....2 **[GO TO 'AG9']**
- ☐ Looking for work.....3
- ☐ Not working at a job or business.....4
- ☐ REFUSED/DON'T KNOW..... -3

‘AG11’ Does your {spouse/partner} usually work?

AG11

- ☐ Yes1
- ☐ No.....2 **[GO TO ‘AH1’]**
- ☐ Looking for work.....3 **[GO TO ‘AH1’]**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO ‘AH1’]**

‘AG9’ 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

'AH1'

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
☐ No2 **[GO TO 'AH12']**
☐ REFUSED/DON'T KNOW -3 **[GO TO 'AH12']**

PROGRAMMING NOTE 'AH3':

IF 'AH1' = 1, CONTINUE WITH 'AH3';

ELSE SKIP TO 'AH12'

'AH3'

What kind of place do you go to most often—a medical doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

AH3

- ☐ Medical doctor's office1
☐ Clinic/ Hospital clinic2
☐ Emergency Room3
☐ Some other place (Specify: _____) 91
☐ No one place 92
☐ REFUSED/DON'T KNOW -3

Emergency Room Visits

'AH12'

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

AH12

- ☐ Yes1
☐ No2 **[GO TO 'AI1']**
☐ REFUSED/DON'T KNOW -3 **[GO TO 'AI1']**

'AH95'

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

Medicare Coverage

'AI1'

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 'AH123']**
☐ No2
☐ REFUSED/DON'T KNOW -3 **[GO TO 'AI6']**

POST NOTE 'AI1': IF 'AI1' = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'AI2':

IF ['AAGE' > 64 OR 'AA2A'= 6 (65 OR OLDER) OR ENUM.AGE > 64] AND 'AI1' = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH 'AI2';
ELSE GO TO PROGRAMMING NOTE 'AH123'

'AI2'

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 Medicare.....1 [GO TO 'PN_AI6']
☐ Not correct, I am covered by Medicare2 [GO TO 'PN_AH123']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AI6']

POST NOTE 'AI2': AIDATE

SET AIDATE= CURRENT DATE (YYYYMMDD);

SET AAGE= 'AH123';

IF AAGE< 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE 'AH123':

IF ARM CARE = 1, CONTINUE WITH 'AH123';

ELSE GO TO PROGRAMMING NOTE 'AI6'

'AH123'

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 'AH126']
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'AH123': IF 'AH123'= 1, SET ARMADV= 1**'AI4'**

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_AI6']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AI6']

POST-NOTE FOR 'AI4': IF 'AI4'= 1, SET ARSUPP= 1

PROGRAMMING NOTE 'AH126':

IF ARMADV \neq 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP \neq 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'A16';

DISPLAYS;

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

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

'AH126'

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
- ☐ Union4
- ☐ Family Business5
- ☐ AARP6
- ☐ Spouse's / Partner's employer7
- ☐ Spouse's / Partner's union8
- ☐ Professional/Fraternal Organization9
- ☐ Other 91
- ☐ REFUSED/DON'T KNOW..... -3

'AH53'

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

'AH54'

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_A16']
[GO TO
'PN_A16']

'AH55' 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
- ☐ Union3
- ☐ Spouse's/Partner's current employer4
- ☐ Spouse's/Partner's former employer5
- ☐ Professional/Fraternal organization6
- ☐ Medicaid/Medi-Cal assistance7
- ☐ Other 91
- ☐ REFUSED/DON'T KNOW -3

POST NOTE FOR 'AH55': IF 'AH55' = 7, SET ARMCAL = 1;

Medi-Cal Coverage

PROGRAMMING NOTE 'AI6':

IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

'AI6' {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
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

POST NOTE FOR 'AI6': IF 'AI6' = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND 'AI6' = 2, SET ARMCAL = 0

Employer-Based Coverage

PROGRAMMING NOTE 'AI8':**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"

'AI8' {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
☐ No2
☐ REFUSED/DON'T KNOW -3

POST NOTE FOR 'AI8': IF 'AI8' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE 'AI11':

IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH 'AI11';
 ELSE GO TO PROGRAMMING NOTE 'AI9'

'AI11' 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
☐ No2
☐ REFUSED/DON'T KNOW -3
- [GO TO 'PN_AI9']**
[GO TO 'PN_AI9']

POST NOTE FOR 'AI11': IF 'AI11' = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'AH104':

IF ARDIRECT = 1, THEN CONTINUE WITH 'AH104';
ELSE GO TO 'PN_AI9'

'AH104' 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 'AH104': IF 'AH104' = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'AI9':

IF 'AI8' = 1 (EMPLOYER-BASED COVERAGE) OR 'AI11' = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH 'AI9';
ELSE GO TO 'PN_AH105'

'AI9' 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_AH105']**
- ☐ In someone else's name2
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_AH105']**

POST NOTE FOR 'AI9':

IF 'AI8' = 1 AND 'AI9' = 1 SET AREMPOWN = 1 AND SET ARINSURE= 1 AND SET AREMPOTH= 0;
IF 'AI8' = 1 AND 'AI9' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE= 1;
IF 'AI11' = 1 AND 'AI9' = 1 SET ARDIROWN= 1 AND ARINSURE = 1;
IF 'AI11' = 1 AND 'AI9' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
IF 'AI11' = 1 AND 'AI9' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = PROGRAMMING NOTE
'AI9A': IF 'AH43' = 1 (MARRIED) OR 'AD60B' = 1 OR 'AD61B' = 1 OR IF 'AH43A' = 1 (LIVING WITH
PARENTS) OR IF [AAGE < 26 OR 'AA2A' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'AI9A';
ELSE GO TO PROGRAMMING NOTE 'AH105';
IF 'AH43' = 1, THEN DISPLAY "spouse's name";
IF 'AH43' ≠ 1 AND ('AD60B' = 1 OR 'AD61B' = 1), THEN DISPLAY "partner's name";
IF 'AH43A' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

PROGRAMMING NOTE 'AI9A':

IF 'AH43' = 1 (MARRIED) OR 'AD60B' = 1 OR 'AD61B' = 1 OR IF 'AH43A' = 1 (LIVING WITH
PARENTS) OR IF [AAGE < 26 OR 'AA2A' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'AI9A';
ELSE GO TO PROGRAMMING NOTE 'AH105';
IF 'AH43' = 1, THEN DISPLAY "spouse's name";
IF 'AH43' ≠ 1 AND ('AD60B' = 1 OR 'AD61B' = 1), THEN DISPLAY "partner's name";
IF 'AH43A' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'AI9A' Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

AI9A

- ☐ In spouse's/partner's name1
- ☐ In parent's name2
- ☐ In someone else's name3
- ☐ REFUSED/DON'T KNOW -3

POST NOTE FOR 'AI9A':

IF 'AI8' = 1 AND 'AI9A' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1;
 IF 'AH104' = 2 AND 'AI9A' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP = 1 AND SPHBEX = 1;
 IF 'AI8' = 1 AND 'AI9A' = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;
 IF 'AI11' = 1 AND 'AI9A' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
 IF 'AI11' = 1 AND 'AI9A' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE 'AH105':

IF 'AI8' = 1 (EMPLOYER-BASED COVERAGE) AND 'AK8' =< 5 (FIRM SIZE <= 100), CONTINUE WITH 'AH105' 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 'AH106';

'AH105'

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
- ☐ Union.....2
- ☐ SHOP / Covered California3
- ☐ Other (Specify: _____)..... 92

POST NOTE FOR 'AH105': IF 'AH105' = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE 'AH106':

IF ARHBEX = 1, THEN CONTINUE WITH 'AH106';
 ELSE GO TO 'PN_AH57';

'AH106'

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

AH106

- ☐ Bronze1
- ☐ Silver.....2
- ☐ Gold3
- ☐ Platinum.....4
- ☐ Medi-CAL / Medicaid5
- ☐ Minimum coverage plan / Catastrophic.....6
- ☐ Other (Specify: _____) 92
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AH107':

IF 'AH105' = 3, THEN GO TO 'AH57';
ELSE CONTINUE WITH 'AH107';

'AH107' Was there a subsidy or discount on the premium for this plan?

AH107

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

PROGRAMMING NOTE 'AH57':

IF 'AI8' = 1 (EMPLOYER-BASED COVERAGE) OR 'AI11'= 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH 'AH57';
ELSE GO TO PROGRAMMING NOTE 'AI13'

'AH57' 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_AH56']**

'AH128' 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

'AH58' Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

AH58

- ☐ Yes1
☐ No2
☐ REFUSED/DON'T KNOW -3
- [GO TO
'PN_AI13']**
**[GO TO
'PN_AI13']**

PROGRAMMING NOTE 'AH56':

IF 'AH57'= 2, CONTINUE WITH 'AH56';
ELSE SKIP TO 'PN_AI13'

'AH56' 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
☐ Union3
☐ Spouse's/Partner's current employer4
☐ Spouse's/Partner's former employer5
☐ Professional/Fraternal organization6
☐ Medicaid/Medi-Cal assistance7
☐ Medicare9
☐ Covered California 11
☐ Other 91
☐ REFUSED/DON'T KNOW -3

POST-NOTE 'AH56':

IF 'AH56'= 1, 2, OR 3, THEN SET AREMPOWN= 1;
 IF 'AH56'= 4 OR 5, THEN SET AREMPSP= 1;
 IF 'AH56'= 6, THEN SET AROTHER= 1;
 IF 'AH56'= 9, SET ARMCARE= 1 AND SET ARDIRECT= 0;
 IF 'AH56'= 7, SET ARMCAL= 1 AND SET ARDIRECT= 0;
 IF 'AH56'= 11, SET ARHBEX= 1;
 IF 'AH56'= 91, THEN SET AROTHER= 1

'AH129' How much do they contribute to your plan each month?

AH129

- ☐ _____ (Amount) **[HR:0-9997,SR:0-2000]**
☐ REFUSED/DON'T KNOW -3

POST NOTE 'AH129':

IF RESPONDENT GIVES AMOUNT GREATER THAN SR DISPLAY "Just to confirm, you said (DISPLAY AMOUNT ENTERED)"

PROGRAMMING NOTE 'AI13':

IF ['AK1'= 1 OR 2 (R WORKED LAST WEEK) OR 'AG10'= 1 (R USUALLY WORKS)] AND 'AK4' ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOW ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH 'AI13';
ELSE GO TO PROGRAMMING NOTE 'AI16'

'AI13' Does your employer offer health insurance to any of its employees?

AI13

- ☐ Yes1
☐ No.....2 [GO TO 'PN_AI16']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AI16']

'AI14' Are you eligible to be in this plan?

AI14

- ☐ Yes1
☐ No.....2 [GO TO 'PN_AI15A']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AI16']

'AI15' What is the one main reason why you aren't in this plan?

AI15

- ☐ Covered by another plan.....1 [GO TO 'PN_AI16']
☐ Plan too expensive.....2 [GO TO 'PN_AI16']
☐ Didn't like plan offered3 [GO TO 'PN_AI16']
☐ Don't need or believe in health insurance....4 [GO TO 'PN_AI16']
☐ Other (Specify: _____).....91 [GO TO 'PN_AI16']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AI16']

'AI15A' 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 'AI16':

IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH 'AI16';
ELSE GO TO 'PN_AI17'

'AI16' 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 'AI16': IF 'AI16' = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

AIM, MRMIP, Family PACT, HEALTHY KIDS, Other Government Coverage

PROGRAMMING NOTE 'AI17':

IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH 'AI17';
ELSE GO TO PROGRAMMING NOTE 'AI18'

'AI17' 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 'AI17': IF 'AI17'= 1, SET AROTHGOV= 1 AND SET ARINSURE= 1

Other Coverage

PROGRAMMING NOTE 'AI18':

IF ARINSURE \neq 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH 'AI18';
ELSE GO TO PROGRAMMING NOTE 'AI20'

'AI18' 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_AI20']
[GO TO
'PN_AI20']**

'AI19' What type of health insurance do you have?

AI19

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 'AI19':

IF 'AI19'= 1, SET AREMPOTH= 1 AND SET ARINSURE= 1;
 IF 'AI19'= 2, SET AREMPOTH= 1 AND SET ARINSURE= 1;
 IF 'AI19'= 3, SET ARDIRECT= 1 AND SET ARINSURE= 1;
 IF 'AI19'= 4, SET ARMCARE= 1 AND SET ARINSURE= 1;
 IF 'AI19'= 5, SET ARMCAL= 1 AND SET ARINSURE= 1;
 IF 'AI19'= 7, SET ARMILIT= 1 AND SET ARINSURE= 1;
 IF 'AI19'= 8, SET ARIHS= 1;
 IF 'AI19'= 10, SET ARHBEX= 1 AND ARDIRECT= 1 AND ARINSURE= 1 AND ARDIROTH=1;
 IF 'AI19'= 11, SET ARHBEX= 1 AND SET ARINSURE= 1 AND AREMPOTH= 1;
 IF 'AI19'= 91, SET AROTHGOV= 1 AND SET ARINSURE= 1;
 IF 'AI19'= 92, -7, OR -8, SET AROTHER= 1 AND SET ARINSURE= 1

PROGRAMMING NOTE 'AH59':

IF 'AI19' = 1, 2, OR 3 CONTINUE WITH 'AH59';
ELSE GO TO 'PN_AI20'

'AH59' 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 name1 **[GO TO 'PN_AI20']**
☐ In someone else's name2
☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_AI20']**

POST NOTE 'AH59':

IF ('AI19' = 1 OR 2 OR KAI19 = 11) AND 'AH59' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF ('AI19' = 3 OR 10) AND 'AH59' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF ('AI19' = 1 OR 2) AND ('AH59' = 2, -3), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF 'AI19' = 1 AND ('AH59' = 2, -3) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'AH60':

IF 'AH43' = 1 (MARRIED) OR 'AD60B' = 1 OR 'AD61B' = 1 OR IF 'AH43A' = 1 (LIVING WITH PARENTS) OR AGE < 26, CONTINUE WITH 'AH60';
ELSE GO TO PROGRAMMING NOTE 'AI20';
IF 'AH43' = 1 THEN DISPLAY "spouse's name";
IF 'AH43' ≠ 1 AND ('AD60B' = 1 OR 'AD61B' = 1), THEN DISPLAY "partner's name";
IF 'AH43A' = 1 OR AGE < 26, THEN DISPLAY "parent's name";

'AH60' 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 'AH60':

IF 'AH60' = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP = 1;
IF 'AH60' = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE 'AI20':

IF ARIHS \neq 1 AND 'AA5A' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'AI20';
ELSE GO TO 'PN_AI37Intro'

'AI20' 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 'AI20': IF 'AI20' = 1, SET ARIHS = 1

Spouse's Insurance Coverage Type & Eligibility

PROGRAMMING NOTE AI37Intro:

IF ['AH43' = 1 (MARRIED) OR 'AD60B' = 1 OR 'AD61B' = 1] AND 'AH44' = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37Intro;
 IF 'AH43' = 1, THEN DISPLAY "spouse";
 ELSE IF 'AD60B' = 1 OR 'AD61B' = 1, THEN DISPLAY "partner";
 ELSE GO TO PROGRAMMING NOTE 'AI22C'

'AI37Intro' These next questions are about the type of health insurance your {spouse/partner} may have.

AI37Intro

PROGRAMMING NOTE 'AI37':

IF SPOUSE 65 OR OLDER THEN
 IF ARM CARE \neq 1, CONTINUE WITH 'AI37' WITHOUT DISPLAY
 ELSE IF ARM CARE = 1, CONTINUE WITH 'AI37' AND DISPLAY "You said that you are covered by Medicare." AND "also";
 ELSE GO TO 'PN_AI38'

'AI37' {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 'AI37': IF 'AI37' = 1, SET SPM CARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'AH127':

IF SPMCARE \neq 1, SKIP TO PROGRAMMING NOTE 'AI37A'; DISPLAYS;
 IF SPMCARE = 1 AND ARMADV \neq 1, CONTINUE WITH 'AH127' WITHOUT DISPLAY;
 ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'AH127' AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
 IF 'AH43' = 1 (MARRIED) THEN DISPLAY "spouse's";
 ELSE IF 'AD60B' = 1 OR 'AD61B' = 1 THEN DISPLAY "partner's";

'AH127' {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 'AH127': IF 'AH127' = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'AI37A':

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'AI38';
 ELSE IF SPMCARE = 1 AND ARSUPP \neq 1, CONTINUE WITH 'AI37A' WITHOUT DISPLAY;
 ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH 'AI37A' AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
 IF 'AH43' = 1 (MARRIED), THEN DISPLAY "spouse";
 ELSE IF 'AD60B' = 1 OR 'AD61B' = 1 THEN DISPLAY "partner";
 ELSE GO TO PROGRAMMING NOTE 'AI38'

'AI37A' {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 'AI37A': IF 'AI37A' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'AI38':

IF ARMCAL = 1, CONTINUE WITH 'AI38';
 DISPLAY "also" IF ARMCARE = 1;
 ELSE GO TO PROGRAMMING NOTE 'AI40'

'AI38' 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 'AI38': IF 'AI38' = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'AI40':

IF AREMPOW = 1 AND ARHBEX \neq 1, CONTINUE WITH 'AI40' ;
 IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
 ELSE GO TO PROGRAMMING NOTE 'AH108'

'AI40'

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_AI41']**
☐ No.....2
☐ Other3
☐ REFUSED/DON'T KNOW..... -3

POST-NOTE 'AI40': IF 'AI40'= 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'AH108':

IF ARHBEX = 1 AND (AREMPOW = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE
 WITH 'AH108';
 IF ARMCARE= 1 OR ARMCAL= 1, THEN DISPLAY "also";
 ELSE GO TO PROGRAMMING NOTE 'AI40A'

'AH108'

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_AI41']**
☐ No.....2
☐ Other3
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'AH108': IF 'AH108'= 1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP=1
 AND SPHBEX= 1;

PROGRAMMING NOTE AI40A:

IF 'AG8' = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'AG11' = 1 (USUALLY WORKS), CONTINUE WITH 'AI40A';

IF AREMPSP = 1 AND 'AH43' = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";

ELSE IF AREMPSP = 1 AND ('AD60B' = 1 OR 'AD61B' = 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 'AI41'

'AI40A' {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
☐ No2
☐ REFUSED/DON'T KNOW -3

POST-NOTE 'AI40A': IF 'AI40A' = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'AI41':

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'AI41';

IF ARM CARE = 1 OR ARM CAL = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO PROGRAMMING NOTE 'AH109'

'AI41' You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

AI41

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

POST-NOTE 'AI41': IF 'AI41' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP = 1;

PROGRAMMING NOTE 'AH109':

IF ARDIRECT=1 AND ARHBEX= 1, CONTINUE WITH 'AH109';

IF ARM CARE= 1 OR ARM CAL= 1 OR AREMPOWN= 1, DISPLAY "also";

ELSE GO TO 'PN_AI42'

'AH109' You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

AH109

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

POST-NOTE 'AH109':

IF 'AH109' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP = 1 AND SPHBEX = 1;

PROGRAMMING NOTE 'AI42':

IF ARMILIT = 1, CONTINUE WITH 'AI42';

IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";

ELSE GO TO 'PN_AI42A'

'AI42'

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 'AI42': IF 'AI42'= 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE 'AI42A':

IF AROTHGOV = 1, CONTINUE WITH 'AI42A';

IF 'AH59'= 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_AI46'

'AI42A'

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 'AI42A':

IF 'AI42A'= 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1

PROGRAMMING NOTE 'AI46':

IF SPINSURE ≠ 1, DISPLAY "any";

ELSE DISPLAY "through any other source"

'AI46'

Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

AI46

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

**[GO TO
 'PN_AI48']**
**[GO TO
 'PN_AI43']**

'AI47' What type of health insurance does {he/she} have?

AI47

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

POST-NOTE 'AI47':

IF 'AI47'= 1, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
 IF 'AI47'= 2, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
 IF 'AI47'= 3, SET SPDIRECT= 1 AND SET SPINSURE= 1;
 IF 'AI47'= 4, SET SPMPCARE= 1 AND SET SPINSURE= 1;
 IF 'AI47'= 5, SET SPMCAL= 1 AND SET SPINSURE= 1;
 IF 'AI47'= 7, SET SPMILIT= 1 AND SET SPINSURE= 1;
 IF 'AI47'= 8, SET SPIHS= 1;
 IF 'AI47'= 10, SET SPHBEX= 1 AND SPDIRECT= 1 AND SPINSURE= 1 AND SPDIROTH= 1;
 IF 'AI47'= 11, SET SPHBEX= 1 AND SET SPINSURE= 1 AND SET SPEMPOTH= 1;
 IF 'AI47'= 91, SET SPOTHGOV= 1 AND SET SPINSURE= 1;
 IF 'AI47'= 92, -3, SET SPOTHER= 1 AND SET SPINSURE= 1

PROGRAMMING NOTE 'AI48':

IF SPINSURE ≠ 1, CONTINUE WITH 'AI48';
 ELSE IF SPINSURE= 1 AND (SPEMPOTH= 1 OR SPDIRECT= 1), THEN SKIP TO PROGRAMMING NOTE 'AH62';
 ELSE GO TO PROGRAMMING NOTE 'AI43'

'AI48' You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

AI48

- ☐ Yes1 **[GO TO 'PN_AI43']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_AI43']**

'AI49' What type of health insurance does {he/she} have?

AI49

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

POST-NOTE 'AI49':

IF 'AI49'= 1, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
 IF 'AI49'= 2, SET SPEMPOTH= 1 AND SET SPINSURE= 1;
 IF 'AI49'= 3, SET SPDIRECT= 1 AND SET SPINSURE= 1;
 IF 'AI49'= 4, SET SPMPCARE= 1 AND SET SPINSURE= 1;
 IF 'AI49'= 5, SET SPMCAL= 1 AND SET SPINSURE= 1;
 IF 'AI49'= 7, SET SPMILIT= 1 AND SET SPINSURE= 1;
 IF 'AI49'= 8, SET SPIHS= 1;
 IF 'AI49'= 10, SET SPHBEX= 1 AND SET SPDIRECT= 1 AND SET SPINSURE= 1 AND SPDIROTH= 1;
 IF 'AI49'= 11, SET SPHBEX= 1 AND SET SPINSURE= 1 AND SPEMOTH= 1;
 IF 'AI49'= 91, SET SPOTHGOV= 1 AND SET SPINSURE= 1;
 IF 'AI49'= 92, -3, SET SPOTHER= 1 AND SET SPINSURE= 1;

PROGRAMMING NOTE 'AH62':

IF 'AI47' = (1, 2, 3, 10, 11) OR 'AI49' = (1, 2, 3, 10, 11) THEN CONTINUE WITH 'AH62';
 IF 'AH43' = 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF 'AD60B' = 1 OR 'AD61B' = 1 THEN DISPLAY "partner's";
 ELSE SKIP TO PROGRAMMING NOTE 'AI43'

'AH62' 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_AI43']**
- ☐ In someone else's name2
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'PN_AI43']**

POST-NOTE 'AH62':

IF 'AH62' = 1 AND ['AI47' = (1 OR 2) OR 'AI49' = (1 OR 2)], SET SPEMPOW = 1 AND SPEMPOT = 0;
 IF 'AH62' = 1 AND ['AI47' = 3 OR 'AI49' = 3], SET KSPDIROW = 1;
 IF 'AH62' = 1 AND ['AI47' = 10 OR 'AI49' = 10], SET SPHBEX = 1 AND SPDIROW = 1;
 IF 'AH62' = 1 AND ['AI47' = 11 OR 'AI49' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'AH63' 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 'AH63':

IF 'AH63' = 1 AND ['AI47' = (1 OR 2) OR 'AI49' = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;
 IF 'AH63' = 1 AND ['AI47' = 3 OR 'AI49' = 3], SET SPDIRAR = 1 AND ARSAMES = 1;
 IF 'AH63' = 1 AND ['AI47' = 10 OR 'AI49' = 10], SET SPHBEX = 1 AND SPDIRAR = 1 AND ARSAMES = 1;
 IF 'AH63' = 1 AND ['AI47' = 11 OR 'AI49' = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;
 IF 'AH63' = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

PROGRAMMING NOTE 'AI43':

IF SPEMPOWN= 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'AI22C';
 ELSE IF [('AG8'=1 OR 2) OR ('AG11'=1)] AND 'AG9' ≠ 3 CONTINUE WITH 'AI43';
 IF 'AH43'= 1 (MARRIED), THEN DISPLAY "spouse's";
 ELSE IF 'AD60B'= 1 OR 'AD61B'= 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
 ELSE GO TO PROGRAMMING NOTE 'AI22C'

'AI43' Does your {spouse's/partner's} employer offer health insurance to any of its employees?

AI43

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

[GO TO
 'PN_AI22C']
 [GO TO
 'PN_AI22C']

'AI44' Is {he/she} eligible to be in this plan?

AI44

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

[GO TO
 'PN_AI45A']
 [GO TO
 'PN_AI22C']

'AI45' What is the ONE main reason why {he/she} isn't in this plan?

AI45

- ☐ Covered by another plan.....1
☐ Plan too expensive.....2
☐ Didn't like the plan offered3
☐ Didn't need or believe in health insurance...4
☐ Other (Specify: _____).....91

[GO TO
 'PN_AI22C']
 [GO TO
 'PN_AI22C']
 [GO TO
 'PN_AI22C']
 [GO TO
 'PN_AI22C']
 [GO TO
 'PN_AI22C']

'AI45A' 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

Managed-Care Plan Characteristics

PROGRAMMING NOTE 'AI22C': IF ARM CARE = 1 (R HAS MEDICARE) AND (AREMPOW = 1 AND AREMPOTH = 1 AND ARDIRECT = 1 AND ARM CAL = 1 AND ARMILIT = 1 AND ARIHS = 1 AND ARHBEX = 1 AND AROTHGOV = 1 AND AROTHER = 1), THEN SKIP TO PN 'AI25' ;
 IF ARM CARE = 1 AND AREMPOW = 1 AND AREMPOTH = 1 AND ARDIRECT = 1 AND ARM CAL = 1 AND ARMILIT = 1 AND ARIHS = 1 AND ARHBEX = 1 AND AROTHGOV = 1 AND AROTHER = 1, THEN SKIP TO GO TO 'AH74' ;
 ELSE CONTINUE WITH 'AI22C' DISPLAY;
 IF ['AH43' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARM CARE = 1 (R HAS MEDICARE) AND (AREMPOW = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARM CAL = 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 ['AH43' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARM CARE = 1 (R HAS MEDICARE) AND (ARM CAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL";
 IF ARM CARE = 1 (R HAS MEDICARE) AND (AREMPOW = 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 ARM CARE = 1 (R HAS MEDICARE) AND (ARM CAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;IF ['AH43' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOW = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARM CARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan." ; AND " ;
 IF ['AH43' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARM CAL = 1 AND ARM CARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal";
 IF (AREMPOW = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARM CARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY";
 IF ARM CAL = 1 AND ARM CARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal";
 ELSE DISPLAY, "Is your health plan an HMO?"

'AI22C' {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_AI22A']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AH122':

IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO 'AI22A';
ELSE CONTINUE WITH 'AH122';

'AH122' 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 'AI22A':

IF ARINSURE = 1 AND ARM CARE ≠ 1, THEN CONTINUE WITH 'AI22A' AND DISPLAY "your main";
IF ARINSURE = 1 AND ARM CARE = 1, THEN CONTINUE WITH 'AI22A' AND DISPLAY "this"

'AI22A' 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 'AI22A': IF 'AI22A'= 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'AI25':

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 'AH43'= 1 (MARRIED) OR 'AD60B'= 1 OR 'AD61B'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

'AI25' {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 'AH71':

IF AREMPOWN= 1 OR AREMPSP= 1 OR AREMPPAR= 1 OR ARDIRECT= 1 OR AREMPOTH= 1 THEN CONTINUE WITH 'AH71';
ELSE GO TO 'AI31'

'AH71' Does your health plan have a deductible that is more than \$1,000?

AH71

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ Yes1
☐ No.....2
☐ Yes, but only when we go out of network3
☐ REFUSED/DON'T KNOW -3

'AH72' Does your health plan have a deductible for all covered persons that is more than \$2,000?

AH72

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ Yes1
☐ No.....2
☐ Yes, but only when we go out of network3
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AH73B':

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 '**AH73B**';
ELSE CONTINUE WITH '**AI31**'

'AH73B' 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 'AI31']
☐ REFUSED/DON'T KNOW -3 [GO TO 'AI31']

'AH130' Do you have money in this account?

AH130

- ☐ Yes1
☐ No.....2 [GO TO 'AI31']
☐ REFUSED/DON'T KNOW -3 [GO TO 'AI31']

'AH131' 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

'AI31' 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 'AH133']
☐ DON'T KNOW -7 [GO TO 'AI32']
☐ REFUSE..... -3 [GO TO 'AH137']

'AH132' How long have you had your current health insurance?

AH132

- ☐ _____ Number of Years [IF>=0, GO TO 'AH135']
☐ _____ Number of Months [IF>=0, GO TO 'AH135']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'AH135']

'AH133' 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

'AI32' 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 'AH135']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'AH135']**

'AI33' 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 'AH134':

IF MORE THAN ONE RESPONSE FROM 'AI33', THEN CONTINUE WITH 'AH134';
ELSE GO TO 'AH135'

'AH134' 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 'AH135':

IF 'AI32' ≠ 1 OR 'AI31' = 1, THEN CONTINUE WITH 'AH135';
ELSE GO TO 'AH136'

'AH135' 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 directly 5
- ☐ 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 'AH136':

IF 'AH135' = 95, THEN SKIP TO 'AH137', ELSE CONTINUE.

IF ONLY ONE RESPONSE FROM 'AI33' THEN DISPLAY THAT RESPONSE

ELSE IF 'AH134' > 0 DISPLAY RESPONSE FROM 'AH134'

ELSE IF 'AH135' > 0 DISPLAY RESPONSE FROM 'AH135'

IF 'AI33' OR AH143 OR 'AH135' = 1 DISPLAY "the MediCAL plan"

IF 'AI33' OR AH143 OR 'AH135' = 3 DISPLAY "plan through current or former employer or union"

IF 'AI33' OR AH143 OR 'AH135' = 5 DISPLAY "plan you purchased directly"

IF 'AI33' OR AH143 OR 'AH135' = 6 DISPLAY "the Covered California plan"

IF 'AI33' OR AH143 OR 'AH135' = 91 DISPLAY "the other health plan"

'AH136' 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

'AH137' 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.

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

PROGRAMMING NOTE 'AI34':

IF 'AI31' = 2, -3 OR 'AI32' = 1, -3 THEN CONTINUE;

ELSE SKIP TO 'AI35'

'AI34' 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 'AI35':

IF 'AI34'=1 OR 'AI32'=2, THEN CONTINUE WITH 'AI35';
 ELSE SKIP TO PN 'AH103H'

'AI35' 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 'AI35'=0, GO TO 'PN_AH103H']**
☐ REFUSED/DON'T KNOW.....-3

Reasons for Lack of Coverage

'AI36' What is the one main reason why you did not have any health insurance during those months?

AI36

- ☐ Can't afford/Too expensive1
☐ Not eligible due to working status/2 **[GO TO 'AH140']**
 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

'AH140' Was this due to a lost job, reduction in hours, change in employer, or something else?

AH140

- ☐ Lost job.....1
☐ Reduction in hours2
☐ Change in employe3
☐ Something else (Specify: _____) 91
☐ REFUSED/DON'T KNOW..... -3

'AH74' During the time that you were uninsured, did you try to find health insurance on your own?

AH74

- ☐ Yes1 [GO TO 'PN_AH103H']
☐ No.....2 [GO TO 'PN_AH103H']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AH103H']

'AI24' 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 'AH141']
 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

'AH141' Was this due to a lost job, reduction in hours, change in employer, or something else?

AH141

- ☐ Lost job.....1
☐ Reduction in hours2
☐ Change in employe3
☐ Something else (Specify: _____) 91
☐ REFUSED/DON'T KNOW..... -3

'AH75' During the time that you have been uninsured, have you tried to find health insurance on your own?

AH75

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

'AI27' Were you covered by health insurance at any time during the past 12 months?

AI27

- ☐ Yes1 [GO TO 'AI29']
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

'AI28' How long has it been since you last had health insurance?

AI28

- ☐ More than 12 months ago, but not more than 3 years1 [GO TO 'PN_AH103H']
- ☐ More than 3 years2 [GO TO 'PN_AH103H']
- ☐ Never had health insurance3 [GO TO 'PN_AH103H']
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AH103H']

'AI29' For how many months out of the last 12 months did you have health insurance?

AI29

- ☐ _____ Months [HR: 0-12] [GO TO 'PN_AH103H']
- ☐ REFUSED/DON'T KNOW..... -3

'AI30' 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?

AI30

Check all that apply

- ☐ Medi-Cal.....1
- ☐ Through current or3
former employer or union
- ☐ Purchased directly5
- ☐ Covered California6
- ☐ Other health plan 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AH103H':

IF ARINSURE \neq 1 OR 'AI33'= 2 OR ARDIRECT= 1 OR 'AI30'= (5, 6) OR 'AI33'= (5, 6) OR ARHBEX= 1 OR SPHBEX= 1; THEN CONTINUE WITH 'AH103H';
ELSE GO TO PROGRAMMING NOTE 'AH139'
IF PROXY=1, GO TO 'AH14'

'AH103H' 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_AH139']
- ☐ No.....2 [GO TO 'PN_AH139']
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AH139']

'AH110H' 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 'AH100H']**

PROGRAMMING NOTE 'AH98H':

IF 'AH110H' = 1; THEN CONTINUE WITH 'AH98H';

IF 'AH110H' = 3; THEN CONTINUE WITH 'AH98H' AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."

ELSE GO TO PROGRAMMING NOTE 'AH111H';

'AH98H' {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

'AH99H' 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

'AH100H' Did anyone help you find a health plan?

AH100H

- ☐ Yes1
- ☐ No.....2 **[GO TO 'PN_AH111H']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_AH111H']**

'AH101H' Who helped you?

AH101H

- ☐ Broker.....1
- ☐ Family member/Friend2
- ☐ Internet3
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AH111H':

IF 'AH110H'= 2, THEN CONTINUE WITH 'AH111H';

IF 'AH110H'= 3; THEN CONTINUE WITH 'AH111H' AND DISPLAY "Now, think about your experience with Covered California.";

ELSE GO TO PROGRAMMING NOTE 'AH103H';

'AH111H' {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

'AH112H' 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

'AH113H' Did anyone help you find a health plan?**AH113H**

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

**[GO TO
'PN_AH115H']**
**[GO TO
'PN_AH115H']**

'AH114H' Who helped you?**AH114H**

- ☐ Broker.....1
☐ Family member / friend2
☐ Internet3
☐ Certified enrollment counselor4
☐ Other (Specify: _____)..... 91
☐ REFUSED/DON'T KNOW..... -3

'AH115H' 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 'AH116H':

IF 'AH37' > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH 'AH116H';
ELSE GO TO 'AH117H';

'AH116H' Were you able to get information about your health plan options in your language?

AH116H

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

'AH117H' 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

'AH118H' 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

'AH119H' 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

'AH120H' 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 'AH121H':

IF 'AH106'= 1 THEN DISPLAY "Bronze"
 ELSE IF 'AH106'= 2 THEN DISPLAY "Silver"
 ELSE IF 'AH106'= 3 THEN DISPLAY "Gold"
 ELSE IF 'AH106'= 4 THEN DISPLAY "Platinum"
 ELSE IF 'AH106'= 6 THEN DISPLAY "Minimum coverage"
 ELSE DISPLAY "";

'AH121H' 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 'AH139':

IF ARINSURE = 1, CONTINUE WITH 'AH139';
 ELSE SKIP TO 'AH14';

'AH139' 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

'AH14' During the past 12 months, were you a patient in a hospital overnight or longer?

AH14

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

Medical Debt

PROGRAMMING NOTE 'AH79B':IF ARMCAL =1 OR ARINSURE \neq 1, SKIP TO 'AH81B';

ELSE IF 'AH134' = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your current health plan", AND CONTINUE WITH 'AH79B'

'AH79B' 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 'AH81B']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'AH81B']

'AH80B' Did this happen in the past 12 months?

AH80B

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

'AH81B' 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_CF10A']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_CF10A']

'AH83B' 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

'AH84B' 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 'AH142':

IF R LIVES IN LOS ANGELES COUNTY CONTINUE;
ELSE GO TO 'AH85B'

IF 'AH81B' = 1 THEN CONTINUE;
ELSE GO TO 'AH144';

'AH142' 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 'AH143':

IF MULTIPLE SELECTIONS FROM 'AH142' THEN CONTINUE, AND ONLY DISPLAY RESPONSES FROM 'AH142';
ELSE GO TO 'AH144';

'AH143' 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 'AH144':

IF 'AH81B' = 1 AND ('AH84B' = 2 OR 3) THEN CONTINUE WITH 'AH144';
ELSE GO TO 'AH85B';

'AH144' 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 service.....3
- ☐ You used an out-of-network provider.....4
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AH145':

IF 'AH144' = 4 THEN CONTINUE;
ELSE GO TO 'AH147';

'AH145' Were you aware this provider was out-of-network when you received the service?

AH145

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

PROGRAMMING NOTE 'AH146':

IF 'AH145' = 1 THEN CONTINUE;
ELSE GO TO 'AH147';

'AH146' 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

'AH147' Did the provider give you information or an application for financial assistance to reduce the medical bill or extend the payment plan?

AH147

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

'AH148' Did you complete an application for financial assistance?

AH148

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

PROGRAMMING NOTE 'AH149':

IF 'AH147' = 1 OR 'AH148' = 1, THEN CONTINUE;
ELSE GO TO 'AH85B';

'AH149' Did you receive financial assistance?

'AH149'

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

'AH85B' 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

'AH86B' 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 'CF10A':

IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE 'IA10A' TO ASK ABOUT SELECTED ADOLESCENT;

IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE 'MA1';

ELSE CONTINUE WITH 'CF10A'

'CF10A' Does (CHILD) have the same health insurance as you?

CF10A

- ☐ Yes1 **[GO TO 'MA3']**
☐ No2
☐ REFUSED/DON'T KNOW -3

POST NOTE 'CF10A':

IF 'CF10A'= 1 AND ARMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND ARSAMECH=1;

IF 'CF10A'= 1 AND ARMCAL= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'CF10A'= 1 AND AREMPOWN= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'CF10A'= 1 AND AREMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'CF10A'= 1 AND AREMPPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'CF10A'= 1 AND AREMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'CF10A'= 1 AND ARDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND ARSAMECH=1;

IF 'CF10A'= 1 AND ARMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'CF10A'= 1 AND AROTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'CF10A'= 1 AND AROTH= 1, SET CHOTH= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF 'CF10A'= 1 AND ARIHS= 1, SET CHIHS= 1

IF 'CF10A'= 1 AND ARHBEX= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

PROGRAMMING NOTE 'MA1':

IF SPINSURE≠ 1, THEN SKIP TO 'CF1'

ELSE IF 'CF10A' = 2 AND ARSAMESP = 1, THEN SKIP TO 'CF1'

ELSE CONTINUE WITH 'MA1'

'MA1' Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/
PARTNER NAME}?

MA1

- ☐ Yes1 **[GO TO 'MA3']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'MA1':

IF 'MA1'= 1 AND SPMPCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;

IF 'MA1'= 1 AND SPMCAL= 1, SET CHMCAL= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'MA1'= 1 AND SPMPOWN= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;

IF 'MA1'= 1 AND SPOTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'MA1'= 1 AND SPIHS= 1, SET CHIHS= 1

IF 'MA1'= 1 AND SPHBE= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'MA1'= 1 AND SPARPAR= 1, THEN SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH

= 1 IF 'MA1'= 1 AND SPMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'MA1'= 1 AND SPMPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'MA1'= 1 AND SPMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'MA1'= 1 AND SPDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'MA1'= 1 AND SPMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

IF 'MA1'= 1 AND SPOTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

Medi-Cal Coverage (Child)

'CF1' 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 'CF1': IF 'CF1'= 1, SET CHMCAL= 1 AND SET CHINSURE= 1

Employer-Based Coverage (Child)

'CF3' 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_CF4']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_CF4']**

POST NOTE 'CF3': IF 'CF3' = 1, SET CHEMP = 1 AND CHINSURE = 1

'AI90' Is this plan through an employer, through a union, or through Covered California's SHOP
program?

AI90

SHOP is the Small Business Health Options Program administered by/ Covered California.

- ☐ Employer1
- ☐ Union2
- ☐ SHOP / Covered California3
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

POST NOTE FOR 'AI90': IF 'AI90' = 3, THEN SET CHHBEX = 1

Private Coverage (Child)

PROGRAMMING NOTE 'CF4':

IF CHINSURE = 1 THEN GO TO 'AI93';
ELSE CONTINUE WITH 'CF4'

'CF4'

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
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

[GO TO
'PN_CF6']
[GO TO
'PN_CF6']

POST NOTE 'CF4': IF 'CF4' = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'AI91':

IF CHDIRECT = 1, THEN CONTINUE WITH 'AI91';
ELSE GO TO PROGRAMMING NOTE 'AI93'

'AI91'

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

AI91

- ☐ Insurance company or HMO1
- ☐ Covered California2
- ☐ Other (Specify: _____) 91
- ☐ REFUSED/DON'T KNOW -3

POST NOTE FOR 'AI91': IF 'AI91' = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE 'AI93':

IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH 'AI93';
ELSE GO TO PROGRAMMING NOTE 'AI54';

'AI93'

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

AI93

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

PROGRAMMING NOTE 'AI54':

IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT= 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'AI54';
ELSE GO TO 'CF6'

'AI54'

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

AI54

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

'AI50'

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?

AI50

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

**[GO TO
'PN_CF6']
[GO TO
'PN_CF6']**

'AI51' Who else pays all or some portion of the cost for (CHILD)'s health plan?

AI51

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 'AI51':

IF 'AI51' = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;

IF 'AI51' = 7, SET CHMCAL = 1

IF 'AI51' = 10, SET CHHBEX = 1;

CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)

PROGRAMMING NOTE 'CF6':
 IF CHINSURE = 1, GO TO PN 'MA3';
 ELSE CONTINUE WITH 'CF6'

'CF6' Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

CF6

- ☐ Yes1 **[GO TO 'PN_MA3']**
☐ No.....2
☐ REFUSED/DON'T KNOW.....-3

POST NOTE 'CF6': IF 'CF6' = 1, SET CHMILIT = 1 AND CHINSURE = 1

AIM, MRMIP, HEALTHY KIDS, Other Government Coverage

'CF7' 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_MA3']**
☐ MRMIP2 **[GO TO 'PN_MA3']**
☐ Healthy Kids3 **[GO TO 'PN_MA3']**
☐ No other plan.....4
☐ Something else (Specify: _____)91 **[GO TO 'PN_MA3']**
☐ REFUSED/DON'T KNOW.....-3

POST NOTE 'CF7': IF 'CF7' = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

Other Coverage (Child)

'CF8' Does {he/she} have any health insurance coverage through a plan that I missed?

CF8

- ☐ Yes1 **[GO TO 'PN_CF1A']**
☐ No.....2 **[GO TO 'PN_CF1A']**
☐ REFUSED/DON'T KNOW.....-3 **[GO TO 'PN_CF1A']**

'CF9'

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 'CF9':

IF 'CF9'= 8, SET CHHS= 1
 IF 'CF9'= 10, SET CHHBEX= 1 AND CHINSURE= 1 AND CHDIRECT=1;
 IF 'CF9'= 11, SET CHHBEX= 1 AND CHINSURE= 1 AND CHEMP= 1;
 IF 'CF9'= 91, SET CHOTHGOV= 1 AND CHINSURE= 1
 IF 'CF9'= 92, SET CHOTHER= 1 AND CHINSURE= 1
 IF 'CF9'= -3, SET CHINSURE= 1
 IF 'CF9'= 1, SET CHEMP= 1 AND CHINSURE= 1
 IF 'CF9'= 2, SET CHEMP= 1 AND CHINSURE= 1
 IF 'CF9'= 3, SET CHDIRECT= 1 AND CHINSURE= 1
 IF 'CF9'= 4, SET CHMCARE= 1 AND CHINSURE= 1
 IF 'CF9'= 5, SET CHMCAL= 1 AND CHINSURE= 1
 IF 'CF9'= 7, SET CHMILIT= 1 AND CHINSURE= 1

PROGRAMMING NOTE 'CF9VER':

IF 'CF9' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'CF9VER';
 ELSE SKIP TO PROGRAMMING NOTE 'CF1A'

'CF9VER'

Just to verify, you said that (CHILD) gets health insurance through Medicare?

CF9VER

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

PROGRAMMING NOTE 'CF1A':

IF CHINSURE \neq 1 CONTINUE WITH 'CF1A';
ELSE GO TO 'MA3';

'CF1A' 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 insurance6
- ☐ Do not need insurance because
she/he is healthy7
- ☐ Already have insurance8
- ☐ Did not know about it9
- ☐ Do not like or want welfare..... 10
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE 'MA3':

IF 'CF10A' = 1 AND ARMCARE = 1 THEN CONTINUE WITH 'MA3';
IF CHINSURE = 1, THEN CONTINUE WITH 'MA3';
ELSE GO TO 'PN_AI79'

'MA3' 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 'MA2']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AI115':

IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'MA2';
ELSE CONTINUE WITH 'AI115';

'AI115' 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

'MA2' 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 'MA2': IF 'MA2' = 93, 87, OR 89 THEN SET CHMILIT=1

'CF14' Is (CHILD) covered for prescription drugs?

CF14

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

High Deductible Health Plans (Child)

PROGRAMMING NOTE FOR 'AI79':

IF (ARINSURE \neq 1 OR 'CF10A' \neq 1) AND (CHEMP= 1 OR CHDIRECT= 1 OR CHOTHER= 1), THEN
CONTINUE WITH 'AI79';
ELSE SKIP TO PROGRAMMING NOTE 'CF18'

'AI79' Does (CHILD)'s health plan have a deductible that is more than \$1,000?

AI79

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ Yes1
- ☐ No.....2
- ☐ Yes, but only when we go out of network3
- ☐ REFUSED/DON'T KNOW..... -3

'AI80' Does (CHILD)'s health plan have a deductible for all covered persons that is more than \$2,000?

AI80

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ Yes1
- ☐ No.....2
- ☐ Yes, but only when we go out of network3
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AI81':

IF ('AI79'= 1 OR 3) OR ('AI80'= 1 OR 3), CONTINUE WITH 'AI81';
ELSE SKIP TO PROGRAMMING NOTE 'CF18'

'AI81' 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 'CF18':
 IF CHINSURE = 1, GO TO 'CF24';
 ELSE CONTINUE WITH 'CF18'

'CF18' 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)

'CF20' Was (CHILD) covered by health insurance at any time during the past 12 months?

CF20

- ☐ Yes1 **[GO TO 'CF22']**
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'CF21' How long has it been since (CHILD) last had health insurance?

CF21

- ☐ More than 12 months, but
 not more than 3 years ago1 **[GO TO 'PN_IA10A']**
- ☐ More than 3 years ago2 **[GO TO**
'PN_IA10A']
- ☐ Never had health insurance coverage3 **[GO TO**
'PN_IA10A']
- ☐ REFUSED/DON'T KNOW -3 **[GO TO**
'PN_IA10A']

'CF22' For how many of the last 12 months did {he/she} have health insurance?

CF22

- ☐ _____ Months [HR: 0-12]_ **[GO TO**
'PN_IA10A']
- ☐ REFUSED/DON'T KNOW-3

'CF23' 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_IA10A']
- ☐ Through current or former employer/union ..3 [GO TO 'PN_IA10A']
- ☐ Purchased directly5 [GO TO 'PN_IA10A']
- ☐ Covered California6 [GO TO 'PN_IA10A']
- ☐ Other health plan91 [GO TO 'PN_IA10A']
- ☐ REFUSED/DON'T KNOW..... -3

'CF24' 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_IA10A']
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

'CF25' 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 'CF27']
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'CF27']

'CF26' 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

'CF27' 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_IA10A']
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_IA10A']

'PN_IA10A']

'CF28' 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

'CF29' 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 'IA10A':

IF NO TEEN SELECTED, GO TO 'PN_AH5';
 IF ARINSURE = 1, CONTINUE WITH 'IA10A';
 IF ARINSURE ≠ 1, GO TO PN 'MA5';
 ELSE CONTINUE WITH 'IA10A'

'IA10A' Does (TEEN) have the same health insurance as you?

IA10A

- ☐ Yes1 [GO TO 'MA8']
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'IA10A':

IF 'IA10A'= 1 AND ARM CARE= 1, SET TEM CARE= 1 AND SET TEINSURE= 1;
 IF 'IA10A'= 1 AND ARM CAL= 1, SET TEM CAL= 1 AND SET TEINSURE= 1;
 IF 'IA10A'= 1 AND AREMPOWN= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
 IF 'IA10A'= 1 AND AREMPSP= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
 IF 'IA10A'= 1 AND AREMPPAR= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
 IF 'IA10A'= 1 AND AREMPOTH= 1, SET TEEMP= 1 AND SET TEINSURE= 1;
 IF 'IA10A'= 1 AND ARDIRECT= 1, SET TEDIRECT= 1 AND SET TEINSURE= 1;
 IF 'IA10A'= 1 AND ARMILIT= 1, SET TEMILIT= 1 AND SET TEINSURE= 1;
 IF 'IA10A'= 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE= 1;
 IF 'IA10A'= 1 AND AROTHER= 1, SET TEOTHER= 1 AND SET TEINSURE= 1;
 IF 'IA10A'= 1 AND ARIHS= 1, SET TEIHS= 1
 IF 'IA10A'= 1 AND ARHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE= 1;

PROGRAMMING NOTE 'MA5':IF SPINSURE \neq 1 THEN SKIP TO 'MA6';

ELSE IF 'IA10A' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'MA6';

ELSE CONTINUE WITH 'MA5'

'MA5' Does (TEEN) have the same insurance as your spouse?**MA5**

- ☐ Yes1 [GO TO 'MA8']
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'MA5': IF 'MA5' = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPIHS = 1, SET TEIHS = 1
 IF 'MA5' = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
 IF 'MA5' = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND SPSAMETE = 1

PROGRAMMING NOTE 'MA6':IF TEINSURE \neq 1 OR CHINSURE \neq 1, THEN SKIP TO 'IA1';

ELSE IF ('IA10A' = 2 AND ARSAMECH = 1) OR ('MA5' = 2 AND SPSAMECH = 1), THEN SKIP TO 'IA1';

ELSE CONTINUE WITH 'MA6';

'MA6' Does (TEEN) have the same insurance as (CHILD)?**MA6**

- ☐ Yes1 [GO TO 'IA24']
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

POST NOTE 'MA6': IF 'MA6' = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
 IF 'MA6' = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
 IF 'MA6' = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
 IF 'MA6' = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
 IF 'MA6' = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
 IF 'MA6' = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
 IF 'MA6' = 1 AND CHIHS = 1, SET TEIHS = 1;
 IF 'MA6' = 1 AND CHOTHER = 1, SET TEOTHER = 1;
 IF 'MA6' = 1 AND CHHBEX = 1, SET TEHBEX = 1

Medi-Cal Coverage (Teen)

'IA1' 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 'IA1': IF 'IA1' = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

Employer-Based Coverage (Teen)

'IA3' 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 'IA4']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'IA4']

POST NOTE 'IA3': IF 'IA3' = 1, SET TEEMP = 1 AND SET TEINSURE = 1

'AI94' 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 'AI94': IF 'AI94'= 3, THEN SET TEHBEX = 1

Private Coverage (Teen)

PROGRAMMING NOTE 'IA4':

IF TEINSURE= 1 THEN GO TO 'AI95';
ELSE CONTINUE WITH 'IA4'

'IA4' 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 'IA6']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'IA6']

POST NOTE 'IA4': IF 'IA4' = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE 'AI95':

IF TEDIRECT = 1, THEN CONTINUE WITH 'AI95';
ELSE GO TO 'PN_AI97'

'AI95' How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

AI95

- ☐ Insurance company or HMO1
- ☐ Covered California2
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

POST NOTE FOR 'AI95': IF 'AI95' = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE 'AI97':

IF 'AI94' = 3, THEN GO TO PN 'AI55';
ELSE CONTINUE WITH 'AI97';

'AI97' Was there a subsidy or discount on the premium for this plan?

AI97

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

PROGRAMMING NOTE 'AI55':

IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'AI55';
ELSE GO TO PROGRAMMING NOTE 'IA6'

'AI55' 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.

AI55

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

'AI52' 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?

AI52

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

**[GO TO
'PN_IA6']
[GO TO**

‘PN_IA6’]**‘AI53’** Who else pays all or some portion of the cost for (TEEN)’s health plan?**AI53***Check all that apply*

- ☐ Your current employer1
☐ Your former employer2
☐ Union3
☐ Spouse’s/Partner’s current employer4
☐ Spouse’s/Partner’s former employer5
☐ Professional/Fraternal organization6
☐ Medicaid/Medi-Cal assistance7
☐ Covered California 10
☐ Other 91
☐ REFUSED/DON’T KNOW -3

POST NOTE ‘AI53’: IF ‘AI53’ = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
 IF ‘AI53’ = 7, SET TEMCAL = 1;
 IF ‘AI53’ = 10, SET TEHBEX = 1;

CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

PROGRAMMING NOTE ‘IA6’:

IF TEINSURE = 1, GO TO PROGRAMMING NOTE ‘IA1A’;
 ELSE CONTINUE WITH ‘IA6’

‘IA6’ Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?**IA6**

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

**[GO TO
‘PN_MA8’]**

POST NOTE ‘IA6’: IF ‘IA6’ = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

AIM, MRMIP, Family PACT, Healthy Kids, Other (Teen)

'IA7'

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_MA8']
- ☐ MRMIP2 [GO TO 'PN_MA8']
- ☐ Family PACT3 [GO TO 'PN_MA8']
- ☐ Healthy Kids4 [GO TO 'PN_MA8']
- ☐ No other plan.....5
- ☐ Something else (Specify: _____)91 [GO TO 'PN_MA8']

POST NOTE 'IA7': IF 'IA7' = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

Other Coverage (Teen)

'IA8'

Does {he/she} have any health insurance coverage through a plan that I missed?

IA8

- ☐ Yes1
- ☐ No.....2 [GO TO 'PN_MA8']
- ☐ REFUSED/DON'T KNOW.....-3 [GO TO 'PN_MA8']

'IA9'

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 'IA9':

IF 'IA9' = 1, SET TEEMP = 1 AND TEINSURE = 1;
 IF 'IA9' = 2, SET TEEMP = 1 AND TEINSURE = 1;
 IF 'IA9' = 3, SET TEDIRECT = 1 AND TEINSURE = 1;
 IF 'IA9' = 4, SET TEMCARE = 1 AND TEINSURE = 1;
 IF 'IA9' = 5, SET TEMCAL = 1 AND TEINSURE = 1;
 IF 'IA9' = 7, SET TEMILIT = 1 AND TEINSURE = 1;
 IF 'IA9' = 8, SET TEIHS = 1;
 IF 'IA9' = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;
 IF 'IA9' = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;
 IF 'IA9' = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;
 IF 'IA9' = 92, SET TEOTHER = 1 AND TEINSURE = 1;
 IF 'IA9' = -3, SET TEINSURE = 1

PROGRAMMING NOTE 'IA9VER':

IF 'IA9' = 4 (TEEN HAS MEDICARE), CONTINUE WITH 'IA9VER';
 ELSE SKIP TO PROGRAMMING NOTE 'IA1A'

'IA9VER'

Just to verify, you said that (TEEN) gets health insurance through Medicare?

IA9VER

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

PROGRAMMING NOTE 'IA1A':

IF TEINSURE \neq 1 CONTINUE WITH 'IA1A';
ELSE GO TO 'MA8';

'IA1A' 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

Managed Care Plan Characteristics (Teen)

PROGRAMMING NOTE 'MA8':

IF 'IA10A' = 1 AND ARM CARE = 1, THEN 'MA8' = 'AH122' AND 'MA7' = 'AI25' AND 'IA14' = 'AH71'
AND GO TO PN 'AI82';
ELSE IF 'MA6' = 1, THEN 'MA8' = 'MA3' AND 'MA7' = 'MA2' AND 'IA14' = 'CF14' AND GO TO PN
'AI82';
ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'MA8';
ELSE GO TO PROGRAMMING NOTE 'AI82'

'MA8' 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 'MA7']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AI116':

IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'MA7';
ELSE CONTINUE WITH 'AI116';

'AI116' 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

'MA7'

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 'MA7': IF 'MA7' = 93, 87, OR 89 THEN SET TEMILIT = 1

'IA14'

Is (TEEN) covered for prescription drugs?

IA14

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

High Deductible Health Plans (Teen)

PROGRAMMING NOTE 'AI82':

IF [(ARINSURE \neq 1 OR 'IA10A' \neq 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH 'AI82';
ELSE SKIP TO PN 'IA18'

'AI82' Does (TEEN)'s health plan have a deductible that is more than \$1,000?

AI82

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ Yes1
- ☐ No.....2
- ☐ Yes, but only when we go out of network3
- ☐ REFUSED/DON'T KNOW..... -3

'AI83' Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

AI83

A deductible is the amount you have to pay before your plan begins to pay for your medical care.

- ☐ Yes1
- ☐ No.....2
- ☐ Yes, but only when we go out of network3
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AI84':

IF ('AI82' = 1 OR 3) OR ('AI83' = 1 OR 3), CONTINUE WITH 'AI84';
ELSE SKIP TO PROGRAMMING NOTE 'IA18';

'AI84' 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 'IA18':
 IF TEINSURE = 1, GO TO 'IA24';
 ELSE CONTINUE WITH 'IA18'

'IA18' 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)

'IA20' Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

- ☐ Yes1 [GO TO 'IA22']
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

'IA21' 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_AH5']
- ☐ 2 More than 3 years ago2 [GO TO
'PN_AH5']
- ☐ 3 Never had health insurance coverage3 [GO TO
'PN_AH5']
- ☐ REFUSED/DON'T KNOW -3 [GO TO
'PN_AH5']

'IA22' For how many of the last 12 months did {he/she} have health insurance?

IA22

- _____ Months [HR: 0-12] [IF 'IA22'=0 GO
TO 'PN_AH5']
- ☐ REFUSED/DON'T KNOW -3 [GO TO
'PN_AH5']

'IA23'

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
'PN_AH5'] |
| <input type="checkbox"/> | Through current or former employer/union .. | 3 | [GO TO
'PN_AH5'] |
| <input type="checkbox"/> | Purchased directly | 5 | [GO TO
'PN_AH5'] |
| <input type="checkbox"/> | Covered California | 6 | [GO TO
'PN_AH5'] |
| <input type="checkbox"/> | Other health plan | 91 | [GO TO
'PN_AH5'] |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 | [GO TO
'PN_AH5'] |

'IA24'

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
'PN_AH5'] |
| <input type="radio"/> | No | 2 | |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 | |

'IA25'

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 'IA27'] |
| <input type="radio"/> | REFUSED/DON'T KNOW | -3 | [GO TO 'IA27'] |

'IA26'

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 |

'IA27' During the past 12 months, was there any time when {he/she} had no health insurance at all?

IA27

- ☐ Yes1
☐ No.....2 **[GO TO 'PN_AH5']**
☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_AH5']**

'IA28' 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

'IA29' 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

Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'AI56':

IF NO TEEN SELECTED, GO TO SECTION J;

IF 'AD65E'= 1 (MALE AT BIRTH), DISPLAY "mother";

IF 'AD65E'= 2 (FEMALE AT BIRTH), DISPLAY "father";

IF 'AD65E'= 3 (REFUSED/DON'T KNOW) AND 'SC11A' Sex =1 DISPLAY "father" OR If 'QA20_A23' =2
 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'AI56' In what country was (TEEN)'s {mother/father} born?

AI56

- ☐ United States.....1
☐ American Samoa2
☐ Canada.....3
☐ China.....4
☐ Guam9
☐ Japan 16
☐ Korea..... 17
☐ Mexico..... 18

- ☐ Philippines 19
- ☐ Puerto Rico 22
- ☐ Vietnam 25
- ☐ Virgin Islands..... 26
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNNOW -3

PROGRAMMING NOTE 'AI57':

IF 'AD65E' = 1 (MALE AT BIRTH), DISPLAY "mother";
 IF 'AD65E' = 2 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'AD65E' = 3 (REFUSED/DON'T KNOW) AND 'SC11A' Sex =1 DISPLAY "father" OR If 'SC11A'=2
 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"

'AI57' Does (TEEN)'s {mother/father} now live in the U.S.?

AI57

- ☐ 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 'AI58':

IF 'AD65E'= 1 (MALE AT BIRTH), DISPLAY "mother";
 IF 'AD65E'= 2 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'AD65E'= 3 (REFUSED/DON'T KNOW) AND 'SC11A' Sex =1 DISPLAY "father" OR If 'SC11A'=2
 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"
 IF 'AI57'= 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
 ELSE DISPLAY "Is"

'AI58' {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

AI58

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

PROGRAMMING NOTE 'AI59':

IF 'AI58' = 1 SKIP TO PN_ 'AI60' IF 'AD65E' = 2 (MALE AT BIRTH), DISPLAY "mother";
 IF 'AD65E' = 1 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'AD65E' = -3 (REFUSED/DON'T KNOW) AND 'SC11A' Sex =2 DISPLAY "father" OR If 'SC11A' =21
 DISPLAY "mother" ELSE IF DISPLAY "other parent" IF 'AI57' = 3 (MOTHER/FATHER DECEASED),
 DISPLAY "Was";
 ELSE DISPLAY "Is"

'AI59' {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.

AI59

- ☐ Yes1
- ☐ No2
- ☐ Application pending3
- ☐ REFUSED/DON'T KNOW -3

'AI60' About how many years has (TEEN)'s {mother/father} lived in the United States?

AI60

- ☐ _____ Number of years
- ☐ _____ Year first come and live in U.S.
- ☐ Number of years1
- ☐ Year first came to live in US2
- ☐ 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 'AH5':

IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care you receive";

'AH5' 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 'AH5' > 0 GOTO 'PN_AJ114']**
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AH6':

IF 'AH5' = 0, -3 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH 'AH6';
ELSE GO TO PROGRAMMING NOTE 'AJ114'

'AH6' About how long has it been since you last saw a doctor about your own health?

AH6

- ☐ One year ago or less.....0
☐ More than 1 up to 2 years ago1
☐ More than 2 up to 5 years ago2
☐ More than 5 years ago3
☐ Never.....4 **[GO TO 'AJ218']**
☐ REFUSED/DON'T KNOW..... -3

'AJ114' 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 less.....0
☐ More than 1 up to 2 years ago1
☐ More than 2 up to 5 years ago2
☐ More than 5 years ago3
☐ Never.....4
☐ REFUSED/DON'T KNOW..... -3

'AJ218' In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

AJ218

- ☐ Never.....1
☐ Sometimes2
☐ Usually3
☐ Always.....4
☐ Not applicable5
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AJ219':

IF HOUSEHOLD HAS A SELECTED TEEN, CONTINUE;
ELSE SKIP TO 'AJ115'

'AJ219'

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

'AJ115'

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 'AJ77':

IF 'AH1' = 1 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH 'AJ77';
ELSE GO TO PROGRAMMING NOTE 'AJ102'

'AJ77' 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
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AJ102':

IF ARINSURE = 1 OR 'AH1' = 1 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH 'AJ102'
ELSE GO TO 'PN_AJ80'

DISPLAY INSTRUCTIONS:

IF 'AJ77' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

'AJ102' 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_AJ80']
- ☐ REFUSED/DON'T KNOW -3 [GO TO 'PN_AJ80']

'AJ103' 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 'AJ80':

IF 'AH1' = 1 (HAS A USUAL SOURCE OF CARE) AND 'AJ77' = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [('AB40' = 1 OR 'AB41' = 1 (HAS ASTHMA)) OR AB22' = 1 (HAS DIABETES) OR 'AB34' = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH 'AJ80';
ELSE GO TO 'AJ220'

'AJ80' 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

'AJ220' During the past 12 months, did your usual medical provider offer telephone or video appointments?

AJ220

- ☐ Yes1
- ☐ No2 [GO TO 'AJ202']
- ☐ Don't know3 [GO TO 'AJ202']
- ☐ REFUSED -3 [GO TO 'AJ202']

‘AJ221’ What options did your medical provider offer?

AJ221

(Check all that apply)

- ☐ In-person appointments1
- ☐ Telephone appointments2
- ☐ Video appointments3
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO ‘AJ202’]

‘AJ222’ How satisfied are you with the availability of telephone or video health care from your providers?

AJ222

- ☐ Very satisfied1
- ☐ Somewhat satisfied2
- ☐ Neither satisfied nor dissatisfied.....3
- ☐ Somewhat dissatisfied4
- ☐ Very dissatisfied5
- ☐ REFUSED/DON'T KNOW -3 [GO TO ‘AJ202’]

‘AJ202’ 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 ‘AJ8B’]
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO ‘AJ8B’]

‘AJ203’ What was this care for?

AJ203

- ☐ Primary Care1 [GO TO ‘AJ225’]
- ☐ Dental Care2 [GO TO ‘AJ225’]
- ☐ Mental Health3 [GO TO ‘AJ225’]
- ☐ Family Planning4
- ☐ Other speciality care5 [GO TO ‘AJ225’]
- ☐ Other:91 [GO TO ‘AJ225’]
- ☐ REFUSED/DON'T KNOW..... -3 [GO TO ‘AJ225’]

‘AJ223’

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

‘AJ224’

Was the appointment via telephone or video?

AJ224

- ☐ Yes, a telephone visit.....1
- ☐ Yes, a video visit2
- ☐ Both.....3
- ☐ No.....4
- ☐ REFUSED/DON'T KNOW..... -3

‘AJ225’

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 satisfied1
- ☐ Satisfied.....2
- ☐ Slightly satisfied.....3
- ☐ Not satisfied at all4
- ☐ REFUSED DON'T KNOW -3

‘AJ226’

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 'AJ227':

IF 'AJ203' = 2, CONTINUE;
ELSE GOTO 'PN_AJ228'

'AJ227'

Think about your most recent video visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

AJ227

- ☐ Much worse1
- ☐ Somewhat worse2
- ☐ About the Same3
- ☐ Somewhat better4
- ☐ Much better5
- ☐ I did not have a video visit6
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AJ228':

IF 'AJ203' = 3, CONTINUE;
ELSE GOTO 'PN_AJ229'

'AJ228'

Think about your most recent video visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

AJ228

- ☐ Much worse1
- ☐ Somewhat worse2
- ☐ About the Same3
- ☐ Somewhat better4
- ☐ Much better5
- ☐ I did not have a video visit6
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AJ229':

IF 'AJ203' = 1, CONTINUE;
ELSE GOTO 'PN_AJ230'

'AJ229'

Think about your most recent video visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was....

AJ229

- ☐ Much worse1
- ☐ Somewhat worse2
- ☐ About the Same3
- ☐ Somewhat better4
- ☐ Much better5
- ☐ I did not have a video visit6
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AJ230':

IF 'AJ203' = 2, CONTINUE;
ELSE GOTO 'PN_AJ231'

'AJ230'

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 'AJ231':

IF 'AJ203' = 3, CONTINUE;
ELSE GOTO 'PN_AJ232'

'AJ231'

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 'AJ232':

IF 'AJ203' = 1, CONTINUE;
ELSE GOTO 'PN_AJ233'

'AJ232'

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

'AJ233' Did you have any problems with a telephone or video appointment?

AJ233

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

PROGRAMMING NOTE 'AJ234':

IF 'AJ233' = 1 THEN CONTINUE;

ELSE GO TO 'PN_AJ8B'

'AJ234' 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

Communication Problems with a Doctor

PROGRAMMING NOTE 'AJ8B':

IF 'AH37' >=2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH 'AJ8';

ELSE GO TO 'PN_AJ105'

'AJ8B' The last time you saw a doctor, did you have a hard time understanding the doctor?

AJ8B

- ☐ Yes1 **[GO TO 'AJ9']**
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3 **[GO TO
'PN_AJ105']**

PROGRAMMING NOTE 'AJ50':

IF 'AJ8B' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'AH36' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'AJ50';

ELSE GO TO 'PN_AJ105'

SET 'AJ50' ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA22_J16' WAS ASKED;

'AJ50' In what language did the doctor speak to you?

AJ50

- ☐ English1 [GO TO 'AJ10']
- ☐ Spanish2 [GO TO 'PN_AJ105']
- ☐ Cantonese3 [GO TO 'PN_AJ105']
- ☐ Vietnamese4 [GO TO 'PN_AJ105']
- ☐ Tagalog5 [GO TO 'PN_AJ105']
- ☐ Mandarin6 [GO TO 'PN_AJ105']
- ☐ Korean7 [GO TO 'PN_AJ105']
- ☐ Asian Indian languages
(including Hindi, Punjabi, Urdu)8 [GO TO 'PN_AJ105']
- ☐ Russian9 [GO TO 'PN_AJ105']
- ☐ Japanese12 [GO TO 'PN_AJ105']
- ☐ French14 [GO TO 'PN_AJ105']
- ☐ German15 [GO TO 'PN_AJ105']
- ☐ Farsi18 [GO TO 'PN_AJ105']
- ☐ American19 [GO TO 'PN_AJ105']
- ☐ Arabic20 [GO TO 'PN_AJ105']
- ☐ Other (Specify: _____)91 [GO TO 'PN_AJ105']

'AJ9' Was this because you and the doctor spoke different languages?

AJ9

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

‘AJ10’ Did you need someone to help you understand the doctor?

AJ10

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

**[GO TO
 ‘PN_AJ105’]
 [GO TO
 ‘PN_AJ105’]**

‘AJ11’ 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 ‘AJ105’:

IF ‘AH37’ = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH ‘AJ105’;
 ELSE GO TO ‘AH16’

‘AJ105’ 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

‘AH16’ 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 ‘AH22’]
 [GO TO ‘AH22’]**

‘AJ251’ Did you get the medicine that a doctor prescribed for you eventually?

AJ251

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

'AJ252'

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 **'AJ252'**, THEN CONTINUE WITH **'AJ253'** WITH SELECTED CHOICES FROM **'AJ252'** DISPLAYED;
ELSE SKIP TO NEXT TOPIC

'AJ253'

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 'AJ176':

IF ARINSURE = 1, THEN CONTINUE WITH 'AJ176';
ELSE GO TO 'AH22'

'AJ176' Did you delay or not get a medicine while you had your current insurance plan?

AJ176

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

'AH22' 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 'AJ136']**
[GO TO 'AJ136']

'AJ129' Did you get the care eventually?

AJ129

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

'AJ254' 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 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 go9
☐ Too expensive..... 10
☐ I have no insurance..... 11
☐ Other (Specify: _____)..... 91
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AJ131B':

IF MORE THAN ONE RESPONSE FROM 'AJ254' WITH SELECTED CHOICES FROM 'AJ254' DISPLAYED, THEN CONTINUE WITH 'AJ131B';
ELSE SKIP TO NEXT TOPIC

'AJ131B' 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 go9
- ☐ Too expensive..... 10
- ☐ I have no insurance..... 11
- ☐ Other (Specify: _____)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AJ177':

IF ARINSURE = 1, THEN CONTINUE WITH 'AJ177';
ELSE GO TO 'AJ136'

'AJ177' 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

'AJ136' 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 'AJ137':

IF 'AJ136' = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH 'AJ137';
ELSE GO TO 'AJ133'

'AJ137' 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

'AJ138' During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

AJ138

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

PROGRAMMING NOTE 'AJ139':

IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH **'AJ139'**;
ELSE SKIP TO **'AJ133'**

'AJ139' During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

AJ139

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

'AJ133' 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

'AJ134' During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

AJ134

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

PROGRAMMING NOTE 'AJ135':

IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH **'AJ135'**;
ELSE SKIP TO **'AD13'**

'AJ135' During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

AJ135

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

Pregnancy Status

PROGRAMMING NOTE 'AD13':

IF 'AD65E' = 1 (MALE AT BIRTH), THEN GO TO 'PN_AJ241';

IF AGE > 45, THEN GO TO 'PN_AJ206';

DISPLAY INSTRUCTIONS:

IF ['AD65E' = 2 (FEMALE AT BIRTH) AND 'AD66C' = 2 (IDENTIFIES AS FEMALE)], DISPLAY "These next questions are about women's health.";

IF ['AD65E' = 2 (FEMALE AT BIRTH) AND 'AD66C' = 1, 3, 5, OR -3 (MALE, TRANSGENDER, NON-BINARY, 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."

'AD13' These next questions may be relevant to you because you were assigned female at birth.

AD13To your knowledge, are you now pregnant?

- ☐ Yes1 [GO TO 'AJ235']
☐ No.....2
☐ No applicable3
☐ REFUSED/DON'T KNOW..... -3

Family Planning

PROGRAMMING NOTE 'AJ169':

IF AGE IS BETWEEN 18 AND 44 YEARS AND 'AD65E' = 2 (FEMALE AT BIRTH) AND 'AD45B' = 1 OR 3 (MALE OR BOTH MALE AND FEMALE) THEN CONTINUE;

ELSE IF AGE > 44 YEARS GO TO 'PN_AJ241';

ELSE IF 'AD65E' = 1 (MALE AT BIRTH) THEN GO TO 'PN_AJ241';

ELSE CONTINUE WITH 'AJ169'

'AJ169' 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_AJ241']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AJ241']

'AJ235' During the past 12 months, did you become pregnant with an unintended pregnancy?

AJ235

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

'AJ236'

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 'AF40C':

IF 'AD65E' = 2 (FEMALE AT BIRTH) AND 'AD45B' = 2, -3 (FEMALE, SKIPPED), GO TO 'PN_AJ241';

IF 'AD65E' = 2 (FEMALE AT BIRTH) AND 'AD45B' = 1, 3 (MALE, BOTH MALE AND FEMALE) CONTINUE;

DISPLAY INSTRUCTIONS:

IF 'AD43B' = 1 OR 'AD44B' = 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 'AD43B' > 1 OR -3 AND 'AD44B' = 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.";

'AF40C'

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_AJ170B']
 [GO TO
 'PN_AJ241']
 [GO TO
 'PN_AJ241']

PROGRAMMING NOTE 'AJ237':**DISPLAY INSTRUCTIONS:**

IF 'AD43B' = 1 OR 'AD44B' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which main birth control method did you or your male partner use?"

IF 'AD43B' > 1 OR -3 AND 'AD44B' = 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?";

'AJ237' 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 'AJ239']
- ☐ Other hormonal methods
(Injection/Depo-Provera, patch,
vaginal ring)6 [GO TO 'AJ239']
- ☐ Condoms (male or female)7 [GO TO 'AJ239']
- ☐ Phexxi (birth control gel)8 [GO TO 'AJ239']
- ☐ Other (Specify: _____)91 [GO TO 'AJ239']
- ☐ REFUSED/DON'T KNOW -3 [GO TO
'PN_AJ241']

PROGRAMMING NOTE 'AJ238':**DISPLAY INSTRUCTIONS:**

IF 'AJ237' = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'AJ238' 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_AJ241']
- ☐ REFUSED/DON'T KNOW -3 [GO TO
'PN_AJ241']

PROGRAMMING NOTE 'AJ239':**DISPLAY INSTRUCTIONS:**

IF 'AD43B' =1 OR 'AD44B' = 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 'AD43B' >1 OR -3 AND 'AD44B' = 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?";

'AJ239'

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 clinic6
- ☐ Community clinic7
- ☐ School or school-based clinic8
- ☐ Native American health center/clinic9
- ☐ Pharmacy 10
- ☐ Some other place (Specify: _____) ... 91
- ☐ REFUSED/DON'T KNOW -3

'AJ240'

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
- ☐ No3
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE AJ170B':

IF 'AF40C' = 2 CONTINUE;
ELSE SKIP TO 'PN_AJ241'

DISPLAY INSTRUCTIONS:

IF 'AD43B' = 1 OR 'AD44B' = 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 'AD43B' >1 OR -3 AND 'AD44B' = 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?";

'AJ170B' 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_AJ241']**

PROGRAMMING NOTE 'AJ241':

IF AGE IS BETWEEN 18 AND 54 YEARS AND 'AD65E' = 1 (MALE AT BIRTH) WITH 'AD45B' = 2 OR 3 (FEMALE OR BOTH MALE AND FEMALE) THEN CONTINUE;

IF AGE > 54 YEARS ELSE SKIP TO 'PN_AJ206'

'AJ241' 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 'AJ242':**DISPLAY INSTRUCTIONS:**

IF 'AD43B' = 1 OR 'AD44B' = 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 'AD43B' > 1 OR -3 AND 'AD44B' = 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.";

'AJ242'

During the past 12 months, did you or your female partner{s} use birth control method to prevent pregnancy? This includes male or female sterilization.

AJ242

Sterilization includes having your partner's tubes tied, getting a vasectomy, or having an operation so you cannot have children.

- ☐ Yes1
- ☐ No.....2 **[GO TO 'PN_AJ175B']**
- ☐ No female partner3 **[GO TO 'PN_AJ206']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_AJ206']**

PROGRAMMING NOTE 'AJ243':**DISPLAY INSTRUCTIONS:**

IF 'AD43B' = 1 OR 'AD44B' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which main birth control method did you or your female partner use?"

IF 'AD43B' > 1 OR -3 AND 'AD44B' = 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?";

'AJ243'

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 pills.....5 **[GO TO 'AJ245']**
- ☐ Other hormonal methods
(Injection/Depo-Provera, patch,
vaginal ring).....6 **[GO TO 'AJ245']**
- ☐ Condoms (male or female)7 **[GO TO 'AJ245']**
- ☐ Phexxi (birth control gel)8 **[GO TO 'AJ245']**
- ☐ Other (Specify: _____).....91 **[GO TO 'AJ245']**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO 'PN_AJ206']**

PROGRAMMING NOTE AJ244:**DISPLAY INSTRUCTIONS:**

IF 'AJ243'=1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'AJ244' 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 'AJ245':**DISPLAY INSTRUCTIONS:**

IF 'AD43B' = 1 OR 'AD44B' = 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 'AD43B' > 1 OR -3 AND 'AD44B' = 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?";

'AJ245' 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
- ☐ 6 Family planning clinic.....6
- ☐ 7 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

'AJ246' 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 'AJ175B':

IF 'AJ242' = 2, THEN CONTINUE;

ELSE SKIP TO 'PN_AJ206'

DISPLAY INSTRUCTIONS:IF 'AD43B' = 1 OR 'AD44B' = 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 'AD43B' >1 OR -3 AND 'AD44B' = 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?";

'AJ175B' 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

Mammogram

PROGRAMMING NOTE 'AJ206':

IF R LIVES IN SANTA CLARA COUNTY AND ('AD65E' = 2 AND AAGE 50-74) CONTINUE WITH 'AJ206';

ELSE SKIP 'PN_AG1';

'AJ206' During the past 2 years, have you had a mammogram?

AJ206

A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast.

- ☐ Yes1 **[GO TO 'AG1']**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'AG1']**

‘AJ207’ What is the one most important reason why you have not had a mammogram in the past 2 years?

AJ207

- ☐ No reason/never thought about it1
- ☐ Didn't know i needed this type of test2
- ☐ Doctor didn't tell me I needed it3
- ☐ Haven't had any problems4
- ☐ Put it off/laziness5
- ☐ Too expensive/no insurance6
- ☐ Too painful, unpleasant, embarrassing.....7
- ☐ Too young8
- ☐ Don't have a doctor.....9
- ☐ Transportation problem..... 10
- ☐ Competing priorities
(work, childcare, caregiving) 11
- ☐ REFUSED/DON'T KNOW..... -3

Dental Health

‘AG1’ About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

AG1

- ☐ Have never visited0 **[GO TO ‘AG3’]**
- ☐ 6 months ago or less.....1
- ☐ More than 6 months, and up to 1 year2
- ☐ More than 1 year, and up to 2 years ago.....3
- ☐ More than 2 years, and up to 5 years ago...4
- ☐ More than 5 years ago5
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO ‘AG3’]**

‘AJ167’ Was it for a routine checkup or cleaning, or was it for a specific problem?

AJ167

- ☐ Routine checkup or cleaning.....1
- ☐ Specific problem2
- ☐ Both3
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE ‘AJ247’: IF ‘AG1’= 1, 2 THEN CONTINUE
ELSE GO TO ‘AG3’

‘AJ247’ How many times have you received a dental service within the last 12 months?

AJ247

- ☐ None.....1 **[GO TO ‘AG3’]**
- ☐ Once.....2
- ☐ Twice.....3
- ☐ Three Times.....4
- ☐ Four Times.....5
- ☐ Five Times or More6
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO ‘AG3’]**

'AJ248B' Where did you receive the dental service?

AJ248B

- ☐ Free health/dental event1
- ☐ Dentist office2
- ☐ Hospital3
- ☐ Other4
- ☐ REFUSED/DON'T KNOW -3

'AG3'

Do you now have any type of insurance that pays for part or all of your dental care?

AG3

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

'AJ249B'

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 [GO TO 'PN_MA10']
- ☐ From dental office2 [GO TO 'PN_MA10']
- ☐ From school of my child3 [GO TO 'PN_MA10']
- ☐ From social media4 [GO TO 'PN_MA10']
- ☐ From family or friends5 [GO TO 'PN_MA10']
- ☐ From Smile, California™ website6 [GO TO 'PN_MA10']
- ☐ From other sources7 [GO TO 'PN_MA10']
- ☐ From other online sources8 [GO TO 'PN_MA10']
- ☐ REFUSED/DON'T KNOW -3 [GO TO 'PN_MA10']

PROGRAMMING NOTE 'AJ250':

IF 'AG1'= 0, 3, 4, 5 DISPLAY "What is the main reason you have not visited a dentist in the last 12 months?"

'AJ250'

What is the main reason you have not visited a dentist in the last 12 months?

AJ250

- ☐ Not applicable1
- ☐ No reason to go/No problem2
- ☐ Could not find a dentist3
- ☐ Could not afford/no insurance4
- ☐ Other(s)5
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'MA10':

IF HOUSEHOLD HAS A SELECTED TEEN, THEN CONTINUE;
ELSE GOTO 'DMC8'

'MA10' Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

MA10

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

'MTF14B' This next question is about dental health.
About how long has it been since (teen's name) visited a dental provider? (eg, dental hygienists and dentists)

MTF14B

- ☐ Have never visited0 [GO TO 'MTH66B']
☐ 6 months ago or less.....1
☐ More than 6 months, and up to 1 year.....2
☐ More than 1 year, and up to 2 years ago.....3 [GO TO 'MTH66B']
☐ More than 2 years, and up to 5 years ago...4 [GO TO 'MTH66B']
☐ More than 5 years ago5 [GO TO 'MTH66B']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'MTH66B']

**PROGRAMMING NOTE 'MTH64': IF 'MTF14B'= 1, 2 THEN CONTINUE
ELSE GO TO 'MTH66B'**

'MTH64' How many times has (teen's name) received a dental service within the last 12 months?

MTH64

- ☐ None.....1 [GO TO 'MTH66B']
☐ Once.....2
☐ Twice3
☐ Three times4
☐ Four times5
☐ Five times or more6
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'MTH66B']

'MTH65B' Where did (teen's name) receive the dental service?

MTH65B

- ☐ Free health/Dental event.....1
☐ Dentist office2
☐ Hospital3
☐ Other4
☐ REFUSED/DON'T KNOW..... -3

'MTH66B' Where did (teen's name) receive educational information about oral health or preventive dental care in the last 12 months?

MTH66B

- ☐ Have not received
any educational information1
☐ From dental office2
☐ From school of my child3
☐ From social media.....4
☐ From family or friends5
☐ From Smile, California™ website.....6

- ☐ Other sources.....7
☐ From other online sources8
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'MTH67':

IF 'MTF14B' = 0, 3, 4, 5, -3 THEN CONTINUE
 ELSE GO TO 'DMC8'

'MTH67' What is the main reason (teen's name) has not visited a dentist in the last 12 months?

MTH67

- ☐ Not applicable1
☐ No reason to go/No problem.....2
☐ Could not find a dentist3
☐ Could not afford/no insurance.....4
☐ Other(s)_____ 91
☐ REFUSED/DON'T KNOW..... -3

Discrimination in Healthcare Setting

'DMC8' Thinking about when you are receiving medical care, was there ever a time when you would have gotten better care if you had belonged to a different race or ethnic group?

DMC8

- ☐ Yes1
☐ No.....2 [GOTO 'PN_AJ87INTRO']
☐ REFUSED/DON'T KNOW..... -3 [GOTO 'PN_AJ87INTRO']

'DMC9' Think about the last time this happened. How long ago was that?

DMC9

- ☐ A year ago or less1
☐ More than 1 up to 2 years ago2
☐ More than 2 up to 3 years ago3
☐ More than 3 up to 5 years ago4
☐ More than 5 up to 10 years ago5
☐ More than 10 up to 20 years ago6
☐ More than 20 years ago7
☐ REFUSED/DON'T KNOW..... -3

Caregiving

'AJ87INTRO' 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.

'AJ87' 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 [GO TO

- ☐ REFUSED/DON'T KNOW..... -3
- 'PN_AK3']**
[GO TO
'PN_AK3']

‘AJ101B’ Do you currently provide care for this person?

AJ101B

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

PROGRAMMING NOTE FOR ‘AJ201’:

DISPLAY INSTRUCTIONS:

IF ‘AJ101B’ = 1 THEN DISPLAY “How” and “is”, ELSE DISPLAY “At the time you provided care” and “was”.

‘AJ201’ {How/At the time you provided care, how} old {is/was} this person? Your best estimate is fine.

AJ201

- ☐ _____ Age
☐ REFUSED/DON'T KNOW -3

[HR: 0-110]

‘AJ90’ 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 ‘AJ93’:

DISPLAY INSTRUCTIONS:

IF ‘AJ101B’ = 1 THEN DISPLAY “do”; ELSE DISPLAY “did”;

IF ‘AJ90’ = -3 THEN DISPLAY “family member/friend”;

ELSE DISPLAY {‘AJ90’}

‘AJ93’ In a typical week, about how many hours {do/did} you spend, helping your {AJ90/ family member/friend}?

AJ93

- ☐ _____ Hours
☐ REFUSED/DON'T KNOW -3

[HR: 0-125]

PROGRAMMING NOTE AJ191:

IF 'AJ101B' = 1 OR 2 CONTINUE WITH 'AJ191';
ELSE GO TO 'AJ193';

DISPLAY ISTRUCTIONS:

IF 'AJ101B' = 1 DISPLAY "Are you paid for any of the hours you help your 'AJ90'? ";
IF 'AJ101B' = 2 DISPLAY "Were you paid for any of the hours you helped your 'AJ90'? "

'AJ191' {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 'AJ193':**DISPLAY INSTRUCTIONS:**

IF AJ101B' = 1 THEN DISPLAY "is";
ELSE DISPLAY "was";

'AJ193' 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

'AJ91B' 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 'AJ194':**DISPLAY INSTRUCTIONS:**

IF 'AJ101B' = 1 THEN DISPLAY "What", "does", and "requires". ELSE DISPLAY "At the time you provided care, what", "did", and "required".

'AJ194' {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 'AJ197':

IF 'AJ101B' = 1 CONTINUE;
ELSE SKIP TO 'PN_AK3'

'AJ197' {Do you have all of the support and services you need to care for your {'AJ90'}?}

AJ197

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

'AJ199A' During the past 12 months, have you experienced any physical health problems due to providing care to your {'AJ90'}?

AJ199A

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

'AJ199B' During the past 12 months, have you experienced any mental health problems due to providing care to your {'AJ90'}?

AJ199B

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

'AJ200'

Has your work situation changed because of helping your {'AJ90'}, such as a change in job position, reduced number of work hours, quitting or retiring?

AJ200*Check all that apply*

- ☐ No change in job status1
- ☐ Changed job.....2
- ☐ Took a second job/
Increased hours with current job.....3
- ☐ Reduced number of work hour.....4
- ☐ Temporary leave of absence5
- ☐ Quit job6
- ☐ Retired/retired early7
- ☐ Received paid family leave8
- ☐ I don't work.....9
- ☐ Other (Specify:.....)..... 91
- ☐ REFUSED/DON'T KNOW..... -3

Section K: Employment, Income, Poverty Status, Food Security

Hours Worked

PROGRAMMING NOTE 'AK3':

IF 'AK1' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR 'AG10' = 1 (R USUALLY WORKS) CONTINUE WITH 'AK3';
ELSE GO TO 'PN_AK20'

'AK3' 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

'AK7' 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 'AK10':

IF 'AK1' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'AG10' = 1 (USUALLY WORKS), CONTINUE WITH 'AK10';
ELSE SKIP TO 'PN_AK20'

'AK10' 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 'AK20':

IF 'AG8' = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'AG11' = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH 'AK20' AND:

IF 'AK1' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'AG10' ≠ 1 (R DOES NOT USUALLY WORK), AND 'AH43' = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF 'AK1' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND 'AG10' ≠ 1 (R DOES NOT USUALLY WORK), AND ('AD60B' = 1 OR 'AD61B' = 1), THEN DISPLAY "The next question is about your partner's employment."

IF 'AH43' = 1 THEN DISPLAY "spouse";

ELSE IF 'AD60B' = 1 OR 'AD61B' = 1 THEN DISPLAY "partner";

ELSE SKIP TO 'AK22'

'AK20' 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 'AK10A':

IF 'AK20' ≠ 0 CONTINUE WITH 'AK10A';

IF 'AH43' = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF 'AD60B' = 1 OR 'AD61B' = 1, THEN DISPLAY "partner's";

ELSE GO TO 'AK22'

'AK10A' 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

'AK22' What is your best estimate of your household's total annual income from all sources before taxes in 2023?

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_AK11']

'AK22A' Please verify amount entered

I have entered that your annual household income is (AMOUNT). Is that correct?

AK22A

- ☐ Yes.....1 [GO TO 'PN_AK17']
☐ No.....2 [GO TO 'AK22']
☐ REFUSED/DON'T KNOW..... -3

PROGAMMING NOTE 'AK11':

IF 'AK22' = -3 CONTINUE WITH 'AK11';

ELSE GO TO 'PN_AK17'

'AK11'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_AK17']

'AK12'

Is it ...

AK12

- ☐ \$5,000 or less1 [GO TO 'PN_AK17']
☐ \$5,001 to \$10,0002 [GO TO 'PN_AK17']
☐ \$10,001 to \$15,0003 [GO TO 'PN_AK17']
☐ \$15,001 to 20,0004 [GO TO 'PN_AK17']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AK17']

'AK13'

Is it ...

AK13

- ☐ More than \$70,000 per year.....1 [GO TO 'AK15']
☐ \$70,000 or less per year2
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AK17']

'AK14'

Is it ...

AK14

- ☐ \$20,001 to \$30,0001 [GO TO 'PN_AK17']
☐ \$30,001 to \$40,0002 [GO TO 'PN_AK17']
☐ \$40,001 to \$50,0003 [GO TO 'PN_AK17']
☐ \$50,001 to \$60,0004 [GO TO 'PN_AK17']
☐ \$60,001 to \$70,0005 [GO TO 'PN_AK17']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AK17']

'AK15' Is it ...

AK15

- ☐ More than \$135,000 per year.....1 **[GO TO 'PN_AK17']**
☐ \$135,000 or less per year2
☐ REFUSED/DON'T KNOW.....-3 **[GO TO 'PN_AK17']**

'AK16' 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 'AK17':

IF R IS ONLY MEMBER OF HH, SET **'AK17'** = 1 AND GO TO **'PN_AK18'**;
ELSE CONTINUE WITH **'AK17'**

'AK17' 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 'AK18':

'AK18' MUST BE LESS THAN **'AK17'**;
 IF R IS ONLY MEMBER OF HH, GO TO **'AK32'**;
 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) = **'AK17'** GO TO PROGRAMMING NOTE **'AK32'**;
 ELSE CONTINUE WITH **'AK18'**

'AK18' 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

'AK32' 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']**

'AK33' How many?

AK33

- ☐ _____ Number of people [HR: 1-20]
☐ REFUSED/DON'T KNOW..... -3

Paid Family Leave

'AK136' A new California law passed in 2020 provides up to 8 weeks of paid family and medical leave for eligible workers at 60-70% of their weekly earnings, up to a maximum of \$1,300 per week. Have you seen or heard anything about this law?

AK136

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

'AK137' In the past 5 years, have you taken a paid leave longer than two weeks from work because of your own or a family member's serious health condition or for the arrival of a newborn, newly adopted or foster child?

AK137

- ☐ Yes1
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3
- [GO TO
'PN_AK139']
[GO TO
'PN_AK139']

'AK138' What were the reasons you took a leave from work?

AK138

Check all that apply

- ☐ Own health1
☐ Family member's health2
☐ Arrival of newborn, newly adopted child,
or foster child3
☐ Other (Specify: _____) 91
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AK139':

IF 'AK137' = 2 (DID NOT TAKE LEAVE IN PAST 5 YEARS), THEN CONTINUE;
ELSE SKIP TO 'AM1'

'AK139' 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 leave.....3
- ☐ 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 'AM1':

IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH 'AM1'
ELSE GO TO 'AL9';

DISPLAY INSTRUCTIONS:

IF 'AK17' = 1, THEN DISPLAY "I",
ELSE IF 'AK17' > 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 'AM2':**DISPLAY INSTRUCTIONS:**

IF 'AM1' = 1, THEN DISPLAY "I",
ELSE IF 'AM1' > 1 DISPLAY "We"

'AM2' 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

'AM3'

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 'AM4']**
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'AM4']**

'AM3A'

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

'AM4'

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

'AM5'

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 'AE2B':

IF HOUSEHOLD INCOME IS \leq 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

'AE2B'

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

'AE7B'

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

'AC46B'

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 'CC13B':

IF CAGE \geq 2 YEARS AND HOUSEHOLD INCOME IS \leq 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

'CC13B'

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

'CC31B'

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

'CC50B'

Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

CC50B

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

- ☐ _____ Glasses, cans or bottles [HR 0-15; SR 0-7]
REFUSED/DON'T KNOW -3

Section L: Public Program Participation

PROGRAMMING NOTE 'AL2':

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_AL99'

'AL2' 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 'IAP1':

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'IAP1';
ELSE GO TO 'AL5';

'IAP1' 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

Food Stamps

PROGRAMMING NOTE 'CE11':

IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'CE11';
ELSE SKIP TO 'AL5'

'CE11' 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

'AL5' 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 'IAP2':

IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH 'IAP2';
ELSE GO TO 'AL6'

'IAP2' 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

PROGRAMMING NOTE 'CE11':

IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'CE11A';
ELSE SKIP TO 'AL6'

'CE11A' 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

'AL6' 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 'AL7':

IF 'AD65E' = 2 (FEMALE AT BIRTH) AND ['AD13' = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH 'AL7';
ELSE GO TO 'PN_AL9';

'AL7' 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 'CE11C':

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 'CE11C';
ELSE GO TO 'PN_AL9'

'CE11C' 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 'AL9B':

IF 'AL8' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'AA2A' = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'AL9B';

ELSE SKIP TO PROGRAMMING NOTE 'AL15B';

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'AK17'.

IF 'AK17' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'AK17' = 1 DISPLAY \$ 130,000;

IF 'AK17' = 2 DISPLAY \$ 195,000;

IF 'AK17' = 3 DISPLAY \$ 260,000;

IF 'AK17' = 4 DISPLAY \$ 325,000;

IF 'AK17' = 5 DISPLAY \$ 390,000;

IF 'AK17' = 6 DISPLAY \$ 455,000;

IF 'AK17' = 7 DISPLAY \$ 520,000;

IF 'AK17' = 8 DISPLAY \$ 585,000;

IF 'AK17' = 9 DISPLAY \$ 650,000;

IF 'AK17' ≥ 10 DISPLAY \$ 715,000;

IF 'AH43' = 1 (MARRIED) OR 'AD60B' = 1 OR 'AD61B' = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'AL9B'

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
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3

**[GO TO
'PN_AL15B']**

PROGRAMMING NOTE 'AL9C':

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM
GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM
'AK17'

IF 'AK17' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER
(GIVEN BY CATI VARIABLE RADLTCNT).

IF 'AK17'= 1 DISPLAY \$ 2,000;

IF 'AK17'= 2 DISPLAY \$ 3,000;

IF 'AK17'= 3 DISPLAY \$ 3,150;

IF 'AK17'= 4 DISPLAY \$ 3,300;

IF 'AK17'= 5 DISPLAY \$ 3,450;

IF 'AK17'= 6 DISPLAY \$ 3,600;

IF 'AK17'= 7 DISPLAY \$ 3,750;

IF 'AK17'= 8 DISPLAY \$ 3,900;

IF 'AK17'= 9 DISPLAY \$ 4,050;

IF 'AK17' ≥ 10 DISPLAY \$ 4,200;

IF 'AH43'= 1 (MARRIED) OR 'AD60B'= 1 OR 'AD61B'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY
"your family's";

ELSE DISPLAY "your"

'AL9C'

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 'AL15B':**DISPLAY INSTRUCTIONS:**

IF 'AH43' = 1 (MARRIED) AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or
your spouse";

ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD60B' = 1 OR 'AD61B' = 1 (LEGAL SAME-SEX
COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";

ELSE DISPLAY "you"

'AL15B'

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_AL17']
[GO TO
'PN_AL17']**

PROGRAMMING NOTE 'AL16B':**DISPLAY INSTRUCTIONS:**

IF 'AH43' = 1 (MARRIED) AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
 ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD60B' = 1 OR 'AD61B' = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

'AL16B'

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 'AL17':**DISPLAY INSTRUCTIONS:**

IF 'AH43' = 1 (MARRIED) AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
 ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD60B' = 1 OR 'AD61B' = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
 ELSE DISPLAY "you"

'AL17'

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
☐ No.....4 [GO TO 'PN_AL32']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AL32']

PROGRAMMING NOTE 'AL18':**DISPLAY INSTRUCTIONS:**

IF 'AH43' = 1 (MARRIED) AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
 ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD60B' = 1 OR 'AD61B' = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
 ELSE DISPLAY "you"

'AL18'

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 'AL32':

IF 'AH43' = 1 (MARRIED) AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
 ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD60B' = 1 OR 'AD61B' = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
 ELSE DISPLAY "you"

'AL32' 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_AL18A']
 [GO TO
 'PN_AL18A']

PROGRAMMING NOTE 'AL33':**DISPLAY INSTRUCTIONS:**

IF 'AH43' = 1 (MARRIED) AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
 ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD60B' = 1 OR 'AD61B' = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
 ELSE CONTINUE WITHOUT DISPLAYS

'AL33' What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

AL33

- \$
☐ REFUSED/DON'T KNOW -3

[000001-999995]

Social Security/Pension Payments

PROGRAMMING NOTE 'AL18A':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'AH43' = 1 (MARRIED) AND 'AH44' = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH 'AL18A' AND DISPLAY "you or your spouse";
 ELSE IF AGE ≥ 65 AND 'AH44' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 'AL18A' AND DISPLAY "you or your partner";
 ELSE IF AGE ≥ 65, THEN CONTINUE WITH 'AL18A' AND DISPLAY "you";
 ELSE GO TO 'PN_AL19'

'AL18A' 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_AL19']
 [GO TO
 'PN_AL19']

PROGRAMMING NOTE 'AL18B':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'AH43'= 1 (MARRIED) AND 'AH44'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";
 ELSE IF AGE ≥ 65 AND 'AH44'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";
 ELSE IF AGE ≥ 65, DISPLAY "you";

'AL18B' 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 'AL19':

IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH 'AL19';
 ELSE GO TO 'AL40'

'AL19' 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

Medi-Cal Eligibility

PROGRAMMING NOTE 'AL40':**DISPLAY INSTRUCTIONS:**

IF 'AH134' = 1 OR 'AH135' = 1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH 'AL40' AND DISPLAY "You previously said you had Medi-Cal. How long did you have Medi-Cal?";
 IF ARMCAL = 1 (MEDI-CAL) OR 'AI33' = 1, CONTINUE WITH 'AL40' AND DISPLAY "{You previously said you have Medi-Cal. How long have you had Medi-Cal?"
 ELSE GO TO 'AL99'

'AL40' {You previously said you had Medi-Cal. How long did you have Medi-Cal?}{You previously said you have Medi-Cal. How long have you had Medi-Cal?}

AL40

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

'AL86'

During the past 12 months, when you most recently contacted the County office regarding your Medi-Cal benefits, how long did you have to wait before speaking to a representative?

AL86

- ☐ 5 minutes or less1
- ☐ More than 5, up to 15 minutes2
- ☐ More than 15, up to 30 minutes3
- ☐ More than 30 minutes4
- ☐ Never contacted the county office5
- ☐ REFUSED/DON'T KNOW.....-3

[GO TO 'AL91']
[GO TO 'AL91']

'AL87'

Most recently, how did you contact the County office?

AL87

- ☐ Visited office in person1
- ☐ Called office2
- ☐ Directly contacted eligibility worker3
- ☐ Online4
- ☐ Mail5
- ☐ Other (Specify:.....)..... 91
- ☐ REFUSED/DON'T KNOW.....-3

'AL88'

How long did it take for the County representative to take care of your problem?

AL88

- ☐ A week or less1
- ☐ More than 1 week up to 2 weeks2
- ☐ More than 2 weeks up to a month3
- ☐ More than a month4
- ☐ REFUSED/DON'T KNOW.....-3

'AL89'

Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?

AL89

The County representative was able to answer all of my questions.

- ☐ Strongly agree1
- ☐ Agree2
- ☐ Neither agree nor disagree3
- ☐ Disagree4
- ☐ Strongly disagree5
- ☐ REFUSED/DON'T KNOW.....-3

'AL90'

The County representative treated me with dignity and respect.

AL90

- ☐ Strongly agree1
- ☐ Agree2
- ☐ Neither agree nor disagree3
- ☐ Disagree4
- ☐ Strongly disagree5
- ☐ REFUSED/DON'T KNOW.....-3

‘AL91’ What areas should the County office consider improving?

AL91

Check all that apply

- ☐ Reduce wait times.....1
- ☐ Spend more time with me2
- ☐ Explain things so I can understand.....3
- ☐ Tell me what the next steps are4
- ☐ No improvement needed.....5
- ☐ Other (specify:.....) 91
- ☐ REFUSED/DON'T KNOW..... -3

‘AL92’ How satisfied are you with the County office?

AL92

- ☐ Very satisfied.....1
- ☐ Somewhat satisfied.....2
- ☐ Neither satisfied or dissatisfied3
- ☐ Dissatisfied.....4
- ☐ Very dissatisfied5
- ☐ Not applicable6
- ☐ REFUSED/DON'T KNOW..... -3

‘AL93’ Have you renewed your Medi-Cal in the last 12 months?

AL93

- ☐ Yes1
- ☐ No.....2 **[GO TO ‘AL96’]**
- ☐ REFUSED/DON'T KNOW..... -3 **[GO TO ‘AL96’]**

‘AL94’ When renewing your Medi-Cal, did you have any issues or problems?

AL94

- ☐ Yes1 **[GO TO ‘AL97’]**
- ☐ No.....2
- ☐ REFUSED/DON'T KNOW..... -3

‘AL95’ Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

AL95

- ☐ Yes, lost coverage for 1-2 months1
- ☐ Yes, lost coverage2
- ☐ Yes, had to reapply3
- ☐ No.....4
- ☐ REFUSED/DON'T KNOW..... -3

'AL96' Before you had Medi-Cal, what health coverage did you have?

AL96

- ☐ No insurance1 [GO TO 'AL105']
- ☐ Employer-based2 [GO TO 'AL105']
- ☐ Private3 [GO TO 'AL105']
- ☐ Covered California4
- ☐ Other5
- ☐ REFUSED/DON'T KNOW.....-3 [GO TO 'AL105']

'AL97' Did you have a problem changing to Medi-Cal?

AL97

- ☐ Yes1
- ☐ No.....2 [GO TO 'AL105']
- ☐ REFUSED/DON'T KNOW.....-3 [GO TO 'AL105']

'AL98' What was the problem?

AL98

Check all that apply

- ☐ Had to pay premiums while waiting for
Medi-Cal decision1
- ☐ Received conflicting eligibility notices2
- ☐ Delay in receiving Medi-Cal3
- ☐ Could not see my provider4
- ☐ Required to provide a lot of paperwork5
- ☐ Had to file an appeal6
- ☐ REFUSED/DON'T KNOW.....-3

'AL105' The Medi-Cal program sends written Notice of Actions to provide information about eligibility, and changes in status, level of benefits, or share of cost.

AL105

The Notice of Actions I have received in the past are:

- ☐ Easy to read or understand.....1
- ☐ Difficult to read or understand.....2
- ☐ Contain helpful information3
- ☐ Does not contain helpful information4
- ☐ I never got a Notice of Actions5 [GO TO 'AL107']
- ☐ REFUSED/DON'T KNOW.....-3 [GO TO 'AL107']

'AL106' How can Notice of Actions be improved?

AL106

- ☐ Reduce text.....1
- ☐ Simplify language/Reading level.....2
- ☐ Shorter paragraphs/sentences.....3
- ☐ Send fewer notices4
- ☐ Give me clear steps of what I need to do5
- ☐ No improvement needed.....6
- ☐ REFUSED/DON'T KNOW.....-3

'AL107' Were you able to update your contact information?

AL107

- ☐ Yes1 [GO TO 'AL109']
☐ No2
☐ Did not need to update3 [GO TO 'AL99']
☐ REFUSED/DON'T KNOW -3 [GO TO 'AL99']

'AL108' Why not?

AL108

- ☐ My changes did not update1
☐ I don't know how to update my information2
☐ Did not need to update3
☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AL109':

IF 'AL107' = 1, CONTINUE WITH 'AL109';
ELSE SKIP TO 'AL99'

'AL109' Please tell us if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement:

AL109

Updating my contact information was easy.

- ☐ Strongly agree1
☐ Agree2
☐ Neither agree nor disagree3
☐ Disagree4
☐ Strongly disagree5
☐ REFUSED/DON'T KNOW -3

'AL110' How did you update your contact information?

AL110

- ☐ Visited office in person1
☐ Called county office2
☐ Called health plan3
☐ Directly contacted eligibility worker4
☐ Online5
☐ Mail6
☐ Portal7
☐ Other, specify: _____ 91
☐ REFUSED/DON'T KNOW -3

Public Charge Related

PROGRAMMING NOTE 'AL99':

IF 'AH33' ≠ 1,2, 9,22, OR 26, CONTINUE WITH 'AL99';
ELSE SKIP TO 'AK23'

'AL99'

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 'AL100']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'AL100']

'AL104'

Did this happen in the last 12 months?

AL104

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

'AL100'

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 [GO TO 'AL102']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'AL102']

'AL101'

Did this happen in the past 12 months?

AL101

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

'AL102'

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 [GO TO 'AK23']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'AK23']

'AL103'

Did this happen in the past 12 months?

AL103

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

Section M: Housing and Social Cohesion

Housing

'AK23' 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

'AK25' Do you own or rent your home?

AK25

- ☐ Own1
- ☐ Rent2
- ☐ Other arrangement3
- ☐ REFUSED/DON'T KNOW -3

PROGRAMMING NOTE 'AM37':

IF 'AGE' >= 65 AND 'AK25' = 1, CONTINUE
ELSE GO TO 'AM204'

'AM37' 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

'AM204' Did you live in this house or apartment one year ago?

AM204

- ☐ Yes1 **[GO TO 'AM183']**
- ☐ No2
- ☐ REFUSED/DON'T KNOW -3 **[GO TO 'AM183']**

'AM205' In what zipcode did you live one year ago?

AM205

- ☐ Specify: _____
- ☐ REFUSED/DON'T KNOW -3

'AM183' How do you feel about your current housing situation?

AM183

- ☐ Very stable1
- ☐ Fairly stable2
- ☐ Somewhat stable3

- ☐ Fairly unstable.....4
- ☐ Very unstable5
- ☐ REFUSED/DON'T KNOW..... -3

'AM184'

Please tell me how often you personally worry about the following – very often, somewhat often, from time to time, or almost never.

AM184

Struggling to keep up with your mortgage or rent payments

- ☐ Very often.....1
- ☐ Somewhat often2
- ☐ From time to time3
- ☐ Almost never4
- ☐ REFUSED/DON'T KNOW..... -3

'AM185'

People sometimes struggle to pay their rent or mortgage. In order to pay your rent or mortgage, have you had to do any of the following in the past three years?

AM185

Check all that apply

- ☐ Take on an additional job or.....1
work more at their current job
- ☐ Stop saving for retirement.....2
- ☐ Accumulate credit card debt3
- ☐ Cut back on health care4
- ☐ Cut back on healthy, nutritious food5
- ☐ Move to a neighborhood that
they feel is less safe.....6
- ☐ Move to a place where the schools
are not as good7
- ☐ None of these/not sure.....8
- ☐ REFUSED/DON'T KNOW..... -3

'AM189'

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

[GO TO 'AM192']
[GO TO 'AM192']

'AM190'

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 'AM191':

IF MORE THAN ONE RESPONSE FROM 'AM190', THEN CONTINUE WITH 'AM191' WITH
SELECTED CHOICES FROM 'AM190' DISPLAYED;
ELSE SKIP TO 'AM192'

'AM191'

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

'AM192'

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
- ☐ REFUSED/DON'T KNOW..... -3

[GO TO 'AM194']
[GO TO 'AM194']

'AM193'

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

'HATE INCIDENT TRANSITION'

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

'AM194'

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
☐ No2 [GO TO 'AM199']
☐ REFUSED/DON'T KNOW -3 [GO TO 'AM199']

'AM195'

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

'AM196'

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 business4
☐ On the street or sidewalk5
☐ Online, or6
☐ Somewhere else (Specify: _____)7
☐ REFUSED/DON'T KNOW -3

'AM197'

Why do you think you were targeted?

AM197

Select all that apply

- ☐ Because of your race or skin color1
☐ Because of your sexual orientation2
☐ Because of your gender or sex,
including gender identity3
☐ Because of your religion4
☐ Because of your ancestry,
national origin, or language5
☐ 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 'AM198':

IF MORE THAN ONE RESPONSE FROM 'AM197', THEN CONTINUE WITH 'AM198' WITH SELECTED CHOICES FROM 'AM197' DISPLAYED;
ELSE SKIP TO 'PN_AM206'

'AM198' 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

Any response go to 'PN_AM206'

PROGRAMMING NOTE 'AM206':

IF 'AM194' = 1, THEN CONTINUE;
ELSE SKIP TO 'AM199';

'AM206' During the past 12 months, how many hate incidents have you experienced?

AM206

- ☐ _____Number of hate incidents
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AM207':**DISPLAY INSTRUCTIONS:**

IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM207' 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 depressed.....1

- ☐ 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 'AM208':

IF 'AM207' = 4 (took time off from work), THEN CONTINUE;
ELSE GO TO 'AM209';

DISPLAY INSTRUCTIONS:

IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM208' 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 'AM209':

IF 'AM207' = 5 (took time off from school), THEN CONTINUE;
ELSE GO TO 'AM210';

DISPLAY INSTRUCTIONS:

IF 'AM203' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM209' 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 'AM210':**DISPLAY INSTRUCTIONS:**

IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM210' 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 'AM211':

IF 'AM195'= 4, THEN CONTINUE;
ELSE GO TO 'AM212';

DISPLAY INSTRUCTIONS:

IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM211' 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
☐ No.....2
☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AM214':**DISPLAY INSTRUCTIONS:**

IF 'AM206'> 1, THEN DISPLAY "most severe".

'AM214' 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 'AM215':**DISPLAY INSTRUCTIONS:**

IF 'AM206' > 1, THEN DISPLAY "most severe"

'AM215' 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 'AM216':

IF 'AM215' = 1, THEN CONTINUE;

DISPLAY INSTRUCTIONS:
 DISPLAY ONLY UNCHECKED CATEGORIES FROM 'AM214';
 ELSE GO TO 'AM218';

'AM216' 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 'AM217':

IF MULTIPLE RESPONSES FROM 'AM216', THEN CONTINUE

DISPLAY INSTRUCTIONS:

DISPLAY ONLY SELECTED OPTIONS FROM 'AM216'

ELSE GO TO 'AM218' ;

'AM217' 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 'AM216'}..... 91
- ☐ REFUSED/DON'T KNOW -3

'AM218' 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

'AM219' 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-worker.....3
- ☐ A customer at your workplace.....4
- ☐ 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

'AM199'

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 'HATE INCIDENT RESOURCE']

'AM200'

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

'AM201'

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 business.....4
- ☐ On the street or sidewalk5
- ☐ Online, or.....6
- ☐ Somewhere else (Specify: _____).....7
- ☐ REFUSED/DON'T KNOW..... -3

'AM202'

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 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 'AM203':

IF MORE THAN ONE RESPONSE FROM 'AM202', THEN CONTINUE WITH 'AM203' WITH SELECTED CHOICES FROM 'AM202' DISPLAYED;
ELSE SKIP TO 'AM203'

'AM203' 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 'AM220':

IF 'AM199' = 1, THEN CONTINUE;
ELSE SKIP TO NEXT TOPIC;

'AM220' During the past 12 months, how many hate incidents have you witnessed?

AM220

- ☐ _____ Number of hate incidents
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AM224':**DISPLAY INSTRUCTIONS:**

IF 'AM220' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM224' 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

'AM231'

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 'HATE INCIDENT RESOURCE':

TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO 'AM194', 'AM199'.

'HATE INCIDENT RESOURCE'

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

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

PROGRAMMING NOTE 'AJ178':

IF 'AH1' = 1 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH 'AJ178'
ELSE GO TO 'AM186'

'AJ178'

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

Encounters with Police**'AM186'**

Difficult life experiences can have harmful effects on a person's physical and mental health, even after those experiences have passed. For example, encounters with the police or the court system.

AM186

Nowadays, persons are often stopped by the police for many different reasons. In the past three years, how many times have you been stopped by the police?

- ☐ 01
- ☐ 12
- ☐ 23

- ☐ 34
☐ 45
☐ 5 or more6

Social Cohesion

'AM19'

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

'AM20'

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

'AM21'

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

'AK28'

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

'AM39'

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

'AM45'

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

'AM48'

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 'AK23']**[GO TO 'AK23']**

Section P: Voter Engagement

Voter Engagement

PROGRAMMING NOTE 'AP73':

IF 'AH39' = 1 (CITIZEN) OR 'AH33' = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), CONTINUE WITH 'AP73';
ELSE GO TO 'AP75'

'AP73' How often do you vote in presidential elections?

AP73

- ☐ Always.....1
- ☐ Sometimes, or2
- ☐ Never?.....3
- ☐ REFUSED/DON'T KNOW..... -3

'AP74' How often do you vote in state elections, such as for Governor or state proposition?

AP74

- ☐ Always.....1
- ☐ Sometimes, or2
- ☐ Never?.....3
- ☐ REFUSED/DON'T KNOW..... -3

'AP75' How often do you vote in local elections, such as for Mayor or school board?

AP75

- ☐ Always.....1
- ☐ Sometimes, or2
- ☐ Never?.....3
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'AP80':

IF 'AP73' or 'AP74' or 'AP75' = 2 OR 3, CONTINUE WITH 'AP80';
ELSE SKIP TO 'AF86'

'AP80'

For the most recent election that you did not vote in, what is the main reason why you did not vote?

AP80

- ☐ I dislike politics1
- ☐ Voting has little to do with the way real decisions are made2
- ☐ I did not like any of the candidates on the ballot.....3
- ☐ My one vote is not going to affect how things turn out4
- ☐ I was not informed enough about the candidates or issues to make a good decision5
- ☐ I did not see a difference between the candidates or parties.....6
- ☐ I was not interested in what is happening in government.....7
- ☐ I just did not think about doing it8
- ☐ I forgot9
- ☐ I had to work..... 10
- ☐ I did not have transportation 11
- ☐ Other (Specify:.....) 91
- ☐ REFUSED/DON'T KNOW -3

Section Q: Adverse Childhood Experiences

ACEs Screener

‘AQ28INTRO’ Adverse Childhood Experiences are stressful or traumatic events experienced from birth through the age of 18 and relate to categories of child abuse, neglect, and/or household challenges. Medical professionals, including doctors, nurse practitioners, midwives, psychologists, and others, can perform Adverse Childhood Experiences assessments.

‘AQ28’ Have you heard the term Adverse Childhood Experiences or ACEs before?

AQ28

- ☐ Yes1
- ☐ No.....2
- ☐ Don't know3
- ☐ REFUSED -3

Past ACEs assessment

‘AQ23’ Have you ever completed an assessment of your own history of Adverse Childhood Experiences with a medical health or mental health professional?

AQ23

- ☐ Yes1
- ☐ No.....2 **[GO TO ‘AQ24’]**
- ☐ Don't know3 **[GO TO ‘AQ24’]**
- ☐ REFUSED -3 **[GO TO ‘AQ24’]**

‘AQ29’ When your provider reviewed your responses to the ACE assessment did they discuss your strengths, resilience or positive experiences in your life?

AQ29

- ☐ Yes1
- ☐ No.....2
- ☐ Don't know3
- ☐ REFUSED -3

PROGRAMMING NOTE ‘AQ24’:
IF SELECTED TEEN, CONTINUE;
ELSE SKIP TO ‘PN_AQ25’

‘AQ24’ Have you ever completed an assessment of (TEEN's) Adverse Childhood Experiences with a medical health or mental health professional?

AQ24

- ☐ Yes1
- ☐ No.....2
- ☐ Don't know3
- ☐ REFUSED -3

PROGRAMMING NOTE 'AQ25':
 IF SELECTED CHILD, CONTINUE;
 ELSE SKIP TO 'ACEINTRO'

'AQ25' Have you ever completed an assessment of (CHILD's) Adverse Childhood Experiences with a medical health or mental health professional?

AQ25

- ☐ Yes1
- ☐ No.....2
- ☐ Don't know3
- ☐ REFUSED -3

'ACEINTRO' 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.

'AQ1' 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

'AQ2' Did you live with anyone who was a problem drinker or alcoholic?

AQ2

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

'AQ3' Did you live with anyone who used illegal street drugs or who abused prescription medications?

AQ3

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

'AQ4' 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

'AQ5' 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

'AQ6' 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

'AQ7'

How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.

AQ7

- ☐ Never.....1
- ☐ Once.....2
- ☐ More than once3
- ☐ REFUSED/DON'T KNOW..... -3

'AQ8'

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

'AQ9'

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

'AQ10'

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

'AQ11' 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

'AQ12' 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

'AQ13' Were you ever treated or judged unfairly because of your race or ethnic group?

AQ13

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

'AQ14' Did you ever live with a parent or guardian who died?

AQ14

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

'AQ15' 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

'AQ30' For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say..

AQ30

- ☐ Never.....1
- ☐ A little of the time2
- ☐ Some of the time.....3
- ☐ Most of the time4
- ☐ All of the time5
- ☐ REFUSED/DON'T KNOW..... -3

'AQ31'

For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say..

AQ31

- ☐ Never.....1
- ☐ A little of the time2
- ☐ Some of the time3
- ☐ Most of the time4
- ☐ All of the time5
- ☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'ACES RESOURCE':**DISPLAY INSTRUCTIONS:**

IF [('AQ9' OR 'AQ10' OR 'AQ11') = -3 OR ('AQ9' OR 'AQ10' OR 'AQ11') >1], DISPLAY RAINN RESOURCE AND (IF 'AQ7' = 1 OR 'AQ7' = -3), DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE;
ELSE SKIP TO 'AF86'

'ACES RESOURCE'

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

'AF86' 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_AM10B']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'PN_AM10B']

'AF87' Have you seriously thought about committing suicide at any time in the past 12 months?

AF87

- ☐ Yes1
☐ No.....2 [GO TO 'AF88']
☐ REFUSED/DON'T KNOW..... -3 [GO TO 'AF88']

'AF91' Have you seriously thought about committing suicide at any time in the past 2 months?

AF91

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

'AF88' Have you ever attempted suicide?

AF88

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

PROGRAMMING NOTE 'AF89':

IF 'AF87' = (2, -3) AND 'AF88' = (2, -3) THEN GO TO 'SUICIDE RESOURCE';
 IF 'AF91' = (2, -3) AND 'AF88' = (2, -3) THEN GO TO 'SUICIDE RESOURCE';
 IF 'AF91' = 1 AND 'AF88' = (2, -3) THEN GO TO 'SUICIDE RESOURCE';
 ELSE CONTINUE WITH 'AF89'

'AF89' Have you attempted suicide at any time in the past 12 months?

AF89

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

'SUICIDE RESOURCE' You can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week.

You can also visit 988lifeline.org to chat online or find information about getting help.

Follow-Up Survey Permission

PROGRAMMING NOTE 'AM10B':

[NOTE: IF RESPONDENT IS ELEGIBLE FOR MULTIPLE FOLLOW-ON SURVEYS, PRIORITIZE HATE RESPONDENTS FIRST, AND THEN RANDOM SELECTION BETWEEN AIAN AND LTSS]

HATE: IF ('HATEFU' = 1), THEN DISPLAY "JUST A COUPLE OF FINAL QUESTIONS";

AIAN: IF ('AA5A' = 4), THEN DISPLAY "JUST A COUPLE OF FINAL QUESTIONS";

LTSS: IF ('AL10' OR 'AL11' OR 'AL12' = 1), THEN DISPLAY "JUST A COUPLE OF FINAL QUESTIONS";

ELSE DISPLAY "JUST A FINAL QUESTION";

'AM10B'

Just a {couple of} final question{s} and then we are done.

Please provide your name and telephone number so that we may call you if we have additional questions.

AM10B

First Name: _____

Last Name: _____

Phone Number: _____

PROGRAMMING NOTE 'LTSS_A':

IF ('AL10' OR 'AL11' OR 'AL12' = 1), THEN CONTINUE;

ELSE GO TO 'AIAN_A'

'LTSS_A'

Based on your responses, we'd like to ask you a few more questions. This new survey usually takes about 15 minutes and you will be paid \$25. This other survey is for people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands).

LTSS_A

Would you like to participate in this survey?

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

[GO TO LTSS
SURVEY]

[GO TO 'LTSS_
RECON2']

'LTSS_RECON2' Would you like to participate in this survey at a later date?

LTSS_RECON2

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

[GO TO 'PN_SUICIDE
RESOURCE2']

[GO TO 'PN_SUICIDE
RESOURCE2']

[GO TO 'PN_SUICIDE
RESOURCE2']

PROGRAMMING NOTE 'AIAN_A':

IF AA5A=4), THEN CONTINUE

ELSE GO TO 'HATEFU_A'

'AIAN_A' Based on your responses, we'd like to ask you a few more questions. This new survey usually takes about 15 minutes and you will be paid \$25. The purpose of the survey is to understand cultural experiences for American Indians and Alaska Natives, and their health conditions, health behaviors, mental health, and alcohol or drug use.

AIAN_A

Would you like to participate in this survey?

- ☐ Yes1 **[GO TO AIAN SURVEY]**
- ☐ No.....2 **[GO TO 'AIAN_RECON2']**
- ☐ REFUSED/DON'T KNOW..... -3

'AIAN_RECON2' Would you like to participate in this survey at a later date?

AIAN_RECON2

- ☐ YES1 **[GO TO 'PN_SUICIDE RESOURCE2']**
- ☐ NO.....2 **[GO TO 'PN_SUICIDE RESOURCE2']**
- ☐ REFUSED -7 **[GO TO 'PN_SUICIDE RESOURCE2']**
- ☐ DON'T KNOW -8 **[GO TO 'PN_SUICIDE RESOURCE2']**

PROGRAMMING NOTE 'HATEFU_A':

IF AM194=1, THEN **HATEFU (HATE FOLLOW-UP)** = 1, THEN CONTINUE;
ELSE **HATEFU=2** AND GO TO '**PN_CLOSE2**'

IF SRAGE <=75, THEN **TIER1_AGE=1 (YES)**;
ELSE **TIER1_AGE=2 (NO)**;

TRANSGENDER:

IF AD65E=1 (MALE AT BIRTH) AND AD66C=2 (IDENT AS FEMALE), THEN **TRANSGENDER=1 (YES)**;
ELSE IF ADAD65E=2 (FEMALE AT BIRTH) AND AD66C=1,7 (IDENT AS MALE, I USE A DIFFERENT TERM), THEN **TRANSGENDER=1 (YES)**;
ELSE IF AD66C=3,5 (TRANSGENDER, NON-BINARY) THEN **TRANSGENDER=1 (YES)**;
ELSE **TRANSGENDER=2 (NO)**;

IDENTIFICATION OF LGB:

IF AD46C=2,6 (LESBIAN, GAY, BISEXUAL/PANSEXUAL), THEN **LGB=1 (YES)**;
ELSE **LGB=2 (NO)**;

IDENTIFICATION OF DISABILITY:

IF AD50=1 OR AL10=1 OR AL11=1 OR AL12=1, THEN **DISABLE=1 (YES)**;
ELSE **DISABLE=2 (NO)**;

IDENTIFICATION OF HOUSING INSTABILITY:

IF AM183=5 (VERY UNSTABLE), THEN **HOUSING=1 (YES)**;
ELSE **HOUSING=2 (NO)**;

IDENTIFICATION OF ENGLISH PROFICIENCY:

IF AH37=3,4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN **LEP=1 (YES)**;
ELSE **LEP=2 (NO)**;

IDENTIFICATION OF NON-CITIZENS W/O GREEN CARD:

IF AH40=2,3 (NON-GREEN CARD HOLDER, PENDING APPLICATION), THEN NONCIT=1 (YES);
ELSE NONCIT=2 (NO);

IF POVERTY<5 (HH INCOME <= 100% FPL), THEN LOWINCOME=1 (YES);
ELSE LOWINCOME=2 (NO);

IDENTIFICATION OF JEWISH ORIGIN:

IF ANY PART OF AA5H OPEN TEXT CONTAIN "JEWISH" OR "JEW" OR "HASIDIC", THEN
JEWISH=1 (YES);
ELSE JEWISH=2 (NO);

IDENTIFICATION OF BLACK OR AFRICAN AMERICAN:

IF AA5A=2 (BLACK OR AFRICAN AMERICAN), THEN BAA=1 (YES);
ELSE BAA=2 (NO);

INTVLANG=ENGLISH, THEN ENGFU=1 (YES, ENGLISH FU);
ELSE ENGFU=2 (NO, ENGLISH FU);

IDENTIFICATION TIER 1 OR 2:

IF HATEFU=1 AND ENGFU=1 AND TIER1_AGE=1 AND (TRANSGENDER=1, OR LGB=1, OR
DISABLE=1, OR HOUSING=1, OR LEP=1, OR NONCIT=1, OR LOWINCOME=1, OR
JEWISH=1, OR BAA=1), THEN TIER 1;

ELSE IF HATEFU=1, THEN TIER 2.

HATEFU_A

Based on your responses, you may be eligible to participate in another study conducted by UCLA. The purpose of this other study is to understand people's experiences with hate incidents. It will take place in about 2-6 weeks from now, and is expected to take about 50-60 minutes in an audio-recorded interview. You will be provided a \$100 gift card for your participation.

HATEFU_A

Would you like to participate in this survey?

☐ Yes

1

**[IF TIER 1, THEN GO
TO SCHEDULER; IF
TEIR 2, THEN
COLLECT CONTACT
INFO AT FOLLOW-UP]
[GO TO 'PN_SUICIDE
RESOURCE2']**

☐ No.....2

☐ REFUSED/DON'T KNOW..... -3

PROGRAMMING NOTE 'FOLLOW_UP':

IF ('AL10' OR 'AL11' OR 'AL12'= 1) AND 'AM10B' IS BLANK, CONTINUE WITH 'FOLLOW_UP';
IF ('AA5A'=4) AND 'AM10B' IS BLANK, THEN CONTINUE WITH FOLLOW_UP;
IF 'HATEFU'=1 AND 'AM10B' IS BLANK, THEN CONTINUE WITH FOLLOW_UP;
ELSE GO TO 'PN_SUICIDE RESOURCE2'

'FOLLOW_UP'**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: _____

'HATEFU_EMAIL'

Please provide your email address so that we can contact you in a few weeks about this study.

HATEFU_EMAIL

Email Address: _____

PROGRAMMING NOTE 'SUICIDE RESOURCE2':

['AF91' = 1 OR ('AF91' = 2, -3 AND 'AF89' = 1), THEN CONTINUE WITH 'SUICIDE RESOURCE 2';
ELSE GO TO 'PN_CLOSE2'

'SUICIDE RESOURCE2'

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

'CLOSE2'

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.