CHIS 2021
Adult CAWI Questionnaire
(Self- administered)
Version 1.38
July 31, 2023
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

Contact:

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

Guide to Questionnaire Formatting

The following are from the 2021 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. 'QA21_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.
Range	On CAWI, this text is not displayed. SR: indicates soft range- allowable entry but will prompt verification message. HR: indicates hard range- not an allowable entry.
Skip note	Defines skip patterns dependent on the responses of the preceding question(s).
Dynamic text	{…} and (….) Denotes that text is automatically filled based on previous responses.

PROGRAMMING NOTE 'QA21_A1' :
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA21_A1' [AA1] - What is your date of birth?

Month _____ [Range: 1-12]

- ❍ 1 January
- ❍ 2 February
- ❍ 3 March
- ❍ 4 April
- ❍ 5 May
- ❍ 6 June
- ❍ 7 July
- ❍ 8 August
- ❍ 9 September
- ❍ 10 October
- ❍ 11 November
- ❍ 12 December

Day _____ [Range: 1-31]

Year _____ [Range: 1907-2003]

'QA21_A8' [AD68B] - Just to confirm, you were assigned {INSERT RESPONSE FROM **'QA21_A5'** } at birth and now describe yourself as {INSERT RESPONSE FROM **''QA21_A6'** OR **'QA21_A7'**}. Is that correct?

- ❍ 01 Yes
- ❍ 02 No

IF = 2, goto 'QA21_A6' AND FLAG 'QA21_A8' = 1

Table of Contents

NOTE: Please consult the CHIS 2021 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A: Demographic Information, Part I

PROGRAMMING NOTE 'QA21_A1' :
SET AADATE = CURRENT DATE (YYYYMMDD)

'QA21_A1' [AA1] - What is your date of birth?

Month _____ [Range: 1-12]

❍   1 January
❍   2 February
❍   3 March
❍   4 April
❍   5 May
❍   6 June
❍   7 July
❍   8 August
❍   9 September
❍   10 October
❍   11 November
❍   12 December

Day _____ [Range: 1-31]

Year _____ [Range: 1907-2001]

PROGRAMMING NOTE 'QA21_A2' :
IF 'QA21_A1' = -3, CONTINUE WITH 'QA21_A2' ;
ELSE GO TO 'QA21_A5'

'QA21_A2' [AA1A] - What month and year were you born?

Month _____ [Range: 1-12]

❍   1 January
❍   2 February
❍   3 March
❍   4 April
❍   5 May
❍   6 June
❍   7 July
❍   8 August
❍   9 September
❍   10 October
❍   11 November
❍   12 December

Year _____ [Range: 1907-2001]

PROGRAMMING NOTE 'QA21_A3' :
IF 'QA21_A2' = -3 , THEN CONTINUE WITH 'QA21_A3' ;
ELSE GO TO 'QA21_A5'

'QA21_A3' [AA2] - What is your age?

     _____Years of age   [RANGE: 0-120]

PROGRAMMING NOTE 'QA21_A4' :
IF 'QA21_A3' = -3 THEN CONTINUE WITH 'QA21_A4' ;
ELSE GO TO 'QA21_A5'

'QA21_A4' [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?

- ❍   1 Between 18 and 29
- ❍   2 Between 30 and 39
- ❍   3 Between 40 and 44
- ❍   4 Between 45 and 49
- ❍   5 Between 50 and 64
- ❍   6 65 or older

POST NOTE 'QA21_A4' : AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON 'QA21_A1' , 'QA21_A2' , OR 'QA21_A3' TO USE IN ALL AGE-RELATED QUESTIONS;
IF 'QA21_A1' , 'QA21_A2' , OR 'QA21_A3' = -3, THEN USE 'QA21_A4' ;
ELSE USE ENUM.AGE

'QA21_A5' [AD65D] - On your original birth certificate, was your sex assigned as male or female?

- ❍   01 Male
- ❍   02 Female

'QA21_A6' [AD66B] - Do you currently describe yourself as male, female, or transgender?

- ❍   01 Male
- ❍   02 Female
- ❍   03 Transgender
- ❍   04 None of these

If = -3 go to 'QA21_A9'
If = 1, 2, 3, goto 'PN_QA21_A8'

> *PROGRAMMING NOTE 'QA21_A7':*
> *IF 'QA21_A6' = 4 THEN CONTINUE WITH 'QA21_A7';*
> *ELSE SKIP TO PN_'QA21_A8'*

'QA21_A7' [AD67B] - What is your current gender identity?

- ❍   -1 Specify: (_____)

> *PROGRAMMING NOTE 'QA21_A8' :IF ['QA21_A5' = 1 (MALE AT BIRTH) AND 'QA21_A6' = 1 (IDENTIFIES AS MALE)] OR ['QA21_A5' = 2 (FEMALE AT BIRTH) AND 'QA21_A6' = 2 (IDENTIFIES AS FEMALE)] OR 'QA21_A5'=-3 OR 'QA21_A6' =-3 THEN SKIP TO 'QA21_A9' ;ELSE CONTINUE WITH 'QA21_A8' ; DISPLAYS;IF ['QA21_A5' = 1 (MALE AT BIRTH) AND 'QA21_A6' = 2 (IDENTIFIES AS FEMALE), THEN DISPLAY {male} and {female};IF ['QA21_A5' = 1 (MALE AT BIRTH) AND 'QA21_A6' = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender}; IF ['QA21_A5' = 2 (FEMALE AT BIRTH) AND 'QA21_A6' =1 (MALE), THEN DISPLAY {female} and {male};IF ['QA21_A5' = 2 (FEMALE AT BIRTH) AND 'QA21_A6' = 3 (TRANSGENDER), THEN DISPLAY {female} and {transgender};*

'QA21_A8' [AD68B] - Just to confirm, you were assigned {INSERT RESPONSE FROM **'QA21_A5'** } at birth and now describe yourself as {INSERT RESPONSE FROM "**QA21_A6'** OR **'QA21_A7'**}. Is that correct?

- ❍   01 Yes
- ❍   02 No

IF = 2, goto 'QA21_A6' AND FLAG 'QA21_A8' = 1

'QA21_A9' [AA4] - Are you Latino or Hispanic?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'PN_QA21_A11'

'QA21_A10' [AA5] - And what is your Latino or Hispanic ancestry or origin?

Check all that apply

- ❑   01 Mexican/Mexican American/Chicano
- ❑   04 Salvadoran
- ❑   05 Guatemalan
- ❑   06 Costa Rican
- ❑   07 Honduran
- ❑   08 Nicaraguan
- ❑   09 Panamanian
- ❑   10 Puerto Rican
- ❑   11 Cuban
- ❑   12 Spanish-American (from Spain)
- ❑   91 Other Latino (Specify: _____)

PROGRAMMING NOTE 'QA21_A11' :
IF 'QA21_A9' = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA21_A11' , CONTINUE
WITH PROGRAMMING NOTE 'QA21_A14' ;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QA21_A11' [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

- ❑ 01 White
- ❑ 02 Black or African American
- ❑ 03 Asian
- ❑ 04 American Indian or Alaska Native
- ❑ 05 Pacific Islander
- ❑ 06 Native Hawaiian
- ❑ 91 Other (Specify:_____)

If 'QA21_A11'=3, go to 'PN_QA21_A17'
If 'QA21_A11'=5, go to 'QA21_A18'
If 'QA21_A11'=6, go to 'QA21_A19'
If 'QA21_A11'=1, go to 'QA21_A12'
If 'QA21_A11'=2, go to 'QA21_A13'

PROGRAMMING NOTE 'QA21_A12' :
IF 'QA21_A11' = 1 (WHITE), CONTINUE WITH 'QA21_A12';
ELSE GO TO PROGRAMMING NOTE 'QA21_A14'

'QA21_A12' [AA5H]- What are your white origin or origins?

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

- ❑ 1 (Specify: _____)

PROGRAMMING NOTE 'QA21_A13' :
IF 'QA21_A11' = 2 (BLACK OR AFRICAN AMERICAN), CONTINUE WITH 'QA21_A13';
ELSE GO TO PROGRAMMING NOTE 'QA21_A14'

'QA21_A13' [AA5I]- What are your Black origin or origins?

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

- ❑ 1 (Specify: _____)

PROGRAMMING NOTE 'QA21_A14' :
IF 'QA21_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'QA21_A14' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_A17'

'QA21_A14' [AA5B] - You said, American Indian or Alaska Native, and what is your tribal heritage?

Check all that apply

(11 maximum responses)

- ❑ 1 Apache
- ❑ 2 Blackfoot/Blackfeet
- ❑ 3 Cherokee
- ❑ 4 Choctaw
- ❑ 5 Mexican American Indian
- ❑ 6 Navajo
- ❑ 7 Pomo
- ❑ 8 Pueblo
- ❑ 9 Sioux
- ❑ 10 Yaqui
- ❑ 91 Other tribe (Specify: _____)

'QA21_A15' [AA5C] - Are you an enrolled member in a federally or state recognized tribe?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 goto 'PN_QA21_A17'

'QA21_A16' [AA5D] - Which tribe are you enrolled in?

Apache
- ❍   1 Mescalero Apache, NM
- ❍   2 Apache (not specified)_
- ❍   3 Other Apache (Specify: _____)

Blackfeet
- ❍   4 Blackfoot/Blackfeet

Cherokee
- ❍   5 Western Cherokee
- ❍   6 Cherokee (not specified)
- ❍   7 Other Cherokee (Specify: _____)

Choctaw
- ❍   8 Choctaw Oklahoma
- ❍   9 Choctaw (not specfied)
- ❍   10 Other Choctaw (Specify: _____)

Navajo
- ❍   11 Navajo (not specified)

Pomo
- ❍   12 Hopland Band, Hopland Rancheria
- ❍   13 Sherwood Valley Rancheria
- ❍   14 Pomo (not specified)
- ❍   15 Other Pomo (SPECIFY: _____)

Pueblo
- ❍   16 Hopi
- ❍   17 Ysleta del Sur Pueblo of Texas
- ❍   18 Pueblo (not specified)
- ❍   19 Other Pueblo (Specify: _____)

Sioux
- ❍   20 Oglala/ Pine Ridge Sioux
- ❍   21 Sioux (not specified)
- ❍   22 Other Sioux (Specify: _____)

Yaqui
- ❍   23 Pascua Yaqui Tribe of Arizona
- ❍   24 Yaqui (not specified)
- ❍   25 Other Yaqui (Specify: _____)

Other
- ❍   91 Other (Specify: _____)

PROGRAMMING NOTE 'QA21_A17' :
IF 'QA21_A11' = 3 (ASIAN) CONTINUE WITH 'QA21_A17' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_A18'

'QA21_A17' [AA5E] - You said Asian, and what specific ethnic group are you?

Check all that apply

(18 maximum responses)

- ❑ 1 Bangladeshi
- ❑ 2 Burmese
- ❑ 3 Cambodian
- ❑ 4 Chinese
- ❑ 5 Filipino
- ❑ 6 Hmong
- ❑ 7 Indian (India)
- ❑ 8 Indonesian
- ❑ 9 Japanese
- ❑ 10 Korean
- ❑ 11 Laotian
- ❑ 12 Malaysian
- ❑ 13 Pakistani
- ❑ 14 Sri Lankan
- ❑ 15 Taiwanese
- ❑ 16 Thai
- ❑ 17 Vietnamese
- ❑ 91 Other Asian (Specify: _____)

PROGRAMMING NOTE 'QA21_A18' :
IF 'QA21_A11' = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH 'QA21_A18' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_A19'

'QA21_A18' [AA5E1] - You said you are Pacific Islander. What specific ethnic group are you?

Check all that apply

(5 maximum responses)

- ❑ 1 Samoan/American Samoan
- ❑ 2 Guamanian
- ❑ 3 Tongan
- ❑ 4 Fijian
- ❑ 91 Other Pacific Islander (Specify:_____)

PROGRAMMING NOTE 'QA21_A19' :
IF 'QA21_A9' = 1 (LATINO) AND ['QA21_A11' = 6 (NATIVE HAWAIIAN) OR 'QA21_A11' = 5
(OTHER PACIFIC ISLANDER) OR 'QA21_A11' = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR
'QA21_A11' = 3 (ASIAN) OR 'QA21_A11' = 2 (BLACK/AFRICAN AMERICAN) OR 'QA21_A11' = 1
(WHITE) OR 'QA21_A11' = 91 (OTHER)], CONTINUE WITH 'QA21_A19' ;
ELSE IF THERE WERE MULTIPLE RESPONSES TO 'QA21_A11' , 'QA21_A17' , OR 'QA21_A18'
[NOT COUNTING -3, CONTINUE WITH 'QA21_A19' ;
ELSE SKIP TO 'QA21_A21'

'QA21_A19' [AA5G] - You said that you are: {INSERT MULTIPLE RESPONSES FROM **'QA21_A10'** , **'QA21_A11'** , **'QA21_A17'** AND **'QA21_A18'** }.

Do you identify with any one race in particular?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'QA21_A21'

PROGRAMMING NOTE FOR 'QA21_A20' :

IF 'QA21_A9' = 1 (YES, LATINO) AND 'QA21_A10' ≠ -3, DO NOT DISPLAY 'QA21_A20' = 14
(LATINO);
IF 'QA21_A11' = 5 (YES, OTHER PACIFIC ISLANDER) AND 'QA21_A18' = 1 TO 4 OR 91, DO NOT
DISPLAY 'QA21_A20' = 17 (OTHER PACIFIC ISLANDER);
IF 'QA21_A11' = 3 AND 'QA21_A17' = 1 TO 17 OR 91, DO NOT DISPLAY 'QA21_A20' = 19 (ASIAN)

'QA21_A20' [AA5F] - Which do you <u>most</u> identify with?

- ❍   1 Mexican/Mexican American/ Chicano
- ❍   4 Salvadoran
- ❍   5 Guatemalan
- ❍   6 Costa Rican
- ❍   7 Honduran
- ❍   8 Nicaraguan
- ❍   9 Panamanian
- ❍   10 Puerto Rican
- ❍   11 Cuban
- ❍   12 Spanish-American (from Spain)
- ❍   13 Latino, Other Specify
- ❍   14 Latino
- ❍   16 Native Hawaiian
- ❍   17 Other Pacific Islander
- ❍   18 American Indian or Alaskan Native
- ❍   19 Asian
- ❍   20 Black or African American
- ❍   21 White
- ❍   22 Race, Other Specify
- ❍   30 Bangladeshi
- ❍   31 Burmese
- ❍   32 Cambodian
- ❍   33 Chinese
- ❍   34 Filipino
- ❍   35 Hmong
- ❍   36 Indian (India)
- ❍   37 Indonesian

- ❍ 38 Japanese
- ❍ 39 Korean
- ❍ 40 Laotian
- ❍ 41 Malaysian
- ❍ 42 Pakistani
- ❍ 43 Sri Lankan
- ❍ 44 Taiwanese
- ❍ 45 Thai
- ❍ 46 Vietnamese
- ❍ 49 Asian, Other Specify
- ❍ 50 Samoan/ American Samoan
- ❍ 51 Guamanian
- ❍ 52 Tongan
- ❍ 53 Fijian
- ❍ 55 Pacific Islander, Other Specify
- ❍ 90 Both/All/Multiracial
- ❍ 95 None of these
- ❍ 97 Other (Specify)

'QA21_A21' [AH36] - What languages do you speak at home?

Check all that apply

- ❑ 1 English
- ❑ 2 Spanish
- ❑ 3 Cantonese
- ❑ 4 Vietnamese
- ❑ 5 Tagalog
- ❑ 6 Mandarin
- ❑ 7 Korean
- ❑ 8 Asian Indian languages
- ❑ 9 Russian
- ❑ 12 Japanese
- ❑ 14 French
- ❑ 15 German
- ❑ 18 Farsi
- ❑ 19 Armenian
- ❑ 20 Arabic
- ❑ 91 Other 1 (Specify: _____)
- ❑ 92 Other 2 (Specify: _____)

> *PROGRAMMING NOTE 'QA21_A22' :*
> *IF 'QA21_A21' = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO*
> *PROGRAMMING NOTE 'QA21_A23' ;*
> *IF 'QA21_A21' >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH*
> *'QA21_A22' AND DISPLAY: "Since you speak a language other than English at home, we are*
> *interested in your own opinion of how well you speak English" AND DROP RESPONSE*
> *CATEGORY "Not at all?";*
> *SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA21_A22' WAS*
> *ASKED*

'QA21_A22' [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…

- ❍   1 Very well
- ❍   2 Well
- ❍   3 Not well
- ❍   4 Not at all

'QA21_A23' [AH43] - Are you <u>now</u> married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

- ❍   1 Married
- ❍   2 Living with partner
- ❍   3 Widowed
- ❍   4 Divorced
- ❍   5 Separated
- ❍   6 Never married

> *PROGRAMMING NOTE 'QA21_A24' :*
> *IF 'QA21_A23' = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)], THEN CONTINUE WITH*
> *'QA21_A24' ;*
> *IF 'QA21_A23' = 1, THEN DISPLAY "spouse";*
> *IF 'QA21_A23' = 2, THEN DISPLAY "partner";*
> *ELSE GO TO 'SC7A'*

'QA21_A24' [AH44] - Is your {spouse/partner} also living in your household?

- ❍   1 Yes
- ❍   2 No

'QA21_A25' [SC11A] - May I have your {spouse/partner}'s age and gender?

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

SPOUSE/PARTNER AGE [SR: 18-120]_____

SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE 'PRE_ROSTER': IF WSC6=-3 IN SCREENER, CONTINUE WITH 'PRE_ROSTER';
ELSE SKIP TO PN_ 'SC7A'

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

- ❍   1 Yes
- ❍   2 No

PROGRAMMING NOTE 'QA21_A26':
IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE;
ELSE GOTO 'QA21_B1'

'QA21_A26' [SC7B] - How many children, age 11 and younger including babies, normally live in this household?

Children under 12 _____

'QA21_A27' [SC8B] - And how many adolescents age 12-17, normally live in this household?

Children 12 -17 _____

POST NOTE SC8: SET KIDCNT = SC7 + SC8

'QA21_A28' [SC13A1] - {Let's start with the <u>oldest</u>} What is (the child's/this child's/the next child's) first name or initials?

Name/ Initials given (Specify) _____

'QA21_A29' [SC13A2] - What is (the child's/this child's) age?

- ❍   -7 REFUSED

PROGRAMMING NOTE 'QA21_A30':
IF KIDCNT =1 INSERT "the child's"
IF KIDCNT >1 INSERT "this child's"

'QA21_A30' [GENDER6] - What is {the child's/this child's} gender?

- ❍   1 Male
- ❍   2 Female

PROGRAMMING NOTE 'QA21_A31':
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 'QA21_A29' =-3. ASK 'SC15A4'IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT
CHILD)
(IF 'QA21_A29'=-3 AND 'QA21_A28'=-3 INSERT "the child"
AND DO NOT DISPLAY CHILD NAME/SEX)

'QA21_A31' [SC15A4] - Is {CHILD NAME/ the child}...

- ❍　1 0 to 5 years old
- ❍　2 6 to 11 years old
- ❍　3 12 to 17 years old

PROGRAMMING NOTE 'QA21_A32':
IF KIDCNT =1 INSERT "the child"
IF KIDCNT >1 INSERT "all the children"

'QA21_A32' [SC14B4] - Are you the parent or legal guardian of (the child/all the children) in your household?

- ❍　1 Yes
- ❍　2 No

PROGRAMMING NOTE 'QA21_A33':
IF 'QA21_A32' =2
ASK 'QA21_A33' FOR EACH CHILD IN THE ROSTER

'QA21_A33' [SC14B] - Are you the parent or legal guardian of {CHILD NAME/AGE/SEX}?

- ❍　1 Yes
- ❍　2 No

PROGRAMMING NOTE 'QA21_A34':
IF NAME GIVEN AT 'QA21_A25' INSERT 'QA21_A25' NAME
ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)
IF KIDCNT =1 INSERT "the child"
IF KIDCNT >1 INSERT "all the children"

'QA21_A34' [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?

- ❍　1 Yes
- ❍　2 No

POST NOTE: IF 'QA21_A34' =1 AUTO POPULATE 'QA21_A35'' AS 'YES' FOR ALL CHILDREN IN HH

PROGRAMMING NOTE 'QA21_A35': IF 'QA21_A34' =2
ASK 'QA21_A35' FOR EACH CHILD IN THE ROSTER

'QA21_A35' [SC14C2] - Is (INSERT AR ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

❍   1 Yes
❍   2 No

PROGRAMMING NOTE: IF 'QA21_A33'=1 THEN
CHILD1CNT = COUNT OF CHILDREN IN 'QA21_A33' AGED 0 TO 5 YRS
CHILD2CNT = COUNT OF CHILDREN IN 'QA21_A33' AGED 6 TO 11 YRS
TEENCNT = COUNT OF CHILDREN IN 'QA21_A33' AGED 12 TO 17 YRS

 # Child selection from only those with 'QA21_A33'=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 'QA21_A33'=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

'QA21_A36' [SC13A] - We have recorded 1 child 17 or younger in this household. Have we missed anyone aged 17 or younger who usually lives here but is temporarily away?

❍   1 No, no one missed
❍   2 Yes

If = 2, Go back to "QA21_A36'_Loop1'

POST NOTE SC13:
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

'QA21_A37' [SC17B] - What is your relationship to {CHILD NAME/ AGE/SEX}?

- ❍　　1 Mother (Birth/Adoptive/Step)
- ❍　　2 Father (Birth/Adoptive/Step)
- ❍　　3 Sister (Birth/Adoptive/Step)
- ❍　　4 Brother (Birth/Adoptive/Step)
- ❍　　5 Grandmother
- ❍　　6 Grandfather
- ❍　　7 Aunt
- ❍　　8 Uncle
- ❍　　9 Cousin
- ❍　　10 Other relative
- ❍　　11 Nonrelative

POST NOTE 'QA21_A37':
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

'QA21_B1' [AB1] - These next questions are about your health.

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

- ❍ 1 Excellent
- ❍ 2 Very good
- ❍ 3 Good
- ❍ 4 Fair
- ❍ 5 Poor

'QA21_B2' [AB17B] - Has a doctor <u>ever</u> told you that you have asthma?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, goto 'PN_QA21_B8'

'QA21_B3' [AB40] - Do you still have asthma?

- ❍ 1 Yes
- ❍ 2 No

'QA21_B4' [AB41] - During the <u>past 12 months</u>, have you had an episode of asthma or an asthma attack?

- ❍ 1 Yes
- ❍ 2 No

'QA21_B5' [AB42] - During the past 12 months, how many days of work did you miss due to asthma?

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

'QA21_B6' [AB18] - Are you now taking a <u>daily</u> medication to control your asthma that was prescribed or given to you by a doctor

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

- ❍ 1 Yes
- ❍ 2 No

'QA21_B7' [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?

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE 'QA21_B8' :
IF 'QA21_A5' = 2 (FEMALE AT BIRTH) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

'QA21_B8' [AB22] - {Other than during pregnancy, has/Has} a doctor <u>ever</u> told you that you have diabetes or sugar diabetes?

○   1 Yes
○   2 No

PROGRAMMING NOTE 'QA21_B9' :IF 'QA21_A5'= 2 (FEMALE AT BIRTH) DISPLAY "Other than during pregnancy, has";ELSE BEGIN DISPLAY WITH "Has"

'QA21_B9' [AB99] - {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?

○   1 Yes
○   2 No

PROGRAMMING NOTE 'QA21_B10' :IF 'QA21_B8' = 1 THEN CONTINUE WITH 'QA21_B10' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA21_B17'

'QA21_B10' [AB23] - How old were you when a doctor first told you that you have diabetes?

_____ Age in years

'QA21_B11' [AB51] - Were you told that you had Type 1 or Type 2 diabetes?

Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes.

○   1 Type 1
○   2 Type 2
○   3 Double diabetes (Type 1 AND Type 2)
○   91 Another Type (Specify:_____)

'QA21_B12' [AB24] - Are you now taking insulin?

○   1 Yes
○   2 No

'QA21_B13' [AB25] - Do you now take diabetic pills to lower your blood sugar?

These are sometimes called oral agents or oral hypoglycemic agents.

○   1 Yes
○   2 No

'QA21_B14' [AB27] - About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin A1c?

_____Number of times [HR: 0-52]

'QA21_B15' [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.

     ❍   1 Less than 1 month ago
     ❍   2 Between 1 and 12 months ago
     ❍   3 Between 1 and 2 years ago
     ❍   4 2 or more years ago
     ❍   5 Never

'QA21_B16' [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?

     ❍   1 Yes
     ❍   2 No

'QA21_B17' [AB29] - Has a doctor <u>ever</u> told you that you have high blood pressure?

     ❍   01 Yes
     ❍   02 No
     ❍   03 Borderline or pre-hypertension

'QA21_B18' [AB34] - Has a doctor <u>ever</u> told you that you have any kind of heart disease?

     ❍   1 Yes
     ❍   2 No

Section CV: COVID-19

'QA21_CV1' [CV1] - Have you ever had, or thought you might have had, the Coronavirus, COVID-19?

- ❍ 1 Yes
- ❍ 2 No

If= 2, -3 goto 'QA21_CV3'

'QA21_CV2' [CV2] - Did you contact a health professional about your COVID-19 concerns?

- ❍ 1 Yes
- ❍ 2 No

'QA21_CV3' [CV4] - Were you ever tested for COVID-19?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, goto 'QA21_CV5'

'QA21_CV4' [CV5] - Did you ever receive a positive test result for COVID-19?

- ❍ 1 Yes
- ❍ 2 No

'QA21_CV5' [CV7] - Have you experienced any of the following situations because of the Coronavirus or COVID-19 outbreak?

SELECT ALL THAT APPLY

- ❑ 01 I've lost my regular job.
- ❑ 02 I've had a reduction in hours, or a reduction in income.
- ❑ 03 I've switched to working from home.
- ❑ 04 I've continued to report to work because I was an essential worker.
  05 I've had difficulty in obtaining childcare, or had an increase in childcare expenses.
- ❑ 06 I've had financial difficulties with paying rent or mortgage.
- ❑ 07 I've had financial difficulties with basic necessities, such as paying bills, tuition, affording groceries, etc.
- ❑ 08 I've been treated unfairly because of my race/ethnicity.
- ❑ 09 I've experienced other challenges (Specify:_____)
- ❍ 10 None of these

PROGRAMMING NOTE 'QA21_CV6': IF AA5A=3,5,6 AND (CV7=6 OR 7), CONTINUE WITH 'QA21_CV6', ELSE SKIP TO PN 'QA21_CV7'

'QA21_CV6' [CVA11] – Please select which types of bill(s) you had trouble paying during the COVID-19 pandemic:

Select all that apply

- ❑   01 Mortgage
- ❑   02 Rent
- ❑   03 Car payment
- ❑   04 Car, home, or health insurance
- ❑   05 Home utilities
- ❑   06 Credit card
- ❑   91 Other (Specify:_____)
- ❍   10 None of these

PROGRAMMING NOTE 'QA21_CV7': IF (AA5A=4 OR PART OF CONTROL GROUP), CONTINUE WITH 'QA21_CV7', ELSE SKIP TO 'QA21_CV10'

(Only administered for a subset of AIAN and approximately 250 random subset of non-AIAN respondents.)

'QA21_CV7' [CVAIAN1] – Did your household receive COVID-19 relief stimulus checks in either 2020 or 2021?

Stimulus checks were called 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2021 American Relief Plan (ARP), or the California Golden State Stimulus payments. Please do not consider the new Child Tax Credit funds from 2021.

- ❍   1 Yes
- ❍   2 No

If=2, goto 'PN_QA21_CV9'

'QA21_CV8' [CVAIAN2] – How did your household use the stimulus money?

Select all that apply

- ❑   1 Rent/Mortgage
- ❑   2 Essentials like food or child care
- ❑   3 Paying off debts, including credit cards
- ❑   4 Other bills, such as car payments, insurance, or utilities payments
- ❑   5 Vacation, leisure or recreation
- ❑   6 Savings
- ❑   7 Other (Specify:_____)

'QA21_CV9' [CVAIAN3] – During the COVID-19 pandemic, how did you receive your healthcare?

Please include mental, physical, eye, and dental care.

Select all that apply

- ❑   1 I used some phone or video appointments instead of in-person appointments
- ❑   2 I continued to attend some healthcare appointments in-person
- ❑   3 I delayed or did not receive some necessary care due to the pandemic
- ❍   4 None of the above

'QA21_CV10' [CV9] - When the COVID-19 vaccine becomes available for you, would you get it?

- ❍   1 Yes
- ❍   2 No
- ❍   3 I have already received at least one dose of the COVID-19 vaccine

'QA21_CV11' [CV10] - When leaving your home in the past week (last 7 days), how often have you done the following? Response options are: Never, Sometimes, Usually, or Always.

Wore a face covering of any kind

- ❍   1 Never
- ❍   2 Sometimes
- ❍   3 Usually
- ❍   4 Always
- ❍   5 I did not leave home in the past week

If=5, goto 'QA21_CV14'

'QA21_CV12' [CV11] - When leaving your home in the past week (last 7 days), how often have you done the following? Response options are: Never, Sometimes, Usually, or Always.

Sanitized or washed hands

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always

'QA21_CV13' [CV12] - When leaving your home in the past week (last 7 days), how often have you done the following? Response options are: Never, Sometimes, Usually, or Always.

Maintained a distance of at least 6 feet from other people

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always

'QA21_CV14' [CV13] - In the past 30 days, have you participated in any gatherings with persons not living in your household?

- ❍ 1 Yes
- ❍ 2 No

If=2, goto 'PN_QA21_CV16'

'QA21_CV15' [CV14] - State and local guidelines for gathering with persons outside your household include recommendations such as gathering outdoors only, limiting gathering size, wearing face coverings, and staying home when sick.

In the past 30 days, when you gathered with persons not living in your household, how often have you followed state and local guidelines?

- ❍ 1 Never
- ❍ 2 Sometimes
- ❍ 3 Usually
- ❍ 4 Always

PROGRAMMING NOTE 'QA21_CV16': IF AA5A=3,5,6, CONTINUE WITH 'QA21_CV16', ELSE SKIP TO 'QA21_C1'

'QA21_CV16' [CVA1] - Over the past 12 months, have you experienced any of the following situations because of the Coronavirus or COVID-19 outbreak.

I have directly experienced a hate incident due to Coronavirus.

- ❍ 1 Yes
- ❍ 2 No

If = 2,-3 goto 'QA21_CV18'

'QA21_CV17' [CVA2] – Did you experience…

Select all that apply

- ❑ 01 Physical abuse or attack
- ❑ 02 Verbal abuse or insults
- ❑ 03 Cyberbullying
- ❑ 04 Something else (Specify:_____)
- ◯ 05 None of these

'QA21_CV18' [CVA3] – Over the past 12 months, have you experienced any of the following situations because of the Coronavirus or COVID-19 outbreak.

I have witnessed another Asian or Pacific Islander person being treated unfairly due to their race, ethnicity, or national origin.

- ◯ 1 Yes
- ◯ 2 No

'QA21_CV19' [CVA4] – Over the past 12 months, have you experienced any of the following situations because of the Coronavirus or COVID-19 outbreak.

I have had difficulties performing my work due to poor internet or lack of usable computer.

- ◯ 1 Yes
- ◯ 2 No

'QA21_CV20' [CVA5] – Where do you get updated news and information about COVID-19?

Check all that apply.

- ❑ 01 Television - Mainstream
- ❑ 02 Television - Ethnic
- ❑ 03 Radio - Mainstream
- ❑ 04 Radio - Ethnic
- ❑ 05 Newspaper - Mainstream
- ❑ 06 Newspaper - Ethnic
- ❑ 07 Governmental agencies
- ❑ 08 Your doctor
- ❑ 09 Family members
- ❑ 10 Friends
- ❑ 11 Your employer
- ❑ 12 Social media, such as Facebook, WeChat, and Instagram
- ❑ 13 Religious leader
- ❑ 14 Elders/Community leaders
- ◯ 15 None of these

PROGRAMMING NOTE 'QA21_CV21': IF MULTIPLE RESPONSES TO 'QA21_CV20'; CONTINUE WITH 'QA21_CV21', ELSE SKIP TO 'QA21_CV22'

'QA21_CV21' [CVA6] – Of the sources of information that you mentioned, which one do you rely upon the most?

- ❍　01 Television - Mainstream
- ❍　02 Television - Ethnic
- ❍　03 Radio - Mainstream
- ❍　04 Radio - Ethnic
- ❍　05 Newspaper - Mainstream
- ❍　06 Newspaper - Ethnic
- ❍　07 Governmental agencies
- ❍　08 Your doctor
- ❍　09 Family members
- ❍　10 Friends
- ❍　11 Your employer
- ❍　12 Social media, such as Facebook, WeChat, and Instagram
- ❍　13 Religious leader
- ❍　14 Elders/Community leaders

'QA21_CV22' [CVA7] – Please tell us the extent to which you agree or disagree with the following statements.

I feel that my city or local government has done a good job managing the COVID-19 outbreak.

- ❍　01 Strongly agree
- ❍　02 Agree
- ❍　03 Neither agree nor disagree
- ❍　04 Disagree
- ❍　05 Strongly disagree

'QA21_CV23' [CVA8] – I feel that the national government has done a good job managing the COVID-19 outbreak.

- ❍　01 Strongly agree
- ❍　02 Agree
- ❍　03 Neither agree nor disagree
- ❍　04 Disagree
- ❍　05 Strongly disagree

PROGRAMMING NOTE 'QA21_CV24': IF SELECTED SCHOOL-AGE CHILD IN HH CONTINUE, ELSE SKIP TO PN_ 'QA21_CV25'

'QA21_CV24' [CVA9] – [CHILD'S NAME]'s school has made efforts to continue educating students during the "stay at home orders" that met my child's needs.

- ❍　01 Strongly agree
- ❍　02 Agree
- ❍　03 Neither agree nor disagree
- ❍　04 Disagree
- ❍　05 Strongly disagree
- ❍　06 My child's school has stopped instruction

PROGRAMMING NOTE 'QA21_CV25': IF SELECTED TEEN IN HH CONTINUE, ELSE SKIP TO 'QA21_C1'

'QA21_CV25' [CVA10] – [TEEN'S NAME]'s school has made efforts to continue educating students during the "stay at home orders" that met my teen's needs.

- ❍   01 Strongly agree
- ❍   02 Agree
- ❍   03 Neither agree nor disagree
- ❍   04 Disagree
- ❍   05 Strongly disagree
- ❍   06 My teen's school has stopped instruction

Section C: Health Behaviors

'QA21_C1' [AE2] - Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month.

Your best guess is fine

　　　　_____times

Select one

- ❍　　1 per day [HR: 0-20; SR: 0-9]
- ❍　　2 per week [HR: 0-70; SR: 0-29]
- ❍　　3 per month [HR: 0-210; SR: 0-149]

'QA21_C2' [AE7] - [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.

Other vegetables include tomatoes, carrots, onions, or broccoli. Rice is not a vegetable

　　　　_____times

Select one

- ❍　　1 per day [HR: 0-20; SR: 0-9]
- ❍　　2 per week [HR: 0-70; SR: 0-29]
- ❍　　3 per month [HR: 0-210; SR: 0-149]

'QA21_C3' [AC46] - During the past month, how <u>often</u> did you drink sweetened fruit drinks, sports, or energy drinks?

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

Select one

- ❍　　1 per day [HR: 0-20; SR: 0-9]
- ❍　　2 per week [HR: 0-70; SR: 0-29]
- ❍　　3 per month [HR: 0-210; SR: 0-149]

'QA21_C4' [AE15] - Now, I am going to ask about various health behaviors. Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

- ❍　　1 Yes
- ❍　　2 No

If= 2, -3, go to PN_'QA21_C12'

'QA21_C5' [AE15A] - Do you now smoke cigarettes every day, some days, or not at all?

- ❍　　1 Every day
- ❍　　2 Some days
- ❍　　3 Not at all

If = 1, 2, go to 'QA21_C7'

> *PROGRAMMING NOTE 'QA21_C6':*
> *IF R LIVES IN LA COUNTY SERVICE PROVIDER AREA (SPA) 1, 2, 4 OR 5, CONTINUE; ELSE GO TO PN__'NEW_'QA21_C11'*
> *IF 'QA21_C4' = 1 AND 'QA21_C5' = 3 AND 55 <= SRAGE <=80, THEN CONTINUE WITH 'QA21_C6'; ELSE GO TO PN_ 'QA21_C7':*

'QA21_C6' [AC168] – Did you quit smoking in the last 15 years?

- ❍　　1 Yes
- ❍　　2 No

> *PROGRAMMING NOTE 'QA21_C7':*
> *IF 'QA21_C4' =1 AND 55 <= SRAGE <= 80, THEN CONTINUE; ELSE GOTO PN_ 'AC173'*

'QA21_C7' [AC169] – Altogether, how many years have you smoked?

　　_____ Number of years [HR: 0-SRAGE]

> *PROGRAMMING NOTE 'QA21_C8':*
> *IF 'QA21_C7'=1, THEN CONTINUE AND DISPLAY "YEAR";*
> *ELSE IF 'QA21_C7'>1, THEN CONTINUE AND DISPLAY "YEARS"*
> *ELSE GOTO PN_ 'QA21_C11'*

'QA21_C8' [AC170] – On the year{s} you smoked, on average, how many cigarettes did you smoke per day?

[IF NEEDED: A pack usually contains 20 cigarettes]

　　_____ Number of cigarettes [0-99]

> **POST NOTE:**
> **PACKYEARS = 'QA21_C7' X ('AC170/20')**

> *PROGRAMMING NOTE 'QA21_C9':*
> *IF PACKYEARS >=30 THEN CONTINUE, ELSE GOTO PN_ ' AC173'*

'QA21_C9' [AC171] – During the past year, have you had a low-dose computed tomography test, also known as a lung cancer screening?

- ❍　　1 Yes
- ❍　　2 No

PROGRAMMING NOTE 'QA21_C10';
IF 'QA21_C9' = 2 (NO), THEN CONTINUE WITH 'QA21_C10'; ELSE GOTO PN_ 'QA21_C11'

'QA21_C10' [AC172] – What is the <u>one</u> most important reason why you have not had a tomography test in the past year?

- ❍   1 No reason
- ❍   2 Didn't know it was needed
- ❍   3 Doctor didn't tell it was needed
- ❍   4 Haven't had problems
- ❍   5 Put it off/laziness
- ❍   6 Too expensive/no insurance
- ❍   7 Painful/embarrassing
- ❍   8 Too young
- ❍   9 No access to healthcare/no doctor near me
- ❍   10 Transportation problem
- ❍   11 Competing priorities (work, childcare, caregiving)

PROGRAMMING NOTE 'QA21_C11'' ;
IF 'QA21_C5' = 3, THEN CONTINUE; ELSE GOTO PN_ AC174'

'QA21_C11' [AC173]- How long has it been since you last smoked a cigarette, even one or two puffs?

_____ Amount of time
_____ Unit of time

- ❍ 1 Days [Hr: 0-365]
- ❍ 2 Weeks [Hr: 0-52]
- ❍ 3 Months [Hr: 0-12]
- ❍ 4 Years [Hr: 0-AAGE]
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

If > 30 DAYS or > 5 WEEKS or > 1 MONTH or = -7, -8, go to PN_'QA21_C18'

PROGRAMMING NOTE 'QA21_C12';
IF 'QA21_C4' = 2 ,-3 OR 'QA21_C5' = 1, 2 OR 'QA21_C11' <= 30 DAYS OR 'QA21_C11' <= 5 WEEKS
OR 'QA21_C11' <= 1 MONTH, CONTINUE WITH 'QA21_C12';ELSE GO TO 'QA21_C17';

'QA21_C12' [AC174]- During the past 30 days, on how many days did you smoke cigarettes?

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

_____ Number of days   [HR: 0-30]

PROGRAMMING NOTE 'QA21_C13':IF 'QA21_C5' = 1 (SMOKE EVERY DAY), CONTINUE WITH 'QA21_C13'; ELSE IF 'QA21_C5' = 2 (SMOKE SOME DAYS) OR 'QA21_C12' > 0 (PAST 30-DAY SMOKER), GO TO 'QA21_C14';ELSE GO TO 'E-CIGARETTE INTRO';

'QA21_C13' [AD32] - On average, how many cigarettes do you now smoke a day?

A pack usually contains 20 cigarettes

_____ Number of cigarettes   [HR: 0-120]

Any answer, goto 'AC54B'

PROGRAMMING NOTE 'QA21_C14':IF 'QA21_C5' = 2 (SMOKE SOME DAYS) OR 'QA21_C12' > 0 (PAST 30-DAY SMOKER), CONTINUE WITH 'QA21_C14' ;ELSE GO TO 'AC54B'

'QA21_C14' [AE16] - In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?

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

_____ Number of cigarettes [HR: 0-120]

PROGRAMMING NOTE 'QA21_C15':
IF 'QA21_C5' = 1 (SMOKE EVERY DAY), THEN READ "How";
ELSE IF 'QA21_C5' = 2 (SMOKE SOME DAYS) OR 'QA21_C12' > 0 (PAST 30-DAY SMOKER), THEN READ "On days when you smoke, how";

'QA21_C15' [AC54B] - {On days when you smoke, how/How} soon after you awake do you usually smoke your first cigarette?

_____ Amount of time [0-24 HOURS]

❍ 1 Minutes
❍ 2 Hours

PROGRAMMING NOTE 'QA21_C16':IF 'QA21_C4' = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA21_C16'

'QA21_C16' [AC175]- Were any of the cigarettes you smoked in flavors, such as mint or menthol?

❍   1 Yes
❍   2 No

'QA21_C17' [AC176]- How old were you when you smoked your first whole cigarette?

_____ Age in years [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]

PROGRAMMING NOTE 'QA21_C18':IF 'QA21_C5' = 1 (SMOKE EVERY DAY) OR 'QA21_C5' = 2 (SMOKE SOME DAYS) OR 'QA21_C12' > 0 (PAST 30-DAY SMOKER) OR 'AC173NEW_CTCPC1' <= 365 DAYS OR 'AC173NEW_CTCPC1' <= 52 WEEKS OR 'QA21_C11' <= 1 YEAR, CONTINUE WITH 'QA21_C18';ELSE GO TO 'E-CIGARETTE INTRO';'QA21_C18''QA21_C5''QA21_C5''QA21_C11''QA21_C11''QA21_C11''QA21_C18'

'QA21_C18' [AC177]- Were you smoking cigarettes at all around this time 12 months ago?

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE 'QA21_C19' :
IF 'QA21_C5' = 1 (SMOKE EVERY DAY) OR 'QA21_C5' = 2 (SMOKE SOME DAYS), CONTINUE WITH 'QA21_C19' ;ELSE GO TO 'E-CIGARETTE INTRO'

'QA21_C19' [AC49] - During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 go to 'QA21_C21'

'QA21_C20' [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?

_____ Amount of time
_____ Unit of time

- ❍ 1 Days [Hr: 0-365]
- ❍ 2 Weeks   [Hr: 0-52]
- ❍ 3 Months   [Hr: 0-12]
- ❍ 4 Years [Hr: 0-10]
- ❍ -7 REFUSED
- ❍ -8 DON'T KNOW

'QA21_C21' [AC77] - In the past 12 months, did a doctor or other health professional advise you to quit smoking?

- ❍ 1 Yes
- ❍ 2 No

'QA21_C22' [AC50] - Are you thinking about quitting smoking in the next six months?

- ❍ 1 Yes
- ❍ 2 No

'E-CIGARETTE INTRO' [E-CIGARETTE INTRO] - The next questions are about electronic cigarettes and other electronic vaping products. These products typically contain nicotine, flavors, and other ingredients. They may also be called e-cigs, vape pens, pod mods, hookah pens or e-hookah. Popular brands include JUUL, Blu, NJOY, Suorin, and Vuse.

Do not include products used only for marijuana.

'QA21_C23' [AC81C] - Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?

○   01 Yes
○   02 No

If = 2,-3, goto 'QA21_C33'

'QA21_C24' [AC82C] - In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

_____ Number of days [HR: 0 -30]

'QA21_C25' [AC134] - Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

○   1 Yes
○   2 No

If = 2, -3, go to PN_'QA21_C32'

'QA21_C26' [AC179]- Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

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

○   1 Yes
○   2 No

'QA21_C27' [AC180]- Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

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

○   1 Yes
○   2 No

'QA21_C28' [AC181]- Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

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

○   1 Yes
○   2 No

'QA21_C29' [AC182]- Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

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

> ❍ 1 Yes
> ❍ 2 No

'QA21_C30' [AC183]- Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

Tobacco flavored?

> ❍ 1 Yes
> ❍ 2 No

'QA21_C31' [AC184]- Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

Some other flavor?

> ❍ 1 Yes (Specify:_____)
> ❍ 2 No

PROGRAMMING NOTE 'QA21_C32': IF 'AC82C>0', THEN CONTINUE, ELSE SKIP TO 'QA21_C33'

'QA21_C32' [AC185]- Do you plan to quit using e-cigarette or other electronic vaping products for good…?

> ❍ 1 In the next 30 days
> ❍ 2 In the next 3 months
> ❍ 3 In the next 6 months
> ❍ 4 In the next year
> ❍ 5 Do not have a plan to quit

'QA21_C33' [AC135] - During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

> ❍ 1 0 days
> ❍ 2 1-2 days
> ❍ 3 3-5 days
> ❍ 4 6-9 days
> ❍ 5 10-19 days
> ❍ 6 20-29 days
> ❍ 7 30 days

If = 1, -3 goto 'QA21_C35'

'QA21_C34' [AC136] - Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?

> ❍ 1 Yes
> ❍ 2 No

'QA21_C35' [AC137] - During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

- ❍ 1 0 days
- ❍ 2 1-2 days
- ❍ 3 3-5 days
- ❍ 4 6-9 days
- ❍ 5 10-19 days
- ❍ 6 20-29 days
- ❍ 7 30 days

If = 1, -3 goto 'QA21_C37'

'QA21_C36' [AC138] - Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?

- ❍ 1 Yes
- ❍ 2 No

'QA21_C37' [AC139] - During the past 30 days, on how many days did you smoke big cigars?

- ❍ 1 0 days
- ❍ 2 1-2 days
- ❍ 3 3-5 days
- ❍ 4 6-9 days
- ❍ 5 10-19 days
- ❍ 6 20-29 days
- ❍ 7 30 days

If = 1, -3 goto 'QA21_C39'

'QA21_C38' [AC140] - Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

- ❍ 1 Yes
- ❍ 2 No

'QA21_C39' [AC141] - During the past 30 days, on how many days did you use a hookah water pipe?

- ❍ 1 0 days
- ❍ 2 1-2 days
- ❍ 3 3-5 days
- ❍ 4 6-9 days
- ❍ 5 10-19 days
- ❍ 6 20-29 days
- ❍ 7 30 days

If = 1, -3 goto PN_'QA21_C41'

'QA21_C40' [AC142] - Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

- ❍ 1 Yes
- ❍ 2 No

> *PROGRAMMING NOTE 'NEW_CTCPC16':*
> *IF 'QA21_C5' = 1, 2 OR 'QA21_C12' > 0 OR 'QA21_C24' > 0 OR 'QA21_C33' > 1 OR 'QA21_C35' >*
> *1 OR 'QA21_C37' > 1 OR 'QA21_C39' > 1, CONTINUE WITH 'QA21_C41';ELSE GO TO 'QA21_C42'*

'QA21_C41' [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?

- ❍ 1 Yes
- ❍ 2 No

'QA21_C42' [AC187]- "During the past year, when has someone else smoked tobacco or vaped around you in California?

- ❍ 1 In the past week
- ❍ 2 In the past two weeks
- ❍ 3 In the past month
- ❍ 4 Longer than a month ago, but within the past year
- ❍ 5 No one has smoked tobacco or vaped around me within the past year

If>2 goto 'QA21_C47'

'QA21_C43' [AC188]-In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor….

on the sidewalks?

- ❍ 1 Yes
- ❍ 2 No

'QA21_C44' [AC189]- {In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor…

Inside your home?

- ❍ 1 Yes
- ❍ 2 No

'QA21_C45' [AC190]- {In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor…

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

- ❍ 1 Ye
- ❍ 2 No
- ❍ 3 Did not work in past two weeks

'QA21_C46' [AC191]- {In the past two weeks, were you exposed to secondhand tobacco smoke or e-cigarette vapor

At a public park or beach?

- ❍ 1 Yes
- ❍ 2 No

'QA21_C47' [AC143] - Which statement best describes smoking or vaping a tobacco product, including e-cigarettes, inside your home?

- ❍ 01 Not allowed anywhere or at any time inside my home
- ❍ 02 Allowed in some places or at some times inside my home
- ❍ 03 Allowed anywhere and at any time inside my home

'QA21_C48' [AC115] - The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking. Have you ever, even once, tried marijuana or hashish in any form?

THC is the active ingredient in marijuana

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, go to 'QA21_C61'

'QA21_C49' [AC116] - How long has it been since you last used marijuana or hashish in any form?

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

_____

- ❍ 1 Days [HR: 0-365]
- ❍ 2 Months [HR: 0-12]
- ❍ 3 Years [0-99]

PROGRAMMING NOTE 'QA21_C50' IF 'QA21_C49' >30 DAYS OR >1 MONTH, THEN GO TO 'QA21_C63' ;ELSE CONTINUE WITH 'QA21_C50';

'QA21_C50' [AC117] - During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

- ❍ 1 0 days
- ❍ 2 1-2 days
- ❍ 3 3-5 days
- ❍ 4 6-9 days
- ❍ 5 10-19 days
- ❍ 6 20-29 days
- ❍ 7 30 days

If = 1, go to 'AC192'

'QA21_C51' [AC118] - How often have you used tobacco and marijuana at the same time?

- ❍ 1 Usually
- ❍ 2 Sometimes
- ❍ 3 Never

'QA21_C52' [AC119] - During the past 30 days, how did you use marijuana? Did you…

Smoke it in a joint, bong, or pipe?

- ❍ 1 Yes
- ❍ 2 No

'QA21_C53' [AC120] - During the past 30 days, how did you use marijuana? Did you…

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

- ❍ 1 Yes
- ❍ 2 No

'QA21_C54' [AC121] - During the past 30 days, how did you use marijuana? Did you…

Eat it?

For example, in brownies, cakes, cookies or candy

- ❍ 1 Yes
- ❍ 2 No

'QA21_C55' [AC122] - During the past 30 days, how did you use marijuana? Did you…

Drink it?

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

- ❍ 1 Yes
- ❍ 2 No

'QA21_C56' [AC123] - During the past 30 days, how did you use marijuana? Did you…

Vaporize it?

For example, in an e-cigarette type vaporizer

- ❍ 1 Yes
- ❍ 2 No

'QA21_C57' [AC124] - During the past 30 days, how did you use marijuana? Did you…

Dab it?

For example, using butane hash oil, wax or concentrates

- ❍ 1 Yes
- ❍ 2 No

'QA21_C58' [AC125] - During the past 30 days, how did you use marijuana? Did you…

Use it some other way?

- ❍ 1 Yes (Specify_____)
- ❍ 2 No

'QA21_C59' [AC126] - Was <u>any</u> of your marijuana use in the past month recommended by a doctor or other health care provider?

◯   1 Yes
◯   2 No

If = 2, go to 'QA21_C61'

'QA21_C60' [AC127] - Was <u>all</u> of your marijuana use in the past month recommended by a doctor or other health care provider?

◯   1 Yes
◯   2 No

PROGRAMMING NOTE 'QA21_C62':IF 'QA21_C49' >30 DAYS OR >1 MONTH, THEN GO TO 'AC195'IF USED MORE THAN 1 METHOD USED IN 'QA21_C52' –'QA21_C58' CONTINUE WITH 'QA21_C61' AND DISPLAY ONLY RESPONSE OPTIONS WHERE =1 FOR 'QA21_C52' –'QA21_C58'; ELSE GO TO 'QA21_C62'

'QA21_C61' [AC193]- During the past 30 days, how did you use marijuana or cannabis most often?

◯   1 Smoke it in a joint, bong, or pipe
◯   2 Smoke part or all of a cigar with marijuana in it
◯   3 Eat it
◯   4 Drink it
◯   5 Vaporize it
◯   6 Dab it
◯   91 Other, specify

'QA21_C62' [AC194]- Where did you get the marijuana or cannabis you used in the past 30 days?

❑ 1 Licensed cannabis dispensary
❑ 2 Vape or smoke shop
❑ 3 Another type of shop
❑ 4 Cannabis delivery service
❑ 5 Website
❑ 6 Pop-up shop
❑ 7 Family or friend
❑ 8 Another person
❑ 9 I grow or make it myself
❑91 Other, specify

'QA21_C63' [AC192]- During the past year, when has someone else smoked marijuana around you in California?

◯ 1 In the past week
◯ 2 In the past two weeks
◯ 3 In the past month
◯ 4 Longer than a month ago, but within the past year
◯ 5 No one has smoked marijuana around me within the past year

'QA21_C64' [AC195]- In the following questions, we are specifically asking about products that contain CBD, but not THC. 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.

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

- ❍　　1 Yes
- ❍　　2 No

If 2,-3 goto 'QA21_C76'

'QA21_C65' [AC196]- How long has it been since you last used CBD in any form?

- ❍　　1 Days [HR: 0-365]
- ❍　　2 Months [HR: 0-12]
- ❍　　3 Years f[0-99]

PN: COMPUTE CBDLASTUSE = (YEAR*365)+(MONTH*30)+(DAY)
If CBDLASTUSE>30, goto 'QA21_C68')

'QA21_C66' [AC197]- During the past 30 days, on how many days did you use CBD or CBD product?

- ❍　　1 0 Days
- ❍　　2 1-2 Days
- ❍　　3 3-5 Days
- ❍　　4 6-9 Days
- ❍　　5 10-19 Days
- ❍　　6 20-29 Days
- ❍　　7 30 Days or more

If =1, goto 'QA21_C76'

'QA21_C67' [AC198]- During the past 30 days, how did you use CBD? Did you…

Take it orally?

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

- ❍　　1 Yes
- ❍　　2 No

'QA21_C68' [AC199]- Did you…

Eat it?

For example, edibles, like cookies or gummies

- ❍　　1 Yes
- ❍　　2 No

'QA21_C69' [AC200]- Did you…

Drink it?

For example, in a tea or soda

- ❍　　1 Yes
- ❍　　2 No

'QA21_C70' [AC201]- Did you…

apply it on your skin?

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

- ❍　　1 Yes
- ❍　　2 No

'QA21_C71' [AC202]- Did you…

Smoke it?

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

- ❍　　1 Yes
- ❍　　2 No

'QA21_C72' [AC203]- Did you…

vaporize it?

For example, in an e-cigarette type vaporizer.

- ❍　　1 Yes
- ❍　　2 No

'QA21_C73' [AC204]- Did you…

dab it?

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

- ❍　　1 Yes
- ❍　　2 No

'QA21_C74' [AC205]- Did you…

use it some other way?

- ❍　　1 Yes (Specify:_____)
- ❍　　2 No

PROGRAMMING NOTE 'AC206: IF USED MORE THAN 1 METHOD USED IN AC198- AC205
CONTINUE WITH 'QA21_C75' AND DISPLAY ONLY RESPONSE OPTIONS WHERE AC198-
AC205=1; ELSE GO TO AC128

'QA21_C75' [AC206]- During the past 30 days, how did you use CBD most often?

- ❍ 1 Take it orally
- ❍ 2 Eat it
- ❍ 3 Drink it
- ❍ 3 Apply it on your skin
- ❍ 4 Smoke it
- ❍ 5 Vaporize it
- ❍ 6 Dab it

- ❍ 91 Use it another way

'QA21_C76' [AC128] - Have you used heroin in the past 12 months?

- ❍ 1 Yes
- ❍ 2 No

'QA21_C77' [AC129] - Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor's directions?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 go to 'QA21_C83'

'QA21_C78' [AC131] - Did you get the prescription(s) from one doctor or from more than one doctor?

- ❍ 01 One doctor
- ❍ 02 More than one doctor
- ❍ 03 Didn't get it from a doctor

'QA21_C79' [AC133] - What condition or conditions have you taken the medicine for?

Check all that apply

- ❑ 1 Dental work/ dental pain
- ❑ 2 Surgery, not accident related
- ❑ 3 Recent injury
- ❑ 4 Chronic pain, regardless of cause
- ❑ 91 Other (Specify)_____

'QA21_C80' [AC163] - What is your best estimate of the number of days you used prescription pain killers in any way a doctor did not direct you to use during the past 30 days?

_____ [0-30 days]

If <1, goto 'QA21_C83''

'QA21_C81' [AC164] - During the past 30 days did you use prescription pain killers in any way a doctor did not direct you to use them while…

Drinking alcohol or within a couple of hours of drinking?

    ❍   1 Yes
    ❍   2 No

'QA21_C82' [AC165] - During the past 30 days did you use prescription pain killers in any way a doctor did not direct you to use them while …Using Benzodiazepines (e.g., Xanax, Ativan, Klonopin, Valium, etc.)?

    ❍   1 Yes
    ❍   2 No

'QA21_C83' [AC166] - Have you used methamphetamines in the past 12 months?

    ❍   1 Yes
    ❍   2 No

'QA21_C84' [AC167] - Have you used any prescription stimulants (such as Adderall®, Dexedrine®) in any way a doctor did not direct you to use it in the past 12 months?

    ❍   1 Yes
    ❍   2 No

'QA21_C85' [AC207]- These questions are about drinks of alcoholic beverages. In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

    ❍   1 Yes
    ❍   2 No

If = 2,-3 go to 'QA21_C90'

'QA21_C86' [AC208]- How long has it been since you last drank an alcoholic beverage?

    ❍   1 Within the past 30 days
    ❍   2 More than 30 days ago, but within the past 12 months
    ❍   3 More than 12 months ago

If = 2,3, -3 go to 'QA21_C90'

'QA21_C87' [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?

    ❍   1 Number of days [RANGE 1-30]

'QA21_C88' [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.

    ❍   1 Number of drinks [SR: 1-20, HR: 0-99]

PROGRAMMING NOTE 'QA21_C89': IF 'AD65D"=1 THEN DISPLAY "4 or more" ELSE IF 'QA21_A5'=2 THEN DISPLAY "5 or more"

'QA21_C89' [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.

> ❍   1 Number of days [RANGE 0-30]

'QA21_C90' [AC160] –On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, how important do you think genetics and medical care are to a person's health?

_____ [HR: 1-10]

'QA21_C91' [AC161] - On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, how important do you think individual or environmental factors – such as a person's behaviors or access to healthy foods or recreation – are to a person's health?

_____ [HR: 1-10]

Section GV: Gun Violence

'QA21_GV1' [AGV1]-The next questions are about firearms. Please include weapons such as pistols, shotguns, and rifles. Include those kept in a garage, outdoor storage area, or motor vehicle. Please do not count BB guns, starter pistols, or guns that cannot fire.

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

How many firearms are kept in or around your home?

❍   _____ Number of firearms [0-999]

If= 0, -3 go to 'QA21_GV7'

'QA21_GV2' [AGV2]- How many of these firearms are handguns?

❍   _____ Number of handguns [0-999]

PROGRAMMING NOTE 'QA21_GV3': IF 'QA21_GV1'=1, THEN ASK 'QA21_GV3'; ELSE GO TO 'QA21_GV4';

'QA21_GV3' [AGV3]-Is that firearm a handgun?

❍   01 Yes
❍   02 No

PROGRAMMING NOTE 'QA21_GV4': IF 'QA21_GV1'>1, THEN ASK 'QA21_GV4'; ELSE GO TO PN_ 'QA21_GV5';

'QA21_GV4' [AGV4] **–** How many of the firearms you keep in or around your home are…

❍   01 Loaded and locked only with a trigger lock

[_____] # of firearms [0-999]
❍   02 Loaded and stored in a lock box or in another locked cabinet/container

[_____] # of firearms [0-999]
❍   03 Loaded and unlocked

[_____] # of firearms [0-999]

❍   04 Unloaded and locked only with a trigger lock

[_____] # of firearms [0-999]
❍   05 Unloaded and locked with a cable lock, in a lock box or in another locked cabinet/container
[_____] # of firearms

❍   06 Unloaded and unlocked   [_____] # of firearms [0-999]

> *PROGRAMMING NOTE 'QA21_GV5': IF 'QA21_GV1'=1, THEN ASK 'QA21_GV5'; ELSE GO TO 'QA21_GV7';*

'QA21_GV5' [AGV5]-Is the firearm kept loaded?

- ○   01 Yes
- ○   02 No

'QA21_GV6' [AGV6]**–** Is the firearm…

- ○   01 Unlocked
- ○   02 Locked up with a trigger lock
- ○   03 Locked up with a cable lock, in a lock box or in another locked cabinet/container

'QA21_GV7' [AGV7]-How worried are you about being the victim of gun violence?

- ○   01 Very worried
- ○   02 Somewhat worried
- ○   03 Not too worried
- ○   04 Not at all worried

> *PROGRAMMING NOTE 'QA21_GV8': IF AGE 18-25, CONTINUE ELSE SKIP TO 'QA21_D1''*

'QA21_GV8' [AGV8]- If you wanted a firearm, do you think you would be able to get one within 2 days?

- ○   01 Yes
- ○   02 No

Section D: General Health, Disability, and Sexual Health

'QA21_D2' [AE17] - These next questions are about your height and weight. How tall are you without shoes?

You answer in feet and inches or centimeters

_____ Feet
_____ Inches

_____ Centimeters

PROGRAMMING NOTE 'QA21_D3':
IF 'QA21_A5' = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR 'QA21_A4' < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

'QA21_D3' [AE18] - {When not pregnant, how/How} much do you weigh without shoes? You may answer in pounds or kilograms

_____ Pounds
_____ Kilograms

'QA21_D4' [AD50] - Are you blind or deaf, or do you have a severe vision or hearing problem?

❍   1 Yes
❍   2 No

If = 2, -3, goto 'QA21_D9'

'QA21_D5' [AL8] - Are you legally blind?

❍   1 Yes
❍   2 No

'QA21_D6' [AD43B] - We are asking a few questions about people's sexual experiences. All answers will be kept private.

In the <u>past 12 months</u>, how many sexual partners have you had?

_____Number of partners [HR: 0 - 99, SR: 0 - 20]

If >=0 , -3 goto 'QA21_D8'

❍   -8 Don't know

'QA21_D7' [AD44B] - Can you give me your best guess of the number of sexual partners you have had <u>in the past 12 months</u>?

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

- ❍ 1 0 partners
- ❍ 2 1 partner
- ❍ 3 2-3 partners
- ❍ 4 4-5 partners
- ❍ 5 6-10 partners
- ❍ 6 More than 10 partners

PROGRAMMING NOTE 'QA21_D8'
IF 'QA21_D6' = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 =0, GO TO PROGRAMMING NOTE 'QA21_D12';
ELSE CONTINUE WITH 'QA21_D8' ;
IF 'QA21_D6' OR 'QA21_D7' = 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"

'QA21_D8' [AD45B] - {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

- ❍ 01 Male
- ❍ 02 Female
- ❍ 03 Both male and female

PROGRAMMING NOTE 'QA21_D9'
IF 'QA21_A6' =2, 3, 4, -3 (IDENTIFIES AS FEMALE, TRANSGENDER, NONE OF THESE, SKIPPED), DISPLAY " Lesbian, Gay" IN QUESTION AND "{Lesbian or} Gay " IN RESPONSE CATEGORY;
ELSE DISPLAY "Gay" IN QUESTION AND "Gay" IN RESPONSE CATEGORY

'QA21_D9' [AD46C] - Do you think of yourself as…

- ❍ 02 {Lesbian or} Gay
- ❍ 01 Straight, not {lesbian or} gay
- ❍ 03 Bisexual
- ❍ 93 Something else (Specify: _____)
- ❍ 06 I don't know

PROGRAMMING NOTE 'QA21_D10' :
IF ['QA21_A6' = 1 (IDENTIFIES AS MALE) AND 'QA21_D8' = 1 (MALE)] OR ['QA21_A6' = 2 (
IDENTIFIES AS FEMALE) AND 'QA21_D8' = 2 (FEMALE)] OR ['QA21_D8' = 3, -3] OR [IF 'QA21_D9'
≠ 1] CONTINUE WITH 'QA21_D10' ;
ELSE GO TO 'QA21_D12'

'QA21_D10' [AD60B] - Are you legally married to someone of the same sex?

Do not include legal domestic partnership. Include legal same sex marriages performed in California and
other states

> ❍   1 Yes
> ❍   2 No

If = 1, goto 'PN_QA21_D12'

'QA21_D11' [AD61B] - Are you recognized by the state of California as a legally registered domestic
partner to someone of the same sex?

> ❍   1 Yes
> ❍   2 No

PROGRAMMING NOTE 'QA21_D12';IF ['QA21_A5' = 1 OR 'QA21_A6' = 1 (MALE AT BIRTH OR
IDENTIFIES AS MALE)] AND 'QA21_D8' = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE
AND MALE), THEN CONTINUE WITH 'QA21_D12';ELSE IF ('QA21_A6' = 1 AND 'QA21_A5' = 2) OR
('QA21_A6' = 2 AND 'QA21_A5' = 1), THEN CONTINUE WITH 'QA21_D12';ELSE IF 'QA21_A6' = 3
(IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH 'QA21_D12';ELSE IF 'QA21_A6' = 1
AND 'QA21_D9'= 2 OR 3, THEN CONTINUE WITH 'QA21_D12';ELSE SKIP TO 'QA21_D16';

'QA21_D12' [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®.
At any time in the past 30 days, have you taken PrEP or Truvada®?

> ❍   1 Yes
> ❍   2 No

If = 1, goto 'QA21_D16'

'QA21_D13' [AD80] - In the past 12 months, have you taken any PrEP or Truvada®?

> ❍   1 Yes
> ❍   2 No

If = 1, goto 'QA21_D16'

'QA21_D14' [AD81] - Have you ever taken any PrEP or Truvada®?

> ❍   1 Yes
> ❍   2 No

If = 1, goto 'QA21_D16'

'QA21_D15' [AD82] - Before today, have you ever heard of PrEP or Truvada®?

- ❍   1 Yes
- ❍   2 No

'QA21_D16' [AD83] - Have you ever been tested for HIV, the virus that causes AIDS?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'QA21_D18'

'QA21_D17' [AD84] - For your most recent HIV test, were you offered the test or did you ask for the test?

- ❍   1 I was offered the test
- ❍   2 I asked for the test
- ❍   4 I was required to take the test
- ❍   3 I don't remember
- ❍   91 Other (Specify:_____)

If = 1, 2, 3,4, 91, -3, goto PN_'QA21_F1'

'QA21_D18' [AD85] - Were you ever offered an HIV test?

- ❍   1 Yes
- ❍   2 No

Section F: Mental Health

'QA21_F1' [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.

About how often during the past 30 days did you feel ....nervous?

- ❍　1 All of the time
- ❍　2 Most of the time
- ❍　3 Some of the time
- ❍　4 A little of the time
- ❍　5 None of the time

'QA21_F2' [AJ30] - ... hopeless?

- ❍　1 All of the time
- ❍　2 Most of the time
- ❍　3 Some of the time
- ❍　4 A little of the time
- ❍　5 None of the time

'QA21_F3' [AJ31] - ... restless or fidgety?

- ❍　1 All of the time
- ❍　2 Most of the time
- ❍　3 Some of the time
- ❍　4 A little of the time
- ❍　5 None of the time

'QA21_F4' [AJ32] - ... so depressed that nothing could cheer you up?

- ❍　1 All of the time
- ❍　2 Most of the time
- ❍　3 Some of the time
- ❍　4 A little of the time
- ❍　5 None of the time

'QA21_F5' [AJ33] - ... that everything was an effort?

- ❍　1 All of the time
- ❍　2 Most of the time
- ❍　3 Some of the time
- ❍　4 A little of the time
- ❍　5 None of the time

'QA21_F6' [AJ34] - ... worthless?

- ❍　1 All of the time
- ❍　2 Most of the time
- ❍　3 Some of the time
- ❍　4 A little of the time
- ❍　5 None of the time

'QA21_F7' [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?

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE 'QA21_F8' :
IF 'QA21_F7' = 1 THEN CONTINUE WITH 'QA21_F8' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA21_F14' intro

'QA21_F8' [AF63] - The next questions are about the one month in the past 12 months when you were at your worst emotionally.

During that same month, how often did you feel ....nervous?

- ❍ 1 All of the time
- ❍ 2 Most of the time
- ❍ 3 Some of the time
- ❍ 4 A little of the time
- ❍ 5 None of the time

'QA21_F9' [AF64] - ... hopeless?

- ❍ 1 All of the time
- ❍ 2 Most of the time
- ❍ 3 Some of the time
- ❍ 4 A little of the time
- ❍ 5 None of the time

'QA21_F10' [AF65] - ... restless or fidgety?

- ❍ 1 All of the time
- ❍ 2 Most of the time
- ❍ 3 Some of the time
- ❍ 4 A little of the time
- ❍ 5 None of the time

'QA21_F11' [AF66] - ... so depressed that nothing could cheer you up?

- ❍ 1 All of the time
- ❍ 2 Most of the time
- ❍ 3 Some of the time
- ❍ 4 A little of the time
- ❍ 5 None of the time

'QA21_F12' [AF67] - ... that everything was an effort?

- ❍ 1 All of the time
- ❍ 2 Most of the time
- ❍ 3 Some of the time
- ❍ 4 A little of the time
- ❍ 5 None of the time

'QA21_F13' [AF68] - ... worthless?

- ❍   01 All of the time
- ❍   02 Most of the time
- ❍   03 Some of the time
- ❍   04 A little of the time
- ❍   05 None of the time

IF 'QA21_F1'-'QA21_F6' > 0 THEN,
IF 'QA21_F1'-'QA21_F6' = 1 THEN 'QA21_F1'_R-'QA21_F6'_R = 4;
ELSE IF 'QA21_F1'-'QA21_F6' = 2 THEN 'QA21_F1'_R-'QA21_F6'_R = 3;
ELSE IF 'QA21_F1'-'QA21_F6' = 3 THEN 'QA21_F1'_R-'QA21_F6'_R = 2;
ELSE IF 'QA21_F1'-'QA21_F6' = 4 THEN 'QA21_F1'_R-'QA21_F6'_R = 1;
ELSE IF 'QA21_F1'-'QA21_F6' = 5 THEN 'QA21_F1'_R-'QA21_F6'_R = 0;
ELSE 'QA21_F1'_R-'QA21_F6'-R = 'QA21_F1'-'QA21_F6';
IF 'QA21_F8'-'QA21_F13' > 0 THEN,
IF 'QA21_F8'-'QA21_F13' = 1 THEN 'QA21_F8'_R-'QA21_F13'_R = 4;
ELSE IF 'QA21_F8'-'QA21_F13' = 2 THEN 'QA21_F8'_R-'QA21_F13'_R = 3;
ELSE IF 'QA21_F8'-'QA21_F13' = 3 THEN 'QA21_F8'_R-'QA21_F13'_R = 2;
ELSE IF 'QA21_F8'-'QA21_F13' = 4 THEN 'QA21_F8'_R-'QA21_F13'_R = 1;
ELSE IF 'QA21_F8'-'QA21_F13' = 5 THEN 'QA21_F8'_R-'QA21_F13'_R = 0;
ELSE 'QA21_F8'_R-'QA21_F13'_R = 'QA21_F8'-'QA21_F13';

IF ('QA21_F1'_R - 'QA21_F6'_R) >= 0 (NON-MISSING) THEN DO;
IF ('QA21_F1'_R + 'QA21_F2'_R + 'QA21_F3'_R + 'QA21_F4'_R + 'QA21_F5'_R + 'QA21_F6'_R) > 8
OR
('QA21_F8'_R + 'QA21_F9'_R + 'QA21_F10'_R + 'QA21_F11'_R + 'QA21_F12'_R + 'QA21_F13'_R) >
8, THEN CONTINUE WITH 'QA21_F14' INTRO;

IF ('QA21_F8'_R – 'QA21_F13'_R) 7 OR
('QA21_F8'_R + 'QA21_F9'_R + 'QA21_F10'_R + 'QA21_F11'_R + 'QA21_F12'_R + 'QA21_F13'_R) >
7, THEN CONTINUE WITH 'QA21_F14' INTRO;

IF 'QA21_F7' = 1 THEN DISPLAY "again, please";
ELSE SKIP TO 'QA21_F19';

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

PROGRAMMING NOTE 'QA21_F14' :
IF AGE > 70 GO TO 'QA21_F15' ;
ELSE CONTINUE WITH 'QA21_F14'

'QA21_F14' [AF69B] - Did your emotions interfere a lot, some, or not at all with your performance at work/school?

- ❍   1 A lot
- ❍   2 Some
- ❍   3 Not at all
- ❍   4 I do not work

'QA21_F15' [AF70B] - Did your emotions interfere a lot, some, or not at all with your household chores?

- ❍ 1 A lot
- ❍ 2 Some
- ❍ 3 Not at all

'QA21_F16' [AF71B] - Did your emotions interfere a lot, some, or not at all with your social life?

- ❍ 1 A lot
- ❍ 2 Some
- ❍ 3 Not at all

'QA21_F17' [AF72B] - Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

- ❍ 1 A lot
- ❍ 2 Some
- ❍ 3 Not at all

'QA21_F18' [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?

_____NUMBER OF DAYS

'QA21_F19' [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?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 goto 'QA21_F21'

'QA21_F20' [AJ1] - Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

- ❍ 01 Yes
- ❍ 02 No
- ❍ 03 Don't have insurance

'QA21_F21' [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?

- ❍ 1 Yes
- ❍ 2 No

'QA21_F22' [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?

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE 'QA21_F23' :
IF 'QA21_F21' = 1 OR 'QA21_F22' = 1 THEN CONTINUE WITH 'QA21_F23' ;
ELSE SKIP TO 'QA21_F28'

'QA21_F23' [AF76] - Did you seek help for your mental or emotional health <u>or</u> for an alcohol or drug problem?

- ❍   1 Mental-emotional health
- ❍   2 Alcohol-drug problem
- ❍   3 Both mental and alcohol-drug problems

PROGRAMMING NOTE 'QA21_F24' :
IF 'QA21_F23' = 1, display: "mental or emotional health";
IF 'QA21_F23' = 2, display: "use of alcohol or drugs";
IF 'QA21_F23' = 3, display: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO 'QA21_F25'

'QA21_F24' [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.

_____ Number of visits [HR: 0 - 365, SR: 0 - 52]

'QA21_F25' [AF78] - Are you still receiving treatment for these problems from one or more of these providers?

- ❍   1 Yes
- ❍   2 No

If = 1, -3 goto 'QA21_F28'

'QA21_F26' [AF79] - Did you complete the recommended full course of treatment?

- ❍   1 Yes
- ❍   2 No

If = 1, -3 goto 'QA21_F28'

'QA21_F27' [AF80] - What is the <u>main reason</u> you are no longer receiving treatment?

- ❍   1 Got better/ no longer needed treatment
- ❍   2 Not getting better
- ❍   3 Wanted to handle problem on my own
- ❍   4 Had bad experiences with treatment
- ❍   5 Lack of time or transportation
- ❍   6 Too expensive
- ❍   7 Insurance does not cover
- ❍   91 Other (Specify: _____)

'QA21_F28' [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?

❛   1 Yes
❛   2 No

PROGRAMING NOTE 'QA21_F29' :IF 'QA21_F19' = 1 AND ('QA21_F21' ≠ 1 AND 'QA21_F22' ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH 'QA21_F29' ;
ELSE SKIP TO AG44

'QA21_F29' [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.

You were concerned about the cost of treatment.

❛   1 Yes
❛   2 No

'QA21_F30' [AF83] - You did not feel comfortable talking with a professional about your personal problems.

❛   1 Yes
❛   2 No

'QA21_F31' [AF84] - You were concerned about what would happen if someone found out you had a problem.

❛   1 Yes
❛   2 No

'QA21_F32' [AF85] - You had a hard time getting an appointment.

❛   1 Yes
❛   2 No

'QA21_F33' [AG44] - The next questions are about your use of technology.

People may use the internet for streaming video/music, playing games, checking social media, using apps, browsing the web, etc, on a computer or on a phone or mobile device.

On a typical day, how often do you use the internet?

❛   01 Almost constantly
❛   02 Many times a day
❛   03 A few times a day
❛   04 Less than a few times a day

'QA21_F34' [AG45] - On a typical day, how often do you use a computer or mobile device for social media?

Social media may include Facebook, Instagram, Twitter, Snapchat, YouTube, etc

- ❍   01 Almost constantly
- ❍   02 Many times a day
- ❍   03 A few times a day
- ❍   04 Less than a few times a day

'QA21_F35' [AG46] - In the past 12 months, have you tried to get help from an on-line tool, including mobile apps or texting services for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

- ❍   01 Yes
- ❍   02 No

If = 2, go to 'QA21_F37'
If=-3, go to 'QA21_F38'

'QA21_F36' [AG47] - How useful was this?

- ❍   01 Very
- ❍   02 Somewhat
- ❍   3 Not at all

PROGRAMMING NOTE 'QA21_F37': IF 'QA21_F35' =2 AND 'QA21_F19' = 1 THEN CONTINUE WITH 'QA21_F37'
ELSE SKIP TOAG49

'QA21_F37' [AG48] - What is the <u>main reason </u>you did not try to get help from an on-line tool, including mobile apps, or texting services?

- ❍   1 Got better/ no longer needed
- ❍   2 Wanted to handle problem myself
- ❍   3 Don't own a smartphone or computer or don't have enough space to download new apps
- ❍   4 Didn't know about these apps
- ❍   5 Don't trust mobile apps
- ❍   6 Concerns about privacy and security of data
- ❍   7 Don't think it would be helpful or work
- ❍   8 Cost
- ❍   9 Don't have time
- ❍   10 Received traditional/ face-to-face services
- ❍   11 Don't think I needed it
- ❍   12 Don't have enough space to download new apps
- ❍   91 Other (Specify: _____)

'QA21_F38' [AG49] - In the past 12 months, have you connected online with people that have mental health or alcohol/drug concerns similar to yours through methods such as social media, blogs, and online forums?

Include online forums or closed social media groups on specific issues, doing hashtag searches on social media, or following people with similar health conditions

- ❍ 01 Yes
- ❍ 02 No

'QA21_F39' [AG50] - In the past 12-months, have you used online tools to find, be referred to, contact, or connect with a mental health professional?

For example, by texting, on-line messaging, video chat, or a mental health or health-related mobile app

- ❍ 01 Yes
- ❍ 02 No

PROGRAMMING NOTE 'QA21_F40'-: IF ADULTCNT>=2 OR (ADULCNT>=1 AND KIDCNT>=1), CONTINUE, DISPLAY "OR MEMBERS OF YOUR HOUSEHOLD"

'QA21_F40' [AF110]- The next set of questions are about potentially hazardous weather-related events that are increasing in California, including extreme heat waves, flooding, wildfires, smoke from wildfires, and the public safety power shutoffs of electricity to prevent a wildfire.

In the past two years, have you or members of your household personally experienced any of these events?

- ❍ 01 Yes
- ❍ 02 No

If 2, -3 goto 'QA21_G1'

PROGRAMMING NOTE 'QA21_F41'-: IF ADULTCNT>=2 OR (ADULCNT>=1 AND KIDCNT>=1), CONTINUE, DISPLAY "OR THE PHYSICAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD"

'QA21_F41' [AF111]- Was your physical health {or the physical health of members of your household} harmed by any of these events?

- ❍ 01 Yes
- ❍ 02 No

PROGRAMMING NOTE 'QA21_F42'-: IF ADULTCNT>=2 OR (ADULCNT>=1 AND KIDCNT>=1), CONTINUE, DISPLAY "OR THE MENTAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD"

'QA21_F42' [AF112]- Was your mental health {or the mental health of members of your household} harmed by any of these events?

- ❍ 01 Yes
- ❍ 02 No

'QA21_F43' [AF113]- Were your property or finances harmed by any of these events?

- ❍ 01 Yes
- ❍ 02 No

Section G: Demographic Information, Part II

PROGRAMMING NOTE 'INTRO':
IF CHILD INTERVIEW COMPLETED AND 'QA21_A37'=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 'QA21_A37'=2 AND CH15= (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services."

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

PROGRAMMING NOTE 'QA21_G1':
IF CHILD INTERVIEW COMPLETED AND 'QA21_A37'=1, MARK 'QA21_G1'= CH11 AND GO TO 'QA21_G2';
IF CHILD INTERVIEW COMPLETED AND 'QA21_A37'=2, MARK 'QA21_G1'= CH14 AND GO TO 'QA21_G2';
ELSE CONTINUE WITH 'QA21_G1'

'QA21_G1' [AH33] - In what country were you born?

- ❍ 1 United States
- ❍ 2 American Samoa
- ❍ 3 Canada
- ❍ 4 China
- ❍ 09 Guam
- ❍ 16 Japan
- ❍ 17 Korea
- ❍ 18 Mexico
- ❍ 19 Philippines
- ❍ 22 Puerto Rico
- ❍ 25 Vietnam
- ❍ 26 Virgin Islands
- ❍ 91 Other (Specify: _____)

> *PROGRAMMING NOTE 'QA21_G2' :IF 'QA21_G1' ≠ 1, (NOT BORN IN US) GO TO PN_'QA21_G4' ;*
> *'QA21_A21'*
> *ELSE IF 'QA21_G1' = 1 OR -3 (BORN IN US, SKIPPED) CONTINUE WITH 'QA21_G2';*
> *IF CHILD INTERVIEW COMPLETED ['QA21_A37'=1, 2 AND 'QA21_G1'=1 DISPLAY "You previously mentioned you were born in the United States."];*
> *ELSE DISPLAY "In what country was your mother born"*

'QA21_G2' [AH34] - {You previously mentioned you were born in the United States}.In what country was your mother born?

- ○ 1 United States
- ○ 2 American Samoa
- ○ 3 Canada
- ○ 4 China
- ○ 09 Guam
- ○ 16 Japan
- ○ 17 Korea
- ○ 18 Mexico
- ○ 19 Philippines
- ○ 22 Puerto Rico
- ○ 25 Vietnam
- ○ 26 Virgin Islanda
- ○ 91 Other (Specify: _____)

'QA21_G3' [AH35] - In what country was your father born?

- ○ 1 United States
- ○ 2 American Samoa
- ○ 3 Canada
- ○ 4 China
- ○ 09 Guam
- ○ 16 Japan
- ○ 17 Korea
- ○ 18 Mexico
- ○ 19 Philippines
- ○ 22 Puerto Rico
- ○ 25 Vietnam
- ○ 26 Virgin Islanda
- ○ 91 Other (Specify: _____)

'QA21_G4' [AH39] - The next questions are about citizenship and immigration.

Are you a citizen of the United States?

- ○ 1 Yes
- ○ 2 No
- ○ 3 Application pending

If = 1, goto 'QA21_G6'

> *PROGRAMMING NOTE 'QA21_G5' :*
> *IF 'QA21_G1' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QA21_G7'*

'QA21_G5' [AH40] - Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

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

    ❍   1 Yes
    ❍   2 No
    ❍   3 Application pending

'QA21_G6' [AH41] - About how many years have you lived in the United States?

For less than a year, enter 1 year

    _____ Number of years

> ***PROGRAMMING NOTE AH41Y: (IF 'QA21_G1' = 03-08, 10-21, 23-25 OR 91-99) AND 'QA21_G6' = MISSING, CONTINUE ELSE GO TO PROGRAMMING NOTE 'QA21_A24'***

    _____ Year (First came to live in U.S.)

> ***PROGRAMMING NOTE 'QA21_G7' : IF 'QA21_G4' = 1 (NATURALIZED) OR AH40 = 1 (HAS GREEN CARD), GO TO 'QA21_G9'; ELSE CONTINUE WITH 'QA21_G7'***

'QA21_G7' [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?

    ❍   1 Tourist visa
    ❍   2 Student visa
    ❍   3 Work visa or permit
    ❍   4 Deferred action for childhood arrivals or "DACA"
    ❍   6 Another document which permits stay for limited time
    ❍   8 Refugee/asylum status
    ❍   91 Other (specify: _____)

If= 8, -3 = goto 'QA21_G9'

'QA21_G8' [AG37B]- Is this visa or document still valid or has it expired?

    ❍   1 Valid
    ❍   2 Expired
    ❍   3 Application pending

PROGRAMMING NOTE 'QA21_G9' :
IF [AAGE < 30 OR 'QA21_A4' = 1 (AGE 18-29)] AND ['QA21_A24' = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR 'QA21_A23' = 3, 4, 5, 6, OR -3 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, SKIPPED) AND 2 OR MORE ADULTS LIVING IN HH)],
CONTINUE WITH 'QA21_G9' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_G18'

'QA21_G9' [AH43A] - Are you now living with either of your parents?

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

    ❍   1 Yes
    ❍   2 No

'QA21_G10' [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. Your teen's answers may help other teens in your community and across California.

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

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

 1. <u>Click here to see the types of questions we will ask</u>

[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. <u>Click here to learn about how we intend to contact your teen</u>

[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. <u>Click here for our privacy protection policy</u>

 [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?

  ❍ 1 Yes
  ❍ 2 No

PROGRAMMING NOTE 'QA21_G10'_A: IF 'QA21_G10' =2,-3 SKIP TO 'QA21_G10'_BRC, ELSE
CONTINUE WITH TP_1A; ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN 'QA21_G10', DO
NOT DISPLAY "Questions in teen survey….in need.;
ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA21_G10', DO NOT DISPLAY "Like your
answers, {his/her} answers….8714."
ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'QA21_G10'=1, SKIP TO
TP_NAME

'QA21_G11' [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.}

{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?

- ❍   1 Yes
- ❍   2 No

PROGRAMMING NOTE 'QA21_G10'_BRC: IF 'QA21_G10'_A =2,-3 CONTINUE WITH 'QA21_G10'_BRC AND DISPLAY "However,….interview";ELSE IF 'QA21_G10'=2, CONTINUE WITH 'QA21_G10'_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 'QA21_G10', DO NOT DISPLAY "Questions in teen survey….any time."ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN 'QA21_G10', DO NOT DISPLAY "Like your answers, {his/her} answers ….8714."ELSE SKIP TO TP_NAME

'QA21_G12' [TP1_BRC] - We understand that you would prefer that your teen not participate in the survey.

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

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

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

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

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

- ❍   1 Yes
- ❍   2 Yes if no questions on drugs
- ❍   3 Yes if no questions on sexual behavior
- ❍   4 Yes if no questions on drugs and sexual behavior
- ❍   5 No

If=1, 2,3, 4 go to TP_NAME
If= 5, -3 go to 'QA21_G16'

'QA21_G13' [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.

    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}?

__ __ __ - __ __ __ - __ __ __ __

       01   Landline
       02   Cell phone

(ASK IF TP_NAME= 2)

'QA21_G14' [TP2_CELL2]. Is the cell phone number you just provided your teen's personal phone number?

       01   Yes
       02   No

(ASK IF TP2_CELL2 = 1)

'QA21_G15' [TP3]. Are you willing to let us send your teen a text message reminder to participate in the survey?

       01   Yes
       02   No

'QA21_G16' [TP6] - We understand that you would prefer your teen not participate in the survey. Thank you for your consideration.

PROGRAMMING NOTE 'QA21_G17': IF 'QA21_G10' = 1 OR 'QA21_G10'_RC =1,2,3, CONTINUE WITH 'QA21_G17'; ELSE SKIP TO 'QA21_G18'

'QA21_G17' [TP_END] - Thank you for allowing your teen to participate. We have some more questions for you.

> *PROGRAMMING NOTE 'QA21_G18' :*
> *ANY CHILDREN IN 'QA21_A36' ARE AGE 13 OR LESS, CONTINUE WITH 'QA21_G18' ;*
> *ELSE GO TO 'QA21_G21' ;*
> *IF ANY CHILD IN ROSTER 'QA21_A36' < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY "for any*
> *children under age 14";*
> *IF 'QA21_A23' = 1 (MARRIED) AND 'QA21_A24' =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY*
> *"you or your spouse";*
> *ELSE IF 'QA21_A24' = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";*
> *ELSE DISPLAY "you"*

'QA21_G18' [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?

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

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 goto 'QA21_G21'

'QA21_G19' [AH44B] - In the past month, how much did you pay for all child care arrangements and programs?

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 <u>typical week</u> last month.

- ❍ 1 _____ Amount last month [HR: 0-8,000]
- ❍ 2 _____ Amount in typical week [HR: 0-3,000]

- ❍ 3 There was no payment in the last month

> *PROGRAMMING NOTE 'QA21_G21' :*
> *IF CHILD INTERVIEW COMPLETE AND AR ≠ CHILD INTERVIEW RESPONDENT OR CHILD*
> *INTERVIEW NOT COMPLETE, CONTINUE WITH 'QA21_G21' ;*
> *ELSE GO TO 'QA21_G22'*

'QA21_G21' [AH47] - What is the highest grade of education you have completed and received credit for?

- ❍　30 No Formal Education
- ❍　2 Grade School
- ❍　3 High School Or Equivalent
- ❍　4 4-Year College Or University
- ❍　5 Graduate Or Professional School
- ❍　6 2-Year Junior Or Community College
- ❍　7 Vocational, Business, Or Trade School

Grade
- ❍　1 1st Grade
- ❍　2 2nd Grade
- ❍　3 3rd Grade
- ❍　4 4th Grade
- ❍　5 5th Grade
- ❍　6 6th Grade
- ❍　7 7th Grade
- ❍　8 8th Grade

High
- ❍　9 9th Grade
- ❍　10 10th Grade
- ❍　11 11th Grade
- ❍　12 12th Grade

College
- ❍　13 1st year of college or university (Freshman)
- ❍　14 2nd year of college or university (Sophomore)
- ❍　15 3rd year of college or university (Junior)
- ❍　16 4th year of college or university (Senior)(BA/BS)
- ❍　17 5th year of college or university

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

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

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

'QA21_G22' [AG22] - Did you ever serve on active duty in the Armed Forces of the United States?

- ❍　1 Yes
- ❍　2 No

If = 2, -3, goto 'QA21_G27'

'QA21_G23' [AG23] - When did you serve?

     From _____ (Dynamic range - Starting range for each person should be their Birth year)
     To_____

or

Check all that apply

(6 maximum responses)

- ❑   1 World War II (Sept 1940 to July 1947)
- ❑   2 Korean War (June 1950 to Jan 1955)
- ❑   3 Vietnam War (Aug 1964 to April 1975)
- ❑   4 Gulf War/ Operation Desert Storm (1990 to 1991)
- ❑   5 Afghanistan/ Operation Enduring Freedom (2001 to Present)
- ❑   6 Iraq War / Operation Iraqi Freedom (2003 to Present)

'QA21_G24' [AG24] - Altogether, how long did you serve?

     _____ Years
     _____ Months

'QA21_G25' [AG31] - Do you have a VA service-connected disability rating?

- ◯   01 Yes
- ◯   02 No

PROGRAMMING NOTE 'QA21_G26':
IF 'QA21_G25' =1, CONTINUE WITH 'QA21_G26';
ELSE SKIP TO 'QA21_G27'

'QA21_G26' [AG32] - What is your service-connected disability rating?

- ◯   01 0 Percent
- ◯   02 10 or 20 Percent
- ◯   03 30 or 40 Percent
- ◯   04 50 or 60 Percent
- ◯   05 70 Percent or higher

'QA21_G27' [AK1] - Which of the following were you doing last week?

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

- ◯   1 Working at a job or business
- ◯   2 With a job or business but not at work
- ◯   3 Looking for work
- ◯   4 Not working at a job or business

If = 1, -3 goto 'PN_QA21_G31'

'QA21_G28' [AK2] - What is the main reason you did not work last week?

Main reason is the most important reason

- ❍ 1 Taking care of house or family
- ❍ 2 On planned vacation
- ❍ 3 Couldn't find a job
- ❍ 4 Going to school/student
- ❍ 5 Retired
- ❍ 6 Disabled
- ❍ 7 Unable to work temporarily
- ❍ 8 On layoff or strike
- ❍ 9 On family or maternity leave
- ❍ 10 Off season
- ❍ 11 Sick
- ❍ 91 Other

If = 5, 6, goto 'QA21_G30'

'QA21_G29' [AG10] - Do you usually work?

- ❍ 1 Yes
- ❍ 2 No
- ❍ 3 Looking for work

PROGRAMMING NOTE 'QA21_G30' :
IF [AAGE = -3 OR AAGE < 65] AND ['QA21_G29' = 2 (DOES NOT USUALLY WORK) OR
'QA21_G28' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH 'QA21_G30' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_G31'

'QA21_G30' [AL22] - Are you receiving Social Security Disability Insurance or SSDI?

- ❍ 1 Yes
- ❍ 2 No

If = 1, 2, -3, goto 'PN_QA21_G35'

PROGRAMMING NOTE 'QA21_G31' :
IF 'QA21_G27' = 1, 2, -3 (working, with job, skipped) OR 'QA21_G29' = 1 (usually works),
CONTINUE WITH 'QA21_G31' ; ELSE GO TO PROGRAMMING NOTE 'QA21_G35'

'QA21_G31' [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?

Your main job is where you work the most hours

- ❍ 1 Private company, non-profit organization or foundation
- ❍ 2 Government
- ❍ 3 Self-employed
- ❍ 4 Family business or farm

PROGRAMMING NOTE 'QA21_G32' :IF 'QA21_G31' = 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?']"

'QA21_G32' [AK5] - {What kind of agency or department is this? / What kind of business or industry is this?}

{[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?'}]

_____

'QA21_G33' [AK6] - What is the main kind of work you do?

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

_____

PROGRAMMING NOTE 'QA21_G34' : IF 'QA21_G31' = 2 (GOVERNMENT EMPLOYEE), CODE 'QA21_G34' = 8 AND GO TO 'QA21_G35' ;IF 'QA21_G31' = 3 (SELF-EMPLOYED), CONTINUE WITH 'QA21_G34' AND DISPLAY "Including yourself, about" and "you";ELSE CONTINUE WITH 'QA21_G34' AND DISPLAY "About" and "your employer";

'QA21_G34' [AK8] - {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

Your best guess is fine

- ❍   1 1 OR 2
- ❍   2 3-9
- ❍   3 10-24
- ❍   4 25-50
- ❍   5 51-100
- ❍   6 101-200
- ❍   7 201-999
- ❍   8 1,000 or more

PROGRAMMING NOTE 'QA21_G35' :IF 'QA21_A23' = 1 (MARRIED) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1, CONTINUE WITH 'QA21_G35' ;IF 'QA21_A23' = 1, THEN DISPLAY "spouse"; ELSE IF 'QA21_D12' = 1 OR 'QA21_D13' = 1, THEN DISPLAY "partner";nELSE GO TO 'QA21_H1'

'QA21_G35' [AG8] – Which of the following was your {spouse/partner} doing last week?

- ❍   1 Working at a job or business
- ❍   2 With a job or business but not at work
- ❍   3 Looking for work
- ❍   4 Not working at a job or business

If = 1, 2, goto 'QA21_G37'

'QA21_G36' [AG11] - Does your {spouse/partner} usually work?

❍   1 Yes
❍   2 No
❍   3 Looking for work

If = 2, 3, -3, goto 'QA21_H1'

'QA21_G37' [AG9] - On your {spouse's/partner's} <u>main</u> job, is {he/she} employed by a private company, the government, <u>or</u> is {he/she} self-employed, <u>or</u> is {he/she} working without pay in a family business or farm?

❍   1 Private company, non-profit organization or foundation
❍   2 Government
❍   3 Self-employed
❍   4 Family business or farm

Section H: Health Insurance

'QA21_H1' [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?

- ❍   1 Yes
- ❍   2 No

If = 2, -3 goto 'QA21_H3'

PROGRAMMING NOTE 'QA21_H2' :IF 'QA21_H1' = 1, CONTINUE WITH 'QA21_H2'
ELSE SKIP TO'QA21_H3'

'QA21_H2' [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?

- ❍   1 Medical doctor's office
- ❍   2 Clinic/ Hospital clinic
- ❍   3 Emergency Room
- ❍   91 Some other place (Specify: _____)
- ❍   92 No one place

'QA21_H3' [AH12] - During the past 12 months, did you visit a hospital emergency room for your own health?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'QA21_H5'

'QA21_H4' [AH95] - How many times did you do that?

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

_____ Number of times [HR: 0 - 200]

'QA21_H5' [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?

- ❍   1 Yes
- ❍   2 No

If = 1, goto 'QA21_H7'
If = -3, goto 'QA21_H13'

POST-NOTE 'QA21_H5' :
IF 'QA21_H5' = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

'QA21_H6' [AI2] - Is it correct that you are not covered by Medicare even though you told me earlier that you are 65 or older?

- ❍   1 Correct, I am not covered by Medicare
- ❍   2 Not correct, I am covered by Medicare

If = 1, -3, goto 'PN_QA21_H13'
If = 2, goto 'PN_QA21_H7'

'QA21_H7' [AH123] - Is this a Medicare Advantage Plan?

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.

- ❍   1 Yes
- ❍   2 No

If=1, goto 'QA21_H9'

'QA21_H8' [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?

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

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'PN_QA21_H13'

> *PROGRAMMING NOTE 'QA21_H9' :*
>
> *IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'QA21_H13' ;*
> *DISPLAYS;*
> *IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";*
> *IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";*

'QA21_H9' [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?

AARP stands for the American Association of Retired Persons

- ❍ 1 Directly
- ❍ 2 Your current employer
- ❍ 3 Your former employer
- ❍ 4 Union
- ❍ 5 Family Business
- ❍ 6 AARP
- ❍ 7 Spouse's / Partner's employer
- ❍ 8 Spouse's / Partner's union
- ❍ 9 Professional/Fraternal Organization
- ❍ 91 Other

'QA21_H10' [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.

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.

- ❍ 1 Yes
- ❍ 2 No

'QA21_H11' [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?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, goto 'PN_QA21_H13'

'QA21_H12' [AH55] - Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?

Check all that apply

❑ 1 Your current employer
❑ 2 Your former employer
❑ 3 Union
❑ 4 Spouse's/Partner's current employer
❑ 5 Spouse's/Partner's former employer
❑ 6 Professional/Fraternal organization
❑ 7 Medicaid/Medi-Cal assistance
❑ 91 Other

POST-NOTE FOR 'QA21_H12' :
IF 'QA21_H12' = 7, SET ARMCAL = 1;

PROGRAMMING NOTE 'QA21_H13' :
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

'QA21_H13' [AI6] - {Is it correct that you are/Are you} covered by Medi-CAL?

Medi-Cal is a health insurance program for low-income individuals in California

⭕ 1 Yes
⭕ 2 No

POST-NOTE FOR 'QA21_H13' :
IF 'QA21_H13' = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND 'QA21_H13' = 2, SET ARMCAL = 0

PROGRAMMING NOTE 'QA21_H14' :
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"

'QA21_H14' [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?

You may be covered either through your own or someone else's employment

⭕ 1 Yes
⭕ 2 No

POST-NOTE FOR 'QA21_H14' :
IF 'QA21_H14' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA21_H15' :
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE
WITH 'QA21_H15' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H17'

'QA21_H15' [AI11] - Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

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.

❍   1 Yes
❍   2 No

If = 2, -3, goto 'PN_QA21_H17'

POST-NOTE FOR 'QA21_H15' :
IF 'QA21_H15' = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA21_H16' :
IF ARDIRECT = 1, THEN CONTINUE WITH 'QA21_H16' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H17'

'QA21_H16' [AH104] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

❍   1 Insurance company or HMO
❍   2 Covered California
❍   92 Other (Specify: _____)

POST-NOTE FOR 'QA21_H16' :
IF 'QA21_H16' = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR 'QA21_H17' :
IF 'QA21_H14' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA21_H15' = 1 (PURCHASED OWN
COVERAGE), CONTINUE WITH 'QA21_H17' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H19'

'QA21_H17' [AI9] - Was this plan obtained in your own name or in the name of someone else?

This may include someone who does not live in this household

❍   01 In my own name
❍   02 In someone else's name

If = 1, -3, goto 'PN_QA21_H19'

POST-NOTE FOR 'QA21_H17' :
IF 'QA21_H14' = 1 AND 'QA21_H17' = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET
AREMPOTH = 0;
IF 'QA21_H14' = 1 AND 'QA21_H17' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'QA21_H15' = 1 AND 'QA21_H17' = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF 'QA21_H15' = 1 AND 'QA21_H17' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE 'QA21_H18' :
IF 'QA21_A23' = 1 (MARRIED) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1OR IF 'QA21_G9' = 1
(LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'QA21_A4' =1 (BETWEEN 18 AND 29)], CONTINUE
WITH 'QA21_H18' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H19' ;
IF 'QA21_A23' = 1, THEN DISPLAY "spouse's name";

IF 'QA21_A23' ≠ 1 AND ('QA21_D12' = 1 OR 'QA21_D13' = 1), THEN DISPLAY "partner's name;

IF 'QA21_G9' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA21_H18' [AI9A] - Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

       ❍   1 In spouse's/partner's name
       ❍   2 In parent's name
       ❍   3 In someone else's name

POST-NOTE FOR 'QA21_H18' :
IF 'QA21_H14' = 1 AND 'QA21_H18' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND
ARSAMESP=1;
IF 'QA21_H16' = 2 AND 'QA21_H18' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND
ARSAMESP=1 AND SPHBEX = 1;
IF 'QA21_H14' = 1 AND 'QA21_H18' = 2 SET AREMPPAR =1 AND AREMPOTH = 0;
IF 'QA21_H15' = 1 AND 'QA21_H18' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND
ARSAMESP=1;
IF 'QA21_H15' = 1 AND 'QA21_H18' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE 'QA21_H19' :
IF 'QA21_H14' = 1 (EMPLOYER-BASED COVERAGE) AND 'QA21_G34' =< 5 (FIRM SIZE <=100),
CONTINUE WITH 'QA21_H19' 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 'QA21_H20' ;

'QA21_H19' [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?

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

       ❍   1 Employer
       ❍   2 Union
       ❍   3 SHOP / Covered California
       ❍   92 Other (Specify: _____)

POST-NOTE FOR 'QA21_H19' :
IF 'QA21_H19' = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE 'QA21_H20'
IF ARHBEX = 1, THEN CONTINUE WITH 'QA21_H20' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H22' ;

'QA21_H20' [AH106] - Was this a bronze, silver, gold or platinum plan?

- ❍ 1 Bronze
- ❍ 2 Silver
- ❍ 3 Gold
- ❍ 4 Platinum
- ❍ 5 Medi-CAL / Medicaid
- ❍ 6 Minimum coverage plan / Catastrophic
- ❍ 92 Other (Specify: _____)

PROGRAMMING NOTE 'QA21_H21' :
IF 'QA21_H19' = 3, THEN GO TO 'QA21_H22' ;
ELSE CONTINUE WITH 'QA21_H21' ;

'QA21_H21' [AH107] - Was there a subsidy or discount on the premium for this plan?

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE 'QA21_H22' :
IF 'QA21_H14' = 1 (EMPLOYER-BASED COVERAGE) OR 'QA21_H15' = 1 (PURCHASED OWN
COVERAGE), CONTINUE WITH 'QA21_H22' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H27'

'QA21_H22' [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.

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.

- ❍ 1 Yes
- ❍ 2 No

If = 2, goto 'PN_QA21_H25'

'QA21_H23' [AH128] - How much do you {does your family} pay each month for your {your family} health insurance plan? Your best guess is fine.

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]

'QA21_H24' [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?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 goto 'PN_QA21_H27'

PROGRAMMING NOTE 'QA21_H25' :
IF 'QA21_H22' = 2, CONTINUE WITH 'QA21_H25';
ELSE SKIP TO PN_'QA21_H27'

'QA21_H25' [AH56] - Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization?

Check all that apply

- ❑ 1 Your current employer
- ❑ 2 Your former employer
- ❑ 3 Union
- ❑ 4 Spouse's/Partner's current employer
- ❑ 5 Spouse's/Partner's former employer
- ❑ 6 Professional/Fraternal organization
- ❑ 7 Medicaid/Medi-Cal assistance
- ❑ 9 Medicare
- ❑ 11 Covered California
- ❑ 91 Other

POST-NOTE 'QA21_H25' :
IF 'QA21_H25' = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF 'QA21_H25' = 4 OR 5, THEN SET AREMPSP = 1;
IF 'QA21_H25' = 6, THEN SET AROTHER = 1;
IF 'QA21_H25' = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
IF 'QA21_H25' = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF 'QA21_H25' = 11, SET ARHBEX = 1;
IF 'QA21_H25' = 91, THEN SET AROTHER = 1

'QA21_H26' [AH129] - How much do they contribute to your plan each month?

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

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

PROGRAMMING NOTE 'QA21_H27' :
IF ['QA21_G27' = 1 OR 2 (R WORKED LAST WEEK) OR 'QA21_G29' = 1 (R USUALLY WORKS)]
AND 'QA21_G31' ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH 'QA21_H27' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H31'

'QA21_H27' [AI13] - Does your employer offer health insurance to any of its employees?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, goto 'PN_QA21_H31'

'QA21_H28' [AI14] - Are you eligible to be in this plan?
- ❍ 1 Yes
- ❍ 2 No

If = 2, goto 'QA21_H30'
If = -3, goto 'PN_QA21_H31'

'QA21_H29' [AI15] - What is the one main reason why you aren't in this plan?

- ❍ 01 Covered by another plan
- ❍ 02 Plan too expensive
- ❍ 03 Didn't like plan offered
- ❍ 04 Don't need or believe in health insurance
- ❍ 91 Other (Specify: _____)

If = 1, 2, 3, 4, 91, -3, goto 'PN_QA21_H31'

'QA21_H30' [AI15A] - What is the one main reason why you are not eligible for this plan?

- ❍ 01 Haven't yet worked for this employer long enough to be covered
- ❍ 02 Contract or temporary employees not allowed in plan
- ❍ 03 Don't work enough hours per week or weeks per year
- ❍ 91 Other (Specify: _____)

> *PROGRAMMING NOTE 'QA21_H31' :*
>
> *IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH 'QA21_H31' ;*
> *ELSE GO TO PN 'QA21_H32'*

'QA21_H31' [AI16] - Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

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

POST-NOTE 'QA21_H31' :
IF 'QA21_H31' = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

> *PROGRAMMING NOTE 'QA21_H32' :*
>
> *IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH 'QA21_H32' ;*
> *ELSE GO TO PROGRAMMING NOTE 'QA21_H33'*

'QA21_H32' [AI17] - Are you covered by some other government health program, such as AIM, 'Mister MIP,' the Family PACT program, Healthy Kids, or something else?

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.

- ❍ 1 Yes
- ❍ 2 No

POST-NOTE 'QA21_H32' :
IF 'QA21_H32' = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

> *PROGRAMMING NOTE 'QA21_H33' :*
>
> *IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH 'QA21_H33' ;*
> *ELSE GO TO PROGRAMMING NOTE 'QA21_H37'*

'QA21_H33' [AI18] - Do you have any health insurance coverage through a plan that I missed?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 goto 'PN_QA21_H37'

'QA21_H34' [AI19] - What type of health insurance do you have?

Check all that apply.

- ❑   1 Through current or former employer/union
- ❑   2 Through school, professional association, trade group, or other organization
- ❑   3 Purchased directly from health plan
- ❑   4 MediCARE
- ❑   5 Medi-CAL
- ❑   7 CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care
- ❑   8 Indian health service, Tribal health program or urban Indian clinic
- ❑   10 Covered California
- ❑   11 Shop through Covered California
- ❑   91 Other government health plan
- ❑   92 Other non-government health plan

POST-NOTE 'QA21_H34' :
IF 'QA21_H34' = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'QA21_H34' = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'QA21_H34' = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF 'QA21_H34' = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF 'QA21_H34' = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF 'QA21_H34' = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;

IF 'QA21_H34' = 8, SET ARIHS = 1;
IF 'QA21_H34' = 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH =1;
IF 'QA21_H34' = 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;
IF 'QA21_H34' = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF 'QA21_H34' = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA21_H35' :
IF 'QA21_H34' = 1, 2, OR 3 CONTINUE WITH 'QA21_H35' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H37'

'QA21_H35' [AH59] - Was this plan obtained in your own name or in the name of someone else?

This may include someone who does not live in this household

- ○   01 In my own name
- ○   02 In someone else's name

If = 1, -3 goto 'PN_QA21_H37'

POST-NOTE 'QA21_H35' :
IF ('QA21_H34' = 1 OR 2 OR KAI19 =11) AND 'QA21_H35' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF ('QA21_H34' = 3 OR 10) AND 'QA21_H35' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF ('QA21_H34' = 1 OR 2) AND ('QA21_H35' = 2, -3), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF 'QA21_H34' = 1 AND ('QA21_H35' = 2, -3) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'QA21_H36' :
IF 'QA21_A23' = 1 (MARRIED) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1 OR IF 'QA21_G9' = 1
(LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH 'QA21_H36' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H37' ;
IF 'QA21_A23' = 1 THEN DISPLAY "spouse's name";

IF 'QA21_A23' ≠ 1 AND ('QA21_D12' = 1 OR 'QA21_D13' = 1), THEN DISPLAY "partner's name";
IF 'QA21_G9' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

'QA21_H36' [AH60] - Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

- ❍ 1 In spouse's / partner's name
- ❍ 2 In parent's name
- ❍ 3 In someone else's name

POST-NOTE 'QA21_H36' :
IF 'QA21_H36' = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF 'QA21_H36' = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE 'QA21_H37' :
IF ARIHS ≠ 1 AND 'QA21_A11' = 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH
'QA21_H37' ;
ELSE GO TO PROGRAMMING NOTE AI37intro

'QA21_H37' [AI20] - Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

- ❍ 1 Yes
- ❍ 2 No

POST-NOTE 'QA21_H37' :
IF 'QA21_H37' = 1, SET ARIHS = 1

PROGRAMMING NOTE AI37intro :
IF ['QA21_A23' = 1 (MARRIED) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1] AND 'QA21_A24' = 1
(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro ;
IF 'QA21_A23' = 1, THEN DISPLAY "spouse";
ELSE IF 'QA21_D12' = 1 OR 'QA21_D13' = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE 'QA21_H60'

'QA21_H38' [AI37intro] - These next questions are about the type of health insurance your {spouse/partner} may have.

> *PROGRAMMING NOTE 'QA21_H39' :*
> *IF SPOUSE 65 OR OLDER THEN*
>
> *IF ARMCARE ≠ 1, CONTINUE WITH 'QA21_H39' WITHOUT DISPLAY*
> *ELSE IF ARMCARE = 1, CONTINUE WITH 'QA21_H39' AND DISPLAY "You said that you are covered by Medicare." AND "also";*
> *ELSE GO TO PROGRAMMING NOTE 'QA21_H42'*

 'QA21_H39' [AI37] - {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

> ❍   1 Yes
> ❍   2 No

POST-NOTE 'QA21_H39' :
IF 'QA21_H39' = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

> *PROGRAMMING NOTE 'QA21_H40' :IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE*
>
> *'QA21_H41' ; DISPLAYS; IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'QA21_H40' WITHOUT DISPLAY;*
> *ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'QA21_H40' AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";IF 'QA21_A23' = 1 (MARRIED) THEN DISPLAY "spouse's";ELSE IF 'QA21_D12' = 1 OR 'QA21_D13' = 1THEN DISPLAY "partner's";*

 'QA21_H40' [AH127] - {You said that you have a Medi*CARE* Advantage plan.} Does your {spouse/partner}{also} have a Medi*CARE* Advantage plan?

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.

> ❍   1 Yes
> ❍   2 No

POST-NOTE 'QA21_H40' :
IF 'QA21_H40' = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

> *PROGRAMMING NOTE 'QA21_H41' :IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'QA21_H42' ;*
>
> *ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH 'QA21_H41' WITHOUT DISPLAY;*
>
> *ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH 'QA21_H41' AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";IF 'QA21_A23' = 1 (MARRIED), THEN DISPLAY "spouse";ELSE IF 'QA21_D12' = 1 OR 'QA21_D13' = 1THEN DISPLAY "partner";ELSE GO TO PROGRAMMING NOTE 'QA21_H42'*

 'QA21_H41' [AI37A] - {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

> ❍   1 Yes
> ❍   2 No

POST-NOTE 'QA21_H41' :
IF 'QA21_H41' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA21_H42' :
IF ARMCAL = 1, CONTINUE WITH 'QA21_H42' ;
 DISPLAY "also" IF ARMCARE =1;
ELSE GO TO PROGRAMMING NOTE 'QA21_H43'

'QA21_H42' [AI38] - You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

    ❍   1 Yes
    ❍   2 No

POST-NOTE 'QA21_H42' :
IF 'QA21_H42' = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA21_H43' :

IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA21_H43' ;

IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA21_H44'

'QA21_H43' [AI40] - You said you have insurance from <u>your</u> current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> employer or union?

    ❍   1 Yes
    ❍   2 No
    ❍   3 Other

If = 1, goto 'PN_QA21_H46'

POST-NOTE 'QA21_H43' :
IF 'QA21_H43' = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA21_H44' :
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH 'QA21_H44' ;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA21_H45'

'QA21_H44' [AH108] - You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

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

    ❍   1 Yes
    ❍   2 No
    ❍   91 Other

If = 1, goto 'PN_QA21_H46'

POST-NOTE 'QA21_H44' :
IF 'QA21_H44' = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

> *PROGRAMMING NOTEAI40A :*
> *IF 'QA21_G35' = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR 'QA21_G36' = 1 (USUALLY WORKS), CONTINUE WITH 'QA21_H45' ;*
> *IF AREMPSP = 1 AND 'QA21_A23' = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";*
> *ELSE IF AREMPSP = 1 AND ('QA21_D12' = 1 OR 'QA21_D13' = 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 'QA21_H46'*

'QA21_H45' [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?

- ❍ 1 Yes
- ❍ 2 No

POST-NOTE 'QA21_H45' :
IF 'QA21_H45' = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

> *PROGRAMMING NOTE 'QA21_H46' :*
> *IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH 'QA21_H46' ;*
> *IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";*
> *ELSE GO TO PROGRAMMING NOTE 'QA21_H47'*

'QA21_H46' [AI41] - You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

- ❍ 1 Yes
- ❍ 2 No

POST-NOTE 'QA21_H46' :
IF 'QA21_H46' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

> *PROGRAMMING NOTE 'QA21_H47' :*
> *IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH 'QA21_H47' ;*
> *IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";*
> *ELSE GO TO PROGRAMMING NOTE 'QA21_H48'*

'QA21_H47' [AH109] - You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

- ❍ 1 Yes
- ❍ 2 No

POST-NOTE 'QA21_H47' :
IF 'QA21_H47' = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE 'QA21_H48' :
IF ARMILIT = 1, CONTINUE WITH 'QA21_H48' ;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE 'QA21_H49'

 'QA21_H48' [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?

   ❍ 1 Yes
   ❍ 2 No

POST-NOTE 'QA21_H48' :
IF 'QA21_H48' = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE 'QA21_H49' : IF AROTHGOV = 1, CONTINUE WITH 'QA21_H49' ;
IF 'QA21_H35' = 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 PROGRAMMING NOTE 'QA21_H50'

 'QA21_H49' [AI42A] - You said you {also} have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

   ❍ 1 Yes
   ❍ 2 No

POST-NOTE 'QA21_H49' :
IF 'QA21_H49' = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1

PROGRAMMING NOTE 'QA21_H50' :

IF SPINSURE ≠ 1, DISPLAY "any";

ELSE DISPLAY "through any other source"

 'QA21_H50' [AI46] – Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

   ❍ 1 Yes
   ❍ 2 No

If = 2, goto 'PN_QA21_H52'
If = -3, goto 'PN_QA21_H56'

'QA21_H51' [AI47] - What type of health insurance does {he/she} have?

Check all that apply

- ❑ 1 Through current or former employer/union
- ❑ 2 Through school, professional association, trade group or other organization
- ❑ 3 Purchased directly from health plan
- ❑ 4 Medicare
- ❑ 5 Medi-Cal
- ❑ 7 CHAMPUS/CHAMP-VA, TRICARE, VA or someothermilitary health care
- ❑ 8 Indian Health Service, Tribal Health Program, or Urban Indian Clinic
- ❑ 10 Covered California
- ❑ 11 SHOP through Covered California
- ❑ 91 Other government health plan
- ❑ 92 Other non-government health plan

POST-NOTE 'QA21_H51' :
IF 'QA21_H51' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF 'QA21_H51' = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF 'QA21_H51' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF 'QA21_H51' = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF 'QA21_H51' = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF 'QA21_H51' = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF 'QA21_H51' = 8, SET SPIHS = 1;
IF 'QA21_H51' = 10, SET SPHBEX = 1 AND SPDIRECT =1 AND SPINSURE = 1 AND SPDIROTH = 1
;
IF 'QA21_H51' = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;
IF 'QA21_H51' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF 'QA21_H51' = 92, -3, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'QA21_H52' :

IF SPINSURE ≠ 1, CONTINUE WITH 'QA21_H52' ;

ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE 'QA21_H54' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H56'

'QA21_H52' [AI48] - You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

- ○ 1 Yes
- ○ 2 No

If = 1, -3, goto 'PN_QA21_H56'

'QA21_H53' [AI49] - What type of health insurance does {he/she} have?

Check all that apply

- ❑   1 Through current or former employer/union
- ❑   2 Through school, professional association, trade group or other organization
- ❑   3 Purchased directly from health plan
- ❑   4 Medicare
- ❑   5 Medi-Cal
- ❑   7 CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care
- ❑   8 Indian Health Service, Tribal Health Program, or Urban Indian Clinic
- ❑   10 Covered California
- ❑   11 SHOP through Covered California
- ❑   91 Other government health plan
- ❑   92 Other non-government health plan

POST-NOTE 'QA21_H53' :
IF 'QA21_H53' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF 'QA21_H53' = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF 'QA21_H53' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF 'QA21_H53' = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF 'QA21_H53' = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF 'QA21_H53' = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;

IF 'QA21_H53' = 8, SET SPIHS = 1;
IF 'QA21_H53' = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIROTH = 1;
IF 'QA21_H53' = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;
IF 'QA21_H53' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF 'QA21_H53' = 92, -3, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE 'QA21_H54' :
IF 'QA21_H51' = (1, 2, 3, 10, 11) OR 'QA21_H53' = (1, 2, 3, 10, 11) THEN CONTINUE WITH 'QA21_H54' ;
IF 'QA21_A23' = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'QA21_D12' = 1 OR 'QA21_D13' = 1 THEN DISPLAY "partner's";
ELSE SKIP TO PROGRAMMING NOTE 'QA21_H56'

'QA21_H54' [AH62] - Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

This may include someone who does not live in this household

- ○   1 In spouse's/partner's name
- ○   2 In someone else's name

If = 1, -3, goto 'PN_QA21_H56'

POST-NOTE 'QA21_H54' : IF 'QA21_H54' = 1 AND ['QA21_H51' = (1 OR 2) OR 'QA21_H53' = (1 OR 2)], SET SPEMPOW =1 AND SPEMPOT = 0;
IF 'QA21_H54' = 1 AND ['QA21_H51' = 3 OR 'QA21_H53' = 3], SET KSPDIROW = 1;
IF 'QA21_H54' = 1 AND ['QA21_H51' = 10 OR 'QA21_H53' = 10], SET SPHBEX = 1 AND SPDIROW = 1;IF 'QA21_H54' = 1 AND ['QA21_H51' = 11 OR 'QA21_H53' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;

'QA21_H55' [AH63] - Is the plan in your name, parent's name, or someone else's name?

- ❍   1 In my name
- ❍   2 In my parent's name
- ❍   3 In someone else's name

POST NOTE 'QA21_H55':
IF 'QA21_H55' = 1 AND ['QA21_H51' = (1 OR 2) OR 'QA21_H53' = (1 OR 2)], SET SPEMPAR = 1 AND SPEMPOT = 0 AND ARSAMES = 1;
IF 'QA21_H55' = 1 AND ['QA21_H51' = 3 OR 'QA21_H53' = 3], SET SPDIRAR = 1 AND ARSAMES = 1;
IF 'QA21_H55' = 1 AND ['QA21_H51' = 10 OR 'QA21_H53' = 10], SET SPHBEX = 1 AND SPDIRAR = 1 AND ARSAMES = 1;
IF 'QA21_H55' = 1 AND ['QA21_H51' = 11 OR 'QA21_H53' = 11], SET SPHBEX = 1 AND SPEMPAR = 1 AND ARSAMES = 1;
IF 'QA21_H55' = 2, SET SPARPAR = 1 AND SET SPEMPOT = 0;

PROGRAMMING NOTE 'QA21_H56' :
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'QA21_H60' ;
ELSE IF [('QA21_G35'=1 OR 2) OR('QA21_G36'=1)] AND 'QA21_G37'≠3 CONTINUE WITH 'QA21_H56' ;
IF 'QA21_A23' = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'QA21_D12' = 1 OR 'QA21_D13' = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
ELSE GO TO PROGRAMMING NOTE 'QA21_H60'

'QA21_H56' [AI43] - Does your {spouse's/partner's} employer offer health insurance to any of its employees?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'PN_QA21_H60'

'QA21_H57' [AI44] - Is {he/she} eligible to be in this plan?

- ❍   1 Yes
- ❍   2 No

If = 2, goto 'QA21_H59'
If = -3 goto 'PN_QA21_H60'

'QA21_H58' [AI45] - What is the ONE main reason why {he/she} isn't in this plan?

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

If = 1, 2, 3, 4, 91, -3, goto 'PN_QA21_H60'

'QA21_H59' [AI45A] - What is the one main reason why {he/she} is not eligible for this plan?

- ❍   1 Hasn't yet worked for this employer long enough to be covered
- ❍   2 Contract or temporary employees not allowed in
- ❍   3 Doesn't work enough hours per week or week per year
- ❍   91 Other (Specify: _____)

PROGRAMMING NOTE 'QA21_H60' :

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT

≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1

AND AROTHER ≠ 1), THEN SKIP TO PN 'QA21_H63' ;

IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠

1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1,
THEN SKIP TO GO TO 'QA21_H82' ;
ELSE CONTINUE WITH 'QA21_H60' DISPLAY;
IF ['QA21_A23' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF
ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1
OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR
AROTHER = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some
questions about your other health plan." AND "other" ;
IF ['QA21_A23' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF
ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan
you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT =
1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY
"Besides your MediCARE plan you told me about earlier, I have some questions about your other
health plan." AND "other" ;
[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE
plan you told me about earlier, I have some questions about your other health plan." AND "Medi-
CAL" ;IF ['QA21_A23' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)]
AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1
OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE

MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND";
IF ['QA21_A23' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND
[ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some

questions about your own main health plan." AND "Medi-Cal";IF (AREMPOWN = 1 OR AREMPOTH
= 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR
AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY";

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal";
ELSE DISPLAY, "Is your health plan an HMO?"

'QA21_H60' [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?

<u>HMO</u> *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.*

    ❍   1 Yes
    ❍   2 No

If = 1, goto 'PN_QA21_H62'

PROGRAMMING NOTE 'QA21_H61' :
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO 'QA21_H62' ;
ELSE CONTINUE WITH 'QA21_H61' ;

'QA21_H61' [AH122] - Is your health plan a PPO or EPO?

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.

- ❍   1 PPO
- ❍   2 EPO
- ❍   91 Other (Specify: _____)

PROGRAMMING NOTE 'QA21_H62' :
IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH 'QA21_H62' AND DISPLAY "your main";
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH 'QA21_H62' AND DISPLAY "this"

'QA21_H62' [AI22A] - What is the name of {your main/this} health plan?

- ❍   07 Anthem Blue Cross of California
- ❍   38 Health Net
- ❍   47 Kaiser Permanente
- ❍   48 Kaiser Permanente Senior Advantage
- ❍   67 Scan Health Plan
- ❍   73 United Healthcare
- ❍   74 United Healthcare Secure Horizon
- ❍   53 Medicare
- ❍   85 Other (Specify:_____)

POST NOTE 'QA21_H62' :
IF 'QA21_H62' = 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'QA21_H63' :
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 'QA21_A23' = 1 (MARRIED) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

'QA21_H63' [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?

- ❍   1 Yes
- ❍   2 No

```
PROGRAMMING NOTE 'QA21_H64' :
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1
THEN CONTINUE WITH 'QA21_H64' ;
ELSE GO TO 'QA21_H69'
```

'QA21_H64' [AH71] - Does your health plan have a deductible that is more than $1,000?

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

- ❍   1 Yes
- ❍   2 No
- ❍   3 Yes, but only when we go out of network

'QA21_H65' [AH72] - Does your health plan have a deductible <u>for all covered persons</u> that is more than $2,000?

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

- ❍   1 Yes
- ❍   2 No
- ❍   3 Yes, but only when we go out of network

```
PROGRAMMING NOTE 'QA21_H66' :
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 'QA21_H66' ;
ELSE CONTINUE WITH 'QA21_H69'
```

'QA21_H66' [AH73B] - Do you have a special account or fund you can use to pay for medical expenses?

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).

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'QA21_H69'

'QA21_H67' [AH130] - Do you have money in this account?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'QA21_H69'

'QA21_H68' [AH131] - How much money do you have in this account? Your best guess is fine.

_____ (Amount)

'QA21_H69' [AI31] - Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?

      ❍   1 Yes
      ❍   2 No
      ❍   -8 Don't know

If = 2, goto 'QA21_H71'
If = -3, goto 'QA21_H77'
If = -8, goto 'QA21_H72'

'QA21_H70' [AH132] - How long have you had your current health insurance?

      _____ Number of Years

If >=0, goto 'QA21_H75'

      _____ Number of Months

If >=0, goto 'QA21_H75'
If =-3,, goto 'QA21_H75'

'QA21_H71' [AH133] - Out of the last 12 months, how many months did you have your current health insurance plan?

      _____Number of Months

'QA21_H72' [AI32] - During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

      ❍   1 Yes
      ❍   2 No

If =2, -3, goto 'QA21_H75'

'QA21_H73' [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?

Check all that apply

      ❑   1 Medi-Cal
      ❑   3 Obtained through current or former employer/union
      ❑   5 Purchased directly
      ❑   6 Purchased through Covered California
      ❑   91 Other health plan

PROGRAMMING NOTE 'QA21_H74':
IF MORE THAN ONE RESPONSE FROM 'QA21_H73', THEN CONTINUE WITH 'QA21_H74';
ELSE GO TO 'QA21_H75'

'QA21_H74' [AH134] - Before your current plan, which health insurance did you have?

- ❍ 1 Medi-Cal
- ❍ 3 Obtained through current or former employer/union
- ❍ 5 Purchased directly
- ❍ 6 Purchased through Covered California
- ❍ 91 Other health plan

PROGRAMMING NOTE 'QA21_H75':

IF 'QA21_H72'≠1 OR 'QA21_H69' = 1, THEN CONTINUE WITH 'QA21_H75';
ELSE GO TO 'QA21_H76'

'QA21_H75' [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?

- ❍ 1 Medi-Cal
- ❍ 3 Obtained through current or former employer/union
- ❍ 5 Purchased directly
- ❍ 6 Purchased through Covered California
- ❍ 91 Other health plan
- ❍ 95 No other health plan

PROGRAMMING NOTE 'QA21_H76':
 IF 'QA21_H75' = 95, THEN SKIP TO 'QA21_H77', ELSE CONTINUE.
 IF ONLY ONE RESPONSE FROM 'QA21_H73' THEN DISPLAY THAT RESPONSE
 ELSE IF 'QA21_H74' >0 DISPLAY RESPONSE FROM 'QA21_H74'
 ELSE IF 'QA21_H75' >0 DISPLAY RESPONSE FROM 'QA21_H75'
IF 'QA21_H73' OR AH143 OR 'QA21_H75'=1 DISPLAY "the medi-CAL plan"
IF 'QA21_H73' OR AH143 OR 'QA21_H75'=3 DISPLAY "plan through current or former employer or union"
IF 'QA21_H73' OR AH143 OR 'QA21_H75'=5 DISPLAY "plan you purchased directly"
IF 'QA21_H73' OR AH143 OR 'QA21_H75'=6 DISPLAY "the Covered California plan"
IF 'QA21_H73' OR AH143 OR 'QA21_H75'=91 DISPLAY "the other health plan"

'QA21_H76' [AH136] - How long did you have the {medi-CAL/ Covered California plan/other health} plan {through current or former employer or union/ you purchased directly}?

_____ Number of years
_____ Number of months

If >=0, goto 'QA21_H77'

'QA21_H77' [AH137] - During the past 12 months, did you change your health insurance plan?

Please include changes in health plan from the same or different health insurance companies.

❍   1 Yes
❍   2 No

PROGRAMMING NOTE 'QA21_H78':
IF 'QA21_H69' = 2, -3 OR 'QA21_H72' = 1, -3 THEN CONTINUE,
ELSE SKIP TO 'QA21_H79'

'QA21_H78' [AI34] - During the past 12 months, was there any time when you had no health insurance at all?

❍   1 Yes
❍   2 No

PROGRAMMING NOTE 'QA21_H79':
IF 'QA21_H78'=1 OR 'QA21_H72'=2, THEN CONTINUE WITH 'QA21_H79', ELSE SKIP TO PN 'QA21_H90'.

'QA21_H79' [AI35] - For how many months of the past 12 months did you have no health insurance at all?

_____ Number of months [HR: 0-11]

If = 0, goto 'PN_QA21_H90'
If = -3, goto 'PN_QA21_H90'

'QA21_H80' [AI36] - What is the <u>one main</u> reason why you did not have any health insurance during those months?

❍   1 Can't afford/Too expensive
❍   2 Not eligible due to working status/Changed employer/Lost job
❍   3 Not eligible due to health or other problems
❍   4 Not eligible due to citizenship/immigration status
❍   5 Family situation changed
❍   6 Don't believe in insurance
❍   7 Did not have insurance while switching insurance companies
❍   8 Can get health care for free/Pay for own care
❍   91 Other (Specify: _____)

If = 2, goto 'QA21_H81'

'QA21_H81' [AH140] – Was this due to a lost job, reduction in hours, change in employer, or something else?

❍   1 Lost job
❍   2 Reduction in hours
❍   3 Change in employer
❍   91 Something else (Specify:_____)

'QA21_H82' [AH74] - During the time that you were uninsured, did you try to find health insurance on your own?

- ❍   1 Yes
- ❍   2 No

If = 1, 2, -3, goto 'PN_QA21_H90'

'QA21_H83' [AI24] - What is the <u>one main</u> reason why you do not have any health insurance?

- ❍   1 Can't afford/Too expensive
- ❍   2 Not eligible due to working status/Changed employer/Lost job
- ❍   3 Not eligible due to health or other problems
- ❍   4 Not eligible due to citizenship/immigration status
- ❍   5 Family situation changed
- ❍   6 Don't believe in insurance
- ❍   7 Did not have insurance while switching insurance companies
- ❍   8 Can get health care for free/Pay for own care
- ❍   91 Other (Specify: _____)

If = 2, goto 'QA21_H84'

'QA21_H84' [AH141] – Was this due to a lost job, reduction in hours, change in employer, or something else?

- ❍   1 Lost job
- ❍   2 Reduction in hours
- ❍   3 Change in employer
- ❍   91 Something else (Specify:_____)

'QA21_H85' [AH75] - During the time that you have been uninsured, have you tried to find health insurance on your own?

- ❍   1 Yes
- ❍   2 No

'QA21_H86' [AI27] - Were you covered by health insurance at any time during the past 12 months?

- ❍   1 Yes
- ❍   2 No

If = 1, goto 'QA21_H88'

'QA21_H87' [AI28] - How long has it been since you last had health insurance?

- ❍   1 More than 12 months ago, but not more than 3 years
- ❍   2 More than 3 years
- ❍   3 Never had health insurance

If = 1, 2, 3, -3 goto 'PN_QA21_H90'

'QA21_H88' [AI29] - For how many months out of the last 12 months did you have health insurance?

_____ Months [HR: 0-12]

If =0 , goto 'PN_QA21_H90'

'QA21_H89' [AI30] - During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Check all that apply

- ❑   1 Medi-Cal
- ❑   3 Through current or former employer or union
- ❑   5 Purchased directly
- ❑   6 Covered California
- ❑   91 Other health plan

PROGRAMMING NOTE 'QA21_H90' :

IF ARINSURE ≠ 1 OR 'QA21_H73' = 2 OR ARDIRECT = 1 OR 'QA21_H89' = (5, 6) OR 'AI33' = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH 'QA21_H90' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_H107'

'QA21_H90' [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?

- ○   1 Yes
- ○   2 No

If = 2, -3, goto 'PN_QA21_H107'

'QA21_H91' [AH110h] - Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

- ○   1 Directly from an insurance company or HMO
- ○   2 Through Covered California
- ○   3 Both from an insurance company and through Covered California

If = -3, goto 'QA21_H94'

PROGRAMMING NOTE 'QA21_H92' :
IF 'QA21_H91' = 1; THEN CONTINUE WITH 'QA21_H92' ;
IF 'QA21_H91' = 3; THEN CONTINUE WITH 'QA21_H92' AND DISPLAY "First, think about your
experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE 'QA21_H96' ;

'QA21_H92' [AH98h] - {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

How difficult was it to find a plan with the coverage you needed?

- ❍ 1 Very difficult
- ❍ 2 Somewhat difficult
- ❍ 3 Not too difficult
- ❍ 4 Not at all difficult

'QA21_H93' [AH99h] - How difficult was it to find a plan you could afford?

- ❍ 1 Very difficult
- ❍ 2 Somewhat difficult
- ❍ 3 Not too difficult
- ❍ 4 Not at all difficult

'QA21_H94' [AH100h] - Did anyone help you find a health plan?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, goto 'PN_QA21_H96'

'QA21_H95' [AH101h] - Who helped you?

- ❍ 1 Broker
- ❍ 2 Family member/Friend
- ❍ 3 Internet
- ❍ 91 Other (Specify: _____)

PROGRAMMING NOTE 'QA21_H96' :
IF 'QA21_H91' = 2; THEN CONTINUE WITH 'QA21_H96' ;
IF 'QA21_H91' = 3; THEN CONTINUE WITH 'QA21_H96' AND DISPLAY "Now, think about your
experience with Covered California."
ELSE GO TO PROGRAMMING NOTE 'QA21_H90' ;

'QA21_H96' [AH111h] - {Now, think about your experience with Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California?

- ❍ 1 Very difficult
- ❍ 2 Somewhat difficult
- ❍ 3 Not too difficult
- ❍ 4 Not at all difficult

'QA21_H97' [AH112h] - How difficult was it to find a plan you could afford? Was it…

- ❍ 1 Very difficult
- ❍ 2 Somewhat difficult
- ❍ 3 Not too difficult
- ❍ 4 Not at all difficult

'QA21_H98' [AH113h] - Did anyone help you find a health plan?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, goto 'QA21_H100'

'QA21_H99' [AH114h] - Who helped you?

- ❍ 1 Broker
- ❍ 2 Family member / friend
- ❍ 3 Internet
- ❍ 4 Certified enrollment counselor
- ❍ 91 Other (Specify: _____)

'QA21_H100' [AH115h] - Did you have all the information you felt you needed to make a good decision on a health plan?

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE 'QA21_H101' :
IF 'QA21_A22' > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH 'QA21_H101' ;
ELSE GO TO 'QA21_H102' ;

'QA21_H101' [AH116h] - Were you able to get information about your health plan options in your language?

- ❍ 1 Yes
- ❍ 2 No

'QA21_H102' [AH117h] - Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

- ❍ 1 Very important
- ❍ 2 Somewhat important
- ❍ 3 Not important

'QA21_H103' [AH118h] - Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

- ❍ 1 Very important
- ❍ 2 Somewhat important
- ❍ 3 Not important

'QA21_H104' [AH119h] - Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

- ❍   1 Very important
- ❍   2 Somewhat important
- ❍   3 Not important

'QA21_H105' [AH120h] - Was the choice of doctors in the plan's network very important, somewhat important, or not important in choosing your plan?

- ❍   1 Very important
- ❍   2 Somewhat important
- ❍   3 Not important

PROGRAMMING NOTE 'QA21_H106' :
IF 'QA21_H20' = 1 THEN DISPLAY "Bronze"
ELSE IF 'QA21_H20' = 2 THEN DISPLAY "Silver"
ELSE IF 'QA21_H20' = 3 THEN DISPLAY "Gold"
ELSE IF 'QA21_H20' = 4 THEN DISPLAY "Platinum"
ELSE IF 'QA21_H20' = 6 THEN DISPLAY "Minimum coverage"
ELSE DISPLAY";

'QA21_H106' [AH121h] - Finally, what was the <u>most</u> important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage} plan?

Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

- ❍   1 Cost
- ❍   2 Specific doctor
- ❍   3 Specific hospital
- ❍   4 Choice of doctors in network
- ❍   91 Other (Specify: _____)

PROGRAMMING NOTE 'QA21_H107':
IF ARINSURE = 1, CONTINUE WITH 'QA21_H107';
ELSE SKIP TO 'QA21_H108';

'QA21_H107' [AH139] - Overall, how satisfied are you with your current health insurance plan?

- ❍   1 Very satisfied
- ❍   2 Somewhat satisfied
- ❍   3 Somewhat dissatisfied
- ❍   4 Very dissatisfied

'QA21_H108' [AH14] - During the past 12 months, were you a patient in a hospital overnight or longer?

- ❍   1 Yes
- ❍   2 No

> *PROGRAMMING NOTE 'QA21_H109':*
> *IF ARMCAL =1 OR ARINSURE ≠ 1, SKIP TO 'QA21_H111';*
> *ELSE IF 'QA21_H74' = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are about your current health plan", AND CONTINUE WITH 'QA21_H109'*

'QA21_H109' [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?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'QA21_H111'

'QA21_H110' [AH80B] - Did this happen in the past 12 months?

- ❍   1 Yes
- ❍   2 No

'QA21_H111' [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?

Dental bills should be included.

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto PN_'QA21_I1'

'QA21_H112' [AH83B] - What is the total amount of medical bills?

The bills can be from earlier years as well as this year

- ❍   1 Less than $1,000
- ❍   2 $1,000 to less than $2,000
- ❍   3 $2,000 to less than $4,000
- ❍   4 $4,000 to less than $8,000
- ❍   5 $8,000 or more
- ❍   6 None

'QA21_H113' [AH84B] - Were you or your family member uninsured at the time care was provided?

- ❍   1 Yes
- ❍   2 No
- ❍   3 More than one person with medical bill problems, some uninsured and some insured.

'QA21_H114' [AH85B] - Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

- ❍   1 Yes
- ❍   2 No

'QA21_H115' [AH86B] - Because of these medical bills, did you take on credit card debt?

- ❍   1 Yes
- ❍   2 No

Section I: Child Adolescent Health Insurance

> *PROGRAMMING NOTE 'QA21_I1' :*
> *IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE 'QA21_I36' TO ASK ABOUT SELECTED ADOLESCENT;*
> *IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE 'QA21_I2' ;*
> *ELSE CONTINUE WITH 'QA21_I1'*

'QA21_I1' [CF10A] - These next questions are about health insurance (CHILD) may have.

Does (CHILD) have the same insurance as you?

- ❍ 1 Yes
- ❍ 2 No

If = 1, goto 'QA21_I18'

POST-NOTE 'QA21_I1' :
IF 'QA21_I1' = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA21_I1' = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA21_I1' = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA21_I1' = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA21_I1' = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA21_I1' = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA21_I1' = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA21_I1' = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA21_I1' = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

IF 'QA21_I1' = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF 'QA21_I1' = 1 AND ARIHS = 1, SET CHIHS = 1
IF 'QA21_I1' = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

> *PROGRAMMING NOTE 'QA21_I2' :*
> *IF SPINSURE ≠ 1, THEN SKIP TO 'QA21_I3' ;*
> *ELSE IF 'QA21_I1' = 2 AND ARSAMESP = 1, THEN SKIP TO 'QA21_I3' ;*
> *ELSE CONTINUE WITH 'QA21_I2'*

'QA21_I2' [MA1] - Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

- ❍ 1 Yes
- ❍ 2 No

If = 1, goto 'QA21_I18'

POST-NOTE 'QA21_I2' :IF 'QA21_I2' = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;IF 'QA21_I2' = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;IF 'QA21_I2' = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;IF 'QA21_I2' = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;IF 'QA21_I2' = 1 AND SPIHS = 1, SET CHIHS = 1 IF 'QA21_I2' = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1; IF 'QA21_I2' = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1IF 'QA21_I2' = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;IF 'QA21_I2' = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;IF 'QA21_I2' = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;IF 'QA21_I2' = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;IF 'QA21_I2' = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;IF 'QA21_I2' = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

'QA21_I3' [CF1] - Is {he/she} currently covered by Medi-CAL?

Medi-Cal is a health insurance program for low-income individuals in California.

- ❍   1 Yes
- ❍   2 No

POST-NOTE 'QA21_I3' :
IF 'QA21_I3' = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

'QA21_I4' [CF3] - Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'PN_QA21_I6'

POST-NOTE 'QA21_I4' :
IF 'QA21_I4' = 1, SET CHEMP = 1 AND CHINSURE = 1

'QA21_I5' [AI90] - Is this plan through an employer, through a union, or through Covered California's SHOP program?

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

- ❍   1 Employer
- ❍   2 Union
- ❍   3 SHOP / Covered California
- ❍   91 Other (Specify: _____)

POST-NOTE FOR 'QA21_I5' :
IF 'QA21_I5' = 3, THEN SET CHHBEX = 1

PROGRAM NOTE 'QA21_I6' :
IF CHINSURE = 1 THEN GO TO AI93 ;
ELSE CONTINUE WITH 'QA21_I6'

'QA21_I6' [CF4] - Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

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.

   ❍   1 Yes
   ❍   2 No

If = 2, -3 goto 'PN_QA21_I12'

POST-NOTE 'QA21_I6' :
IF 'QA21_I6' = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'QA21_I7' :
IF CHDIRECT = 1, THEN CONTINUE WITH 'QA21_I7' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_I8'

'QA21_I7' [AI91] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

   ❍   1 Insurance company or HMO
   ❍   2 Covered California
   ❍   91 Other (Specify: _____)

POST-NOTE FOR 'QA21_I7' :
IF 'QA21_I7' = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE 'QA21_I8'
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH 'QA21_I8' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_I9' ;

'QA21_I8' [AI93] - Was there a subsidy or discount on the premium for this plan?

   ❍   1 Yes
   ❍   2 No

> PROGRAMMING NOTE 'QA21_I9' :
> IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN
> COVERAGE), CONTINUE WITH 'QA21_I9' ;
> ELSE GO TO 'QA21_I12'

'QA21_I9' [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.

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.

- ❍ 1 Yes
- ❍ 2 No

'QA21_I10' [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?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 goto 'PN_QA21_I12'

'QA21_I11' [AI51] - Who else pays all or some portion of the cost for (CHILD)'s health plan?

Check all that apply

- ❑ 1 Your current employer
- ❑ 2 Your former employer
- ❑ 3 Union
- ❑ 4 Spouse's/Partner's current employer
- ❑ 5 Spouse's/Partner's former employer
- ❑ 6 Professional/Fraternal organization
- ❑ 7 Medicaid/Medi-Cal assistance
- ❑ 10 Covered California
- ❑ 91 Other

POST-NOTE 'QA21_I11' :
IF 'QA21_I11' = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF 'QA21_I11' = 7, SET CHMCAL = 1
IF 'QA21_I11' = 10, SET CHHBEX = 1;

> *PROGRAMMING NOTE 'QA21_I12' :*
> *IF CHINSURE = 1, GO TO PN 'QA21_I18' ;*
> *ELSE CONTINUE WITH 'QA21_I12'*

'QA21_I12' [CF6] - Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

- ❍   1 Yes
- ❍   2 No

If = 1, goto 'PN_QA21_I18'

POST-NOTE 'QA21_I12' :
IF 'QA21_I12' = 1, SET CHMILIT = 1 AND CHINSURE = 1

'QA21_I13' [CF7] - Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Healthy Kids, or something else?

AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program.

- ❍   1 AIM
- ❍   2 MRMIP
- ❍   3 Healthy Kids
- ❍   4 No other plan
- ❍   91 Something else (Specify: _____)

If = 1, 2, 3, 91, goto 'PN_QA21_I18'

POST-NOTE 'QA21_I13' :
IF 'QA21_I13' = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

'QA21_I14' [CF8] - Does {he/she} have any health insurance coverage through a plan that I missed?

- ❍   1 Yes
- ❍   2 No

If = 2, -3 goto 'PN_QA21_I17'

'QA21_I15' [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?

Check all that apply

- ❑ 1 Through current or former employer/union
- ❑ 2 Through school, professional association, trade group or other organization
- ❑ 3 Purchased directly from a health plan (by you or anyone else)
- ❑ 4 Medicare
- ❑ 5 Medi-Cal
- ❑ 7 CHAMPUS/CHAMP-VA, TRICARE, VA, OR some other military care
- ❑ 8 Indian Health Service, Tribal Health Program, Urban Indian Clinic
- ❑ 10 Covered California
- ❑ 11 SHOP through Covered California
- ❑ 91 Other government health plan
- ❑ 92 Other non-government health plan

IF 'QA21_I15' = 8, SET CHIHS = 1
IF 'QA21_I15' = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;
IF 'QA21_I15' = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;
IF 'QA21_I15' = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF 'QA21_I15' = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF 'QA21_I15' = -3, SET CHINSURE = 1

POST-NOTE 'QA21_I15' :
IF 'QA21_I15' = 1, SET CHEMP = 1 AND CHINSURE = 1
IF 'QA21_I15' = 2, SET CHEMP = 1 AND CHINSURE = 1
IF 'QA21_I15' = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF 'QA21_I15' = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF 'QA21_I15' = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF 'QA21_I15' = 7, SET CHMILIT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'QA21_I16' :
IF 'QA21_I15' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'QA21_I16' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA21_I17'

'QA21_I16' [CF9VER] - Just to verify, you said that (CHILD) gets health insurance through Medicare?

- ○ 1 Yes
- ○ 2 No

> **PROGRAMMING NOTE 'QA21_I17' :**
> **IF CHINSURE ≠ 1 CONTINUE WITH 'QA21_I17' ;**
> **ELSE GO TO 'QA21_I18' ;**

'QA21_I17' [CF1A] - What is the <u>one</u> main reason why (CHILD) is not enrolled in the Medi-CAL program?

- ❍   1 Paperwork too difficult
- ❍   2 Do not know if eligible
- ❍   3 Income too high, not eligible
- ❍   4 Not eligible due to citizenship/immigration status
- ❍   6 Do not believe in health insurance
- ❍   7 Do not need insurance because she/he is healthy
- ❍   8 Already have insurance
- ❍   9 Did not know about it
- ❍   10 Do not like or want welfare
- ❍   91 Other (Specify: _____)

> **PROGRAMMING NOTE 'QA21_I18':**
> **IF 'QA21_I1'=1 AND ARMCARE=1 THEN CONTINUE WITH 'QA21_I18' ;**
> **IF CHINSURE = 1, THEN CONTINUE WITH 'QA21_I18' ;**
> **ELSE GO TO PN 'QA21_I22'**

'QA21_I18' [MA3] - Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

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.

- ❍   1 Yes
- ❍   2 No

If = 1, goto 'QA21_I20'

> **PROGRAMMING NOTE 'QA21_I19' :**
> **IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO 'QA21_I20' ;**
> **ELSE CONTINUE WITH 'QA21_I19' ;**

'QA21_I19' [AI115] - Is (CHILD)'s health plan a PPO or EPO?

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.

- ❍   1 PPO
- ❍   2 EPO
- ❍   91 Other (Specify: _____)

'QA21_I20' [MA2] - What is the name of (CHILD)'s main health plan?

- ❍ 02 Aetna
- ❍ 07 Anthem Blue Cross of California
- ❍ 12 Blue Shield
- ❍ 26 Cigna Healthcare
- ❍ 38 Health Net
- ❍ 47 Kaiser Permanente
- ❍ 73 United Healthcare
- ❍ 87 Medi-cal
- ❍ 52 Medicare
- ❍ 85 Other (Specify: _____)

POST NOTE 'QA21_I20' :
IF 'QA21_I20' = 93, 87, OR 89 THEN SET CHMILIT=1

'QA21_I21' [CF14] - Is (CHILD) covered for prescription drugs?

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE FOR 'QA21_I22' :

IF (ARINSURE ≠ 1 OR 'QA21_I1' ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN
CONTINUE WITH 'QA21_I22' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA21_I25'

'QA21_I22' [AI79] - Does (CHILD)'s health plan have a deductible that is more than $1,000?

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

- ❍ 1 Yes
- ❍ 2 No
- ❍ 3 Yes, but only when we go out of network

'QA21_I23' [AI80] - Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?

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

- ❍ 1 Yes
- ❍ 2 No
- ❍ 3 Yes, but only when we go out of network

PROGRAMMING NOTE 'QA21_I24' :
IF ('QA21_I22' = 1 OR 3) OR ('QA21_I23' = 1 OR 3), CONTINUE WITH 'QA21_I24' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA21_I25'

'QA21_I24' [AI81] - Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

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).

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE 'QA21_I25' :
IF CHINSURE = 1, GO TO 'QA21_I30' ;
ELSE CONTINUE WITH 'QA21_I25'

'QA21_I25' [CF18] - What is the <u>one main</u> reason (CHILD) does not have any health insurance?

- ❍ 1 Can't afford/Too expensive
- ❍ 2 _Not eligible due to working status/Changed employer/Lost job
- ❍ 3 Not eligible due to health or other
- ❍ 4 Not eligible due to citizenship/immigration status
- ❍ 5 Family situation changed
- ❍ 6 Don't believe in insurance
- ❍ 7 Did not have insurance while switching insurance companies
- ❍ 8 Can get health care for free/pay for own care
- ❍ 91 Other (Specify: _____)

'QA21_I26' [CF20] - Was (CHILD) covered by health insurance at any time during the past 12 months?

- ❍ 1 Yes
- ❍ 2 No

If = 1, goto 'QA21_I28'

'QA21_I27' [CF21] - How long has it been since (CHILD) last had health insurance?

- ❍ 1 More than 12 months, but not more than 3 years ago
- ❍ 2 More than 3 years ago
- ❍ 3 Never had health insurance coverage

If = 1, 2, 3, -3, goto 'PN_QA21_I36'

'QA21_I28' [CF22] - For how many of the last 12 months did {he/she} have health insurance?

_____ Months [HR: 0-12]_

If = 0, goto 'PN_QA21_I36'

'QA21_I29' [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?

Check all that apply

- ❏   1 Medi-Cal
- ❏   3 Through current or former employer/union
- ❏   5 Purchased directly
- ❏   6 Covered California
- ❏   91 Other health plan

If =1, 3, 5, 6, 91, -3, goto 'PN_QA21_I36'

'QA21_I30' [CF24] - Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for <u>all</u> of the past 12 months?

- ❍   1 Yes
- ❍   2 No

If = 1, goto 'PN_QA21_I36'

'QA21_I31' [CF25] - When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

- ❍   1 Yes
- ❍   2 No

If = 2, -3 goto 'QA21_I33'

'QA21_I32' [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?

Check all that apply

- ❏   1 Medi-Cal
- ❏   4 Through current or former employer/union
- ❏   5 Purchased directly
- ❏   6 Covered California
- ❏   91 Other health plan

'QA21_I33' [CF27] - During the past 12 months, was there any time when {he/she} had no health insurance at all?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'PN_'QA21_I36'

'QA21_I34' [CF28] - For how many of the past 12 months did {he/she} have no health insurance?

_____MONTHS   [RANGE: 1-12]

'QA21_I35' [CF29] - What is the <u>one main</u> reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

- ❍ 1 Can't afford/Too expensive
- ❍ 2 Not eligible due to working status/Changed employer/Lost job
- ❍ 3 Not eligible due to health or other problems
- ❍ 4 Not eligible due to citizenship/immigration status
- ❍ 5 Family situation changed
- ❍ 6 Don't believe in insurance
- ❍ 7 Did not have insurance while switching insurance companies
- ❍ 8 Can get health care for free/pay for own care
- ❍ 91 Other (Specify: _____)

PROGRAMMING NOTE 'QA21_I36' :
IF NO TEEN SELECTED, GO TO PN 'QA21_J1' ;
IF ARINSURE = 1, CONTINUE WITH 'QA21_I36' ;

IF ARINSURE ≠ 1, GO TO PN 'QA21_I37' ;
ELSE CONTINUE WITH 'QA21_I36'

'QA21_I36' [IA10A] - These next questions are about health insurance (TEEN) may have.

Does (TEEN) have the same insurance as you?

- ❍ 1 Yes
- ❍ 2 No

If = 1, goto 'QA21_I54'

POST-NOTE 'QA21_I36' :
IF 'QA21_I36' = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'QA21_I36' = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA21_I36' = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA21_I36' = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA21_I36' = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA21_I36' = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA21_I36' = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA21_I36' = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'QA21_I36' = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA21_I36' = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF 'QA21_I36' = 1 AND ARIHS = 1, SET TEIHS = 1
IF 'QA21_I36' = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE 'QA21_I37' :
IF SPINSURE ≠ 1 THEN SKIP TO 'QA21_I38' ;
ELSE IF 'QA21_I36' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'QA21_I38' ;
ELSE CONTINUE WITH 'QA21_I37'

'QA21_I37' [MA5] - Does (TEEN) have the same insurance as your spouse?

- ❍ 1 Yes
- ❍ 2 No

If = 1, goto 'QA21_I54'

POST-NOTE 'QA21_I37' :
IF 'QA21_I37' = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'QA21_I37' = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA21_I37' = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA21_I37' = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA21_I37' = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA21_I37' = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF 'QA21_I37' = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA21_I37' = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'QA21_I37' = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA21_I37' = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF 'QA21_I37' = 1 AND SPIHS = 1, SET TEIHS = 1

IF 'QA21_I37' = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF 'QA21_I37' = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND
SPSAMETE = 1

PROGRAMMING NOTE 'QA21_I38' :

IF TEINSURE ≠ 1 OR CHINSURE ≠ 1, THEN SKIP TO 'QA21_I39' ;

ELSE IF ('QA21_I36' = 2 AND ARSAMECH = 1) OR ('QA21_I37' = 2 AND SPSAMECH = 1), THEN
SKIP TO 'QA21_I39' ;
ELSE CONTINUE WITH 'QA21_I38' ;

'QA21_I38' [MA6] - Does (TEEN) have the same insurance as (CHILD)?

    ❍   1 Yes
    ❍   2 No

If = 1, goto 'QA21_I66'

POST-NOTE 'QA21_I38' :
IF 'QA21_I38' = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'QA21_I38' = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'QA21_I38' = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'QA21_I38' = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'QA21_I38' = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF 'QA21_I38' = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'QA21_I38' = 1 AND CHIHS = 1, SET TEIHS = 1;
IF 'QA21_I38' = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF 'QA21_I38' = 1 AND CHHBEX = 1, SET TEHBEX = 1

'QA21_I39' [IA1] - Is {he/she} currently covered by Medi-CAL?

Medi-Cal is a health insurance program for low-income individuals in California

     ❍   1 Yes
     ❍   2 No

POST-NOTE 'QA21_I39' :
IF 'QA21_I39' = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

'QA21_I40' [IA3] - Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

     ❍   1 Yes
     ❍   2 No

If = 2, -3, goto 'QA21_I42'

POST-NOTE 'QA21_I40' :
IF 'QA21_I40' = 1, SET TEEMP = 1 AND SET TEINSURE = 1

'QA21_I41' [AI94] - Is this plan through an employer, through a union, or through Covered California's SHOP program?

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

     ❍   1 Employer
     ❍   2 Union
     ❍   3 SHOP / Covered California
     ❍   91 Other (Specify: _____)

POST-NOTE FOR 'QA21_I41' :
IF 'QA21_I41' = 3, THEN SET TEHBEX = 1

PROGRAMMING NOTE 'QA21_I42' :
IF TEINSURE = 1 THEN GO TO 'QA21_I43' ;
ELSE CONTINUE WITH 'QA21_I42'

'QA21_I42' [IA4] - Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

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

     ❍   1 Yes
     ❍   2 No

If = 2, -3, goto 'QA21_I48'

POST-NOTE 'QA21_I42' :
IF 'QA21_I42' = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

> *PROGRAMMING NOTE 'QA21_I43' :*
> *IF TEDIRECT = 1, THEN CONTINUE WITH 'QA21_I43' ;*
> *ELSE GO TO PROGRAMMING NOTE 'QA21_I44'*

'QA21_I43' [AI95] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

- ❍ 1 Insurance company or HMO
- ❍ 2 Covered California
- ❍ 91 Other (Specify: _____)

POST-NOTE FOR 'QA21_I43' :
IF 'QA21_I43' = 2, THEN SET TEHBEX = 1

> *PROGRAMMING NOTE 'QA21_I44'*
> *IF 'QA21_I41' = 3, THEN GO TO PN 'QA21_I45' ;*
> *ELSE CONTINUE WITH 'QA21_I44' ;*

'QA21_I44' [AI97] - Was there a subsidy or discount on the premium for this plan?

- ❍ 1 Yes
- ❍ 2 No

> *PROGRAMMING NOTE 'QA21_I45' :*
> *IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH 'QA21_I45' ;*
> *ELSE GO TO PROGRAMMING NOTE 'QA21_I48'*

'QA21_I45' [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.

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.

- ❍ 1 Yes
- ❍ 2 No

'QA21_I46' [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?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, goto 'PN_QA21_I48'

'QA21_I47' [AI53] - Who else pays all or some portion of the cost for (TEEN)'s health plan?

Check all that apply

- ❑   1 Your current employer
- ❑   2 Your former employer
- ❑   3 Union
- ❑   4 Spouse's/Partner's current employer
- ❑   5 Spouse's/Partner's former employer
- ❑   6 Professional/Fraternal organization
- ❑   7 Medicaid/Medi-Cal assistance
- ❑   10 Covered California
- ❑   91 Other

POST-NOTE 'QA21_I47' :
IF 'QA21_I47' = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF 'QA21_I47' = 7, SET TEMCAL = 1;
IF 'QA21_I47' = 10, SET TEHBEX =1;

PROGRAMMING NOTE 'QA21_I48' :
IF TEINSURE = 1, GO TO PROGRAMMING NOTE 'QA21_I53' ;
ELSE CONTINUE WITH 'QA21_I48'

'QA21_I48' [IA6] - Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

- ⭕   1 Yes
- ⭕   2 No

If = 1, goto 'PN_QA21_I54'

POST-NOTE 'QA21_I48' :
IF 'QA21_I48' = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

'QA21_I49' [IA7] - Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Family PACT, Healthy Kids or something else?

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.

- ⭕   1 AIM
- ⭕   2 MRMIP
- ⭕   3 Family PACT
- ⭕   4 Healthy Kids
- ⭕   5 No other plan
- ⭕   91 Something else (Specify: _____)

If = 1, 2, 3, 4, 91, goto 'PN_QA21_I54'

POST-NOTE 'QA21_I49' :
IF 'QA21_I49' = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

'QA21_I50' [IA8] - Does {he/she} have any health insurance coverage through a plan that I missed?

    ❍   1 Yes
    ❍   2 No

If = 2, -3, goto 'PN_QA21_I54'

'QA21_I51' [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?

Check all that apply

    ❑   1 Through current or former employer/union
    ❑   2 Through school, professional association, trade group or other organization
    ❑   3 Purchased directly from a health plan (by you or anyone else)
    ❑   4 Medicare
    ❑   5 Medi-Cal
    ❑   7 CHAMPUS/CHAMP-VA, TRICARE, VA, or some other military health care
    ❑   8 Indian Health Service, Tribal Health Program, Urban Indian Clinic
    ❑   10 Covered California
    ❑   11 SHOP through Covered California
    ❑   91 Other government health plan
    ❑   92 Other non-government health plan

POST-NOTE 'QA21_I51' :
IF 'QA21_I51' = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF 'QA21_I51' = 2, SET TEEMP = 1 AND TEINSURE = 1;
IF 'QA21_I51' = 3, SET TEDIRECT = 1 AND TEINSURE = 1;
IF 'QA21_I51' = 4, SET TEMCARE = 1 AND TEINSURE = 1;
IF 'QA21_I51' = 5, SET TEMCAL = 1 AND TEINSURE = 1;
IF 'QA21_I51' = 7, SET TEMILIT = 1 AND TEINSURE = 1;
IF 'QA21_I51' = 8 , SET TEIHS = 1;
IF 'QA21_I51' = 10, SET TEHBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;
IF 'QA21_I51' = 11, SET TEHBEX = 1 AND TEINSURE = 1 AND TEEMP = 1;
IF 'QA21_I51' = 91, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF 'QA21_I51' = 92, SET TEOTHER = 1 AND TEINSURE = 1;
IF 'QA21_I51' = -3, SET TEINSURE = 1

PROGRAMMING NOTE 'QA21_I52' :
IF 'QA21_I51' = 4 (TEEN HAS MEDICARE), CONTINUE WITH 'QA21_I52' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA21_I53'

'QA21_I52' [IA9VER] - Just to verify, you said that (TEEN) gets health insurance through Medicare?

    ❍   1 Yes
    ❍   2 No

PROGRAMMING NOTE 'QA21_I53' :
IF TEINSURE ≠ 1 CONTINUE WITH 'QA21_I53' ;
ELSE GO TO 'QA21_I54' ;

'QA21_I53' [IA1A] - What is the <u>one</u> main reason why (TEEN) is not enrolled in the Medi-CAL program?

- ❍   1 Paperwork too difficult
- ❍   2 Do not know if eligible
- ❍   3 Income too high, not eligible
- ❍   4 Not eligible due to citizenship/immigration status
- ❍   6 Do not believe in health insurance
- ❍   7 Do not need insurance because she/he is healthy
- ❍   8 Already have insurance
- ❍   9 Did not know about it
- ❍   10 Do not like or want welfare
- ❍   91 Other (Specify: _____)

PROGRAMMING NOTE 'QA21_I54' :IF 'QA21_I36' = 1 AND ARMCARE ^= 1, THEN 'QA21_I54' = 'QA21_H61' AND 'QA21_I56' = 'QA21_H63' AND 'QA21_I57' = 'QA21_H64' AND GO TO PN 'QA21_I58' ; ELSE IF 'QA21_I38' = 1, THEN 'QA21_I54' = 'QA21_I18' AND 'QA21_I56' = 'QA21_I20' AND 'QA21_I57' = 'QA21_I21' AND GO TO PN 'QA21_I58'; ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'QA21_I54' ; ELSE GO TO PROGRAMMING NOTE ''QA21_I58''

'QA21_I54' [MA8] - Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

<u>HMO</u> 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.

- ❍   1 Yes
- ❍   2 No

If = 1, goto 'QA21_I56'

PROGRAMMING NOTE 'QA21_I55' :
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'QA21_I56' ;
ELSE CONTINUE WITH 'QA21_I55' ;

'QA21_I55' [AI116] - Is (TEEN)'s health plan a PPO or EPO?

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.

- ❍ 1 PPO
- ❍ 2 EPO
- ❍ 91 Other (Specify: _____)

'QA21_I56' [MA7] - What is the name of (TEEN)'s main health plan?

- ❍ 02 Aetna
- ❍ 07 Anthem Blue Cross of California
- ❍ 12 Blue Shield
- ❍ 26 Cigna Healthcare
- ❍ 38 Health Net
- ❍ 47 Kaiser Permanente
- ❍ 73 United Healthcare
- ❍ 52 Medi-cal
- ❍ 53 Medicare
- ❍ 85 Other (Specify: _____)

POST NOTE 'QA21_I56' :
IF 'QA21_I56' = 93, 87, OR 89 THEN SET TEMILIT=1

'QA21_I57' [IA14] - Is (TEEN) covered for prescription drugs?

- ❍ 1 Yes
- ❍ 2 No

PROGRAMMING NOTE FOR 'QA21_I58' :IF [(ARINSURE ≠ 1 OR 'QA21_I36' ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH 'QA21_I58' ;
ELSE SKIP TO PN 'QA21_I61'

'QA21_I58' [AI82] - Does (TEEN)'s health plan have a deductible that is more than $1,000?

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

- ❍ 1 Yes
- ❍ 2 No
- ❍ 3 Yes, but only when we go out of network

'QA21_I59' [AI83] - Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?

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

- ❍   1 Yes
- ❍   2 No
- ❍   3 Yes, but only when we go out of network

PROGRAMMING NOTE 'QA21_I60' :
IF ('QA21_I58' = 1 OR 3) OR ('QA21_I59' = 1 OR 3), CONTINUE WITH 'QA21_I60' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA21_I61'

'QA21_I60' [AI84] - Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

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).

- ❍   1 Yes
- ❍   2 No

PROGRAMMING NOTE 'QA21_I61' :
IF TEINSURE = 1, GO TO 'QA21_I66' ;
ELSE CONTINUE WITH 'QA21_I61'

'QA21_I61' [IA18] - What is the <u>one main</u> reason (TEEN) does not have any health insurance?

- ❍   1 Can't afford/too expensive
- ❍   2 Not eligible due to working status/changed employer/lost job
- ❍   3 Not eligible due to health or other problems
- ❍   4 Not eligible due to citizenship/immigration status
- ❍   5 Family situation changed
- ❍   6 Don't believe in insurance
- ❍   7 Did not have insurance while switching insurance companies
- ❍   8 Can get health care for free/pay for own care
- ❍   91 Other (Specify: _____)

'QA21_I62' [IA20] - Was (TEEN) covered by health insurance at any time during the past 12 months?

- ❍   1 Yes
- ❍   2 No

If = 1, goto 'QA21_I64'

'QA21_I63' [IA21] - How long has it been since (TEEN) last had health insurance?

- ❍   1 More than 12 months, but no more than 3 years ago
- ❍   2 More than 3 years ago
- ❍   3 Never had health insurance coverage

If = 1, 2, 3, -3, goto 'PN_QA21_J1'

'QA21_I64' [IA22] - For how many of the last 12 months did {he/she} have health insurance?

_____ Months [HR: 0-12]

If = 0 , goto 'PN_QA21_J1'

'QA21_I65' [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?

Check all that apply

(5 maximum responses)

- ❑ 1 Medi-Cal
- ❑ 3 Through current or former employer/union
- ❑ 5 Purchased directly
- ❑ 6 Covered California
- ❑ 91 Other health plan

If = 1, 3, 5, 6, 91, -3, goto 'PN_QA21_J1'

'QA21_I66' [IA24] - Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for <u>all</u> of the past 12 months?

- ❍ 1 Yes
- ❍ 2 No

If = 1, goto 'PN_QA21_J1'

'QA21_I67' [IA25] - When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, goto 'QA21_I69'

'QA21_I68' [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?

Check all that apply

- ❑ 1 Medi-Cal
- ❑ 4 Through current or former employer/union
- ❑ 5 Purchased directly
- ❑ 6 Covered California
- ❑ 91 Other health plan

'QA21_I69' [IA27] - During the past 12 months, was there any time when {he/she} had no health insurance at all?
- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, goto 'PN_QA21_J1'

'QA21_I70' [IA28] - For how many of the past 12 months did {he/she} have no health insurance?

_____ MONTHS [RANGE: 1-12]

'QA21_I71' [IA29] - What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

- ❍ 1 Can't afford/too expensive
- ❍ 2 Not eligible due to working status/changed employer/lost job
- ❍ 3 Not eligible due to health or other problems
- ❍ 4 Not eligible due to citizenship/immigration status
- ❍ 5 Family situation changed
- ❍ 6 Don't believe in insurance
- ❍ 7 Did not have insurance while switching insurance companies
- ❍ 8 Can get health care for free/pay for own care
- ❍ 91 Other (Specify: _____)

Section J: Health Care Utilization and Access

PROGRAMMING NOTE 'QA21_J1' :
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";
ELSE BEGIN QUESTION WITH "During the past 12 months, how many times have you seen a medical doctor"

'QA21_J1' [AH5] - {Now, I'd like to ask about the health care <u>you</u> receive.} During the past 12 months, how many times have you seen a medical doctor}?

_____ Times [HR: 0-365]

PROGRAMMING NOTE 'QA21_J2' :
IF 'QA21_J1' = 0, -3 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH 'QA21_J2' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_J3'

'QA21_J2' [AH6] - About how long has it been since you last saw a doctor about your own health?

- ❍   0 One year ago or less
- ❍   1 More than 1 up to 2 years ago
- ❍   2 More than 2 up to 5 years ago
- ❍   3 More than 5 years ago
- ❍   4 Never

PROGRAMMING NOTE 'QA21_J3' :
IF 'QA21_J2' = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO 'QA21_J4' ;
ELSE CONTINUE WITH 'QA21_J3'

'QA21_J3' [AJ114] - About how long has it been since you last saw a doctor or medical provider for a <u>routine check-up</u>?

A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.

- ❍   0 One year ago or less
- ❍   1 More than 1 up to 2 years ago
- ❍   2 More than 2 up to 5 years ago
- ❍   3 More than 5 years ago
- ❍   4 Never

'QA21_J4' [AJ115] - During the past 12 months, about how many days did you miss work at a job or business because of illness, injury or disability?

Do not include family or maternity/paternity leave.

_____ Days (0 - 365)

- ❍   1 Did not have job in past 12 months
- ❍   Other (specify) [_____]

PROGRAMMING NOTE 'QA21_J5' :
IF 'QA21_H1' = 1 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH 'QA21_J5' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_J6'

'QA21_J5' [AJ77] - Do you have a personal doctor or medical provider who is your main provider?

This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.

- ❍   1 Yes
- ❍   2 No

PROGRAMMING NOTE 'QA21_J6':
IF ARINSURE =1 OR 'QA21_H1' = 1 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH
'QA21_J6'
ELSE GO TO PROGRAMMING NOTE 'QA21_J8'
IF 'QA21_J5' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

'QA21_J6' [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?

- ❍   1 Yes
- ❍   2 No

IF = 2, -3 go to 'PN_QA21_J8'

'QA21_J7' [AJ103] - How often were you able to get an appointment within two days? Would you say…

- ❍   1 Never
- ❍   2 Sometimes
- ❍   3 Usually
- ❍   4 Always

PROGRAMMING NOTE 'QA21_J8':
IF 'QA21_H1' = 1 (HAS A USUAL SOURCE OF CARE) AND 'QA21_J5' = 1 (HAS A PERSONAL
DOCTOR/MEDICAL PROVIDER) AND [('QA21_B3' = 1 OR 'QA21_B4' = 1 (HAS ASTHMA)) OR AB22'
= 1 (HAS DIABETES) OR 'QA21_B18' = 1 = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH
'QA21_J8';
ELSE GO TO 'QA21_J9'

'QA21_J8' [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?

- ❍   1 Yes
- ❍   2 No

'QA21_J9' [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?

- ❍   1 Yes
- ❍   2 No

If 2, -3 go to 'QA21_J13'

'QA21_J10' [AJ203]- What was this care for?

- ❑   1 Skin problem
- ❑   2 Eye problem
- ❑   3 Mental or emotional health problem
- ❑   5 Disease care and management (includes cancer care)
- ❑   6 Flu, cold, allergies, infections
- ❑   8 Arthritis, chronic or general joint, back, muscle problem or pain
- ❑   9 Tests, results, follow up
- ❑   12 Dental health problem
- ❑   91 Other health problem (specify: _____)

'QA21_J11' [AJ204]- How would you rate the <u>overall</u> experience of your most recent <u>video</u> visit compared to an in-person visit? Would you say the video visit was ...

- ❍   1 Much worse
- ❍   2 Somewhat worse
- ❍   3 About the same
- ❍   4 Somewhat better
- ❍   5 Much better
- ❍   6 Did not have video visit

'QA21_J12' [AJ205]- How would you rate the <u>overall</u> experience of your most recent <u>phone</u> visit compared to an in-person visit? Would you say the phone visit was ...

- ❍   1 Much worse
- ❍   2 Somewhat worse
- ❍   3 About the same
- ❍   4 Somewhat better
- ❍   5 Much better
- ❍   6 Did not have phone visit

'QA21_J13' [AJ152B] - During the past 12 months, did you receive care while in a health facility, from a doctor at another location, by use of a video device ?

❍   1 Yes
❍   2 No

If = 2, -3 goto 'PN_QA21_J15'

'QA21_J14' [AJ153B] - Was the care for a skin or eye problem, mental or emotional health problem, dental health problem or some other health problem?

Check all that apply.

❑   1 Skin problem
❑   2 Eye problem
❑   3 Mental or emotional health problem
❑   12 Dental health problem
❑   91 Other health problem (Specify: _____)

PROGRAMMING NOTE 'QA21_J15' :
IF 'QA21_A22' >=2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH AJ8 ;
ELSE GO TO PROGRAMMING NOTE 'QA21_J20'

'QA21_J15' [AJ8B] - The last time you saw a doctor, did you have a hard time understanding the doctor?

❍   1 Yes
❍   2 No

If = 1, goto 'QA21_J17'
If = -3, goto 'PN_QA21_J20'

PROGRAMMING NOTE 'QA21_J16' :
IF 'QA21_J15' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'QA21_A21' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'QA21_J16' ; ELSE GO TO PN_'QA21_J20'
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'QA21_J16' WAS ASKED;

'QA21_J16' [AJ50] - In what language did the doctor speak to you?

- ❍ 1 English
- ❍ 2 Spanish
- ❍ 3 Cantonese
- ❍ 4 Vietnamese
- ❍ 5 Tagalog
- ❍ 6 Mandarin
- ❍ 7 Korean
- ❍ 8 Asian Indian languages (including Hindi, Punjabi, Urdu)
- ❍ 9 Russian
- ❍ 12 Japanese
- ❍ 14 French
- ❍ 15 German
- ❍ 18 Farsi
- ❍ 19 American
- ❍ 20 Arabic
- ❍ 91 Other (Specify: _____)

If = 1, goto 'QA21_J18'
If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -3, goto 'PN_QA21_J20'

'QA21_J17' [AJ9] - Was this because you and the doctor spoke different languages?

- ❍ 1 Yes
- ❍ 2 No

'QA21_J18' [AJ10] - Did you need someone to help you understand the doctor?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3, goto 'PN_QA21_J20'

'QA21_J19' [AJ11] - Who was this person who helped you understand the doctor?

- ❍ 1 Minor child (under age 18)
- ❍ 2 An adult family member or friend of mine
- ❍ 3 Non-medical office staff
- ❍ 4 Medical staff including nurses/doctors
- ❍ 5 Professional interpreter (both in person and on the telephone)
- ❍ 6 Other (patients, someone else)
- ❍ 7 Did not have someone to help

PROGRAMMING NOTE 'QA21_J20' :
IF 'QA21_A22' = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH
'QA21_J20' ;ELSE GO TO 'QA21_J21'

'QA21_J20' [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?

- ❍   1 Yes
- ❍   2 No

'QA21_J21' [AH16] - During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'QA21_J24'

'QA21_J22' [AJ19] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

- ❍   1 Yes
- ❍   2 No

PROGRAMMING NOTE 'QA21_J23':
IF ARINSURE = 1, THEN CONTINUE WITH 'QA21_J23';
ELSE GO TO 'QA21_J24'

'QA21_J23' [AJ176] - Did you delay or not get a medicine while you had your current insurance plan?

- ❍   1 Yes
- ❍   2 No

'QA21_J24' [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?

- ❍   1 Yes
- ❍   2 No

If = 2, -3 goto 'QA21_J30'

'QA21_J25' [AJ129] - Did you get the care eventually?

- ❍   1 Yes
- ❍   2 No

'QA21_J26' [AJ20] - Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

- ❍   1 Yes
- ❍   2 No

If = 2, -3, goto 'QA21_J28'

'QA21_J27' [AJ130] - Was that the <u>main </u>reason?

     ❍   1 Yes
     ❍   2 No

If = 1, -3, goto 'QA21_J29'

'QA21_J28' [AJ131] - What was the <u>one </u>main reason why you delayed getting the care you felt you needed?

     ❍   1 Couldn't get appointment
     ❍   2 My insurance was not accepted
     ❍   3 My insurance did not cover
     ❍   4 Language understanding problems
     ❍   5 Transportation problems
     ❍   6 Hours were not convenient
     ❍   7 There was no child care for children at home
     ❍   8 I forgot or lost referral
     ❍   9 I didn't have time to go
     ❍   10 Too expensive
     ❍   11 I have no insurance
     ❍   91 Other (Specify: _____)

PROGRAMMING NOTE 'QA21_J29':
IF ARINSURE = 1, THEN CONTINUE WITH 'QA21_J29';
ELSE GO TO 'QA21_J30'

'QA21_J29' [AJ177] - Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

     ❍   1 Yes
     ❍   2 No

'QA21_J30' [AJ136] - The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.
In the past12 months, did you or a doctor think you needed to see a medical specialist?

     ❍   1 Yes
     ❍   2 No

PROGRAMMING NOTE 'QA21_J31' :
IF 'QA21_J30' = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH 'QA21_J31' ;
ELSE GO TO 'QA21_J34'

'QA21_J31' [AJ137] - During the past 12 months, did you have any trouble finding a medical specialist who would see you?

     ❍   1 Yes
     ❍   2 No

'QA21_J32' [AJ138] - During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

     ❍   1 Yes
     ❍   2 No

PROGRAMMING NOTE 'QA21_J33' :
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA21_J33' ;
ELSE SKIP TO 'QA21_J34'

'QA21_J33' [AJ139] - During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

- ❍   1 Yes
- ❍   2 No

'QA21_J34' [AJ133] - Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

- ❍   1 Yes
- ❍   2 No

'QA21_J35' [AJ134] - During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

- ❍   1 Yes
- ❍   2 No

PROGRAMMING NOTE 'QA21_J36' :
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH 'QA21_J36' ;
ELSE SKIP TO 'QA21_J37'

'QA21_J36' [AJ135] - During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

- ❍   1 Yes
- ❍   2 No

PROGRAMMING NOTE 'QA21_J37' :
IF 'QA21_A5' = 1 (MALE AT BIRTH), THEN GO TO AJ144BB ;
IF AGE > 45, THEN GO TO AJ144BB ;
DISPLAYS;
IF ['QA21_A5' = 2 (FEMALE AT BIRTH) AND AD66 = 2 (IDENTIFIES AS FEMALE)], DISPLAY
"These next questions are about women's health.";
IF ['QA21_A5' = 2 (FEMALE AT BIRTH) AND AD66 = 1, 3, 4, OR -3 (MALE, TRANSGENDER, NONE, 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."

'QA21_J37' [AD13] - {These next questions are about women's health. /These next questions may be relevant to you because you were assigned female at birth.}

To your knowledge, are you <u>now</u> pregnant?

- ❍   1 Yes
- ❍   2 No
- ❍   3 Not applicable

PROGRAMMING NOTE 'QA21_J38':
IF AGE > 44 YEARS GO TO 'PN_'QA21_J54' ';
ELSE IF 'QA21_A5'=1 (MALE AT BIRTH) THEN GO TO AJ144BB;
ELSE CONTINUE WITH 'QA21_J38'

'QA21_J38' [AJ169] - Which of the following statements best describes your pregnancy plans? Would you say…

- ❍ 1 I do not plan to get pregnant within the next 12 months
- ❍ 2 I am not sexually active
- ❍ 3 I am planning to get pregnant within the next 12 months
- ❍ 4 I am currently pregnant
- ❍ 5 I am not able to get pregnant

PROGRAMMING NOTE 'QA21_J39':
IF 'QA21_J37' = 1 (PREGNANT), GO TO 'PN_'QA21_J54' ';
IF 'QA21_A5' = 2 (FEMALE AT BIRTH) AND 'QA21_D11' = 2 (GAY,LESBIAN, OR HOMOSEXUAL),
GO TO 'PN_'QA21_J54' '; IF 'QA21_J38'= 2, 4, 5 (NOT SEXUALLY ACTIVE OR PREGNANT) THEN
GO TO 'QA21_J42';
ELSE CONTINUE WITH 'QA21_J39'

'QA21_J39' [AF40B] - Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children.

- ❍ 1 Yes
- ❍ 2 No
- ❍ 3 No male sexual partner

If = 3, -3, goto 'PN_QA21_J42'
If = 2, goto 'PN_QA21_J41'

PROGRAMMING NOTE 'QA21_J40':
IF 'QA21_J39' = 2,, GO TO 'QA21_J41';
If 'QA21_J39' = 3, -3, goto 'PN_'QA21_J42';
ELSE CONTINUE WITH 'QA21_J40'

'QA21_J40' [AJ154B] - Which birth control method or methods are you using?

Check all that apply.

- ❑ 1 Tubal ligation (tubes tied, cut)
- ❑ 2 Vasectomy (male sterilization)
- ❑ 3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- ❑ 4 Implant (Implanon®, Nexplanon®, etc.)
- ❑ 5 Birth control pills
- ❑ 6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- ❑ 7 Condoms (male)
- ❑ 91 Other (Specify: _____)

> **PROGRAMMING NOTE 'QA21_J41':**
> **IF 'QA21_J39' =1, GO TO 'QA21_J42',**
> **ELSE CONTINUE WITH 'QA21_J41'**

'QA21_J41' [AJ170] - What is the <u>main</u> reason you are <u>not</u> currently using birth control?

- ❍　1 Trying to get pregnant/want a baby
- ❍　2 Haven't found a method I like
- ❍　3 Cost
- ❍　4 Haven't had time to go in for birth control
- ❍　5 No transportation
- ❍　6 Don't know where to get it
- ❍　7 Don't believe in birth control
- ❍　8 Worried about side effects and/or health risks
- ❍　9 Partner won't let me
- ❍　91 Other (Specify: _____)

> **PROGRAMMING NOTE 'QA21_J42':**
> **IF 'QA21_J40' = 3 (IUD) OR 4 (IMPLANT), GO TO 'QA21_J43';**
> **ELSE CONTINUE WITH 'QA21_J42'**

'QA21_J42' [AJ171] - Has a doctor, medical provider, or family planning counselor ever talked to you about an IUD or an implant?

- ❍　1 Yes
- ❍　2 No
- ❍　3 No male sexual partner

'QA21_J43' [AJ179] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

- ❍　01 Yes
- ❍　02 No

'QA21_J44' [AJ180] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

- ❍　01 Yes
- ❍　02 No

If = 2, -3, goto 'PN_AJ144BB'

'QA21_J45' [AJ181] - What <u>main</u> birth control method or prescription did you receive?

- ❍　1 Tubal ligation (tubes tied, cut)
- ❍　2 Vasectomy (male sterilization)
- ❍　3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- ❍　4 Implant (Implanon®, Nexplanon®, etc.)
- ❍　5 Birth control pills
- ❍　6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- ❍　7 Condoms (male)
- ❍　91 Other (Specify: _____)

'QA21_J46' [AJ182] - Where did you receive the main birth control method or prescription?

- ❍ 1 Private doctor's office
- ❍ 2 HMO facility
- ❍ 3 Hospital or hospital clinic
- ❍ 4 Planned Parenthood
- ❍ 5 County health department, family planning clinic, community clinic
- ❍ 6 School or school-based clinic
- ❍ 7 Employer or company clinic
- ❍ 8 Indian health service
- ❍ 9 Pharmacy
- ❍ 91 Some other place (Specify:_____)

> *PROGRAMMING NOTE 'QA21_J47':*
> *IF 'QA21_A5'=2 (FEMALE AT BIRTH) THEN GO TO 'PN_'QA21_J54' ';*
> *ELSE IF 'QA21_A5'=1 (MALE AT BIRTH) AND AAGE <65 CONTINUE WITH 'QA21_J47';*

'QA21_J47' [AJ144BB] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

- ❍ 1 Yes
- ❍ 2 No

'QA21_J48' [AJ172] - Are you or your female sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

- ❍ 1 Yes
- ❍ 2 No
- ❍ 3 No female sexual partner

If = 3, -3, goto 'PN_QA21_J51'
If = 2, goto 'PN_QA21_J50'

'QA21_J49' [AJ174] - Which birth control method or methods are you using?

Check all that apply

- ❑ 01 Tubal ligation (tubes tied, cut)
- ❑ 02 Vasectomy (male sterilization)
- ❑ 03 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- ❑ 04 Implant (Implanon®, Nexplanon®, etc.)
- ❑ 05 Birth control pills
- ❑ 06 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- ❑ 07 Condoms (male)
- ❑ 91 Other (Specify: _____)

> **PROGRAMMING NOTE 'QA21_J50':**
> **IF 'QA21_J48' =1, 3, -3 GO TO 'QA21_J51',**
> **ELSE CONTINUE WITH 'QA21_J50'**

'QA21_J50' [AJ175] - What is the <u>main</u> reason you are <u>not</u> currently using birth control?

- ❍ 1 Trying to get pregnant/want a baby
- ❍ 2 Haven't found a method I like
- ❍ 3 Cost
- ❍ 4 Haven't had time to go in for birth control
- ❍ 5 No transportation
- ❍ 6 Don't know where to get it
- ❍ 7 Don't believe in birth control
- ❍ 8 Worried about side effects and/or health risks
- ❍ 9 Partner won't let me
- ❍ 91 Other (Specify: _____)

'QA21_J51' [AJ183] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

- ❍ 01 Yes
- ❍ 02 No

If = 2, -3 goto 'PN_'QA21_J54' '

'QA21_J52' [AJ184] - What <u>main</u> birth control method or prescription did you receive?

- ❍ 1 Tubal ligation (tubes tied, cut)
- ❍ 2 Vasectomy (male sterilization)
- ❍ 3 IUD (Mirena®, Paragard®, Skyla®, Kyleena®, Liletta®, etc.)
- ❍ 4 Implant (Implanon®, Nexplanon®, etc.)
- ❍ 5 Birth control pills
- ❍ 6 Other hormonal methods (Injection/Depo-Provera, patch, vaginal ring/NuvaRing®)
- ❍ 7 Condoms (male)
- ❍ 91 Other (Specify: _____)

'QA21_J53' [AJ185] - Where did you receive the main birth control method or prescription?

- ❍ 1 Private doctor's office
- ❍ 2 HMO facility
- ❍ 3 Hospital or hospital clinic
- ❍ 4 Planned Parenthood
- ❍ 5 County health department, family planning clinic, community clinic
- ❍ 6 School or school-based clinic
- ❍ 7 Employer or company clinic
- ❍ 8 Indian health service
- ❍ 9 Pharmacy
- ❍ 91 Some other place (Specify:_____)

PROGRAMMING NOTE 'QA21_J54': IF R LIVES IN LA COUNTY SERVICE PROVIDER AREA (SPA) 1, 2, 4 OR 5, CONTINUE; ELSE GO TO PN_ 'QA21_J56'; ELSE IF QA21_A5=2 AND AAGE 50-74, CONTINUE WITH 'QA21_J54', ELSE SKIP TO PN_ 'QA21_J56'

(Only administered in Los Angeles Service Planning Areas 1, 2, 4, 5)

'QA21_J54' [AJ206] -During the past 2 years, have you had a mammogram?

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]

- ❍   01 Yes
- ❍   02 No

 IF= 1, -3 go to PN_ 'AF22'

'QA21_J55' [AJ207] -What is the <u>one</u> most important reason why you have not had a mammogram in the past 2 years?

- ❍   01 No reason/never thought about it
- ❍   02 Didn't know i needed this type of test
- ❍   03 Doctor didn't tell me i needed it
- ❍   04 Haven't had any problems
- ❍   05 Put it off/laziness
- ❍   06 Too expensive/no insurance
- ❍   07 Too painful, unpleasant, embarrassing
- ❍   08 Too young
- ❍   09 Don't have a doctor
- ❍   10 Transportation problem
- ❍   11 Competing priorities (work, childcare, caregiving)

PROGRAMMING NOTE_'QA21_J56': IF SRAGE >=50 AND <=75, CONTINUE, ELSE SKIP TO PN_ 'QA21_J65'

'QA21_J56' [AF22]- A stool or fecal blood test is done at home to check for colon cancer. You send your stool sample to the doctor's office or lab for testing. Have you ever done a stool or fecal blood test?

Do not include over-the-counter test kits from a drugstore or pharmacy

Do not include tests done at the doctor's office

- ❍   01 Yes
- ❍   02 No

If -2, -3go to 'AJ208'

'QA21_J57' [AF24]- When did you do your most recent blood test using a home kit to check for colon cancer?

- ❍ 01 A year ago or less
- ❍ 02 More than 1 year ago up to 2 years ago
- ❍ 03 More than 1 year ago up to 2 years ago
- ❍ 04 More than 2 years ago up to 3 years ago.
- ❍ 05 More than 3 years ago up to 5 years ago
- ❍ 06 More than 5 years ago..

PROGRAMMING NOTE 'QA21_J58': IF R LIVES IN LA COUNTY SERVICE PROVIDER AREA (SPA) 1, 2, 4 OR 5,) AND [AF22=2 OR (AF22=1 AND AF24>1)], CONTINUE; ELSE GO TO PN_ 'QA21_J59';

(Only administered in Los Angeles Service Planning Areas 1, 2, 4, 5)

'QA21_J58' [AJ208] -What is the <u>one</u> most important reason why you have not had a stool or fecal blood test in the last year?

- ❍ 01 No reason/never thought about it
- ❍ 02 Didn't know I needed this type of test
- ❍ 03 Doctor didn't tell me I needed it
- ❍ 04 Haven't had any problems
- ❍ 05 Put it off/laziness
- ❍ 06 Too expensive/no insurance
- ❍ 07 Too painful, unpleasant, embarrassing
- ❍ 08 Too young
- ❍ 09 Don't have a doctor
- ❍ 10 Transportation problem
- ❍ 11 Competing priorities (work, childcare, caregiving)

'QA21_J59' [MODAF14]- Have you ever had a sigmoidoscopy, colonoscopy, or a proctoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.

- ❍ 01 Yes
- ❍ 02 No

If -2, -3 go to PN_ 'QA21_J64'

'QA21_J60' [AF16]- How long ago did you have your most recent exam?

- ❍ 01 A year ago or less
- ❍ 02 More than 1 year ago up to 2 years ago
- ❍ 03 More than 2 years ago up to 3 years ago.
- ❍ 04 More than 3 years ago up to 5 years ago
- ❍ 05 More than 5 years ago.

'QA21_J61' [AB61]- Sigmoidoscopy, proctoscopy, and colonoscopy are tests that examine the bowel by inserting a tube in the rectum. During a sigmoidoscopy or proctoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home. Was your most recent exam a sigmoidoscopy, colonoscopy, or proctoscopy?

- ❍　　01 Sigmoidoscopy
- ❍　　02 Colonoscopy
- ❍　　03 Proctoscopy

'QA21_J62' [AF17]- What was the main reason you had this exam?

- ❍　　01 As part of a routine physical exam or screening test
- ❍　　02 Because of a specific problem
- ❍　　03 As a follow-up to an earlier test or screening exam
- ❍　　04 Because of a family history of colorectal cancer

PROGRAMMING NOTE 'QA21_J63': IF (R LIVES IN LA COUNTY SERVICE PROVIDER AREA (SPA) 1, 2, 4 OR 5) AND [(AB61= 1 OR 3) OR (AF16=5 AND AB61=2)] CONTINUE TO 'NEW_CSSCQ2', CONTINUE; ELSE GO TO PN_ 'QA21_J65';

'QA21_J63' [AJ209] -During the past 10 years, have you had a colonoscopy?

- ❍　　01 Yes
- ❍　　02 No

PROGRAMMING NOTE 'NEW_CSSCQ4' : IF (R LIVES IN LA COUNTY SERVICE PROVIDER AREA (SPA) 1, 2, 4 OR 5) AND 'QA21_J63' =2,-3 (NO, REF/DK) OR MODAF14 = 2,-3 (NO, REF/DK)],),,, THEN ASK 'QA21_J64';ELSE GO TO 'QA21_J65'

'QA21_J64' [AJ210] -What is the <u>one</u> most important reason why you have not had a colonoscopy in the last ten years?

- ❍　　01 No reason/never thought about it
- ❍　　02 Didn't know I needed this type of test
- ❍　　03 Doctor didn't tell me I needed it
- ❍　　04 Haven't had any problems
- ❍　　05 Put it off/laziness
- ❍　　06 Too expensive/no insurance
- ❍　　07 Too painful, unpleasant, embarrassing
- ❍　　08 Too young
- ❍　　09 Don't have a doctor
- ❍　　10 Transportation problem
- ❍　　11 Competing priorities (work, childcare, caregiving)

PROGRAMMING NOTE 'QA21_J65': IF R LIVES IN LA COUNTY SERVICE PROVIDER AREA (SPA) 1, 2, 4 OR 5, CONTINUE; ELSE GO TO 'QA21_J71';IF AAGE >50, SKIP TO 'QA21_J71'

(Only administered in Los Angeles Service Planning Areas 1, 2, 4, 5)

'QA21_J65' [AE78MOD]- HPV stands for Human Papillomavirus. The vaccine is given to males and females as young as age 9 to prevent sexually transmitted HPV infections that cause certain kinds of cancers.

Have you ever received the HPV vaccine?

- ❍   01 Yes
- ❍   02 No

If 2, -3 goto PN_ 'QA21_J67'

'QA21_J66' [AJ211]- How many doses or shots have you received?

- ❍   01 1
- ❍   02 2
- ❍   03 3 or more

PROGRAMMING NOTE 'QA21_J67': IF ONE ELIGIBLE MALE CHILD BETWEEN 9-17 YEARS OF AGE, CONTINUE WITH 'QA21_J67', ELSE GO TO PN_ 'QA21_J68'

'QA21_J67' [AJ212]- For your son aged between 9-17 years, has he received at least one dose of the HPV vaccine?

HPV stands for Human Papillomavirus

- ❍   01 Yes
- ❍   02 No

PROGRAMMING NOTE 'QA21_J68': IF MORE THAN ONE ELIGIBLE MALE CHILD BETWEEN 9-17 YEARS OF AGE, CONTINUE WITH 'QA21_J68', ELSE GO TO PN_ 'AJ214AJ214'

'QA21_J68' [AJ213]- For your {NUMBER OF SONS} sons aged between 9-17 years, how many have received at least one dose of the HPV vaccine?

HPV stands for Human Papillomavirus

- ❍   01 _____ Sons

PROGRAMMING NOTE 'QA21_J69': IF ONE ELIGIBLE FEMALE CHILD BETWEEN 9-17 YEARS OF AGE, CONTINUE WITH 'QA21_J69', ELSE GO TO PN_ 'QA21_J70'

'QA21_J69' [AJ214]- For your daughter aged between 9-17 years, has she received at least one dose of the HPV vaccine?

HPV stands for Human Papillomavirus

- ❍   01 Yes
- ❍   02 No

PROGRAMMING NOTE 'QA21_J70': IF MORE THAN ONE ELIGIBLE FEMALE CHILD BETWEEN 9-17 YEARS OF AGE, CONTINUE WITH 'QA21_J70', ELSE GO TO 'QA21_J71'

'QA21_J70' [AJ215]- For your {NUMBER OF DAUGHTERS} daughters aged between 9-17 years, how many have received at least one dose of the HPV vaccine?

HPV stands for Human Papillomavirus

- ❍   01 _____ Daughters

'QA21_J71' [AG1] - These next questions are about dental health. About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

- ❍   0 Have never visited
- ❍   1 6 months ago or less
- ❍   2 More than 6 months, and up to 1 year
- ❍   3 More than 1 year, and up to 2 years ago
- ❍   4 More than 2 years, and up to 5 years ago
- ❍   5 More than 5 years ago

If = 0, -3, goto 'QA21_J73'

PROGRAMMING NOTE 'QA21_J72': IF 'QA21_J71'=1-5, THEN CONTINUE WITH 'QA21_J71', ELSE GO TO 'QA21_J73'

'QA21_J72' [AJ167] - Was it for a routine checkup or cleaning, or was it for a specific problem?

- ❍   1 Routine checkup or cleaning
- ❍   2 Specific problem
- ❍   3 Both

'QA21_J73' [AG3] - Do you now have any type of insurance that pays for part or all of your dental care?

- ❍   1 Yes
- ❍   2 No

'QA21_J74' [AJ168] - How would you describe the condition of your teeth?

- ❍   1 Excellent
- ❍   2 Very good
- ❍   3 Good
- ❍   4 Fair
- ❍   5 Poor
- ❍   6 Has no natural teeth

'QA21_J75' [DMC8] - These next questions are about things that have happened to you while receiving medical care. The questions ask about times where you were treated unfairly.

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

❍   1 Yes
❍   2 No

If 2, -3 goto 'QA21_J78'

'QA21_J76' [DMC9] - Think about the last time this happened. How long ago was that?

❍   1 A year ago or less
❍   2 More than 1 up to 2 years ago
❍   3 More than 2 up to 3 years ago
❍   4 More than 3 up to 5 years ago
❍   5 More than 5 up to 10 years ago
❍   6 More than 10 up to 20 years ago
❍   7 More than 20 years ago

'QA21_J77' [IPVINTRO] - The next questions are about relationships with intimate partners and your personal safety. An intimate partner is a husband, wife, boyfriend, girlfriend, or someone you lived with or dated. Some questions ask about being threatened or slapped or hit; others ask about unwanted sexual experiences. If any question upsets you, you don't have to answer it. Your answers will be kept private.

'QA21_J78' [AJ57] - After you turned 18, has a current or past intimate partner ever hit, slapped, pushed, kicked, or physically hurt you in any way?

❍   1 Yes
❍   2 No

'QA21_J79' [AJ58] - After you turned 18, has a current or past intimate partner ever forced you into unwanted sexual intercourse, oral or anal sex, or sex with an object by using force or threatening to harm you?

"Unwanted" means you did not consent or agree

By oral sex, we mean someone touched your vagina, rectum or buttocks with their mouth or tongue, or a male put his penis in your mouth

By oral sex, we mean someone touched your rectum or buttocks with their mouth or tongue or a male put his penis in your mouth.

By anal sex, we mean that a male put his penis in your rectum or buttocks.

By sex with an object, we mean that someone put fingers or objects in your vagina, rectum or buttocks or touched your breast.

By sex with an object, we mean that someone put fingers or objects in your rectum or buttocks or touched your penis.

❍   1 Yes
❍   2 No
IF 'QA21_J79' = 2, goto 'QA21_J85'

PROGRAMMING NOTE 'QA21_J80'; IF 'QA21_J78' = 1 (YES TO PHYSICAL VIOLENCE), CONTINUE WITH 'QA21_J80'; IF 'QA21_J78' = 2, -7, -8 (NO, REFUSED, DON'T KNOW) AND IF 'QA21_J79'= 1 (YES) [I.E. NO PHYSICAL VIOLENCE, YES TO SEXUAL VIOLENCE], GO TO 'QA21_J84'; IF 'QA21_J78' = 2, -7, -8 (NO, REFUSED, DON'T KNOW) AND IF 'QA21_J79' = 2, -7, -8 (NO, REFUSED, DON'T KNOW) [I.E. NO PHYSICAL AND NOSEXUAL VIOLENCE], SKIP TO 'QA21_J91'; IF 18 YEARS OLD, DISPLAY "SINCE YOU TURNED 18" ELSE IF > 18 YEARS OLD, DISPLAY "IN THE PAST 12 MONTHS"

'QA21_J80' [AJ59] - {After you turned 18/In the past 12 months} did any intimate partner do any of the following:

Throw something at you that could hurt you?

      ❍   1 Yes
      ❍   2 No

'QA21_J81' [AJ60] - {After you turned 18/In the past 12 months} did any intimate partner do any of the following:

Push, grab, or slap you?

      ❍   1 Yes
      ❍   2 No

'QA21_J82' [AJ61]- {After you turned 18/In the past 12 months} did any intimate partner do any of the following:

Kick, bite, hit, choke, or beat you up?

      ❍   1 Yes
      ❍   2 No

'QA21_J83' [AJ64] - {After you turned 18/In the past 12 months} did any intimate partner do any of the following:

Threaten you with or use a gun, knife, or other weapon on you?

      ❍   1 Yes
      ❍   2 No

'QA21_J84' [AJ66] - {After you turned 18/In the past 12 months} did any intimate partner do any of the following:

Physically force you to have unwanted sex?

      ❍   1 Yes
      ❍   2 No

PROGRAMMING NOTE 'QA21_J85': IF ' AJ59'- 'QA21_J84'=1, THEN CONTINUE WITH 'QA21_J85', ELSE SKIP TO PN_QA21_J91
IF 'QA21_J80'- 'QA21_J84'= MORE THAN ONE RESPONSE DISPLAY "ANY OF THESE THINGS"
ELSE IF 'QA21_J80'- 'QA21_J84'= ONE RESPONSE DISPLAY "THIS";
ELSE IF AAGE=18 YEARS, DISPLAY "SINCE YOU TURNED 18";
ELSE IF AAGE>19, DISPLAY "IN THE PAST 12 MONTHS" AND "NUMBER OF TIMES IN THE PAST 12 MONTHS"

'QA21_J85' [AJ67] - {How many times has any intimate partner done {this/any of these things} to you {since you turned 18/in the past 12 months}?

  ❍   1 ____Number of times

'QA21_J86' [MODAJ69] - Thinking about the most recent incident, what was this person's relationship to you?

An incident is an event or something that happened.

[CODE ALL THAT APPLY]

  ❑   1 Current boyfriend/girlfriend
  ❑   2 Former boyfriend/girlfriend
  ❑   3 Fiancé
  ❑   4 Spouse or live-in partner
  ❑   5 Former spouse or former live-in partner
  ❑   6 Someone you were dating
  ❑   7 First date
  ❑   *91 Other (specify:_____)*

PROGRAM NOTE 'QA21_J87': IF 'QA21_J86' =1,2, -7, -8 ONLY (ONLY CURRENT OR FORMER BOYFRIEND OR GIRLFRIEND OR REF/DK), SKIP TO MODJA72; ELSE IF 'QA21_J86' = 4,5,6, 91 (CURRENT OR FORMER SPOUSE OR PARTNER OR DATE OR OTHER), THEN IF 'QA21_D10'= 1 (HETEROSEXUAL, SKIP TO 'QA21_J89' ELSE IF QA21_D10'> 1 (NOT HETEROSEXUAL, CONTINUE WITH AJ70 AND IF 'QA21_D7= 1 (ONE PARTNER), DISPLAY "WAS"/"PERSON" IN QUESTION AND DO NOT DISPLAY RESPONSE CATEGORY 3 (BOTH); IF QA21_D7> 1 (MORE THAN ONE PARTNER) OR -7 OR -8 (REF/DK), DISPLAY "WERE"/"PEOPLE"

'QA21_J87' [MODAJ70] - {Were/Was} the {people/person} male{s} or female{s}?

  ❍   1 Male(s)
  ❍   2 Female(s)
  ❍   3 Both

PROGRAMMING NOTE 'QA21_J88' : IF AD43B> 1 (MORE THAN ONE PARTNER) OR -7 OR -8 (REF/DK), DISPLAY "WERE"/"PEOPLE"

'QA21_J88' [MODAJ72] - When this happened, did the {person/people} who did this to you appear to have been drinking or using drugs?

  ❍   1 Yes
  ❍   2 No

> *PROGRAMMING NOTE 'QA21_J89' : IF 'QA21_J78' THROUGH 'QA21_J85' = 1 (YES TO ADULT EXPERIENCING PAST 12 MONTH PHYSICAL OR SEXUAL VIOLENCE) OR [AGE = 18 YEARS AND ANY OF 'QA21_J82' THROUGH 'QA21_J86' = 1 (YES TO ANY DOMESTIC VIOLENCE EVER), THEN SAY:*

'QA21_J89' [AJ76b] - National Domestic Violence hotline: We have a toll free 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.

> *PROGRAMMING NOTE 'QA21_J90': IF 'QA21_J79' OR 'QA21_J84' = 1 THEN SHOW:*

'QA21_J90' [SVRESOURCE] - 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.

> *PROGRAMMING NOTE 'QA21_J91'_INTRO:IF PROXY=1, GO TO 'QA21_K1'*

'QA21_J91' [AJ87] – Now we'd like to ask about care giving. 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.

During the past 12 months, did you provide any such help to a family member or friend?

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

- ❍ 01 Yes
- ❍ 02 No

If = 2, -3 goto 'PN_QA21_K1'

'QA21_J92' [AJ101B] - For the next set of questions, please think about the person for whom you provided the most care.

Do you currently provide care for this person?

- ❍ 01 Yes
- ❍ 02 No

Section K: Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE 'QA21_K1' :
IF 'QA21_G27' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR 'QA21_G29' = 1 (R USUALLY WORKS) CONTINUE WITH 'QA21_K1' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_K4'

'QA21_K1' [AK3] - The next questions are about your employment.

How many hours per week do you <u>usually</u> work at <u>all</u> jobs or businesses?

If you do not work, enter 0 (zero)

_____ Hours [HR: 0-95]

'QA21_K2' [AK7] - How long have you worked at your <u>main</u> job?

That is, for your <u>current</u> employer.

_____ Months [HR: 0-12]
_____ Years [HR: 0-50]

PROGRAMMING NOTE 'QA21_K3' :
IF 'QA21_G27' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'QA21_G29' = 1 (USUALLY WORKS), CONTINUE WITH 'QA21_K3' ;
ELSE SKIP TO PROGRAMMING NOTE 'QA21_K4'

'QA21_K3' [AK10] - What is your best estimate of all your earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

$_____Amount   [HR: 0-999995]

> *PROGRAMMING NOTE 'QA21_K4' ;*
> *IF 'QA21_G35' = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR 'QA21_G36' = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH 'QA21_K4' AND:*
>
> *IF 'QA21_G27' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND*
>
> *DOES NOT HAVE A JOB) AND 'QA21_G29' ≠ 1 (R DOES NOT USUALLY WORK), AND 'QA21_A23' = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."*
>
> *ELSE IF 'QA21_G27' ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND*
>
> *DOES NOT HAVE A JOB) AND 'QA21_G29' ≠ 1 (R DOES NOT USUALLY WORK), AND ('QA21_D123' = 1 OR 'QA21_D13' = 1), THEN DISPLAY "The next question is about your partner's employment."*
> *IF 'QA21_A23' = 1 THEN DISPLAY "spouse";*
> *ELSE IF 'QA21_D12' = 1 OR 'QA21_D13' = 1THEN DISPLAY "partner";*
> *ELSE SKIP TO 'QA21_K6'*

'QA21_K4' [AK20] - {The next question is about your spouse's employment.}

How many hours per week does your {husband/wife/spouse/partner} usually work at all jobs or businesses?

_____ Hours   [HR: 0-95]

> *PROGRAMMING NOTE 'QA21_K5' :*
> *IF 'QA21_K4' ≠ 0 CONTINUE WITH 'QA21_K5' ;*
> *IF 'QA21_A23' = 1 (MARRIED), THEN DISPLAY "spouse's";*
> *ELSE IF 'QA21_D12' = 1 OR 'QA21_D13' = 1, THEN DISPLAY "partner's";*
> *ELSE GO TO 'QA21_K6'*

'QA21_K5' [AK10A] - What is your best estimate of all your {spouse's/partner's} earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

$**_____** Amount   [HR: 0-999995]

'QA21_K6' [AK22] - What is your best estimate of your <u>household's total annual</u> income from all sources <u>before taxes</u> in 2020?

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]

If = -3, goto 'PN_QA21_K8'

'QA21_K7' [AK22A] - PLEASE VERIFY AMOUNT ENTERED:
I have entered that your annual household income is (AMOUNT). Is that correct?

- ❍   1 Yes
- ❍   2 No

If = 1, goto 'PN_QA21_K14'
If = 2, Go back to 'QA21_K6'

PROGAMMING NOTE 'QA21_K8' :
IF 'QA21_K6' = -3 CONTINUE WITH 'QA21_K8' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_K14'

'QA21_K8' [AK11] - We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> is ...

- ❍ 1 More than $20,000 per year
- ❍ 2 $20,000 or less per year

If = 1, goto 'QA21_K10'
If = -3 goto 'PN_QA21_K14'

'QA21_K9' [AK12] - Is it …

- ❍ 1 $5,000 or less
- ❍ 2 $5,001 to $10,000
- ❍ 3 $10,001 to $15,000
- ❍ 4 $15,001 to 20,000

If = 1, 2, 3, 4, -3, goto 'PN_QA21_K14'

'QA21_K10' [AK13] - Is it ...

- ❍ 1 More than $70,000 per year
- ❍ 2 $70,000 or less per year

If = 1, goto 'QA21_K12'
If = -3, goto 'PN_QA21_K14'

'QA21_K11' [AK14] - Is it …

- ❍ 1 $20,001 to $30,000
- ❍ 2 $30,001 to $40,000
- ❍ 3 $40,001 to $50,000
- ❍ 4 $50,001 to $60,000
- ❍ 5 $60,001 to $70,000

If = 1, 2, 3, 4, 5, -3, goto 'PN_QA21_K14'

'QA21_K12' [AK15] - Is it ...

- ❍ 1 More than $135,000 per year
- ❍ 2 $135,000 or less per year

If = 1, -3, goto 'PN_QA21_K14'

'QA21_K13' [AK16] - Is it …

- ❍ 1 $70,001 to $80,000

⦿   2 $80,001 to $90,000
⦿   3 $90,001 to $100,000
⦿   4 $100,001 to $135,000

PROGRAMMING NOTE 'QA21_K14' :
IF R IS ONLY MEMBER OF HH, SET 'QA21_K14'=1 AND GO TO PROGRAMMING NOTE 'QA21_K15' ;ELSE CONTINUE WITH 'QA21_K14'

'QA21_K14' [AK17] - Including yourself, how many people living in your household are supported by your total household income?

_____ Number of people [HR: 1-20]

PROGRAMMING NOTE 'QA21_K15' :
'QA21_K15' MUST BE LESS THAN 'QA21_K14' ;
IF R IS ONLY MEMBER OF HH, GO TO 'QA21_K16' ;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = 'QA21_K14' GO TO PROGRAMMING NOTE 'QA21_K16' ;
ELSE CONTINUE WITH 'QA21_K15'

'QA21_K15' [AK18] - How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

_____ Number of children (UNDER AGE 18)   [HR: 0-20]

'QA21_K16' [AK32] - Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

⦿   1 Yes
⦿   2 No

If= 2,-3 go to 'QA21_K18'

'QA21_K17' [AK33] - How many?

_____ Number of people [HR: 1-20]

'QA21_K18' [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?

⦿   1 Yes
⦿   2 No

'QA21_K19' [AK137]- In the past 5 years, have you taken a <u>paid</u> 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?

⦿   1 Yes
⦿   2 No

PROGRAMMING NOTE 'AK138': IF 'QA21_K19' =1 (TOOK LEAVE), THEN CONTINUE; ELSE SKIP TO PN_ 'QA21_K21'

'QA21_K20'[AK138]- What were the reasons you took a leave from work?

Select all that apply

- ❑ 1 Own health
- ❑ 2 Family member's health
- ❑ 3 Arrival of newborn, newly adopted child, or foster child
- ❑ 91 Other (Specify:_____)

PROGRAMMING NOTE 'QA21_K21': IF 'QA21_K19'=2 (DID NOT TAKE LEAVE IN PAST 5 YEARS), THEN CONTINUE; ELSE SKIP TO 'QA21_K22'

'QA21_K21'[AK139]- What were the reasons you didn't take family or medical leave in the past 5 years?

Select all that apply

- ❑ 1 Fear of losing job
- ❑ 2 Fear of hurting changes of job advancement
- ❑ 3 Could not afford to go on leave
- ❑ 4 Employer denied request for leave
- ❑ 5 Not eligible for leave
- ❑ 6 Didn't know about leave program
- ❑ 7 Process to apply for leave too complicated
- ❑ 8 Used other available leave options (e.g., vacation or sick leave)
- ❑ 9 Did not need to take leave

PROGRAMMING NOTE 'QA21_K22' :

IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH 'QA21_K22'

ELSE GO TO 'QA21_L10';
PROGRAMMING NOTE 'QA21_K22' :
IF 'QA21_K14' = 1, THEN DISPLAY "I",
ELSE IF 'QA21_K14' > 1 DISPLAY "We"

'QA21_K22' [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.

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 ...

- ○ 1 Often true
- ○ 2 Sometimes true
- ○ 3 Never true

> ***PROGRAMMING NOTE 'QA21_K23' :***
> ***IF 'QA21_K14' = 1, THEN DISPLAY "I",***
> ***ELSE IF 'QA21_K14' > 1 DISPLAY "We"***

'QA21_K23' [AM2] - The second statement is: '{I/We} couldn't afford to eat balanced meals.'

Was that ...

    ❍   1 Often true
    ❍   2 Sometimes true
    ❍   3 Never true

'QA21_K24' [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?

    ❍   1 Yes
    ❍   2 No

If = 2, -3, goto 'QA21_K26'

'QA21_K25' [AM3A] - How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

    ❍   1 Almost every month
    ❍   2 Some months but not every month
    ❍   *3 Only in 1 or 2 months*

'QA21_K26' [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?

    ❍   1 Yes
    ❍   2 No

'QA21_K27' [AM5] - In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

    ❍   1 Yes
    ❍   2 No

Section L: Public Program Participation

PROGRAMMING NOTE 'QA21_L1':
IF HOUSEHOLD INCOME IS ≤ 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL
CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE ≠ 1)] CONTINUE
WITH SECTION L;
ELSE GO TO 'PN_QA21_L40'

'QA21_L1' [AL2] - Are you now receiving TANF or CalWORKs?

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.

❍   1 Yes
❍   2 No

PROGRAMMING NOTE 'QA21_L2' :
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'QA21_L2' ;
ELSE GO TO 'QA21_L4' ;

'QA21_L2' [IAP1] - Is (TEEN) now receiving TANF or CalWORKs?

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.

❍   1 Yes
❍   2 No

PROGRAMMING NOTE 'QA21_L3'
IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA21_L3' ;ELSE SKIP TO 'QA21_L4'

'QA21_L3' [CE11] - Is (CHILD) now on TANF or CalWORKs?

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.

❍   1 Yes
❍   2 No

'QA21_L4' [AL5] - Are you receiving Food Stamp benefits, also known as CalFresh?

You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card

❍   1 Yes
❍   2 No

PROGRAMMING NOTE 'QA21_L5' :
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH 'QA21_L5' ;
ELSE GO TO 'QA21_L7'

'QA21_L5' [IAP2] - Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

You may receive benefits through an Electronic Benefit Transfer (EBT) card, and is also known as the Golden State Advantage Card.

> ❍   1 Yes
> ❍   2 No

PROGRAMMING NOTE 'QA21_L3'
IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'QA21_L6' ;ELSE SKIP TO 'QA21_L7'

'QA21_L6' [CE11A] - Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

You may receive benefits through an Electronic Benefit Transfer (EBT) card, also known as the Golden State Advantage Card.

> ❍   1 Yes
> ❍   2 No

'QA21_L7' [AL6] - Are you receiving Supplemental Security Income (SSI)?

SSI means Supplemental Security Income. This is different from Social Security.

> ❍   1 Yes
> ❍   2 No

PROGRAMMING NOTE 'QA21_L8' :
IF 'QA21_A5' = 2 (FEMALE AT BIRTH) AND ['QA21_J37' = 1 (PREGNANT) OR CHILD AGE < 7 (6
YEARS OR YOUNGER)] CONTINUE WITH 'QA21_L8' ;
ELSE GO TO PROGRAMMING NOTE 'QA21_L10'

'QA21_L8' [AL7] - Are you on WIC?

WIC is the Supplemental Food Program for Women, Infants and Children.

> ❍   1 Yes
> ❍   2 No

PROGRAMMING NOTE 'QA21_L9' : IF (CAGE<7, OR CAGE = 8,9) AND (HOUSEHOLD INCOME
IS<=200 FPL or poverty<5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED
(POVERTY = 8) AND (ARMCAL=1 OR ARINSURE ≠ 1)]), CONTINUE WITH 'QA21_L9'; ELSE GO TO
PN_AL9

'QA21_L9' [CE11C] - Is (CHILD) on WIC now?

WIC means 'Supplemental Food Program for Women, Infants and Children.'

> ❍   1 Yes
> ❍   2 No

PROGRAMMING NOTE 'QA21_L10' :
IF 'QA21_D4' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'QA21_A4' = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'QA21_L10' ; ELSE SKIP TO PROGRAMMING NOTE 'QA21_L11' ;
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'QA21_K14' .
IF 'QA21_K14' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'QA21_K14' = 1 DISPLAY $2000;
IF 'QA21_K14' = 2 DISPLAY $3000;
IF 'QA21_K14' = 3 DISPLAY $3150;
IF 'QA21_K14' = 4 DISPLAY $3300;
IF 'QA21_K14' = 5 DISPLAY $3450;
IF 'QA21_K14' = 6 DISPLAY $3600;

IF 'QA21_K14' = 7 DISPLAY $3750;
IF 'QA21_K14' = 8 DISPLAY $3900;
IF 'QA21_K14' = 9 DISPLAY $4050;

IF 'QA21_K14' ≥ 10 DISPLAY $4200;

IF 'QA21_A23' = 1 (MARRIED) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"

'QA21_L10' [AL9] - 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}?

  ❍ 1 Yes
  ❍ 2 No

PROGRAMMING NOTE 'QA21_L11' :
IF 'QA21_A23' = 1 (MARRIED) AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF ['QA21_A23' = 2 (LIVING WITH PARTNER) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

'QA21_L11' [AL15B] - Did {you or your spouse/you or your partner/you} receive any money last month for child support?

  ❍ 1 Yes
  ❍ 2 No

If = 2, -3, goto 'PN_QA21_L13'

> *PROGRAMMING NOTE 'QA21_L12' :*
> *IF 'QA21_A23' = 1 (MARRIED) AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";*
> *ELSE IF ['QA21_A23' = 2 (LIVING WITH PARTNER) OR 'QA21_D12' = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";*
> *ELSE CONTINUE WITHOUT DISPLAYS*

'QA21_L12' [AL16B] - What was the {combined} total amount that you {and your spouse/and your partner} received from child support <u>last month</u> {for both you and your spouse/partner}?

$ _____　　　[000001-999995]

> *PROGRAMMING NOTE 'QA21_L13' :*
> *IF 'QA21_A23' = 1 (MARRIED) AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";*
> *ELSE IF ['QA21_A23' = 2 (LIVING WITH PARTNER) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"*
> *ELSE DISPLAY "you"*

'QA21_L13' [AL17] - Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support <u>last month</u>?

- ❍　　1 Yes, I paid
- ❍　　2 Yes, my spouse/partner paid
- ❍　　3 Yes, we both paid
- ❍　　4 No

If = 4, -3, goto 'PN_QA21_L15'

> *PROGRAMMING NOTE 'QA21_L14' :*
> *IF 'QA21_A23' = 1 (MARRIED) AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";*
> *ELSE IF ['QA21_A23' = 2 (LIVING WITH PARTNER) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";*
> *ELSE DISPLAY "you"*

'QA21_L14' [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 <u>last month</u>?

_____ [000001-999995]

PROGRAMMING NOTE 'QA21_L15' :
IF 'QA21_A23' = 1 (MARRIED) AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
DISPLAY "you or your spouse";
ELSE IF ['QA21_A23' = 2 (LIVING WITH PARTNER) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1
(LEGAL SAME-SEX COUPLE)] AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY
"you or your partner";
ELSE DISPLAY "you"

 'QA21_L15' [AL32] - Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

      ❍   1 Yes
      ❍   2 No

If = 2, -3, goto 'PN_QA21_L17'

PROGRAMMING NOTE 'QA21_L16' :
IF 'QA21_A23' = 1 (MARRIED) AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
DISPLAY "combined" AND "and your spouse";
ELSE IF ['QA21_A23' = 2 (LIVING WITH PARTNER) OR 'QA21_D12' = 1 OR 'QA21_D13' = 1
(LEGAL SAME-SEX COUPLE)] AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN
DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

 'QA21_L16' [AL33] - What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

      $_____ [000001-999995]

PROGRAMMING NOTE 'QA21_L17' :
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA21_A23' = 1 (MARRIED) AND
'QA21_A24' = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH 'QA21_L17' AND
DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN
CONTINUE WITH 'QA21_L17' AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, THEN CONTINUE WITH 'QA21_L17' AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE 'QA21_L19'

 'QA21_L17' [AL18A] - Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

      ❍   1 Yes
      ❍   2 No

If = 2, -3, goto 'PN_QA21_L19'

PROGRAMMING NOTE 'QA21_L18' :
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'QA21_A23' = 1 (MARRIED) AND
'QA21_A24' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND 'QA21_A24' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you
or your partner";
ELSE IF AGE ≥ 65, DISPLAY "you";

'QA21_L18' [AL18B] - What was the total amount {you} received <u>last month</u> from Social Security and Pensions {for both you and your spouse/partner}?

_____ [000001-999995]

PROGRAMMING NOTE 'QA21_L19' :
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH 'QA21_L19' ;
ELSE GO TO 'QA21_L20'

'QA21_L19' [AL19] - What is the <u>one</u> main reason why you are not enrolled in the <u>Medi-Cal</u> program?

- ❍ 1 Paperwork too difficult
- ❍ 2 Do not know if eligible
- ❍ 3 Income too high, not eligible
- ❍ 4 Not eligible due to citizenship/immigration status
- ❍ 6 Do not believe in health insurance
- ❍ 7 Do not need insurance because I'm healthy
- ❍ 8 Already have insurance
- ❍ 9 Did not know about it
- ❍ 10 Do not like or want welfare
- ❍ 91 Other (Specify: _____)

PROGRAMMING NOTE 'QA21_L20':
IF 'QA21_H74'=1 OR 'QA21_H75' =1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH
'QA21_L20' AND DISPLAY "You previously said you had Medi-Cal. How long did you have Medi-
Cal?";
IF ARMCAL = 1 (MEDI-CAL) OR 'QA21_H73'=1, CONTINUE WITH 'QA21_L20' AND DISPLAY "{You
previously said you have Medi-Cal. How long have you had Medi-Cal?"
ELSE GO TO 'QA21_L40'

'QA21_L20' [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?}

_____ Years
_____ Months

'QA21_L21' [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?

- ❍ 01 5 minutes or less
- ❍ 02 More than 5, up to 15 minutes
- ❍ 03 More than 15, up to 30 minutes
- ❍ 04 More than 30 minutes
- ❍ 05 Never contacted the county office

If = 5, -3 goto 'QA21_L26'

'QA21_L22' [AL87] - Most recently, how did you contact the County office?

- ○ 01 Visited office in person
- ○ 02 Called office
- ○ 03 Directly contacted eligibility worker
- ○ 04 Online
- ○ 05 Mail
- ○ 91 Other (Specify:_____)

'QA21_L23' [AL88] - How long did it take for the County representative to take care of your problem?

- ○ 01 A week or less
- ○ 02 More than 1 week up to 2 weeks
- ○ 03 More than 2 weeks up to a month
- ○ 04 More than a month

'QA21_L24' [AL89] – Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements?

The County representative was able to answer all of my questions.

- ○ 01 Strongly agree
- ○ 02 Agree
- ○ 03 Neither agree nor disagree
- ○ 04 Disagree
- ○ 05 Strongly disagree

'QA21_L25' [AL90] - The County representative treated me with dignity and respect.

- ○ 01 Strongly agree
- ○ 02 Agree
- ○ 03 Neither agree nor disagree
- ○ 04 Disagree
- ○ 05 Strongly disagree

'QA21_L26' [AL91] - What areas should the County office consider improving?

Check all that apply

- ❑ 01 Reduce wait times
- ❑ 02 Spend more time with me
- ❑ 03 Explain things so I can understand
- ❑ 04 Tell me what the next steps are
- ❑ 05 No improvement needed
- ❑ 91 Other (specify:_____)

'QA21_L27' [AL92] - How satisfied are you with the County office?

- ○ 01 Very satisfied
- ○ 02 Somewhat satisfied
- ○ 03 Neither satisfied or dissatisfied
- ○ 04 Dissatisfied
- ○ 05 Very dissatisfied
- ○ 06 Not applicable

'QA21_L28' [AL93] - Have you renewed your Medi-Cal in the last 12 months ?

- ❍ 1 Yes
- ❍ 2 No

If = 2, -3 goto 'QA21_L31'

'QA21_L29' [AL94] - When renewing your Medi-Cal, did you have any issues or problems?

- ❍ 01 Yes
- ❍ 02 No

If = 1 goto 'QA21_L32'

'QA21_L30' [AL95] - Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

- ❍ 01 Yes, lost coverage for 1-2 months
- ❍ 02 Yes, lost coverage
- ❍ 03 Yes, had to reapply
- ❍ 4 No

'QA21_L31' [AL96] - Before you had Medi-Cal, what health coverage did you have?

- ❍ 01 No insurance
- ❍ 02 Employer-based
- ❍ 03 Private
- ❍ 04 Covered California
- ❍ 05 Other

If = 1,2,3, -3, goto 'QA21_L34'

'QA21_L32' [AL97] - Did you have a problem changing to Medi-Cal?

- ❍ 01 Yes
- ❍ 02 No

If = 2, -3 goto 'QA21_L34'

'QA21_L33' [AL98] - What was the problem?

Check all that apply

- ❑ 01 Had to pay premiums while waiting for Medi-Cal decision
- ❑ 02 Received conflicting eligibility notices
- ❑ 03 Delay in receiving Medi-Cal
- ❑ 04 Could not see my provider
- ❑ 05 Required to provide a lot of paperwork
- ❑ 06 Had to file an appeal

'QA21_L34' [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.

The Notice of Actions I have received in the past are:

- ❑　　01 Easy to read or understand
- ❑　　02 Difficult to read or understand
- ❑　　03 Contain helpful information
- ❑　　04 Does not contain helpful information
- ○　　05 I never got a Notice of Actions

If 5, -3 goto 'QA21_L36'

'QA21_L35' [AL106]**-** How can Notice of Actions be improved?

- ❑　　01 Reduce text
- ❑　　02 Simplify language/Reading level
- ❑　　03 Shorter paragraphs/sentences
- ❑　　04 Send fewer notices
- ❑　　05 Give me clear steps of what I need to do
- ○　　06 No improvement needed

'QA21_L36' [AL107]**-** Were you able to update your contact information?

- ○　　01 Yes
- ○　　02 No
- ○　　03 Did not need to update

If 1,3,-3 go to 'QA21_L40'

'QA21_L37' [AL108]**-** Why not?

- ○　　01 My changes did not update
- ○　　02 I don't know how to update my information
- ○　　03 Did not need to update

PROGRAMMING NOTE 'QA21_L38': IF 'QA21_L36'=1, CONTINUE WITH 'QA21_L38', ELSE SKIP TO 'QA21_L40'

'QA21_L38' [AL109]**-** Please tell us if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement:

Updating my contact information was easy.

- ○　　01 Strongly agree
- ○　　02 Agree
- ○　　03 Neither agree nor disagree
- ○　　04 Disagree, or
- ○　　05 Strongly disagree

'QA21_L39' [AL110]**-** How did you update your contact information?

- ❑   01 Visited office in person
- ❑   02 Called county office
- ❑   03 Called health plan
- ❑   04 Directly contacted eligibility worker
- ❑   05 Online
- ❑   06 Mail
- ❑   07 Portal
- ❑   91 Other, specify: _____

PROGRAMMING NOTE 'QA21_L40':

IF 'QA21_G1' ≠ 1,2, 9,22, OR 26, CONTINUE WITH 'QA21_L40';

ELSE SKIP TO 'QA21_M1'

'QA21_L40' [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?

- ❍   01 Yes
- ❍   02 No

If= 2,-3 then goto 'QA21_L42'

'QA21_L41' [AL104] - Did this happen in the last 12 months?

- ❍   01 Yes
- ❍   02 No

'QA21_L42' [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?

- ❍   01 Yes
- ❍   02 No

If =2,-3, goto 'QA21_L44'

'QA21_L43' [AL101] - Did this happen in the past 12 months?

- ❍   01 Yes
- ❍   02 No

'QA21_L44' [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?

- ❍   1 Yes
- ❍   2 No

If =2,-3, goto 'QA21_M1'

'QA21_L45' [AL103] - Did this happen in the past 12 months?

- ❍   1 Yes
- ❍   2 No

Section M: Housing and Social Cohesion

'QA21_M1' [AK23] - These next questions are about your housing and neighborhood.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

A duplex is a building with 2units.

- ❍　　1 House
- ❍　　2 Duplex
- ❍　　3 Building with 3 or more units
- ❍　　4 Mobile home

'QA21_M2' [AK25] - Do you own or rent your home?

- ❍　　1 Own
- ❍　　2 Rent
- ❍　　3 Other arrangement

'QA21_M3'[AM14]- About how long have you lived at your current address?

- ❍　　1 Months
- ❍　　2 Years

PROGRAMMING NOTE 'QA21_M4' : IF 'QA21_M3' ≥ 5 YEARS OR 60 MONTHS, THEN GO TO 'AM183' ; ELSE CONTINUE WITH 'QA21_M4'

'QA21_M4'[AM15]- About how long have you lived in your current neighborhood?

- ❍　　1 Months
- ❍　　2 Years

'QA21_M5'[AM183]-How do you feel about your current housing situation?

- ❍　　1 Very stable
- ❍　　2 Fairly stable
- ❍　　3 Somewhat stable
- ❍　　4 Fairly unstable
- ❍　　5 Very unstable

'QA21_M6'[AM184]- Please tell me how often you personally worry about the following – very often, somewhat often, from time to time, or almost never.

Struggling to keep up with your mortgage or rent payments

- ❍　　1 Very often
- ❍　　2 Somewhat often
- ❍　　3 From time to time
- ❍　　4 Almost never

'QA21_M7'[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?

Check all that apply

- ❑   Take on an additional job or work more at their current job
- ❑   Stop saving for retirement
- ❑   Accumulate credit card debt
- ❑   Cut back on health care
- ❑   Cut back on healthy, nutritious food
- ❑   Move to a neighborhood that they feel is less safe
- ❑   Move to a place where the schools are not as good
- ❑   None of these/not sure

PROGRAMMING NOTE 'QA21_M8': IF 'QA21_H1' = 1(HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH 'QA21_M8'
ELSE GO TO ''QA21_M9'

'QA21_M8' [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?

- ○   01 Yes
- ○   02 No

'QA21_M9' [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.

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 0
- ○   02 1
- ○   03 2
- ○   04 3
- ○   05 4
- ○   06 5 OR MORE
- ○   -7 REFUSED
- ○   -8 DON'T KNOW

'QA21_M10' [AM187] -Not counting minor traffic violations, have you <u>ever</u> been arrested and booked for breaking the law? Being "booked" means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.

- ○   01 Yes
- ○   02 No

'QA21_M11' [AM188] - Not counting minor traffic violations, has someone you were living with ever been arrested and booked for breaking the law while you were living with them? Being "booked" means taken into custody and processed by the police or by someone connected with the courts, even if they were then released.

- ❍ 01 Yes
- ❍ 02 No

'QA21_M12' [AM19] - Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

People in my neighborhood are willing to help each other.

Do you strongly agree, agree, disagree, or strongly disagree?

- ❍ 1 Strongly agree
- ❍ 2 Agree
- ❍ 3 Disagree
- ❍ 4 Strongly disagree

'QA21_M13' [AM20] - Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

People in this neighborhood generally do <u>not</u> get along with each other.

Do you strongly agree, agree, disagree, or strongly disagree?

- ❍ 1 Strongly agree
- ❍ 2 Agree
- ❍ 3 Disagree
- ❍ 4 Strongly disagree

'QA21_M14' [AM21] – Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

People in this neighborhood can be trusted.

Do you strongly agree, agree, disagree, or strongly disagree?

- ❍ 1 Strongly agree
- ❍ 2 Agree
- ❍ 3 Disagree
- ❍ 4 Strongly disagree

'QA21_M15' [AK28] - Do you feel safe in your neighborhood…

- ❍ 1 All of the time
- ❍ 2 Most of the time
- ❍ 3 Some of the time
- ❍ 4 None of the time

'QA21_M16' [AM39] - In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

- ❍ 01 Yes
- ❍ 02 No

'QA21_M17' [AM44] - Imagine that you find out about a problem in your community and you want to do something about it. For example, illegal drugs were being sold near a school, or high levels of lead were found in the local drinking water.   Do you think you could express your views in front of a group of people?

- ❍ 1 Definitely could not
- ❍ 2 Probably could not
- ❍ 3 Maybe could
- ❍ 4 Probably could
- ❍ 5 Definitely could

'QA21_M18' [AM45] - Do you think you could contact an elected official or someone else in government who represents your community?

- ❍ 1 Definitely could not
- ❍ 2 Probably could not
- ❍ 3 Maybe could
- ❍ 4 Probably could
- ❍ 5 Definitely could

'QA21_M19' [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?

- ❍ 01 Yes
- ❍ 02 No

Section P: Voter Engagement

PROGRAMMING NOTE 'QA21_P1':
IF 'QA21_G4'=1 (CITIZEN) OR 'QA21_G1' = 1 (USA)) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26
(VIRGIN ISLANDS, CONTINUE WITH 'QA21_P1';
ELSE GO TO 'QA21_P3'

'QA21_P1' [AP73] - How often do you vote in presidential elections?

- ❍ 01 Always
- ❍ 02 Sometimes
- ❍ 03 Never

'QA21_P2' [AP74] - How often do you vote in state elections, such as for Governor or state proposition?

- ❍ 01 Always
- ❍ 02 Sometimes
- ❍ 03 Never

'QA21_P3' [AP75] - How often do you vote in local elections, such as for Mayor or school board?

- ❍ 01 Always
- ❍ 02 Sometimes
- ❍ 03 Never

PROGRAMMING NOTE 'QA21_P4': IF 'QA21_P1' or 'QA21_P2' or 'QA21_P3' = 2 OR 3, CONTINUE
WITH 'QA21_P4'; ELSE SKIP TO 'QA21_S1'

'QA21_P4' [AP80] - For the most recent election that you did not vote in, what is the main reason why you did not vote?

- ❍ 01 I dislike politics
- ❍ 02 Voting has little to do with the way real decisions are made
- ❍ 03 I did not like any of the candidates on the ballot
- ❍ 04 My one vote is not going to affect how things turn out
- ❍ 05 I was not informed enough about the candidates or issues to make a good decision
- ❍ 06 I did not see a difference between the candidates or parties
- ❍ 07 I was not interested in what is happening in government
- ❍ 08 I just did not think about doing it
- ❍ 9 I forgot
- ❍ 10 I had to work
- ❍ 11 I did not have transportation
- ❍ 91 Other (Specify:_____)

Section Q: Adverse Childhood Experiences

ACEINTRO- 'QA21_Q1'The following questions are about events that might have happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

'QA21_Q1' [AQ1]- Before you were 18 years of age..

Did you live with anyone who was depressed, mentally ill, or suicidal?

- ❍ 01 Yes
- ❍ 02 No

'QA21_Q2' [AQ2]- Did you live with anyone who was a problem drinker or alcoholic?

- ❍ 01 Yes
- ❍ 02 No

'QA21_Q3' [AQ3]- Did you live with anyone who used illegal street drugs or who abused prescription medications?

- ❍ 01 Yes
- ❍ 02 No

'QA21_Q4' [AQ4]-Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- ❍ 01 Yes
- ❍ 02 No

'QA21_Q5' [AQ5]- Before you were 18 years of age..

Were your parents separated or divorced?

- ❍ 01 Yes
- ❍ 02 No
- ❍ 03 Parents not married

'QA21_Q6' [AQ6]- Before you were 18 years of age..

How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

- ❍ 01 Never
- ❍ 02 Once
- ❍ 03 More than once

'QA21_Q7' [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.

- ❍ 01 Never
- ❍ 02 Once
- ❍ 03 More than once

'QA21_Q8' [AQ8]- How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- ❍　　01 Never
- ❍　　02 Once
- ❍　　03 More than once

'QA21_Q9' [AQ9]- How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- ❍　　01 Never
- ❍　　02 Once
- ❍　　03 More than once

'QA21_Q10' [AQ10]- How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

- ❍　　01 Never
- ❍　　02 Once
- ❍　　03 More than once

'QA21_Q11' [AQ11]- How often did anyone at least 5 years older than you or an adult, force you to have sex?

- ❍　　01 Never
- ❍　　02 Once
- ❍　　03 More than once

'QA21_Q12' [AQ12]- Before you were 18 years of age..

Were you ever the victim of violence or witness any violence in your neighborhood?

- ❍　　01 Yes
- ❍　　02 No

'QA21_Q13' [AQ13]- Were you ever treated or judged unfairly because of your race or ethnic group?

- ❍　　01 Yes
- ❍　　02 No

'QA21_Q14' [AQ14]- Did you ever live with a parent or guardian who died?

- ❍　　01 Yes
- ❍　　02 No

'QA21_Q15' [AQ15]- Before you were 18 years of age..

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

- ❍　　01 Very often
- ❍　　02 Somewhat often
- ❍　　03 Not very often
- ❍　　04 Never

'QA21_Q16' [AQ16]- The following questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age how often did you…

feel able to talk to family about feelings?

- ❍　　01 All of the time
- ❍　　02 Most of the time
- ❍　　03 Some of the time
- ❍　　04 A little of the time
- ❍　　05 Never

'QA21_Q17' [AQ17]- Feel family stood by you during difficult times?

- ❍　　01 All of the time
- ❍　　02 Most of the time
- ❍　　03 Some of the time
- ❍　　04 A little of the time
- ❍　　05 Never

'QA21_Q18' [AQ18]- Feel safe and protected by an adult in your home?

- ❍　　01 All of the time
- ❍　　02 Most of the time
- ❍　　03 Some of the time
- ❍　　04 A little of the time
- ❍　　05 Never

'QA21_Q19' [AQ19]- Have at least 2 non-parent adults who took genuine interest?

- ❍　　01 All of the time
- ❍　　02 Most of the time
- ❍　　03 Some of the time
- ❍　　04 A little of the time
- ❍　　05 Never

'QA21_Q20' [AQ20]- Feel supported by friends?

- ❍　　01 All of the time
- ❍　　02 Most of the time
- ❍　　03 Some of the time
- ❍　　04 A little of the time
- ❍　　05 Never

'QA21_Q21' [AQ21]- Feel a sense of belonging at high school?

- ❍   01 All of the time
- ❍   02 Most of the time
- ❍   03 Some of the time
- ❍   04 A little of the time
- ❍   05 Never

'QA21_Q22' [AQ22]- Enjoy participating in community traditions?

- ❍   01 All of the time
- ❍   02 Most of the time
- ❍   03 Some of the time
- ❍   04 A little of the time
- ❍   05 Never

'QA21_Q23' [AQ23]- 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, similar to those we previously asked in those categories. Medical professionals, including doctors, nurse practitioners, midwives, psychologists, and others, can perform Adverse Childhood Experiences assessments.

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

- ❍   01 Yes
- ❍   02 No

PROGRAMMING NOTE 'QA21_Q24': IF SELECTED TEEN, CONTINUE, ELSE SKIP TO PN_ 'QA21_Q25'

'QA21_Q24' [AQ24]- Have you ever completed an assessment of (TEEN's) Adverse Childhood Experiences with a medical health or mental health professional?

- ❍   01 Yes
- ❍   02 No

PROGRAMMING NOTE 'QA21_Q25': IF SELECTED CHILD CONTINUE, ELSE SKIP TO 'QA21_Q26'

'QA21_Q25' [AQ25]- Have you ever completed an assessment of (CHILD's) Adverse Childhood Experiences with a medical health or mental health professional?

- ❍   01 Yes
- ❍   02 No

'QA21_Q26' [AQ26]- How important do you think it is for health care providers to ask their patients about Adverse Childhood Experiences?

      ❍   01 Very important
      ❍   02 Somewhat important
      ❍   03 Not at all important

'QA21_Q27' [AQ27]- In general, are you satisfied with the efforts of your clinic or health care provider to address the impacts of Adverse Childhood Experiences?

      ❍   01 Very satisfied
      ❍   02 Somewhat satisfied
      ❍   03 Not at all satisfied

PROGRAMMING NOTE ACES RESOURCE: IF [('QA21_Q9' OR 'QA21_Q10' OR 'QA21_Q11')= -3 OR ('QA21_Q9' OR 'QA21_Q10' OR 'QA21_Q11') >1], DISPLAY RAINN RESOURCE AND (IF 'QA21_Q7'=1 OR 'QA21_Q7'=-3) , DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE, ELSE SKIP TO 'QA21_S1'

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 toll free 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

'QA21_S1' [AF86] - The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Have you ever seriously thought about committing suicide?

    ❍   01 Yes
    ❍   02 No

If = 2, -3, goto 'PN_AM10B'

'QA21_S2' [AF87] - Have you seriously thought about committing suicide at any time in the past 12 months?

    ❍   01 Yes
    ❍   02 No

If = 2, -3, goto 'QA21_S4'

'QA21_S3' [AF91] - Have you seriously thought about committing suicide at any time in the past 2 months?

    ❍   01 Yes
    ❍   02 No

'QA21_S4' [AF88] - Have you ever attempted suicide?

    ❍   01 Yes
    ❍   02 No

PROGRAMMING NOTE 'QA21_S5' :
IF 'QA21_S2' = (2, -3) AND 'QA21_S4' = (2, -3) THEN GO TO SUICIDE RESOURCE;
IF 'QA21_S3' = (2, -3) AND 'QA21_S4' = (2, -3) THEN GO TO SUICIDE RESOURCE;
IF 'QA21_S3' = 1 AND 'QA21_S4' = (2, -3) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH 'QA21_S5'

'QA21_S5' [AF89] - Have you attempted suicide at any time in the past 12 months?

    ❍   01 Yes
    ❍   02 No

'SUICIDE RESOURCE:' [SUICIDE RESOURCE:] - We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. The number is 1-800-273-TALK (8255).

You can also visit www.suicidepreventionlifeline.org t**o find out information about getting help.**

Follow-Up Survey Permission

PROGRAMMING NOTE AM10B:
IFAA4=1 (LATINO) AND [(CHILDTEEN>0 (ELIGIBLE CHILD/TEEN>0) AND (CH1=1 OR TEEN=1 (ELGIBLE TEEN>0))], DISPLAY 'JUST A COUPLE OF FINAL QUESTIONS' ELSE DISPLAY ' JUST A FINAL QUESTION' ;

'AM10B' [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.

First Name: _____   Last Name: _____

Phone Number: _____

LATINO YOUTH FOLLOW-UP:

IFAA4=1 (LATINO) AND [(CHILDTEEN>0 (ELIGIBLE CHILD/TEEN>0) AND (CH1=1 OR TEEN=1 (ELGIBLE TEEN>0))], CONTINUE WITH LATINO YOUTH FOLLOW-UP
ELSE GO TO PN_SR2

LATINO YOUTH FOLLOW-UP ' [LATINO YOUTH FOLLOW-UP]- Based on your responses, you may be eligible to participate in another survey conducted by UCLA. It will take place about 2-6 weeks from now and you will be paid $60 This other survey will take 30 minutes to complete.

May we contact you about this survey?

❍   01 Yes
❍   02 No

LATINO YOUTH CONTACT:
IF LATINO YOUTH FOLLOW-UP=1 AND INFO NOT PROVIDED IN AM10B, CONTINUE;
ELSE GO TO PN_SR2

LATINO YOUTH CONTACT' [LATINO YOUTH CONTACT] - Please provide your name and telephone number so that we may call you if we have additional questions.

First Name: _____   Last Name: _____

Phone Number: _____

PROGRAMMING NOTE SUICIDE RESOURCE 2:
['QA21_S3' = 1 OR ('QA21_S3' = 2, -3 AND 'QA21_S5' =1), THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2: Again, if you would like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. The toll-free number is 1-800-273-TALK (8255).

 You can also visit www.suicidepreventionlifeline.org **to find out information about getting help.**

PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE IF CHILD SELECTED CONTINUE CHILD INTERVIEW

'CLOSE2' [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.