

CHIS 2023

Adolescent CATI Questionnaire

(Interviewer- administered) Version 3.01 October 2, 2023 (Adolescent Respondents Ages 12-17)

Collaborating Agencies:

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

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Guide to Questionnaire Formatting

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

Legend (each item is identified only once)

| Programming note | Defines a skip pattern or text display for the subsequent question(s). |
|---------------------|--|
| QID | Designates location of question, i.e. 'QT23_A1': Teen questionnaire, Section A, |
| | question #1. The question # in the QID denotes question order. This may vary |
| | between survey cycles. |
| Var ID | Unique ID of each question. This generally stays the same between survey |
| | cycles. This variable name correlates with the name found in the data file. |
| Lowercase text | On CATI, this text is read to the respondent. |
| Uppercase text | On CATI, this text is NOT read to the respondent. |
| If Needed statement | On CATI, this text is only read if interview deems it helpful for respondent. |
| Interviewer Note | On CATI, this serves as additional instruction for the interviewer and is not read |
| | at loud. |
| Range | On CATI, this text is not read. SR: indicates soft range- allowable entry but will |
| | prompt verification message. HR: indicates hard range- not an allowable entry. |
| Skip note | Defines skip patterns dependent on the responses of the current question. |
| Dynamic text | {} and () Denotes that text is automatically filled based on previous |
| | responses. |

PROGRAMMING NOTE 'QT23_A1':
SET TADATE = CURRENT DATE (YYYYMMDD)

'QT23_A1' What is your date of birth?

TA1

| O | JANUARY | 1 |
|---------------|-------------------------|----|
| 0 | FEBRUARY | 2 |
| 0 | MARCH | 3 |
| 0 | APRIL | |
| 0 | MAY | 5 |
| 0 | JUNE | |
| 0 | JULY | |
| 0 | AUGUST | |
| 0 | SEPTEMBER | |
| 0 | OCTOBER | |
| 0 | NOVEMBER | 11 |
| 0 | DECEMBER | |
| 0 | REFUSED | 7 |
| 0 | DON'T KNOW | |
| | | |
| | DAY [Range: 1-31] | |
| 0 | REFUSED | 7 |
| 0 | DON'T KNOW | 8 |
| | YEAR [Range: 2006-2011] | |
| $\overline{}$ | REFUSED | _ |
| | | |
| 0 | DON'T KNOW | 8 |

| 'QT23_B4' | During the last four school weeks, how many days of school did you miss because of a health problem? [INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS] |
|-----------|---|
| | DAYS_[HR: 0-20] |
| | O REFUSED7 O DON'T KNOW8 |
| 'QT23_H7' | 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? |
| 11149 | [IF NEEDED, SAY: "Do not include urgent care or emergency care visits. I am only asking about appointments".] |
| | O YES |

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

SECTION A: DEMOGRAPHICS PART I AND CIVIC ENGAGEMENT

| Age | | |
|--------------|---|--|
| | NG NOTE 'QT23_A1' : = CURRENT DATE (YYYYMMDD) | |
| 'QT23_A1' | What is your date of birth? | |
| TA1 | | |
| | O JANUARY1 | |
| | O FEBRUARY2 | |
| | O MARCH3 | |
| | O APRIL4 | |
| | O MAY5 | |
| | O JUNE6 | |
| | O JULY7 | |
| | O AUGUST8 O SEPTEMBER9 | |
| | O SEPTEMBER9 O OCTOBER10 | |
| | O NOVEMBER11 | |
| | O DECEMBER12 | |
| | O REFUSED7 | |
| | O DON'T KNOW8 | |
| | | |
| | Day [Range: 1-31] | |
| | O REFUSED7 | |
| | O DON'T KNOW8 | |
| | Year [Range: 2006-2011] | |
| | O REFUSED7 | |
| | O DON'T KNOW8 | |
| DDOCD A MMIN | NO NOTE (OT22 A2). | |
| | NG NOTE 'QT23_A2' : = -7 OR -8 (REF/DK), CONTINUE WITH 'QT23_A2' ; | |
| ELSE GO TO | | |
| <u> </u> | | |
| 'QT23_A2' | What month and year were you born? | |
| TA1A | | |
| | O JANUARY1 | |
| | O FEBRUARY2 | |
| | O MARCH3 | |
| | O APRIL4 | |
| | O MAY5 | |
| | O JUNE6 | |
| | O JULY7 | |
| | O AUGUST8 | |
| | O SEPTEMBER9 | |
| | O OCTOBER | |
| | ○ NOVEMBER11○ DECEMBER12 | |
| | O REFUSED7 | |
| | O DON'T KNOW8 | |
| | | |
| | Year [Range: 2006-2011] | |

O DON'T KNOW.....8

| PROGRAMMING NOTE | |
|---------------------------------------|---|
| | TH= INTERVIEW MONTH AND (INTERVIEW YEAR- 'QT23_A2' BIRTH YEAR= 12 OR 17), |
| CONTINUE WITH 'QT23 | |
| | REF/DK), CONTINUE WITH 'QT23_A3'; |
| ELSE GO TO 'QT23_A4 | , |
| (OT00 A01 II | |
| 'QT23_A3' How old | are you? |
| TAG | |
| TA2 | VEADS OF ACE ISD: 40.471 |
| - | YEARS OF AGE [SR: 12-17] O REFUSED7 |
| | O REFUSED7 O DON'T KNOW8 |
| · · | J DON 1 KNOW0 |
| Gender Identity | |
| POST-NOTE 'QT23_A3' | • |
| _ | 23_A3' ARE NOT KNOWN, USE CHILD ROSTER AGE (ENUM.AGE); |
| | n 12 OR TEENAGE greater than 17, THEN TERMINATE INTERVIEW AND CODE |
| INELIGIBLE (IT) | 1 12 OK TEENAGE GICAGI MAIT 17, THEN TERMINAATE INTERVIEW AND CODE |
| | |
| 'QT23_A4' What se | x were you assigned at birth on your original birth certificate? |
| What so | were you assigned at birth on your original birth sortificate. |
| TA20B | |
| | O Female2 |
| | O Male1 |
| | O Don't know |
| | O Prefer not to answer9 |
| | J Telef flot to allower |
| 'QT23_A5' What is y | your current gender? |
| | CATI interviewers should read all categories) |
| TA21B | |
| | O Female2 |
| | O Male1 |
| | O Transgender3 |
| | O Non binary5 |
| | O I use a different term ()7 |
| | O Don't know8 |
| | O Prefer not to answer9 |
| | |
| PROGRAMMING NOTE | 'QT23 A6': |
| | CONTINUE WITH 'QT23_A6'; |
| ELSE SKIP TO 'QT23_A | |
| · · · · · · · · · · · · · · · · · · · | |
| 'QT23_A6' What is y | your current gender identity? |
| | , |
| TA22 | |
| | O SPECIFY: ()1 |
| | O SPECIFY: ()1 O REFUSED7 |
| | |

O DON'T KNOW.....8

at birth

| | = 1 (MALE A , 3, 5, 7] THE | T23_A7': T BIRTH) AND 'QT23_A5' = 2, 3, 5, 7] OR [' EN CONTINUE WITH 'QT23_A7' ; | QT23_ | A4' = 2 (FEMALE AT BIRTH) AND |
|---------------------------|-------------------------------|--|---------|-------------------------------|
| LLOL ONIF 10 | Q123_A0 | | | |
| 'QT23_A7' | | firm, {you were/[child's name] was} assigned escribe {yourself/themself} as {INSERT ALL F | | |
| TA23 | | , (| | , |
| | O | YES | 1 | |
| | | NO | | |
| | | REFUSED | | |
| | • | DON'T KNOW | | |
| 'QT23_A8' | | e following best represents how you think of the state of | | |
| IAZ4 | O | Lochian or Cay | 2 | |
| | 0 | Lesbian or Gay Straight, that is, not lesbian or gay | | |
| | 0 | Bisexual or pansexual | | |
| | | I use a different term () | | |
| | 0 | Don't know | | |
| | 0 | Prefer not to answer | | |
| School Attenda | ance | | | |
| 'QT23_A9' | | end school last week? | | |
| TA4 | | | | |
| 1 A4 | | YES | 4 | ICO TO (OT22 A44) |
| | | NO | | [GO TO 'QT23_A11'] |
| | | I AM ON VACATION | | |
| | | I AM HOME SCHOOLED | | ICO TO (OT22 A42) |
| | | REFUSED | | [GO TO 'QT23_A12'] |
| | 0 | DON'T KNOW | | |
| | _ | | 0 | |
| 'QT23_A10' | Did you atte | end school during the last school year? | | |
| TA4C | | | | |
| | • | YES | 1 | |
| | | NO | | [GO TO 'QT23 A12'] |
| | | I WAS HOME SCHOOLED LAST YEAR | | [GO TO 'QT23_A12'] |
| | • | REFUSED | 7 | [GO TO 'QT23_A12'] |
| | O | DON'T KNOW | 8 | [GO TO 'QT23_A12'] |
| Name of School 'QT23_A11' | | name of the school you go to or last attende | d? | |
| | | | | |
| TA4B | [IF NEEDE | D, ASK: "Is that an elementary, middle, ju | nior hi | gh, or high school?"] |
| | [INTERVIE | WER NOTE: RECORD VERBATIM] | | |
| | | NAME OF SCHOOL | | |
| | • | REFUSED | 7 | |
| | _ | DON'T KNOW | | |
| | | TYPE OF SCHOOL | | |

| \mathbf{O} | TEEN not in school | 0 |
|--------------|--------------------|----|
| \mathbf{C} | Elementary | 1 |
| \mathbf{C} | Intermediate | 2 |
| O | Junior high | 3 |
| | Middle school | |
| O | High school | 5 |
| \mathbf{C} | Senior high school | 6 |
| | Continuation | |
| O | Charter school | 8 |
| \mathbf{C} | Other (Specify:) | 91 |
| \mathbf{C} | REFUSED | 7 |
| O | DON'T KNOW | 8 |

'QT23_A12'

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

TL37

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

| O | Very feminine | 1 |
|---|--------------------------------|---|
| | Mostly feminine | |
| | Somewhat feminine | |
| | Equally feminine and masculine | |
| | Somewhat masculine | |
| | Mostly masculine | |
| | Very masculine | |
| | REFUSED | |
| | DON'T KNOW | |

SECTION B: HEALTH STATUS AND HEALTH CONDITIONS

| General Health 'QT23_B1' | Now I'm going to ask about your health. |
|--------------------------|--|
| | In general, would you say your health is excellent, very good, good, fair or poor? |
| TB1 | |
| | O EXCELLENT1 O VERY GOOD2 |
| | O GOOD3 |
| | FAIR4POOR5 |
| | O POOR5 O REFUSED7 |
| | O DON'T KNOW8 |
| Height and Weig | ght |
| | About how tall are you without shoes? |
| TB2 | |
| | [IF NEEDED,SAY: "Your best guess is fine."] |
| | FEET |
| | INCHES |
| | CENTIMETERS |
| | O FEET, INCHES1 |
| | O CENTIMETERS2 |
| | ○ REFUSED |
| 'QT23_B3' | About how much do you weigh without shoes? |
| | About now much do you weigh without shoes: |
| ТВ3 | [IF NEEDED, SAY: "Your best guess is fine."] |
| | POUNDS [HR:50-450] KILOGRAMS [HR: 20-220] |
| | ○ REFUSED7 |
| | O DON'T KNOW8 |
| Missed School [| Days |
| | G NOTE 'QT23_B4' : |
| ELSE GO TO 'C | E 1 (ATTENDED SCHOOL LAST WEEK) OR 4 (HOME SCHOOLED), CONTINUE WITH 'QT23_B4' ; QT23_B5' |
| 'QT23_B4' | During the last four school weeks, how many days of school did you miss because of a health problem? |
| TB4 | problem: |
| | [INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS] |
| | DAYS_[HR: 0-20] |
| | O REFUSED7 O DON'T KNOW8 |

| 'QT23_B5' | Has a doctor ever told you or your parents that you have asthma? |
|--------------|--|
| TB5 | YES 1 NO 2 [GO TO 'SECTION CV'] REFUSED -7 [GO TO 'SECTION CV'] DON'T KNOW -8 [GO TO 'SECTION CV'] |
| 'QT23_B6' | Do you still have asthma? |
| TB17 | YES 1 NO 2 REFUSED -7 DON'T KNOW -8 |
| 'QT23_B7' | During the past 12 months, have you had an episode of asthma or an asthma attack? |
| IF 'QT23_B6' | O YES |
| 'QT23_B8' | During the <u>past 12 months</u> , have you had to visit a hospital emergency room because of <u>your</u> asthma? |
| TB19 | O YES |
| 'QT23_B9' | Did you visit a hospital emergency room for your asthma because you were unable to see your doctor? |
| 1631 | [INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.] |
| | YES |
| 'QT23_B10' | During the past 12 months, were you admitted to the hospital overnight or longer for your asthma? |
| ТВ4А | O YES |

| 'QT23_B11' | Are you now taking a <u>daily</u> medication to control your asthma that was prescribed or given to you by a doctor? |
|-----------------------------|---|
| 160 | [IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."] |
| | O YES |
| IF 'QT23_B6' = TO 'QT23_B16 | IG NOTE 'QT23_B12': = 1 (YES, STILL HAVE ASTHMA) OR 'QT23_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS) GO '; UE WITH 'QT23_B12' |
| 'QT23_B12' | During the <u>past 12 months</u> , how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say |
| | O Not at all 1 O Less than every month 2 O Every month 3 O Every week 4 O Every day 5 O REFUSED -7 O DON'T KNOW -8 |
| IF 'QT23_B6' = 'QT23_B16'; | IG NOTE 'QT23_B13': 1 (YES, STILL HAVE ASTHMA) OR 'QT23_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO UE WITH 'QT23_B13' |
| 'QT23_B13' | During the past 12 months, have you had to visit a hospital emergency room because of your asthma? O YES |
| 'QT23_B14' | O DON'T KNOW8 [GO TO 'QT23_B16'] Did you visit a hospital emergency room for your asthma because you were unable to see your doctor? [INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A |
| | O YES |

| 'QT23_B15' | During the past 12 months, were you admitted to the hospital overnight or longer for your asthma? | | |
|------------|--|--|--|
| TB29 | O YES | | |
| 'QT23_B16' | During the past 12 months, how many days of school did you miss due to asthma? | | |
| TB24 | [INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS] | | |
| | DAYS_[HR: 0-365] | | |
| | NOT GOING TO SCHOOL996 REFUSED7 DON'T KNOW8 | | |
| 'QT23_B17' | 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? | | |
| | YES | | |
| 'QT23_B18' | Do you have a written or printed copy of this plan? | | |
| TB32 | [IF NEEDED, SAY: "This can be an electronic or hard copy."] | | |
| | YES | | |
| 'QT23_B19' | How confident are you that you can control and manage your asthma? Would you say you are | | |
| TB33 | O Very confident, | | |

SECTION CV: COVID-19

| Have you completed the primary vaccine series for COVID-19? Completed primary vaccine series means one of the following: Receiving two shots of the Pfizer or Moderna vaccine, a single shot of the Johnson & Johnson vaccine. | | |
|--|--|--|
| | YES | |
| =1, THEN C Q T23_CV3' ; | | |
| Have you re | eceived an additional dose or booster after your primary vaccine series? | |
| | YES | |
| What are th | e reasons why you have not completed the primary vaccine series for COVID-19? | |
| Select all th | nat apply | |
| | I AM WORRIED ABOUT SIDE EFFECTS1 I THINK THE VACCINE WAS DEVELOPED TOO QUICKLY | |
| | means one the Johnson of the Johnson | |

SECTION C: DIET, NUTRITION, AND FOOD ENVIRONMENT

| Dietary intake | | | |
|----------------|--|--|--|
| PROGRAMMI | NG NOTE 'QT23_C1': | | |
| | LD INCOME IS ≤ 185% FPL CONTINUE; | | |
| ELSE SKIP TO |) 'SECTION D' | | |
| 'QT23_C1' | Now, we're going to ask about the foods you ate yesterday, including both meals and snacks. | | |
| TE4 | Yesterday, how many servings of fruit, such as an apple or banana, did you eat? A serving is whatever it means to you. | | |
| 127 | SERVINGS [HR: 0-20; SR: 0-9] | | |
| | O REFUSED7 O DON'T KNOW8 | | |
| 'QT23_C2' | Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did you have? Do not include fried potatoes. | | |
| 120 | SERVINGS [HR: 0-20; SR: 0-4] | | |
| | O REFUSED7 O DON'T KNOW8 | | |
| 'QT23_C3' | Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did you drink? | | |
| TC28B | Such as lemonade, Gatorade, Snapple, or Red Bull. | | |
| | GLASSES OR CANS [HR 0-15 ;SR 0-7] | | |
| | O REFUSED7 | | |

SECTION D: PHYSICAL ACTIVITY

| Park and Neigh ' QT23_D1 ' | borhood Safety Do you strongly agree, agree, disagree, or strongly disagree with the following statement? | | |
|--------------------------------------|--|--|--|
| TCOF | The park or playground closest to where I live is safe during the day. | | |
| TC25 | [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] | | |
| | STRONGLY AGREE | | |
| Social Cohesio 'QT23_D2' | n People in my neighborhood are willing to help each other. | | |
| TD34 | [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] | | |
| | O STRONGLY AGREE 1 O AGREE 2 O DISAGREE 3 O STRONGLY DISAGREE 4 O REFUSED -7 O DON'T KNOW -8 | | |
| 'QT23_D3' | People in this neighborhood generally do NOT get along with each other. | | |
| TD45 | [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] | | |
| | [INTERVIEWER NOTE: DO NOT PROBE A "DON'T KNOW" RESPONSE] | | |
| | O STRONGLY AGREE 1 O AGREE 2 O DISAGREE 3 O STRONGLY DISAGREE 4 O REFUSED -7 O DON'T KNOW -8 | | |
| 'QT23_D4' | People in this neighborhood can be trusted. | | |
| TD36 | [IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] | | |
| | STRONGLY AGREE | | |

| 'QT23_D5' | I care deep | y about issues in my community or society. | |
|--------------------------|------------------|--|--|
| TL25 | [IF NEEDE | D, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] | |
| |)))) | STRONGLY AGREE 1 AGREE 2 DISAGREE 3 STRONGLY DISAGREE 4 REFUSED -7 DON'T KNOW -8 | |
| 'QT23_D6' | | at I can make a difference in my community. D, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] | |
| |)))) | STRONGLY AGREE 1 AGREE 2 DISAGREE 3 STRONGLY DISAGREE 4 REFUSED -7 DON'T KNOW -8 | |
| 'QT23_D7' | I feel conne | cted to others who are working to make a difference in my community. | |
| TL28 | [IF NEEDE | D, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] STRONGLY AGREE | |
| 'QT23_D8' | Do you feel | safe in your neighborhood | |
| TE64 |)))) | All of the time, 1 Most of the time, 2 Some of the time, or 3 None of the time? 4 REFUSED -7 DON'T KNOW -8 | |
| Hate Incident | | | |
| 'QT23_D9' | | | |
| HATE INCIDE TRANSITIO | | | |

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

'QT23_D10'

| LII INITO/ | ` |
|------------|---|
| | , |

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

| | prejudice toward people with certain characteristics or religious beliefs. You may or may not actual have these characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to get something from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else. During the past 12 months, have you directly experienced a hate incident? | | |
|--|--|--|--|
| 'QT23_D11' | | | |
| TD66 | | | |
| | • | YES1 | |
| | O | NO2 | |
| | O | REFUSED8 | |
| | O | DON'T KNOW9 | |
| PROGRAMMI IF 'QT23_D11' ELSE SKIP TO | =1 CONTIN | UE WITH 'QT23_D12'; | |
| 'QT23_D12' | Did you exp | perience | |
| TD67 | Select all th | nat apply | |
| | | Physical abuse or attack,1 | |
| | _ | Verbal abuse or insults,2 | |
| | | Cyberbullying,3 | |
| | | Property damage, or4 | |
| | | Something else (Specify:)5 | |
| | 0 | REFUSED7 | |
| | 0 | DON'T KNOW8 | |
| | | | |
| 'QT23_D13' | Where did | the incident or incidences take place? | |
| TD68 | Select all ti | hat apply | |
| | | At home,1 | |
| | | At school,2 | |
| | | At work,3 | |
| | | At a store, theater, gas station, or other | |
| | _ | business,4 | |
| | | On the street or sidewalk,5 | |
| | | Online, or6 | |
| | | Somewhere else (Specify:)7 | |
| | Ō | REFUSED7 | |
| | O | DON'T KNOW8 | |

| 'QT23_D14' | Why do you | u think you were targeted? | |
|--------------|---------------|--|--|
| TD69 | | | |
| | Select all th | nat apply | |
| | | Because of your race or skin color | 1 |
| | | Because of your sexual orientation | 2 |
| | | Because of your gender or sex, including gen | nder |
| | | identity | 3 |
| | | Because of your religion | 4 |
| | | Because of your ancestry, national origin, or | |
| | | language | |
| | | Because of your disability | |
| | | Because of your immigration status | |
| | | Because of your age | |
| | | Because of some other reason: | |
| | O | REFUSED | |
| | 0 | DON'T KNOW | 8 |
| PROGRAMMIN | NG NOTE 'Q | T23_D15': | |
| | | PONSE FROM 'QT23_D14' , THEN CONTINUI | E WITH 'QT23_D15' WITH SELECTED |
| | | 14' DISPLAYED; | _ |
| ELSE SKIP TO | 'QT23_D16 | j. , | |
| (OT22 D45) | \\/\bat\ alaa | think in the MAIN record you were to rected it | for a hata incident? |
| 'QT23_D15' | what do yo | u think is the MAIN reason you were targeted t | ior a nate incident? |
| TD70 | | | |
| 12.0 | IF NEEDED | : If you experienced more than one incident, p | lease think about the most recent incident.l |
| | • | | • |
| | O | Because of your race or skin color | 1 |
| | O | Because of your sexual orientation | 2 |
| | 0 | Because of your gender or sex, including | |
| | _ | gender identity | |
| | _ | Because of your religion | 4 |
| | O | Because of your ancestry, national origin, or | E |
| | O | language Because of your disability | 5 6 |
| | 0 | Because of your immigration status | |
| | Ö | Because of your age | |
| | O | Because of some other reason: | |
| | • | REFUSED | |
| | O | DON'T KNOW | 8 |
| 'QT23_D16' | During the | past 12 months, have you witnessed another p | person experiencing a hate incident? |
| Q120_D10 | During the | past 12 months, have you withessed another p | reform experienting a flate indiaent: |
| TD71 | | | |
| | \circ | | 1 |
| | • | YES | |
| | 0 | NO | 2 |
| | 0 | NOREFUSED | 2 7 |
| | Ö | NO | 2 7 |

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| | INDIE 'Q123_D17': 1, CONTINUE WITH 'QT23_D17' ; ECTION E'; | |
|------------|--|---|
| 'QT23_D17' | Did you witness | |
| TD72 | Select all that apply | |
| | □ Physical abuse or attack, | |
| 'QT23_D18' | Vhere did the incident take place? | |
| TD73 | Select all that apply | |
| | □ At home, 1 □ At school, 2 □ At work, 3 □ At a store, theater, gas station, or other business, 4 □ On the street or sidewalk, 5 □ Online, or 6 □ Somewhere else (Specify: 7 ○ REFUSED 7 ○ DON'T KNOW -8 | |
| 'QT23_D19' | Why do you think the person was targeted for a hate incident? | ? |
| TD74 | Select all that apply | |
| | □ Because of their race or skin color | |

PROGRAMMING NOTE 'QT23 D20':

IF MORE THAN ONE RESPONSE FROM 'QT23_D19", THEN CONTINUE WITH 'QT23_D20' WITH SELECTED CHOICES FROM 'QT23_D19' DISPLAYED;

ELSE SKIP TO 'SECTION E';

'QT23_D20' What do you think is the MAIN reason that person was the target for a hate incident?

TD75

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

| O | Because of their race or skin color | 1 |
|--------------|--|---|
| \mathbf{O} | Because of their sexual orientation | 2 |
| \mathbf{C} | Because of their gender or sex, including | |
| | gender identity | 3 |
| O | Because of their religion | 4 |
| O | Because of their ancestry, national origin, or | |
| | language | 5 |
| O | Because of their disability | |
| O | Because of their immigration status | 7 |
| O | Because of their age | |
| O | Because of some other reason: | |
| 0 | REFUSED | |
| O | DON'T KNOW | |

PROGRAMMING NOTE 'QT23 D21':

TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO 'QT23_D11', 'QT23_D16'.

'QT23_D21'

HATE INCIDENT RESOURCE

If you would like mental or emotional support, someone is available 24 hours a day at the toll-free number 855-845-7415. You do not have to provide your full name or contact information if you prefer to stay anonymous. You can also visit www.mentalhealthsf.org/peer-run-warmline/.

If you would like to report a hate incident or connect with resources, including mental health and legal services, visit www.Cavshate.org/ or call 833-866-4283, Monday to Friday from 9 a.m. to 6 p.m. California vs Hate is not affiliated with law enforcement, and you can report anonymously. If you want to report a hate crime to law enforcement immediately or you are in present danger, please call 911. *Implemented on Sep 5th, 2023

SECTION E: CIGARETTE, ALCOHOL AND DRUG USE

| Cigarette Use 'QT23_E1' | Now I'm going to ask about smoking. Have you ever smoked cigarettes, even 1 or 2 puffs? | |
|----------------------------|---|--|
| TC38 | O YES O NO O REFUSED O DON'T KNOW | 2 [GO TO 'QT23_E5'] 7 [GO TO 'QT23_E5'] |
| 'QT23_E2' | How old were you when you first tried cigarette smoking, | even one or two puffs? |
| TE81 | Age [HR: 0-TAGE] | |
| | O REFUSED | |
| | O DON'T KNOW | 8 |
| 'QT23_E3' | In the past 30 days, on how many days did you smoke cig | garettes? |
| TE19 | | |
| 1213 | O NONE | 0 [GO TO 'QT23_E5'] |
| | O 1 OR 2 DAYS | 1 |
| | O 3-5 DAYS | 2 |
| | O 6-9 DAYS | 3 |
| | O 10-19 DAYS | 4 |
| | O 20-29 DAYS | 5 |
| | O 30 DAYS | 6 |
| | O REFUSED | |
| | O DON'T KNOW | 8 |
| 'QT23_E4' | In the past 30 days, when you smoked, about how many | cigarettes did you smoke in a typical day? |
| TE20 | [IF NEEDED, SAY: "On average."] | |
| | [IF NEEDED, SAY: "On the days you smoked."] | |
| | [IF R SAYS "A Pack", CODE THIS AS 20 CIGARETTES | [] |
| | NUMBER OF CIGARETTES [HR: 0-1 | 20] |
| | O REFUSED O DON'T KNOW | |

E-Cigarette Use

'E-CIGARETTE INTRO TEEN'

E-CIGAR INTRO

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

Do not include products used only for marijuana.

| | Have you ever used an e-cigarette or other electronic vaping p | product, even just once in your lifetime? |
|-----------|--|---|
| TE79 | | |
| | O YES | [GO TO 'QT23_E11'] |
| | O REFUSED7 | [GO TO 'QT23_E11'] [GO TO 'QT23_E11'] |
| | O DON'T KNOW8 | [GO TO 'QT23_E11'] |
| 'QT23_E7' | How old were you when you first tried an e-cigarette, even one | e or two times? |
| TE82 | Age [HR: 0-TAGE] | |
| | O REFUSED7 | |
| | O DON'T KNOW8 | |
| 'QT23_E8' | In the past 30 days, on how many days did you use an e-cigar | ette or other electronic vaping product? |
| TE80 | | |
| | Number of days [HR: 0 - 30] | [IF TE80=0, GO TO 'PN_QT23_E10'] |
| | O REFUSED7 | [GO TO 'PN_QT23_E10'] |
| | O DON'T KNOW8 | [GO TO 'PN_QT23_E10'] |
| 'QT23_E9' | What are your reasons for using electronic cigarettes? | |
| | | |
| TE68 | [CODE ALL THAT APPLY] | |
| TE68 | [CODE ALL THAT APPLY] TO QUIT SMOKING1 | |
| TE68 | ☐ TO QUIT SMOKING1 ☐ TO REPLACE SMOKING2 | |
| TE68 | TO QUIT SMOKING1 TO REPLACE SMOKING | |
| TE68 | ☐ TO QUIT SMOKING | |
| TE68 | TO QUIT SMOKING | |
| TE68 | ☐ TO QUIT SMOKING | |
| TE68 | □ TO QUIT SMOKING | |
| TE68 | ☐ TO QUIT SMOKING | |
| TE68 | □ TO QUIT SMOKING | |
| TE68 | □ TO QUIT SMOKING | |
| TE68 | □ TO QUIT SMOKING | |
| TE68 | □ TO QUIT SMOKING | |
| TE68 | □ TO QUIT SMOKING | |

| CONTINUE WI | =1 AND 'QT2 ITH 'QT23_E | .3_E6'=1] AND 'QT23_E2'= 'QT23 | 3_ E7 ' OR IF ' QT2 ' | 3_E2 ' =-7,-8 OR IF ' QT23_E7 '=-7,8 |
|---|--|--------------------------------------|-------------------------------------|--|
| ELSE GO TO ' | QT23_E11' | | | |
| 'QT23_E10' | Earlier you first? | mentioned that you have tried bot | h cigarettes and e- | -cigarettes. Which one did you try |
| TE83 | | | | |
| | O | CIGARETTES | 1 | |
| | O | E-CIGARETTES | 2 | |
| | O | TRIED AT THE SAME TIME | 3 | |
| | O | REFUSED | 7 | |
| | Q | DON'T KNOW | | |
| | • | | | |
| Alcohol Use/Ak 'QT23_E11' | | er have more than a few sips of an | y alcoholic drink, l | ike beer, wine, mixed drinks, or |
| TE22 | | | | |
| | | YES | | |
| | O | NO | 2 | [GO TO 'PN_QT23_E14'] |
| | O | REFUSED | 7 | [GO TO 'PN_QT23_E14'] |
| | O | DON'T KNOW | 8 | [GO TO 'PN_QT23_E14'] |
| | _ | | | [0010111_4110_111] |
| PROGRAMMIN IF 'QT23_A4' ELSE CONTIN | = 1 (MALE A | T BIRTH) GO TO 'QT23_E13' ; | | |
| 'QT23_E12' | How many of hours? | days in the past 30 days did you h | ave <u>four or more</u> o | drinks in a row, that is within a couple |
| I EZ4A | \circ | NONE | 0 | |
| | 3 | NONE | | |
| | 3 | 1 DAY | | |
| | • | 2 DAYS | | |
| | • | 3-5 DAYS | 3 | |
| | O | 6-9 DAYS | 4 | |
| | • | 10-19 DAYS | 5 | |
| | O | 20 DAYS OR MORE | 6 | |
| | Ō | REFUSED | | |
| | 0 | DON'T KNOW | | |
| | 9 | DON I KNOW | 0 | |
| PROGRAMMIN IF 'QT23_A4' ELSE CONTIN | = 2 (FEMALI | E AT BIRTH), GO TO 'QT23_E14' | • | |
| 'QT23_E13' | How many of hours? | days in the past 30 days did you h | ave <u>five or more</u> c | drinks in a row, that is within a couple |
| TE24 | | | | |
| | O | NONE | 0 | |
| | Ö | 1 DAY | | |
| | 9 | 2 DAYS | | |
| | | | | |
| | O | 3-5 DAYS | | |
| | • | 6-9 DAYS | | |
| | \mathbf{O} | 10-19 DAYS | | |
| | O | 29 DAYS OR MORE | 6 | |
| | • | REFUSED | | |
| | Q | DON'T KNOW | | |
| | • | | | |

Marijuana Use

| IF $SC24X = 3C$ | G NOTE 'QT23_E14': PR 5 (NO QUESTIONS ON DRUGS) OR IF SC23XXX = 1 SKIP TO 'QT23_F1'; JE TO 'QT23_E14' | | |
|-----------------|--|--|--|
| 'QT23_E14' | 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. | | |
| TE69 | Have you ever, even once, tried marijuana or hashish in any form? | | |
| | [IF NEEDED: THC is the active ingredient in marijuana.] | | |
| 'QT23_E15' | O YES | | |
| | product? | | |
| TE70 | O DAYS | | |
| 'QT23_E16' | How often have you used tobacco and marijuana at the same time? Would you say | | |
| TE71 | Usually 1 Sometimes 2 Never 3 REFUSED -7 DON'T KNOW -8 | | |
| 'QT23_E17' | During the past 30 days, how did you use marijuana? Did you | | |
| TE72 | O YES 1 O NO 2 O REFUSED -7 O DON'T KNOW -8 | | |
| 'QT23_E18' | During the past 30 days, how did you use marijuana? Did you | | |
| TE78 | Smoke part or all of a cigar with marijuana in it, which is sometimes called a blunt? O YES | | |

| 'QT23_E19' | [During the past 30 days, how did you use marijuana?] Did you… | | | |
|------------|---|--|--|--|
| TE70 | Eat it? | | | |
| TE73 | [IF NEEDED SAY: For example, in brownies, cakes, cookies or candy] | | | |
| | O YES 1 O NO 2 O REFUSED -7 O DON'T KNOW -8 | | | |
| 'QT23_E20' | [During the past 30 days, how did you use marijuana?] Did you | | | |
| TE74 | Drink it? | | | |
| TE74 | [IF NEEDED SAY: For example, in tea, cola, alcohol or other drinks] | | | |
| | O YES | | | |
| 'QT23_E21' | [During the past 30 days, how did you use marijuana?] Did you | | | |
| TE75 | Vaporize it? | | | |
| | [IF NEEDED SAY: For example, in an e-cigarette type vaporizer] | | | |
| | YES 1 NO 2 REFUSED -7 DON'T KNOW -8 | | | |
| 'QT23_E22' | [During the past 30 days, how did you use marijuana?] Did you | | | |
| TE70 | Dab it? | | | |
| TE76 | [IF NEEDED SAY: For example, using butane hash oil, wax or concentrates] | | | |
| | O YES1 | | | |
| | O NO2 O REFUSED7 | | | |
| | O DON'T KNOW8 | | | |
| 'QT23_E23' | [During the past 30 days, how did you use marijuana?] Did you | | | |
| TE77 | Use it some other way? | | | |
| | O YES (SPECIFY)1 O NO2 | | | |
| | O REFUSED7 | | | |
| | O DON'T KNOW8 | | | |

| 'QT23_E24' | Have you used heroin in the past 12 months? |
|--------------------|--|
| TE84 | O YES |
| 'QT23_E25' | 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? [Do not read the response categories.] |
| | O YES |
| | IG NOTE 'QT23_E26': = 1, THEN CONTINUE WITH 'QT23_E26'; QT23_E28' |
| 'QT23_E26' TE86 | Did you get the prescription(s) from one doctor or from more than one doctor? ONE DOCTOR |
| IF 'QT23_E25' | IG NOTE 'QT23_E27': = 1, THEN CONTINUE WITH 'QT23_E27'; UE TO 'QT23_E28' |
| 'QT23_E27' TE87 | What condition or conditions have you taken the medicine for? DENTAL WORK/DENTAL PAIN |

'QT23_E28' Have you used methamphetamines in the past 12 months?

TE88

| \mathbf{O} | YES | 1 |
|--------------|------------|----|
| | NO | |
| O | REFUSED | 7 |
| \mathbf{O} | DON'T KNOW | -8 |

SECTION F: MENTAL HEALTH

| | ealth Assessment | |
|-----------|--|--|
| 'QT23_F1' | The next questions ask about how you have b | |
| | | ou feel nervous—Would you say all of the time, most of |
| | the time, some of the time, a little of the time, of | or none of the time? |
| TG11 | | |
| | O ALL | 1 |
| | O MOST | 2 |
| | O SOME | 3 |
| | O A LITTLE | 4 |
| | O NONE | |
| | O REFUSED | |
| | | |
| | O DON'T KNOW | 0 |
| (OTO2 EQ) | During the past 20 days, about how often did y | you fact handless. all of the time, most of the time |
| 'QT23_F2' | | you feel hopeless—all of the time, most of the time, |
| | some of the time, a little of the time, or none of | the time? |
| TG12 | | |
| | O ALL | |
| | O MOST | 2 |
| | O SOME | 3 |
| | O A LITTLE | 4 |
| | O NONE | |
| | O REFUSED | |
| | | |
| | O DON'T KNOW | 8 |
| (OTO2 E2) | During the past 20 days, about how often did y | vou facil rootlaga ar fidactiv? |
| 'QT23_F3' | During the past 30 days, about how often did y | ou reer resiless or ridgety? |
| T042 | | |
| TG13 | | |
| | | the time, some of the time, a little of the time, or |
| | none of the time?"] | |
| | | |
| | O ALL | 1 |
| | O MOST | 2 |
| | O SOME | |
| | O A LITTLE | |
| | | |
| | O NONE | |
| | O REFUSED | |
| | O DON'T KNOW | 8 |
| | | |
| 'QT23_F4' | How often did you feel so depressed that noth | ing could cheer you up? |
| | | |
| TG14 | | |
| | IIF NEEDED. SAY: "All of the time, most of | the time, some of the time, a little of the time, or |
| | none of the time?"] | , |
| | | |
| | O ALL | 1 |
| | O MOST | |
| | | |
| | O SOME | |
| | O A LITTLE | |
| | O NONE | |
| | O REFUSED | |
| | O DON'T KNOW | 8 |
| | | |

| 'QT23_F5' | During the past 30 days, about how often did you feel that everything was an effort? |
|----------------------------|---|
| TG15 | [IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"] |
| | O ALL |
| 'QT23_F6' | During the past 30 days, about how often did you feel worthless? |
| TG16 | [IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"] |
| | O ALL |
| Repeated K6 'QT23_F7' TF30 | Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days? O YES |
| | IG NOTE 'QT23_F8' : 1 THEN CONTINUE WITH 'QT23_F8'; 'QT23_F14' |
| 'QT23_F8' | The next questions are about the one month in the past 12 months when you were at your worst emotionally. During that same month, how often did you feel nervous- all of the time, most, some, a little, or none |
| TF31 | O ALL 1 O MOST 2 O SOME 3 O A LITTLE 4 O NONE 5 O REFUSED -7 O DON'T KNOW -8 |

| 'QT23_F9' | During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time? |
|------------|--|
| 11 32 | O ALL |
| 'QT23_F10' | How often did you feel restless or fidgety? |
| TF33 | [IF NEEDED, SAY: "All of the time, most of the time, some of the time, little of the time, or none of the time?"] |
| | O ALL |
| 'QT23_F11' | How often did you feel so depressed that nothing could cheer you up? |
| TF34 | [IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"] |
| | O ALL |
| 'QT23_F12' | How often did you feel that everything was an effort? |
| TF35 | [IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"] |
| | O ALL |

| 'QT23_F13' | How often did you feel worthless? |
|--------------------------------|--|
| TF36 | [IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"] |
| | O ALL |
| 'QT23_F14' | In the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous? |
| | YES 1 NO 2 REFUSED -7 DON'T KNOW -8 |
| 'QT23_F15' | In the past 12 months, have you received any psychological or emotional counseling? |
| TF11 | YES |
| IF 'QT23_E11' 'QT23_E24' (E | IG NOTE 'QT23_F16' : = 1 (MORE THAN SIP OF ALCOHOL) OR 'QT23_E14' =1 (EVER USED MARIJUANA) OR VER USED HEROIN) OR 'QT23_E25' (EVER MISUSED PAINKILLER) OR 'QT23_E28' (EVER USE TAMINES) CONTINUE WITH 'QT23_F16' ; QT23_F21' |
| 'QT23_F16' | In the past 12 months, did you receive any professional help for your use of alcohol or drugs? |
| TI13 | YES 1 NO 2 REFUSED -7 DON'T KNOW -8 |

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| _ | | | | | | |
|----|----|---|------------|----|---|---|
| ТΔ | Δ١ | h | Δ 2 | a١ | H | h |

| | IG NOTE 'QT23_F17': =1 OR 'QT23_F16'=1 THEN ASK CONTINUE; 'QT23_F21' |
|---------------|--|
| 'QT23_F17' | Think about your problems with mental health, emotions, nerves, or your use of alcohol or drugs in the past 12 months. Did you receive care from an in-person visit video visit or telephone visit? (SELECT ALL THAT APPLY) |
| | □ IN-PERSON VISIT 1 □ VIDEO VISIT 2 □ TELEPHONE VISIT 3 ○ NO 4 ○ REFUSED -7 ○ DON'T KNOW -8 |
| IF 'QT23_F17' | IG NOTE 'QT23_F18': = 1, CONTINUE WITH 'QT23_F18 '; PN_QT23_F19' |
| 'QT23_F18' | How satisfied were you with the care you received through the in-person visit? |
| TF47 | Very satisfied |
| IF 'QT23_F17' | IG NOTE 'QT23_F19': = 2, CONTINUE WITH 'QT23_F19 '; PN_QT23_F20' |
| 'QT23_F19' | How satisfied were you with the care you received through the video visit? |
| TF48 | Very satisfied |
| IF 'QT23_F17' | IG NOTE 'QT23_F20': = 3, CONTINUE WITH 'QT23_F20'; PN_QT23_F21' |
| 'QT23_F20' | How satisfied were you with the care you received through the telephone visit? |
| TF49 | Very satisfied |

| 01110 2020 100 | on Queenonn | ane | V 0101011 0.0 1 | | 0010001 2, 2020 | |
|----------------|-------------------------|------------------------|------------------------|-------------------------|---------------------------|--|
| | • | DON'T KNOW | | 8 | | |
| Delays in Ment | al Health Ca | re | | | | |
| PROGRAMMIN | | | | | | |
| | | =1' OR 'TI13=1' TH | IEN CONTINUE; | | | |
| ELSE SKIP TO | | | | | | |
| | | | | | | |
| 'QT23_F21' | During the p | past 12 months, did | l you delay or not ge | et mental health care y | ou neededsuch as seeing a | |
| | therapist, p | sychologist, psychia | atrist, or other menta | al health professional? | | |
| TF50 | | | | | | |
| | | | | | | |
| | | | | | | |
| | \mathbf{O} | | | | | |
| | O | DON'T KNOW | | 8 | | |
| PROGRAMMIN | NG NOTE 'Q | T23 F22': | | | | |
| IF 'QT23_F21' | | | | | | |
| ELSE SKIP TO | | | | | | |
| | | | | | | |
| 'QT23_F22' | Did you get | the mental healtho | are eventually? | | | |
| | | | | | | |
| TF51 | | | | | | |
| | | | | | | |
| | | | | | | |
| | • | | | | | |
| | • | DON'T KNOW | | 8 | | |
| 'OT22 E22' | Mby did yo | u dolov or not got th | no montal boolth ag | ro vou poodod? | | |
| 'QT23_F23' | vvriy did yo | u delay of flot get ti | ne mental health car | e you needed? | | |
| TF52 | | | | | | |
| | (Select all that apply) | | | | | |
| | | | | | | |
| | | | APPOINTMENT | 1 | | |
| | | PROVIDER DID N | | | | |
| | | | | | | |
| | | | DID NOT COVER | | | |
| | | | N ISSUES DUE TO | | | |
| | | | | | | |
| | | | ON PROBLEMS | | | |
| | | | OT CONVENIENT | 6 | | |
| | u | THERE WAS NO | | 7 | | |
| | | CHILDREN AT HO | OME | / | | |
| | | | ST REFERRAL | | | |
| | | | ME TO GO | | | |
| | | | | | | |
| | | | RANCE | | | |
| | | | Y:) | | | |
| | | | | | | |
| | O | DON I KNOW | | o | | |

PROGRAMMING NOTE 'QT23_F24':

IF MORE THAN ONE RESPONSE FROM 'QT23_F23', THEN CONTINUE WITH 'QT23_F24' WITH SELECTED CHOICES FROM 'QT23_F23' DISPLAYED; ELSE GO TO 'QT23_F25'

| 'QT23_F24' | What is the MAIN reason you delayed or did not get the mental health care you need | | | | |
|-------------------------------------|---|--|--|--|--|
| 'QT23_F24' | What is the MAIN reason you delayed or did not get the mental health care you needed? COULDN'T GET APPOINTMENT | | | | |
| | O I FORGOT OR LOST REFERRAL | | | | |
| Climate Change 'QT23_F25' stressed? | Does the issue of climate change make you feel nervous, depressed, or emotionally | | | | |
| TF45 | YES | | | | |

SECTION G: SEXUAL BEHAVIORS

| PROGRAMMIN IF SC23XXX =2 ELSE CONTINI | 2 , GO TO 'Q | T23_H1' ; | | | | | |
|---|---|--|--------------------------------|---|--|--|--|
| 'QT23_G1' | The next section is about sexual behavior. The information will be kept private and you can refuse to answer. | | | | | | |
| TE32 | Have you ever had sexual intercourse? [IF NEEDED, SAY: "By sexual intercourse, we mean sex with a penis in a vagina or an anus or rectum."] | | | | | | |
| | O | YES NO REFUSED DON'T KNOW | 2 7 | [GO TO 'PN_QT23_G15'] [GO TO 'PN_QT23_G15'] [GO TO 'PN_QT23_G15'] | | | |
| WITH 'QT23_G ELSE GO TO 'G IF 'QT23_A4' = | 2 (FEMALE A 2' QT23_G9'; 2 (FEMALE may be relev | AT BIRTH) AND TAGE= B AT BIRTH) AND 'QT23_A cant to you because you we | \5 '≠2 (IDENTIFY NOT AS | ARS AND 'QT23_G1'=1, CONTINUE FEMALE) THEN DISPLAY: 'These th.'; | | | |
| 'QT23_G2' | {These next questions may be relevant to you because you were assigned female at birth.} During the past 12 months, did you become pregnant with an unplanned pregnancy? | | | | | | |
| TG33 | 0 | YES NOREFUSED | 1 2 7 | npianned pregnancy? | | | |
| 'QT23_G3' TG34 | about birth | past 12 months, has a doccontrol? This includes an | IUD or an implant (that thi | amily planning counsellor talked to young in your arm). | | | |
| | 0 | NOREFUSEDDON'T KNOW | 2 7 | | | | |
| PROGRAMMIN IF 'QT23_G1' = ELSE CONTINI | 2 (NOT SE) | XUALLY ACTIVE), THEN | GO TO 'SECTION H'; | | | | |
| 'QT23_G4' | During the pregnancy? | | your male partner(s) use | a birth control method to prevent | | | |
| |)))) | YES NO I DO NOT HAVE A MALE REFUSED DON'T KNOW | 2 E PARTNER3 7 | [GO TO 'PN_QT23_G8'] [GO TO 'PN_QT23_G15'] [GO TO 'PN_QT23_G15'] [GO TO 'PN_QT23_G15'] | | | |

| 'QT23_G5' | During the past 12 months, which MAIN birth control method did you or your male partner(s) use? |
|-------------------|---|
| TG19B | IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.) |
| 'QT23_G6' TG35 | During the past 12 months, where did you or your male partner(s) get your MAIN birth control method or prescription? PRIVATE DOCTOR'S OFFICE |
| 'QT23_G7' TG36 | During the past 12 months, did you receive your MAIN birth control method through a video or telephone visit? O YES, OVER A VIDEO VISIT |

| IF 'QT23_G4'= | NG NOTE 'QT23_G8': 2, THEN CONTINUE; PN_QT23_G15' |
|---------------|--|
| 'QT23_G8' | What is the MAIN reason you and your male partner(s) did not use birth control in the past 12 months? |
| TG20B | |
| 10205 | O TRYING TO GET PREGNANT/WANT A BABY 1 O HAVEN'T FOUND A METHOD I LIKE |
| | O REFUSED7 |
| | O DON'T KNOW8 |
| IF 'QT23_A4'= | NG NOTE 'QT23_G9': 1 AND TAGE= BETWEEN 15 AND 17 YEARS AND 'QT23_G1'= 1, CONTINUE; PN_QT23_G15' |
| 'QT23_G9' | During the past 12 months, has a doctor, medical provider, or family planning counsellor talked to you about birth control such as male condoms? |
| 1037 | O YES |
| 'QT23_G10' | During the past 12 months, did you or your female partner(s) use a birth control method to prevent pregnancy? |
| <u> </u> | O YES1 |
| | O NO |
| | O I DO NOT HAVE A FEMALE PARTNER3 [GO TO 'PN_QT23_G15'] |
| | O REFUSED7 [GO TO 'PN_QT23_G15'] O DON'T KNOW8 [GO TO 'PN_QT23_G15'] |
| | |

| 'QT23_G11' | During the past 12 months, which \underline{MAIN} birth control method did you or your female partner(s) use? |
|--------------------|--|
| TG38 | O IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.) |
| 'QT23_G12' | During the past 12 months, where did you or your female partner(s) get your MAIN birth control method or prescription? |
| TG39 | O PRIVATE DOCTOR'S OFFICE |
| 'QT23_G13' TG40 | During the past 12 months, did you receive your MAIN birth control method through a video or telephone visit? |
| | YES, OVER A VIDEO VISIT |

| PROGRAMMING NOTE 'QT23_G14': IF 'QT23_G10'=2, THEN CONTINUE WITH 'QT23_G14'; ELSE GO TO 'PN_QT23_G15' | | |
|---|---|--|
| | | |
| 'QT23_G14' | What is the MAIN reason you and your female partner(s) did not use birth control in the past 12 months? | |
| TG24B | | |
| 10246 | O TRYING TO GET PREGNANT/WANT A BABY 1 | |
| | TRYING TO GET PREGNANT/WANT A BABY 1HAVEN'T FOUND A METHOD I LIKE2 | |
| | | |
| | O COST3 | |
| | O HAVEN'T HAD TIME TO GO IN FOR BIRTH | |
| | CONTROL4 | |
| | O NO TRANSPORTATION5 | |
| | O DON'T KNOW WHERE TO GET IT6 | |
| | O DON'T BELIEVE IN BIRTH CONTROL7 | |
| | WORRIED ABOUT SIDE EFFECTS AND/OR | |
| | HEALTH RISKS8 | |
| | O PARTNER WON'T LET ME9 | |
| | O FORGET TO USE BIRTH CONTROL10 | |
| | O FEEL UNCOMFORTABLE ASKING FOR | |
| | BIRTH CONTROL/TALKING ABOUT BIRTH | |
| | CONTROL11 | |
| | O OTHER (SPECIFY:)91 | |
| | O REFUSED7 | |
| | O DON'T KNOW8 | |
| | JON 1 1000V | |
| Pre-Exposure F | Prophylaxis | |
| • | NG NOTE 'QT23_G15': | |
| | = 02 (LESBIAN OR GAY) OR ' QT23_A8 ' = 06 (BISEXUAL), | |
| _ | '=1 (MALE AT BIRTH) AND 'QT23_A5'≠1 (IDENTIFY AS NOT MALE)], | |
| OR 1'OT23 A4 | '=2 (FEMALE AT BIRTH) AND 'QT23_A5'≠2 (IDENTIFY AS NOT FEMALE)], | |
| | | |
| | IUE WITH 'QT23_G15'; | |
| ELSE SKIP TO | | |
| | = 3,4 (NO QUESTIONS ON SEXUAL BEHAVIOR) SKIP TO 'QT23_H1'; | |
| ELSE CONTIN | UE WITH 'QT23_G15' | |
| | | |
| 'QT23_G15' | People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called | |
| | pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®. | |
| | | |
| | At any time in the past 30 days, have you taken PrEP or Truvada®? | |
| TL44 | | |
| | O YES1 [GO TO 'QT23_G19'] | |
| | O NO2 | |
| | O REFUSED7 | |
| | O DON'T KNOW8 | |
| | | |
| 'QT23_G16' | In the past 12 months, have you taken any PrEP or Truvada®? | |
| TLAE | | |
| TL45 | O VEO | |
| | O YES [GO TO 'QT23_G19'] | |
| | O NO2 | |
| | • REFUSED7 | |
| | O DON'T KNOW -8 | |

| 'QT23_G17' | Have you ever taken any PrEP or Truvada®? | | |
|---------------------------|---|---|---|
| TL46 | • | YES | [GO TO 'QT23_G19'] |
| 'QT23_G18' | Before toda | y, have you ever heard of PrEP or Truvada®? | |
| TL47 | • | YES | |
| HIV Testing 'QT23_G19' | Have you e | ver been tested for HIV, the virus that causes AIDS | ? |
| TH31 | • | YES | [GO TO 'QT23_G21'] [GO TO 'QT23_G21'] [GO TO 'QT23_G21'] |
| 'QT23_G20' | For your mo | ost recent HIV test, were you offered the test or did y | ou ask for the test? |
| TL48 |)) | I WAS OFFERED THE TEST | [GO TO 'SECTION H'] [GO TO 'SECTION H'] [GO TO 'SECTION H'] [GO TO 'SECTION H'] [GO TO 'SECTION H'] |
| 'QT23_G21' | Were you e | ver offered an HIV test? | |
| TL49 |))) | YES | |

SECTION H: HEALTH CARE UTILIZATION AND ACCESS

| Usual Source of 'QT23_H1' | | ing to ask about health care visits. | | |
|---|------------------------------------|---|---------------------------------|--|
| TF1 | Is there a p | lace that you <u>usually</u> go to when yo | ou are sick or need | advice about your health? |
| | [IF R VOLU | INTEERS MORE THAN ONE PLA | CE, ENTER 5.] | |
| |))) | YES NO DOCTOR/MY DOCTOR KAISER MORE THAN ONE PLACE REFUSED DON'T KNOW | 2 4 5 | [GO TO 'PN_QT23_H3'] [GO TO 'PN_QT23_H3'] [GO TO 'PN_QT23_H3'] |
| ELSE IF 'QT23 | = 4 (KAISER _H1 ' = 3 (D | T23_H2':), FILL IN 'QT23_H2' = 1 AND GC OCTOR/MY DOCTOR), DISPLAY ' of place do you go to most often— | "Is your doctor in a | a private"; |
| 'QT23_H2' | {What kind | of place do you go to most often nic or hospital clinic, an emergency | a medical/Is yo | |
| |))) | DOCTOR'S OFFICE/KAISER/OTI CLINIC/HEALTH CENTER/HOSP EMERGENCY ROOM | PITAL CLINIC 2 91 94 7 | |
| PROGRAMMIN IF 'QT23_B8'=1 'QT23_H4'; ELSE CONTINU | IG NOTE 'Q 1 OR 'QT23 | _B13'=1 (ER VISIT DUE TO ASTH | MA), MARK 'YES: | =1' ON 'QT23_H3 ' AND GO TO |
| 'QT23_H3' | During the p | past 12 months, did you visit a hosp | oital emergency ro | om for your own health? |
| TF3 |))) | YES NO REFUSED DON'T KNOW | 2 7 | |
| Visits to Medica 'QT23_H4' | | past 12 months, how many times ha | ave you seen a m | edical doctor? |
| TF16 | | TIMES [HR: 0-365] | | |
| | O | REFUSEDDON'T KNOW | | |

| 'QT23_H5' | When was the last time you saw a doctor for a physical exam or check-up? |
|----------------|---|
| TEE | |
| TF5 | O 3 MONTHS AGO OR LESS1 |
| | O MORE THAN 3 MONTHS UP TO 6 MONTHS |
| | AGO2 |
| | O MORE THAN 6 MONTHS UP TO 12 MONTHS AGO3 |
| | O MORE THAN 12 MONTHS UP TO 2 YEARS |
| | AGO4 |
| | O MORE THAN 2 YEARS AGO5 |
| | HAVE NEVER HAD A PHYSICAL0 REFUSED7 |
| | O DON'T KNOW8 |
| D I D (| |
| Personal Docto | or NG NOTE 'QT23_H6' : |
| | = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF |
| CARE), CONT | NUE WITH 'QT23_H6'; |
| ELSE GO TO ' | QT23_H7' |
| 'QT23_H6' | Do you have a personal doctor or medical provider who is your main provider? |
| TI14 | |
| | [IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a |
| | nurse or other health provider."] |
| | O YES1 |
| | O NO2 |
| | O REFUSED7 |
| | O DON'T KNOW8 |
| PROGRAMMIN | NG NOTE 'QT23_H7': |
| IF 'QT23_H6' = | = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your"; |
| ELSE DISPLA | <u>(</u> "a"; |
| 'QT23_H7' | In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical |
| Q123_117 | provider within two days because you were sick or injured? |
| TH49 | |
| | [IF NEEDED, SAY: "Do not include urgent care or emergency care visits. I am only |
| | asking about appointments".] |
| | O YES1 |
| | O NO2 [GO TO 'PN_QT23_H9'] |
| | ○ REFUSED7 [GO TO 'PN_QT23_H9'] ○ DON'T KNOW8 [GO TO 'PN QT23 H9'] |
| | O DON'T KNOW8 [GO TO 'PN_QT23_H9'] |
| 'QT23_H8' | How often were you able to get an appointment within two days? Would you say |
| TH46 | |
| | O Never1 |
| | O Sometimes, |
| | Usually, or |
| | O REFUSED7 |
| | O DON'T KNOW8 |
| | |

| Care Coordinat | ion | | | |
|----------------|--------------|--|-------------|--|
| PROGRAMMIN | IG NOTE 'Q | T23_H9': | | |
| IF 'QT23_B6' = | : 1 (YES, ST | ILL HAVE ASTHMA) OR 'QT23_B7' = 1 | (YES, AST | HMA EPISODE IN PAST 12 |
| | | 11' = 1, 3, 4, OR 5 (YES, DOCTOR, KAIS | | |
| | CE OF CARI | E) | RSONAL DO | OCTOR), CONTINUE WITH |
| 'QT23_H9'; | | | | |
| ELSE GO TO ' | QT23_H10' | | | |
| | | | | |
| 'QT23_H9' | | yone at your doctor's office or clinic who h | elps coordi | inate your care with other doctors or |
| T14.7 | services, si | uch as tests or treatments? | | |
| TI17 | \sim | YES | 4 | |
| | | NO | | |
| | | REFUSED | | |
| | 0 | DON'T KNOW | | |
| | • | DON'T KINOW | 0 | |
| Delays in Care | | | | |
| 'QT23_H10' | During the | past 12 months, did you delay or not get a | a medicine | that a doctor prescribed for you? |
| _ | · · | | | • |
| TI18 | | | | |
| | • | YES | 1 | |
| | 0 | NO | | [GO TO 'QT23_H14'] |
| | • | REFUSED | | [GO TO 'QT23_H14'] |
| | 0 | DON'T KNOW | 8 | [GO TO 'QT23_H14'] |
| (OT00 1144) | D'I | diamental Parker di editi di la decensi di editi | | - II O |
| 'QT23_H11' | טומ you get | the medicine that a doctor prescribed for | you event | ually? |
| TH61 | | | | |
| 11101 | O | YES | 1 | |
| | | NO | | |
| | o | REFUSED | | |
| | Ö | DON'T KNOW | | |
| | | | | |
| 'QT23_H12' | During the | past 12 months, why did you delay or not | get a medi | cine that a doctor prescribed for you? |
| | | | | |
| TH62 | | | | |
| | [SELECT A | LL THAT APPLY] | | |
| | | MEDICATION NOT IN STOCK | 4 | |
| | | MEDICATION NOT IN STOCK | | |
| | | INSURANCE APPROVAL ISSUE | 2 | |
| | ш | DELAYS IN COMMUNICATION WITH | | |
| | | PROVIDER OR PHARMACY | | |
| | | CONCERNS WITH SIDE EFFECTS OR | | |
| | | INTERACTIONS WITH OTHER | | |
| | | MEDICATIONS | | |
| | ш | DIDN'T WANT OR THOUGHT I DIDN'T | | |
| | | PRESCRIPTION | 5 | |
| | | TOO HARD TO TRACK ALL MY | _ | |
| | _ | MEDICATIONS | | |
| | | I FORGOT OR LOST PRESCRIPTION. | | |
| | | I DIDN'T HAVE TIME | | |
| | | I HAVE NO INSURANCE | 9 | |

□ TOO EXPENSIVE......10

PROGRAMMING NOTE 'QT23_H13':

IF MORE THAN ONE RESPONSE FROM 'QT23_H12', THEN CONTINUE WITH 'QT23_H13' WITH SELECTED CHOICES FROM 'QT23_H12' DISPLAYED; ELSE SKIP TO 'QT23_H14'

'QT23_H13' What was the <u>one</u> main reason why you delayed the medicine that a doctor prescribed for you?

| TH63 | | |
|-------------|---|---------------------------------------|
| | O MEDICATION NOT IN STOCK1 | |
| | O INSURANCE APPROVAL ISSUE2 | |
| | DELAYS IN COMMUNICATION WITH | |
| | PROVIDER OR PHARMACY3 | |
| | CONCERNS WITH SIDE EFFECTS OR | |
| | INTERACTIONS WITH OTHER | |
| | MEDICATIONS4 | |
| | DIDN'T WANT OR THOUGHT I DIDN'T NEED | |
| | PRESCRIPTION5 | |
| | O TOO HARD TO TRACK ALL MY | |
| | MEDICATIONS6 | |
| | O I FORGOT OR LOST PRESCRIPTION7 | |
| | O I DIDN'T HAVE TIME8 | |
| | O I HAVE NO INSURANCE9 | |
| | O TOO EXPENSIVE10 | |
| | O OTHER (SPECIFY:)91 | |
| | O REFUSED7 | |
| | O DON'T KNOW8 | |
| (OT00 114 | 41 D South and 40 and by Plant laboration of a state of the | Parl and the fall of the second of |
| 'QT23_H1 | | |
| TEO | such as seeing a doctor, a specialist, or other health profession | nai? |
| TF9 | 0 VEQ | |
| | O YES1 | 100 TO (OTO) 1140V |
| | O NO2 | <u> </u> |
| | O REFUSED7 | • • • • • • • • • • • • • • • • • • • |
| | O DON'T KNOW8 | [GO TO 'QT23_H18'] |
| 'QT23_H1 | 5' Did you get the care eventually? | |
| 4.20 | Dia you got the care cromain. | |
| TH57 | | |
| _ | O YES1 | |
| | O NO2 | |
| | O REFUSED7 | |
| | O DON'T KNOW8 | |

| 'QT23_H16' | During the | past 12 months, why did you delay or not get the care you felt you needed? |
|------------|-------------------------|--|
| TH60 | [SELECT A | LL THAT APPLY] |
| | | COULDN'T GET APPOINTMENT |
| | | DON 1 KNOW0 |
| | N ONE RESI HEN CONTI | PONSE FROM 'QT23_H16' WITH SELECTED CHOICES FROM 'QT23_H16' NUE WITH 'QT23_H17'; |
| 'QT23_H17' | What was t | he one main reason why you delayed getting the care you felt you needed? |
| TH59 | | COULDN'T GET APPOINTMENT |

| This next question is about dental health. |
|---|
| About how long has it been since you visited a dental provider? (eg, dental hygienists and dentists) O HAVE NEVER VISITED |
| G MONTHS AGO OR LESS |
| NG NOTE 'QT23_H19': =1 (ATTENDED SCHOOL LAST WEEK) OR 'QT23_A10' = 1 (ATTENDED SCHOOL LAST YEAR) NUE WITH 'QT23_H19'; 'SECTION J: DEMOGRAPHIC INFORMATION PART II' |
| During the past 12 months, did you miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up. O YES |
| How many days of school did you miss? |
| DAYS [0-200] O LESS THAN ONE DAY996 |
| |

SECTION J: DEMOGRAPHIC INFORMATION PART II

| Race/Ethnicity 'QT23_J1' | So we can be sure we have included all races and ethnic groups in California, I need to ask a few questions about your background. | | | |
|--|--|--|--|--|
| TI1 | Are you Latino or Hispanic? | | | |
| | [IF NEEDED, SAY: "Such as Mexican, Central or South American?"] | | | |
| | O YES | | | |
| 'QT23_J2' | And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran and if you have more than one, tell me all of them. | | | |
| IIIA | [IF NECESSARY, GIVE MORE EXAMPLES] | | | |
| | [CODE ALL THAT APPLY] | | | |
| | □ MEXICAN/MEXICAN AMERICAN/CHICANO1 □ SALVADORAN | | | |
| IF 'QT23_J1' = IF MORE THAN PROGRAMMIN | IG NOTE 'QT23_J3': 1 (YES), DISPLAY "You said you are Latino or Hispanic. Also,"; NONE RACE GIVEN, AFTER ENTERING RESPONSES FOR 'QT23_J3', CONTINUE WITH IG NOTE 'QT23_J4'; KIPS AS INDICATED FOR SINGLE RESPONSES | | | |
| 'QТ23_J3' | {You said you are Latino or Hispanic. Also,} Please tell me which one or more of the following you would use to describe yourself: Would you describe yourself as Native Hawaiian, Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White? | | | |
| | [IF R SAYS "NATIVE AMERICAN" CODE AS "4"] | | | |
| | [IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS] | | | |
| | [CODE ALL THAT APPLY] □ WHITE | | | |

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| | | OTHER (SPECIFY: | | |
|--------------|---------------|---------------------------------------|---------------------------|--|
| | O | REFUSED | | [GO TO 'QT23_J13'] |
| | 0 | DON'T KNOW | 8 | [GO TO 'QT23_J13'] |
| DDOCD A MMIN | NC NOTE (O | T22 14' . | | |
| PROGRAMMIN | | (123_J4 : Continue with 'Qt23_J4' | | |
| | | IING NOTE 'QT23_J5' | , | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| 'QT23_J4' | What are ye | our white origin or origins? | | |
| | For exampl | le, German, Irish, English, Ital | ian, Armenian, Iranian, | etc. |
| TI2H | | | | |
| | | (SPECIFY: |)1 | |
| | _ | REFUSED | | |
| | O | DON'T KNOW | 8 | |
| PROGRAMMIN | | | | |
| | | R AFRICAN AMERICAN), CC | NTINUE WITH 'QT23_ | _J5'; |
| ELSE GO TO F | PROGRAMIN | IING NOTE 'QT23_J6' | | |
| 'QT23_J5' | | our Black origin or origins? | | |
| | For exampl | le, African American, Nigeriar | ı, Ethiopian, Jamaican, | Haitian, Ghanaian, etc. |
| TI2I | _ | (00)- | | |
| | | (SPECIFY: |) <u>1</u> | |
| | _ | REFUSEDDON'T KNOW | | |
| | 0 | DON I KNOW | 0 | |
| PROGRAMMIN | NG NOTE 'Q | T23 J6': | | |
| | | CAN INDIAN, ALASKA NATIV | E) CONTINUE WITH " | QT23 J6': |
| | | IING NOTE 'QT23_J9' | , | |
| | | _ | | |
| 'QT23_J6' | | | ive, and what is your tr | ibal heritage? If you have more than |
| | one tribe, te | ell me all of them. | | |
| TI2A | ICODE AL | I THAT ADDIVI | | |
| | [CODE AL | L THAT APPLY] | | |
| | | APACHE | 1 | |
| | | BLACKFOOT/BLACKFEET | | |
| | | CHEROKEE | | |
| | | CHOCTAW | | |
| | | MEXICAN AMERICAN INDI | | |
| | | NAVAJO | | |
| | | POMO | | |
| | | PUEBLO | | |
| | | YAQUI | _ | |
| | | OTHER TRIBE [Ask for spe | | |
| | _ | (SPECIFY: | | |
| | O | REFUSED | 7 | |
| | O | DON'T KNOW | 8- | |
| 'QT23_J7' | Are you an | enrolled member in a federal | ly or state recognized to | ribe? |
| _ | - | | - | |
| TI2B | | | | |
| | | | | |
| | O | YES | | |
| | Ō | NO | 2 | [GO TO 'PN_QT23_J9'] |
| | _ | | 2 7 | [GO TO 'PN_QT23_J9'] [GO TO 'PN_QT23_J9'] [GO TO 'PN_QT23_J9'] |

'QT23_J8' Which tribe are you enrolled in?

TI2C

| APACH | ΙE | | |
|--------------|--------------|---|-----|
| | 0 | MESCALERO APACHE, NM | 1 |
| | \mathbf{O} | APACHE (NOT SPECIFIED) | |
| | 0 | OTHER APACHE [Ask for spelling] | |
| | | (SPECIFY:) | 3 |
| BLACK | FEE | :Ť | |
| | \mathbf{O} | BLACKFOOT/BLACKFEET | 4 |
| CHERC | KE | E | |
| | \mathbf{O} | WESTERN CHEROKEE | 5 |
| | \mathbf{O} | CHEROKEE (NOT SPECIFIED) | |
| | 0 | OTHER CHEROKEE [Ask for spelling] | |
| | | (SPECIFY:) | 7 |
| CHOCT | AW | | |
| | \mathbf{O} | CHOCTAW OKLAHOMA | 8 |
| | 0 | CHOCTAW (NOT SPECIFIED) | |
| | 0 | OTHER CHOCTAW [Ask for spelling] | |
| | | (SPECIFY:) | .10 |
| NAVAJ | 0 | , | |
| | \mathbf{O} | NAVAJO (NOT SPECIFIED) | .11 |
| POMO | | | |
| | \mathbf{O} | HOPLAND BAND, HOPLAND RANCHERIA. | 12 |
| | \mathbf{O} | SHERWOOD VALLEY RANCHERIA | |
| | \mathbf{O} | POMO (NOT SPECIFIED) | 14 |
| | \mathbf{O} | OTHER POMO [Ask for spelling] | |
| | | (SPECIFY:) | 15 |
| PUEBL | O | | |
| | \mathbf{O} | HOPI | 16 |
| | \mathbf{O} | YSLETA DEL SUR PUEBLO OF TEXAS | 17 |
| | \mathbf{O} | PUEBLO (NOT SPECIFIED) | 18 |
| | \mathbf{O} | OTHER PUEBLO [Ask for spelling] | |
| | | (SPECIFY:) | 19 |
| SIOUX | | | |
| | \mathbf{O} | OGLALA/PINE RIDGE SIOUX | |
| | \mathbf{O} | SIOUX (NOT SPECIFIED) | 21 |
| | \mathbf{O} | OTHER SIOUX [Ask for spelling] (SPECIFY:) | |
| | | (SPECIFY:) | 22 |
| YAQUI | | | |
| | \mathbf{O} | PASCUA YAQUI TRIBE OF ARIZONA | |
| | O | YAQUI (NOT SPECIFIED) | 24 |
| | O | OTHER YAQUI (SPECIFY:) | 25 |
| | \mathbf{O} | OTHER [Ask for spelling] | |
| | | (SPECIFY:) | 91 |
| | | | |
| | O | REFUSED | |
| | \mathbf{O} | DON'T KNOW | 8 |

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|--------------|---|---------------------------------------|--|
| IF 'QT23_J3' | ING NOTE 'QT23_J9' : = 3 (ASIAN) CONTINUE WI PROGRAMMING NOTE 'Q | | |
| 'QT23_J9' | You said Asian, and what you are more than one, to | Il me all of them. | ch as Chinese, Filipino, Vietnamese? If |
| | BURMESE CAMBODIAN CHINESE FILIPINO HMONG INDIAN (IND INDONESIAI JAPANESE KOREAN LAOTIAN MALAYSIAN PAKISTANI SRI LANKAN TAIWANESE THAI | E(SPECIFY:) | .2 .3 .4 .5 .6 .7 .8 .9 10 11 12 13 14 15 16 17 |
| IF 'QT23_J3' | ING NOTE 'QT23_J10' : = 5 (PACIFIC ISLANDER) (PROGRAMMING NOTE 'Q | CONTINUE WITH 'QT23_J10'; T23_J11' | |
| 'QT23_J10' | | ore than one, tell me all of them. | up are you, such as Samoan, Tongan, or |
| | ☐ GUAMANIAN☐ TONGAN☐ FIJIAN☐ OTHER PAC (SPECIFY: O REFUSED | MERICAN SAMOANIIIIIIIIIIIIIIIIII | .2 .3 .4 91 -7 |

PROGRAMMING NOTE 'QT23_J11':

IF 'QT23_J1' = 1 (YES, LATINO) AND ['QT23_J3' = 6 (NATIVE HAWAIIAN) OR 5 (OTHER PACIFIC ISLANDER) OR 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 3 (ASIAN) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH 'QT23_J11';

ELSE IF MULTIPLE RESPONSES TO 'QT23_J3' OR 'QT23_J9' OR 'QT23_J10' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'QT23_J11';

ELSE GO TO 'QT23_J13';

FOR 'QT23_J2' RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF 'QT23_J1' = -7 (REFUSE), INSERT "Latino"

'QT23_J11' You said that you are: [RESPONSES FROM TI1A, TI2, TI2D, TI2D1]. Do you identify with any one race in particular?

TI2F

| 0 | YES1 | |
|--------------|-------------|--------------------|
| \mathbf{O} | NO2 | [GO TO 'QT23_J13'] |
| \mathbf{O} | REFUSED7 | [GO TO 'QT23_J13'] |
| \mathbf{O} | DON'T KNOW8 | [GO TO 'QT23_J13'] |

'QT23_J12' Which do you most identify with?

TI2E

| 0 | MEXICAN/MEXICAN AMERICAN/CHICANO |) 1 |
|----------|---|---------|
| Õ | SALVADORAN | |
| Ō | GUATEMALAN | |
| Ō | COSTA RICAN | |
| ŏ | HONDURAN | |
| Ō | NICARAGUAN | |
| Ō | PANAMANIAN | |
| Ō | PUERTO RICAN | |
| Ō | CUBAN | |
| Ō | SPANISH-AMERICAN (FROM SPAIN) | 12 |
| Ō | LATINO, OTHER SPECIFY | 13 |
| Ō | LATINO | |
| Ō | NATIVE HAWAIIAN | 16 |
| Ō | OTHER PACIFIC ISLANDER | 17 |
| 0 | AMERICAN INDIAN OR ALASKA NATIVE | |
| 0 | ASIAN | |
| 0 | BLACK OR AFRICAN AMERICAN | 20 |
| 0 | WHITE | 21 |
| 0 | RACE, OTHER SPECIFY | 22 |
| O | BANGLADESHI | |
| O | BURMESE | |
| O | CAMBODIAN | |
| O | CHINESE | 33 |
| O | FILIPINO | 34 |
| O | HMONG | |
| 0 | INDIAN (INDIA) | |
| O | INDONESIAN | |
| O | JAPANESE | |
| O | KOREAN | |
| 0 | LAOTIAN | |
| 0 | MALAYSIAN | |
| 0 | PAKISTANI | |
| O | SRI LANKAN | |
| O | TAIWANESE | |
| O | THAI | 45 |
| O | VIETNAMESE | |
| O | ASIAN, OTHER SPECIFY | |
| 0 | SAMOAN/AMERICAN SAMOAN | |
| 0 | GUAMANIAN | |
| O | TONGAN | |
| O | FIJIAN PACIFIC ISLANDER, OTHER SPECIFY | 53 |
| 0 | | |
| 0 | BOTH/ALL/MULTIRACIALNONE OF THESE | 90 |
| 0 | REFUSED | |
| 0 | DON'T KNOW | 7 ٍΩ |
| • | | 0 |

Country of Birth

'QT23_J13' In what country were you born?

TI3

| O | UNITED STATES | 1 |
|--------------|------------------|----|
| O | AMERICAN SAMOA | 2 |
| O | CANADA | 3 |
| O | CHINA | 4 |
| \mathbf{C} | EL SALVADOR | 5 |
| \mathbf{C} | ENGLAND | 6 |
| O | FRANCE | 7 |
| O | GERMANY | 8 |
| \mathbf{C} | GUAM | |
| \mathbf{C} | GUATEMALA | 10 |
| O | HUNGARY | 11 |
| O | INDIA | 12 |
| \mathbf{C} | IRAN | 13 |
| O | IRELAND | 14 |
| O | ITALY | 15 |
| \mathbf{C} | JAPAN | 16 |
| O | KOREA | |
| O | MEXICO | 18 |
| O | PHILIPPINES | 19 |
| O | POLAND | |
| O | PORTUGAL | 21 |
| O | PUERTO RICO | 22 |
| O | RUSSIA | 23 |
| O | TAIWAN | 24 |
| O | VIETNAM | |
| O | VIRGIN ISLANDS | |
| O | OTHER (SPECIFY:) | 91 |
| O | REFUSED | 7 |
| O | DON'T KNOW | 8 |
| | | |

Citizenship, Immigration Status, Years in the US

PROGRAMMING NOTE 'QT23_J14':

IF 'QT23_J13' = 1, 9, 22, OR $\frac{1}{2}$ 6 (BORN IN USA OR US TERRITORY), CODE TI4=1 AND GO TO 'QT23_J17'; ELSE CONTINUE WITH 'QT23_J14'

'QT23_J14' Are you a citizen of the United States?

TI4

| O | YES1 | [GO TO 'QT23_J16'] |
|---|----------------------|--------------------|
| O | NO2 | |
| O | APPLICATION PENDING3 | |
| O | REFUSED7 | |
| O | DON'T KNOW8 | |

| IF 'QT23_J13 | ING NOTE 'QT23_J15' : B' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QT23_J16'; NUE WITH 'QT23_J15' | | | |
|--------------|--|--|--|--|
| 'QT23_J15' | Are you a permanent resident with a green card? | | | |
| TI5 | [IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."] | | | |
| | O YES | | | |
| 'QT23_J16' | About how many years have you lived in the United States? | | | |
| TI6 | [FOR LESS THAN A YEAR, ENTER 1 YEAR] | | | |
| | NUMBER OF YEARS YEAR (FIRST CAME TO LIVE IN U.S.) | | | |
| | O REFUSED7 O DON'T KNOW8 | | | |
| | oken at Home What languages do you speak at home? | | | |
| TI7 | [CODE ALL THAT APPLY.] | | | |
| | [PROBE: "Any others?"] | | | |
| | □ ENGLISH 1 □ SPANISH 2 □ CANTONESE 3 □ VIETNAMESE 4 □ TAGALOG 5 □ MANDARIN 6 □ KOREAN 7 □ ASIAN INDIAN LANGUAGES 8 □ RUSSIAN 9 □ OTHER 1 (SPECIFY:) 91 □ OTHER 2 (SPECIFY:) 92 ○ REFUSED -7 ○ DON'T KNOW -8 | | | |

SECTION Q: ADVERSE CHILDHOOD EXPERIENCES

Past ACEs Assessment 'QT23_Q1'

| ACESINTR | 02 | | |
|---|------------------|----------------|---|
| | age of profess | 18 aı siona | Idhood Experiences, are stressful or traumatic events experienced from birth through the led relate to categories of child abuse, neglect, and/or household challenges. Medical s, including doctors, nurse practitioners, midwives, psychologists, and others, can erse Childhood Experiences assessments. |
| 'QT23_Q2' | Have y | ou h | eard the term Adverse Childhood Experiences or ACEs before? |
| TQ20 | | O O | YES |
| 'QT23_Q3' | | | ver completed an assessment of your own history of Adverse Childhood Experiences with ealth or mental health professional? |
| TQ17 | | \mathbf{O} | YES |
| PROGRAMMII IF RESPONSE ELSE SKIP TO | TO PR | EVIO | T23_Q4': US QUESTION= 1 CONTINUE; |
| 'QT23_Q4' TQ21 | | o O | orovider reviewed your responses to the ACEs screener did they discuss your strengths, positive experiences in your life? YES |
| ACES Screene | | | The following questions refer to experiences at any point in your life, including the |
| 'QT23_Q5' | Have y a coup | | ver lived with anyone who was mentally ill or suicidal, or severely depressed for more than weeks? |
| TQ1 | | 0 | YES1 |

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

| 'QT23_Q6' | Have you e | ever lived with anyone who had a | a problem with alcohol or drugs? | |
|------------|--------------|-----------------------------------|---|------------|
| TQ2 | | | | |
| | O | YES | 1 | |
| | O | NO | | |
| | Ö | REFUSED | | |
| | 9 | DON'T KNOW | | |
| | • | DON I KNOW | | |
| 'QT23_Q7' | Have you e | ever lived with a parent or guard | an who served time in jail or prison after you we | re born? |
| TQ3 | | | | |
| | O | YES | 1 | |
| | • | NO | 2 | |
| | O | REFUSED | 7 | |
| | O | DON'T KNOW | 8 | |
| 'QT23_Q8' | Have you e | ever lived with a parent or guard | ian who got divorced or separated after you were | ∍ born? |
| TO4 | | | | |
| TQ4 | Q | YES | 1 | |
| | 9 | NO | | |
| | | | | |
| | O | PARENTS NOT MARRIED | | |
| | 0 | REFUSED | | |
| | • | DON'T KNOW | 8 | |
| 'QT23_Q9' | Have you e | ever seen or heard your parents | guardians, or any other adults in your home sla | n hit kick |
| 4120_40 | | eat each other up? | guaranane, er any euror addition year neme era | μ,,σ, |
| TQ5 | parion, or b | roat odon otnor up. | | |
| IQJ | \circ | NEV/ED | 4 | |
| | O | NEVER | | |
| | O | ONCE | | |
| | O | MORE THAN ONCE | | |
| | O | REFUSED | | |
| | O | DON'T KNOW | 8 | |
| 'QT23_Q10' | Have you e | ever been the victim of violence | or witness any violence in your neighborhood? | |
| TQ6 | | | | |
| - 40 | \circ | YES | 1 | |
| | 9 | NO | | |
| | 0 | | | |
| | O | REFUSED | | |
| | 0 | DON'T KNOW | 8 | |
| 'QT23_Q11' | Have you e | ever been treated or judged unfa | irly because of your race or ethnic group? | |
| TQ7 | | | | |
| | O | YES | 1 | |
| | _ | NO | | |
| | | REFUSED | | |
| | _ | | | |
| | 0 | DON'T KNOW | 8 | |
| 'QT23_Q12' | Have you e | ever lived with a parent or guard | an who died? | |
| TQ8 | | | | |
| | O | YES | 1 | |
| | | | | |
| | 0 | NO | | |
| | O | REFUSED | | |
| | 0 | DON'T KNOW | 8 | |

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| 'QT23_Q13' | | | hard to get by on your family's income, for example, it was hard g? Would you say very often, somewhat often, not very often, |
|------------------|---------------|------------------------------|---|
| TQ9 | | | |
| | O | VERY OFTEN | |
| | O | SOMEWHAT OFTEN | |
| | 0 | NOT VERY OFTEN | |
| | 0 | NEVER | |
| | 0 | REFUSED | |
| | 0 | DON'T KNOW | 8 |
| Positive Childho | ood Evporio | ncoc | |
| 'QT23_Q14' | In your lifet | ime, have you seen or bee | n present when the following experiences happened? Please Until now, how often did was it that you |
| TQ10 | Felt able to | talk to family about feeling | s? |
| 14.0 | • | All of the time | 1 |
| | Ö | Most of the time | |
| | Ö | Some of the time | |
| | Ö | A little of the time | |
| | Ö | Never | |
| | Ö | REFUSED | |
| | Ö | DON'T KNOW | |
| 'QT23_Q15' | {How often | | ood by you during difficult times? |
| TO11 | | | |
| TQ11 | \circ | All of the time | 1 |
| | 0 | All of the time | |
| | 0 | Most of the time | |
| | 0 | Some of the time | |
| | 0 | A little of the time | |
| | 0 | Never | |
| | 0 | REFUSED | |
| | 0 | DON'T KNOW | 8 |
| 'QT23_Q16' | {How often | have you} Felt safe and | protected by an adult in your home? |
| TQ12 | | | |
| | O | All of the time | |
| | O | Most of the time | |
| | O | Some of the time | |
| | O | A little of the time | |
| | O | Never | • |
| | O | REFUSED | |
| | 0 | DON'T KNOW | 8 |
| 'QT23_Q17' | {How often | have you} Had at least 2 | 2 non-parent adults who took genuine interest? |
| TQ13 | | | |
| | O | All of the time | 1 |
| | O | Most of the time | |
| | O | Some of the time | |
| | Ō | A little of the time | |
| | O | Never | |
| | Ō | REFUSED | |
| | O | DON'T KNOW | |

| 'QT23_Q18' | {How often have you} Felt supported by friends? | | | | |
|------------|---|----|--|--|--|
| TQ14 | All of the time | | | | |
| 'QT23_Q19' | {How often have you} Felt a sense of belonging at school? | | | | |
| TQ15 | O All of the time 1 O Most of the time 2 O Some of the time 3 O A little of the time 4 O Never 5 O REFUSED -7 O DON'T KNOW -8 | | | | |
| 'QT23_Q20' | {How often have you} Enjoyed participating in community traditions | 3? | | | |
| TQ16 | All of the time | | | | |

SECTION K: SUICIDE IDEATION AND ATTEMPTS

| 'QT23_K1' | The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it. |
|--|--|
| TK1 | Have you ever seriously thought about committing suicide? |
| IKI | YES |
| 'QT23_K2' | Have you seriously thought about committing suicide at any time in the past 12 months? |
| ТК2 | O YES |
| 'QT23_K3' | Have you seriously thought about committing suicide at any time in the past two months? |
| ТК3 | O YES |
| 'QT23_K4' | Have you ever attempted suicide? |
| TK4 | YES |
| IF ('QT23_K2' IF ('QT23_K3' IF 'QT23_K3' = | IG NOTE 'QT23_K5': = 2, -7, OR -8) AND ('QT23_K4' = 2, -7, OR -8), THEN GO TO 'QT23_K6'; = 2, -7, OR -8) AND ('QT23_K4' = 2, -7, OR -8), THEN GO TO 'QT23_K6'; = 1 AND ('QT23_K4' = 2, -7, OR -8), THEN GO TO 'QT23_K6'; UE WITH 'QT23_K5' |
| 'QT23_K5' | Have you attempted suicide at any time in the past 12 months? |
| TK5 | O YES |

'QT23_K6'

SUICIDE RESOURCE

You can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week.

You can also visit <u>988lifeline.org</u> to chat online or find information about getting help.

POST-NOTE FOR SUICIDE RESOURCE:

IF ('QT23_K2' = 2, -7, OR -8) AND ('QT23_K4' = 2, -7, OR -8), THEN GO TO 'QT23_L1' (NEXT SECTION); ELSE CONTINUE WITH 'QT23_K7'

'QT23_K7'

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

TK7

| 0 | DISCUSS THOUGHTS WITH PERSON | 1 |
|--------------|------------------------------|---|
| \mathbf{O} | CONTINUE WITH SURVEY | 2 |
| \mathbf{O} | REFUSED | 7 |
| O | DON'T KNOW | 8 |

SECTION L: CIVIC ENGAGEMENT AND RESILIENCY

| Community Inv | volvement |
|---------------|---|
| 'QT23_L1' | This next section is about involvement in your community. In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community? |
| TL50 | O YES |
| 'QT23_L2' | In the past 12 months, did you participate in any clubs or organizations outside of school, other than sports, like YMCA or Boys and Girls Club? |
| 1210 | O YES |
| 'QT23_L3' | Imagine that you find out about a problem in your community and you want to do something about For example, illegal drugs were being sold near a school, or high levels of lead were found in the local drinking water. |
| | Do you think you could express your views in front of a group of people? |
| | Do you think you |
| TL52 | O Definitely could not |
| 'QT23_L4' | Do you think you could contact an elected official or someone else in government who represents your community? |
| TL53 | Definitely could not |

| Voting Attitudes 'QT23_L5' | s How much do you agree or disagree with this statement? |
|----------------------------|---|
| TL54 | "The way people vote gives them a chance to influence how things are run in their community and California." Do you |
| ILJT | O Strongly agree1 |
| | O Agree2 |
| | O Neither agree nor disagree3 |
| | O Disagree4 |
| | O Strongly disagree5 |
| | ○ REFUSED7 |
| | O DON'T KNOW8 |
| 'QT23_L6' | How likely are you to go to college? |
| TI CO | |
| TL63 | O VERY LIKELY1 |
| | |
| | O SOMEWHAT LIKELY2 |
| | O NOT VERY LIKELY3 |
| | O NOT AT ALL LIKELY4 |
| | O REFUSED7 |
| | O DON'T KNOW8 |
| 'QT23_L7' | How has the COVID pandemic influenced your plans for college? |
| TL64 | |
| | O I AM MORE LIKELY TO ATTEND COLLEGE |
| | OR COMMUNITY COLLEGE1 |
| | O I AM LESS LIKELY TO ATTEND COLLEGE |
| | OR COMMUNITY COLLEGE2 |
| | O NO CHANGE 3 |

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

SECTION M: CLOSING

| Follow Up and | Close |
|---------------|---|
| 'QT23_M1' | Those are my final questions. I appreciate your time and cooperation. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future? |
| IF 'QT23_K7' | O YES |
| ELSE GO TO | ·Q123_M3 ² |
| 'QT23_M2' | |
| 'QT23_M3' | As I mentioned earlier, you can call 988 to speak with someone about your suicidal thoughts or attempts. It is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit 988lifeline.org to chat online or find information about getting help. Thank you. You have helped with a very important health survey. If you have any questions, you can contact Dr. Ponce, who heads the study. Would you like the number? [IF YES, SAY: "Dr. Ponce can be reached toll-free at 1-866-275-2447. Goodbye."] [IF NO, SAY: "Goodbye"] |
| 'TI9' | [INTERVIEWER: DURING THIS INTERVIEW, EVEN FOR PART OF THE TIME, DO YOU THINK] A PARENT WAS LISTENING ON AN EXTENSION |
| | O DON'T KNOW -8 |