CHIS 2024
Adult CATI Questionnaire
(Interviewer- administered)
Version 1.19
April 19, 2024
Adult Respondents Age 18 and Older

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

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Guide to Questionnaire Formatting

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

Legend (each item is identified only once)

Programming note	Defines a skip pattern or text display for the subsequent question(s).
QID	Designates location of question, i.e. **'QA23_A1'**: Adult questionnaire, Section A, question #1. The question # in the QID denotes question order. This may vary between survey cycles.
Var ID	Unique ID of each question. This generally stays the same between survey cycles. This variable name correlates with the name found in the data file.
Lowercase text	On CATI, this text is read to the respondent.
Uppercase text	On CATI, this text is NOT read to the respondent.
If Needed statement	On CATI, this text is only read if interviewer deems it helpful for respondent.
Interviewer Note	On CATI, this serves as additional instruction for the interviewer and is not read at loud.
Range	On CATI, this text is not read. SR: indicates soft range- allowable entry but will prompt verification message. HR: indicates hard range- not an allowable entry.
Skip note	Defines skip patterns dependent on the responses of the current question.
Dynamic text	{…} and (….) Denotes that text is automatically filled based on previous responses.

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

'QA23_A1'   What is your date of birth?

AA1

MONTH _____ [Range: 1-12]

○   JANUARY 1
○   FEBRUARY...2
○   MARCH...3
○   APRIL..4
○   MAY 5
○   JUNE...6
○   JULY 7
○   AUGUST 8
○   SEPTEMBER...9
○   OCTOBER 10
○   NOVEMBER...11
○   DECEMBER...12
○   REFUSED .... -7
○   DON'T KNOW.. -8

DAY _____ [Range: 1-31]
YEAR _____ [Range: 1907-2005]

'QA23_G20'

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?

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

❍	YES 1	
❍	NO...2	**[GO TO 'QA23_A23']**
❍	REFUSED .... -7	**[GO TO 'QA23_A23']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_A23']**

'QA23_C37'

AC187

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

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

❍	IN THE PAST WEEK 1	
❍	IN THE PAST TWO WEEKS 2	
❍	IN THE PAST MONTH.................................3	**[GO TO 'QA23_C42']**
❍	LONGER THAN A MONTH AGO, BUT WITHIN THE PAST YEAR 4	**[GO TO 'QA23_C42']**
❍	NO ONE HAS SMOKED TOBACCO OR VAPED AROUND ME WITHIN THE PAST YEAR 5	**[GO TO 'QA23_C42']**
❍	REFUSED .... -7	**[GO TO 'QA23_C42']**
❍	DON'T KNOW .... -8	**[GO TO 'QA23_C42']**

Table of Contents

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

Section A: Demographic Information, Part I

Age

PROGRAMMING NOTE 'AA1':
SET AADATE = CURRENT DATE (YYYYMMDD)

'AA1'   What is your date of birth?

| AA1 |

MONTH _____ [RANGE: 1-12]

- ○   JANUARY 1
- ○   FEBRUARY...2
- ○   MARCH...3
- ○   APRIL..4
- ○   MAY 5
- ○   JUNE..6
- ○   JULY 7
- ○   AUGUST 8
- ○   SEPTEMBER 9
- ○   OCTOBER 10
- ○   NOVEMBER...11
- ○   DECEMBER...12

DAY _____ [RANGE: 1-31]

YEAR _____ [RANGE: 1907-2006]

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

PROGRAMMING NOTE 'AA1A':
IF **'AA1'** = -7 OR -8 (REF/DK), CONTINUE WITH **'AA1A'**;
ELSE GO TO **'AD65E'**

'AA1A'   What month and year were you born?

| AA1A |

           MONTH _____ [RANGE: 1-12]

- ❍ JANUARY 1
- ❍ FEBRUARY..2
- ❍ MARCH...3
- ❍ APRIL...4
- ❍ MAY 5
- ❍ JUNE..6
- ❍ JULY 7
- ❍ AUGUST 8
- ❍ SEPTEMBER 9
- ❍ OCTOBER 10
- ❍ NOVEMBER..11
- ❍ DECEMBER...12

           YEAR _____ [RANGE: 1907-2006]

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

'AA2'   What is your age, please?

| AA2 |

           _____YEARS OF AGE   [RANGE: 0-120]

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

'AA2A'   Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

| AA2A |

- ❍ BETWEEN 18 AND 29................................1
- ❍ BETWEEN 30 AND 39................................2
- ❍ BETWEEN 40 AND 44................................3
- ❍ BETWEEN 45 AND 49................................4
- ❍ BETWEEN 50 AND 64................................5
- ❍ 65 OR OLDER 6
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

POST NOTE 'AA2A': AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON **'AA1'**, **'AA1A'**, OR **'AA2'** TO USE IN ALL AGE-RELATED QUESTIONS;
IF **'AA1'**, **'AA1A'**, OR **'AA2'**= -7 OR -8 (REF/DK), THEN USE **'AA2A'**;
ELSE USE ENUM.AGE

Gender Identity

'AD65E'   What sex were you assigned at birth, on your original birth certificate?

AD65E

    ❍   Female 2
    ❍   Male 1
    ❍   Don't know 3
    ❍   Prefer not to answer....................................9
    ❍   REFUSED .... -7

'AD66C'   What is your current gender?

AD66C

    ❍   Female 2   **[GO TO 'PN_AD68B']**

    ❍   Male 1   **[GO TO 'PN_AD68B']**

    ❍   Transgender...3   **[GO TO 'PN_AD68B']**

    ❍   Non-binary...5   **[GO TO 'PN_AD68B']**

    ❍   I use a different term: (___)........................7
    ❍   Don't know 8   **[GO TO 'PN_AD68B']**

    ❍   Prefer not to answer....................................9   **[GO TO 'PN_AD68B']**

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

PROGRAMMING NOTE 'AD67B':
IF **'AD66C'** = 07 (I USE A DIFFERENT TERM) CONTINUE;
ELSE SKIP TO **'AD68B'**

'AD67B'   What is your current gender identity?

AD67B

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

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

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

AD68B

    ❍   YES 1
    ❍   NO..2   **[GO TO 'AD67B']**
    ❍   REFUSED .... -7
    ❍   DON'T KNOW.. -8

POST NOTE: ON SECOND ATTEMPT IF = 2, GO TO **'AD67B'** AND FLAG **'AD68B'** = 1

Ethnicity

'AA4'   Are you Latino or Hispanic?

AA4

❍   YES 1
❍   NO...2   **[GO TO 'PN_AA5A']**
❍   REFUSED .... -7   **[GO TO 'PN_AA5A']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_AA5A']**

'AA5'   And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

AA5

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

❑   MEXICAN/MEXICAN AMERICAN/
          CHICANO..1
❑   SALVADORAN 4
❑   GUATEMALAN 5
❑   COSTA RICAN 6
❑   HONDURAN 7
❑   NICARAGUAN 8
❑   PANAMANIAN 9
❑   PUERTO RICAN 10
❑   CUBAN.. 11
❑   SPANISH-AMERICAN (FROM SPAIN) 12
❑   OTHER LATINO (SPECIFY: _____) .. 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Race

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

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

'AA5A'   {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

AA5A

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

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

[CODE ALL THAT APPLY]

❑	WHITE..1	
❑	BLACK OR AFRICAN AMERICAN..............2	**[GO TO 'PN_AA5I']**
❑	ASIAN 3	**[GO TO 'PN_AA5E']**
❑	AMERICAN INDIAN OR ALASKA NATIVE .4	**[GO TO 'PN_AA5B']**
❑	PACIFIC ISLANDER 5	**[GO TO 'PN_AA5E1']**
❑	NATIVE HAWAIIAN 6	**[GO TO 'PN_AA5G']**
❑	OTHER (SPECIFY:_____)..................... 91	**[GO TO 'PN_AA5G']**
○	REFUSED .... -7	**[GO TO 'AH36']**
○	DON'T KNOW .... -8	**[GO TO 'AH36']**

'AA5H' What are your white origin or origins?

AA5H

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

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

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

'AA5I'   What are your Black origin or origins?

AA5I

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

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

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

'AA5B'   You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

AA5B

[CODE ALL THAT APPLY]

❑   APACHE 1
❑   BLACKFOOT/BLACKFEET 2
❑   CHEROKEE 3
❑   CHOCTAW...4
❑   MEXICAN AMERICAN INDIAN 5
❑   NAVAJO..6
❑   POMO 7
❑   PUEBLO..8
❑   SIOUX..9
❑   YAQUI.. 10
❑   OTHER TRIBE (SPECIFY: ___)............... 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

AA5C

❍   YES..1
❍   NO..2   **[GO TO 'PN_AA5E']**
❍   REFUSED .... -7   **[GO TO 'PN_AA5E']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_AA5E']**

'AA5D' Which tribe are you enrolled in?

AA5D

[CODE ALL THAT APPLY]

- ❑ APACHE 1
- ❑ BLACKFOOT/BLACKFEET 2
- ❑ CHEROKEE 3
- ❑ CHOCTAW..4
- ❑ MEXICAN AMERICAN INDIAN 5
- ❑ NAVAJO...6
- ❑ POMO 7
- ❑ PUEBLO...8
- ❑ SIOUX 9
- ❑ YAQUI 10
- ❑ OTHER TRIBE (SPECIFY: ___) 91
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

APACHE

- ○ MESCALERO APACHE, NM 1
- ○ APACHE (NOT SPECIFIED) 2
- ○ OTHER APACHE (SPECIFY: ____)............3

BLACKFEET

- ○ BLACKFOOT/BLACKFEET 4

CHEROKEE

- ○ WESTERN CHEROKEE.............................5
- ○ CHEROKEE (NOT SPECIFIED).................6
- ○ OTHER CHEROKEE (SPECIFY: _____) 7

CHOCTAW

- ○ CHOCTAW OKLAHOMA 8
- ○ CHOCTAW (NOT SPECIFIED) 9
- ○ OTHER CHOCTAW (SPECIFY: _____). 10

NAVAJO

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

POMO

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

PUEBLO

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

SIOUX

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

YAQUI

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

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

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

'AA5E'   You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

AA5E

[CODE ALL THAT APPLY]

❑	BANGLADESHI 1
❑	BURMESE 2
❑	CAMBODIAN 3
❑	CHINESE 4
❑	FILIPINO 5
❑	HMONG 6
❑	INDIAN (INDIA) 7
❑	INDONESIAN 8
❑	JAPANESE 9
❑	KOREAN 10
❑	LAOTIAN... 11
❑	MALAYSIAN... 12
❑	PAKISTANI 13
❑	SRI LANKAN.. 14
❑	TAIWANESE 15
❑	THAI... 16
❑	VIETNAMESE 17
❑	OTHER ASIAN (SPECIFY: _____)......... 91
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

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

'AA5E1'   You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

| AA5E1 |

[CODE ALL THAT APPLY]

❑   SAMOAN/AMERICAN SAMOAN.................1
❑   GUAMANIAN 2
❑   TONGAN...3
❑   FIJIAN 4
❑   OTHER PACIFIC ISLANDER
         (SPECIFY: __) 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AA5G':
IF **'AA4'** = 1 (LATINO) AND [**'AA5A'** = 6 (NATIVE HAWAIIAN) OR **'AA5A'** = 5 (OTHER PACIFIC ISLANDER) OR **'AA5A'** = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR **'AA5A'** = 3 (ASIAN) OR **'AA5A'** = 2 (BLACK/AFRICAN AMERICAN) OR **'AA5A'** = 1 (WHITE) OR **'AA5A'** = 91 (OTHER)], CONTINUE WITH **'AA5G'**;
ELSE IF THERE WERE MULTIPLE RESPONSES TO **'AA5A'** , **'AA5E'** , OR **'AA5E1'** [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH **'AA5G'** ;
ELSE SKIP TO **'AH36'**

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

| AA5G |

Do you identify with any one race in particular?

❍   YES..1
❍   NO..2   **[GO TO 'AH36']**
❍   REFUSED .... -7   **[GO TO 'AH36']**
❍   DON'T KNOW .... -8   **[GO TO 'AH36']**

PROGRAMMING NOTE FOR 'AA5F':

IF **'AA4'** = 1 (YES, LATINO) AND **'AA5'** ≠ (-7 OR -8), DO NOT DISPLAY **'AA5F'** = 14 (LATINO);

IF **'AA5A'** = 5 (YES, OTHER PACIFIC ISLANDER) AND **'AA5E1'** (1 TO 4) OR 91], DO NOT DISPLAY **'AA5F'** = 17 (OTHER PACIFIC ISLANDER);

IF **'AA5A'** = 3 AND **'AA5E'** = [(1 TO 17) OR 91], DO NOT DISPLAY **'AA5F'** = 19 (ASIAN)

'AA5F' Which do you <u>most</u> identify with?

AA5F

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

❍ MEXICAN/MEXICAN AMERICAN/ CHICANO..1
❍ SALVADORAN 4
❍ GUATEMALAN 5
❍ COSTA RICAN 6
❍ HONDURAN 7
❍ NICARAGUAN 8
❍ PANAMANIAN 9
❍ PUERTO RICAN.................................... 10
❍ CUBAN... 11
❍ SPANISH-AMERICAN (FROM SPAIN) 12
❍ LATINO, OTHER SPECIFY 13
❍ LATINO 14
❍ NATIVE HAWAIIAN 16
❍ OTHER PACIFIC ISLANDER 17
❍ AMERICAN INDIAN OR ALASKA NATIVE 18
❍ ASIAN 19
❍ BLACK OR AFRICAN AMERICAN 20
❍ WHITE... 21
❍ RACE, OTHER SPECIFY 22
❍ BANGLADESHI 30
❍ BURMESE 31
❍ CAMBODIAN 32
❍ CHINESE 33
❍ FILIPINO 34
❍ HMONG 35
❍ INDIAN (INDIA) 36
❍ INDONESIAN... 37
❍ JAPANESE 38
❍ KOREAN.. 39
❍ LAOTIAN.. 40
❍ MALAYSIAN... 41
❍ PAKISTANI 42
❍ SRI LANKAN.. 43
❍ TAIWANESE 44
❍ THAI.. 45
❍ VIETNA46MESE..................................... 46
❍ ASIAN, OTHER SPECIFY 49
❍ SAMOAN/AMERICAN SAMOAN.............. 50
❍ GUAMANIAN 51
❍ TONGAN.. 52
❍ FIJIAN 53

❍   PACIFIC ISLANDER, OTHER SPECIFY.. 55
❍   BOTH/ALL/MULTIRACIAL........................ 90
❍   NONE OF THESE.................................... 95
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Language Spoken at Home

'AH36' What languages do you speak at home?

AH36

[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

Additional Language Use

PROGRAMMING NOTE 'AH37':
IF **'AH36'** = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE **'AH43'**;

DISPLAY INSTRUCTIONS:
IF **'AH36'** > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH **'AH37'** AND DISPLAY:
"Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";

SET **'AH37'** ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME **'AH37'** WAS ASKED

'AH37'   {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English…

AH37

❍   Very well...1
❍   Well 2
❍   Not well, or 3
❍   Not at all?...4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Educational Attainment

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

AH47

- ○ NO FORMAL EDUCATION 30
- ○ GRADE SCHOOL 2
- ○ HIGH SCHOOL OR EQUIVALENT 3
- ○ 4-YEAR COLLEGE OR UNIVERSITY
- ○ GRADUATE OR..4
  PROFESSIONAL SCHOOL........................5
- ○ 2-YEAR JUNIOR OR
  COMMUNITY COLLEGE............................6
- ○ VOCATIONAL, BUSINESS, OR
  TRADE SCHOOL.......................................7
- ○ REFUSED .... -7
- ○ DON'T KNOW (OUT OF RANGE) .... -8

GRADE

- ○ 1ST GRADE...1
- ○ 2ND GRADE 2
- ○ 3RD GRADE 3
- ○ 4TH GRADE...4
- ○ 5TH GRADE...5
- ○ 6TH GRADE...6
- ○ 7TH GRADE...7
- ○ 8TH GRADE...8

HIGH

- ○ 9TH GRADE...9
- ○ 10TH GRADE... 10
- ○ 11TH GRADE... 11
- ○ 12TH GRADE... 12

COLLEGE

- ○ 1ST YEAR OF COLLEGE OR
  UNIVERSITY (FRESHMAN)………………13
- ○ 2ND YEAR OF COLLEGE OR
  UNIVERSITY (SOPHOMORE) 14
- ○ 3RD YEAR OF COLLEGE OR
  UNIVERSITY (JUNIOR)........................... 15
- ○ 4TH YEAR OF COLLEG
  OR UNIVERSITY (SENIOR)(BA/BS)........ 16
- ○ 5TH YEAR OF COLLEGE OR
  UNIVERSITY... 17

Graduate

- ○ 1ST YEAR OF GRADUATE OR
   PROFESSIONAL SCHOOL..................... 18
- ○ 2ND YEAR OF GRADUATE OR
   PROFESSIONAL SCHOOL (MA/MS) 19
- ○ 3RD YEAR OF GRADUATE OR
  PROFESSIONAL SCHOOL...................... 20
- ○ MORE THAN 3 YEARS OF GRADUATE
  OR PROFESSIONAL SCHOOL (PHD) 21

COMMUNITY

- ○ 1ST YEAR OF JUNIOR OR
  COMMUNITY COLLEGE......................... 22

❍   2ND YEAR OF JUNIOR OR
        COMMUNITY COLLEGE (AA/AS)............ 23

BUSINESS

❍   1ST YEAR OF VOCATIONAL,
        BUSINESS, OR TRADE SCHOOL........... 24
❍   2ND YEAR OF VOCATIONAL,
        BUSINESS, OR TRADE SCHOOL........... 25
❍   MORE THAN 2 YEARS OF
        VOCATIONAL BUSINESS, OR
        TRADE SCHOOL.................................... 26

Marital Status

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

AH43

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

❍   MARRIED......................................1
❍   LIVING WITH PARTNER 2
❍   WIDOWED 3   **[GO TO 'PN_SC7B']**
❍   DIVORCED 4   **[GO TO 'PN_SC7B']**
❍   SEPARATED 5   **[GO TO 'PN_SC7B']**
❍   NEVER MARRIED 6   **[GO TO 'PN_SC7B']**
❍   REFUSED ....-7   **[GO TO 'PN_SC7B']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_SC7B']**

Spouse/Partner

PROGRAMMING NOTE 'AH44':

DISPLAY INSTRUCTIONS:
IF **'AH43'** = 1, THEN DISPLAY "spouse";
IF **'AH43'** = 2, THEN DISPLAY "partner";

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

AH44

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

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

SC11A

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

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

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

PROGRAMMING NOTE 'PRE-ROSTER':
IF 'WSC6' = -3 IN SCREENER, CONTINUE WITH **'PRE-ROSTER'**;
ELSE SKIP TO **'PN_SC7B'**

Adult Roster

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

PRE-ROSTER

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

PROGRAMMING NOTE 'SC7B':
IF CHILD ROSTER NOT ALREADY COMPLETE, CONTINUE;
ELSE GOTO **'AB1'**

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

SC7B

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

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

SC8B

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

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

'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?

SC13A1

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

'SC13A2'   What is (the child's/this child's) age?

SC13A2

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

PROGRAMMING NOTE 'GENDER6':
IF KIDCNT = 1 INSERT "the child's"
IF KIDCNT > 1 INSERT "this child's"

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

GENDER6

- ❍   MALE 1
- ❍   FEMALE...2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'SC15A4':
IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK **'SC15A4'** FOR EACH ROSTER
MEMBER WITHOUT AN AGE
NOTE **'SC15A4'** IS PART OF THE CHILD ROSTER (IF **'SC13A2'** = -7, -8. ASK **'SC15A4'**
IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)
(IF **'SC13A2'** = -3 AND **'SC13A1'** = -7, -8 AND **'SC13A2'** = -7, -8 INSERT "the child"
AND DO NOT DISPLAY CHILD NAME/SEX)

'SC15A4'   Is {CHILD NAME/ the child} (READ LIST. ENTER ONE ONLY) ...

SC15A4

- ❍   0 to 5 years old, or 1
- ❍   6 to 11 years old, or 2
- ❍   12 to 17 years old? 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'SC14B4':
IF KIDCNT = 1 INSERT "the child"
IF KIDCNT > 1 INSERT "all the children"

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

SC14B4

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

PROGRAMMING NOTE 'SC14B':
IF **'SC14B4'** = 2 ASK **'SC14B'** FOR EACH CHILD IN THE ROSTER

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

| SC14B |

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

PROGRAMMING NOTE 'SC14C1':
IF NAME GIVEN AT **'SC11A'** INSERT **'SC11A'** NAME
ELSE INSERT AR ADULT NAME/AGE/SEX's spouse/partner)
IF KIDCNT = 1 INSERT "the child"
IF KIDCNT > 1 INSERT "all the children"

'SC14C1'   Is {SC11A NAME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal
guardian of (the child/all the children) in your household?

| SC14C1 |

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

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

PROGRAMMING NOTE 'SC14C2':
IF **'SC14C1'** = 2 ASK **'SC14C2'** FOR EACH CHILD IN THE ROSTER

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

| SC14C2 |

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

PROGRAMMING NOTE 'SC13A':
IF 'SC14B' = 1 THEN
CHILD1CNT = COUNT OF CHILDREN IN 'SC14B' AGED 0 TO 5 YRS
CHILD2CNT = COUNT OF CHILDREN IN 'SC14B' AGED 6 TO 11 YRS
TEENCNT = COUNT OF CHILDREN IN 'SC14B' AGED 12 TO 17 YRS
# Child selection from only those with 'SC14B'=1
IF CHILD2CNT = 0,
IF CHILD1CNT = 1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],
ELSE IF CHILD1CNT > 1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT
ELSE IF CHILD1CNT = 0,
IF CHILD2CNT = 1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD],
ELSE IF CHILD2CNT > 1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNTELSE,FOR
EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT + CHILD2CNT)
FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT + CHILD2CNT)
SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB
Teen selection from only those with 'SC14B' = 1
IF TEENCNT = 1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN] ,
ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT

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

SC13A

○   NO, NO ONE MISSED................................1
○   YES 2   **[GOTO
                                                                                    'SC13A1'_LOOP]**

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

POST NOTE 'SC13A': DO CHILD AND TEEN SELECTION BASED ON CRITERIA
CHILD_INDEX HOLDS THE VALUE OF THE SELECTED CHILD
TEEN_INDEX HOLDS THE VALUE OF THE SELECTED TEEN
SET_CHILD IS SET TO 1 IF A CHILD IS SELECTED
SET_TEEN IS SET TO 1 IF A TEEN IS SELECTED

'SC17B'   What is your relationship to {CHILD NAME/ AGE/SEX}?

SC17B

○   MOTHER (BIRTH/ADOPTIVE/STEP) 1
○   FATHER (BIRTH/ADOPTIVE/STEP)...........2
○   SISTER (BIRTH/ADOPTIVE/STEP) 3
○   BROTHER (BIRTH/ADOPTIVE/STEP) 4
○   GRANDMOTHER 5
○   GRANDFATHER..6
○   AUNT 7
○   UNCLE 8
○   COUSIN 9
○   OTHER RELATIVE 10
○   NONRELATIVE.. 11
○   REFUSED .... -7
○   DON'T KNOW .... -8

POST NOTE 'SC17B': IF A CHILD IS SELECTED, CONDUCT CHILD INTERVIEW FIRST AND
DISPLAY INTRO1C "We would now like to ask you some questions about (CHILD). This section of the
interview takes about 15 minutes."

Section B: Health Conditions

General Health

'AB1'   Would you say that in general your health is excellent, very good, good, fair, or poor?

AB1

❍   EXCELLENT 1
❍   VERY GOOD 2
❍   GOOD 3
❍   FAIR 4
❍   POOR..5
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Asthma

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

AB17B

❍   YES...1
❍   NO..2   **[GO TO 'PN_AB22']**
❍   REFUSED .... -7   **[GO TO 'PN_AB22']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_AB22']**

'AB40'   Do you still have asthma?

AB40

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

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

AB41

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

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

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS   **(0 - 365)**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

AB18

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

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

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

AB43

     ❍   YES..1
     ❍   NO...2   **[GO TO 'PN_AB22']**
     ❍   REFUSED .... -7   **[GO TO 'PN_AB22']**
     ❍   DON'T KNOW... -8   **[GO TO 'PN_AB22']**

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

AB98

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

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

Diabetes

PROGRAMMING NOTE 'AB22':
IF **'AD65E'** = 2 (FEMALE AT BIRTH) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

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

AB22

     ❍   YES..1
     ❍   NO...2   **[GO TO 'AB29']**
     ❍   BORDERLINE OR PRE-DIABETES............3   **[GO TO 'AB29']**
     ❍   REFUSED .... -7   **[GO TO 'AB29']**
     ❍   DON'T KNOW... -8   **[GO TO 'AB29']**

'AB24'   Are you now taking insulin?

AB24

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

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

AB25

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

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

'AB27' About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin 'A one C'?

AB27

- ❍   _____NUMBER OF TIMES   **[HR: 0-52]**
- ❍   REFUSED…………………………………-7
- ❍   DON'T KNOW .... -8

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

AB150

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

- ❍   YES 1
- ❍   NO..2
- ❍   DON'T KNOW 3
- ❍   REFUSED .... -7

'AB63' When was the last time you had an eye exam in which the pupils were dilated?

AB63

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

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

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

AB112

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

Hypertension

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

| AB29 |

- ○ YES...1
- ○ NO...2   **[GO TO 'AB154']**
- ○ HIGH NORMAL/BORDERLINE/
  PRE-HYPERTENSION...............................3   **[GO TO 'AB154']**
- ○ REFUSED .... -7   **[GO TO 'AB154']**
- ○ DON'T KNOW... -8   **[GO TO 'AB154']**

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

| AB151 |

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

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

| AB152 |

- ○ YES...1
- ○ NO...2
- ○ DON'T KNOW...3
- ○ REFUSED .... -7

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

| AB153 |

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

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

| AB154 |

- ○ YES...1
- ○ NO...2   **[GO TO 'AB34']**
- ○ DON'T KNOW...3   **[GO TO 'AB34']**
- ○ REFUSED .... -7   **[GO TO 'AB34']**

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

| AB155 |

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

Heart Disease

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

AB34

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

'AC6' Has a doctor, nurse, or other health professional ever told you that you had a **stroke**?

AC6

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

Section C: Health Behaviors

Physical Activities

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

AC212

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

Cigarette Use

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

AE15

- ❍   YES 1
- ❍   NO...2   **[GO TO 'PN_AC174']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AC174']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AC174']**

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

AE15A

- ❍   EVERY DAY...1   **[GO TO 'PN_AC174']**
- ❍   SOME DAYS..2   **[GO TO 'PN_AC174']**
- ❍   NOT AT ALL...3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AC173':
IF 'AE15A' = 3 THEN CONTINUE;
ELSE GOTO 'PN_AC174'

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

AC173

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

_____ AMOUNT OF TIME   [IF 'AC173'> 30 DAYS OR > 5 WEEKS OR > 1 MONTH OR = -7, -8, GO TO 'PN_AC177']

_____ UNIT OF TIME

- DAYS 1   [HR: 0-365]
- WEEKS 2   [HR: 0-52]
- MONTHS..3   [HR: 0-12]
- YEARS...4   [HR: 0-AAGE]
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'AC174':
IF 'AE15' = 2, -7, -8 OR 'AE15A' = 1, 2 OR 'AC173'<= 30 DAYS OR 'AC173'<= 5 WEEKS OR 'AC173'<= 1 MONTH, CONTINUE WITH 'AC174';
ELSE GO TO 'AC81C';

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

AC174

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

_____ NUMBER OF DAYS   [HR: 0-30]

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

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

'AD32' On average, how many cigarettes do you now smoke a day?

AD32

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

__ NUMBER OF CIGARETTES   [HR: 0-120]

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

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

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

AE16

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

     __ NUMBER OF CIGARETTES   **[HR: 0-120]**

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

     Any answer, goto 'AC54B'

PROGRAMMING NOTE 'AC54B':
IF **'AE15A'** = 1 (SMOKE EVERY DAY), THEN READ "How";
ELSE IF **'AE15A'** = 2 (SMOKE SOME DAYS) OR **'AC174'** > 0 (PAST 30-DAY SMOKER), THEN READ "On days when you smoke, how";

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

AC54B

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

     _____ AMOUNT OF TIME   **[0-24 HOURS]**

     ❍   MINUTES 1
     ❍   HOURS 2
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

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

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

AC175B

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

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

AC176

      _____ AGE IN YEARS   **[HR: 1 THRU AAGE (OR 105 IF AAGE = -7, -8)]**

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

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

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

AC177

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

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

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

AC49

- ❍   YES 1
- ❍   NO 2   **[GO TO 'AC77']**
- ❍   REFUSED .... -7   **[GO TO 'AC77']**
- ❍   DON'T KNOW .... -8   **[GO TO 'AC77']**

'AC178'   I'd like you to ask you about the last attempt you made to quit smoking. During that attempt, how long did you go without smoking a cigarette?

AC178

- ❍   _____ AMOUNT OF TIME
- ❍   _____ UNIT OF TIME

- ❍   DAYS 1   **[HR: 0-365]**
- ❍   WEEKS 2   **[HR: 0-52]**
- ❍   MONTHS 3   **[HR: 0-12]**
- ❍   YEARS 4   **[HR: 0-10]**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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

AC77

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

'AC50'   Are you thinking about quitting smoking in the next six months?

AC50

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

E-cigarette Use

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

AC81C

Do not include products used only for marijuana.

- ○   YES 1
- ○   NO..2   **[GO TO 'AC135']**
- ○   REFUSED .... -7   **[GO TO 'AC135']**
- ○   DON'T KNOW .... -8   **[GO TO 'AC135']**

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

AC82C

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

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

AC134

- ○   YES 1
- ○   NO..2   **[GO TO 'PN_AC185']**
- ○   REFUSED .... -7   **[GO TO 'PN_AC185']**
- ○   DON'T KNOW .... -8   **[GO TO 'PN_AC185']**

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

AC179

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

○	YES..1	
○	NO..2	**[GO TO 'PN_AC185']**
○	REFUSED .... -7	**[GO TO 'PN_AC185']**
○	DON'T KNOW.. -8	**[GO TO 'PN_AC185']**

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

AC180

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

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

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

AC181

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

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

'AC182A'   Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

AC182A

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

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

'AC182B'   Which flavor did you use in e-cigarettes or other electronic vaping products? Was it…

AC182B

Menthol flavored?

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

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

AC183

Tobacco flavored?

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

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

AC184

Some other flavor?

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

PROGRAMMING NOTE 'AC214':
IF **'AC82C'** = 1 TO 30 CONTINUE;
ELSE SKIP TO **'AC135'**

'AC214'   In the past 30 days, have you stopped using e-cigarettes or other electronic vaping
products for one day or longer because you were trying to quit?

AC214

    ❍   YES 1
    ❍   NO..2
    ❍   NOT APPLICABLE 3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AC185':
IF 'AC82C > 0', THEN CONTINUE;
ELSE SKIP TO **'AC135'**

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

AC185

    ❍   In the next 30 days.......................................1
    ❍   In the next 3 months 2
    ❍   In the next 6 months 3
    ❍   In the next year 4
    ❍   Do not have a plan to quit 5
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

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

AC135

- ❍   0 DAYS 1   **[GO TO 'AC137']**
- ❍   1-2 DAYS 2
- ❍   3-5 DAYS 3
- ❍   6-9 DAYS 4
- ❍   10-19 DAYS 5
- ❍   20-29 DAYS 6
- ❍   30 DAYS 7
- ❍   REFUSED ....-7   **[GO TO 'AC137']**
- ❍   DON'T KNOW ....-8   **[GO TO 'AC137']**

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

AC136

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

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

AC137

- ❍   0 DAYS 1   **[GO TO 'AC139']**
- ❍   1-2 DAYS 2
- ❍   3-5 DAYS 3
- ❍   6-9 DAYS 4
- ❍   10-19 DAYS 5
- ❍   20-29 DAYS 6
- ❍   30 DAYS 7
- ❍   REFUSED ....-7   **[GO TO 'AC139']**
- ❍   DON'T KNOW ....-8   **[GO TO 'AC139']**

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

AC138

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

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

AC139

- ❍   0 DAYS 1   **[GO TO 'AC141']**
- ❍   1-2 DAYS 2
- ❍   3-5 DAYS 3
- ❍   6-9 DAYS 4
- ❍   10-19 DAYS 5
- ❍   20-29 DAYS 6
- ❍   30 DAYS 7
- ❍   REFUSED ....-7   **[GO TO 'AC141']**
- ❍   DON'T KNOW ....-8   **[GO TO 'AC141']**

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

AC140

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

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

AC141

- ❍   0 DAYS 1   **[GO TO 'AC186']**
- ❍   1-2 DAYS 2
- ❍   3-5 DAYS 3
- ❍   6-9 DAYS 4
- ❍   10-19 DAYS 5
- ❍   20-29 DAYS 6
- ❍   30 DAYS 7
- ❍   REFUSED .... -7   **[GO TO 'AC186']**
- ❍   DON'T KNOW .... -8   **[GO TO 'AC186']**

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

AC142

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

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

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

AC186

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

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

AC187

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

> ❍   IN THE PAST WEEK 1
> ❍   IN THE PAST TWO WEEKS 2
> ❍   IN THE PAST MONTH................................3   **[GO TO 'AC143']**
> ❍   LONGER THAN A MONTH AGO, BUT
>   WITHIN THE PAST YEAR 4   **[GO TO 'AC143']**
> ❍   NO ONE HAS SMOKED TOBACCO OR
>   VAPED AROUND ME WITHIN
>   THE PAST YEAR 5   **[GO TO 'AC143']**
> ❍   REFUSED .... -7   **[GO TO 'AC143']**
> ❍   DON'T KNOW .... -8   **[GO TO 'AC143']**

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

AC188

on the sidewalks?

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

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

AC189

Inside your home?

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

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

AC190

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

> ❍   YES..1
> ❍   NO...2
> ❍   DID NOT WORK IN THE PAST
>   TWO WEEKS...3
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

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

AC191

<u>At</u> a public park or beach?

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

Marijuana Use

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

AC115

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

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

     ❍   YES 1
     ❍   NO...2   **[GO TO 'AC192']**
     ❍   REFUSED .... -7   **[GO TO 'AC192']**
     ❍   DON'T KNOW .... -8   **[GO TO 'AC192']**

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

AC116

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

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

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

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

AC117

     ❍   0 DAYS 1   **[GO TO 'AC192']**
     ❍   1-2 DAYS 2
     ❍   3-5 DAYS 3
     ❍   6-9 DAYS 4
     ❍   10-19 DAYS 5
     ❍   20-29 DAYS 6
     ❍   30 DAYS 7
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

'AC118'   How often have you used tobacco and marijuana at the same time? Would you say…

AC118

    ❍   USUALLY...1
    ❍   SOMETIMES...2
    ❍   NEVER...3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

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

AC119

Smoke it in a joint, bong, or pipe?

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

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

AC120

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

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

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

AC121

Eat it?

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

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

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

AC122

Drink it?

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

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

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

AC123

Vaporize it?

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

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

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

AC124

Dab it?

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

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

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

AC125

Use it some other way?

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

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

AC126

❍   YES 1
❍   NO...2   **[GO TO 'AC193']**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

AC127

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

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

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

AC193

❍	SMOKE IT IN A JOINT, BONG, OR PIPE ...1
❍	SMOKE PART OR ALL OF A CIGAR WITH MARIJUANA IN IT 2
❍	EAT IT 3
❍	DRINK IT..4
❍	VAPORIZE IT 5
❍	DAB IT...6
❍	OTHER, SPECIFY: (_____).....................91
❍	REFUSED ....-7
❍	DON'T KNOW ....-8

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

AC194

❑	LICENSED CANNABIS DISPENSARY 1
❑	VAPE OR SMOKE SHOP 2
❑	ANOTHER TYPE OF SHOP........................3
❑	CANNABIS DELIVERY SERVICE 4
❑	WEBSITE 5
❑	POP-UP SHOP 6
❑	FAMILY OR FRIEND 7
❑	ANOTHER PERSON 8
❑	I GROW OR MAKE IT MYSELF 9
❑	OTHER, SPECIFY_____ 91
❍	REFUSED ....-7
❍	DON'T KNOW ....-8

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

AC192

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

❍	IN THE PAST WEEK 1
❍	IN THE PAST TWO WEEKS 2
❍	IN THE PAST MONTH.................................3
❍	LONGER THAN A MONTH AGO BUT WITHIN THE PAST YEAR...................4
❍	NO ONE HAS SMOKED MARIJUANA AROUND ME WITHIN THE PAST YEAR....5
❍	REFUSED ....-7
❍	DON'T KNOW ....-8

CBD Use

'AC195'   CBD, or cannabidiol, is a chemical found in both marijuana and hemp plants that many people use for medicinal purposes. CBD does not make the user high.
These questions specifically ask about products that contain CBD, but not THC.

AC195

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

    ❍   YES 1
    ❍   NO..2   **[GO TO 'AC128']**
    ❍   REFUSED .... -7   **[GO TO 'AC128']**
    ❍   DON'T KNOW .... -8   **[GO TO 'AC128']**

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

AC196

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

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

POST NOTE 'AC196': COMPUTE CBDLASTUSE = (YEAR*365) + (MONTH*30) + (DAY)
IF CBDLASTUSE > 30, GO TO **'AC128'**

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

AC197

    ❍   0 DAYS 1   **[GO TO 'AC128']**
    ❍   1-2 DAYS 2
    ❍   3-5 DAYS 3
    ❍   6-9 DAYS 4
    ❍   10-19 DAYS 5
    ❍   20-29 DAYS 6
    ❍   30 DAYS 7
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

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

AC198

Take it orally?

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

    ❍   YES 1
    ❍   NO..2   **[GO TO 'AC128']**
    ❍   REFUSED .... -7   **[GO TO 'AC128']**
    ❍   DON'T KNOW .... -8   **[GO TO 'AC128']**

'AC199'   During the past 30 days, how did you use CBD? Did you…

AC199

Eat it?

[FOR EXAMPLE, EDIBLES, LIKE COOKIES OR GUMMIES]

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

'AC200'   During the past 30 days, how did you use CBD? Did you…

AC200

Drink it?

[FOR EXAMPLE, IN A TEA OR SODA]

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

'AC201'   During the past 30 days, how did you use CBD? Did you…

AC201

apply it on your skin?

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

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

'AC202'   During the past 30 days, how did you use CBD? Did you…

AC202

Smoke it?

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

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

'AC203'   During the past 30 days, how did you use CBD? Did you…

AC203

vaporize it?

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

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

'AC204'   During the past 30 days, how did you use CBD? Did you…

AC204

dab it?

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

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

'AC205'   During the past 30 days, how did you use CBD? Did you…

AC205

use it some other way?

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

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

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

AC206

❍   TAKE IT ORALLY 1
❍   EAT IT 2
❍   DRINK IT..3
❍   APPLY IT ON YOUR SKIN 3
❍   SMOKE IT 4
❍   VAPORIZE IT..5
❍   DAB IT..6
❍   USE IT ANOTHER WAY........................... 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

AC128

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

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

AC166

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

Prescription painkiller Use

'AC215'   Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. Have you used prescription painkillers in the past 12 months? Please include prescription painkillers, whether or not a doctor prescribed them.

AC215

- ❍   YES..1
- ❍   NO..2   **[GO TO 'AC207']**
- ❍   REFUSED .... -7   **[GO TO 'AC207']**
- ❍   DON'T KNOW ....-8   **[GO TO 'AC207']**

'AC222'   Think about the prescription painkiller you took in the last 12 months. Why did you take this prescription painkiller?

AC222

[CHECK ALL THAT APPLY]

- ❑   Dental work/dental pain 1
- ❑   Pain after surgery, not accident related 2
- ❑   Pain after an accident or injury 3
- ❑   Chronic pain, regardless of cause 4
- ❑   Recreational use 5
- ❑   Depression, anxiety, or stress.....................6
- ❑   To treat substance use disorder 7
- ❑   Addiction to painkillers 8
- ❑   Other (Specify) _____.......................91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW ....-8

'AC217'   Think about the prescription painkiller you took in the last 12 months. Where did you get it from?

AC217

[CHECK ALL THAT APPLY]

- ❑　　A prescription from my doctor 1
- ❑　　A prescription from someone else's doctor (a friend, a family friend) 2
- ❑　　Not from a prescription (bought or received from elsewhere) 3
- ○　　REFUSED .... -7
- ○　　DON'T KNOW .... -8

PROGRAMMING NOTE 'AC129':
IF **'AC215'** = 1 CONTINUE;
ELSE SKIP TO **'AC207'**

'AC129'   In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor's directions?

AC129

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

- ○　　YES 1
- ○　　NO..2　　**[GO TO 'AC207']**
- ○　　REFUSED .... -7
- ○　　DON'T KNOW .... -8

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

AC131

- ○　　ONE DOCTOR..1
- ○　　MORE THAN ONE DOCTOR 2
- ○　　DIDN'T GET IT FROM A DOCTOR 3
- ○　　REFUSED .... -7
- ○　　DON'T KNOW .... -8

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

AC133

[CHECK ALL THAT APPLY]

- ❑　　DENTAL WORK/ DENTAL PAIN 1
- ❑　　SURGERY, NOT ACCIDENT RELATED 2
- ❑　　RECENT INJURY 3
- ❑　　CHRONIC PAIN, REGARDLESS OF CAUSE 4
- ❑　　OTHER (SPECIFY)_____ 91
- ○　　REFUSED .... -7
- ○　　DON'T KNOW .... -8

Alcohol Use

'AC207'   In these questions a drink means a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail. Have you ever, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

AC207

    ❍   YES 1
    ❍   NO...2   **[GO TO 'AC218']**
    ❍   REFUSED .... -7   **[GO TO 'AC218']**
    ❍   DON'T KNOW .... -8   **[GO TO 'AC218']**

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

AC208

    ❍   WITHIN THE PAST 30 DAYS......................1
    ❍   MORE THAN 30 DAYS AGO, BUT
          WITHIN THE PAST 12 MONTHS 2   **[GO TO 'AC218']**
    ❍   MORE THAN 12 MONTHS AGO.................3   **[GO TO 'AC218']**
    ❍   REFUSED .... -7   **[GO TO 'AC218']**
    ❍   DON'T KNOW .... -8   **[GO TO 'AC218']**

'AC209'   Think specifically about the past 30 days, up to and including today. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

AC209

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

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

'AC210'   On the days that you drank during the past 30 days, how many drinks did you usually have each day? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

AC210

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

PROGRAMMING NOTE 'AC211':
IF **'AD65E'** = 2 THEN DISPLAY "4 or more";
ELSE IF **'AD65E'** = 1 THEN DISPLAY "5 or more"

'AC211'   During the past 30 days, on how many days did you have {4/5} or more drinks on the same occasion? By 'occasion,' we mean at the same time or within a couple of hours of each other.

AC211

    ❍   NUMBER OF DAYS....................................1   **[RANGE 0-30]**
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

Gambling

'AC218'   Gambling is an activity where you bet (or place a wager) on an uncertain outcome. It can take many forms for example, casino games, playing the lottery or scratch-offs, betting on sports, fantasy leagues, bingo, loteria, and some online games such as slots or cards

AC218

Have you gambled in the past 12 months?

  ❍ YES 1
  ❍ NO ....2 **[GO TO 'AGV1']**
  ❍ REFUSED .... -7 **[GO TO 'AGV1']**
  ❍ DON'T KNOW .... -8 **[GO TO 'AGV1']**

PROGRAMMING NOTE AC219:
IF **'AC218'** = 1 CONTINUE;
ELSE GOTO **'AGV1'**

'AC219'   During the past 12 months, have you become restless, irritable or anxious when trying to stop/ cut down on gambling?

AC219

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

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

'AC220'   During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble?

AC220

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

'AC221'   During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?

AC221

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

Section GV: Gun Violence

'AGV1'   How many firearms are kept in or around your home?

AGV1

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

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

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

_____ Number of firearms [0-999]   **[IF 'AGV1'= 0, GO TO 'AGV8']**
[IF 'AGV1'= 1, GO TO 'AGV3']
[IF 'AGV1'> 1, GO TO 'AGV2']

- ❍   REFUSED .... -7   **[GO TO 'AGV8']**
- ❍   DON'T KNOW .... -8   **[GO TO 'AGV8']**

'AGV2'   How many of these firearms are handguns?

AGV2

_____Number of handguns [0-999]   **[IF 'AGV2'> 1, GO TO 'AGV9']**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AGV3'   Is that firearm a handgun?

AGV3

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

'AGV9'   Are any of your firearms kept loaded and unlocked?

AGV9

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

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

PROGRAMMING NOTE 'AGV8':

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

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

AGV8

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

Section D: General Health, Disability, and Sexual Health

Height and Weight

'AE17'   These next questions are about your height and weight. How tall are you without shoes? You answer in feet and inches or centimeters"

AE17

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

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

PROGRAMMING NOTE 'AE18':

DISPLAY INSTRUCTIONS:
IF **'AD65E'** = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR **'AA2A'**< 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

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

AE18

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

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

Disability

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

AD50

- ❍   Yes 1
- ❍   No...2   **[GO TO 'AL10']**
- ❍   REFUSED .... -7   **[GO TO 'AL10']**
- ❍   DON'T KNOW .... -8   **[GO TO 'AL10']**

'AL8'   Are you legally blind?

AL8

- ❍   Yes 1
- ❍   No...2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AL10'   Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

AL10

- ❍   Yes 1
- ❍   No 2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AL11'   Do you have difficulty dressing or bathing?

AL11

- ❍   Yes 1
- ❍   No 2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AL12'   Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

AL12

- ❍   Yes 1
- ❍   No 2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Sexual Partners

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

AD43B

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

___NUMBER OF PARTNERS **[HR: 0-99, SR: 0-20]**	**[IF 'AD43B'>=0 GO TO 'PN_AD45B']**
❍ REFUSED .... -7	**[IF 'AD43B'>=0 GO TO 'PN_AD44B']**
❍ DON'T KNOW .... -8	**[IF 'AD43B'>=0 GO TO 'PN_AD44B']**

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

AD44B

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

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

OR

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

Sexual Orientation

PROGRAMMING NOTE 'AD45B':
IF **'AD43B'** = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR **'AD44B'** =0, GO TO PROGRAMMING NOTE **'AD46C'**;
ELSE CONTINUE WITH **'AD45B'**;

DISPLAY INSTRUCTIONS:
IF **'AD43B'** OR **'AD44B'** = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";
ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"

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

AD45B

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

'AD46C'   Which of the following best represents how you think of yourself?

AD46C

❍   Lesbian or gay 2   **[GO TO 'PN_AD60B']**
❍   Straight, that is,
       not lesbian or gay......................................1   **[GO TO 'PN_AD60B']**
❍   Bisexual or pansexual.................................6   **[GO TO 'PN_AD60B']**
❍   I use a different term: (___).........................7
❍   Don't know 8   **[GO TO 'PN_AD60B']**
❍   Prefer not to answer...................................9   **[GO TO 'PN_AD60B']**
❍   REFUSED .... -7   **[GO TO 'PN_AD60B']**

'AD86'   What term do you use?

AD86

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

Registered Domestic Partner

> **PROGRAMMING NOTE 'AD60B':**
> IF ['**AD66C**' = 1 (IDENTIFIES AS MALE) AND **'AD45B'** = 1 (MALE)] OR [**'AD66C'** = 2 (IDENTIFIES AS FEMALE) AND **'AD45B'** = 2 (FEMALE)] OR [**'AD45B'** = 3, -7, -8] OR [IF **'AD43B'** ≠1] CONTINUE WITH **'AD60B'**;
> ELSE GO TO **'AD61B'**

'AD60B'   Are you legally married to someone of the same sex?

AD60B

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

    ❍   YES 1   **[GO TO 'PN_AD79']**

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

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

AD61B

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

Pre-Exposure Prophylaxis

PROGRAMMING NOTE 'AD61B':
IF ['**AD65E**' = 1 OR '**AD66C**' = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND '**AD45B**' = 1 OR 3
(SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH '**AD61B**';
ELSE IF ('**AD66C**' = 1 AND '**AD65E**' = 2) OR ('**AD66C**' = 2 AND '**AD65E**' = 1), THEN CONTINUE WITH
'**AD61B**';
ELSE IF '**AD66C**' = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH '**AD61B**';
ELSE IF '**AD66C**' = 1 AND '**AD46C**' = 2 OR 6, THEN CONTINUE WITH '**AD61B**';
ELSE SKIP TO '**AD82**';

'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®?

AD79

-    YES 1   **[GO TO 'AD83']**
-    NO..2
-    REFUSED .... -7
-    DON'T KNOW .... -8

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

AD80

-    YES 1   **[GO TO 'AD83']**
-    NO..2
-    REFUSED .... -7
-    DON'T KNOW .... -8

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

AD81

-    YES 1   **[GO TO 'AD83']**
-    NO..2
-    REFUSED .... -7
-    DON'T KNOW .... -8

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

AD82

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

HIV Testing

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

AD83

◯   YES 1
◯   NO..2   **[GO TO 'AD85']**
◯   REFUSED .... -7   **[GO TO 'AD85']**
◯   DON'T KNOW .... -8   **[GO TO 'AD85']**

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

AD84

◯   I WAS OFFERED THE TEST 1   **[GO TO 'AJ29']**
◯   I ASKED FOR THE TEST 2   **[GO TO 'AJ29']**
◯   I WAS REQUIRED TO TAKE THE TEST....4
◯   I DON'T REMEMBER 3   **[GO TO 'AJ29']**
◯   OTHER (SPECIFY:_____) 91   **[GO TO 'AJ29']**
◯   REFUSED .... -7   **[GO TO 'AJ29']**
◯   DON'T KNOW .... -8   **[GO TO 'AJ29']**

'AD85' Were you ever offered an HIV test?

AD85

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

Section F: Mental Health

K6 Mental Health Assessment

'AJ29' The following questions ask about how you have been feeling during the past 30 days.

AJ29

About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

❍ All of the time 1
❍ Most of the time, ...2
❍ Some of the time 3
❍ A little of the time 4
❍ None of the time..5
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

'AJ30' During the past 30 days, about how often did you feel hopeless- all of the time, most of the time, some of the time, a little of the time or none of the time?

AJ30

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

'AJ31' During the past 30 days, about how often did you feel restless or fidgety?

AJ31

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]

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

'AJ32' How often did you feel so depressed that nothing could cheer you up?

AJ32

[IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]

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

'AJ33' During the past 30 days, about how often did you feel that everything was an effort?

AJ33

> [IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]

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

'AJ34'   ... During the past 30 days, about how often did you feel worthless?

AJ34

> [IF NEEDED, SAY: "All of the time, most of the time, some of the time, a little of the time, or none of the time?"]

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

Repeated K6

'AF62'   Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

AF62

> ❍   YES 1
> ❍   NO 2   **[GO TO**

'AF69B_INTRO']

> ❍   REFUSED .... -7   **[GO TO**

'AF69B_INTRO']

> ❍   DON'T KNOW .... -8   **[GO TO**

'AF69B_INTRO']

'AF63'   The next questions are about the one month in the past 12 months when you were at your worst emotionally. During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

AF63

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

'AF64'   During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

AF64

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

'AF65' How often did you feel restless or fidgety?

AF65

[IF NEEDED, SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, LITTLE OF THE TIME, OR NONE OF THE TIME?"]

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

'AF66' How often did you feel so depressed that nothing could cheer you up?

AF66

[IF NEEDED, SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, A LITTLE OF THE TIME, OR NONE OF THE TIME?"]

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

'AF67' How often did you feel that everything was an effort?

AF67

[IF NEEDED, SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, A LITTLE OF THE TIME, OR NONE OF THE TIME?"]

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

'AF68' How often did you feel worthless?

AF68

[IF NEEDED, SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, A LITTLE OF THE TIME, OR NONE OF THE TIME?]

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

Sheehan Scale

PROGRAMMING NOTE 'AF69B_INTRO':
IF **'AJ29'**-'**AJ34'** > 0 THEN,
IF **'AJ29'**-'**AJ34'** = 1 THEN **'AJ29'**_R-**'AJ34'**_R = 4;
ELSE IF **'AJ29'**-'**AJ34'** = 2 THEN **'AJ29'**_R-**'AJ34'**_R = 3;
ELSE IF **'AJ29'**-'**AJ34'** = 3 THEN **'AJ29'**_R-**'AJ34'**_R = 2;
ELSE IF **'AJ29'**-'**AJ34'** = 4 THEN **'AJ29'**_R-**'AJ34'**_R = 1;
ELSE IF **'AJ29'**-'**AJ34'** = 5 THEN **'AJ29'**_R-**'AJ34'**_R = 0;
ELSE **'AJ29'**_R-**'AJ34'**-R = **'AJ29'**-'**AJ34'**;
IF **'AF63'**-'**AF68'** > 0 THEN,
IF **'AF63'**-'**AF68'** = 1 THEN **'AF63'**_R-**'AF68'**_R = 4;
ELSE IF **'AF63'**-'**AF68'** = 2 THEN **'AF63'**_R-**'AF68'**_R = 3;
ELSE IF **'AF63'**-'**AF68'** = 3   THEN **'AF63'**_R-**'AF68'**_R = 2;
ELSE IF **'AF63'**-'**AF68'** = 4 THEN **'AF63'**_R-**'AF68'**_R = 1;
ELSE IF **'AF63'**-'**AF68'** = 5 THEN **'AF63'**_R-**'AF68'**_R = 0;
ELSE **'AF63'**_R-**'AF68'**_R = **'AF63'**-'**AF68'**;

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

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

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

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

AF69B_INTRO

> **PROGRAMMING NOTE 'AF69B':**
> IF AGE > 70 GO TO **'AF70B'**;
> ELSE CONTINUE WITH **'AF69B'**;

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

AF69B

- ❍   A LOT...1
- ❍   SOME.. 2
- ❍   NOT AT ALL... 3
- ❍   I DO NOT WORK..................................... 4
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

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

AF70B

- ❍   A LOT...1
- ❍   SOME..2
- ❍   NOT AT ALL...3
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

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

AF71B

- ❍   A LOT...1
- ❍   SOME..2
- ❍   NOT AT ALL...3
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

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

AF72B

- ❍   A LOT...1
- ❍   SOME..2
- ❍   NOT AT ALL...3
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

'AF73B'   Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

AF73B

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

Access & Utilization

'AF81'   Was there ever a time during the past 12 months when you felt that you might need to
                    see a professional because of problems with your mental health, emotions or nerves or
                    your use of alcohol or drugs?

| AF81 |

    ❍   YES 1
    ❍   NO...2   **[GO TO 'AF74']**
    ❍   REFUSED .... -7   **[GO TO 'AF74']**
    ❍   DON'T KNOW .... -8   **[GO TO 'AF74']**

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

| AJ1 |

    ❍   YES 1
    ❍   NO...2
    ❍   DON'T HAVE INSURANCE 3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'AF74'   In the past 12 months have you seen your primary care physician or general practitioner
                    for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

| AF74 |

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

'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, <u>or</u>
                    your use of alcohol or drugs?

| AF75 |

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

PROGRAMMING NOTE 'AF114':
IF **'AF74'** = 1 OR **'AF75'** = 1, THEN CONTINUE;
ELSE GOTO **'AF76'**

'AF114'   Think about your problems with mental health, emotions, nerves, or use of alcohol or
                    drugs in the past 12 months. Did you receive care from an in-person visit, video visit, or
                    telephone visit?

| AF114 |

[CHECK ALL THAT APPLY]

    ❑   IN-PERSON VISIT 1   **[GO TO 'AF115']**
    ❑   VIDEO VISIT..2   **[GO TO 'AF116']**
    ❑   TELEPHONE VISIT 3   **[GO TO 'AF117']**
    ❍   NO...4   **[GO TO 'PN_AF76']**
    ❍   REFUSED .... -7   **[GO TO 'PN_AF76']**
    ❍   DON'T KNOW .... -8   **[GO TO**

'PN_AF76']

'AF115'   How satisfied are you with the in-person visit?

AF115

❍   Very satisfied 1
❍   Somewhat satisfied....................................2
❍   Somewhat dissatisfied 3
❍   Very dissatisfied...4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

AF116

❍   Very satisfied 1
❍   Somewhat satisfied....................................2
❍   Somewhat dissatisfied 3
❍   Very dissatisfied...4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

AF117

❍   Very satisfied 1
❍   Somewhat satisfied....................................2
❍   Somewhat dissatisfied 3
❍   Very dissatisfied...4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

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

AF76

❍   MENTAL-EMOTIONAL HEALTH.................1
❍   ALCOHOL-DRUG PROBLEM 2
❍   BOTH MENTAL &
        ALCOHOL-DRUG PROBLEMS...................3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AF77':
IF **'AF76'** = 1, display: "mental or emotional health";
IF **'AF76'** = 2, display: "use of alcohol or drugs";
IF **'AF76'** = 3, display: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO **'AF78'**

'AF77'   In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}?

AF77

Do not count overnight hospital stays.

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

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

AF78

- ❍   YES 1   **[GO TO 'AJ5']**
- ❍   NO..2
- ❍   REFUSED .... -7   **[GO TO 'AJ5']**
- ❍   DON'T KNOW .... -8   **[GO TO 'AJ5']**

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

AF79

- ❍   YES 1   **[GO TO 'AJ5']**
- ❍   NO..2
- ❍   REFUSED .... -7   **[GO TO 'AJ5']**
- ❍   DON'T KNOW .... -8   **[GO TO 'AJ5']**

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

AF80

- ❍   GOT BETTER/NO LONGER NEEDED 1
- ❍   NOT GETTING BETTER 2
- ❍   WANTED TO HANDLE PROBLEM
            ON OWN 3
- ❍   HAD BAD EXPERIENCES WITH
            TREATMENT 4
- ❍   LACK OF TIME/TRANSPORTATION.........5
- ❍   TOO EXPENSIVE 6
- ❍   INSURANCE DOES NOT COVER 7
- ❍   OTHER (SPECIFY: _____) 8
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AJ5'   During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

AJ5

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

Stigma

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

'AF82'   Here are some reasons people have for not seeking help even when they think they might need it. Please mark 'yes' or 'no' for whether each statement applies to why you did not see a professional.

AF82

You were concerned about the cost of treatment.

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

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

AF83

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

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

AF84

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

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

AF85

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

Climate Change

> **PROGRAMMING NOTE 'AF110B':**
> IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR MEMBERS OF YOUR HOUSEHOLD"

'AF110B'   Potentially dangerous weather-related events are increasing in California. These include extreme heat waves, flooding, wildfires, and smoke from wildfires.

AF110B

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

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

'AF110C'   ….. Wildfire?

AF110C

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

'AF110D'   ….. Smoke from wildfire?

AF110D

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

'AF110E'   ….. Flood/rising sea levels/mudslide?

AF110E

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

PROGRAMMING NOTE 'AF111B':

DISPLAY INSTRUCTIONS:
IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE
PHYSICAL HEALTH OF MEMBERS OF YOUR HOUSEHOLD"
IF **'AF110B'** = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves', OR
'AF110C' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR
OR **'AF110D'** = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR
OR 'AF112E' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding"
ALWAYS DISPLAY 'Not applicable'
ELSE GOTO 'SECTION G'

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

AF111B

[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]

- ❑   YES, FROM EXTREME HEAT WAVES 1
- ❑   YES, FROM FLOODING 2
- ❑   YES, FROM WILDFIRES............................3
- ❑   YES, FROM SMOKE FROM WILDFIRES...4
- ○   NOT APPLICABLE 5
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

PROGRAMMING NOTE 'AF112B':

DISPLAY INSTRUCTIONS:
IF ADULTCNT >= 2 OR (ADULCNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE MENTAL
HEALTH OF MEMBERS OF YOUR HOUSEHOLD"
IF **'AF110B'** = 1 THEN CONTINUE AND DISPLAY "Yes, from extreme heat waves', OR
'AF110C' = 1 THEN CONTINUE AND DISPLAY "Yes, from wildfire" OR
OR **'AF110D'** = 1 THEN CONTINUE AND DISPLAY, "Yes, from smoke from wildfires" OR
OR 'AF112E' = 1, THEN CONTINUE AND DISPLAY, "Yes, from flooding"
ALWAYS DISPLAY 'Not applicable'
ELSE GOTO 'SECTION G'

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

AF112B

[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]

- ❑   Yes, from extreme heat waves 1
- ❑   Yes, from flooding 2
- ❑   Yes, from wildfires.......................................3
- ❑   Yes, from smoke from wildfires....................4
- ○   Not applicable 5
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

PROGRAMMING NOTE 'AF118':
IF 'AF110D' = 1 CONTINUE;
ELSE SKIP TO PROGRAMMING NOTE 'INTRO' IN 'SECTION G'

'AF118'   When you experienced wildfire smoke in your community, did you access a space that provided filtered air?

AF118

❑   Yes, my home 1
❑   Yes, a friend or neighbour's home 2
❑   Yes, a community cleaner air shelter...........3
❑   Yes, a commercial building
         (mall, movie theater, etc.) 4
❍   No...5
❍   Not applicable 6
❍   REFUSED .... -7
❍   DON'T KNOW... -8

Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

PROGRAMMING NOTE 'INTRO':

DISPLAY INSTRUCTIONS:
IF CHILD INTERVIEW COMPLETED AND **'SC17B'** = 1 AND 'CH12' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services." OR
IF CHILD INTERVIEW COMPLETED AND **'SC17B'** = 2 AND 'CH15' = (2 or 3), DISPLAY "Your answers are confidential and will not be reported to Immigration Services."

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

PROGRAMMING NOTE 'AH33':
IF CHILD INTERVIEW COMPLETED AND **'SC17B'** = 1, MARK **'AH33'** = 'CH11' AND GO TO **'AH34'**;
IF CHILD INTERVIEW COMPLETED AND **'SC17B'** = 2, MARK **'AH33'** = 'CH14' AND GO TO **'AH34'**;
ELSE CONTINUE WITH **'AH33'**;

'AH33' In what country were you born?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

❍   UNITED STATES.......................................1
❍   AMERICAN SAMOA 2
❍   CANADA 3
❍   CHINA...4
❍   EL SALVADOR 5
❍   ENGLAND..6
❍   FRANCE 7
❍   GERMANY 8
❍   GUAM 9
❍   GUATEMALA 10
❍   HUNGARY 11
❍   INDIA... 12
❍   IRAN... 13
❍   IRELAND.. 14
❍   ITALY 15
❍   JAPAN.. 16
❍   KOREA... 17
❍   MEXICO 18
❍   PHILIPPINES 19
❍   POLAND 20
❍   PORTUGAL 21
❍   PUERTO RICO 22
❍   RUSSIA.. 23
❍   TAIWAN 24
❍   VIETNAM 25
❍   VIRGIN ISLANDS 26
❍   OTHER (SPECIFY: _____).............. 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AH34':

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

'ELSE IF **'AH33'** = 1, -7, OR -8 (BORN IN US**,** DON'T KNOW, REFUSED) CONTINUE WITH **'AH34'**;
IF CHILD INTERVIEW COMPLETED [**'SC17B'** = 1, 2 AND **'AH33'** = 1 DISPLAY "You previously mentioned you were born in the United States."];
ELSE DISPLAY "In what country was your mother born"

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

| AH34 |

[SELECT FROM MOST LIKELY COUNTRIES]

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

- ❍ UNITED STATES 1
- ❍ AMERICAN SAMOA 2
- ❍ CANADA 3
- ❍ CHINA 4
- ❍ EL SALVADOR 5
- ❍ ENGLAND 6
- ❍ FRANCE 7
- ❍ GERMANY 8
- ❍ GUAM 9
- ❍ GUATEMALA 10
- ❍ HUNGARY 11
- ❍ INDIA.. 12
- ❍ IRAN... 13
- ❍ IRELAND... 14
- ❍ ITALY 15
- ❍ JAPAN.. 16
- ❍ KOREA.. 17
- ❍ MEXICO 18
- ❍ PHILIPPINES 19
- ❍ POLAND 20
- ❍ PORTUGAL 21
- ❍ PUERTO RICO 22
- ❍ RUSSIA... 23
- ❍ TAIWAN 24
- ❍ VIETNAM 25
- ❍ VIRGIN ISLANDS 26
- ❍ OTHER (SPECIFY: _____)............... 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'AH35' In what country was your father born?

> **AH35**

> [SELECT FROM MOST LIKELY COUNTRIES]
>
> [FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

> ❍ UNITED STATES.......................................1
> ❍ AMERICAN SAMOA 2
> ❍ CANADA 3
> ❍ CHINA 4
> ❍ EL SALVADOR 5
> ❍ ENGLAND..6
> ❍ FRANCE 7
> ❍ GERMANY 8
> ❍ GUAM 9
> ❍ GUATEMALA 10
> ❍ HUNGARY 11
> ❍ INDIA.. 12
> ❍ IRAN... 13
> ❍ IRELAND... 14
> ❍ ITALY 15
> ❍ JAPAN.. 16
> ❍ KOREA.. 17
> ❍ MEXICO 18
> ❍ PHILIPPINES 19
> ❍ POLAND 20
> ❍ PORTUGAL 21
> ❍ PUERTO RICO 22
> ❍ RUSSIA... 23
> ❍ TAIWAN 24
> ❍ VIETNAM 25
> ❍ VIRGIN ISLANDS 26
> ❍ OTHER (SPECIFY: _____)............... 91
> ❍ REFUSED .... -7
> ❍ DON'T KNOW .... -8

Citizenship and Immigration

PROGRAMMING NOTE 'AH39':
IF **'AH33'** = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [IF CHILD INTERVIEW COMPLETED AND [(**'SC17B'** = 1 AND 'CH11A' = 1) OR (**'SC17B'** = 2 AND 'CH14A' = 1)], CODE **'AH39'** = 1 AND GO TO **'PN_AH43A'**;
ELSE CONTINUE WITH **'AH39'**

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

> **AH39**

> ❍ YES...1
> ❍ NO...2
> ❍ APPLICATION PENDING.............................3
> ❍ REFUSED .... -7
> ❍ DON'T KNOW .... -8

> **PROGRAMMING NOTE 'AH40':**
> IF **'AH39'** = 2, 3 CONTINUE ELSE GOTO **'AH41'**
> IF **'AH33'** = 2 (AMERICAN SAMOA), GO TO **'PN_AG36B'**

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

AH40

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

- ◯   YES 1
- ◯   NO 2
- ◯   APPLICATION PENDING 3
- ◯   REFUSED .... -7
- ◯   DON'T KNOW .... -8

'AH41' About how many years have you lived in the United States?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

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

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

'AG36B'   Are you currently here on any of the following: a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the U.S. for a limited amount of time?

AG36B

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

- ◯   TOURIST VISA 1
- ◯   STUDENT VISA 2
- ◯   WORK VISA OR PERMIT 3
- ◯   DEFERRED ACTION FOR
  CHILDHOOD ARRIVALS OR "DACA" 4
- ◯   ANOTHER DOCUMENT WHICH
  PERMITS STAY FOR LIMITED TIME 6
- ◯   REFUGEE/ASYLUM STATUS 8   **[GO TO 'AH43A']**
- ◯   OTHER (SPECIFY: _____) 91
- ◯   REFUSED .... -7   **[GO TO 'AH43A']**
- ◯   DON'T KNOW .... -8   **[GO TO 'AH43A']**

'AG37B'   Is this visa or document still valid or has it expired?

AG37B

❍   VALID...1
❍   EXPIRED 2
❍   APPLICATION PENDING............................3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Living with Parents

PROGRAMMING NOTE 'AH43A':
IF [AAGE < 30 OR **'AA2A'** = 1 (AGE 18-29)] AND [**'AH44'** = 1 (SPOUSE/PARTNER LIVING IN HH) AND
3 OR MORE ADULTS LIVE IN HH OR **'AH43'** = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED,
SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE
WITH **'AH43A'**;
ELSE GO TO **'PN_AH44A'**

'AH43A'   Are you now living with either of your parents?

AH43A

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

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

Teen Permission

'TP1'   {Earlier you mentioned you had at least one adolescent age 12 to 17 in your household.}
We would like to survey {ADOLESCENT'S FIRST NAME OR INITIALS OR GENDER/AGE DESIGNATION} for our study. It is a web survey and should take {him/her} about 15 minutes to complete.
Your teen's answers may help other teens in your community and across California.

TP1

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

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

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

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

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

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

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

3.   Click here for our privacy protection policy

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

Do we have your permission to contact {him/her} and ask if {he/she} will participate in the survey?
     ❍   Yes 1
     ❍   No...2
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'TP1_A':
IF **'TP1'** = 2, -7, -8 SKIP TO **'TP1_BRC'**;
ELSE CONTINUE WITH 'TP_1A';
ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN **'TP1'**, DO NOT DISPLAY "Questions in teen survey….in need.;
ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN **'TP1'**, DO NOT DISPLAY "Like your answers, {his/her} answers….8714."
ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND **'TP1'**=1, SKIP TO **'TP_NAME'**

'TP1_A'   Thank you. Your teen's answers may help other teens in your community and across California. {Before we proceed, there is some text we are required to show you.}

TP1_A

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

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

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

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

❍   Yes 1
❍   No 2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'TP1_BRC':
IF **'TP1'**_A = 2, -7, -8 CONTINUE WITH **'TP1_BRC'** AND DISPLAY "However,….interview";
ELSE IF **'TP1'**=2, CONTINUE WITH **'TP1_BRC'** AND DISPLAY "Questions in the teen survey are a lot like the ones you are answering, but it is much shorter... 8714."
ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 IN **'TP1'**, DO NOT DISPLAY "Questions in teen survey…. any time."
ELSE IF RESPONDENT CLICKED ON HYPERLINK 3 IN **'TP1'**, DO NOT DISPLAY "Like your answers, {his/her} answers ….8714."
ELSE SKIP TO **'TP_NAME'**

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

TP1_BRC

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

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like
smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide 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?

❍	Yes...1	**[GO TO 'TP_NAME']**
❍	Yes, if no questions on drugs......................2	**[GO TO 'TP_NAME']**
❍	Yes, if no questions on sexual behavior 3	**[GO TO 'TP_NAME']**
❍	Yes, if no questions on drugs and sexual behavior 4	**[GO TO 'TP_NAME']**
❍	No...5	**[GO TO 'TP6']**
❍	REFUSED .... -7	**[GO TO 'TP6']**
❍	DON'T KNOW .... -8	**[GO TO 'TP6']**

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

TP_NAME

First name _____
Last name _____

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

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

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

- ❍ Landline...1
- ❍ Cell phone 2   **[GO TO 'TP2_CELL2']**
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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

TP2_CELL2

- ❍ Yes 1
- ❍ No...5
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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

TP3

- ❍ Yes 1   **[GO TO 'TP_END']**
- ❍ No...2   **[GO TO 'TP_END']**
- ❍ REFUSED .... -7   **[GO TO 'TP_END']**
- ❍ DON'T KNOW .... -8   **[GO TO 'TP_END']**

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

TP6

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

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

TP_END

Paid Child care

> **PROGRAMMING NOTE 'AH44A':**
> ANY CHILDREN IN **'SC13A'** ARE AGE 13 OR LESS, CONTINUE WITH **'AH44A'**;
> ELSE GO TO **'AH47'**;
>
> IF ANY CHILD IN ROSTER **'SC13A'** < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY ″for any children
>
> under age 14″;
> IF **'AH43'** = 1 (MARRIED) AND **'AH44'** = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your
> spouse";
> ELSE IF **'AH44'** = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
> ELSE DISPLAY "you"

'AH44A'   In the past month, did you use any paid childcare {for any children under age 14} while
{you or your spouse/you or your partner/you} worked, were in school, or looked for work?

AH44A

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

❍   YES..1
❍   NO...2   **[GO TO 'AH47']**
❍   REFUSED .... -7   **[GO TO 'AH47']**
❍   DON'T KNOW .... -8   **[GO TO 'AH47']**

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

AH44B

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

❍ $___ AMOUNT LAST MONTH   **[HR: 0-8,000]**
❍ $__ AMOUNT IN TYPICAL WEEK   **[HR: 0-3,000]**

❍   NO PAYMENT IN LAST
MONTH OR WEEK....................................3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Veteran Status

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

AG22

❍   YES..1
❍   NO...2   **[GO TO 'AK1']**
❍   REFUSED .... -7   **[GO TO 'AK1']**
❍   DON'T KNOW .... -8   **[GO TO 'AK1']**

'AG23' When did you serve?

AG23

❍   FROM _____
❍   TO_____

❍   STILL SERVING, OR

[CHECK ALL THAT APPLY]

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

'AG24'   Altogether, how long did you serve?

AG24

❑   _____ YEARS
❑   _____MONTHS
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

AG31

❍   YES 1
❍   NO..2   **[GO TO 'AK1']**
❍   REFUSED .... -7   **[GO TO 'AK1']**
❍   DON'T KNOW .... -8   **[GO TO 'AK1']**

'AG32' What is your service-connected disability rating?

AG32

❍   0 PERCENT 1
❍   10 OR 20 PERCENT 2
❍   30 OR 40 PERCENT 3
❍   50 OR 60 PERCENT 4
❍   70 PERCENT OR HIGHER 5
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Employment

'AK1'   Which of the following were you doing last week?

AK1

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

❍   Working at a job or business........................1   **[GO TO 'PN_AK4']**

❍   With a job or business but not at work.........2
❍   Looking for work, or 3
❍   Not working at a job or business?...............4
❍   REFUSED .... -7   **[GO TO 'PN_AK4']**

❍   DON'T KNOW .... -8   **[GO TO 'PN_AK4']**

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

AK2

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

❍   TAKING CARE OF HOUSE OR FAMILY 1
❍   ON PLANNED VACATION 2
❍   COULDN'T FIND A JOB 3
❍   GOING TO SCHOOL/STUDENT.................4
❍   RETIRED 5   **[GO TO 'AL22']**
❍   DISABLED 6   **[GO TO 'AL22']**
❍   UNABLE TO WORK TEMPORARILY 7
❍   ON LAYOFF OR STRIKE 8
❍   ON FAMILY OR MATERNITY LEAVE.........9
❍   OFF SEASON 10
❍   SICK.. 11
❍   OTHER.. 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AG10' Do you usually work?

AG10

❍   YES..1
❍   NO..2
❍   LOOKING FOR WORK...............................3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AL22':
IF [AAGE = -7 OR -8 OR AAGE < 65] AND ['**AG10**' = 2 (DOES NOT USUALLY WORK) OR '**AK2**' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH '**AL22**';
ELSE GO TO '**PN_AK4**'

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

AL22

- ○   YES 1   **[GO TO 'PN_AG8']**
- ○   NO...2   **[GO TO 'PN_AG8']**
- ○   REFUSED .... -7   **[GO TO 'PN_AG8']**
- ○   DON'T KNOW .... -8   **[GO TO 'PN_AG8']**

PROGRAMMING NOTE 'AK4':
IF '**AK1**' = 1, 2, -7, OR -8 (working, with job, don't know, or refused) OR '**AG10**' = 1 (usually works), CONTINUE WITH '**AK4**';
ELSE GO TO '**PN_AG8**'

'AK4'   On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

AK4

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

- ○   PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION................1
- ○   GOVERNMENT 2
- ○   SELF-EMPLOYED.....................................3
- ○   FAMILY BUSINESS OR FARM 4
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

```
PROGRAMMING NOTE 'AK5':

DISPLAY INSTRUCTIONS:
IF 'AK4' = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and
"[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND
THE FUNCTION (E.G. BUDGET OFFICE, POLICE, ETC.]";
ELSE DISPLAY "WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?" AND
[IF NEEDED, SAY: WHAT DO THEY MAKE OR DO AT THIS BUSINESS?']
```

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

| AK5 |

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

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

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

'AK6'   What is the main kind of work you do?

| AK6 |

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

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

PROGRAMMING NOTE 'AK8':
IF **'AK4'** = 2 (GOVERNMENT EMPLOYEE), CODE **'AK8'** = 8 AND GO TO **'AG8'**;
IF **'AK4'** = 3 (SELF-EMPLOYED), CONTINUE WITH **'AK8'** AND DISPLAY "Including yourself, about" and "you";
ELSE CONTINUE WITH **'AK8'** AND DISPLAY "About" and "your employer";

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

AK8

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

- 1 OR 2..1
- 3-9..2
- 10-24 3
- 25-50 4
- 51-100 5
- 101-200 6
- 201-999 7
- 1,000 OR MORE 8
- REFUSED .... -7
- DON'T KNOW .... -8

Employment (Spouse/Partner)

PROGRAMMING NOTE 'AG8':
IF **'AH43'** = 1 (MARRIED) OR **'AD86'** = 1 OR **'AD60B'** = 1, CONTINUE WITH **'AG8'**;
IF **'AH43'** = 1, THEN DISPLAY "spouse"; ELSE IF **'AD86'** = 1 OR **'AD60B'** = 1, THEN DISPLAY "partner";
ELSE GO TO **'AH1'**

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

AG8

- Working at a job or business........................1   **[GO TO 'AG9']**
- With a job or business but not at work 2   **[GO TO 'AG9']**
- Looking for work, or 3
- Not working at a job or business..................4
- REFUSED .... -7
- DON'T KNOW .... -8

'AG11'   Does your {spouse/partner} usually work?

AG11

- YES 1
- NO..2   **[GO TO 'AH1']**
- LOOKING FOR WORK 3   **[GO TO 'AH1']**
- REFUSED .... -7   **[GO TO 'AH1']**
- DON'T KNOW .... -8   **[GO TO 'AH1']**

'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?

AG9

     ❍   PRIVATE COMPANY,
              NON-PROFIT ORGANIZATION
              FOUNDATION 1
     ❍   GOVERNMENT 2
     ❍   SELF-EMPLOYED 3
     ❍   FAMILY BUSINESS OR FARM 4
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

Section H: Health Insurance

Usual Source of Care

'AH1'   The next topics are about health insurance and health care.
Is there a place that you usually go to when you are sick or need advice about your health?

| AH1 |

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

     ❍   YES 1
     ❍   NO..2   **[GO TO 'AH12']**
     ❍   DOCTOR/MY DOCTOR 3   **[GO TO 'AH12']**
     ❍   KAISER 4   **[GO TO 'AH12']**
     ❍   MORE THAN ONE PLACE.........................5   **[GO TO 'AH12']**
     ❍   REFUSED .... -7   **[GO TO 'AH12']**
     ❍   DON'T KNOW .... -8   **[GO TO 'AH12']**

PROGRAMMING NOTE 'AH3':

DISPLAY INSTRUCTIONS:
IF **'AH1'** = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";
ELSE IF **'AH1'** = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE IF **'AH1'** = 4 (KAISER) CIRCLE "1" FOR CONTINUE WITH **'AH3'**
AND GO TO **'AH12'**

'AH3'   {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

| AH3 |

     ❍   DOCTOR'S OFFICE/KAISER/
            OTHER HMO 1
     ❍   CLINIC/HEALTH CENTER/
            HOSPITAL CLINIC 2
     ❍   EMERGENCY ROOM..................................3
     ❍   SOME OTHER PLACE (SPECIFY: ____) 91
     ❍   NO ONE PLACE 92
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

Emergency Room Visits

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

| AH12 |

     ❍   YES 1
     ❍   NO..2   **[GOTO 'AI1']**
     ❍   REFUSED .... -7   **[GOTO 'AI1']**
     ❍   DON'T KNOW .... -8   **[GOTO 'AI1']**

'AH95' How many times did you do that?

> **AH95**
>
> [IF NEEDED, SAY: "DURING THE PAST 12 MONTHS, HOW MANY TIMES DID YOU VISIT A HOSPITAL EMERGENCY ROOM FOR YOUR OWN HEALTH?"].
>
> _____NUMBER OF TIMES [HR: 0 - 200]
> ○   REFUSED .... -7
> ○   DON'T KNOW .... -8

Medicare Coverage

'AI1'   MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?

> **AI1**
>
> [INTERVIEWER NOTE: INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE ORIGINAL MEDICARE PLAN.]
>
> ○   YES 1   **[GOTO 'AH123']**
> ○   NO...2
> ○   REFUSED .... -7   **[GOTO 'AI6']**
> ○   DON'T KNOW .... -8   **[GOTO 'AI6']**

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

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

'AI2'   Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

> **AI2**
>
> ○   CORRECT, NOT COVERED BY
>   MEDICARE 1   **[GO TO 'PN _AI6']**
> ○   NOT CORRECT, R IS COVERED BY
>   MEDICARE 2   **[GO TO 'PN_AH123']**
> ○   AGE IS INCORRECT............................... 93
> ○   REFUSED .... -7   **[GO TO 'PN _AI6']**
> ○   DON'T KNOW .... -8   **[GO TO 'PN _AI6']**

POST NOTE 'AI2': IF **'AI2'** = 2, SET ARMCARE = 1 AND SET ARINSURE = 1

'AI3'   What is your age, please?

AI3

_____ YEARS OF AGE   [HR: 18-105]   **[IF 'AI3'>=0, GO TO 'PN_AI8']**

❍   REFUSED .... -7   **[GO TO 'PN_AI8']**

❍   DON'T KNOW .... -8   **[GO TO 'PN_AI8']**

POST NOTE 'AI3': AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = **'AI3'**;
IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE 'AH123': IF ARMCARE = 1, CONTINUE WITH **'AH123'**;
ELSE GO TO **'PN_AI6'**

'AH123'   Is this a MediCARE Advantage Plan?

AH123

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

❍   YES 1   **[GO TO 'AH126']**
❍   NO...2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

'AI4'   Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

AI4

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

❍   YES 1
❍   NO...2   **[GO TO 'PN_AI6']**
❍   REFUSED .... -7   **[GO TO 'PN_AI6']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_AI6']**

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

PROGRAMMING NOTE 'AH126':

IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE **'AI6'**;
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";

'AH126'   For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

     AH126

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

    ❍   DIRECTLY 1
    ❍   YOUR CURRENT EMPLOYER 2
    ❍   YOUR FORMER EMPLOYER 3
    ❍   UNION...4
    ❍   FAMILY BUSINESS 5
    ❍   AARP 6
    ❍   SPOUSE'S / PARTNER'S EMPLOYER 7
    ❍   SPOUSE'S / PARTNER'S UNION 8
    ❍   PROFESSIONAL/
             FRATERNAL ORGANIZATION 9
    ❍   OTHER... 91
    ❍   REFUSED .... -7
    ❍   DON'T KNOW... -8

'AH53'   Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

     AH53

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

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

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

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

'AH54'   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

AH54

    ❍   YES 1
    ❍   NO...2   **[GO TO 'PN_AI6']**
    ❍   REFUSED .... -7   **[GO TO 'PN_AI6']**
    ❍   DON'T KNOW .... -8   **[GO TO 'PN_AI6']**

'AH55' Who is that?

AH55

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

[CODE ALL THAT APPLY]

[PROBE: "ANY OTHERS?"]

    ❑   YOUR CURRENT EMPLOYER 1
    ❑   YOUR FORMER EMPLOYER 2
    ❑   UNION..3
    ❑   SPOUSE'S/PARTNER'S CURRENT EMPLOYER 4
    ❑   SPOUSE'S/PARTNER'S FORMER EMPLOYER 5
    ❑   PROFESSIONAL/FRATERNAL ORGANIZATION.......................................6
    ❑   MEDICAID/MEDI-CAL ASSISTANCE 7
    ❑   OTHER.. 91
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

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

MediCal Coverage

PROGRAMMING NOTE 'AI6':
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

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

AI6

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

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

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

Employer-Based Coverage

PROGRAMMING NOTE 'AI8':

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

'AI8'   {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

AI8

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

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

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

Private Coverage

PROGRAMMING NOTE 'AI11':

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH 'AI11;
ELSE GO TO **'PN_AI9'**

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

AI11

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

❍	YES 1		
❍	NO...2	**[GO TO 'PN_AI9']**
❍	REFUSED .... -7	**[GO TO 'PN_AI9']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_AI9']**

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

PROGRAMMING NOTE 'AH104':
IF ARDIRECT = 1, THEN CONTINUE WITH **'AH104'**;
ELSE GO TO **'PN_AI9'**

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

AH104

❍	INSURANCE COMPANY OR HMO.............1
❍	COVERED CALIFORNIA............................2
❍	OTHER (SPECIFY: _____) 92
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

POST NOTE 'AH104': IF **'AH104'** = 2, THEN SET ARHBEX = 1

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

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

| AI9 |

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

❍   IN MY OWN NAME 1   **[GO TO 'PN_AH105']**

❍   IN SOMEONE ELSE'S NAME 2
❍   REFUSED .... -7   **[GO TO 'PN_AH105']**

❍   DON'T KNOW .... -8   **[GO TO 'PN_AH105']**

POST NOTE 'AI9': IF **'AI8'** = 1 AND **'AI9'** = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF **'AI8'** = 1 AND **'AI9'** = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF **'AI11'** = 1 AND **'AI9'** = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF **'AI11'** = 1 AND **'AI9'** = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
IF **'AI11'** = 1 AND **'AI9'** = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = PROGRAMMING NOTE
'AI9A': IF **'AH43'** = 1 (MARRIED) OR **'AD86'** = 1 OR **'AD60B'**= 1OR IF **'AH43A'** = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR **'AA2A'** =1 (BETWEEN 18 AND 29)], CONTINUE WITH **'AI9A'** ;
ELSE GO TO PROGRAMMING NOTE **'AH105'**;
IF **'AH43'** = 1, THEN DISPLAY "spouse's name";

IF **'AH43'** ≠ 1 AND (**'AD86'**= 1 OR **'AD60B'**= 1), THEN DISPLAY "partner's name;

IF **'AH43A'**= 1 OR AAGE < 26, THEN DISPLAY "parent's name";

PROGRAMMING NOTE 'AI9A':
IF **'AH43'** = 1 (MARRIED) OR **'AD86'** = 1 OR **'AD60B'** = 1OR IF **'AH43A'** = 1 (LIVING WITH PARENTS)
OR IF [AAGE < 26 OR **'AA2A'**= 1 (BETWEEN 18 AND 29)], CONTINUE WITH **'AI9A'**;
ELSE GO TO PROGRAMMING NOTE **'AH105'**;
IF **'AH43'** = 1, THEN DISPLAY "spouse's name";

IF **'AH43'** ≠ 1 AND (**'AD86'** = 1 OR **'AD60B'** = 1), THEN DISPLAY "partner's name;

IF **'AH43A'** = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

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

    AI9A

❍	IN SPOUSE'S/PARTNER'S NAME 1
❍	IN PARENT'S NAME 2
❍	IN SOMEONE ELSE'S NAME 3
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

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

PROGRAMMING NOTE 'AH105':
IF **'AI8'** = 1 (EMPLOYER-BASED COVERAGE) AND **'AK8'**=< 5 (FIRM SIZE <=100), CONTINUE WITH
'AH105' AND DISPLAY;
IF AREMPOWN = 1 THEN DISPLAY {you};
IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE **'AH106'**;

'AH105'   How did {you/he or she} sign up for this health insurance – through an employer, through
a union, or through Covered California's SHOP program?

    AH105

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

❍	EMPLOYER 1
❍	UNION...2
❍	SHOP / COVERED CALIFORNIA 3
❍	OTHER (SPECIFY: _____) 92
❍	REFUSED .... -7
❍	DON'T KNOW .... -8

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

PROGRAMMING NOTE 'AH106':
IF ARHBEX = 1, THEN CONTINUE WITH **'AH106'**;
ELSE GO TO **'PN_AH57'**;

'AH106'   Was this a bronze, silver, gold or platinum plan?

AH106

❍   BRONZE 1
❍   SILVER 2
❍   GOLD...3
❍   PLATINUM 4
❍   MEDI-CAL / MEDICAID 5
❍   MINIMUM COVERAGE PLAN/
        CATASTROPHIC.......................................6
❍   OTHER (SPECIFY: _____) 92
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AH107':
IF **'AH105'** = 3, THEN GO TO **'AH57'**;
ELSE CONTINUE WITH **'AH107'**;

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

AH107

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

PROGRAMMING NOTE 'AH57':
IF **'AI8'** = 1 (EMPLOYER-BASED COVERAGE) OR **'AI11'** = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH **'AH57'**;
ELSE GO TO **'PN_AI13'**

'AH57'   Do you pay any or all of the premium or cost for this health plan? Do not include the cost
                of any co-pays or deductibles you or your family may have had to pay.

AH57

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

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

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

❍   YES...1
❍   NO...2   **[GO TO
                                                                        'PN_AH56']**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AH128'

AH128

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

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

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

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

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

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

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

'AH58'

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?

- ❍ YES 1
- ❍ NO..2　　**[GO TO 'PN_AI13']**
- ❍ REFUSED .... -7　　**[GO TO 'PN_AI13']**
- ❍ DON'T KNOW .... -8　　**[GO TO 'PN_AI13']**

PROGRAMMING NOTE 'AH56':
IF **'AH57'** = 2, THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";
ELSE DISPLAY "Who is that"

'AH56'   Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that}?

| AH56 |

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

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

> ❑   YOUR CURRENT EMPLOYER 1
> ❑   YOUR FORMER EMPLOYER 2
> ❑   UNION...3
> ❑   SPOUSE'S/ PARTNER'S
>   CURRENT EMPLOYER 4
> ❑   SPOUSE'S/ PARTNER'S
>   FORMER EMPLOYER 5
> ❑   PROFESSIONAL/
>   FRATERNAL ORGANIZATION 6
> ❑   MEDICAID/MEDI-CAL ASSISTANCE 7
> ❑   MEDICARE 9
> ❑   COVERED CALIFORNIA.......................... 11
> ❑   OTHER... 91
> ○   REFUSED .... -7
> ○   DON'T KNOW .... -8

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

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

[AH129]

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

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

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

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

[AI13]

    ❍ YES 1
    ❍ NO...2   **[GO TO 'PN_AI16']**
    ❍ REFUSED .... -7 **[GO TO 'PN_AI16']**
    ❍ DON'T KNOW .... -8 **[GO TO 'PN_AI16']**

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

[AI14]

    ❍ YES 1
    ❍ NO...2   **[GO TO 'PN_AI5A']**
    ❍ REFUSED .... -7 **[GO TO 'PN_AI16']**
    ❍ DON'T KNOW .... -8 **[GO TO 'PN_AI16']**

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

[AI15]

    ❍ Covered by another plan..............................1 **[GO TO 'PN_AI16']**
    ❍ Plan too expensive......................................2 **[GO TO 'PN_AI16']**
    ❍ Didn't like plan offered ....3 **[GO TO 'PN_AI16']**
    ❍ Don't need or believe in health insurance....4 **[GO TO 'PN_AI16']**
    ❍ Other (Specify: _____) ....91 **[GO TO 'PN_AI16']**
    ❍ REFUSED .... -7 **[GO TO 'PN_AI16']**
    ❍ DON'T KNOW .... -8 **[GO TO 'PN_AI16']**

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

AI15A

- ❍   HAVEN'T YET WORKED FOR....................1
        THIS EMPLOYER LONG ENOUGH
        TO BE COVERED
- ❍   CONTRACT OR TEMPORARY...................2
        EMPLOYEES NOT ALLOWED IN PLAN
- ❍   DON'T WORK ENOUGH HOURS...............3
        PER WEEK OR WEEKS PER YEAR
- ❍   OTHER (SPECIFY: _____) 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

CHAMPUS/CHAMPVA, TRICARE, VA Coverage

PROGRAMMING NOTE 'AI16':

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

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

AI16

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

POST NOTE 'AI16': IF **'AI16'** = 1, SET ARMILIT= 1 AND SET ARINSURE = 1

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

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PROGRAMMING NOTE 'AI17':

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

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

AI17

             [IF NEEDED, SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP
             means Major Risk Medical Insurance Program; Family PACT is the state program that
             pays for contraception/reproductive health services for uninsured lower income women
             and men.]

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

POST NOTE 'AI17': IF **'AI17'**= 1, SET AROTHGOV= 1 AND SET ARINSURE = 1

Other Coverage

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

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

AI18

    ❍   YES..1
    ❍   NO...2   **[GO TO 'PN_AI20']**
    ❍   REFUSED .... -7   **[GO TO 'PN_AI20']**
    ❍   DON'T KNOW .... -8   **[GO TO 'PN_AI20']**

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

AI19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization or directly from the health plan?"]

    ❑   THROUGH CURRENT OR
              FORMER EMPLOYER/UNION....................1
    ❑   THROUGH SCHOOL, PROFESSIONAL
              ASSOCIATION, TRADE GROUP, OR
              OTHER ORGANIZATION 2
    ❑   PURCHASED DIRECTLY FROM
              HEALTH PLAN 3
    ❑   MEDICARE 4
    ❑   MEDI-CAL 5
    ❑   CHAMPUS/CHAMP-VA, TRICARE, VA
              OR SOME OTHER MILITARY HEALTH
              CARE 7
    ❑   INDIAN HEALTH SERVICE
              TRIBAL HEALTH PROGRAM OR
              URBAN INDIAN CLINIC 8
    ❑   COVERED CALIFORNIA......................... 10
    ❑   SHOP THROUGH
              COVERED CALIFORNIA......................... 11
    ❑   OTHER GOVERNMENT HEALTH
              PLAN... 91
    ❑   OTHER NON-GOVERNMENT HEALTH
              PLAN... 92
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

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

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

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

AH59

[PROBE: "Even someone who does not live in this household?"]

❍ IN MY OWN NAME 1   **[GO TO 'PN_AI20']**

❍ IN SOMEONE ELSE'S NAME 2
❍ REFUSED .... -7   **[GO TO 'PN_AI20']**
❍ DON'T KNOW.. -8   **[GO TO 'PN_AI20']**

POST NOTE 'AH59': IF (**'AI19'** = 1 OR 2 OR KAI19 =11) AND **'AH59'** = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF (**'AI19'** = 3 OR 10) AND **'AH59'** = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF (**'AI19'** = 1 OR 2) AND (**'AH59'** = 2, *-7, OR -8*), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF **'AI19'** = 1 AND (**'AH59'** = 2, *-7, OR -8*) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE 'AH60':
IF **'AH43'** = 1 (MARRIED) OR **'AD86'**= 1 OR **'AD60B'**= 1 OR IF **'AH43A'**= 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH **'AH60'**;
ELSE GO TO PROGRAMMING NOTE **'AI20'**;
IF **'AH43'** = 1 THEN DISPLAY "spouse's name";

IF **'AH43'** ≠ 1 AND (**'AD86'**= 1 OR **'AD60B'**= 1), THEN DISPLAY "partner's name";

IF **'AH43A'** = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

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

AH60

    ❍   IN SPOUSE'S / PARTNER'S NAME 1
    ❍   IN PARENT'S NAME 2
    ❍   IN SOMEONE ELSE'S NAME 3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW.. -8

POST NOTE 'AH60': IF **'AH60'**= 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1; IF **'AH60'**= 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE 'AI20':

IF ARIHS ≠ 1 AND **'AA5A'**= 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH **'AI20'**;
ELSE GO TO 'PN_AI37 Intro'

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

AI20

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

POST NOTE 'AI20': IF **'AI20'** = 1, SET ARIHS = 1

Spouse's Insurance Coverage Type & Eligibility

PROGRAMMING NOTE 'AI37Intro':
IF ['**AH43'** = 1 (MARRIED) OR '**AD86'** = 1 OR '**AD60B'** = 1] AND '**AH44'** = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37Intro;
IF '**AH43'** = 1, THEN DISPLAY "spouse";
ELSE IF '**AD86'** = 1 OR '**AD60B'** = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE '**AI22C'**

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

  AI37Intro

PROGRAMMING NOTE 'AI37':
IF SPOUSE 65 OR OLDER THEN

IF ARMCARE ≠ 1, CONTINUE WITH '**AI37'** WITHOUT DISPLAY

ELSE IF ARMCARE = 1, CONTINUE WITH '**AI37'** AND DISPLAY "You said that you are covered by Medicare." AND "also";
ELSE GO TO '**PN_AI38'**

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

  AI37

- ❍   Yes 1
- ❍   No..2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

POST NOTE 'AI37': IF '**AI37'** = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'AH127':
IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE '**AI37A'**; DISPLAYS;

IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH '**AH127'** WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH '**AH127'** AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
IF '**AH43'**= 1 (MARRIED) THEN DISPLAY "spouse's";
ELSE IF '**AD86'**= 1 OR '**AD60B'**= 1THEN DISPLAY "partner's";

'AH127'   {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

  AH127

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

- ❍   Yes 1
- ❍   No..2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

POST NOTE 'AH127': IF '**AH127'** = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'AI37A':

IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE **'AI38'**;

ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH **'AI37A'** WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH **'AI37A'** AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF **'AH43'** = 1 (MARRIED), THEN DISPLAY "spouse";
ELSE IF **'AD86'** = 1 OR **'AD60B'** = 1THEN DISPLAY "partner";
ELSE GO TO **'PN_AI38'**

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

> **AI37A**

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

POST NOTE 'AI37A': IF **'AI37A'** = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'AI38': IF ARMCAL = 1, CONTINUE WITH **'AI38'**;
DISPLAY "also" IF ARMCARE = 1;
ELSE GO TO **'PN_AI40'**

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

> **AI38**

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

POST NOTE 'AI38': IF **'AI38'** = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE 'AI40':

IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH **'AI40'**;

IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE **'AH108'**

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

> **AI40**

- ❍   YES 1   **[GO TO 'PN_AI41']**
- ❍   NO..2
- ❍   OTHER 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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

PROGRAMMING NOTE 'AH108':

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

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

AH108

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

     ❍   YES 1   **[GO T 'PN_AI41']**

     ❍   NO...2
     ❍   OTHER 3
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

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

PROGRAMMING NOTE 'AI40A':
IF **'AG8'** = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR **'AG11'** = 1 (USUALLY WORKS), CONTINUE WITH **'AI40A'**;
IF AREMPSP = 1 AND **'AH43'** = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";
ELSE IF AREMPSP = 1 AND (**'AD86'** = 1 OR **'AD60B'** = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO **'PN_AI41'**

'AI40A'   {You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

AI40A

     ❍   YES 1
     ❍   NO...2
     ❍   OTHER 3
     ❍   REFUSED .... -7
     ❍   DON'T KNOW .... -8

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

PROGRAMMING NOTE 'AI41':
IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH **'AI41'**;
IF ARMCARE = 1 OR ARMCAL= 1 OR AREMPOWN= 1, DISPLAY "also";
ELSE GO TO **'PN_AH109'**

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

AI41

❍   YES..1
❍   NO..2
❍   OTHER 3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

PROGRAMMING NOTE 'AH109':
IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH **'AH109'**;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO **'PN_AI42'**

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

AH109

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

POST NOTE 'AH109': IF **'AH109'**= 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND
ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE 'AI42':
IF ARMILIT = 1, CONTINUE WITH **'AI42'**;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO **'PN_AI42A'**

'AI42'   You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA,
TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by
this plan?

AI42

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

POST NOTE 'AI42': IF **'AI42'** = 1, SET SPMILIT = 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;

PROGRAMMING NOTE 'AI42A':
IF AROTHGOV = 1, CONTINUE WITH **'AI42A'**;
IF **'AH59'** = 91, THEN DISPLAY "some government health plan":
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1,
DISPLAY "also";
ELSE GO TO **'PN_AI46'**

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

| AI42A |

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

POST NOTE 'AI42A': IF **'AI42A'**= 1, SET SPOTHGOV= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1

PROGRAMMING NOTE 'AI46':

IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"

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

| AI46 |

- ❍   YES 1
- ❍   NO..2   **[GO TO 'PN_AI48']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AI43']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AI43']**

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

AI47

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group or other organization, or directly from the health plan?"]

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

- ❑   THROUGH CURRENT OR FORMER EMPLOYER/UNION....................1
- ❑   THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION 2
- ❑   PURCHASED DIRECTLY FROM HEALTH PLAN 3
- ❑   MEDICARE 4
- ❑   MEDI-CAL 5
- ❑   CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7
- ❑   INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, OR URBAN INDIAN CLINIC 8
- ❑   COVERED CALIFORNIA.......................... 10
- ❑   SHOP THROUGH COVERED CALIFORNIA.. 11
- ❑   OTHER GOVERNMENT HEALTH PLAN 91
- ❑   OTHER NON-GOVERNMENT HEALTH PLAN 92
- ⭕   REFUSED .... -7
- ⭕   DON'T KNOW .... -8

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

PROGRAMMING NOTE 'AI48':

IF SPINSURE ≠ 1, CONTINUE WITH **'AI48'** ;

ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE **'AH62'**;

ELSE GO TO PROGRAMMING NOTE **'AI43'**

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

AI48

❍   YES 1   **[GO TO 'PN_AI43']**

❍   NO..2

❍   REFUSED .... -7   **[GO TO 'PN_AI43']**

❍   DON'T KNOW .... -8   **[GO TO 'PN_AI43']**

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

AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group or other organization, or directly from the health plan?"]

❑   THROUGH CURRENT OR
FORMER EMPLOYER/UNION....................1
❑   THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR
OTHER ORGANIZATION 2
❑   PURCHASED DIRECTLY FROM
HEALTH PLAN 3
❑   MEDICARE 4
❑   MEDI-CAL..5
❑   CHAMPUS/CHAMP-VA, TRICARE, VA
OR SOME OTHER MILITARY HEALTH
CARE 7
❑   INDIAN HEALTH SERVICE, TRIBAL
HEALTH PROGRAM, OR URBAN
INDIAN CLINIC 8
❑   COVERED CALIFORNIA......................... 10
❑   SHOP THROUGH COVERED
CALIFORNIA... 11
❑   OTHER GOVERNMENT
HEALTH PLAN 91
❑   OTHER NON-GOVERNMENT
HEALTH PLAN 92
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

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

PROGRAMMING NOTE 'AH62':
IF **'AI47'**= (1, 2, 3, 10, 11) OR **'AI49'**= (1, 2, 3, 10, 11) THEN CONTINUE WITH **'AH62'**;
IF **'AH43'**= 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF **'AD86'** = 1 OR **'AD60B'** = 1 THEN DISPLAY "partner's";
ELSE SKIP TO **'PN_AI43'**

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

AH62

[IF NEEDED, SAY: "Even someone who does not live in this household]

- ❍   IN SPOUSE'S/PARTNER'S NAME..............1   **[GO TO 'PN_AI43']**
- ❍   IN SOMEONE ELSE'S NAME 2
- ❍   REFUSED .... -7   **[GO TO 'PN_AI43']**
- ❍   DON'T KNOW... -8   **[GO TO 'PN_AI43']**

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

'AH63'   Is the plan in your name, parent's name, or someone else's name?

AH63

- ❍   IN MY NAME...1
- ❍   IN MY PARENT'S NAME 2
- ❍   IN SOMEONE ELSE'S NAME 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW... -8

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

> **PROGRAMMING NOTE 'AI43':**
> IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO **'AI22C'**;
> ELSE IF [(**'AG8'** =1 OR 2) OR(**'AG11'**=1)] AND **'AG9'**≠3 CONTINUE WITH **'AI43'**;
> IF **'AH43'** = 1 (MARRIED), THEN DISPLAY "spouse's";
> ELSE IF **'AD86'** = 1 OR **'AD60B'**= 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
> ELSE GO TO PROGRAMMING NOTE **'AI22C'**

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

| AI43 |

- ❍   YES 1
- ❍   NO..2
- ❍   REFUSED .... -7   **[GO TO 'PN_AI22C']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AI22C']**

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

| AI44 |

- ❍   YES 1
- ❍   NO..2   **[GO TO 'PN_AI45A']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AI22C']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AI22C']**

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

| AI45 |

- ❍   COVERED BY ANOTHER PLAN 1   **[GO TO 'PN_AI22C']**
- ❍   PLAN TOO EXPENSIVE 2   **[GO TO 'PN_AI22C']**
- ❍   DIDN'T LIKE THE PLAN OFFERED 3   **[GO TO 'PN_AI22C']**
- ❍   DIDN'T NEED OR BELIEVE IN HEALTH INSURANCE................................4   **[GO TO 'PN_AI22C']**
- ❍   OTHER (SPECIFY: _____) 91   **[GO TO 'PN_AI22C']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AI22C']**
- ❍   DON'T KNOW .... -8

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

| AI45A |

- ❍   HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED 1
- ❍   CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN 2
- ❍   DOESN'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR 3
- ❍   OTHER (SPECIFY: _____) 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Managed-Care Plan Characteristics

PROGRAMMING NOTE 'AI22C':

IF ARMCARE= 1 (R HAS MEDICARE) AND (AREMPOWN≠ 1 AND AREMPOTH≠ 1 AND ARDIRECT≠1 AND ARMCAL≠ 1 AND ARMILIT≠ 1 AND ARIHS≠ 1 AND ARHBEX≠ 1 AND AROTHGOV≠ 1 AND AROTHER≠ 1), THEN SKIP TO 'PN _AI25';

IF ARMCARE≠ 1 AND AREMPOWN≠ 1 AND AREMPOTH≠ 1 AND ARDIRECT≠ 1 AND ARMCAL≠ 1 AND ARMILIT≠ 1 AND ARIHS≠ 1 AND ARHBEX≠ 1 AND AROTHGOV≠ 1 AND AROTHER≠ 1, THEN SKIP TO GO TO **'AH74'**;
ELSE CONTINUE WITH **'AI22C'** DISPLAY;
IF [**'AH43'** = 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 [**'AH43'** = 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 [**'AH43'** = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND";
IF [**'AH43'** = 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?"

'AI22C'   {Besides your MediCARE plan you told me about earlier, I have some questions about <u>your</u> other health plan./Next, I have some questions about <u>your</u> own main health plan.}

AI22C

Is your {Medi-Cal/other} health plan an HMO?

[IF NEEDED, SAY: **"**<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**."**]

[IF R SAYS "POS" OR "POINT OF SERVICE", CODE AS "YES." IF R SAYS PPO, CODE "NO."]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]

◯   YES 1   **[GO TO 'PN_AI22A']**
◯   NO...2
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

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

'AH122'   Is your health plan a PPO or EPO?

AH122

[IF NEEDED, SAY: **"**<u>EPO</u> stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider**.]**

[IF NEEDED, SAY: "<u>PPO</u> stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider.]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]

◯   PPO...1
◯   EPO...2
◯   OTHER (SPECIFY: _____)................ 91
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

> **PROGRAMMING NOTE 'AI22A':**
> IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH **'AI22A'** AND DISPLAY "your main";
> IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH **'AI22A'** AND DISPLAY "this"

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

AI22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]

- ACCESS SENIOR HEALTHCARE 1
- AETNA 2
- AETNA GOLDEN MEDICARE....................3
- AIDS HEALTHCARE FOUNDATION, LA 4
- ALAMEDA ALLIANCE FOR HEALTH 5
- ALTAMED HEALTH SERVICES............... 83
- ANTHEM BLUE CROSSOF CALIFORNIA...7
- ASPIRE HEALTH PLAN 8
- BLUE CROSS CALIFORNIACARE 9
- BLUE CROSS SENIOR SECURE 79
- BLUE SHIELD 65 PLUS 11
- BLUE SHIELD OF CALIFORNIA 12
- BRAND NEW DAY (UNIVERSAL CARE) 13
- CALIFORNIA HEALTH AND WELLNESS PLAN 14
- CALIFORNIAKIDS (CALKIDS) 15
- CAL OPTIMA (CALOPTIMA ONE CARE) 16
- CALVIVA HEALTH................................. 17
- CARE 1ST HEALTH PLAN....................... 18
- CAREMORE HEALTH PLAN.................... 19
- CENTER FOR ELDERS' INDEPENDENCE 21
- CEN CAL HEALTH 80
- CENTRAL CALIFORNIA ALLIANCE FOR HEALTH........................ 22
- CENTRAL HEALTH PLAN........................ 23
- CHINESE COMMUNITY HEALTH PLAN 24
- CHOICE PHYSICIANS NETWORK.......... 25
- CIGNA HEALTHCARE 26
- CITIZENS CHOICE HEALTHPLAN 27
- COMMUNITY CARE HEALTH PLAN 28
- COMMUNITY HEALTH GROUP 29
- CONTRA COSTA HEALTH PLAN............ 81
- DAVITA HEALTHCARE PARTNERS PLAN 31
- EASY CHOICE HEALTH PLAN................ 32
- EPIC HEALTH PLAN 33
- GEM CARE HEALTH PLAN 34
- GOLD COAST HEALTH PLAN................ 35
- GOLDEN STATE MEDICARE HEALTH PLAN 36

❍ HEALTH NET 38
❍ HEALTH NET SENIORITY PLUS 39
❍ HEALTH PLAN OF SAN JOAQUIN 40
❍ HEALTH PLAN SAN JP AUTHORITY 41
❍ HERITAGE PROVIDER NETWORK 42
❍ HUMANA GOLD PLUS 43
❍ HUMANA HEALTH PLAN 44
❍ IEHP (INLAND EMPIRE HEALTH PLAN) 45
❍ INTER VALLEY HEALTH PLAN 46
❍ HEALTH ADVANTAGE 82
❍ KAISER PERMANENTE 47
❍ KAISER PERMANENTE SENIOR
   ADVANTAGE 48
❍ KERN FAMILY HEALTH CARE 49
❍ L.A. CARE HEALTH PLAN 50
❍ MD CARE 51
❍ MOLINA HEALTHCARE OF
   CALIFORNIA 54
❍ MONARCH HEALTH PLAN 55
❍ ON LOK SENIOR
   HEALTH SERVICES 56
❍ PARTNERSHIP HEALTHPLAN
   OF CALIFORNIA 57
❍ PIH HEALTH CARE SOLUTIONS 58
❍ PREMIER HEALTH PLAN
   SERVICES 59
❍ PRIMECARE MEDICAL NETWORK 60
❍ PROVIDENCE HEALTH NETWORK 61
❍ SCRIPPS HEALTH PLAN
   SERVICES 68
❍ SEASIDE HEALTH PLAN 69
❍ SAN FRANCISCO HEALTH PLAN 84
❍ SANTA CLARA FAMILY
   HEALTH PLAN 90
❍ SAN MATEO HEALTH COMMISION 86
❍ SANTA BARBARA 88
❍ SATELLITE HEALTH PLAN 92
❍ SCAN HEALTH PLAN 67
❍ SHARP HEALTH PLAN 70
❍ SUTTER HEALTH PLAN 71
❍ SUTTER SENIOR CARE 72
❍ UNITED HEALTHCARE 73
❍ UNITED HEALTHCARE SECURE
   HORIZON 74
❍ UNIVERSITY HEALTHCARE
   ADVANTAGE 75
❍ VALLEY HEALTH PLAN 76
❍ VENTURA COUNTY HEALTH
   CARE PLAN 77
❍ WESTERN HEALTH ADVANTAGE 78
❍ CHAMPUS/CHAMP-VA 93
❍ TRICARE/TRICARE FOR LIFE/
   TRICARE PRIME 87
❍ VA HEALTH CARE SERVICES 89
❍ MEDI-CAL 52
❍ MEDICARE 53

❍   OTHER (SPECIFY: _____) 85
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

PROGRAMMING NOTE 'AI25':

IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1

OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR

AROTHER ≠ 1) AND **'AH43'**= 1 (MARRIED) OR **'AD86'**= 1 OR **'AD60B'**= 1 (LEGAL SAME-SEX
COUPLE), DISPLAY "Next I have some questions about your own main health plan."

'AI25' {Next, I have some questions about <u>your</u> own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

AI25

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

High Deductible Health Plans

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

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

AH71

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

- ❍ YES..1
- ❍ NO...2
- ❍ YES, ONLY WHEN I
   GO OUT OF NETWORK 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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

AH72

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

- ❍ YES..1
- ❍ NO...2
- ❍ YES, ONLY WHEN I
   GO OUT OF NETWORK 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'AH73B':
IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH **'AH73B'**;
ELSE CONTINUE WITH **'AI31'**

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

AH73B

[IF NEEDED, SAY: **"**The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).]

○   YES 1
○   NO...2   **[GO TO 'AI31']**
○   REFUSED .... -7   **[GO TO 'AI31']**
○   DON'T KNOW .... -8   **[GO TO 'AI31']**

'AH130'   Do you have money in this account?

AH130

○   YES 1
○   NO...2   **[GO TO 'AI31']**
○   REFUSED .... -7   **[GO TO 'AI31']**
○   DON'T KNOW .... -8   **[GO TO 'AI31']**

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

AH131

_____ (AMOUNT)

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

Coverage over Past 12 Months

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

AI31

○   YES 1
○   NO...2   **[GO TO 'AH133']**
○   REFUSED .... -7   **[GO TO 'AH137']**
○   DON'T KNOW .... -8   **[GO TO 'AI32']**

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

AH132

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

    ❍   _____ Number of Years   **[IF 'AH132' >=0, GO TO 'AH135']**

    ❍   _____ Number of Months   **[IF 'AH132' >=0, GO TO 'AH135']**

    ❍   REFUSED .... -7   **[GO TO 'AH135']**
    ❍   DON'T KNOW .... -8   **[GO TO 'AH135']**

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

AH133

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

        _____ NUMBER OF MONTHS

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

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

AI32

    ❍   YES 1
    ❍   NO...2   **[GO TO 'AH135']**
    ❍   REFUSED .... -7   **[GO TO 'AH135']**
    ❍   DON'T KNOW .... -8   **[GO TO 'AH135']**

'AI33'   Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

AI33

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

    ❑   MEDI-CAL 1
    ❑   OBTAINED THROUGH CURRENT
        OR FORMER EMPLOYER/UNION 3
    ❑   PURCHASED DIRECTLY..........................5
    ❑   PURCHASED THROUGH COVERED
        CALIFORNIA...6
    ❑   OTHER HEALTH PLAN 91
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

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

'AH134'   Before your current plan, which health insurance did you have?

AH134

- ❑   MEDI-CAL 1
- ❑   OBTAINED THROUGH CURRENT
        OR FORMER EMPLOYER/UNION 3
- ❑   PURCHASED DIRECTLY............................5
- ❑   PURCHASED THROUGH COVERED
        CALIFORNIA...6
- ❑   OTHER HEALTH PLAN........................... 91
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

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

'AH135'   Before your current plan, did you have other health insurance through Medi-CAL, through
                an employer, a plan you purchased directly from an insurance company, a plan you
                purchased through Covered California, or some other plan?

AH135

- ❑   MEDI-CAL 1
- ❑   OBTAINED THROUGH CURRENT
        OR FORMER EMPLOYER/UNION 3
- ❑   PURCHASED DIRECTLY............................5
- ❑   PURCHASED THROUGH COVERED
        CALIFORNIA...6
- ❑   OTHER HEALTH PLAN........................... 91
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

No other health plan

PROGRAMMING NOTE 'AH136':
IF **'AH135'** = 95, THEN SKIP TO **'AH137'**, ELSE CONTINUE.
IF ONLY ONE RESPONSE FROM **'AI33'** THEN DISPLAY THAT RESPONSE
ELSE IF **'AH134'** >0 DISPLAY RESPONSE FROM **'AH134'**
ELSE IF **'AH135'** >0 DISPLAY RESPONSE FROM **'AH135'**
IF **'AI33'** OR AH143 OR **'AH135'**=1 DISPLAY "the MediCAL plan"
IF **'AI33'** OR AH143 OR **'AH135'**=3 DISPLAY "plan through current or former employer or union"
IF **'AI33'** OR AH143 OR **'AH135'**=5 DISPLAY "plan you purchased directly"
IF **'AI33'** OR AH143 OR **'AH135'**=6 DISPLAY "the Covered California plan"
IF **'AI33'** OR AH143 OR **'AH135'**=91 DISPLAY "the other health plan"

'AH136' How long did you have the {MediCAL/ Covered California plan/other health} plan {through current or former employer or union/ you purchased directly}?

[AH136]

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

- ❍ _____ NUMBER OF YEARS   **[IF>0 GOTO AH137]**
- ❍ _____ NUMBER OF MONTHS   **[IF>0 GOTO AH137]**
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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

[AH137]

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]

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

PROGRAMMING NOTE 'AI34':
IF **'AI31'** = 2, -7, -8 OR **'AI32'** = 1, -7, -8 THEN CONTINUE,
ELSE SKIP TO **'AI35'**

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

[AI34]

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

> **PROGRAMMING NOTE 'AI35':**
> IF **'AI34'** = 1 OR **'AI32'** = 2, THEN CONTINUE WITH **'AI35'**;
> ELSE SKIP TO **'PN_AH103H'**.

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

AI35

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

- ❍   ___NUMBER OF MONTHS [HR: 0-11]   **[IF 'AI35'=0, GO TO 'PN_AH103H']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AH103H']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AH103H']**

Reasons for Lack of Coverage

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

AI36

- ❍   CAN'T AFFORD/TOO EXPENSIVE 1
- ❍   NOT ELIGIBLE DUE TO WORKING STATUSB CHANGED EMPLOYER/ LOST JOB...2   **[GO TO 'AH140']**
- ❍   NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS 3
- ❍   NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS 4
- ❍   FAMILY SITUATION CHANGED................5
- ❍   DON'T BELIEVE IN INSURANCE 6
- ❍   DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES..7
- ❍   CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE 8
- ❍   OTHER (SPECIFY: _____) 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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

AH140

- ❑   Lost job...1
- ❑   Reduction in hours 2
- ❑   Change in employe 3
- ❑   Something else (Specify:_____) 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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

AH74

     ❍   YES...1   **[GO TO 'PN_AH103H']**

     ❍   NO..2   **[GO TO 'PN_AH103H']**

     ❍   REFUSED .... -7   **[GO TO 'PN_AH103H']**

     ❍   DON'T KNOW .... -8   **[GO TO 'PN_AH103H']**

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

AI24

[IF R SAYS NO NEED, PROBE WHY]

     ❍   CAN'T AFFORD/TOO EXPENSIVE 1

     ❍   NOT ELIGIBLE DUE TO WORKING STATUS CHANGED EMPLOYER/ LOST JOB...2   **[GO TO 'AH141']**

     ❍   NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS 3

     ❍   NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS 4

     ❍   FAMILY SITUATION CHANGED................5

     ❍   DON'T BELIEVE IN INSURANCE 6

     ❍   DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES ...7

     ❍   CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE 8

     ❍   OTHER (SPECIFY: _____) 91

     ❍   REFUSED.. -7

     ❍   DON'T KNOW.. -8

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

AH141

     ❑   LOST JOB..1

     ❑   REDUCTION IN HOURS 2

     ❑   CHANGE IN EMPLOYE...............................3

     ❑   SOMETHING ELSE (SPECIFY:_____) 91

     ❍   REFUSED.. -7

     ❍   DON'T KNOW.. -8

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

AH75

     ❍   YES...1

     ❍   NO..2

     ❍   REFUSED.. -7

     ❍   DON'T KNOW .... -8

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

AI27

- ❍   YES 1   **[GO TO 'AI29']**
- ❍   NO..2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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

AI28

- ❍   MORE THAN 12 MONTHS AGO, BUT 1   **[GO TO 'PN_AH103H']**

           NOT MORE THAN 3 YEARS
- ❍   MORE THAN 3 YEARS 2   **[GO TO 'PN_AH103H']**

- ❍   NEVER HAD HEALTH INSURANCE 3   **[GO TO 'PN_AH103H']**

- ❍   REFUSED .... -7   **[GO TO 'PN_AH103H']**

- ❍   DON'T KNOW... -8   **[GO TO 'PN_AH103H']**

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

AI29

           [IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

           _____ MONTHS [HR: 0-12]   **[GO TO 'PN_AH103H']**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW... -8

'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?

AI30

           [CODE ALL THAT APPLY]

           [PROBE: "Any others?"]

           (7 maximum responses)

- ❑   MEDI-CAL 1
- ❑   OBTAINED THROUGH CURRENT
           OR FORMER EMPLOYER/UNION 3
- ❑   PURCHASED DIRECTLY............................5
- ❑   PURCHASED THROUGH COVERED
           CALIFORNIA...6
- ❑   OTHER HEALTH PLAN........................... 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AH103H':
IF ARINSURE ≠ 1 OR 'AI33'= 2 OR ARDIRECT= 1 OR 'AI30'= (5, 6) OR 'AI33'= (5, 6) OR ARHBEX =1
OR SPHBEX = 1;
THEN CONTINUE WITH 'AH103H';
ELSE GO TO 'PN_AH139'

'AH103H'   In the past 12 months, did you try to purchase a health insurance plan directly from an
insurance company or HMO, or through Covered California?

AH103H

- YES 1
- NO..2   **[GO TO 'PN_AH139']**
- REFUSED .... -7   **[GO TO 'PN_AH139']**
- DON'T KNOW .... -8   **[GO TO 'PN_AH139']**

'AH110H'   Was that directly from an insurance company or HMO, or through Covered California, or
both from an insurance company and through Covered California?

AH110H

- DIRECTLY FROM AN INSURANCE
  COMPANY OR HMO 1
- THROUGH COVERED CALIFORNIA 2
- BOTH FROM AN INSURANCE
  COMPANY THROUGH COVERED
  CALIFORNIA..3
- REFUSED .... -7   **[GO TO 'AH100H']**
- DON'T KNOW .... -8   **[GO TO 'AH100H']**

PROGRAMMING NOTE 'AH98H':
IF 'AH110H' = 1; THEN CONTINUE WITH 'AH98H';
IF 'AH110H' = 3; THEN CONTINUE WITH 'AH98H' AND DISPLAY "First, think about your experience
trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE 'AH111H';

'AH98H'   {First, think about your experience trying to purchase insurance directly from an
insurance company or HMO.}

AH98H

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

- Very difficult...1
- Somewhat difficult 2
- Not too difficult 3
- Not at all difficult...4
- REFUSED .... -7
- DON'T KNOW .... -8

'AH99H'   How difficult was it to find a plan you could afford? Was it…

AH99H

- ❍   Very difficult...1
- ❍   Somewhat difficult..2
- ❍   Not too difficult 3
- ❍   Not at all difficult..4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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

AH100H

- ❍   Yes..1
- ❍   No...2   **[GO TO 'PN_AH111H']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AH111H']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AH111H']**

'AH101H'   Who helped you?

AH101H

- ❍   BROKER 1
- ❍   FAMILY MEMBER/FRIEND.........................2
- ❍   INTERNET 3
- ❍   OTHER (SPECIFY: _____) 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AH111H':
IF **'AH110H'** = 2; THEN CONTINUE WITH **'AH111H'**;
IF **'AH110H'** = 3;
THEN CONTINUE WITH **'AH111H'** AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO **'PN_AH103H'**;

'AH111H'   {Now, think about your experience with Covered California.}

AH111H

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

- ❍   Very difficult...1
- ❍   Somewhat difficult..2
- ❍   Not too difficult 3
- ❍   Not at all difficult..4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AH112H'   How difficult was it to find a plan you could afford? Was it…

AH112H

- ❍   Very difficult...1
- ❍   Somewhat difficult.....................................2
- ❍   Not too difficult 3
- ❍   Not at all difficult.......................................4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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

AH113H

- ❍   YES...1
- ❍   NO...2   **[GO TO 'PN_AH115H']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AH115H']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AH115H']**

'AH114H'   Who helped you?

AH114H

- ❍   BROKER 1
- ❍   FAMILY MEMBER / FRIEND......................2
- ❍   INTERNET 3
- ❍   CERTIFIED ENROLLMENT COUNSELOR 4
- ❍   OTHER (SPECIFY: _____) 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AH115H'   Did you have all the information you felt you needed to make a good decision on a health plan?

AH115H

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

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

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

AH116H

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

'AH117H'   Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

AH117H

    ❍   VERY IMPORTANT 1
    ❍   SOMEWHAT IMPORTANT.........................2
    ❍   NOT IMPORTANT 3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'AH118H'   Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

AH118H

    ❍   VERY IMPORTANT 1
    ❍   SOMEWHAT IMPORTANT.........................2
    ❍   NOT IMPORTANT 3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'AH119H'   Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

AH119H

    ❍   VERY IMPORTANT 1
    ❍   SOMEWHAT IMPORTANT.........................2
    ❍   NOT IMPORTANT 3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'AH120H'   Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

AH120H

    ❍   VERY IMPORTANT 1
    ❍   SOMEWHAT IMPORTANT.........................2
    ❍   NOT IMPORTANT 3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AH121H':
IF **'AH106'** = 1 THEN DISPLAY "Bronze"
ELSE IF **'AH106'** = 2 THEN DISPLAY "Silver"
ELSE IF **'AH106'** = 3 THEN DISPLAY "Gold"
ELSE IF **'AH106'** = 4 THEN DISPLAY "Platinum"
ELSE IF **'AH106'** = 6 THEN DISPLAY "Minimum coverage"
ELSE DISPLAY;

'AH121H'   Finally, what was the <u>most</u> important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage} plan?

AH121H

Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

    ❍   COST 1
    ❍   SPECIFIC DOCTOR 2
    ❍   SPECIFIC HOSPITAL.................................3
    ❍   CHOICE OF DOCTORS IN NETWORK 4

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

PROGRAMMING NOTE 'AH139':
IF ARINSURE = 1, CONTINUE WITH **'AH139'**;
ELSE SKIP TO **'AH14'**;

'AH139'   Overall, how satisfied are you with your current health insurance plan? Are you…

AH139

❍   Very satisfied...1
❍   Somewhat satisfied.....................................2
❍   Somewhat dissatisfied 3
❍   Very dissatisfied..4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Hospitalizations

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

AH14

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

Medical Debt

PROGRAMMING NOTE 'AH79B':

IF ARMCAL = 1 OR ARINSURE ≠ 1, SKIP TO **'AH81B'**;

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

'AH79B'   The following questions are about your current health plan. While you've had your current health plan, have you ever reached the limit of what your insurance company would pay for?

AH79B

[IF NEEDED, SAY: "EVER for your current health plan."]

❍   YES 1
❍   NO...2   **[GO TO 'AH81B']**
❍   REFUSED .... -7   **[GO TO 'AH81B']**
❍   DON'T KNOW .... -8   **[GO TO 'AH81B']**

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

AH80B

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

'AH81B'   During the past 12 months, did you have medical bills that you had problems paying or
were unable to pay, either for yourself or any family member in your household?

AH81B

[IF NEEDED, SAY: "Dental bills should be included."]

❍   YES 1
❍   NO..2   **[GO TO 'PN_CF10A']**
❍   REFUSED .... -7   **[GO TO 'PN_CF10A']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_CF10A']**

'AH83B'   What is the total amount of medical bills?

AH83B

[IF NEEDED, SAY: "*The bills can be from earlier years as well as this year.*"]

❍   LESS THAN $1,000 1
❍ $1,000 TO LESS THAN $2,000 2
❍ $2,000 TO LESS THAN $4,000 3
❍ $4,000 TO LESS THAN $8,000 4
❍ $8,000 OR MORE 5
❍   NONE 6
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AH84B'   Were you or your family member uninsured at the time care was provided?

AH84B

❍   YES 1
❍   NO..2
❍   MORE THAN ONE PERSON WITH
       MEDICAL BILL PROBLEMS,
       SOME UNINSURED AND
       SOME INSURED 3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AH142':

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

IF 'AH81B' = 1 THEN CONTINUE;
ELSE GO TO 'PN_AH144A';

'AH142'   Where did you receive the care that led to these unpaid medical bills?

AH142

[CHECK ALL THAT APPLY]

❑   MEDICAL DOCTOR'S OFFICE
       OR CLINIC 1
❑   HOSPITAL OR EMERGENCY ROOM 2
❑   AMBULANCE OR OTHER MEDICAL
       TRANSPORTATION 3
❑   URGENT CARE 4

❑   DENTIST..5
❑   OTHER (SPECIFY:_____)................... 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AH143':
IF MULTIPLE SELCTIONS FROM 'AH142' THEN CONTINUE, AND ONLY DISPLAY RESPONSES
FROM 'AH142';
ELSE GO TO 'PN_AH144A';

'AH143'   Which of these resulted in the greatest amount of unpaid medical bills?

AH143

❍   MEDICAL DOCTOR'S OFFICE OR CLINIC1
❍   HOSPITAL OR EMERGENCY ROOM 2
❍   AMBULANCE OR OTHER MEDICAL
❍   TRANSPORTATION....................................3
❍   URGENT CARE 4
❍   DENTIST...5
❍   OTHER (SPECIFY: _____)................... 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AH144A':
IF 'AH81B' = 1 AND ('AH84B' = 2 OR 3) THEN CONTINUE WITH 'AH144A';
ELSE GO TO 'AH85B';

'AH144A'   Did any of the following lead to your problems paying for these medical bills?

AH144A

High-deductible amounts(s)?

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

'AH144B'   [Did any of the following lead to your problems paying for these medical bills?]

'AH144B'

High co-pay amounts?

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

'AH144C'   [Did any of the following lead to your problems paying for these medical bills?]

'AH144C'

Your insurance denied coverage or payment for the service?

❍   YES..1
❍   NO..2

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

'AH144D' [Did any of the following lead to your problems paying for these medical bills?]

'AH144D'

You used an out-of-network provider?

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

PROGRAMMING NOTE 'AH145':
IF 'AH144D = 1 THEN CONTINUE;
ELSE GO TO 'AH147';

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

AH145

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

PROGRAMMING NOTE 'AH146':
IF 'AH145' = 1 THEN CONTINUE;
ELSE GO TO 'AH147';

'AH146' Why did you select this out-of-network provider?

AH146

   ❍ PREFERRED THIS PROVIDER..................1
   ❍ UNABLE TO USE AN IN-NETWORK
     PROVIDER 2
   ❍ SOME OTHER REASON............................3
   ❍ REFUSED .... -7
   ❍ DON'T KNOW .... -8

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

AH147

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

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

AH148

   ❍ YES..1
   ❍ NO..2
   ❍ REFUSED .... -7

○   DON'T KNOW .... -8

PROGRAMMING NOTE 'AH149':
IF 'AH147' = 1 OR 'AH148' = 1, THEN CONTINUE;
ELSE GO TO 'AH85B';

'AH149'   Did you receive financial assistance?

AH149

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

'AH85B'   Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

AH85B

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

'AH86B'   Because of these medical bills, did you take on credit card debt?

AH86B

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

Section I: Child and Adolescent Health Insurance

Child's Health Insurance

PROGRAMMING NOTE 'CF10A':
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE **'IA10A'** TO ASK ABOUT SELECTED ADOLESCENT;

IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE **'MA1'**;
ELSE CONTINUE WITH **'CF10A'**

'CF10A'   Does (CHILD) have the same <u>health</u> insurance as you?

| CF10A |

❍   YES 1   **[GO TO 'MA3']**
❍   NO..2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'CF10A': IF **'CF10A'**= 1 AND ARMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'CF10A'**= 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH= 1;
IF **'CF10A'**= 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH= 1;
IF **'CF10A'**= 1 AND AREMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'CF10A'**= 1 AND AREMPPAR= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF **'CF10A'**= 1 AND AREMPOTH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'CF10A'**= 1 AND ARDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'CF10A'**= 1 AND ARMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'CF10A'**= 1 AND AROTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

IF **'CF10A'**= 1 AND AROTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF **'CF10A'**= 1 AND ARIHS= 1, SET CHIHS= 1
IF **'CF10A'**= 1 AND ARHBEX= 1, SET CHHBEX= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;

PROGRAMMING NOTE 'MA1':

IF SPINSURE ≠ 1, THEN SKIP TO **'CF1'**;

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

ELSE CONTINUE WITH **'MA1'**

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

MA1

- ❍   YES...1   **[GO TO 'MA3']**
- ❍   NO...2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW.. -8

POST NOTE 'MA1': IF **'MA1'**= 1 AND SPMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1 AND SPSAMECH=1;

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

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

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

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

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

IF **'MA1'**= 1 AND SPARPAR= 1, THEN SET CHOTHER= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1IF **'MA1'**= 1 AND SPEMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND SPSAMECH= 1;

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

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

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

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

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

Medi-Cal Coverage (Child)

'CF1'   Is {he/she} currently covered by Medi-CAL?

CF1

[IF NEEDED, SAY: "Medi-Cal is a health insurance program for low-income individuals in California]

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

POST NOTE 'CF1': IF **'CF1'** = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

Employer-Based Coverage (Child)

'CF3'   Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

CF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

   ❍   YES 1
   ❍   NO..2   **[GO TO 'PN_CF4']**
   ❍   REFUSED .... -7   **[GO TO 'PN_CF4']**
   ❍   DON'T KNOW .... -8   **[GO TO 'PN_CF4']**

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

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

AI90

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by/ Covered California.]

   ❍   EMPLOYER 1
   ❍   UNION...2
   ❍   SHOP / COVERED CALIFORNIA 3
   ❍   OTHER (SPECIFY: _____) 91
   ❍   REFUSED .... -7
   ❍   DON'T KNOW .... -8

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

Private Coverage (Child)

PROGRAMMING NOTE 'CF4':
IF CHINSURE = 1 THEN GO TO AI93;
ELSE CONTINUE WITH **'CF4'**

'CF4'   Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

CF4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]

   ❍   YES 1
   ❍   NO..2   **[GO TO 'PN_CF6']**
   ❍   REFUSED .... -7   **[GO TO 'PN_CF6']**
   ❍   DON'T KNOW .... -8   **[GO TO 'PN_CF6']**

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

PROGRAMMING NOTE 'AI91':

IF CHDIRECT= 1, THEN CONTINUE WITH **'AI91'**;
ELSE GO TO **'PN_AI93'**

'AI91'   How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

AI91

- ❍   INSURANCE COMPANY OR HMO.............1
- ❍   COVERED CALIFORNIA...........................2
- ❍   OTHER (SPECIFY: _____)................ 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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

PROGRAMMING NOTE 'AI93':

IF CHHBEX = 1 AND CHDIRECT= 1, THEN CONTINUE WITH **'AI93'**;
ELSE GO TO **'PN_AI54'**;

'AI93'   Was there a subsidy or discount on the premium for this plan?

AI93

- ❍   YES...1
- ❍   NO...2   **[GO TO 'PN_CF6']**
- ❍   REFUSED .... -7   **[GO TO 'PN_CF6']**
- ❍   DON'T KNOW .... -8

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

'AI54'   Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AI54

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

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

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

- ❍   YES...1
- ❍   NO...2   **[GO TO 'PN_CF6']**
- ❍   REFUSED   -7   **[GO TO 'PN_CF6']**
- ❍   DON'T KNOW .... -8

'AI50'   Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

AI50

- ❍   YES 1
- ❍   NO...2   **[GO TO 'PN_CF6']**
- ❍   REFUSED .... -7   **[GO TO 'PN_CF6']**
- ❍   DON'T KNOW .... -8

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

AI51

[CODE ALL THAT APPLY]

- ❑   YOUR CURRENT EMPLOYER 1
- ❑   YOUR FORMER EMPLOYER 2
- ❑   UNION...3
- ❑   SPOUSE'S/PARTNER'S CURRENT EMPLOYER 4
- ❑   SPOUSE'S/PARTNER'S FORMER EMPLOYER 5
- ❑   PROFESSIONAL/FRATERNAL ORGANIZATION..6
- ❑   MEDICAID/MEDI-CAL ASSISTANCE 7
- ❑   COVERED CALIFORNIA......................... 10
- ❑   OTHER.. 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

POST NOTE 'AI51': IF **'AI51'**= 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF **'AI51'**= 7, SET CHMCAL= 1
IF **'AI51'**= 10, SET CHHBEX= 1;

CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)

PROGRAMMING NOTE 'CF6':
IF CHINSURE = 1, GO TO **'PN_MA3'**;
ELSE CONTINUE WITH **'CF6'**

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

CF6

- ❍   YES 1   **[GO TO 'PN_MA3']**
- ❍   NO...2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

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

AIM, MRMIP, HEALTHY KIDS, Other Government Coverage

'CF7'   Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP',
Healthy Kids, or something else?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP
means Major Risk Medical Insurance Program."]

- ○   AIM...1   **[GO TO 'PN_MA3']**
- ○   MRMIP 2   **[GO TO 'PN_MA3']**
- ○   Healthy Kids 3   **[GO TO 'PN_MA3']**
- ○   No other plan...4
- ○   Something else (Specify: _____) 91   **[GO TO 'PN_MA3']**
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

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

Other Coverage (Child)

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

CF8

- ○   YES..1
- ○   NO..2   **[GO TO 'PN_CF1A']**
- ○   REFUSED .... -7   **[GO TO 'PN_CF1A']**
- ○   DON'T KNOW .... -8   **[GO TO 'PN_CF1A']**

'CF9' What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

CF9

CHECK ALL THAT APPLY]

[PROBE: "Any others?"]

❑ THROUGH CURRENT OR
    FORMER EMPLOYER/UNION...................1
❑ THROUGH SCHOOL, PROFESSIONAL
    ASSOCIATION TRADE GROUP OR
    OTHER ORGANIZATION 2
❑ PURCHASED DIRECTLY FROM
    A HEALTH PLAN (BY YOU OR ANYONE
    ELSE)...3
❑ MEDICARE 4
❑ MEDI-CAL 5
❑ CHAMPUS/CHAMP-VA,
    TRICARE, VA, OR SOME OTHER
    MILITARY CARE 6
❑ INDIAN HEALTH SERVICE
    TRIBAL HEALTH PROGRAM, URBAN
    INDIAN CLINIC 8
❑ COVERED CALIFORNIA.......................... 10
❑ SHOP THROUGH COVERED
    CALIFORNIA.. 11
❑ OTHER GOVERNMENT HEALTH
    PLAN... 91
❑ OTHER NON-GOVERNMENT
    HEALTH PLAN 92
◯ REFUSED .... -7
◯ DON'T KNOW.. -8

POST NOTE 'CF9': IF **'CF9'** = 8, SET CHIHS = 1
IF **'CF9'**= 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;
IF **'CF9'**= 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;
IF **'CF9'**= 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF **'CF9'**= 92, SET CHOTHER = 1 AND CHINSURE = 1
IF **'CF9'**= -7 OR -8, SET CHINSURE = 1

IF **'CF9'**= 1, SET CHEMP = 1 AND CHINSURE = 1
IF **'CF9'**= 2, SET CHEMP = 1 AND CHINSURE = 1
IF **'CF9'**= 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF **'CF9'**= 4, SET CHMCARE = 1 AND CHINSURE = 1
IF **'CF9'**= 5, SET CHMCAL = 1 AND CHINSURE = 1
IF **'CF9'**= 7, SET CHMILIT = 1 AND CHINSURE = 1

PROGRAMMING NOTE 'CF9VER':
IF **'CF9'** = 4 (CHILD HAS MEDICARE), CONTINUE WITH **'CF9VER'**;
ELSE SKIP TO **'PN_CF1A'**

'CF9VER'   Just to verify, you said that (CHILD) gets health insurance through Medicare?

CF9VER

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

PROGRAMMING NOTE 'CF1A':
IF CHINSURE ≠ 1 CONTINUE WITH **'CF1A'**;
ELSE GO TO **'MA3'**;

'CF1A'   What is the <u>one</u> main reason why (CHILD) is not enrolled in the Medi-CAL program?

CF1A

- ❍   PAPERWORK TOO DIFFICULT 1
- ❍   DO NOT KNOW IF ELIGIBLE.....................2
- ❍   INCOME TOO HIGH, NOT ELIGIBLE 3
- ❍   NOT ELIGIBLE DUE TO
              CITIZENSHIP/IMMIGRATION STATUS......4
- ❍   DO NOT BELIEVE IN HEALTH
              INSURANCE 6
- ❍   DO NOT NEED INSURANCE BECAUSE
              SHE/HE IS HEALTHY.................................7
- ❍   ALREADY HAVE INSURANCE 8
- ❍   DID NOT KNOW ABOUT IT 9
- ❍   DO NOT LIKE OR WANT WELFARE....... 10
- ❍   OTHER (SPECIFY: _____) 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Managed-Care Plan Characteristics (Child)

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

'MA3'   Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA3

[IF NEEDED, SAY: "<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 for unless it's an emergency."]

- ❍   YES 1   **[GO TO 'MA2']**
- ❍   NO..2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AI115':

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

'AI115' Is (CHILD)'s health plan a PPO or EPO?

AI115

[IF NEEDED, SAY: **"**EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider**."**]

[IF NEEDED, SAY: **"**PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can see doctors and specialists directly without a referral from your primary care provider**.**"]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

❍   PPO...1
❍   EPO...2
❍   OTHER (SPECIFY: _____) 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'MA2'   What is the name of (CHILD)'s main health plan?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

- ACCESS SENIOR HEALTHCARE 1
- AETNA 2
- AETNA GOLDEN MEDICARE....................3
- AIDS HEALTHCARE FOUNDATION, LA 4
- ALAMEDA ALLIANCE FOR HEALTH 5
- ALTAMED HEALTH SERVICES.............. 83
- ANTHEM BLUE CROSSOF CALIFORNIA..7
- ASPIRE HEALTH PLAN 8
- BLUE CROSS CALIFORNIACARE 9
- BLUE CROSS SENIOR SECURE7 9
- BLUE SHIELD 65 PLUS 11
- BLUE SHIELD OF CALIFORNIA.............. 12
- BRAND NEW DAY (UNIVERSAL CARE). 13
- CALIFORNIA HEALTH AND
  WELLNESS PLAN 14
- CALIFORNIAKIDS (CALKIDS) 15
- CAL OPTIMA (CALOPTIMA ONE CARE) 16
- CALVIVA HEALTH................................... 17
- CARE 1ST HEALTH PLAN...................... 18
- CAREMORE HEALTH PLAN.................... 19
- CENTER FOR ELDERS'
  INDEPENDENCE 21
- CEN CAL HEALTH 80
- CENTRAL CALIFORNIA ALLIANCE
  FOR HEALTH 22
- CENTRAL HEALTH PLAN........................ 23
- CHINESE COMMUNITY HEALTH PLAN . 24
- CHOICE PHYSICIANS NETWORK.......... 25
- CIGNA HEALTHCARE 26
- CITIZENS CHOICE HEALTHPLAN 27
- COMMUNITY CARE HEALTH PLAN 28
- COMMUNITY HEALTH GROUP 29
- CONTRA COSTA HEALTH PLAN............ 81
- DAVITA HEALTHCARE
  PARTNERS PLAN 31
- EASY CHOICE HEALTH PLAN............... 32
- EPIC HEALTH PLAN 33
- GEM CARE HEALTH PLAN 34
- GOLD COAST HEALTH PLAN................. 35
- GOLDEN STATE MEDICARE
  HEALTH PLAN 36
- HEALTH NET.. 38
- HEALTH NET SENIORITY PLUS............. 39
- HEALTH PLAN OF SAN JOAQUIN.......... 40
- HEALTH PLAN SAN JP AUTHORITY...... 41
- HERITAGE PROVIDER NETWORK 42
- HUMANA GOLD PLUS............................ 43
- HUMANA HEALTH PLAN........................ 44
- IEHP (INLAND EMPIRE HEALTH PLAN) 45
- INTER VALLEY HEALTH PLAN 46

❍   HEALTH ADVANTAGE 82
❍   KAISER PERMANENTE 47
❍   KAISER PERMANENTE
        SENIOR ADVANTAGE 48
❍   KERN FAMILY HEALTH CARE 49
❍   L.A. CARE HEALTH PLAN 50
❍   MD CARE 51
❍   MOLINA HEALTHCARE OF
        CALIFORNIA 54
❍   MONARCH HEALTH PLAN 55
❍   ON LOK SENIOR HEALTH SERVICES ... 56
❍   PARTNERSHIP HEALTHPLAN
        OF CALIFORNIA 57
❍   PIH HEALTH CARE SOLUTIONS 58
❍   PREMIER HEALTH PLAN SERVICES 59
❍   PRIMECARE MEDICAL NETWORK 60
❍   PROVIDENCE HEALTH NETWORK 61
❍   SCRIPPS HEALTH PLAN SERVICES 68
❍   SEASIDE HEALTH PLAN 69
❍   SAN FRANCISCO HEALTH PLAN 84
❍   SANTA CLARA FAMILY HEALTH
        PLAN 90
❍   SAN MATEO HEALTH COMMISION 86
❍   SANTA BARBARA 88
❍   SATELLITE HEALTH PLAN 92
❍   SCAN HEALTH PLAN 67
❍   SHARP HEALTH PLAN 70
❍   SUTTER HEALTH PLAN 71
❍   SUTTER SENIOR CARE 72
❍   UNITED HEALTHCARE 73
❍   UNITED HEALTHCARE SECURE
        HORIZON 74
❍   UNIVERSITY HEALTHCARE
        ADVANTAGE 75
❍   VALLEY HEALTH PLAN 76
❍   VENTURA COUNTY HEALTH
        CARE PLAN 77
❍   WESTERN HEALTH ADVANTAGE 78
❍   CHAMPUS/CHAMP-VA 93
❍   TRICARE/TRICARE FOR LIFE/
        TRICARE PRIME 87
❍   VA HEALTH CARE SERVICES 89
❍   MEDI-CAL 52
❍   MEDICARE 53
❍   OTHER (SPECIFY: _____) 85
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

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

CF14

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

High Deductible Health Plans (Child)

PROGRAMMING NOTE *FOR* 'AI79':

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

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

AI79

[IF NEEDED, SAY **"**A deductible is the amount you have to pay before your plan begins to pay for your medical care.]

- ❍ YES 1
- ❍ NO 2
- ❍ YES, BUT ONLY WHEN WE GO OUT
  OF NETWORK 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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

AI80

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."].

- ❍ YES 1
- ❍ NO 2
- ❍ YES, BUT ONLY WHEN WE GO OUT
  OF NETWORK 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

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

'AI81'   Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

AI81

[IF NEEDED, SAY: **"**The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs]

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

Reasons for Lack of Coverage (Child)

PROGRAMMING NOTE 'CF18':
IF CHINSURE = 1, GO TO '**CF24**';
ELSE CONTINUE WITH '**CF18**'

'CF18' What is the <u>one main</u> reason (CHILD) does not have any health insurance?

CF18

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

Coverage over Past 12 Months (Child)

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

CF20

❍   YES 1   **[GO TO 'CF22']**
❍   NO 2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

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

CF21

- ○ MORE THAN 12 MONTHS, BUT
  NOT MORE THAN 3 YEARS AGO 1   **[GO TO 'PN_IA10A]**
- ○ MORE THAN 3 YEARS AGO 2   **[GO TO 'PN_IA10A]**
- ○ NEVER HAD HEALTH INSURANCE
  COVERAGE..3   **[GO TO 'PN_IA10A]**
- ○ REFUSED .... -7   **[GO TO 'PN_IA10A]**
- ○ DON'T KNOW .... -8   **[GO TO 'PN_IA10A]**

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

CF22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS,
ENTER 1]

_____MONTHS [HR: 0-12]   **[GO TO 'PN_IA10A']**

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

'CF23' During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

CF23

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

(7 maximum responses)

- ❑ Medi-Cal...1   **[GO TO 'PN_IA10A']**
- ❑ Through current or former employer/union ..3   **[GO TO 'PN_IA10A']**
- ❑ Purchased directly 5   **[GO TO 'PN_IA10A']**
- ❑ Covered California 6   **[GO TO 'PN_IA10A']**
- ❑ Other health plan 91   **[GO TO 'PN_IA10A']**
- ○ REFUSED .... -7   **[GO TO 'PN_IA10A']**
- ○ DON'T KNOW .... -8   **[GO TO 'PN_IA10A']**

'CF24'   Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

CF24

- ❍ YES 1   **[GO TO 'PN_IA10A']**
- ❍ NO..2
- ❍ HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)..3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'CF25'   When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

CF25

- ❍ YES 1   **[GO TO 'CF27']**
- ❍ NO..2
- ❍ REFUSED .... -7   **[GO TO 'CF27']**
- ❍ DON'T KNOW .... -8   **[GO TO 'CF27']**

'CF26'   Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

CF26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

(7 maximum responses)

- ❑ MEDI-CAL 1
- ❑ THROUGH CURRENT OR FORMER EMPLOYER/UNION....................4
- ❑ PURCHASED DIRECTLY...........................5
- ❑ COVERED CALIFORNIA...........................6
- ❑ OTHER HEALTH PLAN........................... 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'CF27'   During the past 12 months, was there any time when {he/she} had no health insurance at all?

CF27

- ❍ YES 1
- ❍ NO..2   **[GO TO 'PN_IA10A']**
- ❍ REFUSED .... -7   **[GO TO 'PN_IA10A']**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_IA10A']**

'CF28' For how many of the past 12 months did {he/she} have no health insurance?

CF28

[IF < 1 MONTH, ENTER '1']

_____ MONTHS   [RANGE: 1-12]
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'CF29'   [What is the <u>one main</u> reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

CF29

[IF R SAYS, "No need," PROBE WHY]

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

Teen's Health Insurance

PROGRAMMING NOTE 'IA10A':
IF NO TEEN SELECTED, GO TO PN **'AH5'**;
IF ARINSURE = 1, CONTINUE WITH **'IA10A'**;

IF ARINSURE ≠ 1, GO TO PN **'MA5'**;

ELSE CONTINUE WITH **'IA10A'**

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

| IA10A |

❍   YES 1   **[GO TO 'MA8']**
❍   NO...2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE 'IA10A': IF **'IA10A'** = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF **'IA10A'** = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF **'IA10A'** = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF **'IA10A'** = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF **'IA10A'** = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF **'IA10A'** = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF **'IA10A'** = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF **'IA10A'** = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF **'IA10A'** = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF **'IA10A'** = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF **'IA10A'** = 1 AND ARIHS = 1, SET TEIHS = 1
IF **'IA10A'** = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE 'MA5':

IF SPINSURE ≠ 1 THEN SKIP TO **'MA6'**;

ELSE IF **'IA10A'**= 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE **'MA6'**;

ELSE CONTINUE WITH **'MA5'**

'MA5'   Does (TEEN) have the same insurance as your spouse?

| MA5 |

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

POST NOTE 'MA5': IF **'MA5'**= 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;

IF **'MA5'**= 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;

IF **'MA5'**= 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF **'MA5'**= 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF **'MA5'**= 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF **'MA5'**= 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;

IF **'MA5'**= 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;

IF **'MA5'**= 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;

IF **'MA5'**= 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;

IF **'MA5'**= 1 AND SPOTHER= 1, SET TEOTHER= 1 AND SET TEINSURE = 1;

IF **'MA5'**= 1 AND SPIHS= 1, SET TEIHS= 1

IF **'MA5'**= 1 AND SPHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE= 1;

IF **'MA5'**= 1 AND SPARPAR= 1, THEN SET TEOTHER= 1 AND SET TEINSURE= 1 AND SPSAMETE= 1

PROGRAMMING NOTE 'MA6':

IF TEINSURE≠ 1 OR CHINSURE≠ 1, THEN SKIP TO **'IA1'**;

ELSE IF (**'IA10A'**= 2 AND ARSAMECH= 1) OR (**'MA5'**= 2 AND SPSAMECH= 1), THEN SKIP TO **'IA1'**;
ELSE CONTINUE WITH **'MA6'**;

'MA6'   Does (TEEN) have the same insurance as (CHILD)?

| MA6 |

- ❍   YES 1   **[GO TO 'IA24']**
- ❍   NO...2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

POST NOTE 'MA6': IF **'MA6'**= 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF **'MA6'**= 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF **'MA6'**= 1 AND CHEMP= 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF **'MA6'**= 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF **'MA6'**= 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF **'MA6'**= 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF **'MA6'**= 1 AND CHIHS = 1, SET TEIHS = 1;
IF **'MA6'**= 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF **'MA6'**= 1 AND CHHBEX = 1, SET TEHBEX = 1

Medi-Cal Coverage (Teen)

'IA1'   Is {he/she} currently covered by Medi-CAL?

| IA1 |

[IF NEEDED, SAY: Medi-Cal is a health insurance program for low-income individuals in California]

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

POST NOTE 'IA1': IF **'IA1'**= 1, SET TEMCAL= 1 AND SET TEINSURE= 1

Employer-Based Coverage (Teen)

'IA3'   Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

| IA3 |

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

- ❍   YES 1
- ❍   NO...2   **[GO TO 'IA4']**
- ❍   REFUSED .... -7   **[GO TO 'IA4']**
- ❍   DON'T KNOW .... -8   **[GO TO 'IA4']**

POST NOTE 'IA3': IF **'IA3'**= 1, SET TEEMP = 1 AND SET TEINSURE = 1

'AI94'   Is this plan through an employer, through a union, or through Covered California's SHOP program?

AI94

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California.]

❍   EMPLOYER 1
❍   UNION...2
❍   SHOP / COVERED CALIFORNIA 3
❍   OTHER (SPECIFY: _____) 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE FOR 'AI94': IF **'AI94'**= 3, THEN SET TEHBEX = 1

Private Coverage (Teen)

PROGRAMMING NOTE 'IA4':
IF TEINSURE = 1 THEN GO TO **'AI95'**;
ELSE CONTINUE WITH **'IA4'**

'IA4'   Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

IA4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital]

❍   YES 1
❍   NO...2   **[GO TO 'IA6']**
❍   REFUSED .... -7   **[GO TO 'IA6']**
❍   DON'T KNOW .... -8   **[GO TO 'IA6']**

POST NOTE 'IA4': IF **'IA4'** = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE 'AI95':
IF TEDIRECT = 1, THEN CONTINUE WITH **'AI95'**;
ELSE GO TO **'PN_AI97'**

'AI95'   How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

AI95

❍   INSURANCE COMPANY OR HMO.............1
❍   COVERED CALIFORNIA.............................2
❍   OTHER (SPECIFY: _____) 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

POST NOTE FOR 'AI95': IF **'AI95'** = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE 'AI97':
IF 'AI94' = 3, THEN GO TO PN 'AI55';
ELSE CONTINUE WITH 'AI97';

'AI97'   Was there a subsidy or discount on the premium for this plan?

AI97
        ❍   YES..1
        ❍   NO...2   **[GO TO 'IA6']**
        ❍   REFUSED .... -7   **[GO TO 'IA6']**
        ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AI55':
IF TEEMP= 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT= 1 (PURCHASED OWN
COVERAGE), CONTINUE WITH 'AI55';
ELSE GO TO PROGRAMMING NOTE 'IA6'

'AI55'   Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include
the cost of any co-pays or deductibles you or your family may have had to pay.

AI55
[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each
time you see a doctor or use the health care system, while someone else pays for your
main health care coverage.]

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

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

        ❍   YES..1
        ❍   NO...2   **[GO TO 'IA6']**
        ❍   REFUSED .... -7   **[GO TO 'IA6']**
        ❍   DON'T KNOW .... -8

'AI52'   Does anyone else, such as an employer, a union, or professional organization pay all or
some portion of the premium or cost for (TEEN)'s health plan?

AI52
        ❍   YES..1
        ❍   NO...2   **[GO TO
                                             'PN_IA6']**
        ❍   REFUSED .... -7   **[GO TO
                                           'PN_IA6']**
        ❍   DON'T KNOW .... -8   **[GO TO
                                           'PN_IA6']**

'AI53'   Who else pays all or some portion of the cost for (TEEN)'s health plan?

> **AI53**

> [CODE ALL THAT APPLY]

> - ❑ CURRENT EMPLOYER 1
> - ❑ FORMER EMPLOYER 2
> - ❑ UNION...3
> - ❑ SPOUSE'S/PARTNER'S CURRENT EMPLOYER 4
> - ❑ SPOUSE'S/PARTNER'S FORMER EMPLOYER 5
> - ❑ PROFESSIONAL/FRATERNAL ORGANIZATION..6
> - ❑ MEDICAID/MEDI-CAL ASSISTANCE 7
> - ❑ COVERED CALIFORNIA......................... 10
> - ❑ OTHER.. 91
> - ❍ REFUSED .... -7
> - ❍ DON'T KNOW .... -8

POST NOTE 'AI53': IF **'AI53'** = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF **'AI53'** = 7, SET TEMCAL = 1;
IF **'AI53'** = 10, SET TEHBEX = 1;

CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

PROGRAMMING NOTE 'IA6':
IF TEINSURE = 1, GO TO PROGRAMMING NOTE **'IA1A'**;
ELSE CONTINUE WITH **'IA6'**

'IA6'   Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

> **IA6**

> - ❍ YES 1   **[GO TO 'PN_MA8']**
> - ❍ NO...2   **[GO TO 'PN_IA6']**
> - ❍ REFUSED .... -7   **[GO TO 'PN_IA6']**
> - ❍ DON'T KNOW... -8

POST NOTE 'IA6': IF **'IA6'** = 1, SET TEMILIT= 1 AND SET TEINSURE = 1

AIM, MRMIP, Family PACT, Healthy Kids, Other (Teen)

'IA7'   Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Family PACT, Healthy Kids or something else?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men.]

❍	AIM...1	**[GO TO 'PN_MA8']**
❍	MISTER MIP/MRMIP 2	**[GO TO 'PN_MA8']**
❍	Family PACT 3	**[GO TO 'PN_MA8']**
❍	HEALTHY KIDS 4	**[GO TO 'PN_MA8']**
❍	NO OTHER PLAN.......................................5	
❍	SOMETHING ELSE (SPECIFY: ___) 91	**[GO TO 'PN_MA8']**
❍	REFUSED .... -7	
❍	DON'T KNOW .... -8	

POST NOTE 'IA7': IF **'IA7'** = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

Other Coverage (Teen)

'IA8'   Does {he/she} have any health insurance coverage through a plan that I missed?

IA8

❍	YES 1	
❍	NO...2	**[GO TO 'PN_MA8']**
❍	REFUSED .... -7	**[GO TO 'PN_MA8']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_MA8']**

'IA9'   What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

| IA9 |

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group or other organization directly from the health plan?"]

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

- ❑ THROUGH CURRENT OR FORMER EMPLOYER/UNION...................1
- ❑ THROUGH SCHOOL, PROFESSIONAL ASSOCIATION TRADE GROUP OR OTHER ORGANIZATION 2
- ❑ PURCHASED DIRECTLY FROM A HEALTH PLAN (BY YOU OR ANYONE ELSE) 3
- ❑ MEDICARE 4
- ❑ MEDI-CAL 5
- ❑ CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE...7
- ❑ INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC 8
- ❑ COVERED CALIFORNIA......................... 10
- ❑ SHOP THROUGH COVERED CALIFORNIA......................... 11
- ❑ OTHER GOVERNMENT HEALTH PLAN... 91
- ❑ OTHER NON-GOVERNMENT HEALTH PLAN... 92
- ◯ REFUSED .... -7
- ◯ DON'T KNOW... -8

POST NOTE 'IA9': IF **'IA9'**= 1, SET TEEMP= 1 AND TEINSURE= 1;
IF **'IA9'** = 2, SET TEEMP= 1 AND TEINSURE= 1;
IF **'IA9'** = 3, SET TEDIRECT= 1 AND TEINSURE= 1;
IF **'IA9'** = 4, SET TEMCARE= 1 AND TEINSURE= 1;
IF **'IA9'** = 5, SET TEMCAL= 1 AND TEINSURE= 1;
IF **'IA9'** = 7, SET TEMILIT= 1 AND TEINSURE= 1;
IF **'IA9'** = 8, SET TEIHS= 1;
IF **'IA9'** = 10, SET TEHBEX= 1 AND TEINSURE= 1 AND TEDIRECT= 1;
IF **'IA9'** = 11, SET TEHBEX= 1 AND TEINSURE= 1 AND TEEMP= 1;
IF **'IA9'** = 91, SET TEOTHGOV= 1 AND TEINSURE= 1;
IF **'IA9'** = 92, SET TEOTHER= 1 AND TEINSURE= 1;
IF **'IA9'** = -3, SET TEINSURE= 1

PROGRAMMING NOTE 'IA9VER':
IF **'IA9'**= 4 (TEEN HAS MEDICARE), CONTINUE WITH **'IA9VER'**;
ELSE SKIP TO PROGRAMMING NOTE **'IA1A'**

'IA9VER'   Just to verify, you said that (TEEN) gets health insurance through Medicare?

| IA9VER |

	YES 1	
○	NO...2	**[GO TO 'PN_MA8']**
○	REFUSED .... -7	**[GO TO 'PN_MA8']**
○	DON'T KNOW...-8	

PROGRAMMING NOTE 'IA1A':
IF TEINSURE ≠ 1 CONTINUE WITH **'IA1A'**;
ELSE GO TO **'MA8'**;

'IA1A'   What is the <u>one</u> main reason why (TEEN) is not enrolled in the Medi-CAL program?

| IA1A |

❑	PAPERWORK TOO DIFFICULT 1
❑	DO NOT KNOW IF ELIGIBLE.....................2
❑	INCOME TOO HIGH, NOT ELIGIBLE 3
❑	NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS......4
❑	DO NOT BELIEVE IN HEALTH INSURANCE 6
❑	DO NOT NEED INSURANCE BECAUSE SHE/HE IS HEALTHY.................................7
❑	ALREADY HAVE INSURANCE 8
❑	DID NOT KNOW ABOUT IT 9
❑	DO NOT LIKE OR WANT WELFARE....... 10
❑	OTHER (SPECIFY: _____) 91
○	REFUSED .... -7
○	DON'T KNOW... -8

Managed Care Plan Characteristics (Teen)

PROGRAMMING NOTE 'MA8':
IF **'IA10A'** = 1 AND ARMCARE = 1, THEN **'MA8'**= **'AH122'** AND **'MA7'**= **'AI25'** AND **IA14'**= **'AH71'** AND GO TO PN **'AI82'**;
ELSE IF **'MA6'**= 1, THEN **'MA8'**= **'MA3'** AND **'MA7'**= **'MA2'** AND **'IA14'**= **'CF14'** AND GO TO **'PN_AI82'**; ELSE IF TEINSURE = 1, THEN CONTINUE WITH **'MA8'**;
ELSE GO TO PROGRAMMING NOTE **'AI82'**

'MA8'   Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

> **MA8**

> [IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]

> [IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

> [IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]

> ❍   YES 1   **[GO TO 'MA7']**
> ❍   NO...2
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AI116':
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO **'MA7'**;
ELSE CONTINUE WITH **'AI116'**;

'AI116' Is (TEEN)'s health plan a PPO or EPO?

> **AI116**

> [IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider."]

> [IF NEEDED, SAY: "PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]

> [IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

> ❍   PPO..1
> ❍   EPO..2
> ❍   Other (Specify: _____).................. 91
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

'MA7'   What is the name of (TEEN)'s main health plan?

MA7

❍	ACCESS SENIOR HEALTHCARE 1
❍	AETNA 2
❍	AETNA GOLDEN MEDICARE...................3
❍	AIDS HEALTHCARE FOUNDATION, LA 4
❍	ALAMEDA ALLIANCE FOR HEALTH 5
❍	ALTAMED HEALTH SERVICES.............. 83
❍	ANTHEM BLUE CROSSOF CALIFORNIA..7
❍	ASPIRE HEALTH PLAN 8
❍	BLUE CROSS CALIFORNIACARE 9
❍	BLUE CROSS SENIOR SECURE7 9
❍	BLUE SHIELD 65 PLUS 11
❍	BLUE SHIELD OF CALIFORNIA 12
❍	BRAND NEW DAY (UNIVERSAL CARE). 13
❍	CALIFORNIA HEALTH AND WELLNESS PLAN 14
❍	CALIFORNIAKIDS (CALKIDS) 15
❍	CAL OPTIMA (CALOPTIMA ONE CARE) 16
❍	CALVIVA HEALTH.................................. 17
❍	CARE 1ST HEALTH PLAN 18
❍	CAREMORE HEALTH PLAN................... 19
❍	CENTER FOR ELDERS' INDEPENDENCE 21
❍	CEN CAL HEALTH 80
❍	CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 22
❍	CENTRAL HEALTH PLAN....................... 23
❍	CHINESE COMMUNITY HEALTH PLAN . 24
❍	CHOICE PHYSICIANS NETWORK.......... 25
❍	CIGNA HEALTHCARE 26
❍	CITIZENS CHOICE HEALTHPLAN 27
❍	COMMUNITY CARE HEALTH PLAN 28
❍	COMMUNITY HEALTH GROUP 29
❍	CONTRA COSTA HEALTH PLAN............ 81
❍	DAVITA HEALTHCARE PARTNERS PLAN 31
❍	EASY CHOICE HEALTH PLAN............... 32
❍	EPIC HEALTH PLAN 33
❍	GEM CARE HEALTH PLAN 34
❍	GOLD COAST HEALTH PLAN
❍	GOLDEN STATE MEDICARE 35
	HEALTH PLAN 36
❍	HEALTH NET.. 38
❍	HEALTH NET SENIORITY PLUS............. 39
❍	HEALTH PLAN OF SAN JOAQUIN.......... 40
❍	HEALTH PLAN SAN JP AUTHORITY...... 41
❍	HERITAGE PROVIDER NETWORK 42
❍	HUMANA GOLD PLUS............................ 43
❍	HUMANA HEALTH PLAN 44
❍	IEHP (INLAND EMPIRE HEALTH PLAN) 45
❍	INTER VALLEY HEALTH PLAN............... 46
❍	HEALTH ADVANTAGE............................ 82
❍	KAISER PERMANENTE........................... 47
❍	KAISER PERMANENTE

❍ SENIOR ADVANTAGE 48
❍ KERN FAMILY HEALTH CARE................ 49
❍ L.A. CARE HEALTH PLAN 50
❍ MD CARE... 51
❍ MOLINA HEALTHCARE OF
    CALIFORNIA.. 54
❍ MONARCH HEALTH PLAN...................... 55
❍ ON LOK SENIOR HEALTH SERVICES ... 56
❍ PARTNERSHIP HEALTHPLAN
    OF CALIFORNIA 57
❍ PIH HEALTH CARE SOLUTIONS............ 58
❍ PREMIER HEALTH PLAN SERVICES..... 59
❍ PRIMECARE MEDICAL NETWORK 60
❍ PROVIDENCE HEALTH NETWORK 61
❍ SCRIPPS HEALTH PLAN SERVICES 68
❍ SEASIDE HEALTH PLAN......................... 69
❍ SAN FRANCISCO HEALTH PLAN........... 84
❍ SANTA CLARA FAMILY HEALTH
    PLAN... 90
❍ SAN MATEO HEALTH COMMISION 86
❍ SANTA BARBARA 88
❍ SATELLITE HEALTH PLAN 92
❍ SCAN HEALTH PLAN 67
❍ SHARP HEALTH PLAN 70
❍ SUTTER HEALTH PLAN 71
❍ SUTTER SENIOR CARE 72
❍ UNITED HEALTHCARE 73
❍ UNITED HEALTHCARE SECURE
    HORIZON... 74
❍ UNIVERSITY HEALTHCARE
    ADVANTAGE 75
❍ VALLEY HEALTH PLAN........................... 76
❍ VENTURA COUNTY HEALTH
    CARE PLAN... 77
❍ WESTERN HEALTH ADVANTAGE 78
❍ CHAMPUS/CHAMP-VA 93
❍ TRICARE/TRICARE FOR LIFE/
    TRICARE PRIME..................................... 87
❍ VA HEALTH CARE SERVICES............... 89
❍ MEDI-CAL 52
❍ MEDICARE 53
❍ OTHER (SPECIFY: _____) 85
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

POST NOTE 'MA7': IF **'MA7'** = 93, 87, OR 89 THEN SET TEMILIT=1

'IA14' Is (TEEN) covered for prescription drugs?

IA14

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

High Deductible Health Plans (Teen)

PROGRAMMING NOTE FOR 'AI82':

IF [(ARINSURE ≠ 1 OR **'IA10A'** ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH **'AI82'**;
ELSE SKIP TO PN **'IA18'**

'AI82' Does (TEEN)'s health plan have a deductible that is more than $1,000?

AI82

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

- ❍   YES 1
- ❍   NO 2
- ❍   YES, ONLY WHEN GO OUT OF
      NETWORK 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AI83' Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?

AI83

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

- ❍   YES 1
- ❍   NO 2
- ❍   YES, ONLY WHEN GO OUT OF
      NETWORK 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AI84:
IF ('AI82' = 1 OR 3) OR ('AI83' = 1 OR 3), CONTINUE WITH 'AI84';
ELSE SKIP TO PROGRAMMING NOTE 'IA18'

'AI84'   Do you have a special account or fund you can use to pay for (TEEN)'s medical
expenses?

AI84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts
(HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include-
Personal care accounts, Personal medical funds, or Choice funds. Do not include
employer-provided Flexible Spending Accounts (FSAs)."]

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

Reasons for Lack of Coverage (Teen)

PROGRAMMING NOTE 'IA18':
IF TEINSURE = 1, GO TO 'IA24';
ELSE CONTINUE WITH 'IA18'

'IA18'   What is the <u>one main</u> reason (TEEN) does not have any health insurance?

IA18

    ❍   CAN'T AFFORD/TOO EXPENSIVE 1
    ❍   NOT ELIGIBLE DUE TO WORKING
            STATUS/ CHANGED EMPLOYER/
            LOST JOB...2
    ❍   NOT ELIGIBLE DUE TO HEALTH OR
            OTHER PROBLEMS 3
    ❍   NOT ELIGIBLE DUE TO CITIZENSHIP/
            IMMIGRATION STATUS 4
    ❍   FAMILY SITUATION CHANGED.................5
    ❍   DON'T BELIEVE IN INSURANCE 6
    ❍   DID NOT HAVE INSURANCE WHILE
            SWITCHING INSURANCE COMPANIES ...7
    ❍   CAN GET HEALTH CARE FOR FREE/
            PAY FOR OWN CARE 8
    ❍   OTHER (SPECIFY: _____)................ 91
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

Coverage over Past 12 months (Teen)

'IA20' Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

- ○   YES...1   **[GO TO 'IA22']**
- ○   NO..2
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'IA21' How long has it been since (TEEN) last had health insurance?

IA21

- ○   MORE THAN 12 MONTHS, BUT 1
        NO MORE THAN 3 YEARS AGO...............1   **[GO TO 'PN_AH5']**
- ○   2 MORE THAN 3 YEARS AGO 2   **[GO TO 'PN_AH5']**
- ○   3 NEVER HAD HEALTH INSURANCE
        COVERAGE 3   **[GO TO 'PN_AH5']**
- ○   REFUSED .... -7   **[GO TO 'PN_AH5']**
- ○   DON'T KNOW .... -8   **[GO TO 'PN_AH5']**

'IA22' For how many of the last 12 months did {he/she} have health insurance?

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____MONTHS [HR: 0-12]   **[IF 'IA22'=0, GO TO 'PN_AH5']**
- ○   REFUSED .... -7   **[GO TO 'PN_AH5']**
- ○   DON'T KNOW .... -8   **[GO TO 'PN_AH5']**

'IA23' During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

IA23

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

  ❑ MEDICAL THROUGH CURRENT OR FORMER..1 **[GO TO 'PN_AH5']**

  ❑ EMPLOYER/UNION ....3 **[GO TO 'PN_AH5']**

  ❑ PURCHASED DIRECTLY............................5 **[GO TO 'PN_AH5']**

  ❑ COVERED CALIFORNIA............................6 **[GO TO 'PN_AH5']**

  ❑ OTHER HEALTH PLAN............................91 **[GO TO 'PN_AH5']**

  ❍ REFUSED .... -7 **[GO TO 'PN_AH5']**

  ❍ DON'T KNOW.. -8 **[GO TO 'PN_AH5']**

'IA24' Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for <u>all</u> of the past 12 months?

IA24

  ❍ YES...1 **[GO TO 'PN_AH5']**

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

'IA25' When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

IA25

  ❍ YES...1
  ❍ NO...2 **[GO TO 'IA27']**
  ❍ REFUSED .... -7 **[GO TO 'IA27']**
  ❍ DON'T KNOW.. -8 **[GO TO 'IA27']**

'IA26'   Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

IA26

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

(7 maximum responses)

```
❑      MEDI-CAL..................................................1
❑      THROUGH CURRENT OR
       FORMER EMPLOYER/UNION....................4
❑      PURCHASED DIRECTLY...........................5
❑      COVERED CALIFORNIA...........................6
❑      OTHER HEALTH PLAN........................... 91
❍      REFUSED ............................................... -7
❍      DON'T KNOW ......................................... -8
```

'IA27'   During the past 12 months, was there any time when {he/she} had no health insurance at all?

IA27

```
❍      YES.............................................................1
❍      NO...............................................................2      [GO TO
                                                                      'PN_AH5']
❍      REFUSED ............................................... -7      [GO TO
                                                                      'PN_AH5']
❍      DON'T KNOW ......................................... -8      [GO TO
                                                                      'PN_AH5']
```

'IA28'   For how many of the past 12 months did {he/she} have no health insurance?

IA28

[IF < 1 MONTH, ENTER '1']

```
_____MONTHS [RANGE: 1-12]
❍      REFUSED ................................................. -7
❍      DON'T KNOW ........................................... -8
```

'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?

[IA29]

[IF R SAYS, "No need," PROBE WHY]

❍   CAN'T AFFORD/TOO EXPENSIVE 1
❍   NOT ELIGIBLE DUE TO WORKING
           STATUS/ CHANGED EMPLOYER/
           LOST JOB..2
❍   NOT ELIGIBLE DUE TO HEALTH OR
           OTHER PROBLEMS 3
❍   NOT ELIGIBLE DUE TO CITIZENSHIP/
           IMMIGRATION STATUS 4
❍   FAMILY SITUATION CHANGED................5
❍   DON'T BELIEVE IN INSURANCE 6
❍   DID NOT HAVE INSURANCE WHILE
           SWITCHING INSURANCE COMPANIES ...7
❍   CAN GET HEALTH CARE FOR FREE/
           PAY FOR OWN CARE 8
❍   OTHER (SPECIFY: _____) 91
❍   REFUSED... -7
❍   DON'T KNOW.. -8

Citizenship and Immigration (Parents)

PROGRAMMING NOTE 'AI56':
IF NO TEEN SELECTED, GO TO SECTION J;
IF 'AD65E'= 1 (MALE AT BIRTH), DISPLAY "mother";
IF 'AD65E'= 2 (FEMALE AT BIRTH), DISPLAY "father";
 IF 'AD65E'= -7/-8 (REFUSED/DON'T KNOW) AND **'SC11A'** Sex =1 DISPLAY "father" OR If 'QA20_A23'
=2 DISPLAY "mother"
 ELSE IF DISPLAY "other parent"

'AI56'   In what country was (TEEN)'s {mother/father} born?

[AI56]

❍   United States..1
❍   American Samoa 2
❍   Canada...3
❍   China..4
❍   Guam 9
❍   Japan 16
❍   Korea... 17
❍   Mexico... 18
❍   Philippines... 19
❍   Puerto Rico 22
❍   Vietnam 25
❍   Virgin Islands... 26
❍   Other (Specify: _____)............ 91
❍   REFUSED .... -7
❍   DON'T KNOW... -8

PROGRAMMING NOTE 'AI57':
IF 'AD65E' = 1 (MALE AT BIRTH), DISPLAY "mother";
IF 'AD65E' = 2 (FEMALE AT BIRTH), DISPLAY "father"
IF 'AD65E' = -7/-8 (REFUSED/DON'T KNOW) AND **'SC11A'** Sex =1 DISPLAY "father" OR If **'SC11A'** =2
DISPLAY "mother"
 ELSE IF DISPLAY "other parent"

'AI57'   Does (TEEN)'s {mother/father} now live in the U.S.?

AI57

- ❍   Yes 1
- ❍   No...2
- ❍   Mother/Father/Other parent} deceased 3
- ❍   {Mother/Father/Other parent} never
       lived in U.S. 4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AI58':
IF 'AD65E' = 1 (MALE AT BIRTH), DISPLAY "mother";
IF 'AD65E' = 2 (FEMALE AT BIRTH), DISPLAY "father";
IF 'AD65E' = -7/-8 (REFUSED/DON'T KNOW) AND **'SC11A'** Sex =1 DISPLAY "father" OR If **'SC11A'** =2 DISPLAY "mother"
ELSE IF DISPLAY "other parent"
IF **'AI57'** = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

'AI58'   {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

AI58

- ❍   Yes 1
- ❍   No..2
- ❍   Application pending.....................................3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AI59':
IF **'AI58'** = 1 SKIP TO **'PN_AI60'** IF **'AD65E'** = 1 (MALE AT BIRTH), DISPLAY "mother"; IF 'AD65E = 2 (FEMALE AT BIRTH), DISPLAY "father"; IF **'AD65E'** = -7/-8 (REFUSED/DON'T KNOW) AND **'SC11A'** Sex =2 DISPLAY "father" OR If **'SC11A'** =21DISPLAY "mother" ELSE IF DISPLAY "other parent" IF 'AI57 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was"; ELSE DISPLAY "Is"

'AI59'   {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card? People usually call this a "Green Card" but the color can also be pink, blue, or white.

AI59

- ❍   Yes 1
- ❍   No..2
- ❍   Application pending.....................................3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AI60'   About how many years has (TEEN)'s {mother/father} lived in the United States?

AI60

_____ NUMBER OF YEARS
_____ YEAR FIRST COME AND LIVE IN U.S.

- ❍   NUMBER OF YEARS 1
- ❍   YEAR FIRST CAME TO LIVE IN US...........2
- ❍   MOTHER/FATHER DECEASED 3
- ❍   MOTHER/FATHER NEVER LIVED IN US ..4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW... -8

Section J: Health Care Utilization and Access

Visits to Medical Doctor

PROGRAMMING NOTE 'AH5':
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";

'AH5'   Now, I'd like to ask about the health care <u>you </u>receive. During the past 12 months, how many times have you seen a medical doctor?

AH5

      _____ TIMES [HR: 0-365]   **[IF 'AH5' > 0 GOTO 'PN_AJ114']**

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

PROGRAMMING NOTE 'AH6':
IF **'AH5'** = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH **'AH6'**;
ELSE GO TO **'PN_AJ114'**

'AH6'   About how long has it been since you last saw a doctor about your own health?

AH6

       ❍   ONE YEAR AGO OR LESS.........................0
       ❍   MORE THAN 1 UP TO 2 YEARS AGO 1
       ❍   MORE THAN 2 UP TO 5 YEARS AGO 2
       ❍   MORE THAN 5 YEARS AGO 3
       ❍   NEVER...4   **[GO TO 'AJ218']**
       ❍   REFUSED .... -7
       ❍   DON'T KNOW .... -8

'AJ114'   About how long has it been since you last saw a doctor or medical provider for a <u>routine check-up</u>?

AJ114

      [IF NEEDED, SAY**:** A ROUTINE CHECK-UP IS A VISIT NOT FOR AN ILLNESS OR PROBLEM. THIS VISIT MAY INCLUDE QUESTIONS ABOUT HEALTH BEHAVIORS SUCH AS SMOKING.]

       ❍   ONE YEAR AGO OR LESS.........................0
       ❍   MORE THAN 1 UP TO 2 YEARS AGO 1
       ❍   MORE THAN 2 UP TO 5 YEARS AGO 2
       ❍   MORE THAN 5 YEARS AGO 3
       ❍   NEVER...4
       ❍   REFUSED .... -7
       ❍   DON'T KNOW .... -8

'AJ218'   In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

AJ218

❍   Never 1
❍   Sometimes 2
❍   Usually 3
❍   Always...4
❍   Not applicable 5
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

IF THE HOUSEHOLD HAS A SELECTED TEEN

'AJ219'   In the last 6 months, how often was it easy to get the care, tests, or treatment [teen's name] needed?

AJ219

❍   Never 1
❍   Sometimes 2
❍   Usually 3
❍   Always...4
❍   Not applicable 5
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'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?

AJ115

[IF NEEDED: "DO NOT INCLUDE FAMILY OR MATERNITY/PATERNITY LEAVE."]

_____ DAYS (0 - 365)

❍   DID NOT HAVE JOB IN PAST
        12 MONTHS..1
❍   REFUSED .... -7
❍   DON'T KNOW .... -8
❍   Other (specify)... 996

Personal Doctor

PROGRAMMING NOTE 'AJ77':
IF **'AH1'** = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH **'AJ77'**;
ELSE GO TO **'PN_AJ102'**

'AJ77'   Do you have a personal doctor or medical provider who is your main provider?

AJ77

[IF NEEDED, SAY: "THIS CAN BE A GENERAL DOCTOR, A SPECIALIST DOCTOR, A
PHYSICIAN ASSISTANT, A NURSE, OR OTHER HEALTH PROVIDER."]

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

PROGRAMMING NOTE 'AJ102':
IF ARINSURE = 1 OR **'AH1'** = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH
'AJ102'
ELSE GO TO **'PN_AJ80'**
DISPLAY INSTRUCTIONS:
IF **'AJ77'** = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

'AJ102'   In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical
                  provider within two days because you were sick or injured?

AJ102

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking
about appointments.]

- ❍   YES 1
- ❍   NO 2   **[GO TO 'PN_AJ80']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AJ80']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AJ80']**

'AJ103'   How often were you able to get an appointment within two days? Would you say…

AJ103

- ❍   Never...1
- ❍   Sometimes 2
- ❍   Usually 3
- ❍   Always...4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Care Coordination

> **PROGRAMMING NOTE 'AJ80':**
> IF **'AH1'** = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND **'AJ77'** = 1 (HAS A PERSONAL
> DOCTOR/MEDICAL PROVIDER) AND [(**'AB40'** = 1 OR **'AB41'** = 1 (HAS ASTHMA)) OR AB22' = 1 (HAS
> DIABETES) OR **'AB34'** = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH **'AJ80'**;
> ELSE GO TO **'AJ220'**

'AJ80'   Is there anyone at your doctor's office or clinic who helps coordinate your care with other
doctors or services such as tests or treatments?

AJ80

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

Tele-Medical Care

'AJ220'   During the past 12 months, did your <u>usual medical provider</u> <u>offer</u> telephone or video
appointments?

AJ220

❍   Yes 1
❍   No..2   **[GO TO 'AJ202']**
❍   REFUSED .... -8   **[GO TO 'AJ202']**
❍   Don't know 3   **[GO TO 'AJ202']**

'AJ221'   What options did your medical provider offer?

AJ221

(SELECT ALL THAT APPLY)

❑   In-person appointments 1
❑   Telephone appointments 2
❑   Video appointments 3
❍   REFUSED .... -7   **[GO TO 'AJ202']**
❍   DON'T KNOW.. -8   **[GO TO 'AJ202']**

'AJ222'   How satisfied are you with the availability of telephone or video health care from your
providers?

AJ222

❍   Very satisfied..1
❍   Somewhat satisfied......................................2
❍   Neither satisfied nor dissatisfied 3
❍   Somewhat dissatisfied 4
❍   Very dissatisfied..5
❍   REFUSED .... -7   **[GO TO 'AJ202']**
❍   DON'T KNOW.. -8   **[GO TO 'AJ202']**

'AJ202'   During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?

AJ202

❍   Yes 1
❍   No...2   **[GO TO 'AJ8B']**
❍   REFUSED .... -8   **[GO TO 'AJ8B']**
❍   DON'T KNOW 3   **[GO TO 'AJ8B']**

'AJ203'   What was this care for?

AJ203

❑   Primary Care 1   **[GO TO 'AJ225']**
❑   Dental Care 2   **[GO TO 'AJ225']**
❑   Mental Health 3   **[GO TO 'AJ225']**
❑   Family Planning 4
❑   Other speciality care 5   **[GO TO 'AJ225']**
❑   Other: _____ 91   **[GO TO 'AJ225']**
❍   REFUSED .... -7   **[GO TO 'AJ225']**
❍   DON'T KNOW .... -8   **[GO TO 'AJ225']**

'AJ223'   Where did you receive your family planning service?

AJ223

❑   Private Doctor's Office 1
❑   HMO Facility (Kaiser, Anthem Blue Cross, Health Net, United Healthcare, etc.) 2
❑   Hospital or Hospital Clinic 3
❑   Planned Parenthood 4
❑   County Health Department 5
❑   Family Planning Clinic..................................6
❑   Community Clinic 7
❑   School or School-Based Clinic.....................8
❑   Tribal Health Clinic/Urban Indian Health Program/Clinic 9
❑   Pharmacy 10
❑   Some other place (Specify: _____) 11
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AJ224'   Was the appointment via telephone or video?

AJ224

❍   Yes, a telephone visit 1
❍   Yes, a video visit 2
❍   Both...3
❍   No...4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AJ225'   Think about your telephone or video health care experiences in the past 12 months. How satisfied are you that your health provider addressed your health concerns?

AJ225

- ❍ Very satisfied 1
- ❍ Satisfied 2
- ❍ Slightly satisfied 3
- ❍ Not satisfied at all 4
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'AJ226'   Think about your most recent telephone or video health care experience. Would you have preferred an in-person visit?

AJ226

- ❍   Yes 1
- ❍   No...2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ227':
IF **'AJ203'** = 2, CONTINUE;
ELSE GOTO **'PN_AJ228''AJ233'**

'AJ227'   Think about your most recent video visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was….

AJ227

- ❍   Much worse..1
- ❍   Somewhat worse 2
- ❍   About the Same 3
- ❍   Somewhat better...4
- ❍   Much better 5
- ❍   I did not have a video visit...........................6
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ228':
IF **'AJ203'** = 3, CONTINUE;
ELSE GOTO **'PN_AJ229'**

'AJ228'   Think about your most recent video visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was….

AJ228

- ❍   Much worse..1
- ❍   Somewhat worse 2
- ❍   About the Same 3
- ❍   Somewhat better...4
- ❍   Much better 5
- ❍   I did not have a video visit...........................6
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ229':
IF **'AJ203'** = 1, CONTINUE;
ELSE GOTO **'PN_AJ230'**

'AJ229'   Think about your most recent video visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the video appointment was….

AJ229

- ❍   Much worse...1
- ❍   Somewhat worse 2
- ❍   About the Same 3
- ❍   Somewhat better.......................................4
- ❍   Much better 5
- ❍   I did not have a video visit..........................6
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ230':
IF **'AJ203'** = 2, CONTINUE;
ELSE GOTO **'PN_AJ231'**

'AJ230'   Think about your most recent telephone visit with your dental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was….

AJ230

- ❍   Much worse...1
- ❍   Somewhat worse 2
- ❍   About the Same 3
- ❍   Somewhat better.......................................4
- ❍   Much better 5
- ❍   I did not have a video visit..........................6
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ231':
IF **'AJ203'** = 3, CONTINUE;
ELSE GOTO **'PN_AJ232'**

'AJ231'   Think about your most recent telephone visit with your mental health provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was….

AJ231

- ❍   Much worse...1
- ❍   Somewhat worse 2
- ❍   About the Same 3
- ❍   Somewhat better.......................................4
- ❍   Much better 5
- ❍   I did not have a telephone visit 6
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ232':
IF **'AJ203'** = 1, CONTINUE;
ELSE GOTO **'AJ233'**

'AJ232'   Think about your most recent telephone visit with your primary care provider. How would you rate the experience compared to an in-person visit? Would you say the telephone appointment was….

AJ232

- ❍   Much worse..1
- ❍   Somewhat worse 2
- ❍   About the Same 3
- ❍   Somewhat better..4
- ❍   Much better 5
- ❍   I did not have a telephone visit 6
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

'AJ233'   Did you have any problems with a telephone or video appointment?

AJ233

- ❍   Yes 1
- ❍   No...2
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

PROGRAMMING NOTE 'AJ234':
IF **'AJ233'** = 1 THEN CONTINUE;
ELSE GO TO **'PN_AJ8B'**

'AJ234'   What problems did you experience?

AJ234

- ❑   Bad internet/network connection 1
- ❑   Couldn't download the telehealth app..........2
- ❑   Audio/Video was not working.......................3
- ❑   No privacy during the
       telehealth appointment.................................4
- ❑   The doctor/nurse did not speak
       my language/understand my language........5
- ❑   Other:_____ 91
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

Communication Problems with a Doctor

PROGRAMMING NOTE 'AJ8B':
IF **'AH37'** >= 2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH **'AJ8B'**;
ELSE GO TO **'PN_AJ105'**

'AJ8B' The last time you saw a doctor, did you have a hard time understanding the doctor?

| AJ8B |

- ❍ Yes 1   **[GO TO 'AJ9']**
- ❍ No...2
- ❍ REFUSED .... -7   **[GO TO 'PN_AJ105']**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_AJ105']**

PROGRAMMING NOTE 'AJ50':
IF **'AJ8B'** = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT
CONDUCTED IN ENGLISH OR **'AH36'** > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT
HOME)], CONTINUE WITH **'AJ50'**;
ELSE GO TO **'PN_AJ105'**
SET **'AJ50'** ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME **'AJ50'** WAS ASKED;

'AJ50' In what language did the doctor speak to you?

| AJ50 |

- ❍ ENGLISH 1   **[GO TO 'AJ10']**
- ❍ SPANISH 2   **[GO TO 'PN_AJ105']**
- ❍ CANTONESE..3   **[GO TO 'PN_AJ105']**
- ❍ VIETNAMESE 4   **[GO TO 'PN_AJ105']**
- ❍ TAGALOG..5   **[GO TO 'PN_AJ105']**
- ❍ MANDARIN 6   **[GO TO 'PN_AJ105']**
- ❍ KOREAN 7   **[GO TO 'PN_AJ105']**
- ❍ ASIAN INDIAN LANGUAGES......................8   **[GO TO 'PN_AJ105']**
- ❍ RUSSIAN 9   **[GO TO 'PN_AJ105']**
- ❍ OTHER (SPECIFY:_____)........................91   **[GO TO 'PN_AJ105']**
- ❍ REFUSED .... -7   **[GO TO 'PN_AJ105']**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_AJ105']**

'AJ9'   Was this because you and the doctor spoke different languages?

AJ9

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

'AJ10' Did you need someone to help you understand the doctor?

AJ10

- ❍   YES 1
- ❍   NO...2   **[GO TO 'PN_AJ105']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AJ105']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AJ105']**

'AJ11'   Who was this person who helped you understand the doctor?

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

- ❍   MINOR CHILD (UNDER AGE 18) 1
- ❍   AN ADULT FAMILY MEMBER OR FRIEND OF MINE.......................................2
- ❍   NON-MEDICAL OFFICE STAFF 3
- ❍   MEDICAL STAFF INCLUDING NURSES/DOCTORS 4
- ❍   PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE) 5
- ❍   OTHER (PATIENTS, SOMEONE ELSE).....6
- ❍   DID NOT HAVE SOMEONE TO HELP 7
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ105':
IF **'AH37'** = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH **'AJ105'**;
ELSE GO TO **'AH16'**

'AJ105'   In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

AJ105

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

Delays in Care

'AH16'   During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

AH16

    ❍   YES...1
    ❍   NO..2   **[GO TO 'PN_AH22']**
    ❍   REFUSED .... -7   **[GO TO 'PN_AH22']**
    ❍   DON'T KNOW .... -8   **[GO TO 'PN_AH22']**

'AJ251'   Did you get the medicine that a doctor prescribed for you eventually?

AJ251

    ❍   Yes...1
    ❍   No..2
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'AJ252'   During the past 12 months, why did you delay or not get a medicine that a doctor prescribed for you?

AJ252

[CHECK ALL THAT APPLY]

    ❑   Medication not in stock 1
    ❑   Insurance approval issue 2
    ❑   Delays in communication with provider or pharmacy 3
    ❑   Concerns with side effects or interactions with other medications 4
    ❑   Didn't want or thought I didn't need prescription.............................5
    ❑   Too hard to track all my medications 6
    ❑   ....I forgot or lost prescription   7
    ❑   I didn't have time..8
    ❑   I have no insurance....................................9
    ❑   Too expensive.. 10
    ❑   Other (Specify: _____)............... 91
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ253':
IF MORE THAN ONE RESPONSE FROM 'AJ252', THEN CONTINUE WITH 'AJ253' WITH SELECTED CHOICES FROM 'AJ252' DISPLAYED;
ELSE SKIP TO NEXT TOPIC

'AJ253'   What was the one main reason why you delayed the medicine that a doctor prescribed for you?

AJ253

- ❍   Medication not in stock 1
- ❍   Insurance approval issue 2
- ❍   Delays in communication with provider or pharmacy 3
- ❍   Concerns with side effects or interactions with other medications 4
- ❍   Didn't want or thought I didn't need prescription.............................5
- ❍   Too hard to track all my medications 6
- ❍   I forgot or lost prescription 7
- ❍   I didn't have time..8
- ❍   I have no insurance....................................9
- ❍   Too expensive... 10
- ❍   Other (Specify: _____)............... 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW... -8

PROGRAMMING NOTE 'AJ176':
IF ARINSURE = 1, THEN CONTINUE WITH 'AJ176';
ELSE GO TO 'AH22'

'AJ176'   Did you delay or not get a medicine while you had your current insurance plan?

AJ176

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

'AH22'   During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

AH22

- ❍   YES...1
- ❍   NO...2   **[GO TO 'AJ136']**
- ❍   REFUSED .... -7   **[GO TO 'AJ136']**
- ❍   DON'T KNOW .... -8   **[GO TO 'AJ136']**

'AJ129'   Did you get the care eventually?

AJ129

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

'AJ254'   During the past 12 months, why did you delay or did not get the care you felt you needed?

AJ254

[SELECT ALL THAT APPLY]

- ❑ Couldn't get appointment 1
- ❑ My insurance was not accepted...................2
- ❑ My insurance did not cover 3
- ❑ Language understanding problems 4
- ❑ Transportation problems 5
- ❑ Hours were not convenient 6
- ❑ There was no child care for
  children at home 7
- ❑ I forgot or lost referral.................................8
- ❑ I didn't have time to go................................9
- ❑ Too expensive... 10
- ❑ I have no insurance.................................. 11
- ❑ Other (Specify: _____)............... 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW.. -8

PROGRAMMING NOTE 'AJ131B':
IF MORE THAN ONE RESPONSE FROM **'AJ254'** WITH SELECTED CHOICES FROM **'AJ254'**
DISPLAYED, THEN CONTINUE WITH **'AJ131B'**;
ELSE SKIP TO NEXT TOPIC

'AJ131B'   What was the <u>one</u> main reason why you delayed getting the care you felt you needed?

AJ131B

- ❍ Couldn't get appointment 1
- ❍ My insurance was not accepted...................2
- ❍ My insurance did not cover 3
- ❍ Language understanding problems 4
- ❍ Transportation problems 5
- ❍ Hours were not convenient 6
- ❍ There was no child care for
  children at home 7
- ❍ I forgot or lost referral.................................8
- ❍ I didn't have time to go................................9
- ❍ Too expensive... 10
- ❍ I have no insurance.................................. 11
- ❍ Other (Specify: _____)............... 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW.. -8

PROGRAMMING NOTE 'AJ177':
IF ARINSURE = 1, THEN CONTINUE WITH **'AJ177'**;
ELSE GO TO **'AJ136'**

'AJ177'   Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

AJ177

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

'AJ136'   Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

AJ136

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

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

PROGRAMMING NOTE 'AJ137':
IF **'AJ136'** = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH **'AJ137'**;
ELSE GO TO **'AJ133'**

'AJ137'   During the past 12 months, did you have any trouble finding a medical specialist who would see you?

AJ137

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

'AJ138'   During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

AJ138

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

PROGRAMMING NOTE 'AJ139':
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH **'AJ139'**;
ELSE SKIP TO **'AJ133'**

'AJ139'   During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

AJ139

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

'AJ133'   Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

AJ133

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

'AJ134'   During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

AJ134

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

PROGRAMMING NOTE 'AJ135':
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH **'AJ135'**;
ELSE SKIP TO **'AD13'**

'AJ135'   During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

AJ135

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

Pregnancy Status

PROGRAMMING NOTE 'AD13':
IF **'AD65E'** = 1 (MALE AT BIRTH), THEN GO TO **'PN_AJ241'**;
IF AGE > 45, THEN GO TO **'PN_AJ206'**;

DISPLAY INSTRUCTIONS:
IF [**'AD65E'** = 2 (FEMALE AT BIRTH) AND **'AD66C'**= 1 (IDENTIFIES AS FEMALE)], DISPLAY "These next questions are about women's health.";
IF [**'AD65E'** = 2 (FEMALE AT BIRTH) AND **'AD66C'**= 1, 3, 5, OR -7, -8 (MALE, TRANSGENDER, NON-BINARY, REFUSED OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and we will skip them."

'AD13'   These next questions may be relevant to you because you were assigned female at birth.

AD13

To your knowledge, are you <u>now</u> pregnant?

- ❍   YES..1   **[GO TO 'AJ235']**
- ❍   NO..2
- ❍   NOT APPLICABLE 3
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

Family Planning

> **PROGRAMMING NOTE 'AJ169':**
> IF AGE IS BETWEEN 18 AND 44 YEARS AND **'AD65E'** = 2 (FEMALE AT BIRTH) WITH **'AD45B'** = 1
> OR 3 (MALE OR BOTH MALE AND FEMALE) THEN CONTINUE;
> IF AGE > 44 YEARS GO TO **'PN_AJ241'**;
> ELSE IF **'AD65E'** = 1 (MALE AT BIRTH) THEN GO TO **'PN_AJ241'**;
> ELSE CONTINUE WITH **'AJ169'**

'AJ169'   Which of the following statements best describes your pregnancy plans? Would you
say…

AJ169

❍ I do not plan to get pregnant within
the next 12 months 1
❍ I am not sexually active...............................2
❍ I am planning to get pregnant within
the next 12 months 3
❍ I am currently pregnant 4
❍ I am not able to get pregnant.......................5 **[GO TO 'PN_AJ241']**

❍ REFUSED .... -7 **[GO TO 'PN_AJ241']**

❍ DON'T KNOW.. -8 **[GO TO 'PN_AJ241']**

'AJ235'   During the past 12 months, did you become pregnant with an unintended pregnancy?

AJ235

❍ Yes..1
❍ No...2
❍
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

'AJ236'   During the past 12 months, has a doctor, medical provider, or family planning counselor
talked to you about birth control? This includes an IUD or an implant (that thing in your
arm).

AJ236

❍ Yes..1
❍ No...2
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

PROGRAMMING NOTE 'AF40C':

IF **'AD65E'** = 2 (FEMALE AT BIRTH) AND **'AD45B'** = 2, -7, -8 (FEMALE, REFUSED, DON'T KNOW), GO TO **'PN_AJ241'**;

IF 'AD65E' = 2 (FEMALE AT BIRTH) AND 'AD45B' = 1 OR 3 (MALE, BOTH MALE AND FEMALE) CONTINUE;

DISPLAY INSTRUCTIONS:
IF **'AD43B'** = 1 OR **'AD44B'** = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your male partner use a birth control method to prevent pregnancy? This includes male or female sterilization."
IF **'AD43B'** > 1 OR -7, -8 AND **'AD44B'** = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, did you or your male partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

'AF40C'   During the past 12 months, did you or your male partner{s} use a birth control method to prevent pregnancy? This includes male or female sterilization.

AF40C

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

❍	YES 1		
❍	NO...2	**[GO TO 'PN_AJ170B']**	
❍	NO MALE PARTNER...................................3	**[GO TO 'PN_AJ241']**	
❍	REFUSED .... -7	**[GO TO 'PN_AJ241']**	
❍	DON'T KNOW .... -8	**[GO TO 'PN_AJ241']**	

PROGRAMMING NOTE 'AJ237':

DISPLAY INSTRUCTIONS:
IF **'AD43B'** =1 OR **'AD44B'** = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partner use?"
IF **'AD43B'** > 1 OR -7, -8 AND **'AD44B'** = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partners use?";

'AJ237'   During the past 12 months, which MAIN birth control method did you or your male partner{s} use?

[AJ237]

[PROBE: "Any others?"]

❍ TUBAL LIGATION (TUBES TIED, CUT, FALLOPIAN TUBES REMOVED)................1	
❍ VASECTOMY (MALE STERILIZATION) 2	
❍ IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.) 3	
❍ IMPLANT (NEXPLANON® - THAT THING IN YOUR ARM)...4	
❍ BIRTH CONTROL PILLS.............................5	**[GO TO 'AJ239']**
❍ OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING) 6	**[GO TO 'AJ239']**
❍ CONDOMS (MALE OR FEMALE) 7	**[GO TO 'AJ239']**
❍ PHEXXI (BIRTH CONTROL GEL)..............8	**[GO TO 'AJ239']**
❍ OTHER (SPECIFY: _____) 91	**[GO TO 'AJ239']**
❍ REFUSED .... -7	**[GO TO 'PN_AJ241']**
❍ DON'T KNOW .... -8	**[GO TO 'PN_AJ241']**

PROGRAMMING NOTE 'AJ238':

DISPLAY INSTRUCTIONS:
IF **'AJ237'** = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT', ELSE SKIP TO **'AJ239'**

'AJ238' "Did you or your male partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?"

AJ238

- ❍ Yes 1
- ❍ No..2   **[GO TO 'PN_AJ241']**
- ❍ REFUSED .... -7   **[GO TO 'PN_AJ241']**
- ❍ DON'T KNOW .... -8   **[GO TO 'PN_AJ241']**

PROGRAMMING NOTE 'AJ239':

DISPLAY INSTRUCTIONS:
IF **'AD43B'** = 1 OR **'AD44B'** = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your male partner get your <u>main</u> birth control method or prescription?"
IF **'AD43B'** > 1 OR -7, -8 AND **'AD44B'** = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, where did you or your male partner(s) get your <u>main</u> birth control method or prescription?";

'AJ239' During the past 12 months, where did you or your male partner{s} get your <u>main</u> birth control method or prescription?

AJ239

- ❍ PRIVATE DOCTOR'S OFFICE....................1
- ❍ HMO FACILITY (KAISER ANTHEM BLUE CROSS HEALTH NET, UNITED HEALTHCARE, ETC.)...................2
- ❍ HOSPITAL OR HOSPITAL CLINIC 3
- ❍ PLANNED PARENTHOOD.........................4
- ❍ COUNTY HEALTH DEPARTMENT.............5
- ❍ FAMILY PLANNING CLINIC........................6
- ❍ COMMUNITY CLINIC 7
- ❍ SCHOOL OR SCHOOL-BASED CLINIC.....8
- ❍ NATIVE AMERICAN HEALTH CENTER/ CLINIC 9
- ❍ PHARMACY... 10
- ❍ SOME OTHER PLACE (SPECIFY: __) ... 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'AJ240' During the past 12 months, did you receive your main birth control method through a video or telephone visit?

AJ240

- ❍ Yes, over a video visit 1
- ❍ Yes, over a telephone visit 2
- ❍ No..3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

PROGRAMMING NOTE AJ170B':
'AF40C'= 2 CONTINUE;
ELSE SKIP TO **'PN_AJ241'**

DISPLAY INSTRUCTIONS:
IF **'AD43B'**= 1 OR **'AD44B'**= 2 (1 PARTNER) DISPLAY "What is the <u>main</u> reason you and your male partner did <u>not</u> use birth control in the past 12 months?"
IF **'AD43B'** >1 OR -8 AND **'AD44B'** = 3,4,5,6 (MORE THAN ONE PARTNERS)DISPLAY "What is the <u>main</u> reason you and your male partners did <u>not</u> use birth control in the past 12 months?";

'AJ170B'   What is the <u>main</u> reason you and your male partner{s} did <u>not</u> use birth control in the past 12 months?

AJ170B

❍	TRYING TO GET PREGNANT/ WANT A BABY 1	
❍	HAVEN'T FOUND A METHOD I LIKE 2	
❍	COST 3	
❍	HAVEN'T HAD TIME TO GO IN FOR BIRTH CONTROL..4	
❍	NO TRANSPORTATION 5	
❍	DON'T KNOW WHERE TO GET IT.............6	
❍	DON'T BELIEVE IN BIRTH CONTROL 7	
❍	WORRIED ABOUT SIDE EFFECTS AND/ OR HEALTH RISKS.....................................8	
❍	PARTNER WON'T LET ME 9	
❍	FORGET TO USE BIRTH CONTROL 10	
❍	FEEL UNCOMFORTABLE ASKING FOR BIRTH CONTROL/TALKING ABOUT BIRTH CONTROL..................................... 11	
❍	REFUSED .... -7	**[GO TO 'PN_AJ241']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_AJ241']**

PROGRAMMING NOTE 'AJ241':
IF AGE IS BETWEEN 18 AND 54 YEARS AND 'AD65E' = 1 (MALE AT BIRTH) WITH 'AD45B' = 2 OR 3
(FEMALE OR BOTH MALE AND FEMALE) THEN CONTINUE;
IF AGE > 54 YEARS THEN GO TO 'PN_AJ206'

'AJ241'   During the past 12 months, has a doctor, medical provider, or family planning counselor
                 talked to you about birth control such as male condoms or vasectomy?

AJ241

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

PROGRAMMING NOTE 'AJ242':

DISPLAY INSTRUCTIONS:
IF 'AD43B' = 1 OR 'AD44B' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your
female partner use a birth control method to prevent pregnancy? This includes male or female
sterilization."
IF 'AD43B' > 1 OR -7, 8 AND 'AD44B' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During
the past 12 months, did you or your female partners use a birth control method to prevent pregnancy?
This includes male or female sterilization.";

'AJ242'   During the past 12 months, did you or your female partner{s} use birth control method to
                 prevent pregnancy? This includes male or female sterilization.

AJ242

                 [IF NEEDED, SAY: STERILIZATION INCLUDES HAVING YOUR PARTNER'S TUBES
                 TIED, GETTING A VASECTOMY, OR HAVING AN OPERATION SO YOU CANNOT
                 HAVE CHILDREN.]

❋   Yes 1
❋   No...2   [GO TO
                                                                                                'PN_AJ175B']
❋   No female partner 3   [GO TO
                                                                                                'PN_AJ206']
❋   REFUSED .... -7   [GO TO
                                                                                                'PN_AJ206']
❋   DON'T KNOW .... -8   [GO TO
                                                                                                'PN_AJ206']

PROGRAMMING NOTE 'AJ243':

DISPLAY INSTRUCTIONS:
IF 'AD43B' = 1 OR 'AD44B' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partner use?"
IF 'AD43B' > 1 OR -8 AND 'AD44B' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partners use?";

'AJ243'   During the past 12 months, which MAIN birth control method did you or your female
                 partner{s} use?

AJ243

                 [CODE ALL THAT APPLY]

                 [PROBE: "Any others?"]

                 ❍   TUBAL LIGATION
                     (TUBES TIED, CUT,
                     FALLOPIAN TUBES REMOVED)................1
                 ❍   VASECTOMY (MALE STERILIZATION) 2
                 ❍   IUD (MIRENA®, PARAGARD®, SKYLA®,
                     KYLEENA®, LILETTA®, ETC.) 3
                 ❍   IMPLANT (NEXPLANON® - THAT THING IN
                     YOUR ARM)..4
                 ❍   BIRTH CONTROL PILLS............................5   [GO TO 'AJ245']
                 ❍   OTHER HORMONAL METHODS
                     (INJECTION/DEPO-PROVERA, PATCH,
                     VAGINAL RING) 6   [GO TO 'AJ245']
                 ❍   CONDOMS (MALE OR FEMALE) 7   [GO TO 'AJ245']
                 ❍   PHEXXI (BIRTH CONTROL GEL)...............8   [GO TO 'AJ245']
                 ❍   OTHER (SPECIFY: _____) 91   [GO TO 'AJ245']
                 ❍   REFUSED .... -7   [GO TO
                                                                                      'PN_AJ206']
                 ❍   DON'T KNOW.. -8   [GO TO
                                                                                      'PN_AJ206']

PROGRAMMING NOTE 'AJ244':

DISPLAY INSTRUCTIONS:
IF **'AJ243'** = 1, 2, 3, 4 CONTINUE AND DISPLAY 'TUBAL LIGATION', 'VASECTOMY', 'IUD', 'IMPLANT'

'AJ244'   Did you or your female partner get {Tubal Ligation, Vasectomy, IUD or implant} within in the past 12 months?

AJ244

    ❍   Yes 1
    ❍   No...2   **[GO TO 'PN_AJ206']**

    ❍   REFUSED .... -7   **[GO TO 'PN_AJ206']**

    ❍   DON'T KNOW .... -8   **[GO TO 'PN_AJ206']**

PROGRAMMING NOTE 'AJ245':

DISPLAY INSTRUCTIONS:
IF **'AD43B'** = 1 OR **'AD44B'** = 2 (1 PARTNER) DISPLAY "During the past 12 months, where did you or your female partner get your <u>MAIN</u> birth control method or prescription?"
IF **'AD43B'** > 1 OR -8 AND **'AD44B'** = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, where did you or your female partner(s) get your <u>main</u> birth control method or prescription?";

'AJ245'   During the past 12 months, where did you or your female partner{s} get your <u>main</u> birth control method or prescription?

AJ245

    ❍   PRIVATE DOCTOR'S OFFICE....................1
    ❍   HMO FACILITY (KAISER, ANTHEM BLUE CROSS, HEALTH NET, UNITED HEALTHCARE, ETC.) 2
    ❍   HOSPITAL OR HOSPITAL CLINIC 3
    ❍   PLANNED PARENTHOOD.........................4
    ❍   COUNTY HEALTH DEPARTMENT.............5
    ❍   FAMILY PLANNING CLINIC.......................6
    ❍   COMMUNITY CLINIC 7
    ❍   SCHOOL OR SCHOOL-BASED CLINIC.....8
    ❍   NATIVE AMERICAN HEALTH CENTER/ CLINIC 9
    ❍   PHARMACY.. 10
    ❍   SOME OTHER PLACE (SPECIFY: __) 91
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'AJ246'   During the past 12 months, did you receive your main birth control method through a video or telephone visit?

AJ246

    ❍   Yes, over a video visit 1
    ❍   Yes, over a telephone visit...........................2
    ❍   No...3
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ175B':
'AJ242' = 2, then CONTINUE;
ELSE SKIP TO **'PN_AJ206'**

DISPLAY INSTRUCTIONS:
IF **'AD43B'** = 1 OR **'AD44B'** = 2 (1 PARTNER) DISPLAY "What is the <u>main</u> reason you and your male partner did <u>not</u> use birth control in the past 12 months?"
IF **'AD43B'** > 1 OR -7, -8 AND **'AD44B'** = 3,4,5,6 (MORE THAN ONE PARTNERS) DISPLAY "What is the <u>main</u> reason you and your female partners did <u>not</u> use birth control in the past 12 months?";

'AJ175B'   What is the <u>main</u> reason you and your female partner{s} did <u>not</u> use birth control in the past 12 months?

| AJ175B |

- ❍   TRYING TO GET PREGNANT/
  WANT A BABY 1
- ❍   HAVEN'T FOUND A METHOD I LIKE 2
- ❍   COST 3
- ❍   HAVEN'T HAD TIME TO GO IN
  FOR BIRTH CONTROL 4
- ❍   NO TRANSPORTATION 5
- ❍   DON'T KNOW WHERE TO GET IT 6
- ❍   DON'T BELIEVE IN BIRTH CONTROL 7
- ❍   WORRIED ABOUT SIDE EFFECTS AND/
  OR HEALTH RISKS 8
- ❍   PARTNER WON'T LET ME 9
- ❍   FORGET TO USE BIRTH CONTROL 10
- ❍   FEEL UNCOMFORTABLE ASKING FOR/
  TALKING ABOUT BIRTH CONTROL 11
- ❍   OTHER (SPECIFY: _____) 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Mammogram

PROGRAMMING NOTE 'AJ206':
IF R LIVES IN SANTA CLARA COUNTY AND (**'AD65E'**= 2 AND 'AAGE'= 50-74) CONTINUE WITH **'AJ206'**;
ELSE SKIP TO **'PN_AG1'**;

'AJ206'   During the past 2 years, have you had a mammogram?

| AJ206 |

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]

- ❍   Yes 1   **[GO TO 'PN_AG1']**
- ❍   No...2
- ❍   REFUSED .... -7   **[GO TO 'PN_AG1']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AG1']**

'AJ207'   What is the <u>one</u> most important reason why you have not had a mammogram in the past 2 years?

| AJ207 |

- ❍   No reason/never thought about it 1
- ❍   Didn't know I needed this type of test 2
- ❍   Doctor didn't tell me I needed it 3
- ❍   Haven't had any problems 4
- ❍   Put it off/laziness...5
- ❍   Too expensive/no insurance 6
- ❍   Too painful, unpleasant, embarrassing........7
- ❍   Too young 8
- ❍   Don't have a doctor.....................................9
- ❍   Transportation problem............................ 10
- ❍   Competing priorities
(work, childcare, caregiving) 11
- ❍   REFUSED ....-7
- ❍   DON'T KNOW ....-8

Dental Health

'AG1'   About how long has it been since <u>you visited</u> a dentist or dental clinic? Include hygienists and all types of dental specialists.

| AG1 |

- ❍   Have never visited 0   **[GO TO 'AG3']**
- ❍   6 months ago or less...................................1
- ❍   More than 6 months, and up to 1 year.........2
- ❍   More than 1 year, and up to 2 years ago.....3
- ❍   More than 2 years, and up to 5 years ago ...4
- ❍   More than 5 years ago 5
- ❍   REFUSED .... -7   **[GO TO 'AG3']**
- ❍   DON'T KNOW .... -8   **[GO TO 'AG3']**

PROGRAMMING NOTE 'AJ167':
IF **'AG1'** = 1-5, THEN CONTINUE;
ELSE GO TO **'AG3'**

'AJ167'   Was it for a routine checkup or cleaning, or was it for a specific problem?

| AJ167 |

- ❍   ROUTINE CHECKUP OR CLEANING 1
- ❍   SPECIFIC PROBLEM.................................2
- ❍   BOTH 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ247':
IF 'AG1'= 1, 2 THEN CONTINUE
     ELSE GO TO 'AG3'

'AJ247'   How many times have you received a dental service within the last 12 months?

AJ247

    ○   None...1   **[GO TO 'AG3']**
    ○   Once..2
    ○   Twice...3
    ○   Three times 4
    ○   Four times 5
    ○   Five times or more 6
    ○   REFUSED ....-7
    ○   DON'T KNOW ....-8   **[GO TO 'AG3']**

'AJ248B'   Where did you receive the dental service?

AJ248B

    ❑   Free health/dental event 1
    ❑   Dentist office 2
    ❑   Hospital 3
    ❑   Other 4
    ○   REFUSED ....-7
    ○   DON'T KNOW ....-8

'AG3'   Do you now have any type of insurance that pays for part or all of your dental care?

AG3

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

'AJ249B'   Where did you receive educational information about oral health or preventive dental care?

AJ249B

    ○   Have not received
        any educational information 1   **[GO TO 'PN_MA10']**
    ❑   From dental office 2   **[GO TO 'PN_MA10']**
    ❑   From school of my child 3   **[GO TO 'PN_MA10']**
    ❑   From social media......................................4   **[GO TO 'PN_MA10']**
    ❑   From family or friends 5   **[GO TO 'PN_MA10']**
    ❑   From Smile, California™ website.................6   **[GO TO 'PN_MA10']**
    ❑   From other sources....................................7   **[GO TO 'PN_MA10']**
    ❑   From other online sources 8   **[GO TO 'PN_MA10']**
    ○   REFUSED ....-7   **[GO TO**

			'PN_MA10']
○	DON'T KNOW .... -8		**[GO TO 'PN_MA10']**

PROGRAMMING NOTE 'AJ250':
IF **'AG1'**= 0, 3, 4, 5 DISPLAY "What is the main reason you have not visited a dentist in the last 12 months?"

'AJ250'   What is the main reason you have not visited a dentist in the last 12 months?

AJ250

- ○ Not applicable 1
- ○ No reason to go/No problem.......................2
- ○ Could not find a dentist 3
- ○ Could not afford/no insurance.....................4
- ○ Other(s)_____ 5
- ○ REFUSED .... -7
- ○ DON'T KNOW... -8

PROGRAMMING NOTE 'MA10':
IF HOUSEHOLD HAS A SELECTED TEEN, THEN CONTINUE;
ELSE GOTO **'DMC8'**

'MA10'   Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

MA10

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

'MTF14B'   This next question is about dental health.

MTF14B

About how long has it been since (teen's name) visited a dental provider? (eg, dental hygienists and dentists)

○	Have never visited 0	**[GO TO 'MTH67']**
○	6 months ago or less...................................1	
○	More than 6 months, and up to 1 year 2	
○	More than 1 year, and up to 2 years ago 3	**[GO TO 'MTH67']**
○	More than 2 years, and up to 5 years ago ...4	**[GO TO 'MTH67']**
○	More than 5 years ago 5	**[GO TO 'MTH67']**
○	REFUSED .... -7	**[GO TO 'MTH67']**
○	DON'T KNOW... -8	**[GO TO 'MTH67']**

> **PROGRAMMING NOTE 'MTH64'**:
> IF 'MTF14B'= 1, 2 THEN CONTINUE
>   ELSE GO TO 'MTH67'

'MTH64'   How many times has (teen's name) received a dental service within the last 12 months?

MTH64

❍	None	1	**[GO TO 'MTH66B']**
❍	Once	2	
❍	Twice	3	
❍	Three times	4	
❍	Four times	5	
❍	Five times or more	6	
❍	REFUSED	-7	**[GO TO 'MTH66B']**
❍	DON'T KNOW	-8	**[GO TO 'MTH66B']**

'MTH65B'   Where did (teen's name) receive the dental service in the last 12 months?

MTH65B

[CHECK ALL THAT APPLY]

❑   Free health/dental event 1
❑   Dentist office 2
❑   Hospital 3
❑   Other 4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'MTH66B'   Where did (TEEN) receive educational information about oral health or preventive dental care in the last 12 months?

MTH66B

❍   Have not received
            any educational information 1
❑   From dental office 2
❑   From school of my child 3
❑   From social media.......................................4
❑   From family or friends 5
❑   From Smile, California™ website................6
❑   From other sources.....................................7
❑   From other online sources 8
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'MTH67'   What is the main reason (teen's name) has not visited a dentist in the last 12 months?

MTH67

❍   Not applicable 1
❍   No reason to go/No problem........................2
❍   Could not find a dentist 3
❍   Could not afford/no insurance.....................4
❍   Other(s)_____ 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Discrimination in Healthcare Setting

'DMC8'   Thinking about when you are receiving medical care, was there ever a time
when you would have gotten better care if you had belonged to a different race or ethnic
group?

DMC8

❍   YES 1
❍   NO...2   **[GO TO 'PN_AJ87INTRO']**
❍   REFUSED .... -7   **[GO TO 'PN_AJ87INTRO']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_AJ87INTRO']**

'DMC9'   Think about the last time this happened. How long ago was that?

DMC9

❍   A YEAR AGO OR LESS 1
❍   MORE THAN 1 UP TO 2 YEARS AGO 2
❍   MORE THAN 2 UP TO 3 YEARS AGO 3
❍   MORE THAN 3 UP TO 5 YEARS AGO 4
❍   MORE THAN 5 UP TO 10 YEARS AGO 5
❍   MORE THAN 10 UP TO 20 YEARS AGO ...6
❍   MORE THAN 20 YEARS AGO 7
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Caregiving

'AJ87INTRO'   Some people provide short-term or long-term help to a family member or friend who has
a serious or chronic illness or disability. This may include help with things they cannot do
for themselves.

'AJ87'   During the past 12 months, did you provide any such help to a family member or friend?}}

AJ87

[IF NEEDED, SAY: **"**This may include help with baths, medicines, household chores,
paying bills, driving to doctor's visits or the grocery store, arranging for medical and
support services, or just checking in to see how they are doing."]

❍   YES 1
❍   NO...2   **[GO TO
'PN_AK3']**
❍   REFUSED .... -7   **[GO TO
'PN_AK3']**
❍   DON'T KNOW .... -8   **[GO TO
'PN_AK3']**

'AJ101B'   For the next set of questions, please think about the person for whom you provided the
most care.

AJ101B

Do you currently provide care for this person?

❍   Yes 1
❍   No...2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ201':

DISPLAY INSTRUCTIONS:
IF **'AJ101B'** = 1 THEN DISPLAY "How" and "is", ELSE DISPLAY "At the time you provided care" and "was"

'AJ201'   {How/At the time you provided care, how} old {is/was} this person? Your best estimate is fine.

AJ201

_____ Age [HR: 0-110]
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AJ90'   What is this person's relationship to you?

AJ90

- ❍   HUSBAND..1
- ❍   WIFE 2
- ❍   SPOUSE/PARTNER 3
- ❍   FATHER/FATHER-IN-LAW 4
- ❍   MOTHER/MOTHER-IN-LAW 5
- ❍   BROTHER/BROTHER-IN-LAW 6
- ❍   SISTER/SISTER-IN-LAW 7
- ❍   GRANDFATHER..8
- ❍   GRANDMOTHER 9
- ❍   SON/SON-IN-LAW.....................................10
- ❍   DAUGHTER/DAUGHTER-IN-LAW............11
- ❍   OTHER RELATIVE 12
- ❍   FRIEND/NEIGHBOR 13
- ❍   OTHER NON-RELATIVE...........................14
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ93':

DISPLAY INSTRUCTIONS:
IF **'AJ101B'** = 1 THEN DISPLAY "do"; ELSE DISPLAY "did";
IF **'AJ90'** = -7, -8 THEN DISPLAY "family member/friend";
ELSE DISPLAY {**'AJ90'**}

'AJ93'   In a typical week, about how many hours {do/did} you spend, helping your {AJ90/ family member/friend}?

AJ93

_____ Hours [HR: 0-125]
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE AJ191:
IF **'AJ101B'** = 1 OR 2 CONTINUE WITH **'AJ191'**;
ELSE GO TO **'AJ193'**;

DISPLAY INSTRUCTIONS:
IF **'AJ101B'** = 1 DISPLAY "Are you paid for any of the hours you help your **'AJ90'**? ";
IF **'AJ101B'** = 2 DISPLAY "Were you paid for any of the hours you helped your **'AJ90'**?"

'AJ191'   {Are/Were} you paid for any of the hours you {help/helped} your **'AJ90'**?

AJ191

[IF NEEDED, SAY: This could be payment from a public program, family member, or directly from the care recipient.]

- ❍   Yes 1
- ❍   No...2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ193':

DISPLAY INSTRUCTIONS:
IF AJ101B' = 1 THEN DISPLAY "is";
ELSE DISPLAY "was";

'AJ193'   How much of a financial stress would you say that caring for your {AJ90} {is/was} for you?

AJ193

- ❍   Extremely stressful.......................................1
- ❍   Somewhat stressful......................................2
- ❍   A little stressful 3
- ❍   Not at all stressful 4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AJ91B'   During the past 12 months, did your {AJ90} live…

AJ91B

[CHECK ALL THAT APPLY]

- ❑   Alone 1
- ❑   With you 2
- ❑   With some other family member 3
- ❑   In a nursing home 4
- ❑   In an assisted-living facility...............................5
- ❑   In some other living situation.............................6
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AJ194':

DISPLAY INSTRUCTIONS:
IF **'AJ101B'** = 1 THEN DISPLAY "What", "does", and "requires". ELSE DISPLAY "At the time you provided care, what", "did", and "required".

'AJ194'   {What/At the time you provided care, what} disabilities or illnesses {does/did} {he/she/he or she} have that {require/required} your help?

AJ194

[CHECK ALL THAT APPLY]

- ❑ Alzheimer's, confusion, dementia, Forgetfulness 1
- ❑ Arthritis...2
- ❑ Back problems 3
- ❑ Broken bones 4
- ❑ Cancer...5
- ❑ Diabetes 6
- ❑ Feeble, unsteady, falling 7
- ❑ Lung disease, emphysema, COPD 8
- ❑ Mental illness, emotional illness, Depression 9
- ❑ Mobility problem, can't get around 10
- ❑ Old age, aging...11
- ❑ Stroke... 12
- ❑ Surgery, wounds 13
- ❑ Other (Specify:_____) 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

PROGRAMMING NOTE FOR 'AJ197':
IF **'AJ101B'** = 1 CONTINUE;
ELSE SKIP TO **'PN_AK3'**

'AJ197'   {Do you have all of the support and services you need to care for your {AJ90}?

AJ197

- ❍ Yes 1
- ❍ No..2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'AJ199A'   During the past 12 months, have you experienced any physical health problems due to providing care to your {AJ90}?

AJ199A

- ❍ Yes 1
- ❍ No..2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'AJ199B'   During the past 12 months, have you experienced any mental health problems due to providing care to your {AJ90}?

AJ199B

    ❍   Yes 1
    ❍   No..2
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'AJ200'   Has your work situation changed because of helping your {AJ90}, such as a change in job position, reduced number of work hours, quitting or retiring?

AJ200

[CHECK ALL THAT APPLY]

    ❑   No change in job status 1
    ❑   Changed job...2
    ❑   Took a second job/
            Increased hours with current job..................3
    ❑   Reduced number of work hour....................4
    ❑   Temporary leave of absence 5
    ❑   Quit job...6
    ❑   Retired/retired early 7
    ❑   Received paid family leave 8
    ❑   I don't work...9
    ❑   Other (Specify:_____)............ 91
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

Section K: Employment, Income, Poverty Status, Food Security

Hours Worked

PROGRAMMING NOTE 'AK3':
IF **'AK1'** = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR **'AG10'** = 1 (R USUALLY WORKS) CONTINUE WITH **'AK3'**;
ELSE GO TO **'PN_AK20'**

'AK3'   How many hours per week do you usually work at all jobs or businesses?

| AK3 |

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS   **[HR: 0-95]**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AK7'   How long have you worked at your main job?

| AK7 |

[IF NEEDED, SAY: "THAT IS, FOR YOUR CURRENT EMPLOYER."]**.**

[IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

❑   _____MONTHS   **[HR: 0-12]**
❑   _____YEARS   **[HR: 0-50]**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Income Last Month

PROGRAMMING NOTE 'AK10':
IF **'AK1'** = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR **'AG10'** = 1 (USUALLY WORKS), CONTINUE WITH **'AK10'**;
ELSE SKIP TO **'PN_AK20'**

'AK10'   What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

| AK10 |

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT   **[HR: 0-999995]**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AK20':
IF **'AG8'** = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR **'AG11'** = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH **'AK20'** AND:
IF **'AK1'** ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND
DOES NOT HAVE A JOB) AND **'AG10'** ≠ 1 (R DOES NOT USUALLY WORK), AND **'AH43'** = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."
ELSE IF **'AK1'** ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND
DOES NOT HAVE A JOB) AND **'AG10'** ≠ 1 (R DOES NOT USUALLY WORK), AND (**'AD86'** = 1 OR
'AD60B' = 1), THEN DISPLAY "The next question is about your partner's employment."
IF **'AH43'** = 1 THEN DISPLAY "spouse";
ELSE IF **'AD86'** = 1 OR **'AD60B'** = 1THEN DISPLAY "partner";
ELSE SKIP TO **'AK22'**

'AK20'   How many hours per week does your {spouse/partner} usually work at all jobs or businesses?

AK20

- ○   _____HOURS   **[HR: 0-95]**
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

PROGRAMMING NOTE 'AK10A':
IF **'AK20'** ≠ 0 CONTINUE WITH **'AK10A'**;
IF **'AH43'** = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF **'AD86'** = 1 OR **'AD60B'** = 1, THEN DISPLAY "partner's";
ELSE GO TO **'AK22'**

'AK10A'   What is your best estimate of all your {spouse's/partner's} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

AK10A

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

          $_____AMOUNT   **[HR: 0-999995]**
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

Annual Household Income

'AK22'   What is your best estimate of your household's total annual income from all sources before taxes in 2023?

AK22

Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.

- ○ $_____ Amount   [HR: 0-999995]
- ○   REFUSED/DON'T KNOW .... -3   **[GO TO 'PN_AK11']**

'AK22A'   *Please verify amount entered*
          I have entered that your annual household income is (AMOUNT). Is that correct?

AK22A

❍   Yes 1   **[GO TO 'PN_AK17]**
❍   No...2   **[GO TO 'AK22']**
❍   REFUSED/DON'T KNOW......................... -3

PROGAMMING NOTE 'AK11':
IF **'AK22'** = -3 CONTINUE WITH **'AK11'**;
ELSE GO TO **'PN_AK17'**

'AK11'   We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> is ...

AK11

❍   More than $20,000 per year..........................1   **[GO TO 'AK13]**
❍ $20,000 or less per year 2
❍   REFUSED/DON'T KNOW......................... -3   **[GO TO 'PN_AK17']**

'AK12'   Is it …

AK12

❍ $5,000 or less 1   **[GO TO 'PN_AK17']**

❍ $5,001 to $10,000 2   **[GO TO 'PN_AK17']**

❍ $10,001 to $15,000 3   **[GO TO 'PN_AK17']**

❍ $15,001 to 20,000 4   **[GO TO 'PN_AK17']**

❍   REFUSED/DON'T KNOW......................... -3   **[GO TO 'PN_AK17']**

'AK13'   Is it ...

AK13

❍   More than $70,000 per year..........................1   **[GO TO 'AK15']**
❍ $70,000 or less per year 2
❍   REFUSED/DON'T KNOW......................... -3   **[GO TO 'PN_AK17']**

'AK14'   Is it …

AK14

❍ $20,001 to $30,000 1   **[GO TO 'PN_AK17']**

❍ $30,001 to $40,000 2   **[GO TO 'PN_AK17']**

❍ $40,001 to $50,000 3   **[GO TO 'PN_AK17']**

❍ $50,001 to $60,000 4   **[GO TO 'PN_AK17']**

❍ $60,001 to $70,000 5   **[GO TO 'PN_AK17']**

❍   REFUSED/DON'T KNOW......................... -3   **[GO TO 'PN_AK17']**

'AK15'   Is it ...

AK15

○   More than $135,000 per year.......................1   **[GO TO 'PN_AK17']**

○ $135,000 or less per year 2
○   REFUSED/DON'T KNOW........................... -3   **[GO TO 'PN_AK17']**

'AK16'   Is it …

AK16

○ $70,001 to $80,000 1
○ $80,001 to $90,000 2
○ $90,001 to $100,000 3
○ $100,001 to $135,000 4
○   REFUSED/DON'T KNOW.......................... -3

Number of Persons Supported

PROGRAMMING NOTE 'AK17':
IF R IS ONLY MEMBER OF HH, SET **'AK17'** = 1 AND GO TO **'PN_AK18'**;
ELSE CONTINUE WITH **'AK17'**

'AK17'   Including yourself, how many people living in your household are supported by your total household income?

AK17

_____ NUMBER OF PEOPLE   **[HR: 1-20]**
○   REFUSED.. -7
○   DON'T KNOW .... -8

> **PROGRAMMING NOTE 'AK18':**
> **'AK18'** MUST BE LESS THAN **'AK17'**;
> IF R IS ONLY MEMBER OF HH, GO TO **'AK32'**;
> IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS)
> OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD
> ENUMERATION) = **'AK17'** GO TO PROGRAMMING NOTE **'AK32'**;
> ELSE CONTINUE WITH **'AK18'**

'AK18'   How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

AK18

- ❍   __ NUMBER OF CHILDREN (UNDER AGE18) **[HR: 0-20]**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AK32'   Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

AK32

- ❍   YES 1
- ❍   NO...2   **[GO TO 'AK136']**
- ❍   REFUSED .... -7   **[GO TO 'AK136']**
- ❍   DON'T KNOW .... -8   **[GO TO 'AK136']**

'AK33'   How many?

AK33

- _____ NUMBER OF PEOPLE   **[HR: 1-20]**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Paid Family Leave

'AK136'   A new California law passed in 2020 provides up to 8 weeks of paid family and medical leave for eligible workers at 60-70% of their weekly earnings, up to a maximum of $1,300 per week Have you seen or heard anything about this law?

AK136

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

'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?

AK137

- ❍   YES 1
- ❍   NO...2   **[GO TO 'PN_AK139']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AK139']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AK139']**

'AK138'   What were the reasons you took a leave from work?

AK138

[CHECK ALL THAT APPLY]

    ❑   OWN HEALTH 1
    ❑   FAMILY MEMBER'S HEALTH....................2
    ❑   ARRIVAL OF NEWBORN
          NEWLY ADOPTED CHILD, OR
          FOSTER CHILD...3
    ❑   OTHER (SPECIFY:_____)..................... 91
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AK139':
IF **'AK137'** = 2 (DID NOT TAKE LEAVE IN PAST 5 YEARS), THEN CONTINUE;
ELSE SKIP TO **'AM1'**

'AK139'   What were the reasons you didn't take family or medical leave in the past 5 years?

AK139

[CHECK ALL THAT APPLY]

    ❑   FEAR OF LOSING JOB..............................1
    ❑   FEAR OF HURTING CHANGES OF
          JOB ADVANCEMENT 2
    ❑   COULD NOT AFFORD TO
          GO ON LEAVE 3
    ❑   EMPLOYER DENIED REQUEST
          FOR LEAVE 4
    ❑   NOT ELIGIBLE FOR LEAVE 5
    ❑   DIDN'T KNOW ABOUT LEAVE
          PROGRAM..6
    ❑   PROCESS TO APPLY FOR LEAVE
          TOO COMPLICATED 7
    ❑   USED OTHER AVAILABLE
          LEAVE OPTIONS (E.G., VACATION OR
          SICK LEAVE) 8
    ❑   DID NOT NEED TO TAKE LEAVE 9
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

Availability of Food in the Household

PROGRAMMING NOTE 'AM1':
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH **'AM1'**
ELSE GO TO 'AL9';

DISPLAY INSTRUCTIONS:
IF **'AK17'** = 1, THEN DISPLAY "I",
ELSE IF **'AK17'** > 1 DISPLAY "We"

'AM1'　　　These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

AM1

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

Was that ...

   ❍　　　Often true 1
   ❍　　　Sometimes true...2
   ❍　　　Never true 3
   ❍　　　REFUSED .... -7
   ❍　　　DON'T KNOW... -8

PROGRAMMING NOTE 'AM2':

DISPLAY INSTRUCTIONS:
IF **'AM1'** = 1, THEN DISPLAY "I",
ELSE IF **'AM1'** > 1 DISPLAY "We"

'AM2'   The second statement is: '{I/We} couldn't afford to eat balanced meals.'

AM2

Was that ...

- ❍ Often true 1
- ❍ Sometimes true...2
- ❍ Never true 3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'AM3'   In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

AM3

- ❍ Yes..1
- ❍ No..2   **[GO TO 'AM4']**
- ❍ REFUSED .... -7   **[GO TO 'AM4']**
- ❍ DON'T KNOW .... -8   **[GO TO 'AM4']**

'AM3A'   How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

AM3A

- ❍ ALMOST EVERY MONTH...........................1
- ❍ SOME MONTHS BUT
  NOT EVERY MONTH 2
- ❍ ONLY IN 1 OR 2 MONTHS.........................3
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

Hunger

'AM4'   In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

AM4

- ❍ Yes..1
- ❍ No..2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'AM5'   In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

AM5

- ❍ Yes..1
- ❍ No..2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

Dietary Intake

PROGRAMMING NOTE 'AE2B':
IF HOUSEHOLD INCOME IS ≤ 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

'AE2B'   Now think about the foods you ate or drank during the past month that is, the past 30
days, including meals and snacks.

AE2B

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

[IF NEEDED, SAY: "YOUR BEST GUESS IS FINE."]
[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or
month?"]

_____TIMES

❍   PER DAY 1   **[HR: 0-20; SR: 0-9]**
❍   PER WEEK] 2   **[HR: 0-70; SR: 0-29]**
❍   PER MONTH..3   **[HR: 0-210; SR: 0-149]**
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AE7B'   [During the past month,] how many times did you eat vegetables like green salad, green
beans, or potatoes? Do not include fried potatoes or cooked dried beans such as refried
beans, baked beans or bean soup.

AE7B

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]

[IF STRONGLY NEEDED, SAY: "Such as tomatoes, carrots, onions, or broccoli."]
[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY**: "**Rice is not a vegetable**."]**

_____TIMES

❍   PER DAY [HR: 0-20; SR: 0-9].......................1
❍   PER WEEK [HR: 0-70; SR: 0-29] 2
❍   PER MONTH [HR: 0-210; SR: 0-149]..........3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AC46B'

AC46B

During the past month, how <u>often</u> did you drink sweetened fruit drinks, sports, or energy drinks?

[IF NEEDED, SAY: "You can tell me per day, per week, or month"]
[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

_____TIMES

- PER DAY ....1 **[HR: 0-20; SR: 0-9]**
- PER WEEK ....2 **[HR: 0-70; SR: 0-29]**
- PER MONTH...3 **[HR: 0-210; SR: 0-149]**
- REFUSED .... -7
- DON'T KNOW .... -8

PROGRAMMING NOTE 'CC13B':
IF CAGE ≥ 2 YEARS AND HOUSEHOLD INCOME IS ≤ 185% FPL CONTINUE;
ELSE SKIP TO 'SECTION L'

'CC13B'

CC13B

Now I'm going to ask you about the foods your child ate yesterday, including meals and snacks. Yesterday, how many servings of fruit, such as an apple or a banana, did {he/she} eat?

[IF NEEDED, SAY: SERVINGS ARE SELF-DEFINED. A SERVING IS THE CHILD'S REGULAR PORTION OF THIS FOOD.]

_____ Servings **[HR: 0-20; SR 0-9]**
- REFUSED .... -7
- DON'T KNOW .... -8

'CC31B'

CC31B

Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did {he/she} have? Do not include fried potatoes.

_____ Servings **[HR: 0-20; SR 0-4]**
- REFUSED .... -7
- DON'T KNOW .... -8

'CC50B'

CC50B

Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?

Such as lemonade, Gatorade, Snapple, or Red Bull.

_____ Glasses, cans or bottles **[HR 0-15; SR 0-7]**
- REFUSED .... -7
- DON'T KNOW .... -8

Section L: Public Program Participation

PROGRAMMING NOTE 'AL2':

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_AL99'**

'AL2'   Are you now receiving TANF or CalWORKs?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.]

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

PROGRAMMING NOTE 'IAP1':
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH **'IAP1'**;
ELSE GO TO **'AL5'**;

'IAP1'   Is (TEEN) now receiving TANF or CalWORKs?

IAP1

[IF NEEDED, SAY: "TANF MEANS TEMPORARY ASSISTANCE TO NEEDY FAMILIES; AND CALWORKS MEANS CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITIES TO KIDS. BOTH REPLACED AFDC, CALIFORNIA'S OLD WELFARE ENTITLEMENT PROGRAM."]

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

Food Stamps

PROGRAMMING NOTE 'CE11':
IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH **'CE11'**;
ELSE SKIP TO **'AL5'**

'CE11' Is (CHILD) now on TANF or CalWORKs?

CE11

[IF NEEDED, SAY: TANF MEANS 'TEMPORARY ASSISTANCE TO NEEDY FAMILIES,"
AND CALWORKS MEANS 'CALIFORNIA WORK OPPORTUNITIES AND
RESPONSIBILITIES TO KIDS.' BOTH REPLACED AFDC, CALIFORNIA'S OLD
WELFARE ENTITLEMENT PROGRAM.]

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

'AL5' Are you receiving Food Stamp benefits, also known as CalFresh?

AL5

[IF NEEDED, SAY: "YOU RECEIVE BENEFITS THROUGH AN EBT CARD." EBT
STANDS FOR ELECTRONIC BENEFIT TRANSFER CARD AND IS ALSO KNOWN AS
THE GOLDEN STATE ADVANTAGE CARD]

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

PROGRAMMING NOTE 'IAP2':
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH **'IAP2'**;
ELSE GO TO **'AL6'**

'IAP2' Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

IAP2

[IF NEEDED, SAY**:** YOU MAY RECEIVE BENEFITS AS STAMPS OR THROUGH AN
EBT CARD. EBT STANDS FOR ELECTRONIC BENEFIT TRANSFER CARD, AND IS
ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD.]

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

> **PROGRAMMING NOTE 'CE11A':**
> IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH **'CE11A'**;
> ELSE SKIP TO **'AL6'**

'CE11A'   Is (CHILD) receiving Food Stamp benefits, also known as CalFresh?

CE11A

             [IF NEEDED, SAY: YOU MAY RECEIVE BENEFITS THROUGH AN ELECTRONIC BENEFIT TRANSFER (EBT) CARD, ALSO KNOWN AS THE GOLDEN STATE ADVANTAGE CARD.]

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

Supplemental Security Income

'AL6'   Are you receiving Supplemental Security Income (SSI)?

AL6

             [IF NEEDED, SAY: "SSI MEANS SUPPLEMENTAL SECURITY INCOME. THIS IS DIFFERENT FROM SOCIAL SECURITY"]

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

WIC

> **PROGRAMMING NOTE 'AL7':**
> IF 'AD65E' = 2 (FEMALE AT BIRTH) AND **'AD13'** = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH **'AL7'**;
> ELSE GO TO 'PN_AL9'

'AL7'   Are you on WIC?

AL7

             [IF NEEDED, SAY: "WIC IS THE SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN."]

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

PROGRAMMING NOTE 'CE11C':

IF (CAGE < 7, OR CAGE = 8, 9) AND (HOUSEHOLD INCOME IS<=200 FPL or poverty<5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR

ARINSURE ≠ 1)]), CONTINUE WITH **'CE11C'**;

ELSE GO TO 'PN_AL9'

'CE11C'   Is (CHILD) on WIC now?

CE11C

WIC MEANS 'SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN.

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

Assets

PROGRAMMING NOTE 'AL9B':

IF **'AL8'** = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR **'AA2A'** = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH **'AL9B'**; ELSE SKIP TO PROGRAMMING NOTE **'AL15B'**;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM **'AK17'** .

IF **'AK17'** IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF **'AK17'**= 1 DISPLAY $ 130,000;

IF **'AK17'**= 2 DISPLAY $ 195,000;

IF **'AK17'**= 3 DISPLAY $ 260,000;

IF **'AK17'**= 4 DISPLAY $ 325,000;

IF **'AK17'**= 5 DISPLAY $ 390,000;

IF **'AK17'**= 6 DISPLAY $ 455,000;

IF **'AK17'**= 7 DISPLAY $ 520,000;

IF **'AK17'**= 8 DISPLAY $ 585,000;

IF **'AK17'**= 9 DISPLAY $ 650,000;

IF **'AK17'** ≥ 10 DISPLAY $ 715,000;

IF **'AH43'**= 1 (MARRIED) OR **'AD86'**= 1 OR **'AD60B'**= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'AL9B'   Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

AL9B

- ❍   YES 1   **[GO TO 'PN_AL15B']**

- ❍   NO   2
- ❍   REFUSED .... -7

- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AL9C':
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM
GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM
'AK17'
IF **'AK17'** IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER
(GIVEN BY CATI VARIABLE RADLTCNT).
IF **'AK17'**= 1 DISPLAY $ 2,000;
IF **'AK17'**= 2 DISPLAY $ 3,000;
IF **'AK17'**= 3 DISPLAY $ 3,150;
IF **'AK17'**= 4 DISPLAY $ 3,300;
IF **'AK17'**= 5 DISPLAY $ 3,450;
IF **'AK17'**= 6 DISPLAY $ 3,600;
IF **'AK17'**= 7 DISPLAY $ 3,750;
IF **'AK17'**= 8 DISPLAY $ 3,900;
IF **'AK17'**= 9 DISPLAY $ 4,050;
IF **'AK17'** ≥ 10 DISPLAY $ 4,200;
IF **'AH43'**= 1 (MARRIED) OR **'AD86'**= 1 OR **'AD60B'**= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"

'AL9C'   Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

AL9C

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

Child Support

PROGRAMMING NOTE 'AL15B':

DISPLAY INSTRUCTIONS:
IF **'AH43'** = 1 (MARRIED) AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [**'AH43'** = 2 (LIVING WITH PARTNER) OR **'AD86'** = 1 OR **'AD60B'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

'AL15B'   Did {you or your spouse/you or your partner/you} receive any money last month for child support?

AL15B

- ❍   YES 1
- ❍   NO...2   **[GO TO 'PN_AL17']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AL17']**
- ❍   DON'T KNOW.. -8   **[GO TO 'PN_AL17']**

PROGRAMMING NOTE 'AL16B':

DISPLAY INSTRUCTIONS:
IF **'AH43'** = 1 (MARRIED) AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [**'AH43'** = 2 (LIVING WITH PARTNER) OR **'AD86'** = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

'AL16B'   What was the {combined} total amount that you {and your spouse/and your partner} received from child support <u>last month</u> {for both you and your spouse/partner}?

| AL16B |

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

      $_____ AMOUNT   **[000001-999995]**
○   REFUSED .... -7
○   DON'T KNOW .... -8

PROGRAMMING NOTE 'AL17':

DISPLAY INSTRUCTIONS:
IF **'AH43'** = 1 (MARRIED) AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [**'AH43'** = 2 (LIVING WITH PARTNER) OR **'AD86'** = 1 OR **'AD60B'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

'AL17'   Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support <u>last month</u>?

| AL17 |

○   YES, RESPONDENT PAID 1
○   YES, SPOUSE/PARTNER PAID 2
○   YES, BOTH PAID 3
○   NO...4   **[GO TO 'PN_AL32]**
○   REFUSED .... -7   **[GO TO 'PN_AL32']**
○   DON'T KNOW .... -8   **[GO TO 'PN_AL32']**

PROGRAMMING NOTE 'AL18':

DISPLAY INSTRUCTIONS:
IF **'AH43'** = 1 (MARRIED) AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [**'AH43'** = 2 (LIVING WITH PARTNER) OR **'AD86'** = 1 OR **'AD60B'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
ELSE DISPLAY "you"

'AL18'   What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support <u>last month</u>?

AL18

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

    _____ AMOUNT   **[000001-999995]**
- REFUSED .... -7
- DON'T KNOW .... -8

Worker's Compensation

PROGRAMMING NOTE 'AL32':
IF **'AH43'** = 1 (MARRIED) AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [**'AH43'** = 2 (LIVING WITH PARTNER) OR **'AD86'** = 1 OR **'AD60B'** = 1 (LEGAL SAME-SEX COUPLE)] AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

'AL32'   Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for workers compensation?

AL32

- YES 1
- NO...2   **[GO TO 'PN_AL18A']**
- REFUSED .... -7   **[GO TO 'PN_AL18A']**
- DON'T KNOW .... -8   **[GO TO 'PN_AL18A']**

PROGRAMMING NOTE 'AL33':

DISPLAY INSTRUCTIONS:
IF **'AH43'** = 1 (MARRIED) AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF ['**AH43'** = 2 (LIVING WITH PARTNER) OR **'AD86'**= 1 OR **'AD60B'**= 1 (LEGAL SAME-SEX COUPLE)] AND **'AH44'** = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

'AL33'   What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation <u>last month</u>?

| AL33 |

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

_____ AMOUNT   **[000001-999995]**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Social Security/Pension Payments

PROGRAMMING NOTE 'AL18A':
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND **'AH43'**= 1 (MARRIED) AND **'AH44'**= 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH **'AL18A'** AND DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND **'AH44'** = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH **'AL18A'** AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, THEN CONTINUE WITH **'AL18A'** AND DISPLAY "you";

ELSE GO TO **'PN_AL19'**

'AL18A'   Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments <u>last month</u>?

| AL18A |

- ❍   YES 1
- ❍   NO 2   **[GO TO 'PN_AL19']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AL19']**
- ❍   DON'T KNOW .... -8   **[GO TO 'PN_AL19']**

PROGRAMMING NOTE 'AL18B':

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND **'AH43'**= 1 (MARRIED) AND **'AH44'**= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND **'AH44'**= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, DISPLAY "you";

'AL18B'   What was the total amount {you} received last month from Social Security and Pensions {for both you and your spouse/partner}?

AL18B

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

_____AMOUNT **[000001-999995]**
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Reasons for Non-Participation in Medi-Cal*

PROGRAMMING NOTE 'AL19':

IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH **'AL19'**;
ELSE GO TO **'AL40'**

'AL19'   What is the one main reason why you are not enrolled in the Medi-Cal program?

AL19

- ❍   PAPERWORK TOO DIFFICULT 1
- ❍   DO NOT KNOW IF ELIGIBLE.....................2
- ❍   INCOME TOO HIGH, NOT ELIGIBLE 3
- ❍   NOT ELIGIBLE DUE TO
        CITIZENSHIP/IMMIGRATION STATUS......4
- ❍   DO NOT BELIEVE IN HEALTH
        INSURANCE 6
- ❍   DO NOT NEED INSURANCE
        BECAUSE HEALTHY 7
- ❍   ALREADY HAVE INSURANCE 8
- ❍   DID NOT KNOW ABOUT IT 9
- ❍   DO NOT LIKE / WANT WELFARE 10
- ❍   OTHER (SPECIFY: _____) 91
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

Medi-Cal Eligibility

> **PROGRAMMING NOTE 'AL40':**
>
> **DISPLAY INSTRUCTIONS:**
> IF **'AH134'** = 1 OR **'AH135'** = 1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH **'AL40'** AND DISPLAY "You previously said you had Medi-Cal. How long did you have Medi-Cal?";
> IF ARMCAL = 1 (MEDI-CAL) OR **'AI33'** = 1, CONTINUE WITH **'AL40'** AND DISPLAY "{You previously said you have Medi-Cal. How long have you had Medi-Cal?"
> ELSE GO TO **'AL99'**

'AL40'   {You previously said you had Medi-Cal. How long did you have Medi-Cal?} {You previously said you have Medi-Cal. How long have you had Medi-Cal?}

[AL40]

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

'AL86'   During the past 12 months, when you most recently contacted the County office regarding your Medi-Cal benefits, how long did you have to wait before speaking to a representative?

[AL86]

    ❍   5 MINUTES OR LESS 1
    ❍   MORE THAN 5 MINUTES, UP TO
        15 MINUTES 2
    ❍   MORE THAN 15, UPS TO
        30 MINUTES 3
    ❍   MORE THAN 30 MINUTES 4
    ❍   NEVER CONTACTED THE COUNTY
        OFFICE 5   **[GO TO 'AL91']**
    ❍   REFUSED .... -7   **[GO TO 'AL91']**
    ❍   DON'T KNOW .... -8   **[GO TO 'AL91']**

'AL87' Most recently, how did you contact the County office?

[AL87]

    ❍   VISITED OFFICE IN PERSON 1
    ❍   CALLED OFFICE 2
    ❍   DIRECTLY CONTACTED ELIGIBILITY
        WORKER 3
    ❍   ONLINE..4
    ❍   MAIL...5
    ❍   OTHER (SPECIFY: _____) 91
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'AL88' How long did it take for the County representative to take care of your problem?

AL88

> ❍   A WEEK OR LESS 1
> ❍   MORE THAN 1 WEEK UP TO
>   2 WEEKS 2
> ❍   MORE THAN 2 WEEKS UP TO
>   A MONTH...3
> ❍   MORE THAN A MONTH.............................4
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

'AL89'   Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

AL89

The County representative was able to answer all of my questions. Do you…

> ❍   Strongly agree...1
> ❍   Agree...2
> ❍   Neither agree nor disagree 3
> ❍   Disagree...4
> ❍   Strongly disagree 5
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

'AL90' The County representative treated me with dignity and respect.

AL90

> ❍   Strongly agree...1
> ❍   Agree...2
> ❍   Neither agree nor disagree 3
> ❍   Disagree...4
> ❍   Strongly disagree 5
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

'AL91' What areas should the County office consider improving?

AL91

[CHECK ALL THAT APPLY]

> ❑   Reduce wait times......................................1
> ❑   Spend more time with me 2
> ❑   Explain things so I can understand.............3
> ❑   Tell me what the next steps are 4
> ❑   No improvement needed.............................5
> ❑   Other (specify:_____) 91
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

'AL92' How satisfied are you with the County office? Would you say…

AL92

- ❍ Very satisfied...1
- ❍ Somewhat satisfied...................................2
- ❍ Neither satisfied or dissatisfied 3
- ❍ Dissatisfied...4
- ❍ Very dissatisfied..5
- ❍ Not applicable 6
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'AL93' Have you renewed your Medi-Cal in the last 12 months?

AL93

- ❍ YES...1
- ❍ NO...2   **[GO TO 'AL96']**
- ❍ REFUSED .... -7   **[GO TO 'AL96']**
- ❍ DON'T KNOW .... -8   **[GO TO 'AL96']**

'AL94' When renewing your Medi-Cal, did you have any issues or problems?

AL94

- ❍ YES...1   **[GO TO 'AL97']**
- ❍ NO...2
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'AL95' Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

AL95

- ❍ YES, LOST COVERAGE FOR
  1-2 MONTHS 1
- ❍ YES, LOST COVERAGE 2
- ❍ YES, HAD TO REAPPLY............................3
- ❍ NO...4
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

'AL96' Before you had Medi-Cal, what health coverage did you have?

AL96

- ❍ No insurance 1   **[GO TO 'AL105']**
- ❍ Employer-based...2   **[GO TO 'AL105']**
- ❍ Private...3   **[GO TO 'AL105']**
- ❍ Covered California 4
- ❍ Other 5
- ❍ REFUSED .... -7   **[GO TO 'AL105']**
- ❍ DON'T KNOW .... -8   **[GO TO 'AL105']**

'AL97' Did you have a problem changing to Medi-Cal?

AL97

❍	YES 1	
❍	NO...2	**[GO TO 'AL105']**
❍	REFUSED .... -7	**[GO TO 'AL105']**
❍	DON'T KNOW .... -8	**[GO TO 'AL105']**

'AL98' What was the problem?

AL98

[CHECK ALL THAT APPLY]

❑ Had to pay premiums while waiting for
Medi-Cal decision 1
❑ Received conflicting eligibility notices 2
❑ Delay in receiving Medi-Cal 3
❑ Could not see my provider 4
❑ Required to provide a lot of paperwork 5
❑ Had to file an appeal 6
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

Public Charge Related

'AL105' The Medi-Cal program sends written Notice of Actions to provide information about eligibility, and changes in status, level of benefits, or Share of Cost.

AL105

The Notice of Actions I have received in the past are:

❑	Easy to read or understand..........................1	
❑	Difficult to read or understand.....................2	
❑	Contain helpful information 3	
❑	Does not contain helpful information 4	
❍	I never got a Notice of Actions 5	**[GO TO 'AL107']**
❍	REFUSED .... -7	**[GO TO 'AL107']**
❍	DON'T KNOW .... -8	**[GO TO 'AL107']**

'AL106' How can Notice of Actions be improved?

AL106

❑ Reduce text...1
❑ Simplify language/Reading level..................2
❑ Shorter paragraphs/sentences....................3
❑ Send fewer notices 4
❑ Give me clear steps of what I need to do 5
❍ No improvement needed..............................6
❍ REFUSED .... -7
❍ DON'T KNOW .... -8

228

'AL107'   Were you able to update your contact information?

AL107

❍   Yes 1   **[GO TO 'AL109']**
❍   No 2
❍   Did not need to update 3   **[GO TO 'AL99']**
❍   REFUSED .... -7   **[GO TO 'AL99']**
❍   DON'T KNOW .... -8   **[GO TO 'AL99']**

'AL108'   Why not?

AL108

❍   My changes did not update 1
❍   I don't know how to update my information .2
❍   Did not need to update 3
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AL109'   Please tell us if you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement:

AL109

Updating my contact information was easy.

❍   Strongly agree 1
❍   Agree 2
❍   Neither agree nor disagree 3
❍   Disagree 4
❍   Strongly disagree 5
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AL110'   How did you update your contact information?

AL110

❑   Visited office in person 1
❑   Called county office 2
❑   Called health plan 3
❑   Directly contacted eligibility worker 4
❑   Online 5
❑   Mail 6
❑   Portal 7
❑   Other, specify: (_____) 91
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AL99':
IF **'AH33'** ≠ 1,2, 9,22, OR 26, CONTINUE WITH **'AL99'**;
ELSE SKIP TO **'AK23'**

'AL99'   Was there ever a time when you decided not to apply for one or more non-cash government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it would disqualify you, or a family member, from obtaining a green card or becoming a U.S. citizen?

AL99

❍   YES 1
❍   NO 2   **[GO TO 'AL100']**
❍   REFUSED .... -7   **[GO TO 'AL100']**
❍   DON'T KNOW .... -8   **[GO TO 'AL100']**

'AL104'   Did this happen in the last 12 months?

AL104

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

'AL100'   Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to get medical services?

AL100

❍   YES 1
❍   NO 2   **[GO TO 'AL102']**
❍   REFUSED .... -7   **[GO TO 'AL102']**
❍   DON'T KNOW .... -8   **[GO TO 'AL102']**

'AL101'   Did this happen in the past 12 months?

AL101

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

'AL102'   Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to enroll yourself or a child in school?

AL102

❍   YES 1
❍   NO 2   **[GO TO 'AK23']**
❍   REFUSED .... -7   **[GO TO 'AK23']**
❍   DON'T KNOW .... -8   **[GO TO 'AK23']**

'AL103'   Did this happen in the past 12 months?

AL103

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

Section M: Housing and Social Cohesion

Housing

'AK23' Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?/

AK23

[IF NEEDED, SAY: "A duplex is a building with 2 units."]

- ❍   HOUSE 1
- ❍   DUPLEX..2
- ❍   BUILDING WITH 3 OR MORE UNITS.........3
- ❍   MOBILE HOME...4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AK25'   Do you own or rent your home?

AK25

- ❍   OWN 1
- ❍   RENT 2
- ❍   OTHER ARRANGEMENT 3
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM37':
IF 'AAGE' >= 65 AND 'AK25' = 1, CONTINUE
ELSE GO TO 'AM204'

'AM37'   Are you currently paying off a mortgage or loan on this home?

AM37

[INTERVIEWER NOTE: IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

- ❍   Yes...1
- ❍   No...2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AM204'   Did you live in this house or apartment one year ago?

AM204

- ❍   Yes...1   **[GO TO 'AM183']**
- ❍   No...2
- ❍   REFUSED .... -7   **[GO TO 'AM183']**
- ❍   DON'T KNOW .... -8   **[GO TO 'AM183']**

'AM205'   In what zipcode did you live one year ago?

AM205

- Specify: _____
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AM183'   How do you feel about your current housing situation – do you feel very stable and secure, fairly stable and secure, just somewhat stable and secure, fairly unstable and insecure, very unstable and insecure?

AM183

- ❍   VERY STABLE AND SECURE 1
- ❍   FAIRLY STABLE AND SECURE, ...2
- ❍   JUST SOMEWHAT STABLE AND SECURE 3
- ❍   FAIRLY UNSTABLE AND INSECURE, OR 4
- ❍   VERY UNSTABLE AND INSECURE? 5
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AM184'   Please tell me how often you personally worry about the following – very often, somewhat often, from time to time, or almost never.

AM184

Struggling to keep up with your mortgage or rent payments

- ❍   VERY OFTEN 1
- ❍   SOMEWHAT OFTEN 2
- ❍   FROM TIME TO TIME 3
- ❍   ALMOST NEVER 4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AM185'   People sometimes struggle to pay their rent or mortgage. In order to pay your rent or mortgage, have you had to do any of the following in the past three years?

AM185

[CHECK ALL THAT APPLY]

- ❑   Take on an additional job or work more at their current job 1
- ❑   Stop saving for retirement 2
- ❑   Accumulate credit card debt 3
- ❑   Cut back on health care 4
- ❑   Cut back on healthy, nutritious food 5
- ❑   Move to a neighborhood that they feel is less safe 6
- ❑   Move to a place where the schools are not as good 7
- ❍   None of these/not sure 8
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AM189'   Think about your experiences with housing; for example, experiences while renting or buying a home, obtaining a mortgage, getting your landlord to make repairs, or interactions with your neighbors.

AM189

During the last two years, do you think your directly experienced discrimination or harassment related to housing?

- ❍   Yes 1
- ❍   No 2   **[GO TO 'AM192']**
- ❍   REFUSED .... -7   **[GO TO 'AM192']**

❍   DON'T KNOW .... -8   **[GO TO 'AM192']**

'AM190'   Why do you think you were targeted for this discrimination or harassment?

AM190

❑   Because of your ancestry, national origin
        or language 1
❑   Because of your race or skin color 2
❑   Because of your gender or sex, including
        gender identity 3
❑   Because of your sexual orientation..............4
❑   Because of your religion 5
❑   Because of your disability 6
❑   Because of your immigration status.............7
❑   Because you have children..........................8
❑   Because of some other reason: _____....9
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM191':
IF MORE THAN ONE RESPONSE FROM **'AM190'**, THEN CONTINUE WITH **'AM191'** WITH SELECTED
CHOICES FROM **'AM190'** DISPLAYED;
ELSE SKIP TO **'AM192'**

'AM191'   What do you think is the MAIN reason you were targeted for this discrimination or
        harassment?

AM191

❍   Because of your ancestry, national origin
        or language 1
❍   Because of your race or skin color 2
❍   Because of your gender or sex,
        including gender identity 3
❍   Because of your sexual orientation..............4
❍   Because of your religion 5
❍   Because of your disability 6
❍   Because of your immigration status.............7
❍   Because you have children..........................8
❍   Because of some other reason:_____...9
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AM192'   <u>In the past 2 years</u>, did you or your household receive or use a Housing Choice Section 8
        voucher?

AM192

        [IF NEEDED: HOUSING CHOICE SECTION 8 VOUCHERS ARE A FORM OF
        GOVERNMENT ASSISTANCE WITH HOUSING]

❍   Yes 1
❍   No...2   **[GO TO 'AM194']**
❍   REFUSED .... -7   **[GO TO 'AM194']**
❍   DON'T KNOW .... -8   **[GO TO 'AM194']**

'AM193'   Were you or your household…

AM193

          [CHECK ALL THAT APPLY]

❑   Unable to use your Housing voucher...........1
❑   Denied housing because of your
          Housing voucher 2
❑   Told by a landlord that they do not
          accept Housing vouchers, or 3
○   None of these...4
○   REFUSED .... -7
○   DON'T KNOW .... -8

Hate Incident

'HATE INCIDENT TRANSITION'

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

'AM194'This set of questions focuses on whether you may have been targeted for hate because of prejudice toward people with certain identities, characteristics or religious beliefs. You may or may not actually have these identities, characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to steal from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

AM194

          During the past 12 months, have you directly experienced a hate incident?

○   Yes 1
○   No...2   **[GO TO 'AM199']**
○   REFUSED 8   **[GO TO 'AM199']**
○   DON'T KNOW 9   **[GO TO 'AM199']**

'AM195'   Did you experience..

AM195

          SELECT ALL THAT APPLY

❑   Physical abuse or attack 1
❑   Verbal abuse or insults 2
❑   Cyberbullying 3
❑   Property damage, or 4
❑   Something else (Specify:_____) 5
○   REFUSED .... -7
○   DON'T KNOW .... -8

'AM196'   Where did the incident or incidents take place?

AM196

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

'AM197'   Why do you think you were targeted?

AM197

SELECT ALL THAT APPLY

❑   Because of your race or skin color 1
❑   Because of your sexual orientation..............2
❑   Because of your gender or sex,
        including gender identity 3
❑   Because of your religion 4
❑   Because of your ancestry,
        national origin, or language........................5
❑   Because of your disability 6
❑   Because of your immigration status.............7
❑   Because of your age 8
❑   Because of some other reason: _____....9
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM198':
IF MORE THAN ONE RESPONSE FROM 'AM197', THEN CONTINUE WITH 'AM198' WITH SELECTED
CHOICES FROM 'AM197' DISPLAYED;
ELSE SKIP TO 'AM199'

'AM198'   What do you think is the <u>main</u> reason you were targeted for a hate incident?

AM198

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

- ❍   Because of your race or skin color 1
- ❍   Because of your sexual orientation..............2
- ❍   Because of your gender or sex,
       including gender identity 3
- ❍   Because of your religion 4
- ❍   Because of your ancestry,
       national origin, or language........................5
- ❍   Because of your disability 6
- ❍   Because of your immigration status.............7
- ❍   Because of your age 8
- ❍   Because of some other reason: _____....9
- ❍   REFUSED .... -7
- ❍   DON'T KNOW... -8

PROGRAMMING NOTE 'AM206':
IF 'AM194' = 1, THEN CONTINUE;
ELSE SKIP TO 'AM199';

'AM206'   During the past 12 months, how many hate incidents have you experienced?

AM206

_____ Number of hate incidents
- ❍   REFUSED .... -7
- ❍   DON'T KNOW... -8

PROGRAMMING NOTE 'AM207A':

DISPLAY INSTRUCTIONS:
IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM207A'   During the past 12 months, have any of the following happened to you because you
experienced {these/the} hate incident{s}?

AM207A

Did you experience negative effects on your mental health such as feeling sad, stressed,
anxious or depressed?

- ❍   Yes 1
- ❍   No..2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AM207B'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

AM207B

Did you experience negative effects on your physical health?

○   Yes 1
○   No...2
○   REFUSED .... -7
○   DON'T KNOW .... -8

'AM207C'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

AM207C

Did you change your behavior, such as changing schools, jobs, transportation or where you shopped?

○   Yes 1
○   No...2
○   REFUSED .... -7
○   DON'T KNOW .... -8

'AM207D'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

AM207D

Did you have to take time off from work?

○   Yes 1
○   No...2
○   REFUSED .... -7
○   DON'T KNOW .... -8

'AM207E'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

AM207E

Did you have to take time off from school?

○   Yes 1
○   No...2
○   REFUSED .... -7
○   DON'T KNOW .... -8

'AM207F'   [During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

AM207F

Did anything else happen to you?

○   Yes 1
○   No...2   **[GO TO 'PN_AM208']**
○   REFUSED .... -7   **[GO TO 'PN_AM208']**
○   DON'T KNOW .... -8   **[GO TO 'PN_AM208']**

'AM207F_OS'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

AM207F_OS

What else happened?

_____

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

PROGRAMMING NOTE 'AM208':
IF 'AM207D' = 1 (took time off from work), THEN CONTINUE;
ELSE GO TO 'AM209';

DISPLAY INSTRUCTIONS:
IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM208'   During the past 12 months, about how many days did you take off from work because
you experienced {these/the} hate incident{s}?

AM208

_____Number of days (HR: 0-365)
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM209':
IF 'AM207E'= 1 (took time off from school), THEN CONTINUE;
ELSE GO TO 'AM210';

DISPLAY INSTRUCTIONS:
IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM209'   During the past 12 months, about how many days did you take off from school because
you experienced {these/the} hate incident{s}?

AM209

_____Number of days (HR: 0-365)
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM210':

DISPLAY INSTRUCTIONS:
IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM210'   During the past 12 months, were there any medical expenses for you or members of your
household because you experienced the hate incident{s}?

AM210

[IF NEEDED: Include mental and physical healthcare expenses.]

- ❍   Yes 1
- ❍   No..2
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM211':
IF 'AM195' = 4, THEN CONTINUE;
ELSE GO TO 'AM212';

DISPLAY INSTRUCTIONS:
IF 'AM206' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM211'   During the past 12 months, did you or members of your household have any damage to property or belongings that resulted from the hate incident{s}?

AM211

> ❍   Yes..1
> ❍   No..2
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM214A':

DISPLAY INSTRUCTIONS:
IF 'AM206' > 1, THEN DISPLAY "most severe".

'AM214A'   After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?

AM214A

Did you receive counselling, therapy, or other type of mental health support?

> ❍   Yes..1
> ❍   No..2
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

'AM214B'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214B

Did you receive medical care for a physical injury or symptom?

> ❍   Yes..1
> ❍   No..2
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

'AM214C'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214C

Did you take time off from school?

> ❍   Yes..1
> ❍   No..2
> ❍   REFUSED .... -7
> ❍   DON'T KNOW .... -8

'AM214D'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214D

Did you receive time off from work?

❍   Yes 1
❍   No..2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AM214E'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214E

Did you receive financial assistance?

❍   Yes 1
❍   No..2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AM214F'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214F

Did you receive protection for you or your family's physical safety?

❍   Yes 1
❍   No..2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AM214G'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214G

Did you receive help reporting to or working with the police or other law enforcement?

❍   Yes 1
❍   No..2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AM214H'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214H

Did you receive legal assistance?

❍   Yes 1
❍   No..2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AM214I'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

AM214I

Did you receive help with interpretation or other types of language services?

❍   Yes 1
❍   No..2
❍   REFUSED .... -7

❍   DON'T KNOW .... -8

'AM214J'   [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

  AM214J

                 Did you receive any other help or support?

❍   Yes 1
❍   No...2   **[GO TO 'PN_AM215']**
❍   REFUSED .... -7   **[GO TO 'PN_AM215']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_AM215']**

'AM214J_OS'

                 [After you experienced the {most severe} hate incident within the past 12 months, what help or support did you receive?]

  AM214J_OS

                 What other help or support did you receive?

                 _____
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM215':

DISPLAY INSTRUCTIONS:
IF 'AM206' > 1, THEN DISPLAY "most severe"

'AM215'   Was there any kind of help or support that you <u>felt you needed but did not receive</u> after you experienced the {most severe} hate incident?

  AM215

❍   Yes 1
❍   No...2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM216':
IF 'AM215' = 1, THEN CONTINUE;

DISPLAY INSTRUCTIONS:
DISPLAY ONLY UNCHECKED CATEGORIES FROM 'AM214';
ELSE GO TO 'AM218';

'AM216'   What help or support did you <u>feel you needed but did not receive</u>?

  AM216

                 SELECT ALL THAT APPLY

❑   COUNSELING, THERAPY, OR OTHER
         TYPE OF MENTAL HEALTH SUPPORT 1
❑   MEDICAL CARE FOR A PHYSICAL
         INJURY OR SYMPTOM 2
❑   TIME OFF FROM SCHOOL 3
❑   TIME OFF FROM WORK 4
❑   FINANCIAL ASSISTANCE 5
❑   PROTECTION FOR YOU OR YOUR

FAMILY'S PHYSICAL SAFETY 6
❑   HELP REPORTING TO OR WORKING
WITH THE POLICE OR OTHER LAW
ENFORCEMENT 7
❑   LEGAL ASSISTANCE...............................8
❑   INTERPRETATION OR OTHER TYPES OF
LANGUAGE SERVICES.............................9
❑   OTHER (PLEASE SPECIFY: _____) 91
○   NONE OF THE ABOVE 10
○   REFUSED .... -7
○   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM217':
IF MULTIPLE RESPONSES FROM 'AM216', THEN CONTINUE

DISPLAY INSTRUCTIONS:
READ OUT ONLY SELECTED OPTIONS FROM 'AM216'

ELSE GO TO 'AM199';

'AM217'   Which of these did you feel you needed the most?

AM217

○   Counseling, therapy, or other type
of mental health support 1
○   Medical care for a physical injury or
symptom...2
○   Time off from school 3
○   Time off from work 4
○   Financial assistance....................................5
○   Protection for you or your family's
physical safety 6
○   Help reporting to or working
with the police or law enforcement 7
○   Legal assistance 8
○   Interpretation or other types of
language services 9
○   {OTHER SPECIFY FROM AM216} 91
○   REFUSED .... -7
○   DON'T KNOW .... -8

'AM218'   Was the offender of the {most severe} incident a stranger, someone you knew by sight only, someone you knew but not well, or someone you knew well?

AM218

[IF NEEDED: If more than one offender, select all that apply]

❑   STRANGER 1
❑   SOMEONE YOU KNEW BY SIGHT ONLY .2
❑   SOMEONE YOU KNEW BUT NOT WELL ..3
❑   SOMEONE YOU KNEW WELL 4
❑   I DON'T KNOW OR I DIDN'T SEE 5
○   REFUSED .... -7

'AM219A'   Who was the offender of the {most severe} hate incident?

AM219A

Was it a friend or family member?

    ○   Yes 1
    ○   No 2
    ○   REFUSED .... -7
    ○   DON'T KNOW .... -8

'AM219B'   [Who was the offender of the {most severe} hate incident?]

AM219B

Was it your classmate?

    ○   Yes 1
    ○   No 2
    ○   REFUSED .... -7
    ○   DON'T KNOW .... -8

'AM219C'   [Who was the offender of the {most severe} hate incident?]

AM219C

Was it your coworker?

    ○   Yes 1
    ○   No 2
    ○   REFUSED .... -7
    ○   DON'T KNOW .... -8

'AM219D'   [Who was the offender of the {most severe} hate incident?]

AM219D

Was it a customer at your workplace?

    ○   Yes 1
    ○   No 2
    ○   REFUSED .... -7
    ○   DON'T KNOW .... -8

'AM219E'   [Who was the offender of the {most severe} hate incident?]

AM219E

A customer at a business you visited?

    ○   Yes 1
    ○   No 2
    ○   REFUSED .... -7
    ○   DON'T KNOW .... -8

'AM219F'   [Who was the offender of the {most severe} hate incident?]

AM219F

An employee at a business you visited?

○　Yes 1
○　No...2
○　REFUSED .... -7
○　DON'T KNOW .... -8

'AM219G'　[Who was the offender of the {most severe} hate incident?]

AM219G

Someone on-line?

○　Yes 1
○　No...2
○　REFUSED .... -7
○　DON'T KNOW .... -8

'AM219H'　[Who was the offender of the {most severe} hate incident?]

AM219H

A caregiver?

○　Yes 1
○　No...2
○　REFUSED .... -7
○　DON'T KNOW .... -8

'AM219I'　[Who was the offender of the {most severe} hate incident?]

AM219I

Someone on public transportation?

○　Yes 1
○　No...2
○　REFUSED .... -7
○　DON'T KNOW .... -8

'AM219J'　[Who was the offender of the {most severe} hate incident?]

AM219J

Anyone else?

○　Yes 1
○　No...2　**[GO TO 'PN_AM199']**
○　REFUSED .... -7　**[GO TO 'PN_AM199']**
○　DON'T KNOW .... -8　**[GO TO 'PN_AM199']**

'AM219J_OS'　Without saying their names or other identifying information, who was the offender of the {most severe} hate incident?

AM219J_OS

_____
○　REFUSED .... -7
○　DON'T KNOW .... -8

'AM199'   During the past 12 months, have you witnessed another person experiencing a hate incident?

AM199

    ❍   Yes 1
    ❍   No...2   **[GO TO 'HATE INCIDENT RESOURCE']**
    ❍   REFUSED .... -7   **[GO TO 'HATE INCIDENT RESOURCE'**
    ❍   DON'T KNOW .... -8   **[GO TO 'HATE INCIDENT RESOURCE']**

'AM200'   Did you witness…

AM200

[SELECT ALL THAT APPLY]

    ❑   Physical abuse or attack 1
    ❑   Verbal abuse or insults 2
    ❑   Cyberbullying 3
    ❑   Property damage, or 4
    ❑   Something else (Specify:_____) 5
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'AM201'   Where did the incident or incidents take place?

AM201

[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

'AM202'   Why do you think the person was targeted for a hate incident?

AM202

[SELECT ALL THAT APPLY]

❑   Because of their race or skin color 1
❑   Because of their sexual orientation..............2
❑   Because of their gender or sex,
            including gender identity 3
❑   Because of their religion 4
❑   Because of their ancestry,
            national origin, or language.........................5
❑   Because of their disability 6
❑   Because of their immigration status.............7
❑   Because of their age 8
❑   Because of some other reason: _____....9
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM203':
IF MORE THAN ONE RESPONSE FROM **'AM202'**, THEN CONTINUE WITH **'AM203'** WITH SELECTED
CHOICES FROM **'AM202'** DISPLAYED;
ELSE SKIP TO **'AM203'**

'AM203'   What do you think is the <u>main</u> reason that person was the target for a hate incident?

AM203

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

❍   Because of their race or skin color 1
❍   Because of their sexual orientation..............2
❍   Because of their gender or sex,
            including gender identity 3
❍   Because of their religion 4
❍   Because of their ancestry,
            national origin, or language.........................5
❍   Because of their disability 6
❍   Because of their immigration status.............7
❍   Because of their age 8
❍   Because of some other reason: _____....9
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AM220'   During the past 12 months, how many hate incidents have you witnessed?

AM220

_____ Number of hate incidents
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

PROGRAMMING NOTE 'AM224':

DISPLAY INSTRUCTIONS:

IF 'AM220' > 1, THEN DISPLAY "these" and "incidents",
ELSE DISPLAY "the" and "incident".

'AM224'   During the past 12 months, were there any medical expenses for you or members of your household because you witnessed the hate incident{s}?

AM224

[IF NEEDED: Include mental and physical healthcare expenses.]

❍   Yes 1
❍   No...2
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AM231'   Was the offender of the {most severe} incident a stranger to the victim, someone the victim knew by sight only, someone the victim knew but not well, or someone the victim knew well?

AM231

SELECT ALL THAT APPLY

❑   STRANGER TO THE VICTIM......................1
❑   SOMEONE THE VICTIM KNEW
        BY SIGHT ONLY 2
❑   SOMEONE THE VICTIM KNEW
        BUT NOT WELL 3
❑   SOMEONE THE VICTIM KNEW WELL 4
❑   I DON'T KNOW OR I DIDN'T SEE 5
❍   REFUSED .... -8

PROGRAMMING NOTE 'HATE INCIDENT RESOURCE':
TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO **'AM194'**, **'AM199'**.

'HATE INCIDENT RESOURCE': If you would like mental or emotional support, help is available 24 hours a day at the toll-free number 855-845-7415. If you prefer, you can remain anonymous. You can also visit www.mentalhealthsf.org/warm-line/.

If you would like to report a hate incident or connect with resources, including mental health and legal services, visit www.cavshate.org/ or call 833-866-4283. California vs Hate is not affiliated with law enforcement, and you can report anonymously. If you want to report a hate crime to law enforcement contact your local police department, or call 911.

PROGRAMMING NOTE 'AJ178':

IF **'AH1'** = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH **'AJ178'**
ELSE GO TO **'AM186'**

'AJ178'   Is there anyone at your doctor's or healthcare provider's office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

AJ178

◯   Yes 1
◯   No...2
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

Encounters with Police

'AM186'   Difficult life experiences can have harmful effects on a person's physical and mental health, even after those experiences have passed. For example, encounters with the police or the court system.

AM186

Nowadays, persons are often stopped by the police for many different reasons. In the past three years, how many times have you been stopped by the police?

◯   0 1
◯   1 2
◯   2 3
◯   3 4
◯   4 5
◯   5 OR MORE 6
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

Social Cohesion

'AM19'   Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

AM19

People in my neighborhood are willing to help each other.

[IF NEEDED, SAY**: "**DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?**"**]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

◯   STRONGLY AGREE....................................1
◯   AGREE...2
◯   DISAGREE...3
◯   STRONGLY DISAGREE..............................4
◯   REFUSED .... -7
◯   DON'T KNOW .... -8

'AM20' People in this neighborhood generally do <u>not</u> get along with each other.

AM20

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

❍   STRONGLY AGREE...................................1
❍   AGREE..2
❍   DISAGREE...3
❍   STRONGLY DISAGREE............................4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

'AM21' People in this neighborhood can be trusted.

AM21

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?]

[DO NOT PROBE A 'DON'T KNOW' RESPONSE]

❍   STRONGLY AGREE...................................1
❍   AGREE..2
❍   DISAGREE...3
❍   STRONGLY DISAGREE............................4
❍   REFUSED .... -7
❍   DON'T KNOW .... -8

Safety

'AK28'   Do you feel safe in your neighborhood…

AK28

❍ 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

Civic Engagement

'AM39'   In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

AM39

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

'AM45'   Do you think you could contact an elected official or someone else in government who represents your community?

AM45

    ❍   Definitely could not.......................................1
    ❍   Probably could not 2
    ❍   Maybe could...3
    ❍   Probably could 4
    ❍   Definitely could..5
    ❍   REFUSED .... -7
    ❍   DON'T KNOW .... -8

'AM48'   In the past 12 months, have you been an active member of any group that tries to influence public policy or government, not including a political party?

AM48

    ❍   YES...1
    ❍   NO...2   **[GO TO 'AK23']**
    ❍   REFUSED .... -7   **[GO TO 'AK23']**
    ❍   DON'T KNOW .... -8   **[GO TO 'AK23']**

Section P: Voter Engagement

Voter Engagement

PROGRAMMING NOTE 'AP73':
IF **'AH39'** = 1 (CITIZEN) OR **'AH33'** = 1 (USA)) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH **'AP73'**;
ELSE GO TO **'AP75'**

'AP73' How often do you vote in presidential elections?

AP73

- ○ Always..1
- ○ Sometimes, or 2
- ○ Never?...3
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

'AP74'   How often do you vote in state elections, such as for Governor or state proposition?

AP74

- ○ Always..1
- ○ Sometimes, or 2
- ○ Never?...3
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

'AP75'   How often do you vote in local elections, such as for Mayor or school board?

AP75

- ○ Always..1
- ○ Sometimes, or 2
- ○ Never?...3
- ○ REFUSED .... -7
- ○ DON'T KNOW .... -8

PROGRAMMING NOTE 'AP80':
IF **'AP73'** OR **'AP74'** or **'AP75'** = 2 OR 3, CONTINUE WITH **'AP80'**;
ELSE SKIP TO **'AF86'**

'AP80' For the most recent election that you did <u>not</u> vote in, what is the <u>main</u> reason why you did not vote?

AP80

- ❍ I dislike politics 1
- ❍ Voting has little to do with the way real decisions are made 2
- ❍ I did not like any of the candidates on the ballot...3
- ❍ My one vote is not going to affect how things turn out 4
- ❍ I was not informed enough about the candidates or issues to make a good decision 5
- ❍ I did not see a difference between the candidates or parties.............................6
- ❍ I was not interested in what is happening in government.........................7
- ❍ I just did not think about doing it 8
- ❍ I forgot 9
- ❍ I had to work... 10
- ❍ I did not have transportation 11
- ❍ Other (Specify:_____) 91
- ❍ REFUSED .... -7
- ❍ DON'T KNOW .... -8

Section Q: Adverse Childhood Experiences

ACEs Screener

'AQ28INTRO'   Adverse Childhood Experiences are stressful or traumatic events experienced from birth through the age of 18 and relate to categories of child abuse, neglect, and/or household challenges. Medical professionals, including doctors, nurse practitioners, midwives, psychologists, and others, can perform Adverse Childhood Experiences assessments.

'AQ28'   Have you heard the term Adverse Childhood Experiences or ACEs before?

AQ28

- ❍   Yes...1
- ❍   No..2
- ❍   Don't know 3
- ❍   REFUSED .... -7

Past ACEs assessment

'AQ23'   Have you ever completed an assessment of your own history of Adverse Childhood Experiences with a medical health or mental health professional?

AQ23

- ❍   Yes...1
- ❍   No..2   **[GO TO 'PN_AQ24']**
- ❍   Don't know 3   **[GO TO 'PN_AQ24']**
- ❍   REFUSED .... -7   **[GO TO 'PN_AQ24']**

'AQ29'   When your provider reviewed your responses to the ACE assessment did they discuss your strengths, resilience or positive experiences in your life?

AQ29

- ❍   Yes...1
- ❍   No..2
- ❍   Don't know 3
- ❍   REFUSED .... -7

PROGRAMMING NOTE 'AQ24':
IF SELECTED TEEN, CONTINUE;
ELSE SKIP TO 'PN_ AQ25'

'AQ24'   Have you ever completed an assessment of (TEEN's) Adverse Childhood Experiences with a medical health or mental health professional?

AQ24

- ❍   Yes...1
- ❍   No..2
- ❍   Don't know 3
- ❍   REFUSED .... -7

PROGRAMMING NOTE 'AQ25':
IF SELECTED CHILD, CONTINUE;
ELSE SKIP TO 'ACEINTRO'

'AQ25'   Have you ever completed an assessment of (CHILD's) Adverse Childhood Experiences
with a medical health or mental health professional.

AQ25

❍	Yes 1	
❍	No...2	
❍	Don't know 3	
❍	REFUSED .... -7	

'ACEINTRO'   The following questions are about events that might have happened during your
childhood. This information will allow us to better understand problems that may occur
early in life, and may help others in the future. This is a sensitive topic and some people
may feel uncomfortable with these questions. Please keep in mind that you can skip any
question you do not want to answer. All questions refer to the time period before you
were 18 years of age.

'AQ1'   Before you were 18 years of age...

AQ1

Did you live with anyone who was depressed, mentally ill, or suicidal?

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

'AQ2'   [Before you were 18 years of age...]

AQ2

Did you live with anyone who was a problem drinker or alcoholic?

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

'AQ3'   [Before you were 18 years of age...]

AQ3

Did you live with anyone who used illegal street drugs or who abused prescription
medications?

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

'AQ4'   [Before you were 18 years of age...]

AQ4

Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

'AQ5'   Before you were 18 years of age...

AQ5

Were your parents separated or divorced?

- ○   YES 1
- ○   NO...2
- ○   PARENT NOT MARRIED 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'AQ6'   [Before you were 18 years of age...]

AQ6

How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

- ○   NEVER...1
- ○   ONCE..2
- ○   MORE THAN ONCE 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'AQ7'   [Before you were 18 years of age...]

AQ7

How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.

- ○   NEVER...1
- ○   ONCE..2
- ○   MORE THAN ONCE 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'AQ8'   [Before you were 18 years of age...]

AQ8

How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- ○   NEVER..1
- ○   ONCE...2
- ○   MORE THAN ONCE 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'AQ9'   [Before you were 18 years of age...]

AQ9

How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- ○   NEVER..1
- ○   ONCE...2
- ○   MORE THAN ONCE 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'AQ10' [Before you were 18 years of age...]

AQ10

How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

- ○   NEVER..1
- ○   ONCE...2
- ○   MORE THAN ONCE 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'AQ11' [Before you were 18 years of age...]

AQ11

How often did anyone at least 5 years older than you or an adult, force you to have sex?

- ○   NEVER..1
- ○   ONCE...2
- ○   MORE THAN ONCE 3
- ○   REFUSED .... -7
- ○   DON'T KNOW .... -8

'AQ12'   Before you were 18 years of age. Were you ever the victim of violence or witness any violence in your neighborhood?

AQ12

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

'AQ13'   [Before you were 18 years of age...] Were you ever treated or judged unfairly because of your race or ethnic group?

AQ13

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

'AQ14'   [Before you were 18 years of age...] Did you ever live with a parent or guardian who died?

AQ14

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

'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?

AQ15

- ❍   VERY OFTEN 1
- ❍   SOMEWHAT OFTEN.................................2
- ❍   NOT VERY OFTEN 3
- ❍   NEVER...4
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AQ30'   For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say..

AQ30

- ❍   Never...1
- ❍   A little of the time 2
- ❍   Some of the time.......................................3
- ❍   Most of the time 4
- ❍   All of the time 5
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

'AQ31'   For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say..

AQ31

- ❍   Never...1
- ❍   A little of the time 2
- ❍   Some of the time.......................................3
- ❍   Most of the time 4
- ❍   All of the time..5
- ❍   REFUSED .... -7
- ❍   DON'T KNOW .... -8

PROGRAMMING NOTE ACES RESOURCE:

DISPLAY INSTRUCTIONS:
IF [(**'AQ9'** OR **'AQ10'** OR **'AQ11'**) = -7, -8 OR (**'AQ9'** OR **'AQ10'** OR **'AQ11'**) >1], DISPLAY RAINN RESOURCE AND (IF **'AQ7'** = 1 OR **'AQ7'** = -7, -8) DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE;
ELSE SKIP TO **'AF86'**

'ACES 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. Would you like the toll-free number?"

[IF R SAYS "YES", SAY**:** Someone is available 24 hours a day to provide information. GIVE OUT 1-800-799-7233 TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

[IF CATI, DISPLAY: Would you like me to repeat this information?]

Section S: Suicide Ideation and Attempts

Suicide Ideation and Attempts

'AF86'   The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

 AF86

Have you ever seriously thought about committing suicide?

❍   YES 1
❍   NO 2   **[GO TO 'PN_AM10B']**
❍   REFUSED .... -7   **[GO TO 'PN_AM10B']**
❍   DON'T KNOW .... -8   **[GO TO 'PN_AM10B']**

'AF87' Have you seriously thought about committing suicide at any time in the past 12 months?

 AF87

❍   YES 1
❍   NO 2   **[GO TO 'AF88']**
❍   REFUSED .... -7   **[GO TO 'AF88']**
❍   DON'T KNOW .... -8   **[GO TO 'AF88']**

'AF91' Have you seriously thought about committing suicide at any time in the past 2 months?

 AF91

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

'AF88' Have you ever attempted suicide?

 AF88

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

PROGRAMMING NOTE 'AF89':
IF **'AF87'** = (2, *-7, -8*) AND **'AF88'** = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF **'AF91'** = (2, -7, -8) AND **'AF88'** = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF **'AF91'** = 1 AND **'AF88'** = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH **'AF89'**

'AF89' Have you attempted suicide at any time in the past 12 months?

 AF89

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

'SUICIDE RESOURCE': You can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit 988lifeline.org to chat online or find information about getting help.

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

 [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

PROGRAMMING NOTE FOR 'AF90':
IF **'AF87'** = (2, -7, -8) AND **'AF88'** = (2, -7, -8) THEN SKIP TO 'NEXT SECTION';
ELSE CONTINUE;

'AF90'   Would you like to discuss your thoughts with this person or would you like to continue with the survey?

AF90

❍	DISCUSS THOUGHTS WITH PERSON 1	
❍	CONTINUE WITH SURVEY 2	**[GO TO 'PN_AM10B']**
❍	REFUSED .... -7	**[GO TO 'PN_AM10B']**
❍	DON'T KNOW .... -8	**[GO TO 'PN_AM10B']**

Follow-Up Survey Permission

PROGRAMMING NOTE 'AM10B':
IF (**'AL8'** OR **'AL10'** OR **'AL11'**= 1), THEN DISPLAY "JUST A COUPLE OF FINAL QUESTIONS";
ELSE DISPLAY "JUST A FINAL QUESTION";

'AM10B'   Just a {couple of} final question{s} and then we are done. Please provide your name and telephone number so that we may call you if we have additional questions.

| AM10B |

First Name: _____ Last Name: _____
Phone Number: _____

PROGRAMMING NOTE 'LTSS_A':
IF (**'AL8'** OR **'AL10'** OR **'AL11'** = 1), THEN CONTINUE;
ELSE GO TO PROGRAMMING NOTE **'CLOSE1'** AND 'CLOSE 2'

'LTSS_A'   Based on your responses, we'd like to ask you a few more questions. This new survey usually takes about 15 minutes and you will be paid $25. This other survey is for people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands.)

| LTSS_A |

Would you like to participate in this survey?

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

'LTSS_RECON2'   Would you like to participate in this survey at a later date?

| LTSS_RECON2 |

○   YES 1
○   NO 2   **[GO TO 'PN_SUICIDE RESOURCE2']**
○   REFUSED .... -7   **[GO TO 'PN_SUICIDE RESOURCE2']**
○   DON'T KNOW .... -8   **[GO TO 'PN_SUICIDE RESOURCE2']**

PROGRAMMING NOTE 'LTSS_FOLLOW-UP':
IF (**'AL8'** OR **'AL10'** OR **'AL11'**= 1) AND **'AM10B'** IS BLANK, CONTINUE WITH 'LTSS_FOLLOW_UP';
ELSE GO TO **'PN_SUICIDE RESOURCE2'**

'LTSS_FOLLOW_UP'

| LTSS_FOLLOW_UP |

Please provide your name and telephone number so that we may call you if we have additional questions.

First Name: _____Last Name: _____

Phone Number: _____

AIAN_A   Based on your responses, we'd like to ask you a few more questions. This new survey usually takes about 15 minutes and you will be paid $25. The purpose of the survey is to understand cultural experiences for American Indians and Alaska Natives, and their health conditions, health behaviors, mental health, and alcohol or drug use.

AIAN_A

                Would you like to participate in this survey?

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

PROGRAMMING NOTE 'HATEFU_A':
ASK IF 'HATEFU_SELECT' = 1 CONTINUE
ELSE GO TO 'PROGRAMMING NOTE SUICIDE RESOURCE2'

HATEFU_A   Based on your responses, you may be eligible to participate in another survey conducted by UCLA. The purpose of this other survey is to understand people's experiences with hate incidents. It will take place in about 2-6 weeks from now, and is expected to take about 50-60 minutes in an audio-recorded interview. You will be provided a $100 gift card for your participation.

HATEFU_A

                Would you like to participate in this survey?

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

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF **'AF90'** = (2, -7, -8),
AND [**'AF91'** = 1 OR (**'AF91'** = 2, -7, -8 AND **'AF89'** = 1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE2

'SUICIDE RESOURCE2': Again, you can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit 988lifeline.org to chat online or find information about getting help

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

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

PROGRAMMING NOTE CLOSE1 AND CLOSE2:
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO **'CLOSE2'**;
ELSE CONTINUE WITH **'CLOSE1'**

'CLOSE1' Let me check to see if there is anyone else.

If true, goto 'HH_SELECT'

'CLOSE2' Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. If you have any questions about the study, please contact Dr. Ninez Ponce, the Principal Investigator.

Dr. Ponce can be reached toll-free at 1-866-275-2447.

Thank you, and good-bye.