



california  
health  
interview  
survey

**CHIS 2023**

**Adolescent CATI Questionnaire**

(Interviewer- administered)

Version 3.01

October 2, 2023

(Adolescent Respondents Ages 12-17)

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- California Department of Health Care Services
- California Department of Public Health

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## Guide to Questionnaire Formatting

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

### Legend (each item is identified only once)

<b>Programming note</b>	Defines a skip pattern or text display for the subsequent question(s).
<b>QID</b>	Designates location of question, i.e. ' <b>QT23_A1</b> ': Teen questionnaire, Section A, question #1. The question # in the QID denotes question order. This may vary between survey cycles.
<b>Var ID</b>	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.
<b>Lowercase text</b>	On CATI, this text is read to the respondent.
<b>Uppercase text</b>	On CATI, this text is NOT read to the respondent.
<b>If Needed statement</b>	On CATI, this text is only read if interview deems it helpful for respondent.
<b>Interviewer Note</b>	On CATI, this serves as additional instruction for the interviewer and is not read at loud.
<b>Range</b>	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.
<b>Skip note</b>	Defines skip patterns dependent on the responses of the current question.
<b>Dynamic text</b>	{...} and (....) Denotes that text is automatically filled based on previous responses.

### PROGRAMMING NOTE 'QT23\_A1' :

SET TADATE = CURRENT DATE (YYYYMMDD)

**'QT23\_A1'**      What is your date of birth?

**TA1**

- 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]

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

      \_\_\_\_ YEAR [Range: 2006-2011]

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

**'QT23\_B4'** During the last four school weeks, how many days of school did you miss because of a health problem?

**TB4**

[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]

\_\_\_\_\_ DAYS\_[HR: 0-20]

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

**'QT23\_H7'** In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

**TH49**

[IF NEEDED, SAY: "Do not include urgent care or emergency care visits. I am only asking about appointments".]

- YES.....1  
 NO.....2  
 REFUSED.....-7  
 DON'T KNOW.....-8
- [GO TO 'PN\_QT23\_H9']  
[GO TO 'PN\_QT23\_H9']  
[GO TO 'PN\_QT23\_H9']

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

## SECTION A: DEMOGRAPHICS PART I AND CIVIC ENGAGEMENT

Age

**PROGRAMMING NOTE 'QT23\_A1' :**

SET TADATE = CURRENT DATE (YYYYMMDD)

'QT23\_A1' What is your date of birth?

*¿Cuál es su fecha de nacimiento?***TA1**

- 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]

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

       Year [Range: 2006-2011]

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

**PROGRAMMING NOTE 'QT23\_A2' :**IF 'QT23\_A1' = -7 OR -8 (REF/DK), CONTINUE WITH 'QT23\_A2' ;  
ELSE GO TO 'QT23\_A4'

'QT23\_A2' What month and year were you born?

*¿En qué mes y año nació?***TA1A**

- 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

       Year [Range: 2006-2011]

- REFUSED ..... -7

- DON'T KNOW .....-8

**PROGRAMMING NOTE 'QT23\_A3' :**

'QT23\_A2' BIRTH MONTH= INTERVIEW MONTH AND ( INTERVIEW YEAR- 'QT23\_A2' BIRTH YEAR= 12 OR 17),  
CONTINUE WITH 'QT23\_A3';  
IF 'QT23\_A2' = -7 OR -8 (REF/DK), CONTINUE WITH 'QT23\_A3' ;  
ELSE GO TO 'QT23\_A4'

**'QT23\_A3'** How old are you?

*¿Qué edad tienes?*

**TA2**

\_\_\_\_\_ YEARS OF AGE [SR: 12-17]

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

## Gender Identity

**POST-NOTE 'QT23\_A3' :**

IF 'QT23\_A1' AND 'QT23\_A3' ARE NOT KNOWN, USE CHILD ROSTER AGE (ENUM.AGE);  
IF TEENAGE is less than 12 OR TEENAGE greater than 17, THEN TERMINATE INTERVIEW AND CODE  
INELIGIBLE (IT)

**'QT23\_A4'** What sex were you assigned at birth on your original birth certificate?

*¿Qué sexo te asignaron al nacer, en el certificado de nacimiento original?*

**TA20B**

- Female .....2  
*Femenino*  
 Male .....1  
*Masculino*  
 Don't know .....3  
*No lo sé*  
 Prefer not to answer .....9  
*Prefiero no responder*

**'QT23\_A5'** What is your current gender?

**(NOTE: CATI interviewers should read all categories)**

*¿Cuál es tu género actual?*

**TA21B**

- Female .....2  
*Femenino*  
 Male .....1  
*Masculino*  
 Transgender .....3  
*Transgénero*  
 Non binary .....5  
*No binario*  
 I use a different term (\_\_\_\_) .....7  
*Dos espíritus*  
 Don't know .....8  
*No lo sé*  
 Prefer not to answer .....9  
*Prefiero no responder*

**PROGRAMMING NOTE 'QT23\_A6':**

IF '**QT23\_A5**' = 7 THEN CONTINUE WITH '**QT23\_A6**';  
 ELSE SKIP TO '**QT23\_A9**'

**'QT23\_A6'** What is your current gender identity?

*¿Cuál es su identidad sexual actual?*

**TA22**

- SPECIFY: ( \_\_\_\_\_ ).....-1
- REFUSED.....-7
- DON'T KNOW.....-8

**PROGRAMMING NOTE 'QT23\_A7':**

IF [**'QT23\_A4'** = 1 (MALE AT BIRTH) AND **'QT23\_A5'** = 2, 3, 5, 7] OR [**'QT23\_A4'** = 2 (FEMALE AT BIRTH) AND **'QT23\_A5'** = 1, 3, 5, 7] THEN CONTINUE WITH '**QT23\_A7**';  
 ELSE SKIP to '**QT23\_A8**'

**'QT23\_A7'** Just to confirm, {you were/[child's name] was} assigned {INSERT RESPONSE FROM TA20B} at birth and now describe {yourself/themself} as {INSERT ALL RESPONSES FROM TA21B}. Is that correct?

*Solo para confirmar, al nacer te asignaron el sexo {TA20} y ahora te describes a ti mismo como {TA21}. ¿Es correcto?*

**TA23**

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

**'QT23\_A8'** Which of the following best represents how you think of yourself? [Select ONE]

*¿Cuál de los siguientes representa mejor cómo piensa de sí mismo? [Seleccione UNO]*

[IF R SAYS 'I USE A DIFFERENT TERM', THEN PROBE: 'WHAT TERM DO YOU USE?']

**TA24**

- Lesbian or Gay .....2  
*Lesbiana o gay*
- Straight, that is, not lesbian or gay .....1  
*Heterosexual, ni lesbiana ni gay*
- Bisexual or pansexual.....6  
*Bisexual o pansexual*
- I use a different term (\_\_\_\_) .....7  
*Utilizo un término diferente (\_\_\_\_)*
- Don't know .....8  
*No lo sé*
- Prefer not to answer .....9  
*Prefiero no responder*

## School Attendance

**'QT23\_A9'** Did you attend school last week?

*¿Asististe a la escuela la semana pasada?*

**TA4**

- YES.....1  
[GO TO '**QT23\_A11**']
- NO.....2
- I AM ON VACATION.....3
- I AM HOME SCHOoled .....4  
[GO TO '**QT23\_A12**']
- REFUSED.....-7
- DON'T KNOW.....-8

**'QT23\_A10'** Did you attend school during the last school year?

*¿Fuiste a la escuela durante el pasado año escolar?*

**TA4C**

- |                                                          |    |
|----------------------------------------------------------|----|
| <input type="radio"/> YES.....                           | 1  |
| <input type="radio"/> NO.....                            | 2  |
| <input type="radio"/> I WAS HOME SCHOoled LAST YEAR..... | 3  |
| <input type="radio"/> REFUSED.....                       | -7 |
| <input type="radio"/> DON'T KNOW.....                    | -8 |

[GO TO 'QT23\_A12']  
[GO TO 'QT23\_A12']  
[GO TO 'QT23\_A12']  
[GO TO 'QT23\_A12']

Name of School

**'QT23\_A11'** What is the name of the school you go to or last attended?

*¿Cuál es el nombre de la escuela a la que vas o a la que fuiste por última vez?*

**TA4B**

[IF NEEDED, ASK: "Is that an elementary, middle, junior high, or high school?"]

[IF NEEDED, ASK: '¿Es una escuela primaria, intermedia, secundaria junior o secundaria?']

[INTERVIEWER NOTE: RECORD VERBATIM]

\_\_\_\_\_ NAME OF SCHOOL

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

\_\_\_\_\_ TYPE OF SCHOOL

- |                                                    |    |
|----------------------------------------------------|----|
| <input type="radio"/> TEEN not in school.....      | 0  |
| <input type="radio"/> Elementary.....              | 1  |
| <input type="radio"/> Intermediate.....            | 2  |
| <input type="radio"/> Junior high .....            | 3  |
| <input type="radio"/> Middle school.....           | 4  |
| <input type="radio"/> High school .....            | 5  |
| <input type="radio"/> Senior high school .....     | 6  |
| <input type="radio"/> Continuation.....            | 7  |
| <input type="radio"/> Charter school .....         | 8  |
| <input type="radio"/> Other (Specify: _____) ..... | 91 |
| <input type="radio"/> REFUSED.....                 | -7 |
| <input type="radio"/> DON'T KNOW.....              | -8 |

**'QT23\_A12'** A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?

*La apariencia de una persona, su ropa, estilo o la manera como camina o habla puede afectar la manera en que la gente la describe. ¿Cómo crees que otras personas en la escuela te describirían a ti?*

**TL37**

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

[IF NEEDED, SAY: 'Piensa en la última vez que fuiste a la escuela. ']

- |                                               |   |
|-----------------------------------------------|---|
| <input type="radio"/> Very feminine.....      | 1 |
| <i>Muy femenino(a)</i>                        |   |
| <input type="radio"/> Mostly feminine.....    | 2 |
| <i>Casi femenino(a)</i>                       |   |
| <input type="radio"/> Somewhat feminine ..... | 3 |

- Algo femenino(a)*
- Equally feminine and masculine .....4
  - Igualmente femenino(a) y masculino(a)*
  - Somewhat masculine.....5
- Algo masculino(a)*
- Mostly masculine .....6
  - Casi masculino(a)*
  - Very masculine .....7
  - Muy masculino(a)*
  - REFUSED/DON'T KNOW .....3
  - REFUSED.....-7
  - DON'T KNOW.....-8

## SECTION B: HEALTH STATUS AND HEALTH CONDITIONS

### General Health

**'QT23\_B1'** Now I'm going to ask about your health.

*Ahora voy a hacerte preguntas sobre tu salud*

In general, would you say your health is excellent, very good, good, fair or poor?

*En general, ¿dirías que tu salud es excelente, muy buena, buena, regular o mala?*

**TB1**

- |                       |                 |    |
|-----------------------|-----------------|----|
| <input type="radio"/> | EXCELLENT ..... | 1  |
| <input type="radio"/> | VERY GOOD ..... | 2  |
| <input type="radio"/> | GOOD .....      | 3  |
| <input type="radio"/> | FAIR .....      | 4  |
| <input type="radio"/> | POOR .....      | 5  |
| <input type="radio"/> | REFUSED.....    | -7 |
| <input type="radio"/> | DON'T KNOW..... | -8 |

### Height and Weight

**'QT23\_B2'** About how tall are you without shoes?

*Más o menos, ¿cuánto mides sin zapatos?*

**TB2**

[IF NEEDED, SAY: "Your best guess is fine."]

[IF NEEDED, SAY: 'Está bien si me das un número aproximado.']}

\_\_\_\_\_ FEET  
\_\_\_\_\_ INCHES

\_\_\_\_\_ CENTIMETERS

- |                       |                    |    |
|-----------------------|--------------------|----|
| <input type="radio"/> | FEET, INCHES ..... | 1  |
| <input type="radio"/> | CENTIMETERS .....  | 2  |
| <input type="radio"/> | REFUSED.....       | -7 |
| <input type="radio"/> | DON'T KNOW.....    | -8 |

**'QT23\_B3'** About how much do you weigh without shoes?

*Más o menos, ¿cuánto pesas sin zapatos.*

**TB3**

[IF NEEDED, SAY: "Your best guess is fine."]

[IF NEEDED, SAY: 'Está bien si me das un número aproximado.']}

\_\_\_\_\_ POUNDS [HR:50-450]  
\_\_\_\_\_ KILOGRAMS [HR: 20-220]

- |                       |                 |    |
|-----------------------|-----------------|----|
| <input type="radio"/> | REFUSED.....    | -7 |
| <input type="radio"/> | DON'T KNOW..... | -8 |

### Missed School Days

#### PROGRAMMING NOTE 'QT23\_B4' :

IF 'QT23\_A9' = 1 (ATTENDED SCHOOL LAST WEEK) OR 4 (HOME SCHOoled), CONTINUE WITH 'QT23\_B4' ;  
ELSE GO TO 'QT23\_B5'

**'QT23\_B4'** During the last four school weeks, how many days of school did you miss because of a health

problem?

*Durante las últimas cuatro semanas de escuela, ¿cuántos días faltaste a la escuela debido a un problema de salud?*

**TB4**

**[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]**

\_\_\_\_\_ DAYS\_[HR: 0-20]

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

Asthma

**'QT23\_B5'**

Has a doctor ever told you or your parents that you have asthma?

*¿Alguna vez te ha dicho un doctor a tí o a tus padres que tú tienes asma?*

**TB5**

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

**'QT23\_B6'**

Do you still have asthma?

*¿Todavía tienes asma?*

**TB17**

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

**'QT23\_B7'**

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

*Durante los últimos 12 meses, ¿has tenido un episodio de asma o un ataque de asma?*

**TB18**

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

**PROGRAMMING NOTE 'QT23\_B8' :**

IF 'QT23\_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT23\_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS)  
CONTINUE WITH 'QT23\_B8';  
ELSE GO TO 'QT23\_B11'

**'QT23\_B8'**

During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

*Durante los últimos 12 meses, ¿has tenido que ir a la sala de emergencias de un hospital debido al asma?*

**TB19**

- YES.....1
  - NO.....2
  - REFUSED.....-7
  - DON'T KNOW.....-8
- [GO TO 'QT23\_B11']  
[GO TO 'QT23\_B11']  
[GO TO 'QT23\_B11']

**'QT23\_B9'**

Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

*¿Fuiste a la sala de emergencias de un hospital porque no pudiste ver a tu doctor?*

**TB31**

**[INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]**

- YES.....1
- NO.....2
- DOESN'T HAVE A DOCTOR OR ANY OTHER TYPE OF HEALTHCARE PROVIDER.....3
- REFUSED.....-7
- DON'T KNOW.....-8

**'QT23\_B10'** During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

*Durante los últimos 12 meses, ¿estuviste hospitalizado(a) durante una noche o más debido al asma?*

**TB4A**

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

**'QT23\_B11'** Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

*¿Estás actualmente tomando algún medicamento diario para controlar el asma que te haya sido dado o recetado por un doctor?*

**TB6**

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

**[IF NEEDED, SAY: 'Esto incluye medicinas orales o que tienen que ser inhalados. No incluyas los inhaladores que se usan para alivio rápido.']}**

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

**PROGRAMMING NOTE 'QT23\_B12' :**

IF 'QT23\_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT23\_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO 'QT23\_B16';  
ELSE CONTINUE WITH 'QT23\_B12'

**'QT23\_B12'** During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

*Durante los últimos 12 meses, ¿con qué frecuencia has tenido síntomas de asma tales como tos, silbidos de pecho, dificultad para respirar, opresión en el pecho o flema?*

**TB27**

- Not at all.....1  
*Nunca*
- Less than every month .....2  
*Menos de una vez por mes*
- Every month.....3  
*Todos los meses*
- Every week .....4  
*Todas las semanas*

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> Every day.....  | 5  |
| <i>Todos los días</i>                 |    |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**PROGRAMMING NOTE 'QT23\_B13' :**

IF 'QT23\_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT23\_B7' = 1 (YES, EPISODE IN PAST 12 MONTHS) GO TO 'QT23\_B16';  
ELSE CONTINUE WITH 'QT23\_B13'

**'QT23\_B13'** During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

*Durante los últimos 12 meses, ¿has tenido que ir a la sala de emergencias de un hospital debido a tu asma?*

**TB28**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |
- [GO TO 'QT23\_B16']

**'QT23\_B14'** Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

*¿Fuiste a la sala de emergencias de un hospital debido al asma porque no pudiste ver a tu doctor?*

**TB34**

**[INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]**

- |                                                  |    |
|--------------------------------------------------|----|
| <input type="radio"/> YES.....                   | 1  |
| <input type="radio"/> NO.....                    | 2  |
| <input type="radio"/> DOESN'T HAVE A DOCTOR..... | 3  |
| <input type="radio"/> REFUSED.....               | -7 |
| <input type="radio"/> DON'T KNOW.....            | -8 |

**'QT23\_B15'** During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?

*Durante los últimos 12 meses, ¿has tenido que ir a la sala de emergencias de un hospital debido a tu asma?*

**TB29**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**'QT23\_B16'** During the past 12 months, how many days of school did you miss due to asthma?

*Durante los últimos 12 meses, ¿cuántos días faltaste a la escuela debido al asma?*

**TB24**

**[INTERVIEWER NOTE: INCLUDE HOME SCHOOLERS]**

\_\_\_\_\_ DAYS\_[HR: 0-365]

- |                                                |     |
|------------------------------------------------|-----|
| <input type="radio"/> NOT GOING TO SCHOOL..... | 996 |
| <input type="radio"/> REFUSED.....             | -7  |
| <input type="radio"/> DON'T KNOW.....          | -8  |

**'QT23\_B17'** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

*¿Te han hablado tus doctores u otros proveedores de atención médica sobre la preparación de un plan para que sepas cómo controlar tu asma?*

**TB20**

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

**'QT23\_B18'** Do you have a written or printed copy of this plan?

*¿Tienes una copia escrita o impresa de este plan?*

**TB32**

[IF NEEDED, SAY: "This can be an electronic or hard copy."]

[IF NEEDED, SAY: 'Puede ser una copia electrónica o impresa.']}

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

**'QT23\_B19'** How confident are you that you can control and manage your asthma? Would you say you are...

*¿Cuánta confianza tienes en que puedes controlar y manejar el asma? ¿Dirías que tienes...*

**TB33**

- Very confident.....1  
*Muy seguro(a)*
- Somewhat confident .....2  
*Algo seguro(a)*
- Not too confident.....3  
*Poco seguro(a)*
- Not at all confident.....4  
*Nada seguro(a)*
- REFUSED.....-7
- DON'T KNOW-8.....-8

## SECTION CV: COVID-19

**'QT23\_CV1'** Have you completed the primary vaccine series for COVID-19? *Completed primary vaccine series means one of the following: Receiving two shots of the Pfizer or Moderna vaccine, a single shot of the Johnson & Johnson vaccine.*

*¿Ha completado la serie primaria de vacunas contra el COVID-19? Serie primaria de vacunas completada significa una de las siguientes opciones: Recibir dos inyecciones de la vacuna Pfizer o Moderna, una sola inyección de la vacuna Johnson & Johnson.*

**TCV1A**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**PROGRAMMING NOTE 'QT23\_CV2':**

IF 'QT23\_CV1'=1, THEN CONTINUE;

ELSE GO TO 'QT23\_CV3';

IF' TCV1A'= -7,-8 THEN GO TO NEXT SECTION

**'QT23\_CV2'** Have you received an additional dose or booster after your primary vaccine series?

*¿Ha recibido una dosis adicional o un refuerzo después de su serie primaria de vacunas?*

**TCV1B**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**'QT23\_CV3'** What are the reasons why you have not completed the primary vaccine series for COVID-19?

*¿Cuáles son las razones por las que no ha completado la serie primaria de vacunas para el COVID-19?*

**TCV2**

Select all that apply

- |                                                                                                           |    |
|-----------------------------------------------------------------------------------------------------------|----|
| <input type="checkbox"/> I AM WORRIED ABOUT SIDE EFFECTS .....                                            | 1  |
| <input type="checkbox"/> I THINK THE VACCINE WAS DEVELOPED<br>TOO QUICKLY.....                            | 2  |
| <input type="checkbox"/> I DON'T KNOW ENOUGH ABOUT THE<br>VACCINE TO MAKE THE DECISION TO GET<br>IT ..... | 3  |
| <input type="checkbox"/> I THINK A VACCINE FOR COVID-19 IS<br>UNNECESSARY.....                            | 4  |
| <input type="checkbox"/> I DON'T BELIEVE IN VACCINES IN<br>GENERAL .....                                  | 5  |
| <input type="checkbox"/> I DO PLAN TO GET FULLY VACCINATED .....                                          | 6  |
| <input type="checkbox"/> MY PARENTS DON'T WANT ME TO GET THE<br>VACCINE .....                             | 7  |
| <input type="checkbox"/> SOMETHING ELSE, (SPECIFY:____) .....                                             | 91 |
| <input type="radio"/> REFUSED.....                                                                        | -7 |
| <input type="radio"/> DON'T KNOW.....                                                                     | -8 |

## SECTION C: DIET, NUTRITION, AND FOOD ENVIRONMENT

### Dietary Intake

**PROGRAMMING NOTE 'QT23\_C1':**

IF HOUSEHOLD INCOME IS  $\leq$  185% FPL CONTINUE;  
ELSE SKIP TO 'SECTION D'

**'QT23\_C1'** Now, we're going to ask about the foods you ate yesterday, including both meals and snacks.

*Ahora, vamos a preguntarte sobre los alimentos que comiste ayer, incluyendo comidas y refrigerios o snacks.*

Yesterday, how many servings of fruit, such as an apple or banana, did you eat?  
*A serving is whatever it means to you.*

*Ayer, ¿cuántas porciones de fruta, como una manzana o una banana, comiste?  
Una porción es lo que signifique para tí.*

**TE4**

\_\_\_\_\_ SERVINGS [HR: 0-20; SR: 0-9]

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

**'QT23\_C2'**

Yesterday, how many servings of vegetables like green salad, green beans, or potatoes did you have? Do not include fried potatoes.

*Ayer, ¿cuántas porciones de vegetales, como por ejemplo, ensalada de hojas verdes, frijoles verdes o papas comiste? No incluyas papas fritas.*

**TE6**

\_\_\_\_\_ SERVINGS [HR: 0-20; SR: 0-4]

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

**'QT23\_C3'**

Yesterday, how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did you drink?

*Ayer, ¿Cuántos vasos o latas de bebidas azucaradas de fruta, bebidas deportivas o bebidas energéticas bebiste?*

*Such as lemonade, Gatorade, Snapple, or Red Bull.*

*Como limonada, Gatorade, Snapple o Red Bull.*

**TC28B**

\_\_\_\_\_ GLASSES OR CANS [HR 0-15 ;SR 0-7]

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

## SECTION D: PHYSICAL ACTIVITY

### Park and Neighborhood Safety

**'QT23\_D1'** Do you strongly agree, agree, disagree, or strongly disagree with the following statement?

*¿Estás totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con los siguientes comentarios?*

The park or playground closest to where I live is safe during the day.

*El parque o área de juegos más cercano a donde yo vivo es seguro durante el día.*

**TC25**

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: "*¿Estás totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?*"]

- STRONGLY AGREE ..... 1
- AGREE ..... 2
- DISAGREE ..... 3
- STRONGLY DISAGREE ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

### Social Cohesion

**'QT23\_D2'** People in my neighborhood are willing to help each other.

*Las personas en mi vecindario están dispuestas a ayudarse unas a otras*

**TD34**

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: "*¿Estás totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?*"]

- STRONGLY AGREE ..... 1
- AGREE ..... 2
- DISAGREE ..... 3
- STRONGLY DISAGREE ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**'QT23\_D3'** People in this neighborhood generally do NOT get along with each other.

*Por lo general, la gente en este vecindario o barrio NO se lleva bien.*

**TD45**

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: "*¿Estás totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?*"]

**[INTERVIEWER NOTE: DO NOT PROBE A "DON'T KNOW" RESPONSE]**

- STRONGLY AGREE ..... 1
- AGREE ..... 2
- DISAGREE ..... 3
- STRONGLY DISAGREE ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**'QT23\_D4'** People in this neighborhood can be trusted.

*Se puede confiar en la gente de esta comunidad.*

**TD36**

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: "*¿Estás totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?*"]

- STRONGLY AGREE ..... 1
- AGREE ..... 2
- DISAGREE ..... 3
- STRONGLY DISAGREE ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**'QT23\_D5'** I care deeply about issues in my community or society.

*Me importan mucho los problemas de mi comunidad o de la sociedad.*

**TL25**

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: "*¿Estás totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?*"]

- STRONGLY AGREE ..... 1
- AGREE ..... 2
- DISAGREE ..... 3
- STRONGLY DISAGREE ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**'QT23\_D6'** I believe that I can make a difference in my community.

*Creo que puedo marcar la diferencia en mi comunidad.*

**TL27**

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: "*¿Estás totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?*"]

- STRONGLY AGREE ..... 1
- AGREE ..... 2
- DISAGREE ..... 3
- STRONGLY DISAGREE ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**'QT23\_D7'** I feel connected to others who are working to make a difference in my community.

*Siento una conexión con otras personas que están trabajando para marcar la diferencia en mi comunidad.*

**TL28**

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]

[IF NEEDED, SAY: "*¿Estás totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?*"]

- STRONGLY AGREE ..... 1
- AGREE ..... 2
- DISAGREE ..... 3
- STRONGLY DISAGREE ..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 8

**'QT23\_D8'** Do you feel safe in your neighborhood...

*¿Te sientes seguro(a) en el vecindario donde vives?*

**TE64**

- All of the time ..... 1  
*Siempre*
- Most of the time ..... 2  
*Casi siempre*
- Some of the time ..... 3  
*A veces*
- None of the time ..... 4  
*Nunca*
- REFUSED ..... 7
- DON'T KNOW ..... 8

Hate Incident

**'QT23\_D9'**

**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. *\*Implemented on Sep 5<sup>th</sup>, 2023*

*Las siguientes preguntas son sobre incidentes de odio. Pensar en estos incidentes puede ser estresante. Todas sus respuestas se mantendrán confidenciales. Si alguna pregunta le incomoda, no tiene que responderla. Al final de esta sección, le daremos información sobre organizaciones que pueden brindarle recursos y apoyo.*

**'QT23\_D10'**

**HI\_INTRO**

This next set of questions focuses on whether you may have been targeted for hate because of prejudice toward people with certain characteristics or religious beliefs. You may or may not actually have these characteristics or religious beliefs. It is different from someone targeting you for other reasons, such as being angry or wanting to get something from you. Hate incidents can include physical abuse, verbal abuse, cyberbullying, property damage, or something else.

*Introducción al incidente de odio: el siguiente conjunto de preguntas tiene el propósito de saber si puede haber sido blanco de odio debido a los prejuicios hacia las personas que tienen ciertas características o creencias religiosas. Usted puede o no tener estas características o creencias religiosas. Es diferente a que alguien le ataque por otros motivos, como por estar enojado o querer conseguir algo de usted.*

**'QT23\_D11'** During the past 12 months, have you directly experienced a hate incident?

*Durante los últimos 12 meses, ¿ha experimentado un incidente de odio de manera directa*

**TD66**

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> YES.....        | 1 |
| <input type="radio"/> NO.....         | 2 |
| <input type="radio"/> REFUSED.....    | 8 |
| <input type="radio"/> DON'T KNOW..... | 9 |

**PROGRAMMING NOTE 'QT23\_D12':**

IF 'QT23\_D11' =1 CONTINUE WITH 'QT23\_D12';  
ELSE SKIP TO 'QT23\_D16'

'QT23\_D12' Did you experience...

*¿Pasó por alguna de las siguientes situaciones?*

**TD67**

Select all that apply

- |                                                          |    |
|----------------------------------------------------------|----|
| <input type="checkbox"/> Physical abuse or attack, ..... | 1  |
| <i>Abuso físico o ataque</i>                             |    |
| <input type="checkbox"/> Verbal abuse or insults, .....  | 2  |
| <i>Abuso verbal o insultos</i>                           |    |
| <input type="checkbox"/> Cyberbullying, .....            | 3  |
| <i>Ciberacoso o acoso por Internet</i>                   |    |
| <input type="checkbox"/> Property damage, or .....       | 4  |
| <i>Daños a la propiedad, o</i>                           |    |
| <input type="checkbox"/> Something else (Specify:_____)  | 5  |
| <i>Algo más (especifique:_____)</i>                      |    |
| <input type="radio"/> REFUSED.....                       | -7 |
| <input type="radio"/> DON'T KNOW.....                    | -8 |

'QT23\_D13' Where did the incident or incidences take place?

*¿Dónde ocurrió el incidente?*

**TD68**

Select all that apply

- |                                                                                     |    |
|-------------------------------------------------------------------------------------|----|
| <input type="checkbox"/> At home,.....                                              | 1  |
| <i>En casa,</i>                                                                     |    |
| <input type="checkbox"/> At school, .....                                           | 2  |
| <i>En la escuela,</i>                                                               |    |
| <input type="checkbox"/> At work, .....                                             | 3  |
| <i>En el trabajo,</i>                                                               |    |
| <input type="checkbox"/> At a store, theater, gas station, or other business, ..... | 4  |
| <i>En una tienda, teatro, gasolinera u otro negocio,</i>                            |    |
| <input type="checkbox"/> On the street or sidewalk, .....                           | 5  |
| <i>En la calle o acera,</i>                                                         |    |
| <input type="checkbox"/> Online, or.....                                            | 6  |
| <i>En línea, o</i>                                                                  |    |
| <input type="checkbox"/> Somewhere else (Specify:_____)                             | 7  |
| <i>En otro lugar (especifique:_____)</i>                                            |    |
| <input type="radio"/> REFUSED.....                                                  | -7 |
| <input type="radio"/> DON'T KNOW.....                                               | -8 |

'QT23\_D14' Why do you think you were targeted?

*¿Por qué cree que fue blanco de un incidente de odio?*

**TD69***Select all that apply*

- Because of your race or skin color ..... 1  
*Por su raza o color de piel*
- Because of your sexual orientation..... 2  
*Por su orientación sexual*
- Because of your gender or sex, including gender identity ..... 3  
*Por su género o sexo, incluida la identidad de género*
- Because of your religion ..... 4  
*Por su religión*
- Because of your ancestry, national origin, or language..... 5  
*Debido a su ascendencia, origen nacional o idioma*
- Because of your disability ..... 6  
*Por su discapacidad*
- Because of your immigration status..... 7  
*Por su estatus migratorio*
- Because of your age ..... 8  
*Por su edad*
- Because of some other reason: \_\_\_\_\_ .... 9  
*Por alguna otra razón: \_\_\_\_\_*
- REFUSED..... -7
- DON'T KNOW..... -8

**PROGRAMMING NOTE 'QT23\_D15':**

IF MORE THAN ONE RESPONSE FROM 'QT23\_D14', THEN CONTINUE WITH 'QT23\_D15' WITH SELECTED CHOICES FROM 'QT23\_D14' DISPLAYED;  
ELSE SKIP TO 'QT23\_D16';

**'QT23\_D15'** What do you think is the MAIN reason you were targeted for a hate incident?

*¿Cuál cree que es la razón PRINCIPAL por la que fue blanco de un incidente de odio?*

**TD70**

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

[**IF NEEDED:** Si experimentó más de un incidente, piense en el incidente más reciente]

- Because of your race or skin color ..... 1  
*Por su raza o color de piel*
- Because of your sexual orientation ..... 2  
*Por su orientación sexual*
- Because of your gender or sex, including gender identity ..... 3  
*Por su género o sexo, incluida la identidad de género*
- Because of your religion ..... 4  
*Por su religión*
- Because of your ancestry, national origin, or language..... 5  
*Debido a su ascendencia, origen nacional o idioma*
- Because of your disability ..... 6  
*Por su discapacidad*
- Because of your immigration status ..... 7  
*Por su estatus migratorio*
- Because of your age..... 8

*Por su edad*

- Because of some other reason: \_\_\_\_\_ 9  
*Por alguna otra razón: \_\_\_\_\_*
- REFUSED.....-7
- DON'T KNOW.....-8

**'QT23\_D16'** During the past 12 months, have you witnessed another person experiencing a hate incident?

*Durante los últimos 12 meses, ¿ha visto a otra persona experimentar un incidente de odio?*

**TD71**

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

**PROGRAMMING NOTE 'QT23\_D17':**

IF 'QT23\_D16' =1, CONTINUE WITH 'QT23\_D17';  
ELSE GO TO 'SECTION E';

**'QT23\_D17'** Did you witness...

*¿Fue testigo de...*

**TD72**

Select all that apply

- Physical abuse or attack, .....1  
*Abuso físico o ataque*
- Verbal abuse or insults, .....2  
*Abuso verbal o insultos*
- Cyberbullying, .....3  
*Ciberacoso o acoso por Internet*
- Property damage, or .....4  
*Daños a la propiedad, o*
- Something else (Specify:\_\_\_\_\_ ) .....5  
*Algo más (especifique:\_\_\_\_\_ )*
- REFUSED.....-7
- DON'T KNOW.....-8

**'QT23\_D18'** Where did the incident take place?

*¿Dónde ocurrió el incidente?*

**TD73**

Select all that apply

- At home, .....1  
*En casa,*
- At school, .....2  
*En la escuela,*
- At work, .....3  
*En el trabajo,*
- At a store, theater, gas station, or other business, .....4  
*En una tienda, teatro, gasolinera u otro negocio,*
- On the street or sidewalk, .....5  
*En la calle o acera,*
- Online, or.....6  
*En línea, o*

- |                                                          |    |
|----------------------------------------------------------|----|
| <input type="checkbox"/> Somewhere else (Specify: _____) | 7  |
| <i>En otro lugar (especifique: _____)</i>                |    |
| <input type="radio"/> REFUSED                            | -7 |
| <input type="radio"/> DON'T KNOW                         | -8 |

**'QT23\_D19'** Why do you think the person was targeted for a hate incident?

*¿Por qué cree que la persona fue objeto de un incidente de odio?*

**TD74**

Select all that apply

- |                                                                                          |    |
|------------------------------------------------------------------------------------------|----|
| <input type="checkbox"/> Because of their race or skin color .....                       | 1  |
| <i>Por su raza o color de piel</i>                                                       |    |
| <input type="checkbox"/> Because of their sexual orientation.....                        | 2  |
| <i>Por su orientación sexual</i>                                                         |    |
| <input type="checkbox"/> Because of their gender or sex, including gender identity ..... | 3  |
| <i>Por su género o sexo, incluida la identidad de género</i>                             |    |
| <input type="checkbox"/> Because of their religion .....                                 | 4  |
| <i>Por su religión</i>                                                                   |    |
| <input type="checkbox"/> Because of their ancestry, national origin, or language.....    | 5  |
| <i>Por su ascendencia, origen nacional o idioma</i>                                      |    |
| <input type="checkbox"/> Because of their disability .....                               | 6  |
| <i>Por su discapacidad</i>                                                               |    |
| <input type="checkbox"/> Because of their immigration status.....                        | 7  |
| <i>Por su estatus migratorio</i>                                                         |    |
| <input type="checkbox"/> Because of their age .....                                      | 8  |
| <i>Por su edad</i>                                                                       |    |
| <input type="checkbox"/> Because of some other reason: _____                             | 9  |
| <i>Por alguna otra razón: _____</i>                                                      |    |
| <input type="radio"/> REFUSED                                                            | -7 |
| <input type="radio"/> DON'T KNOW                                                         | -8 |

**PROGRAMMING NOTE 'QT23\_D20':**

IF MORE THAN ONE RESPONSE FROM '**QT23\_D19**', THEN CONTINUE WITH '**QT23\_D20**' WITH SELECTED CHOICES FROM '**QT23\_D19**' DISPLAYED;  
ELSE SKIP TO 'SECTION E';

**'QT23\_D20'** What do you think is the MAIN reason that person was the target for a hate incident?

*¿Cuál cree que es la razón PRINCIPAL por la que esa persona fue objeto de un incidente de odio?*

**TD75**

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

*Si fue testigo de más de un incidente, piense en el incidente más reciente] (Seleccione todas las opciones que correspondan)*

- |                                                                                       |   |
|---------------------------------------------------------------------------------------|---|
| <input type="radio"/> Because of their race or skin color .....                       | 1 |
| <input type="radio"/> Because of their sexual orientation .....                       | 2 |
| <input type="radio"/> Because of their gender or sex, including gender identity ..... | 3 |
| <input type="radio"/> Because of their religion .....                                 | 4 |
| <input type="radio"/> Because of their ancestry, national origin, or language.....    | 5 |
| <input type="radio"/> Because of their disability .....                               | 6 |
| <input type="radio"/> Because of their immigration status .....                       | 7 |

- |                                                           |   |
|-----------------------------------------------------------|---|
| <input type="radio"/> Because of their age.....           | 8 |
| <input type="radio"/> Because of some other reason: _____ | 9 |
| <input type="radio"/> REFUSED.....                        | 7 |
| <input type="radio"/> DON'T KNOW.....                     | 8 |

**PROGRAMMING NOTE 'QT23\_D21':**

TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO 'QT23\_D11',  
**'QT23\_D16'.**

**'QT23\_D21'****HATE INCIDENT  
RESOURCE**

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

*Si desea apoyo mental o emocional, alguien está disponible para asistirle las 24 horas del día en el número gratuito 855-845-7415. Si lo prefiere, puede permanecer en el anonimato. También puede visitar [www.mentalhealthsf.org/peer-run-warmline/](http://www.mentalhealthsf.org/peer-run-warmline/)*

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

*Si desea denunciar un incidente de odio o comunicarse con los recursos disponibles, incluidos servicios legales y de salud mental, visite [www.CAvsHATE.org/](http://www.CAvsHATE.org/) o llame al 833-866-4283. California vs Hate no está afiliado a las autoridades policiales y usted puede denunciar de forma anónima. Si desea denunciar un delito de odio a las autoridades, comuníquese con el departamento de policía local o llame al 911.*

## SECTION E: CIGARETTE, ALCOHOL AND DRUG USE

Cigarette Use

**'QT23\_E1'** Now I'm going to ask about smoking. Have you ever smoked cigarettes, even 1 or 2 puffs?

*Las preguntas que siguen son acerca del fumar. ¿Has fumado cigarrillos alguna vez, aunque sea 1 o 2 pitadas?*

**TC38**

- |                                       |    |                   |
|---------------------------------------|----|-------------------|
| <input type="radio"/> YES.....        | 1  |                   |
| <input type="radio"/> NO.....         | 2  | [GO TO 'QT23_E5'] |
| <input type="radio"/> REFUSED.....    | -7 | [GO TO 'QT23_E5'] |
| <input type="radio"/> DON'T KNOW..... | -8 | [GO TO 'QT23_E5'] |

**'QT23\_E2'**

How old were you when you first tried cigarette smoking, even one or two puffs?

*¿Qué edad tenías cuando probaste fumar cigarrillos por primera vez, aunque haya sido una o dos caladas?*

**TE81**

\_\_\_\_\_ Age [HR: 0-TAGE]

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**'QT23\_E3'**

In the past 30 days, on how many days did you smoke cigarettes?

*Durante los últimos 30 días, ¿cuántos días fumaste cigarrillos?*

**TE19**

- |                                        |    |                   |
|----------------------------------------|----|-------------------|
| <input type="radio"/> NONE .....       | 0  | [GO TO 'QT23_E5'] |
| <input type="radio"/> 1 OR 2 DAYS..... | 1  |                   |
| <input type="radio"/> 3-5 DAYS.....    | 2  |                   |
| <input type="radio"/> 6-9 DAYS.....    | 3  |                   |
| <input type="radio"/> 10-19 DAYS.....  | 4  |                   |
| <input type="radio"/> 20-29 DAYS.....  | 5  |                   |
| <input type="radio"/> 30 DAYS.....     | 6  |                   |
| <input type="radio"/> REFUSED.....     | -7 |                   |
| <input type="radio"/> DON'T KNOW.....  | -8 |                   |

**'QT23\_E4'**

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

*Durante los últimos 30 días, cuando fumaste, ¿más o menos cuántos cigarrillos fumaste al día?*

**TE20**

**[IF NEEDED, SAY: 'On average.']**  
**[IF NEEDED, SAY: 'En promedio.]**

**[IF NEEDED, SAY: 'On the days you smoked.]**  
**[IF NEEDED, SAY: 'En los días que fumaste.]**

**[IF R SAYS 'A Pack', CODE THIS AS 20 CIGARETTES]**  
**[IF R SAYS 'Una cajetilla', CODE THIS AS 20 CIGARETTES]**

\_\_\_\_\_ NUMBER OF CIGARETTES [HR: 0-120]

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

E-Cigarette Use  
**'E-CIGARETTE INTRO TEEN'**

**E-CIGAR INTRO**

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

*Las siguientes preguntas son sobre cigarrillos electrónicos y otros productos electrónicos para vapor. Estos productos suelen contener nicotina, sabores y otros ingredientes. También se les conoce como 'cigarros electrónicos', lapiceras para vapor, 'pod mods', lapiceras 'hooka' o 'hooka electrónica'.*

Do not include products used only for marijuana.

No incluyas productos que se usen solamente para marihuana.

**'QT23\_E6'** Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?

*¿Alguna vez usaste un cigarrillo electrónico u otro producto electrónico para vapor, aunque haya sido solamente una vez en tu vida?*

**TE79**

- |                                       |    |                    |
|---------------------------------------|----|--------------------|
| <input type="radio"/> YES.....        | 1  |                    |
| <input type="radio"/> NO.....         | 2  | [GO TO 'QT23_E11'] |
| <input type="radio"/> REFUSED.....    | -7 | [GO TO 'QT23_E11'] |
| <input type="radio"/> DON'T KNOW..... | 8  | [GO TO 'QT23_E11'] |

**'QT23\_E7'** How old were you when you first tried an e-cigarette, even one or two times?

*¿Qué edad tenías cuando probaste usar un cigarrillo electrónico por primera vez, aunque haya sido una o dos veces?*

**TE82**

\_\_\_\_\_ Age [HR: 0-TAGE]

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | 8  |

**'QT23\_E8'** In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

*¿Durante cuántos de los últimos 30 días fumaste cigarrillos electrónicos?*

**TE80**

- |                                       |                                     |                       |
|---------------------------------------|-------------------------------------|-----------------------|
| _____ Number of days [HR: 0 - 30]     | [IF TE80=0, GO TO<br>'PN_QT23_E10'] |                       |
| <input type="radio"/> REFUSED.....    | -7                                  | [GO TO 'PN_QT23_E10'] |
| <input type="radio"/> DON'T KNOW..... | 8                                   | [GO TO 'PN_QT23_E10'] |

**'QT23\_E9'** What are your reasons for using electronic cigarettes?

*¿Por qué razones fumas cigarrillos electrónicos?*

**TE68**

**[CODE ALL THAT APPLY]**

- |                                                                                 |   |
|---------------------------------------------------------------------------------|---|
| <input type="checkbox"/> TO QUIT SMOKING .....                                  | 1 |
| <input type="checkbox"/> TO REPLACE SMOKING .....                               | 2 |
| <input type="checkbox"/> TO CUT DOWN OR REDUCE SMOKING .....                    | 3 |
| <input type="checkbox"/> TO USE IN PLACES WHERE SMOKING IS<br>NOT ALLOWED ..... | 4 |

- TO JUST TRY IT OUT OF CURIOSITY .....5
- TO AVOID THE LINGERING ODOR OF CIGARETTES .....6
- TO HELP ME CONCENTRATE/ STAY ALERT.7
- BECAUSE THEY COME IN MANY FLAVORS .8
- BECAUSE THEY ARE LESS EXPENSIVE THAN CIGARETTES .....9
- BECAUSE THEY ARE HEALTHIER THAN CIGARETTES .....10
- FOR ENJOYMENT OR SOCIAL REASONS...11
- TO REDUCE STRESS, ANXIETY, OR PAIN..12
- OTHER (SPECIFY: \_\_\_\_\_) .....91
- REFUSED.....-7
- DON'T KNOW.....-8

**PROGRAMMING NOTE 'QT23\_E10':**

IF ['QT23\_E1'=1 AND 'QT23\_E6'=1] AND 'QT23\_E2'='QT23\_E7' OR IF 'QT23\_E2'=-7,-8 OR IF 'QT23\_E7'=-7,8  
CONTINUE WITH 'QT23\_E10';  
ELSE GO TO 'QT23\_E11'

**'QT23\_E10'** Earlier you mentioned that you have tried both cigarettes and e-cigarettes. Which one did you try first?

*Mencionó que probó tanto los cigarrillos como los cigarrillos electrónicos. ¿Cuáles probó primero?*

**TE83**

- CIGARETTES .....1
- E-CIGARETTES .....2
- TRIED AT THE SAME TIME .....3
- REFUSED.....-7
- DON'T KNOW.....-8

## Alcohol Use/Abuse

**'QT23\_E11'** Did you ever have more than a few sips of any alcoholic drink, like beer, wine, mixed drinks, or liquor?

*¿Alguna vez tomaste más de unos pocos sorbos de cualquier bebida alcohólica, tal como cerveza, vino, bebidas mezcladas o licor?*

**TE22**

- YES.....1
  - NO.....2
  - REFUSED.....-7
  - DON'T KNOW.....-8
- [GO TO 'PN\_QT23\_E14']  
[GO TO 'PN\_QT23\_E14']  
[GO TO 'PN\_QT23\_E14']

**PROGRAMMING NOTE 'QT23\_E12' :**

IF 'QT23\_A4' = 1 (MALE AT BIRTH) GO TO 'QT23\_E13' ;  
ELSE CONTINUE WITH 'QT23\_E12'

**'QT23\_E12'** How many days in the past 30 days did you have four or more drinks in a row, that is within a couple of hours?

*¿En cuántos de los últimos 30 días tomaste cuatro o más bebidas alcohólicas una después de otra, es decir en un par de horas?*

**TE24A**

- NONE .....0
- 1 DAY .....1
- 2 DAYS .....2
- 3-5 DAYS.....3
- 6-9 DAYS.....4

- |                                            |   |
|--------------------------------------------|---|
| <input type="radio"/> 10-19 DAYS.....      | 5 |
| <input type="radio"/> 20 DAYS OR MORE..... | 6 |
| <input type="radio"/> REFUSED.....         | 7 |
| <input type="radio"/> DON'T KNOW.....      | 8 |

**PROGRAMMING NOTE 'QT23\_E13' :**

IF 'QT23\_A4' = 2 (FEMALE AT BIRTH), GO TO 'QT23\_E14';  
 ELSE CONTINUE WITH 'QT23\_E13'

**'QT23\_E13'** How many days in the past 30 days did you have five or more drinks in a row, that is within a couple of hours?

*¿En cuántos de los últimos 30 días tomaste cinco o más bebidas alcohólicas una después de otra, es decir en un par de horas?*

**TE24**

- |                                            |   |
|--------------------------------------------|---|
| <input type="radio"/> NONE .....           | 0 |
| <input type="radio"/> 1 DAY .....          | 1 |
| <input type="radio"/> 2 DAYS .....         | 2 |
| <input type="radio"/> 3-5 DAYS.....        | 3 |
| <input type="radio"/> 6-9 DAYS.....        | 4 |
| <input type="radio"/> 10-19 DAYS.....      | 5 |
| <input type="radio"/> 29 DAYS OR MORE..... | 6 |
| <input type="radio"/> REFUSED.....         | 7 |
| <input type="radio"/> DON'T KNOW.....      | 8 |

## Marijuana Use

**PROGRAMMING NOTE 'QT23\_E14':**

IF SC24X = 3 OR 5 (NO QUESTIONS ON DRUGS) OR IF SC23XXX = 1 SKIP TO 'QT23\_F1';  
 ELSE CONTINUE TO 'QT23\_E14'

**'QT23\_E14'** The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking.

*Las preguntas que siguen son sobre la marihuana, también llamada cannabis o hierba, el hachís y otros productos que contienen tetrahidrocannabinol (THC). Hay muchos métodos para consumir estos productos, como fumarlos, vaporizarlos, untarlos, comerlos o beberlos.*

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

*¿Alguna vez ha probado la marihuana o el hachís aunque sea una sola vez?*

**TE69**

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

[IF NEEDED: El THC es el ingrediente activo de la marihuana.]

- |                                       |   |                    |
|---------------------------------------|---|--------------------|
| <input type="radio"/> YES.....        | 1 |                    |
| <input type="radio"/> NO.....         | 2 | [GO TO 'QT23_E24'] |
| <input type="radio"/> REFUSED.....    | 7 | [GO TO 'QT23_E24'] |
| <input type="radio"/> DON'T KNOW..... | 8 | [GO TO 'QT23_E24'] |

**'QT23\_E15'** During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

*Durante los últimos 30 días, ¿cuántos días consumió marihuana, hachís u otro producto con THC?*

**TE70**

- |                                     |   |                    |
|-------------------------------------|---|--------------------|
| <input type="radio"/> 0 DAYS .....  | 1 | [GO TO 'QT23_E24'] |
| <input type="radio"/> 1-2 DAYS..... | 2 |                    |

- |                                            |   |
|--------------------------------------------|---|
| <input type="radio"/> 3-5 DAYS.....        | 3 |
| <input type="radio"/> 6-9 DAYS.....        | 4 |
| <input type="radio"/> 10-19 DAYS.....      | 5 |
| <input type="radio"/> 20-29 DAYS.....      | 6 |
| <input type="radio"/> 30 DAYS OR MORE..... | 7 |
| <input type="radio"/> REFUSED.....         | 7 |
| <input type="radio"/> DON'T KNOW.....      | 8 |

**'QT23\_E16'** How often have you used tobacco and marijuana at the same time? Would you say...

*¿Con qué frecuencia ha consumido tabaco cuando también ha estado consumiendo marihuana?  
¿Diría que...?*

**TE71**

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Usually .....   | 1 |
| <input type="radio"/> Sometimes.....  | 2 |
| <input type="radio"/> Never .....     | 3 |
| <input type="radio"/> REFUSED.....    | 7 |
| <input type="radio"/> DON'T KNOW..... | 8 |

**'QT23\_E17'** During the past 30 days, how did you use marijuana? Did you...

*[Durante los últimos 30 días, ¿de qué manera consumió la marihuana?]*

Smoke it in a joint, bong, or pipe?

*¿La fumó en un cigarrillo, una pipa de vidrio o una pipa?*

**TE72**

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> YES.....        | 1 |
| <input type="radio"/> NO.....         | 2 |
| <input type="radio"/> REFUSED.....    | 7 |
| <input type="radio"/> DON'T KNOW..... | 8 |

**'QT23\_E18'** During the past 30 days, how did you use marijuana? Did you...

*[Durante los últimos 30 días, ¿de qué manera consumió la marihuana?]*

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

*¿Fumó parte de o todo un cigarrillo de marihuana, que a veces se llama blunt?*

**TE78**

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> YES.....        | 1 |
| <input type="radio"/> NO.....         | 2 |
| <input type="radio"/> REFUSED.....    | 7 |
| <input type="radio"/> DON'T KNOW..... | 8 |

**'QT23\_E19'** [During the past 30 days, how did you use marijuana?] Did you...

*[Durante los últimos 30 días, ¿de qué manera consumió la marihuana?]*

Eat it?

*¿La comió?*

**TE73**

**[IF NEEDED SAY: For example, in brownies, cakes, cookies or candy]**

*Por ejemplo, en brownies, tortas, galletas o caramelos*

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> YES..... | 1 |
| <input type="radio"/> NO.....  | 2 |

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

**'QT23\_E20'** [During the past 30 days, how did you use marijuana?] Did you...

[*Durante los últimos 30 días, ¿de qué manera consumió la marihuana?*]

Drink it?

*¿La bebió?*

**TE74**

**[IF NEEDED SAY: For example, in tea, cola, alcohol or other drinks]**

*Por ejemplo, en té, refrescos de cola, bebidas alcohólicas u otras bebidas.*

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

**'QT23\_E21'** [During the past 30 days, how did you use marijuana?] Did you...

[*Durante los últimos 30 días, ¿de qué manera consumió la marihuana?*]

Vaporize it?

*¿La vaporizó?*

**TE75**

**[IF NEEDED SAY: For example, in an e-cigarette type vaporizer]**

*Por ejemplo, en un vaporizador del tipo de un cigarrillo electrónico*

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

**'QT23\_E22'** [During the past 30 days, how did you use marijuana?] Did you...

[*Durante los últimos 30 días, ¿de qué manera consumió la marihuana?*]

Dab it?

*¿Se la untó?*

**TE76**

**[IF NEEDED SAY: For example, using butane hash oil, wax or concentrates]**

*Por ejemplo, usando aceite de hachís, cera o concentrados*

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

**'QT23\_E23'** [During the past 30 days, how did you use marijuana?] Did you...

[*Durante los últimos 30 días, ¿de qué manera consumió la marihuana?*]

Use it some other way?

*¿La consumió de alguna otra manera?*

**TE77**

- |                                                 |    |
|-------------------------------------------------|----|
| <input type="radio"/> YES (SPECIFY _____) ..... | 1  |
| <input type="radio"/> NO.....                   | 2  |
| <input type="radio"/> REFUSED.....              | -7 |
| <input type="radio"/> DON'T KNOW.....           | -8 |

**'QT23\_E24'** Have you used heroin in the past 12 months?

*¿Has usado heroína en los últimos 12 meses?*

**TE84**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**'QT23\_E25'** Examples of prescription painkillers are Vicodin, OxyContin, Norco, Hydrocodone, Percocet and Methadone. In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor's directions?

*Ejemplos de analgésicos o calmantes para el dolor recetados son Vicodin, OxyContin, Norco, Hydrocodone, Percocet y metadona. En los últimos 12 meses, ¿has usado algún o calmante para el dolor recetado sin seguir las instrucciones de tu doctor?*

**TE85**

**[Do not read the response categories.]**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**PROGRAMMING NOTE 'QT23\_E26':**

IF 'QT23\_E25' = 1, THEN CONTINUE WITH 'QT23\_E26';  
ELSE GO TO 'QT23\_E28'

**'QT23\_E26'** Did you get the prescription(s) from one doctor or from more than one doctor?

*¿Obtuviste la receta o las recetas de un doctor o de más de un doctor?*

**TE86**

- |                                                          |    |
|----------------------------------------------------------|----|
| <input type="radio"/> ONE DOCTOR .....                   | 1  |
| <input type="radio"/> MORE THAN ONE DOCTOR.....          | 2  |
| <input type="radio"/> I DIDN'T GET IT FROM A DOCTOR..... | 3  |
| <input type="radio"/> REFUSED.....                       | -7 |
| <input type="radio"/> DON'T KNOW.....                    | -8 |

**PROGRAMMING NOTE 'QT23\_E27':**

IF 'QT23\_E25' = 1, THEN CONTINUE WITH 'QT23\_E27';  
ELSE CONTINUE TO 'QT23\_E28'

**'QT23\_E27'** What condition or conditions have you taken the medicine for?

*¿Para qué condición o condiciones has tomado el medicamento?*

**TE87**

- |                                                                           |   |
|---------------------------------------------------------------------------|---|
| <input type="checkbox"/> DENTAL WORK/DENTAL PAIN .....                    | 1 |
| <input type="checkbox"/> PAIN AFTER SURGERY, NOT ACCIDENT<br>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

**'QT23\_E28'** Have you used methamphetamines in the past 12 months?

*¿Has usado metanfetaminas en los últimos 12 meses?*

**TE88**

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

## SECTION F: MENTAL HEALTH

## K6 Mental Health Assessment

**'QT23\_F1'** The next questions ask about how you have been feeling during the past 30 days.

*Las preguntas siguientes se refieren a cómo te has sentido en los últimos 30 días.*

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?

*Durante los últimos 30 días, ¿más o menos con qué frecuencia, te has sentido nervioso/a? ¿Siempre, casi siempre, algunas veces, pocas veces o nunca?*

**TG11**

- ALL..... 1
- MOST..... 2
- SOME ..... 3
- A LITTLE..... 4
- NONE ..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

**'QT23\_F2'**

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?

*Durante los últimos 30 días, ¿más o menos con qué frecuencia te has sentido sin esperanzas? ¿Siempre, casi siempre, algunas veces, pocas veces o nunca?*

**TG12**

- ALL..... 1
- MOST..... 2
- SOME ..... 3
- A LITTLE..... 4
- NONE ..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

**'QT23\_F3'**

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

*Durante los últimos 30 días, ¿más o menos con qué frecuencia te sentiste inquieto(a) o intranquilo(a)?*

**TG13**

[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?"]

[IF NEEDED, SAY: '¿Siempre, casi siempre, algunas veces, pocas veces o nunca?']

- ALL..... 1
- MOST..... 2
- SOME ..... 3
- A LITTLE..... 4
- NONE ..... 5
- REFUSED..... -7
- DON'T KNOW..... -8

**'QT23\_F4'**

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

*¿Con qué frecuencia te sentiste tan deprimido(a) que nada te podía levantar el ánimo?*

**TG14**

[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?"]

[IF NEEDED, SAY: '*Siempre, casi siempre, algunas veces, pocas veces o nunca?*']

- ALL.....1
- MOST.....2
- SOME .....3
- A LITTLE.....4
- NONE .....5
- REFUSED.....-7
- DON'T KNOW.....-8

'QT23\_F5' During the past 30 days, about how often did you feel that everything was an effort?

*Durante los últimos 30 días, ¿con qué frecuencia sentiste que todo era un esfuerzo?*

TG15

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

[IF NEEDED, SAY: '*Siempre, casi siempre, algunas veces, pocas veces o nunca?*']

- ALL.....1
- MOST.....2
- SOME .....3
- A LITTLE.....4
- NONE .....5
- REFUSED.....-7
- DON'T KNOW.....-8

'QT23\_F6' During the past 30 days, about how often did you feel worthless?

*Durante los últimos 30 días, ¿con qué frecuencia sentiste que no valías nada?*

TG16

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

[IF NEEDED, SAY: '*Siempre, casi siempre, algunas veces, pocas veces o nunca?*']

- ALL.....1
- MOST.....2
- SOME .....3
- A LITTLE.....4
- NONE .....5
- REFUSED.....-7
- DON'T KNOW.....-8

Repeated K6

'QT23\_F7'

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

*¿Hubo alguna vez un mes en los últimos 12 meses cuando tuviste estos sentimientos con más frecuencia que en los últimos 30 días?*

TF30

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

[GO TO 'QT23\_F14']  
[GO TO 'QT23\_F14']  
[GO TO 'QT23\_F14']

**PROGRAMMING NOTE ‘QT23\_F8’ :**

IF ‘QT23\_F7’ = 1 THEN CONTINUE WITH ‘QT23\_F8’;  
 ELSE SKIP TO ‘QT23\_F14’

- ‘QT23\_F8’** The next questions are about the one month in the past 12 months when you were at your worst emotionally.

*Las siguientes preguntas son acerca del mes en los últimos 12 meses cuando estuviste en tu peor momento emocionalmente.*

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

*Durante ese mismo mes, ¿con qué frecuencia te sentiste nervioso(a)? ¿Siempre, casi siempre, algunas veces, pocas veces o nunca?*

**TF31**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> ALL.....        | 1  |
| <input type="radio"/> MOST.....       | 2  |
| <input type="radio"/> SOME .....      | 3  |
| <input type="radio"/> A LITTLE.....   | 4  |
| <input type="radio"/> NONE .....      | 5  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

- ‘QT23\_F9’** During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

*Durante ese mismo mes, ¿con qué frecuencia te sentiste sin esperanzas, siempre, casi siempre, algunas veces, pocas veces o nunca?*

**TF32**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> ALL.....        | 1  |
| <input type="radio"/> MOST.....       | 2  |
| <input type="radio"/> SOME .....      | 3  |
| <input type="radio"/> A LITTLE.....   | 4  |
| <input type="radio"/> NONE .....      | 5  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

- ‘QT23\_F10’** How often did you feel restless or fidgety?

*¿Con qué frecuencia te sentiste inquieto(a) o intranquilo(a)?*

**TF33**

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

[IF NEEDED, SAY: ‘*¿Siempre, casi siempre, algunas veces, pocas veces o nunca?*’]

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> ALL.....        | 1  |
| <input type="radio"/> MOST.....       | 2  |
| <input type="radio"/> SOME .....      | 3  |
| <input type="radio"/> A LITTLE.....   | 4  |
| <input type="radio"/> NONE .....      | 5  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

- ‘QT23\_F11’** How often did you feel so depressed that nothing could cheer you up?

*¿Con qué frecuencia te sentiste tan deprimido(a) que nada te podía levantar el ánimo?*

**TF34**

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

[IF NEEDED, SAY: '*Siempre, casi siempre, algunas veces, pocas veces o nunca?*']

- ALL.....1
- MOST.....2
- SOME .....3
- A LITTLE.....4
- NONE .....5
- REFUSED.....-7
- DON'T KNOW.....-8

'QT23\_F12' How often did you feel that everything was an effort?

*¿Con qué frecuencia sentiste que todo te costaba mucho esfuerzo?*

**TF35**

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

[IF NEEDED, SAY: '*Siempre, casi siempre, algunas veces, pocas veces o nunca?*']

- ALL.....1
- MOST.....2
- SOME .....3
- A LITTLE.....4
- NONE .....5
- REFUSED.....-7
- DON'T KNOW.....-8

'QT23\_F13' How often did you feel worthless?

*¿Con qué frecuencia sentiste que no valías nada?*

**TF36**

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

[IF NEEDED, SAY: '*Siempre, casi siempre, algunas veces, pocas veces o nunca?*']

- ALL.....1
- MOST.....2
- SOME .....3
- A LITTLE.....4
- NONE .....5
- REFUSED.....-7
- DON'T KNOW.....-8

'QT23\_F14' In the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?

*Durante los últimos 12 meses, ¿pensaste que necesitabas ayuda por problemas emocionales o mentales, como tristeza, ansiedad o nerviosismo?*

**TI11**

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

**'QT23\_F15'** In the past 12 months, have you received any psychological or emotional counseling?

*Durante los últimos 12 meses, ¿has recibido alguna consejería psicológica o emocional?*

**TF11**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**PROGRAMMING NOTE 'QT23\_F16' :**

IF 'QT23\_E11' = 1 (MORE THAN SIP OF ALCOHOL) OR 'QT23\_E14' =1 (EVER USED MARIJUANA) OR 'QT23\_E24' (EVER USED HEROIN) OR 'QT23\_E25' (EVER MISUSED PAINKILLER) OR 'QT23\_E28' (EVER USED METHAMPHETAMINES) CONTINUE WITH 'QT23\_F16';  
ELSE GO TO 'QT23\_F21'

**'QT23\_F16'** In the past 12 months, did you receive any professional help for your use of alcohol or drugs?

*Durante los últimos 12 meses, ¿recibiste atención de algún profesional en relación a tu consumo de alcohol o de drogas?*

**TI13**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

Telehealth

**PROGRAMMING NOTE 'QT23\_F17' :**

IF 'QT23\_F15'=1 OR 'QT23\_F16'=1 THEN ASK CONTINUE;  
ELSE SKIP TO 'QT23\_F21'

**'QT23\_F17'** Think about your problems with mental health, emotions, nerves, or your use of alcohol or drugs in the past 12 months. Did you receive care from an in-person visit video visit or telephone visit?

*Por sus problemas con su salud mental, emociones, nervios o su consumo de alcohol o drogas en los últimos 12 meses, ¿recibió atención de una visita en persona, una visita por video o una visita telefónica?*

**TF46**

(SELECT ALL THAT APPLY)

- |                                               |    |
|-----------------------------------------------|----|
| <input type="checkbox"/> In-person visit..... | 1  |
| Sí, visita en persona                         |    |
| <input type="checkbox"/> Video visit.....     | 2  |
| Sí, visita por video                          |    |
| <input type="checkbox"/> Telephone visit..... | 3  |
| Sí, visita telefónica                         |    |
| <input type="radio"/> NO.....                 | 4  |
| <input type="radio"/> REFUSED.....            | -7 |
| <input type="radio"/> DON'T KNOW.....         | -8 |

**PROGRAMMING NOTE 'QT23\_F18' :**

IF 'QT23\_F17'= 1, CONTINUE WITH 'QT23\_F18';  
ELSE GO TO 'PN\_QT23\_F19'

**'QT23\_F18'** How satisfied were you with the care you received through the in-person visit?

*¿Qué tan satisfecho(a) estuviste con la atención que recibiste a través de la consulta*

**TF47**

- Very satisfied ..... 1  
*Muy satisfecho(a)*
- Somewhat satisfied..... 2  
*Algo satisfecho(a)*
- Somewhat dissatisfied..... 3  
*Algo insatisfecho(a)*
- Very dissatisfied..... 4  
*Muy insatisfecho(a)*
- REFUSED..... -7
- DON'T KNOW..... -8

**PROGRAMMING NOTE 'QT23\_F19':**

IF 'QT23\_F17'= 2, CONTINUE WITH 'QT23\_F19';

ELSE GO TO 'PN\_QT23\_F20'

'**QT23\_F19**' How satisfied were you with the care you received through the video visit?*¿Qué tan satisfecho(a) estuviste con la atención que recibiste a través de la consulta por video?***TF48**

- Very satisfied ..... 1  
*Muy satisfecho(a)*
- Somewhat satisfied..... 2  
*Algo satisfecho(a)*
- Somewhat dissatisfied..... 3  
*Algo insatisfecho(a)*
- Very dissatisfied..... 4  
*Muy insatisfecho(a)*
- REFUSED..... -7
- DON'T KNOW..... -8

**PROGRAMMING NOTE 'QT23\_F20':**

IF 'QT23\_F17'= 3, CONTINUE WITH 'QT23\_F20';

ELSE GO TO 'PN\_QT23\_F21'

'**QT23\_F20**' How satisfied were you with the care you received through the telephone visit?*¿Qué tan satisfecho(a) estuviste con la atención que recibiste a través de la consulta telefónica?***TF49**

- Very satisfied ..... 1  
*Muy satisfecho(a)*
- Somewhat satisfied..... 2  
*Algo satisfecho(a)*
- Somewhat dissatisfied..... 3  
*Algo insatisfecho(a)*
- Very dissatisfied..... 4  
*Muy insatisfecho(a)*
- REFUSED..... -7
- DON'T KNOW..... -8

**Delays in Mental Health Care****PROGRAMMING NOTE 'QT23\_F21':**

IF 'QT23\_F14'=1 OR 'TF11=1' OR 'TI13=1' THEN CONTINUE;

ELSE SKIP TO 'QT23\_F25'

'**QT23\_F21**' During the past 12 months, did you delay or not get mental health care you needed--such as seeing a therapist, psychologist, psychiatrist, or other mental health professional?

*Durante los últimos 12 meses, ¿retrasaste o no recibiste la atención de salud mental que necesitabas, como ver a un terapeuta, psicólogo, psiquiatra u otro profesional de la salud mental?*

**TF50**

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

**PROGRAMMING NOTE 'QT23\_F22':**

IF 'QT23\_F21'=1 CONTINUE;  
ELSE SKIP TO 'QT23\_F25'

**'QT23\_F22'** Did you get the mental healthcare eventually?

*¿Recibiste finalmente la atención de salud mental?*

**TF51**

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

**'QT23\_F23'** Why did you delay or not get the mental health care you needed?

*¿Por qué te retrasaste o no recibiste la atención de salud mental que necesitabas?*

**TF52**

(Select all that apply)

- COULDN'T GET APPOINTMENT .....1
- PROVIDER DID NOT ACCEPT MY INSURANCE .....2
- MY INSURANCE DID NOT COVER .....3
- COMMUNICATION ISSUES DUE TO LANGUAGE .....4
- TRANSPORTATION PROBLEMS .....5
- HOURS WERE NOT CONVENIENT .....6
- THERE WAS NO CHILDCARE 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 'QT23\_F24':**

IF MORE THAN ONE RESPONSE FROM 'QT23\_F23', THEN CONTINUE WITH 'QT23\_F24' WITH SELECTED CHOICES FROM 'QT23\_F23' DISPLAYED;  
ELSE GO TO 'QT23\_F25'

**'QT23\_F24'** What is the MAIN reason you delayed or did not get the mental health care you needed?

*¿Cuál es la razón PRINCIPAL por la que te demoraste o no recibiste la atención de salud mental que necesitabas?*

**TF53**

- COULDN'T GET APPOINTMENT .....1
- PROVIDER DID NOT ACCEPT MY

INSURANCE .....	2
○ MY INSURANCE DID NOT COVER .....	3
○ COMMUNICATION ISSUES DUE TO LANGUAGE .....	4
○ TRANSPORTATION PROBLEMS .....	5
○ HOURS WERE NOT CONVENIENT.....	6
○ THERE WAS NO CHILDCARE 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

## Climate Change

**'QT23\_F25'** Does the issue of climate change make you feel nervous, depressed, or emotionally stressed?

*¿El tema del cambio climático te pone nervioso, deprimido o estresado emocionalmente?*

**TF45**

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

## SECTION G: SEXUAL BEHAVIORS

**PROGRAMMING NOTE 'QT23\_G1' :**  
 IF SC23XXX =2 , GO TO 'QT23\_H1' ;  
 ELSE CONTINUE WITH 'QT23\_G1'

**'QT23\_G1'** The next section is about sexual behavior. The information will be kept private and you can refuse to answer.

*La siguiente sección es sobre el comportamiento sexual. La información se mantendrá en forma privada y puedes negarte a responder.*

*Have you ever had sexual intercourse?*

*¿Alguna vez has tenido relaciones sexuales?*

**TE32**

[IF NEEDED, SAY: "By sexual intercourse, we mean sex with a penis in a vagina or an anus or rectum."]

[IF NEEDED, SAY: 'Por relaciones sexuales, queremos decir sexo con un pene en una vagina o en un ano o recto. ']

- |                                       |    |                       |
|---------------------------------------|----|-----------------------|
| <input type="radio"/> YES.....        | 1  |                       |
| <input type="radio"/> NO.....         | 2  | [GO TO 'PN_QT23_G15'] |
| <input type="radio"/> REFUSED.....    | -7 | [GO TO 'PN_QT23_G15'] |
| <input type="radio"/> DON'T KNOW..... | -8 | [GO TO 'PN_QT23_G15'] |

**PROGRAMMING NOTE 'QT23\_G2':**

IF 'QT23\_A4'=2 (FEMALE AT BIRTH) AND TAGE= BETWEEN 15 AND 17 YEARS AND 'QT23\_G1'=1, CONTINUE WITH 'QT23\_G2'

ELSE GO TO 'QT23\_G9';

IF 'QT23\_A4' = 2 (FEMALE AT BIRTH) AND 'QT23\_A5'≠2 (IDENTIFY NOT AS FEMALE) THEN DISPLAY: 'These next questions may be relevant to you because you were assigned female at birth.';  
 ELSE CONTINUE WITH 'QT23\_G2'

**'QT23\_G2'** {These next questions may be relevant to you because you were assigned female at birth.}

*Las siguientes preguntas son sobre la salud de la mujer.*

During the past 12 months, did you become pregnant with an unplanned pregnancy?

*Durante los últimos 12 meses, ¿quedaste embarazada sin planearlo?*

**TG33**

- |                                       |    |  |
|---------------------------------------|----|--|
| <input type="radio"/> YES.....        | 1  |  |
| <input type="radio"/> NO.....         | 2  |  |
| <input type="radio"/> REFUSED.....    | -7 |  |
| <input type="radio"/> DON'T KNOW..... | -8 |  |

**'QT23\_G3'** During the past 12 months, has a doctor, medical provider, or family planning counsellor talked to you about birth control? This includes an IUD or an implant (that thing in your arm).

*Durante los últimos 12 meses, ¿algún doctor, proveedor médico o consejero de planificación familiar te habló sobre los anticonceptivos? Esto incluye un DIU o un implante (esa cosa en el brazo).*

**TG34**

- |                                       |    |  |
|---------------------------------------|----|--|
| <input type="radio"/> YES.....        | 1  |  |
| <input type="radio"/> NO.....         | 2  |  |
| <input type="radio"/> REFUSED.....    | -7 |  |
| <input type="radio"/> DON'T KNOW..... | -8 |  |

**PROGRAMMING NOTE 'QT23\_G4':**

IF 'QT23\_G1' = 2 (NOT SEXUALLY ACTIVE), THEN GO TO 'SECTION H';  
 ELSE CONTINUE WITH 'QT23\_G4'

**'QT23\_G4'** During the past 12 months, did you or your male partner(s) use a birth control method to prevent pregnancy?

*Durante los últimos 12 meses, ¿usaste tú o tu pareja masculina un método anticonceptivo para prevenir el embarazo?*

**TG18B**

- |                                                          |   |                       |
|----------------------------------------------------------|---|-----------------------|
| <input type="radio"/> YES.....                           | 1 |                       |
| <input type="radio"/> NO.....                            | 2 | [GO TO 'PN_QT23_G8']  |
| <input type="radio"/> I DO NOT HAVE A MALE PARTNER ..... | 3 | [GO TO 'PN_QT23_G15'] |
| <input type="radio"/> REFUSED.....                       | 7 | [GO TO 'PN_QT23_G15'] |
| <input type="radio"/> DON'T KNOW.....                    | 8 | [GO TO 'PN_QT23_G15'] |

**'QT23\_G5'** During the past 12 months, which MAIN birth control method did you or your male partner(s) use?

*Durante los últimos 12 meses, ¿dónde consiguieron tú o tu pareja su receta o método anticonceptivo PRINCIPAL?*

**TG19B**

- |                                                                                                |    |
|------------------------------------------------------------------------------------------------|----|
| <input type="radio"/> IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.).....          | 3  |
| <input type="radio"/> IMPLANT (NEXPLANON® - THAT THING IN YOUR ARM).....                       | 4  |
| <input type="radio"/> BIRTH CONTROL PILLS .....                                                | 5  |
| <input type="radio"/> OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING) ... | 6  |
| <input type="radio"/> CONDOMS (MALE OR FEMALE) .....                                           | 7  |
| <input type="radio"/> PHEXXI (BIRTH CONTROL GEL) .....                                         | 8  |
| <input type="radio"/> OTHER (SPECIFY: _____) .....                                             | 91 |
| <input type="radio"/> REFUSED.....                                                             | 7  |
| <input type="radio"/> DON'T KNOW.....                                                          | 8  |

**'QT23\_G6'** During the past 12 months, where did you or your male partner(s) get your MAIN birth control method or prescription?

*Durante los últimos 12 meses, ¿dónde consiguieron tú o tu pareja su receta o método anticonceptivo PRINCIPAL?*

**TG35**

- |                                                                                                           |    |
|-----------------------------------------------------------------------------------------------------------|----|
| <input type="radio"/> PRIVATE DOCTOR'S OFFICE .....                                                       | 1  |
| <input type="radio"/> HMO FACILITY (KAISER, ANTHEM BLUE CROSS, HEALTH NET, UNITED HEALTHCARE, ETC.) ..... | 2  |
| <input type="radio"/> HOSPITAL OR HOSPITAL CLINIC .....                                                   | 3  |
| <input type="radio"/> PLANNED PARENTHOOD .....                                                            | 4  |
| <input type="radio"/> COUNTY HEALTH DEPARTMENT .....                                                      | 5  |
| <input type="radio"/> FAMILY PLANNING CLINIC .....                                                        | 6  |
| <input type="radio"/> COMMUNITY CLINIC .....                                                              | 7  |
| <input type="radio"/> SCHOOL OR SCHOOL-BASED CLINIC.....                                                  | 8  |
| <input type="radio"/> NATIVE AMERICAN HEALTH CENTER/CLINIC.....                                           | 9  |
| <input type="radio"/> PHARMACY .....                                                                      | 10 |
| <input type="radio"/> SOME OTHER PLACE (SPECIFY: _____ ) .....                                            | 91 |
| <input type="radio"/> DON'T KNOW (WHERE MALE PARTNER(S) RECEIVED BIRTH CONTROL) .....                     | 11 |

- 'QT23\_G7'** During the past 12 months, did you receive your MAIN birth control method through a video or telephone visit?

*Durante los últimos 12 meses, ¿recibiste tu método anticonceptivo principal a través de una consulta telefónica o por video?*

**TG36**

- YES, OVER A VIDEO VISIT.....1
- YES, OVER A TELEPHONE VISIT .....2
- NO.....3
- REFUSED.....7
- DON'T KNOW.....8

**PROGRAMMING NOTE 'QT23\_G8':**

IF '**QT23\_G4**'=2, THEN CONTINUE;  
ELSE GO TO '**PN\_QT23\_G15**'

- 'QT23\_G8'** What is the MAIN reason you and your male partner(s) did not use birth control in the past 12 months?

*¿Cuál es la razón PRINCIPAL por la que tú y tu{s} pareja{s} masculina{s} no usaron métodos anticonceptivos en los últimos 12 meses?*

**TG20B**

- 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
- OTHER (SPECIFY: \_\_\_\_\_) .....91
- REFUSED.....7
- DON'T KNOW.....8

**PROGRAMMING NOTE 'QT23\_G9':**

IF '**QT23\_A4**'=1 AND TAGE= BETWEEN 15 AND 17 YEARS AND '**QT23\_G1**'= 1, CONTINUE;  
ELSE GO TO '**PN\_QT23\_G15**'

- 'QT23\_G9'** During the past 12 months, has a doctor, medical provider, or family planning counsellor talked to you about birth control such as male condoms?

*Durante los últimos 12 meses, ¿algún doctor, proveedor médico o consejero de planificación familiar te habló sobre métodos anticonceptivos, como los preservativos masculinos?*

**TG37**

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

- 'QT23\_G10'** During the past 12 months, did you or your female partner(s) use a birth control method to prevent pregnancy?

*Durante los últimos 12 meses, ¿usaste tú o tu pareja femenina un método anticonceptivo para prevenir el embarazo?*

**TG22B**

- |                                                           |   |                       |
|-----------------------------------------------------------|---|-----------------------|
| <input type="radio"/> YES.....                            | 1 | [GO TO 'PN_QT23_G14'] |
| <input type="radio"/> NO.....                             | 2 | [GO TO 'PN_QT23_G15'] |
| <input type="radio"/> I DO NOT HAVE A FEMALE PARTNER..... | 3 | [GO TO 'PN_QT23_G15'] |
| <input type="radio"/> REFUSED.....                        | 7 | [GO TO 'PN_QT23_G15'] |
| <input type="radio"/> DON'T KNOW.....                     | 8 | [GO TO 'PN_QT23_G15'] |

**'QT23\_G11'** During the past 12 months, which MAIN birth control method did you or your female partner(s) use?

*Durante los últimos 12 meses, ¿cuál método anticonceptivo PRINCIPAL usaste tú o tu pareja femenina?*

**TG38**

- |                                                                                                 |    |
|-------------------------------------------------------------------------------------------------|----|
| <input type="radio"/> IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.).....           | 3  |
| <input type="radio"/> IMPLANT (NEXPLANON® - THAT THING IN YOUR ARM).....                        | 4  |
| <input type="radio"/> BIRTH CONTROL PILLS .....                                                 | 5  |
| <input type="radio"/> OTHER HORMONAL METHODS (INJECTION/ DEPO-PROVERA, PATCH, VAGINAL RING) ... | 6  |
| <input type="radio"/> CONDOMS (MALE OR FEMALE) .....                                            | 7  |
| <input type="radio"/> PHEXXI (BIRTH CONTROL GEL) .....                                          | 8  |
| <input type="radio"/> OTHER (SPECIFY: _____) .....                                              | 91 |
| <input type="radio"/> REFUSED.....                                                              | 7  |
| <input type="radio"/> DON'T KNOW.....                                                           | 8  |

**'QT23\_G12'** During the past 12 months, where did you or your female partner(s) get your MAIN birth control method or prescription?

*Durante los últimos 12 meses, ¿dónde consiguieron tú o tu pareja femenina su receta o método anticonceptivo principal?*

**TG39**

- |                                                                                                           |    |
|-----------------------------------------------------------------------------------------------------------|----|
| <input type="radio"/> PRIVATE DOCTOR'S OFFICE .....                                                       | 1  |
| <input type="radio"/> HMO FACILITY (KAISER, ANTHEM BLUE CROSS, HEALTH NET, UNITED HEALTHCARE, ETC.) ..... | 2  |
| <input type="radio"/> HOSPITAL OR HOSPITAL CLINIC .....                                                   | 3  |
| <input type="radio"/> PLANNED PARENTHOOD .....                                                            | 4  |
| <input type="radio"/> COUNTY HEALTH DEPARTMENT .....                                                      | 5  |
| <input type="radio"/> FAMILY PLANNING CLINIC .....                                                        | 6  |
| <input type="radio"/> COMMUNITY CLINIC .....                                                              | 7  |
| <input type="radio"/> SCHOOL OR SCHOOL-BASED CLINIC.....                                                  | 8  |
| <input type="radio"/> NATIVE AMERICAN HEALTH CENTER/CLINIC .....                                          | 9  |
| <input type="radio"/> PHARMACY .....                                                                      | 10 |
| <input type="radio"/> SOME OTHER PLACE (SPECIFY: _____) .....                                             | 91 |
| <input type="radio"/> DON'T KNOW (WHERE FEMALE PARTNER(S) RECEIVED BIRTH CONTROL) .....                   | 11 |

**'QT23\_G13'** During the past 12 months, did you receive your MAIN birth control method through a video or telephone visit?

*Durante los últimos 12 meses, ¿recibiste tu método anticonceptivo principal a través de una consulta telefónica o por video?*

**TG40**

- |                                                    |   |
|----------------------------------------------------|---|
| <input type="radio"/> YES, OVER A VIDEO VISIT..... | 1 |
|----------------------------------------------------|---|

- |                                                         |    |
|---------------------------------------------------------|----|
| <input type="radio"/> YES, OVER A TELEPHONE VISIT ..... | 2  |
| <input type="radio"/> NO.....                           | 3  |
| <input type="radio"/> REFUSED.....                      | -7 |
| <input type="radio"/> DON'T KNOW.....                   | -8 |

**PROGRAMMING NOTE 'QT23\_G14':**

IF 'QT23\_G10'=2, THEN CONTINUE WITH 'QT23\_G14';  
 ELSE GO TO 'PN\_QT23\_G15'

- 'QT23\_G14' What is the MAIN reason you and your female partner(s) did not use birth control in the past 12 months?

*¿Cuál es la razón PRINCIPAL por la que tú y tu pareja femenina no usaron métodos anticonceptivos en los últimos 12 meses?*

**TG24B**

- |                                                                                                          |    |
|----------------------------------------------------------------------------------------------------------|----|
| <input type="radio"/> TRYING TO GET PREGNANT/WANT A BABY                                                 | 1  |
| <input type="radio"/> HAVEN'T FOUND A METHOD I LIKE.....                                                 | 2  |
| <input type="radio"/> COST .....                                                                         | 3  |
| <input type="radio"/> HAVEN'T HAD TIME TO GO IN FOR BIRTH<br>CONTROL.....                                | 4  |
| <input type="radio"/> NO TRANSPORTATION .....                                                            | 5  |
| <input type="radio"/> DON'T KNOW WHERE TO GET IT .....                                                   | 6  |
| <input type="radio"/> DON'T BELIEVE IN BIRTH CONTROL.....                                                | 7  |
| <input type="radio"/> WORRIED ABOUT SIDE EFFECTS AND/OR<br>HEALTH RISKS .....                            | 8  |
| <input type="radio"/> PARTNER WON'T LET ME.....                                                          | 9  |
| <input type="radio"/> FORGET TO USE BIRTH CONTROL.....                                                   | 10 |
| <input type="radio"/> FEEL UNCOMFORTABLE ASKING FOR<br>BIRTH CONTROL/TALKING ABOUT BIRTH<br>CONTROL..... | 11 |
| <input type="radio"/> OTHER (SPECIFY: _____) .....                                                       | 91 |
| <input type="radio"/> REFUSED.....                                                                       | -7 |
| <input type="radio"/> DON'T KNOW.....                                                                    | -8 |

## Pre-Exposure Prophylaxis

**PROGRAMMING NOTE 'QT23\_G15':**

IF 'QT23\_A8' = 02 (LESBIAN OR GAY) OR 'QT23\_A8' = 06 (BISEXUAL),  
 OR ['QT23\_A4'=1 (MALE AT BIRTH) AND 'QT23\_A5'≠1 (IDENTIFY AS NOT MALE)],  
 OR ['QT23\_A4'=2 (FEMALE AT BIRTH) AND 'QT23\_A5'≠2 (IDENTIFY AS NOT FEMALE)],  
 THEN CONTINUE WITH 'QT23\_G15';  
 ELSE SKIP TO 'QT23\_G19';  
 IF 'TP1\_BRC' = 3,4 (NO QUESTIONS ON SEXUAL BEHAVIOR) SKIP TO 'QT23\_H1';  
 ELSE CONTINUE WITH 'QT23\_G15'

- 'QT23\_G15' People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.

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

*Las personas que no tienen VIH pueden tomar una pastilla al día para reducir el riesgo de contraer VIH. Esto se denomina profilaxis previa a la exposición o PrEP por sus siglas en inglés. La pastilla también se llama Truvada®.*

*¿En algún momento en los últimos 30 días tomó PrEP o Truvada®?*

**TL44**

- |                                |   |                    |
|--------------------------------|---|--------------------|
| <input type="radio"/> YES..... | 1 | [GO TO 'QT23_G19'] |
| <input type="radio"/> NO.....  | 2 |                    |

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

**'QT23\_G16'** In the past 12 months, have you taken any PrEP or Truvada®?

*¿En los últimos 12 meses tomó alguna PrEP o Truvada®?*

**TL45**

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

[GO TO 'QT23\_G19']

**'QT23\_G17'** Have you ever taken any PrEP or Truvada®?

*¿Alguna vez ha tomado alguna PrEP o Truvada®?*

**TL46**

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

[GO TO 'QT23\_G19']

**'QT23\_G18'** Before today, have you ever heard of PrEP or Truvada®?

*Antes de hoy, ¿había oido hablar de PrEP o Truvada®?*

**TL47**

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

HIV Testing  
**'QT23\_G19'**

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

*¿Le han hecho alguna vez la prueba del VIH, el virus que causa el SIDA?*

**TH31**

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

[GO TO 'QT23\_G21']

[GO TO 'QT23\_G21']

[GO TO 'QT23\_G21']

**'QT23\_G20'** For your most recent HIV test, were you offered the test or did you ask for the test?

*En cuanto a su prueba de VIH más reciente, ¿le ofrecieron hacerle la prueba o usted pidió que le hicieran la prueba?*

**TL48**

- I WAS OFFERED THE TEST.....1  
 I ASKED FOR THE TEST.....2  
 I DON'T REMEMBER .....3  
 OTHER (SPECIFY: \_\_\_\_\_) .....91  
 REFUSED.....-7  
 DON'T KNOW.....-8

[GO TO 'SECTION H']

**'QT23\_G21'** Were you ever offered an HIV test?

*¿Alguna vez le ofrecieron hacerle una prueba de VIH?*

**TL49**

- YES.....1  
 NO.....2

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

## SECTION H: HEALTH CARE UTILIZATION AND ACCESS

Usual Source of Care

**'QT23\_H1'** Now I'm going to ask about health care visits.

*Ahora voy a preguntar sobre visitas al doctor.*

Is there a place that you usually go to when you are sick or need advice about your health?

*¿Existe un lugar al que normalmente vas cuando tú estás enfermo(a) o necesitas consejo sobre tu salud?*

**TF1**

**[IF R VOLUNTEERS MORE THAN ONE PLACE, ENTER 5.]**

- |                                                 |    |                      |
|-------------------------------------------------|----|----------------------|
| <input type="radio"/> YES.....                  | 1  |                      |
| <input type="radio"/> NO.....                   | 2  | [GO TO 'PN_QT23_H3'] |
| <input type="radio"/> DOCTOR/MY DOCTOR .....    | 3  |                      |
| <input type="radio"/> KAISER.....               | 4  |                      |
| <input type="radio"/> MORE THAN ONE PLACE ..... | 5  |                      |
| <input type="radio"/> REFUSED.....              | -7 | [GO TO 'PN_QT23_H3'] |
| <input type="radio"/> DON'T KNOW.....           | -8 | [GO TO 'PN_QT23_H3'] |

**PROGRAMMING NOTE 'QT23\_H2' :**

IF 'QT23\_H1' = 4 (KAISER), FILL IN 'QT23\_H2' = 1 AND GO TO 'QT23\_H3' ;

ELSE IF 'QT23\_H1' = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";

ELSE DISPLAY "What kind of place do you go to most often—a medical...".

**'QT23\_H2'**

{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?

*{¿A qué tipo de lugar vas con más frecuencia - al consultorio de un doctor, / ¿Atiende tu doctor en un consultorio particular, en} una clínica o clínica de hospital, una sala de emergencias o algún otro lugar?*

**TF2**

- |                                                             |    |  |
|-------------------------------------------------------------|----|--|
| <input type="radio"/> DOCTOR'S OFFICE/KAISER/OTHER HMO .... | 1  |  |
| <input type="radio"/> CLINIC/HEALTH CENTER/HOSPITAL CLINIC  | 2  |  |
| <input type="radio"/> EMERGENCY ROOM .....                  | 3  |  |
| <input type="radio"/> SOME OTHER PLACE<br>(SPECIFY: _____)  | 91 |  |
| <input type="radio"/> NO ONE PLACE.....                     | 94 |  |
| <input type="radio"/> REFUSED.....                          | -7 |  |
| <input type="radio"/> DON'T KNOW.....                       | -8 |  |

Emergency Room Visits

**PROGRAMMING NOTE 'QT23\_H3' :**

IF 'QT23\_B8'=1 OR 'QT23\_B13'=1 (ER VISIT DUE TO ASTHMA), MARK 'YES=1' ON 'QT23\_H3' AND GO TO 'QT23\_H4' ;

ELSE CONTINUE WITH 'QT23\_H3'

**'QT23\_H3'**

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

*Durante los últimos 12 meses, ¿fue a la sala de emergencias de un hospital debido a su propia salud?*

**TF3**

- |                                       |    |  |
|---------------------------------------|----|--|
| <input type="radio"/> YES.....        | 1  |  |
| <input type="radio"/> NO.....         | 2  |  |
| <input type="radio"/> REFUSED.....    | -7 |  |
| <input type="radio"/> DON'T KNOW..... | -8 |  |

## Visits to Medical Doctor

**'QT23\_H4'** During the past 12 months, how many times have you seen a medical doctor?

*Durante los últimos 12 meses, ¿cuántas veces has ido a ver un doctor?*

**TF16**

\_\_\_\_\_ TIMES [HR: 0-365]

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

**'QT23\_H5'** When was the last time you saw a doctor for a physical exam or check-up?

*¿Cuándo fue la última vez que fuiste al doctor para hacerte un examen físico o un chequeo?*

**TF5**

- 3 MONTHS AGO OR LESS .....1
- MORE THAN 3 MONTHS UP TO 6 MONTHS  
AGO .....2
- MORE THAN 6 MONTHS UP TO 12 MONTHS  
AGO .....3
- MORE THAN 12 MONTHS UP TO 2 YEARS  
AGO .....4
- MORE THAN 2 YEARS AGO .....5
- HAVE NEVER HAD A PHYSICAL.....0
- REFUSED.....-7
- DON'T KNOW.....-8

## Personal Doctor

**PROGRAMMING NOTE 'QT23\_H6' :**

IF 'QT23\_H1' = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE), CONTINUE WITH 'QT23\_H6';  
ELSE GO TO 'QT23\_H7'

**'QT23\_H6'** Do you have a personal doctor or medical provider who is your main provider?

*¿Tienes un doctor de cabecera o un proveedor de atención médica que es tu proveedor principal?*

**TI14**

[IF NEEDED, SAY: "This can be a general doctor, a specialist doctor, a physician assistant, a nurse or other health provider."]

*Puede ser un médico general, un especialista, un asistente médico u otro proveedor de la salud.*

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

**PROGRAMMING NOTE 'QT23\_H7':**

IF 'QT23\_H6' = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";  
ELSE DISPLAY "a";

**'QT23\_H7'** In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

*Durante los últimos 12 meses, ¿trataste de hacer una cita para ver a tu doctor o proveedor de atención médica en dos días a más tardar porque estabas enfermo(a) o lesionado(a)?*

**TH49**

[IF NEEDED, SAY: "Do not include urgent care or emergency care visits. I am only

**asking about appointments".]**

No incluyas cuidado de urgencia o idas a la sala de emergencias. Solo estoy preguntando sobre citas.

- |                                       |    |                      |
|---------------------------------------|----|----------------------|
| <input type="radio"/> YES.....        | 1  |                      |
| <input type="radio"/> NO.....         | 2  | [GO TO 'PN_QT23_H9'] |
| <input type="radio"/> REFUSED.....    | -7 | [GO TO 'PN_QT23_H9'] |
| <input type="radio"/> DON'T KNOW..... | -8 | [GO TO 'PN_QT23_H9'] |

**'QT23\_H8'** How often were you able to get an appointment within two days? Would you say...

*¿Con qué frecuencia puedes conseguir una cita en dos días a más tardar? ¿Dirías que...*

**TH46**

- |                                       |    |  |
|---------------------------------------|----|--|
| <input type="radio"/> Never.....      | 1  |  |
| <i>Nunca</i>                          |    |  |
| <input type="radio"/> Sometimes.....  | 2  |  |
| <i>A veces</i>                        |    |  |
| <input type="radio"/> Usually.....    | 3  |  |
| <i>Generalmente</i>                   |    |  |
| <input type="radio"/> Always.....     | 4  |  |
| <i>Siempre</i>                        |    |  |
| <input type="radio"/> REFUSED.....    | -7 |  |
| <input type="radio"/> DON'T KNOW..... | -8 |  |

## Care Coordination

**PROGRAMMING NOTE 'QT23\_H9':**

IF 'QT23\_B6' = 1 (YES, STILL HAVE ASTHMA) OR 'QT23\_B7' = 1 (YES, ASTHMA EPISODE IN PAST 12 MONTHS) AND IF 'QT23\_H1' = 1, 3, 4, OR 5 (YES, DOCTOR, KAISER, OR MORE THAN ONE PLACE FOR USUAL SOURCE OF CARE) AND IF 'QT23\_H6' = 1 (YES HAS PERSONAL DOCTOR), CONTINUE WITH 'QT23\_H9';  
ELSE GO TO 'QT23\_H10'

**'QT23\_H9'** 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?

*¿Hay alguien en el consultorio o la clínica de tu doctor que ayude a coordinar tu atención con otros doctores o servicios, como pruebas o tratamientos?*

**TI17**

- |                                       |    |  |
|---------------------------------------|----|--|
| <input type="radio"/> YES.....        | 1  |  |
| <input type="radio"/> NO.....         | 2  |  |
| <input type="radio"/> REFUSED.....    | -7 |  |
| <input type="radio"/> DON'T KNOW..... | -8 |  |

## Delays in Care

**'QT23\_H10'** During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

*Durante los últimos 12 meses, ¿tuvo usted que demorar la compra o no comprar algún medicamento que un doctor le recetó?*

**TI18**

- |                                       |    |                    |
|---------------------------------------|----|--------------------|
| <input type="radio"/> YES.....        | 1  |                    |
| <input type="radio"/> NO.....         | 2  | [GO TO 'QT23_H14'] |
| <input type="radio"/> REFUSED.....    | -7 | [GO TO 'QT23_H14'] |
| <input type="radio"/> DON'T KNOW..... | -8 | [GO TO 'QT23_H14'] |

**'QT23\_H11'** Did you get the medicine that a doctor prescribed for you eventually?

*¿Obtuvo finalmente el medicamento que le recetó un médico?*

**TH61**

- |                       |                 |    |
|-----------------------|-----------------|----|
| <input type="radio"/> | YES.....        | 1  |
| <input type="radio"/> | NO.....         | 2  |
| <input type="radio"/> | REFUSED.....    | -7 |
| <input type="radio"/> | DON'T KNOW..... | -8 |

**'QT23\_H12'** During the past 12 months, why did you delay or not get a medicine that a doctor prescribed for you?

*Durante los últimos 12 meses, ¿por qué retrasó o no recibió un medicamento que le recetó un médico?*

**TH62**

[SELECT ALL THAT APPLY]

- |                          |                                                                                      |    |
|--------------------------|--------------------------------------------------------------------------------------|----|
| <input type="checkbox"/> | Medication not in stock .....                                                        | 1  |
|                          | <i>Medicamento no disponible</i>                                                     |    |
| <input type="checkbox"/> | Insurance approval issue .....                                                       | 2  |
|                          | <i>Problema de aprobación del seguro</i>                                             |    |
| <input type="checkbox"/> | Delays in communication with provider or<br>pharmacy.....                            | 3  |
|                          | <i>Retrasos en la comunicación con el proveedor o la farmacia</i>                    |    |
| <input type="checkbox"/> | Concerns with side effects or interactions with<br>other medications .....           | 4  |
|                          | <i>Preocupaciones con efectos secundarios o interacciones con otros medicamentos</i> |    |
| <input type="checkbox"/> | Didn't want or thought I didn't need prescription                                    | 5  |
|                          | <i>No quería o pensaba que no necesitaba receta</i>                                  |    |
| <input type="checkbox"/> | Too hard to track all my medications .....                                           | 6  |
|                          | <i>Demasiado difícil rastrear todos mis medicamentos</i>                             |    |
| <input type="checkbox"/> | I forgot or lost prescription .....                                                  | 7  |
|                          | <i>Olvidé o perdí la receta</i>                                                      |    |
| <input type="checkbox"/> | I didn't have time.....                                                              | 8  |
|                          | <i>No tuve tiempo</i>                                                                |    |
| <input type="checkbox"/> | I have no insurance.....                                                             | 9  |
|                          | <i>No tengo seguro</i>                                                               |    |
| <input type="checkbox"/> | Too expensive.....                                                                   | 10 |
|                          | <i>Demasiado caro</i>                                                                |    |
| <input type="checkbox"/> | Other (Specify: _____).....                                                          | 11 |
|                          | <i>Otro (especifique: _____)</i>                                                     |    |
| <input type="radio"/>    | REFUSED.....                                                                         | -7 |
| <input type="radio"/>    | DON'T KNOW.....                                                                      | -8 |

**PROGRAMMING NOTE 'QT23\_H13':**

IF MORE THAN ONE RESPONSE FROM 'QT23\_H12', THEN CONTINUE WITH 'QT23\_H13' WITH SELECTED CHOICES FROM 'QT23\_H12' DISPLAYED;  
ELSE SKIP TO 'QT23\_H14'

**'QT23\_H13'** What was the one main reason why you delayed the medicine that a doctor prescribed for you?

*¿Cuál fue la razón principal por la que retrasó el medicamento que le recetó un médico?*

**TH63**

- |                       |                                                                              |   |
|-----------------------|------------------------------------------------------------------------------|---|
| <input type="radio"/> | MEDICATION NOT IN STOCK .....                                                | 1 |
| <input type="radio"/> | INSURANCE APPROVAL ISSUE .....                                               | 2 |
| <input type="radio"/> | DELAYS IN COMMUNICATION WITH<br>PROVIDER OR PHARMACY.....                    | 3 |
| <input type="radio"/> | CONCERN WITH SIDE EFFECTS OR<br>INTERACTIONS WITH OTHER<br>MEDICATIONS ..... | 4 |
| <input type="radio"/> | DIDN'T WANT OR THOUGHT I DIDN'T NEED<br>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

**'QT23\_H14'** 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?

*Durante los últimos 12 meses, ¿tardó en recibir, o quedó sin recibir alguna otra atención médica que usted consideraba necesaria, — como ver un doctor, un especialista u otro profesional de la salud?*

**TF9**

- YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- [GO TO 'QT23\_H18']  
[GO TO 'QT23\_H18']  
[GO TO 'QT23\_H18']

**'QT23\_H15'** Did you get the care eventually?

*¿Recibiste el cuidado finalmente?*

**TH57**

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

**'QT23\_H16'** During the past 12 months, why did you delay or not get the care you felt you needed?

*Durante los últimos 12 meses, ¿por qué se retrasó o no recibió la atención que creía que necesitaba?*

**TH60**

[SELECT ALL THAT APPLY]

- Couldn't get appointment ..... 1  
*No pude conseguir una cita*
- My insurance was not accepted ..... 2  
*No aceptaban mi seguro*
- My insurance did not cover ..... 3  
*Mi seguro no lo cubría*
- Language understanding problems ..... 4  
*Problemas de comprensión del idioma*
- Transportation problems ..... 5  
*Problemas de transporte*
- Hours were not convenient ..... 6  
*Horarios no {convenientes}*
- There was no child care for children at home....7  
*No había }cuidado infantil para los niños en casa*
- I forgot or lost referral.....8  
*Olvidé o perdí la referencia*
- I didn't have time to go.....9  
*No tenía tiempo para ir*
- Too expensive.....10  
*Es muy caro*
- I have no insurance.....11  
*No tengo seguro*

- |                                                 |    |
|-------------------------------------------------|----|
| <input type="checkbox"/> Other (Specify: _____) | 91 |
| Otra (Especifique: _____)                       |    |
| <input type="radio"/> REFUSED.....              | -7 |
| <input type="radio"/> DON'T KNOW.....           | -8 |

**PROGRAMMING NOTE 'QT23\_H17':**

IF MORE THAN ONE RESPONSE FROM 'QT23\_H16' WITH SELECTED CHOICES FROM 'QT23\_H16' DISPLAYED, THEN CONTINUE WITH 'QT23\_H17';  
ELSE SKIP TO 'QT23\_H18'

**'QT23\_H17'** What was the one main reason why you delayed getting the care you felt you needed?

*¿Cuál fue la razón la principal por la que demoraste o no obtuviste el cuidado que creías que necesitabas?*

**TH59**

- |                                                                             |    |
|-----------------------------------------------------------------------------|----|
| <input type="radio"/> COULDN'T GET APPOINTMENT .....                        | 1  |
| <input type="radio"/> MY INSURANCE WAS NOT ACCEPTED.....                    | 2  |
| <input type="radio"/> MY INSURANCE DID NOT COVER .....                      | 3  |
| <input type="radio"/> LANGUAGE UNDERSTANDING PROBLEMS .                     | 4  |
| <input type="radio"/> TRANSPORTATION PROBLEMS .....                         | 5  |
| <input type="radio"/> HOURS WERE NOT CONVENIENT.....                        | 6  |
| <input type="radio"/> THERE WAS NO CHILD CARE FOR<br>CHILDREN AT HOME ..... | 7  |
| <input type="radio"/> I FORGOT OR LOST REFERRAL .....                       | 8  |
| <input type="radio"/> I DIDN'T HAVE TIME TO GO .....                        | 9  |
| <input type="radio"/> TOO EXPENSIVE.....                                    | 10 |
| <input type="radio"/> I HAVE NO INSURANCE .....                             | 11 |
| <input type="radio"/> OTHER (SPECIFY: _____)                                | 91 |
| <input type="radio"/> REFUSED.....                                          | -7 |
| <input type="radio"/> DON'T KNOW.....                                       | -8 |

## Dental Health

**'QT23\_H18'** This next question is about dental health.

*Las siguientes preguntas son acerca de la salud dental.*

About how long has it been since you visited a dental provider? (eg, dental hygienists and dentists)

*Más o menos, ¿hace cuánto tiempo fue la última vez que usted fue a un dentista o a una clínica.*

**TF14B**

- |                                                                    |    |
|--------------------------------------------------------------------|----|
| <input type="radio"/> HAVE NEVER VISITED.....                      | 0  |
| <input type="radio"/> 6 MONTHS AGO OR LESS .....                   | 1  |
| <input type="radio"/> MORE THAN 6 MONTHS UP TO 1 YEAR<br>AGO ..... | 2  |
| <input type="radio"/> MORE THAN 1 YEAR UP TO 2 YEARS AGO..         | 3  |
| <input type="radio"/> MORE THAN 2 YEARS UP TO 5 YEARS AGO          | 4  |
| <input type="radio"/> MORE THAN 5 YEARS AGO .....                  | 5  |
| <input type="radio"/> REFUSED.....                                 | -7 |
| <input type="radio"/> DON'T KNOW.....                              | -8 |

**PROGRAMMING NOTE 'QT23\_H19':**

IF 'QT23\_A9' =1 (ATTENDED SCHOOL LAST WEEK) OR 'QT23\_A10' = 1 (ATTENDED SCHOOL LAST YEAR)  
THEN CONTINUE WITH 'QT23\_H19';  
ELSE GO TO 'SECTION J: DEMOGRAPHIC INFORMATION PART II'

**'QT23\_H19'** During the past 12 months, did you miss any time from school because of a dental problem? Do not count time missed for cleaning or a check-up.

Durante los últimos 12 meses, ¿perdiste algún tiempo de escuela debido a un problema dental? No cuentes tiempo perdido por una limpieza o un examen regular.

**TF28**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |
- [GO TO 'SECTION J']  
[GO TO 'SECTION J']  
[GO TO 'SECTION J']

**'QT23\_H20'** How many days of school did you miss?

¿Cuántos días de escuela perdiste debido a problemas dentales?

**TF29**

\_\_\_\_\_ DAYS [0-200]

- |                                               |     |
|-----------------------------------------------|-----|
| <input type="radio"/> LESS THAN ONE DAY ..... | 996 |
| <input type="radio"/> REFUSED.....            | -7  |
| <input type="radio"/> DON'T KNOW.....         | -8  |

## SECTION J: DEMOGRAPHIC INFORMATION PART II

Race/Ethnicity

**'QT23\_J1'**

So we can be sure we have included all races and ethnic groups in California, I need to ask a few questions about your background.

*Para que podamos estar seguros de que hemos incluido a todas las razas y grupos étnicos de California, necesito hacer unas preguntas sobre tu ascendencia.*

Are you Latino or Hispanic?

*¿Eres latino(a) o hispano(a)?*

**TI1**

**[IF NEEDED, SAY: "Such as Mexican, Central or South American?"]**

**[IF NEEDED, SAY: 'Tal como mexicano(a), o centroamericano(a) o sudamericano(a)?']**

- |                                       |    |                      |
|---------------------------------------|----|----------------------|
| <input type="radio"/> YES.....        | 1  |                      |
| <input type="radio"/> NO.....         | 2  | [GO TO 'PN_QT23_J3'] |
| <input type="radio"/> REFUSED.....    | -7 | [GO TO 'PN_QT23_J3'] |
| <input type="radio"/> DON'T KNOW..... | -8 | [GO TO 'PN_QT23_J3'] |

**'QT23\_J2'**

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

*¿Y cuál es su ascendencia u origen latino o hispano? Por ejemplo, mexicano, salvadoreño, cubano, hondureño- y si usted tiene más de uno, dígamelos todos*

**TI1A**

**[IF NECESSARY, GIVE MORE EXAMPLES]**

**[CODE ALL THAT APPLY]**

- |                                                               |     |  |
|---------------------------------------------------------------|-----|--|
| <input type="checkbox"/> MEXICAN/MEXICAN AMERICAN/CHICANO ... | 1   |  |
| <input type="checkbox"/> SALVADORAN .....                     | 4   |  |
| <input type="checkbox"/> GUATEMALAN .....                     | 5   |  |
| <input type="checkbox"/> COSTA RICAN .....                    | 6   |  |
| <input type="checkbox"/> HONDURAN .....                       | 7   |  |
| <input type="checkbox"/> NICARAGUAN .....                     | 8   |  |
| <input type="checkbox"/> PANAMANIAN .....                     | 9   |  |
| <input type="checkbox"/> PUERTO RICAN.....                    | 10  |  |
| <input type="checkbox"/> CUBAN.....                           | 11  |  |
| <input type="checkbox"/> SPANISH-AMERICAN (FROM SPAIN) .....  | 12  |  |
| <input type="checkbox"/> OTHER LATINO (SPECIFY: _____)        | .91 |  |
| <input type="radio"/> REFUSED.....                            | -7  |  |
| <input type="radio"/> DON'T KNOW.....                         | -8  |  |

### **PROGRAMMING NOTE 'QT23\_J3' :**

IF '**QT23\_J1**' = 1 (YES), DISPLAY "You said you are Latino or Hispanic. Also,";

IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR '**QT23\_J3**', CONTINUE WITH  
PROGRAMMING NOTE '**QT23\_J4**' ;

ELSE GO TO SKIPS AS INDICATED FOR SINGLE RESPONSES

**'QT23\_J3'**

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

*{Me dijo que usted es latino(a) o hispano(a). Además,} por favor dígame cuál o cuáles de los siguientes usaría usted para describirse a sí mismo(a). ¿Se describiría a sí mismo/a como nativo/a*

de Hawái, de las islas del Pacífico, indio/a americano/a, nativo/a de Alaska, asiático/a, negro/a, afroamericano/a o blanco/a?

**TI2**

**[IF R SAYS “NATIVE AMERICAN” CODE AS “4”]**

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

**[CODE ALL THAT APPLY]**

- |                                                                 |    |
|-----------------------------------------------------------------|----|
| <input type="checkbox"/> WHITE.....                             | 1  |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN.....         | 2  |
| <input type="checkbox"/> ASIAN .....                            | 3  |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE ..... | 4  |
| <input type="checkbox"/> PACIFIC ISLANDER.....                  | 5  |
| <input type="checkbox"/> NATIVE HAWAIIAN .....                  | 6  |
| <input type="checkbox"/> OTHER (SPECIFY: _____) .....           | 91 |
| <input type="radio"/> REFUSED.....                              | -7 |
| <input type="radio"/> DON'T KNOW.....                           | -8 |

**[GO TO ‘QT23\_J13’]**

**[GO TO ‘QT23\_J13’]**

**PROGRAMMING NOTE ‘QT23\_J4’ :**

IF ‘QT23\_J3’= 1 (WHITE), CONTINUE WITH ‘QT23\_J4’;  
ELSE GO TO PROGRAMMING NOTE ‘QT23\_J5’

**‘QT23\_J4’** What are your white origin or origins?

*¿Cuál es el origen o cuáles son los orígenes de tu raza blanca?*

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

*Por ejemplo, alemán, irlandés, inglés, italiano, armenio, iraní, etc.*

**TI2H**

- |                                                 |    |
|-------------------------------------------------|----|
| <input type="checkbox"/> (SPECIFY: _____) ..... | 1  |
| <input type="radio"/> REFUSED.....              | -7 |
| <input type="radio"/> DON'T KNOW.....           | -8 |

**PROGRAMMING NOTE ‘QT23\_J5’ :**

IF ‘QT23\_J3’= 2(BLACK OR AFRICAN AMERICAN), CONTINUE WITH ‘QT23\_J5’;  
ELSE GO TO PROGRAMMING NOTE ‘QT23\_J6’

**‘QT23\_J5’** What are your Black origin or origins?

*¿Cuál es el origen o cuáles son los orígenes de tu raza negra?*

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

*Por ejemplo, afroamericano, nigeriano, etíope, jamaicano, haitiano, ghanés, etc.*

**TI2I**

- |                                                 |    |
|-------------------------------------------------|----|
| <input type="checkbox"/> (SPECIFY: _____) ..... | 1  |
| <input type="radio"/> REFUSED.....              | -7 |
| <input type="radio"/> DON'T KNOW.....           | -8 |

**PROGRAMMING NOTE ‘QT23\_J6’ :**

IF ‘QT23\_J3’ = 4 (AMERICAN INDIAN, ALASKA NATIVE) CONTINUE WITH ‘QT23\_J6’ ;  
ELSE GO TO PROGRAMMING NOTE ‘QT23\_J9’

**‘QT23\_J6’** 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.

Tú dijiste indio(a) americano(a) o nativo(a) de Alaska, ¿de qué tribu desciendes? Si es más de una tribu, dímelas todas.

**TI2A****[CODE ALL THAT APPLY]**

- |                                                                             |    |
|-----------------------------------------------------------------------------|----|
| <input type="checkbox"/> APACHE .....                                       | 1  |
| <input type="checkbox"/> BLACKFOOT/BLACKFEET .....                          | 2  |
| <input type="checkbox"/> CHEROKEE .....                                     | 3  |
| <input type="checkbox"/> CHOCTAW .....                                      | 4  |
| <input type="checkbox"/> MEXICAN AMERICAN INDIAN .....                      | 5  |
| <input type="checkbox"/> NAVAJO .....                                       | 6  |
| <input type="checkbox"/> POMO .....                                         | 7  |
| <input type="checkbox"/> PUEBLO .....                                       | 8  |
| <input type="checkbox"/> SIOUX .....                                        | 9  |
| <input type="checkbox"/> YAQUI .....                                        | 10 |
| <input type="checkbox"/> OTHER TRIBE [Ask for spelling]<br>(SPECIFY: _____) | 91 |
| <input type="radio"/> REFUSED .....                                         | -7 |
| <input type="radio"/> DON'T KNOW .....                                      | -8 |

**'QT23\_J7'**

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

*¿Eres miembro inscrito en una tribu reconocida por el gobierno federal o estatal?*

**TI2B**

- |                                        |    |                                                                      |
|----------------------------------------|----|----------------------------------------------------------------------|
| <input type="radio"/> YES .....        | 1  | [GO TO 'PN_QT23_J9']<br>[GO TO 'PN_QT23_J9']<br>[GO TO 'PN_QT23_J9'] |
| <input type="radio"/> NO .....         | 2  |                                                                      |
| <input type="radio"/> REFUSED .....    | -7 |                                                                      |
| <input type="radio"/> DON'T KNOW ..... | -8 |                                                                      |

**'QT23\_J8'**

Which tribe are you enrolled in?

*¿En qué tribu estás inscrito(a)?*

**TI2C****APACHE**

- |                                                                           |   |
|---------------------------------------------------------------------------|---|
| <input type="radio"/> MESCALERO APACHE, NM .....                          | 1 |
| <input type="radio"/> APACHE (NOT SPECIFIED) .....                        | 2 |
| <input type="radio"/> OTHER APACHE [Ask for spelling]<br>(SPECIFY: _____) | 3 |

**BLACKFEET**

- |                                                 |   |
|-------------------------------------------------|---|
| <input type="radio"/> BLACKFOOT/BLACKFEET ..... | 4 |
|-------------------------------------------------|---|

**CHEROKEE**

- |                                                                             |   |
|-----------------------------------------------------------------------------|---|
| <input type="radio"/> WESTERN CHEROKEE .....                                | 5 |
| <input type="radio"/> CHEROKEE (NOT SPECIFIED) .....                        | 6 |
| <input type="radio"/> OTHER CHEROKEE [Ask for spelling]<br>(SPECIFY: _____) | 7 |

**CHOCTAW**

- |                                                                            |    |
|----------------------------------------------------------------------------|----|
| <input type="radio"/> CHOCTAW OKLAHOMA .....                               | 8  |
| <input type="radio"/> CHOCTAW (NOT SPECIFIED) .....                        | 9  |
| <input type="radio"/> OTHER CHOCTAW [Ask for spelling]<br>(SPECIFY: _____) | 10 |

**NAVAJO**

- |                                                    |    |
|----------------------------------------------------|----|
| <input type="radio"/> NAVAJO (NOT SPECIFIED) ..... | 11 |
|----------------------------------------------------|----|

**POMO**

- |                                                                         |    |
|-------------------------------------------------------------------------|----|
| <input type="radio"/> HOPLAND BAND, HOPLAND RANCHERIA ..                | 12 |
| <input type="radio"/> SHERWOOD VALLEY RANCHERIA .....                   | 13 |
| <input type="radio"/> POMO (NOT SPECIFIED) .....                        | 14 |
| <input type="radio"/> OTHER POMO [Ask for spelling]<br>(SPECIFY: _____) | 15 |

**PUEBLO**

- |                                                                                 |    |
|---------------------------------------------------------------------------------|----|
| <input type="radio"/> HOPI .....                                                | 16 |
| <input type="radio"/> YSLETA DEL SUR PUEBLO OF TEXAS.....                       | 17 |
| <input type="radio"/> PUEBLO (NOT SPECIFIED) .....                              | 18 |
| <input type="radio"/> OTHER PUEBLO [Ask for spelling]<br>(SPECIFY: _____) ..... | 19 |
| <b>SIOUX</b>                                                                    |    |
| <input type="radio"/> OGLALA/PINE RIDGE SIOUX .....                             | 20 |
| <input type="radio"/> SIOUX (NOT SPECIFIED) .....                               | 21 |
| <input type="radio"/> OTHER SIOUX [Ask for spelling]<br>(SPECIFY: _____) .....  | 22 |
| <b>YAQUI</b>                                                                    |    |
| <input type="radio"/> PASCUA YAQUI TRIBE OF ARIZONA .....                       | 23 |
| <input type="radio"/> YAQUI (NOT SPECIFIED) .....                               | 24 |
| <input type="radio"/> OTHER YAQUI (SPECIFY: _____) .....                        | 25 |
| <input type="radio"/> OTHER [Ask for spelling]<br>(SPECIFY: _____) .....        | 91 |
| <input type="radio"/> REFUSED.....                                              | -7 |
| <input type="radio"/> DON'T KNOW.....                                           | -8 |

**PROGRAMMING NOTE 'QT23\_J9' :**

IF 'QT23\_J3' = 3 (ASIAN) CONTINUE WITH 'QT23\_J9' ;  
ELSE GO TO PROGRAMMING NOTE 'QT23\_J10'

**'QT23\_J9'** 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.

*Usted dijo asiático(a), ¿y de qué grupo étnico específico es usted, tal como chino, filipino o vietnamita? Si usted es de más de un grupo, dígamelos todos.*

**TI2D****[CODE ALL THAT APPLY]**

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

**PROGRAMMING NOTE 'QT23\_J10' :**

IF 'QT23\_J3' = 5 (PACIFIC ISLANDER) CONTINUE WITH 'QT23\_J10' ;  
ELSE GO TO PROGRAMMING NOTE 'QT23\_J11'

- 'QT23\_J10'** 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.

*Usted dijo que es de una isla del Pacífico. ¿De qué grupo étnico específico es usted, tal como samoano, tongano o guameño? Si usted es de más de un grupo, dígamelos todos.*

**TI2D1****[CODE ALL THAT APPLY]**

- |                                                                           |    |
|---------------------------------------------------------------------------|----|
| <input type="checkbox"/> SAMOAN/AMERICAN SAMOAN.....                      | 1  |
| <input type="checkbox"/> GUAMANIAN .....                                  | 2  |
| <input type="checkbox"/> TONGAN.....                                      | 3  |
| <input type="checkbox"/> FIJIAN .....                                     | 4  |
| <input type="checkbox"/> OTHER PACIFIC ISLANDER<br>(SPECIFY: _____) ..... | 91 |
| <input type="radio"/> REFUSED.....                                        | -7 |
| <input type="radio"/> DON'T KNOW.....                                     | -8 |

**PROGRAMMING NOTE 'QT23\_J11' :**

IF 'QT23\_J1' = 1 (YES, LATINO) AND ['QT23\_J3' = 6 (NATIVE HAWAIIAN) OR 5 (OTHER PACIFIC ISLANDER) OR 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR 3 (ASIAN) OR 2 (BLACK OR AFRICAN AMERICAN) OR 1 (WHITE) OR 91 (OTHER (Specify))], CONTINUE WITH 'QT23\_J11';

ELSE IF MULTIPLE RESPONSES TO 'QT23\_J3' OR 'QT23\_J9' OR 'QT23\_J10' [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH 'QT23\_J11';

ELSE GO TO 'QT23\_J13';

FOR 'QT23\_J2' RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF 'QT23\_J1' = -7 (REFUSE), INSERT "Latino"

- 'QT23\_J11'** You said that you are: [RESPONSES FROM TI1A, TI2, TI2D, TI2D1]. Do you identify with any one race in particular?

*¿Se identifica usted con alguna raza en particular?*

**TI2F**

- |                                       |    |                                                                |
|---------------------------------------|----|----------------------------------------------------------------|
| <input type="radio"/> YES.....        | 1  | [GO TO 'QT23_J13']<br>[GO TO 'QT23_J13']<br>[GO TO 'QT23_J13'] |
| <input type="radio"/> NO.....         | 2  |                                                                |
| <input type="radio"/> REFUSED.....    | -7 |                                                                |
| <input type="radio"/> DON'T KNOW..... | -8 |                                                                |

- 'QT23\_J12'** Which do you most identify with?

*¿Con cuál se identifica usted más?*

**TI2E**

- |                                                              |    |
|--------------------------------------------------------------|----|
| <input type="radio"/> MEXICAN/MEXICAN AMERICAN/CHICANO ...   | 1  |
| <input type="radio"/> SALVADORAN .....                       | 4  |
| <input type="radio"/> GUATEMALAN .....                       | 5  |
| <input type="radio"/> COSTA RICAN .....                      | 6  |
| <input type="radio"/> HONDURAN .....                         | 7  |
| <input type="radio"/> NICARAGUAN .....                       | 8  |
| <input type="radio"/> PANAMANIAN .....                       | 9  |
| <input type="radio"/> PUERTO RICAN.....                      | 10 |
| <input type="radio"/> CUBAN .....                            | 11 |
| <input type="radio"/> SPANISH-AMERICAN (FROM SPAIN).....     | 12 |
| <input type="radio"/> LATINO, OTHER SPECIFY .....            | 13 |
| <input type="radio"/> LATINO .....                           | 14 |
| <input type="radio"/> NATIVE HAWAIIAN .....                  | 16 |
| <input type="radio"/> OTHER PACIFIC ISLANDER .....           | 17 |
| <input type="radio"/> AMERICAN INDIAN OR ALASKA NATIVE ..... | 18 |
| <input type="radio"/> 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
- VIETNAMESE.....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

## Country of Birth

**'QT23\_J13'** In what country were you born?

*¿En qué país nació?*

**TI3**

- UNITED STATES .....1
- AMERICAN SAMOA.....2
- CANADA.....3
- CHINA.....4
- EL SALVADOR.....5
- ENGLAND .....6
- FRANCE .....
- GERMANY.....8
- GUAM .....
- GUATEMALA.....10
- HUNGARY.....11
- INDIA .....12
- IRAN .....
- IRELAND .....
- ITALY .....15
- JAPAN .....
- KOREA .....
- MEXICO.....18
- PHILIPPINES.....19
- POLAND .....
- PORTUGAL.....21
- PUERTO RICO.....22
- RUSSIA .....

<input type="radio"/> TAIWAN.....	24
<input type="radio"/> VIETNAM.....	25
<input type="radio"/> VIRGIN ISLANDS.....	26
<input type="radio"/> OTHER (SPECIFY: _____) .....	91
<input type="radio"/> REFUSED.....	-7
<input type="radio"/> DON'T KNOW.....	-8

Citizenship, Immigration Status, Years in the US

**PROGRAMMING NOTE 'QT23\_J14' :**

IF 'QT23\_J13' = 1, 9, 22, OR 26 (BORN IN USA OR US TERRITORY), CODE TI4=1 AND GO TO 'QT23\_J17';  
ELSE CONTINUE WITH 'QT23\_J14'

'QT23\_J14' Are you a citizen of the United States?

*¿Eres ciudadano(a) de los Estados Unidos?*

**TI4**

<input type="radio"/> YES.....	1	[GO TO 'QT23_J16']
<input type="radio"/> NO.....	2	
<input type="radio"/> APPLICATION PENDING .....	3	
<input type="radio"/> REFUSED.....	-7	
<input type="radio"/> DON'T KNOW.....	-8	

**PROGRAMMING NOTE 'QT23\_J15' :**

IF 'QT23\_J13' = 2 (AMERICAN SAMOA), GO TO PROGRAMMING NOTE 'QT23\_J16';  
ELSE GONTINUE WITH 'QT23\_J15'

'QT23\_J15' Are you a permanent resident with a green card?

*¿Eres residente permanente con tarjeta verde?*

**TI5**

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]

**La gente usualmente la llama la 'tarjeta verde' o 'Green Card' pero también puedeser de color rosa, azul o blanca.**

<input type="radio"/> YES.....	1
<input type="radio"/> NO.....	2
<input type="radio"/> APPLICATION PENDING .....	3
<input type="radio"/> REFUSED.....	-7
<input type="radio"/> DON'T KNOW.....	-8

'QT23\_J16' About how many years have you lived in the United States?

*¿Más o menos cuántos años has vivido en los Estados Unidos?*

**TI6**

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

\_\_\_\_\_ NUMBER OF YEARS  
\_\_\_\_\_ YEAR (FIRST CAME TO LIVE IN U.S.)

<input type="radio"/> REFUSED.....	-7
<input type="radio"/> DON'T KNOW.....	-8

Language Spoken at Home

'QT23\_J17' What languages do you speak at home?

*¿Qué idiomas habla usted en su hogar?*

**TI7****[CODE ALL THAT APPLY.]****[PROBE: "Any others?"]****[PROBE: '¿Algún otro?']**

- |                                                         |    |
|---------------------------------------------------------|----|
| <input type="checkbox"/> ENGLISH .....                  | 1  |
| <input type="checkbox"/> SPANISH .....                  | 2  |
| <input type="checkbox"/> CANTONESE.....                 | 3  |
| <input type="checkbox"/> VIETNAMESE.....                | 4  |
| <input type="checkbox"/> TAGALOG.....                   | 5  |
| <input type="checkbox"/> MANDARIN.....                  | 6  |
| <input type="checkbox"/> KOREAN.....                    | 7  |
| <input type="checkbox"/> ASIAN INDIAN LANGUAGES .....   | 8  |
| <input type="checkbox"/> RUSSIAN .....                  | 9  |
| <input type="checkbox"/> OTHER 1 (SPECIFY: _____) ..... | 91 |
| <input type="checkbox"/> OTHER 2 (SPECIFY: _____) ..... | 92 |
| <input type="radio"/> REFUSED.....                      | -7 |
| <input type="radio"/> DON'T KNOW.....                   | -8 |

## SECTION Q: ADVERSE CHILDHOOD EXPERIENCES

Past ACEs Assessment  
**'QT23\_Q1'**

**ACESINTRO2**

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.

*Las experiencias adversas de la infancia son los eventos estresantes o traumáticos que pasan desde el nacimiento hasta los 18 años y se relacionan con categorías de abuso, negligencia y/o retos domésticos de menores. Los profesionales de la salud, incluidos médicos, enfermeras, parteras, psicólogos y otros, pueden realizar evaluaciones de ACE.*

**'QT23\_Q2'** Have you heard the term Adverse Childhood Experiences or ACEs before?

*¿Has escuchado antes el término Experiencias Adversas en la Infancia o ACE/EAI?*

**TQ20**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> DON'T KNOW..... | 3  |
| <input type="radio"/> REFUSED.....    | -7 |

**'QT23\_Q3'** Have you ever completed an assessment of your own history of Adverse Childhood Experiences with a medical health or mental health professional?

*¿Has completado alguna vez una evaluación de tu propio historial de Experiencias adversas de la infancia con un profesional médico o de salud mental?*

**TQ17**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> DON'T KNOW..... | 3  |
| <input type="radio"/> REFUSED.....    | -7 |

**PROGRAMMING NOTE 'QT23\_Q4':**

IF RESPONSE TO PREVIOUS QUESTION= 1 CONTINUE;  
ELSE SKIP TO '**QT23\_K1**'

**'QT23\_Q4'** When your provider reviewed your responses to the ACEs screener did they discuss your strengths, resilience or positive experiences in your life?

*Cuando tu proveedor revisó tus respuestas a la Evaluación de ACE, ¿habló sobre tus fortalezas, tu resiliencia o tus experiencias positivas en tu vida?*

**TQ21**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

ACES Screener

Introduction: The following questions refer to experiences at any point in your life, including the present.

*Las siguientes preguntas se refieren a experiencias vividas en cualquier momento de tu vida, incluido*

el presente.

**'QT23\_Q5'** Have you ever lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks?

*¿Has vivido alguna vez con alguien que tuviera una enfermedad mental, pensamientos suicidas, o una depresión grave durante más de un par de semanas?*

**TQ1**

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

**'QT23\_Q6'** Have you ever lived with anyone who had a problem with alcohol or drugs?

*¿Has vivido alguna vez con alguien que tuviera un problema de alcohol o drogas?*

**TQ2**

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

**'QT23\_Q7'** Have you ever lived with a parent or guardian who served time in jail or prison after you were born?

*¿Has vivido alguna vez con un parent o un tutor que estuvo en la cárcel o en prisión después de que naciste?*

**TQ3**

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

**'QT23\_Q8'** Have you ever lived with a parent or guardian who got divorced or separated after you were born?

*¿Has vivido alguna vez con un parent o un tutor que se divorció o se separó después de que naciste?*

**TQ4**

- YES.....1
- NO.....2
- PARENTS NOT MARRIED .....3
- REFUSED.....-7
- DON'T KNOW.....-8

**'QT23\_Q9'** Have you ever seen or heard your parents, guardians, or any other adults in your home slap, hit, kick, punch, or beat each other up?

*¿Alguna vez has visto u oído a tus padres, tutores o a cualquier otro adulto en tu casa abofetearse, golpearse, patearse, darse puñetazos o darse una paliza?*

**TQ5**

- NEVER .....1
- ONCE .....2
- MORE THAN ONCE.....3
- REFUSED.....-7
- DON'T KNOW.....-8

**'QT23\_Q10'** Have you ever been the victim of violence or witness any violence in your neighborhood?

*¿Alguna vez has sido víctima de violencia o has presenciado violencia en tu vecindario?*

**TQ6**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**'QT23\_Q11'** Have you ever been treated or judged unfairly because of your race or ethnic group?

*¿Alguna vez has sido tratado/a o juzgado/a injustamente debido a tu raza o grupo étnico?*

**TQ7**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**'QT23\_Q12'** Have you ever lived with a parent or guardian who died?

*¿Has vivido alguna vez con un parent o un tutor que falleció?*

**TQ8**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**'QT23\_Q13'** In your lifetime, 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?

*En tu vida, ¿con qué frecuencia fue muy difícil sobrevivir con los ingresos de tu familia? Por ejemplo, ¿era difícil cubrir lo básico, como la comida o la vivienda? ¿Dirías que con mucha frecuencia, con algo de frecuencia, pocas veces o nunca?*

**TQ9**

- |                                            |    |
|--------------------------------------------|----|
| <input type="radio"/> VERY OFTEN.....      | 1  |
| <input type="radio"/> SOMEWHAT OFTEN ..... | 2  |
| <input type="radio"/> NOT VERY OFTEN ..... | 3  |
| <input type="radio"/> NEVER .....          | 4  |
| <input type="radio"/> REFUSED.....         | -7 |
| <input type="radio"/> DON'T KNOW.....      | -8 |

#### Positive Childhood Experiences

**'QT23\_Q14'** In your lifetime, have you seen or been present when the following experiences happened? Please include past and present experiences. Until now, how often did was it that you...

*En tu vida, ¿ha visto o ha estado presente cuando sucedieron las siguientes experiencias? Incluye experiencias pasadas y presentes. Hasta ahora, ¿con qué frecuencia has...*

Felt able to talk to family about feelings?

*sentido que puedes hablar con tus familiares sobre tus sentimientos?*

**TQ10**

- |                                                  |                                       |
|--------------------------------------------------|---------------------------------------|
| <input type="radio"/> All of the time .....      | 1<br><i>Todo el tiempo</i>            |
| <input type="radio"/> Most of the time .....     | 2<br><i>La mayor parte del tiempo</i> |
| <input type="radio"/> Some of the time.....      | 3<br><i>Algunas veces</i>             |
| <input type="radio"/> A little of the time ..... | 4<br><i>Pocas veces</i>               |
| <input type="radio"/> Never .....                | 5                                     |

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

**'QT23\_Q15'** {How often have you...} Felt family stood by you during difficult times?

*¿Con qué frecuencia has..... sentido que tu familia estuvo a tu lado en tiempos difíciles?*

**TQ11**

- All of the time .....1  
*Todo el tiempo*  
 Most of the time .....2  
*La mayor parte del tiempo*  
 Some of the time.....3  
*Algunas veces*  
 A little of the time .....4  
*Pocas veces*  
 Never .....5  
*Nunca*  
 REFUSED.....-7  
 DON'T KNOW.....-8

**'QT23\_Q16'** {How often have you...} Felt safe and protected by an adult in your home?

*¿Con qué frecuencia has... sentido que estás seguro/a y protegido/a por un adulto en tu hogar?*

**TQ12**

- All of the time .....1  
*Todo el tiempo*  
 Most of the time .....2  
*La mayor parte del tiempo*  
 Some of the time.....3  
*Algunas veces*  
 A little of the time .....4  
*Pocas veces*  
 Never .....5  
*Nunca*  
 REFUSED.....-7  
 DON'T KNOW.....-8

**'QT23\_Q17'** {How often have you...} Had at least 2 non-parent adults who took genuine interest?

*¿Con qué frecuencia has... tenido al menos 2 adultos que no eran tus padres y que se interesaron por ti genuinamente?*

**TQ13**

- All of the time .....1  
*Todo el tiempo*  
 Most of the time .....2  
*La mayor parte del tiempo*  
 Some of the time.....3  
*Algunas veces*  
 A little of the time .....4  
*Pocas veces*  
 Never .....5  
*Nunca*  
 REFUSED.....-7  
 DON'T KNOW.....-8

**'QT23\_Q18'** {How often have you...} Felt supported by friends?

*¿Con qué frecuencia has... sentido el apoyo de tus amigos?*

**TQ14**

- All of the time ..... 1  
*Todo el tiempo*
- Most of the time ..... 2  
*La mayor parte del tiempo*
- Some of the time..... 3  
*Algunas veces*
- A little of the time ..... 4  
*Pocas veces*
- Never ..... 5  
*Nunca*
- REFUSED..... -7
- DON'T KNOW..... -8

**'QT23\_Q19'** {How often have you...} Felt a sense of belonging at school?

*¿Con qué frecuencia has... tenido sentido de pertenencia en la escuela?*

**TQ15**

- All of the time ..... 1  
*Todo el tiempo*
- Most of the time ..... 2  
*La mayor parte del tiempo*
- Some of the time..... 3  
*Algunas veces*
- A little of the time ..... 4  
*Pocas veces*
- Never ..... 5  
*Nunca*
- REFUSED..... -7
- DON'T KNOW..... -8

**'QT23\_Q20'** {How often have you...} Enjoyed participating in community traditions?

*¿Con qué frecuencia has... disfrutado participar en las tradiciones de la comunidad?*

**TQ16**

- All of the time ..... 1  
*Todo el tiempo*
- Most of the time ..... 2  
*La mayor parte del tiempo*
- Some of the time..... 3  
*Algunas veces*
- A little of the time ..... 4  
*Pocas veces*
- Never ..... 5  
*Nunca*
- REFUSED..... -7
- DON'T KNOW..... -8

## SECTION K: SUICIDE IDEATION AND ATTEMPTS

**'QT23\_K1'** The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

*La sección siguiente trata de ideas acerca de causarte daño a tí mismo(a). De nuevo, si alguna pregunta te molesta, no tienes que responderla.*

Have you ever seriously thought about committing suicide?

*¿Alguna vez has pensado seriamente en suicidarte?*

**TK1**

- |                                       |    |                     |
|---------------------------------------|----|---------------------|
| <input type="radio"/> YES.....        | 1  |                     |
| <input type="radio"/> NO.....         | 2  | [GO TO 'SECTION L'] |
| <input type="radio"/> REFUSED.....    | -7 | [GO TO 'SECTION L'] |
| <input type="radio"/> DON'T KNOW..... | -8 | [GO TO 'SECTION L'] |

**'QT23\_K2'** Have you seriously thought about committing suicide at any time in the past 12 months?

*¿En algún momento durante los últimos 12 meses, has pensado seriamente en suicidarte?*

**TK2**

- |                                       |    |                   |
|---------------------------------------|----|-------------------|
| <input type="radio"/> YES.....        | 1  |                   |
| <input type="radio"/> NO.....         | 2  | [GO TO 'QT23_K4'] |
| <input type="radio"/> REFUSED.....    | -7 | [GO TO 'QT23_K4'] |
| <input type="radio"/> DON'T KNOW..... | -8 | [GO TO 'QT23_K4'] |

**'QT23\_K3'** Have you seriously thought about committing suicide at any time in the past two months?

*En algún momento en los últimos 2 meses, ¿has pensado seriamente en suicidarte?*

**TK3**

- |                                       |    |  |
|---------------------------------------|----|--|
| <input type="radio"/> YES.....        | 1  |  |
| <input type="radio"/> NO.....         | 2  |  |
| <input type="radio"/> REFUSED.....    | -7 |  |
| <input type="radio"/> DON'T KNOW..... | -8 |  |

**'QT23\_K4'** Have you ever attempted suicide?

*¿Has intentado suicidarte alguna vez?*

**TK4**

- |                                       |    |  |
|---------------------------------------|----|--|
| <input type="radio"/> YES.....        | 1  |  |
| <input type="radio"/> NO.....         | 2  |  |
| <input type="radio"/> REFUSED.....    | -7 |  |
| <input type="radio"/> DON'T KNOW..... | -8 |  |

**PROGRAMMING NOTE 'QT23\_K5' :**

IF ('QT23\_K2' = 2, -7, OR -8) AND ('QT23\_K4' = 2, -7, OR -8), THEN GO TO 'QT23\_K6';

IF ('QT23\_K3' = 2, -7, OR -8) AND ('QT23\_K4' = 2, -7, OR -8), THEN GO TO 'QT23\_K6';

IF 'QT23\_K3' = 1 AND ('QT23\_K4' = 2, -7, OR -8), THEN GO TO 'QT23\_K6';

ELSE CONTINUE WITH 'QT23\_K5'

**'QT23\_K5'** Have you attempted suicide at any time in the past 12 months?

*¿Has intentado suicidarte alguna vez en los últimos 12 meses?*

**TK5**

- |                                       |    |  |
|---------------------------------------|----|--|
| <input type="radio"/> YES.....        | 1  |  |
| <input type="radio"/> NO.....         | 2  |  |
| <input type="radio"/> REFUSED.....    | -7 |  |
| <input type="radio"/> DON'T KNOW..... | -8 |  |

**'QT23\_K6'****SUICIDE  
RESOURCE**

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

You can also visit [988lifeline.org](https://988lifeline.org) to chat online or find information about getting help.

*Puedes llamar al 988 para hablar con alguien sobre tus pensamientos o intentos suicidas. El 988 es un servicio gratuito y confidencial que está disponible las 24 horas del día, los siete días de la semana.*

*También puedes consultar [988lifeline.org](https://988lifeline.org) para chatear en línea o encontrar información sobre cómo obtener ayuda.*

**POST-NOTE FOR SUICIDE RESOURCE:**

IF ('QT23\_K2' = 2, -7, OR -8) AND ('QT23\_K4' = 2, -7, OR -8), THEN GO TO 'QT23\_L1' (NEXT SECTION);  
ELSE CONTINUE WITH 'QT23\_K7'

**'QT23\_K7'** Would you like to discuss your thoughts with this person now or would you like to continue with the survey?

¿Desea hablar con esta persona acerca de sus ideas?

**TK7**

- DISCUSS THOUGHTS WITH PERSON ..... 1
- CONTINUE WITH SURVEY ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

## SECTION L: CIVIC ENGAGEMENT AND RESILIENCY

### Community Involvement

**'QT23\_L1'** This next section is about involvement in your community. In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

*Durante los últimos 12 meses, ¿ha hecho algún trabajo voluntario o servicio a la comunidad por el que no ha recibido ningún pago?*

**TL50**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**'QT23\_L2'**

In the past 12 months, did you participate in any clubs or organizations outside of school, other than sports, like YMCA or Boys and Girls Club?

*En los últimos 12 meses, ¿participaste en algún club u organización fuera de la escuela, que no haya sido de deportes, como la YMCA o un club de niños o niñas?*

**TL10**

- |                                       |    |
|---------------------------------------|----|
| <input type="radio"/> YES.....        | 1  |
| <input type="radio"/> NO.....         | 2  |
| <input type="radio"/> REFUSED.....    | -7 |
| <input type="radio"/> DON'T KNOW..... | -8 |

**'QT23\_L3'**

Imagine that you find out about a problem in your community and you want to do something about it. For example, illegal drugs were being sold near a school, or high levels of lead were found in the local drinking water.

*Imagine que se entera de un problema en su comunidad y quiere hacer algo al respecto. Por ejemplo, se vendieron drogas ilegales cerca de una escuela o se encontraron niveles elevados de plomo en el agua potable local.*

Do you think you could express your views in front of a group of people?

*¿Considera que podría expresar sus opiniones al frente de un grupo de personas?*

Do you think you...

**TL52**

- |                                                  |                                       |
|--------------------------------------------------|---------------------------------------|
| <input type="radio"/> Definitely could not ..... | 1<br><i>Definitivamente no podría</i> |
| <input type="radio"/> Probably could not.....    | 2<br><i>Probablemente no podría</i>   |
| <input type="radio"/> Maybe could .....          | 3<br><i>Tal vez podría</i>            |
| <input type="radio"/> Probably could .....       | 4<br><i>Probablemente podría</i>      |
| <input type="radio"/> Definitely could .....     | 5<br><i>Definitivamente podría</i>    |
| <input type="radio"/> REFUSED.....               | -7                                    |
| <input type="radio"/> DON'T KNOW.....            | -8                                    |

**'QT23\_L4'**

Do you think you could contact an elected official or someone else in government who represents your community?

*¿Considera que se podría comunicar con un funcionario electo u otra persona del gobierno que represente a su comunidad?*

**TL53**

- Definitely could not ..... 1  
*Definitivamente no podría*
- Probably could not ..... 2  
*Probablemente no podría*
- Maybe could ..... 3  
*Tal vez podría*
- Probably could ..... 4  
*Probablemente podría*
- Definitely could ..... 5  
*Definitivamente podría*
- REFUSED ..... -7
- DON'T KNOW ..... -8

## Voting Attitudes

**'QT23\_L5'** How much do you agree or disagree with this statement?

"The way people vote gives them a chance to influence how things are run in their community and California." Do you...

*¿En qué medida está de acuerdo o en desacuerdo con esta frase?*

*"La forma en que la gente vota les da la oportunidad de influir en cómo se manejan las cosas en sus comunidades y en California."*

**TL54**

- Strongly agree ..... 1  
*Totalmente de acuerdo*
- Somewhat agree ..... 2  
*Algo de acuerdo*
- Neither agree nor disagree ..... 3  
*Ni de acuerdo ni en desacuerdo*
- Somewhat disagree ..... 4  
*Algo en desacuerdo*
- Strongly disagree ..... 5  
*Totalmente en desacuerdo*
- REFUSED ..... -7
- DON'T KNOW ..... -8

**'QT23\_L6'** How likely are you to go to college?

*¿Qué tan probable es que vayas al college?*

**TL63**

- VERY LIKELY ..... 1
- SOMEWHAT LIKELY ..... 2
- NOT VERY LIKELY ..... 3
- NOT AT ALL LIKELY ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**'QT23\_L7'** How has the COVID pandemic influenced your plans for college?

*¿Cómo ha influido la pandemia de COVID en tus planes para el college?*

**TL64**

- I AM MORE LIKELY TO ATTEND COLLEGE  
OR COMMUNITY COLLEGE ..... 1
- I AM LESS LIKELY TO ATTEND COLLEGE  
OR COMMUNITY COLLEGE ..... 2
- NO CHANGE ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

## SECTION M: CLOSING

### Follow Up and Close

**'QT23\_M1'** Those are my final questions. I appreciate your time and cooperation. Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

*Esas son mis últimas preguntas. Agradezco tu tiempo y cooperación. Finalmente, ¿crees que estarías dispuesto(a) a participar en una posible continuación de esta encuesta en el futuro?*

**TI10**

- |                                                |   |
|------------------------------------------------|---|
| <input type="radio"/> YES.....                 | 1 |
| <input type="radio"/> MAYBE/PROBABLY YES ..... | 2 |
| <input type="radio"/> DEFINITELY NOT .....     | 3 |
| <input type="radio"/> REFUSED.....             | 7 |
| <input type="radio"/> DON'T KNOW.....          | 8 |

### SUICIDE RESOURCE 2:

#### PROGRAMMING NOTE 'QT23\_M2':

IF 'QT23\_K7' = 2, -7, OR -8, CONTINUE WITH 'QT23\_M2';  
ELSE GO TO 'QT23\_M3'

**'QT23\_M2'**

**TM4**

As I mentioned earlier, you can call 988 to speak with someone about your suicidal thoughts or attempts. It is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit [988lifeline.org](http://988lifeline.org) to chat online or find information about getting help.

*Nuevamente, puedes llamar al 988 para hablar con alguien sobre tus pensamientos o intentos suicidas. Es un servicio gratuito y confidencial que está disponible las 24 horas del día, los siete días de la semana.*

*También puedes consultar [988lifeline.org](http://988lifeline.org) para chatear en línea o encontrar información sobre cómo obtener ayuda.*

**'QT23\_M3'**

Thank you. You have helped with a very important health survey. If you have any questions, you can contact Dr. Ponce, who heads the study. Would you like the number?

*Muchas gracias. Has colaborado en un estudio sobre la salud muy importante. Si tienes alguna pregunta, puedes llamar a la Dra. Ponce que es jefa del estudio.*

**CLOSE**

[IF YES, SAY: 'Dr. Ponce can be reached toll-free at 1-866-275-2447. Goodbye.'][IF YES, SAY: 'Puedes llamar gratis a la Dra. Ponce al número 1-866-275-2447.]

[IF NO, SAY: 'Goodbye']

[IF NO, SAY: 'Adiós. ]

**'TI9'**

**TI9**

[INTERVIEWER: DURING THIS INTERVIEW, EVEN FOR PART OF THE TIME, DO YOU THINK...]

- |                                                                        |   |
|------------------------------------------------------------------------|---|
| <input type="radio"/> A PARENT WAS LISTENING ON AN EXTENSION.....      | 1 |
| <input type="radio"/> A PARENT WAS IN THE ROOM LISTENING, ... OR ..... | 2 |
| <input type="radio"/> NEITHER .....                                    | 3 |
| <input type="radio"/> DON'T KNOW .....                                 | 8 |