

#### CHIS 2024 Adult CATI Questionnaire

(Interviewer- administered) Version 1.22 November 19, 2024 Adult Respondents Age 18 and Older

#### **Collaborating Agencies:**

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

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# Guide to Questionnaire Formatting

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

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

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

# PROGRAMMING NOTE 'QA23\_A1': SET AADATE = CURRENT DATE (YYYYMMDD)

'QA23\_A1' What is your date of birth?

AA1

JANUARY ......1 0 FEBRUARY......2  $\mathbf{O}$ MARCH......3 0 APRIL .....4 0 MAY ......5 JUNE......6 JULY ......7 0 AUGUST .....8 0 SEPTEMBER......9 0 OCTOBER ......10 0 NOVEMBER.....11  $\mathbf{O}$ DECEMBER ......12 0 REFUSED .....-7 DON'T KNOW .....-8 0

MONTH \_\_\_\_\_ [Range: 1-12]

DAY \_\_\_\_ [Range: 1-31] YEAR \_\_\_\_ [Range: 1907-2005] 'QA23\_G20'

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

AH44A

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

•	YES1	
0	NO2	[GO TO 'QA23_A23']
•	REFUSED7	[GO TO 'QA23_A23']
•	DON'T KNOW8	[GO TO 'QA23 A23']

'QA23\_C37'

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

AC187

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

•	IN THE PAST WEEK1	
0	IN THE PAST TWO WEEKS2	
•	IN THE PAST MONTH3	[GO TO 'QA23_C42']
•	LONGER THAN A MONTH AGO, BUT	
	WITHIN THE PAST YEAR4	[GO TO 'QA23_C42']
0	NO ONE HAS SMOKED TOBACCO OR	
	VAPED AROUND ME WITHIN	
	THE PAST YEAR5	[GO TO 'QA23_C42']
0	REFUSED7	
•	DON'T KNOW8	[GO TO 'QA23 C42']

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CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)	1./1
AIM, MRMIP, HEALTHY KIDS, Other Government Coverage	
Other Coverage (Child)	
Managed-Care Plan Characteristics (Child)	
High Deductible Health Plans (Child)	
Reasons for Lack of Coverage (Child)	
Coverage over Past 12 Months (Child)	
Teen's Health Insurance	
Medi-Cal Coverage (Teen)	
Employer-Based Coverage (Teen)	
Private Coverage (Teen)	
CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)	
AIM, MRMIP, Family PACT, Healthy Kids, Other (Teen)	
Other Coverage (Teen)	
Managed Care Plan Characteristics (Teen)	
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NOTE: Please consult the CHIS 2022 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

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# Section A: Demographic Information, Part I

REFUSED.....-7

DON'T KNOW .....-8

Age

	NG NOTE 'AA1': = CURRENT DATE (YYYYMMDD)	
'AA1'	What is your date of birth?	
AA1	MONTH [RANGE: 1-12]	
	O       JANUARY       1         O       FEBRUARY       2         O       MARCH       3         O       APRIL       4         O       MAY       5         O       JUNE       6         O       JULY       7         O       AUGUST       8         O       SEPTEMBER       9         O       OCTOBER       10         O       NOVEMBER       11         O       DECEMBER       12     DAY [RANGE: 1-31]  YEAR [RANGE: 1907-2006]	

		A': CONTINUE WITH 'AA1A';
'AA1A'	What month a	nd year were you born?
AA1A		
	MONT	TH [RANGE: 1-12]
	O	JANUARY1
	Ö	FEBRUARY2
	O	MARCH3
	O	APRIL4
	O	MAY5
	•	JUNE6
	O	JULY7
	O	AUGUST8
	O	SEPTEMBER9
	0	OCTOBER10
	0	NOVEMBER11 DECEMBER12
	9	DECEMBER12
	YEAR	[RANGE: 1907-2006]
	•	REFUSED7
	O	DON'T KNOW8
'AA2'	What is your a	ge, please?
		YEARS OF AGE [RANGE: 0-120]
	<u>o</u>	REFUSED7 DON'T KNOW8
'AA2A'		en 18 and 29, between 30 and 39, between 40 and 44, between 45 and 0 and 64, or 65 or older?
AA2A		
·	O	BETWEEN 18 AND 291
	O	BETWEEN 30 AND 392
	O	BETWEEN 40 AND 443
	•	BETWEEN 45 AND 494
	O	BETWEEN 50 AND 645
	O	65 OR OLDER6
	O	REFUSED7
	•	DON'T KNOW8
CALCULATE \QUESTIONS;	<b>A'</b> , OR <b>'AA2'</b> = -	NUM.AGE E BASED ON ' <b>AA1</b> ', ' <b>AA1A</b> ', OR ' <b>AA2</b> ' TO USE IN ALL AGE-RELATED 7 OR -8 (REF/DK), THEN USE ' <b>AA2A</b> ';

Gender Identity			
'AD65E'	What sex were	you assigned at birth, on your original birth certif	icate?
AD65E	Q	Female	
	Ö	Male1	
	9	Don't know3	
	9	Prefer not to answer9	
	0	REFUSED7	
'AD66C'	What is your cu	rrent gender?	
AD66C			
7.2000	O	Female2	[GO TO 'PN_AD68B']
	•	Male1	[GO TO 'PN_AD68B']
	O	Transgender3	[GO TO 'PN_AD68B']
	•	Non-binary5	[GO TO 'PN_AD68B']
	•	I use a different term: ()7	
	0	Don't know8	[GO TO 'PN_AD68B']
	•	Prefer not to answer9	[GO TO 'PN_AD68B']
	O	REFUSED7	,
	O	DON'T KNOW8	
DDOGD A MMIN	IG NOTE 'AD67	<b>B</b> '•	
	7 (I USE A DIFFI	ERENT TERM) CONTINUE;	
'AD67B'	What is your cu	rrent gender identity?	
AD67B			
ADOID	•	Specify: ()3	
	9	REFUSED7	
	9	DON'T KNOW8	
	9	DON 1 KNOV0	
PROGRAMMIN	IG NOTE 'AD68	B':	
IF ['AD65E' = 1	(MALE AT BIRT	TH) AND 'AD66C' = 2, 3, 5, 7] OR ['AD65E' = 2 (	(FEMALE AT BIRTH)
	1, 3, 5, 7] THEN	N CONTINUE WITH 'AD68B';	,
'AD68B'	Just to confirm,	you were assigned {INSERT RESPONSE FROM	// 'AD65E'} at birth and
AD68B	now describe yo	ourself as {INSERT RESPONSE FROM {'AD660	;'}. Is that correct?
ADOOD	$\circ$	YES1	
	0	NO2	ICO TO (ADEZD)
	9	REFUSED7	[GO TO 'AD67B']
	9	DON'T KNOW8	
	•	DOIN 1 INNOVY0	

#### POST NOTE: ON SECOND ATTEMPT IF = 2, GO TO 'AD67B' AND FLAG 'AD68B' = 1 Ethnicity 'AA4' Are you Latino or Hispanic? AA4 YES......1 0 [GO TO $\mathbf{O}$ NO......2 'PN\_AA5A'] REFUSED .....-7 0 [GO TO 'PN\_AA5A'] DON'T KNOW .....-8 0 [GO TO 'PN AA5A'] 'AA5' And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them. AA5 [IF NECESSARY, GIVE MORE EXAMPLES] [CODE ALL THAT APPLY] MEXICAN/MEXICAN AMERICAN/ CHICANO......1 SALVADORAN .....4 GUATEMALAN ......5 COSTA RICAN ......6 HONDURAN ......7 NICARAGUAN .....8 PANAMANIAN ......9 PUERTO RICAN...... 10 CUBAN...... 11 SPANISH-AMERICAN (FROM SPAIN) .... 12 OTHER LATINO (SPECIFY: \_\_\_\_\_) .. 91 REFUSED .....-7 0

DON'T KNOW .....-8

 $\mathbf{O}$ 

Race

IF MORE THAT CONTINUE V	VITH 'PN_AA5B	GIVEN AFTER ENTERING RESPONSES FOR 'A	AA5A',
	STRUCTIONS: (YES, LATINO/H	ISPANIC) DISPLAY "You said you are Latino or F	Hispanic.
'AA5A'	following you	are Latino or Hispanic. Also,} please tell me whi would use to describe yourself. Would you descr cific Islander, American Indian, Alaska Native, Asi White?	ibe yourself as Nativ
AA5A	[IF R SAYS "N	NATIVE AMERICAN" CODE AS "4"]	
	[IF R GIVES /	ANOTHER RESPONSE YOU MUST SPECIFY W	HAT IT IS]
	[CODE ALL T	HAT APPLY]	
		WHITE1 BLACK OR AFRICAN AMERICAN2	[GO TO
		ASIAN3	'PN_AA5I'] [GO TO
		AMERICAN INDIAN OR ALASKA NATIVE .4	'PN_AA5E'] [GO TO 'PN_AA5B']
		PACIFIC ISLANDER5	[GO TO 'PN_AA5E1']
		NATIVE HAWAIIAN6	[GO TO 'PN AA5G']
		OTHER (SPECIFY:)91	[GO TO 'PN_AA5G']
	<b>O</b>	REFUSED7 DON'T KNOW8	[GO TO 'AH36'] [GO TO 'AH36']
'AA5H' What	are your white o	origin or origins?	
АА5Н	For example,	German, Irish, English, Italian, Armenian, Iranian	, etc.
	) )	(SPECIFY:)1 REFUSED7 DON'T KNOW8	

		il': RICAN AMERICAN), CONTINUE WITH <b>'AA5I</b> ';	
'AA5I' What a	are your Black or	rigin or origins?	
AA5I	For example, A	African American, Nigerian, Ethiopian, Jamaican, Haitian, Ghan	aian, etc.
	) )	(SPECIFY:)	
	•	B': DIAN OR ALASKA NATIVE), CONTINUE WITH <b>'AA5B</b> ';	
'AA5B'		erican Indian or Alaska Native, and what is your tribal heritage? e tribe, tell me all of them.	If you have
	[CODE ALL TH	HAT APPLY]	
(AAEC' Aro vo		APACHE	
AA5C Are yo	u an enrolled me	ember in a federally or state recognized tribe?	
AAUU	O O	YES	
	o o	REFUSED	'

## 'AA5D' Which tribe are you enrolled in?

## AA5D

# [CODE ALL THAT APPLY]

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	-	<u>-</u>
		APACHE1
		BLACKFOOT/BLACKFEET2
		CHEROKEE3
		CHOCTAW4
		MEXICAN AMERICAN INDIAN5
		NAVAJO6
		POMO7
		PUEBLO8
		SIOUX9
		YAQUI10
		OTHER TRIBE (SPECIFY:)91
	Ō	REFUSED7
	O	DON'T KNOW8
APACHE		
ALACITE	O	MESCALERO APACHE, NM1
	Ö	APACHE (NOT SPECIFIED)2
	Õ	OTHER APACHE (SPECIFY:)3
BLACKFEET		
-	•	BLACKFOOT/BLACKFEET4
CHEROKEE		
	O	WESTERN CHEROKEE5
	O	CHEROKEE (NOT SPECIFIED)6
	•	OTHER CHEROKEE (SPECIFY:)7
CHOCTAW		
	$\mathbf{O}$	CHOCTAW OKLAHOMA8
	•	CHOCTAW (NOT SPECIFIED)9
	O	OTHER CHOCTAW (SPECIFY:). 10
NAVAJO	_	
	0	NAVAJO (NOT SPECIFIED)11
POMO		LIODI AND DAND LIODI AND
	0	HOPLAND BAND, HOPLAND 12
	$\sim$	RANCHERIA
	0	SHERWOOD VALLEY RANCHERIA 13
	0	POMO (NOT SPECIFIED) 14 OTHER POMO (SPECIFY:) 15
PUEBLO	9	OTHER POMO (SPECIFT:) 13
FUEBLO	O	HOPI16
	Ö	YSLETA DEL SUR PUEBLO17
	•	OF TEXAS
	•	PUEBLO (NOT SPECIFIED)18
	Õ	OTHER PUEBLO (SPECIFY:) 19
SIOUX	•	0111E1(1 02B20 (01 2011 1:) 10
0.007	•	OGLALA/PINE RIDGE SIOUX20
	Ö	SIOUX (NOT SPECIFIED)21
	Ö	OTHER SIOUX (SPECIFY:) 22
YAQUI	-	· (-· · · · · · · · · · · · ·
•	O	PASCUA YAQUI TRIBE OF ARIZONA 23
	O	YAQUI (NOT SPECIFIED)24
		,

OTHER	o o o	OTHER YAQUI (SPECIFY:) 25  OTHER (SPECIFY:) 91  REFUSED7  DON'T KNOW8
		': IUE WITH <b>'AA5E</b> ';
'AA5E'		and what specific ethnic group are you, such as Chinese, Filipino, you are more than one, tell me all of them.  AT APPLY]
	000000000000000000000000000000000000000	BANGLADESHI       1         BURMESE       2         CAMBODIAN       3         CHINESE       4         FILIPINO       5         HMONG       6         INDIAN (INDIA)       7         INDONESIAN       8         JAPANESE       9         KOREAN       10         LAOTIAN       11         MALAYSIAN       12         PAKISTANI       13         SRI LANKAN       14         TAIWANESE       15         THAI       16         VIETNAMESE       17         OTHER ASIAN (SPECIFY:)       91         REFUSED       -7         DON'T KNOW       -8

		SE1': FIC ISLANDER) CONTINUE WITH 'AA5E1';	
'AA5E1'		are Pacific Islander. What specific ethnic group are you, such uamanian? If you are more than one, tell me all of them.	h as Samoan,
	0	SAMOAN/AMERICAN SAMOAN	
IF 'AA4' = 1 (L ISLANDER) OF 'AA5A' = 2 (BL CONTINUE W ELSE IF THER	R <b>'AA5Á'</b> = 4 (A LACK/AFRICAN ITH <b>'AA5G'</b> ; RE WERE MULT /DK)], CONTINL	GG':  AA5A' = 6 (NATIVE HAWAIIAN) OR 'AA5A' = 5 (OTHER PAMERICAN INDIAN OR ALASKA NATIVE) OR 'AA5A' = 3 (AI AMERICAN) OR 'AA5A' = 1 (WHITE) OR 'AA5A' = 91 (OTTIPLE RESPONSES TO 'AA5A', 'AA5E', OR 'AA5E1' [NOTTIPLE WITH 'AA5G';	ASIAN) OR ΓHER)],
'AA5G'	AND <b>'AA5E1'</b> ]	you are: {INSERT MULTIPLE RESPONSES FROM 'AA5', ', ', '}.  y with any one race in particular?  YES	'AH36'] 'AH36']

#### PROGRAMMING NOTE FOR 'AA5F':

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

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

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

'AA5F' Which do you most identify with?

### AA5F

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

O	MEXICAN/MEXICAN AMERICAN/
$\sim$	CHICANO1
0	SALVADORAN4
0	GUATEMALAN5
0	COSTA RICAN6
0	HONDURAN7
_	NICARAGUAN8
0	PANAMANIAN9
	PUERTO RICAN
O	CUBAN
O	SPANISH-AMERICAN (FROM SPAIN) 12
O	LATINO, OTHER SPECIFY13
O	LATINO 14
O	NATIVE HAWAIIAN 16
O	OTHER PACIFIC ISLANDER 17
•	AMERICAN INDIAN OR
	ALASKA NATIVE 18
•	ASIAN 19
<b>O</b>	BLACK OR AFRICAN AMERICAN 20
O	WHITE
0	RACE, OTHER SPECIFY22
•	BANGLADESHI 30
•	BURMESE 31
•	CAMBODIAN 32
•	CHINESE 33
•	FILIPINO 34
Ö	HMONG 35
•	INDIAN (INDIA)
O	INDONESIAN
0	JAPANESE 38
0	KOREAN39
$\mathbf{O}$	LAOTIAN 40
Ö	MALAYSIAN 41
$\mathbf{O}$	PAKISTANI 42
•	SRI LANKAN 43
•	TAIWANESE 44
O	THAI45
•	VIETNA46MESE
•	ASIAN, OTHER SPECIFY 49
•	SAMOAN/AMERICAN SAMOAN 50
•	GUAMANIAN 51
•	TONGAN 52
$\mathbf{O}$	FIJIAN 53

$\mathbf{C}$	PACIFIC ISLANDER, OTHER SPECIFY 5	5
$\mathbf{C}$	BOTH/ALL/MULTIRACIAL9	90
$\mathbf{C}$	NONE OF THESE9	95
$\mathbf{C}$	REFUSED	-7
$\mathbf{O}$	DON'T KNOW -	.8

Language S	Spoken	at H	lome
------------	--------	------	------

'AH36' What languages do you speak at home	ne?
--	-----

Α	11	20	
Α	н	36	

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

ш	ENGLISH	1
	SPANISH	2
	CANTONESE	3
	VIETNAMESE	4
	TAGALOG	5
	MANDARIN	6
	KOREAN	7
	ASIAN INDIAN LANGUAGES	8
	RUSSIAN	
	OTHER 1 (SPECIFY:	) 91
	OTHER 2 (SPECIFY:	
O	REFUSED	
$\circ$	DON'T KNOW	

Additional Language Use

#### **PROGRAMMING NOTE 'AH37':**

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

#### **DISPLAY INSTRUCTIONS:**

IF 'AH36' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH 'AH37' AND DISPLAY:

"Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English" AND DROP RESPONSE CATEGORY "Not at all?";

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

'AH37'

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

AH37

O	Very well	
0		
O	Not well, or	3
O	,	
Ō	REFUSED	
		_Q

### **Educational Attainment**

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

AH47		
Allar	•	NO FORMAL EDUCATION 30
	Ö	GRADE SCHOOL2
	Ö	HIGH SCHOOL OR EQUIVALENT3
	•	4-YEAR COLLEGE OR UNIVERSITY
	•	GRADUATE OR4
		PROFESSIONAL SCHOOL5
	$\mathbf{O}$	2-YEAR JUNIOR OR
		COMMUNITY COLLEGE6
	$\mathbf{O}$	VOCATIONAL, BUSINESS, OR
	_	TRADE SCHOOL7
	O	REFUSED7
	•	DON'T KNOW (OUT OF RANGE)8
GRADE		
CITABL	•	1ST GRADE1
	0	2ND GRADE2
	0	3RD GRADE3
	•	4TH GRADE4
	$\mathbf{O}$	5TH GRADE5
	$\mathbf{O}$	6TH GRADE6
	•	7TH GRADE7
	O	8TH GRADE8
HIGH		OTH OBABE
	<b>O</b>	9TH GRADE9
	<b>O</b>	10TH GRADE
	0	11TH GRADE11
COLLEGE	•	12TH GRADE 12
COLLEGE	•	1ST YEAR OF COLLEGE OR
	•	UNIVERSITY (FRESHMAN)13
	•	2ND YEAR OF COLLEGE OR
	•	UNIVERSITY (SOPHOMORE) 14
	O	3RD YEAR OF COLLEGE OR
		UNIVERSITY (JUNIOR)
	•	4TH YEAR OF COLLEG
		OR UNIVERSITY (SENIOR)(BA/BS) 16
	•	5TH YEAR OF COLLEGE ÓR
		UNIVERSITY 17
Graduate		
	$\mathbf{O}$	1ST YEAR OF GRADUATE OR
		PROFESSIONAL SCHOOL 18
	0	2ND YEAR OF GRADUATE OR
	_	PROFESSIONAL SCHOOL (MA/MS) 19
	0	3RD YEAR OF GRADUATE OR
	$\sim$	PROFESSIONAL SCHOOL
	•	MORE THAN 3 YEARS OF GRADUATE
		OR PROFESSIONAL SCHOOL (PHD) 21
COMMUNITY		
	•	1ST YEAR OF JUNIOR OR
	=	COMMUNITY COLLEGE

DUOINEGO	0	2ND YEAR OF JUNIOR OR COMMUNITY COLLEGE (AA/AS) 23	
BUSINESS	O	1ST YEAR OF VOCATIONAL,	
	O	BUSINESS, OR TRADE SCHOOL 24 2ND YEAR OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL 25	
	•	MORE THAN 2 YEARS OF VOCATIONAL BUSINESS, OR	
Marital Status		TRADE SCHOOL26	
'AH43'		parried, living with a partner in a marriage-like related, or never married?	ationship, widowed,
70	[IF R MENTION	NS MORE THAN ONE, CODE THE LOWEST NU	JMBER THAT APPLIES]
	O O	MARRIED	[GO ТО
	•	DIVORCED4	'PN_SC7B'] [GO TO 'PN_SC7B']
	O	SEPARATED5	[GO TO 'PN_SC7B']
	O	NEVER MARRIED6	[GO TO 'PN_SC7B']
	O	REFUSED7	[GO TO 'PN_SC7B']
	O	DON'T KNOW8	[GO TO 'PN_SC7B']
Spouse/Partne			
	NG NOTE 'AH4	ł':	
	<b>FRUCTIONS:</b> THEN DISPLAY THEN DISPLAY		
<b>'AH44'</b> Is your	{spouse/partner	} also living in your household?	
AH44		V/=0	
	<b>O</b>	YES1	
	<b>O</b>	NO2	
	<b>O</b>	REFUSED7	
	O	DON'T KNOW8	

'SC11A'	May I have yo	our {spouse/partner}'s age and gender?
SC11A		
	[ENTER SPO	USE'S/PARTNER'S AGE AND SEX]
		SPOUSE/PARTNER AGE [SR: 18-120] SPOUSE/PARTNER SEX
	<b>O</b>	REFUSED7 DON'T KNOW8
		E-ROSTER': R, CONTINUE WITH 'PRE-ROSTER';
Adult Roster		
'PRE_ROSTE		rself (and your spouse/partner), are there other adults, age 18 or older, g in this household?
PRE-ROSTE	R	
	O	YES1
	O	NO2
	0	REFUSED
		'B': EADY COMPLETE, CONTINUE;
'SC7B'	How many ch household?	ildren, age 11 and younger including babies, normally live in this
SC7B		
	•	CHILDREN UNDER 12
	•	REFUSED7
	•	DON'T KNOW8
'SC8B'	And h	now many adolescents age 12-17, normally live in this household?
SC8B		
	•	CHILDREN 12 -17
	•	REFUSED7
	O	DON'T KNOW8
POST NOTE	CCOR' CET VII	DCNT = 'SC7B' + 'SC8B'
	SCOB . SET KIL	
'SC13A1'		th the oldest} What is (the child's/this child's/the next child's) first name or
'SC13A1'	{Let's start wit	th the <u>oldest</u> } What is (the child's/this child's/the next child's} first name or
	{Let's start wit	th the <u>oldest</u> } What is (the child's/this child's/the next child's} first name or  Name/ Initials given (SPECIFY)
	{Let's start wit initials?	th the <u>oldest</u> } What is (the child's/this child's/the next child's} first name or

'SC13A2'	What i	s (the child's/this child's) age?
SC13A2	$\circ$	ACE
	0	AGE REFUSED7
	Ö	DON'T KNOW8
PROGRAMMING NOT IF KIDCNT = 1 INSER	T "the ch	nild's"
IF KIDCNT > 1 INSER	T "this c	hild's"
'GENDER6'	What i	is {the child's/this child's} gender?
GENDER6		
	O	MALE1
	0	FEMALE2 REFUSED7
	0	DON'T KNOW8
MEMBER WITHOUT A NOTE 'SC15A4' IS PA IMMEDIATELY FOR T	FOR AN AN AGE ART OF HAT CH O'SC13	Y CHILD ROSTER MEMBER, ASK 'SC15A4' FOR EACH ROSTER  THE CHILD ROSTER (IF 'SC13A2' = -7, -8. ASK 'SC15A4'  HILD BEFORE ROSTERING NEXT CHILD)  A1' = -7, -8 AND 'SC13A2' = -7, -8 INSERT "the child"
<b>'SC15A4'</b> Is {CH	IILD NAN	ME/ the child} (READ LIST. ENTER ONE ONLY)
SC15A4		
	O	0 to 5 years old, or1
	0	6 to 11 years old, or2 12 to 17 years old?3
	0	REFUSED7
	Ö	DON'T KNOW8
PROGRAMMING NOT		
IF KIDCNT = 1 INSER		···· <del>··</del>
II TUDONI > I INOLIN	1 an are	o o march
<b>'SC14B4'</b> Are yo	ou the pa	rent or legal guardian of (the child/all the children) in your household?
SC14B4		
	O	YES1
	0	NO2
	0	REFUSED7 -DON'T KNOW8
	•	2011 141011

	NG NOTE 'SC14 2 ASK 'SC14B'	<b>4B</b> ': FOR EACH CHILD IN THE ROSTER
'SC14B'	Are you the pa	rent or legal guardian of {CHILD NAME/AGE/SEX}?
SC14B		
	O	YES1
	Ō	NO2
	Q	REFUSED7
	•	-DON'T KNOW8
PROGRAMMI	NG NOTE 'SC14	4C1'·
		NSERT 'SC11A' NAME
		ME/AGE/SEX's spouse/partner)
_	I INSERT "the ch	
IF KIDCNT > 1	I INSERT "all the	e children"
<b>'SC14C1'</b>	Is (SC11A NAI	ME/ AR ADULT NAME/AGE/SEX 's spouse/partner) the parent or legal
001401		e child/all the children) in your household?
	guardian or (in	e child/all the children) in your nousehold?
SC14C1		
	O	YES1
	Ö	NO2
	=	
	Q	REFUSED7
	O	DON'T KNOW8
	SC14C1': IF 'SC	C14C1' = 1 AUTO POPULATE 'SC14C2' AS 'YES' FOR ALL CHILDREN
IN HH		
PROGRAMMI	NG NOTE 'SC14	1C2'·
		2' FOR EACH CHILD IN THE ROSTER
IF 301401 =	2 ASK 301402	FOR EACH CHILD IN THE RUSTER
'SC14C2'	Is (INSERT AF	R ADULT NAME/ AGE/SEX's husband/wife/partner) the parent or legal
		ERSON NAME/AGE/SEX)?
801400	gaaralari or (i	- 1.001110 till=/1.0E/0E/y.
SC14C2		
	O	YES1
	•	NO2
	ŏ	REFUSED7
	=	
	$\mathbf{O}$	-DON'T KNOW8

#### PROGRAMMING NOTE 'SC13A': IF 'SC14B' = 1 THEN CHILD1CNT = COUNT OF CHILDREN IN 'SC14B' AGED 0 TO 5 YRS CHILD2CNT = COUNT OF CHILDREN IN 'SC14B' AGED 6 TO 11 YRS TEENCHT = COUNT OF CHILDREN IN 'SC14B' AGED 12 TO 17 YRS # Child selection from only those with 'SC14B'=1 IF CHILD2CNT = 0, IF CHILD1CNT = 1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD], ELSE IF CHILD1CNT > 1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT ELSE IF CHILD1CNT = 0. IF CHILD2CNT = 1. CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD]. ELSE IF CHILD2CNT > 1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNTELSE,FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT + CHILD2CNT) FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = CHILD2CNT / (2 x CHILD1CNT + CHILD2CNT) SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB # Teen selection from only those with 'SC14B' = 1 IF TEENCHT = 1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN], ELSE IF TEENCHT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCHT 'SC13A' We have recorded 1 child 17 or younger in this household. Have we missed anyone aged 17 or younger who usually lives here but is temporarily away? SC13A $\mathbf{O}$ NO, NO ONE MISSED.....1 0 YES......2 [GOTO 'SC13A1' LOOP] REFUSED.....--7 $\mathbf{O}$ $\mathbf{O}$ DON'T KNOW .....-8

POST NOTE 'SC13A': DO CHILD AND TEEN SELECTION BASED ON CRITERIA CHILD\_INDEX HOLDS THE VALUE OF THE SELECTED CHILD TEEN\_INDEX HOLDS THE VALUE OF THE SELECTED TEEN SET\_CHILD IS SET TO 1 IF A CHILD IS SELECTED SET TEEN IS SET TO 1 IF A TEEN IS SELECTED

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

#### SC17B

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

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

0

 $\mathbf{O}$ 

#### **Section B: Health Conditions** General Health 'AB1' Would you say that in general your health is excellent, very good, good, fair, or poor? AB1 O EXCELLENT ......1 O VERY GOOD ......2 O GOOD ......3 O FAIR......4 $\mathbf{O}$ POOR......5 REFUSED .....--7 $\mathbf{O}$ DON'T KNOW .....-8 O Asthma Has a doctor ever told you that you have asthma? 'AB17B' AB17B YES......1 0 NO......2 O [GO TO 'PN AB22'] 0 REFUSED.....--7 [GO TO 'PN\_AB22'] O DON'T KNOW .....--8 **IGO TO** 'PN AB22'] 'AB40' Do you still have asthma? AB40 0 YES......1 $\mathbf{O}$ NO......2 0 REFUSED .....--7 DON'T KNOW .....-8 During the past 12 months, have you had an episode of asthma or an asthma attack? 'AB41' AB41 O YES......1 O NO......2 REFUSED .....-7 $\mathbf{O}$ $\mathbf{O}$ DON'T KNOW.....-8 During the past 12 months, how many days of work did you miss due to asthma? 'AB42' AB42 [INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

REFUSED .....--7

DON'T KNOW.....-8

26

\_ DAYS

(0 - 365)

'AB18'	Are you now taking a <u>daily</u> medication to control your asthma that was prescribed or given to you by a doctor?			
ABIO		SAY: "This includes both oral medicine and inhale for quick relief."]	rs. This is different from	
	) ) )	YES		
'AB43'		octors or other medical providers worked with you to we to take care of your asthma?	develop a plan so that	
	) ) )	YES	[GO TO 'PN_AB22'] [GO TO 'PN_AB22'] [GO TO 'PN_AB22']	
'AB98'	Do you have	a written or printed copy of this plan?		
AB98	[IF NEEDED,	SAY: "THIS CAN BE AN ELECTRONIC OR HARE	O COPY."]	
	O O O	YES		
Diabetes				
PROGRAMMIN IF 'AD65E' = 2 ELSE BEGIN D	(FEMALE AT	BIRTH) DISPLAY "Other than during pregnancy, h.	as";	
'AB22'	Other than d	luring pregnancy, has/Has} a doctor <u>ever</u> told you thes?	hat you have diabetes or	
AB22	0 0 0	YES	[GO TO 'AB29'] [GO TO 'AB29'] [GO TO 'AB29'] [GO TO 'AB29']	
'AB24'	Are you now	taking insulin?		
AB24	0 0	YES		

<b>'AB25'</b> Do you	ı now take diabe	etic pills to lower your blood sugar?
AB25		
	[IF NEEDED: '	"These are sometimes called oral agents or oral hypoglycemic agents."]
	•	YES1
	O	NO2
	O	REFUSED7
	O	DON'T KNOW8
'AB27'		ny times in the last 12 months has a doctor or other health professional
A D 2 7	checked you for	or hemoglobin 'A one C'?
AB27	O	NUMBER OF TIMES [HR: 0-52]
	ŏ	REFUSED7
	Ö	DON'T KNOW8
'AB150'		st 12 months, has a doctor, nurse, or health professional told you your 1C level is less than 9%
AB150		
		NORMAL LEVEL IS UNDER 5.7%; PREDIABETES IS BETWEEN 5.7 AND TES IS OVER 6.5; AND UNCONTROLLED DIABETES IS OVER 9%.]
	O	YES1
	O	NO2
	O	DON'T KNOW3
	•	REFUSED7
'AB63'	When was the	last time you had an eye exam in which the pupils were dilated?
AB63	This would hav	ve made your eyes sensitive to bright light for a short time.
	O	WITHIN THE PAST MONTH1
	O	WITHIN THE PAST YEAR
		(1-12 MONTHS AGO)2
	O	WITHIN THE PAST 2 YEARS
		(1-2 YEARS AGO)3
	•	2 OR MORE YEARS AGO4
	•	NEVER5
	O	REFUSED7
	•	DON'T KNOW8
'AB112'	Have your doo	ctors or other medical providers worked with you to develop a plan so that
		to take care of your diabetes?
AB112	-	·
	O	YES1
	O	NO2
	O	REFUSED7
	O	DON'T KNOW8

# Hypertension

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

AB29			
	O	YES1	
	O	NO2	[GO TO 'AB154']
	O	HIGH NORMAL/BORDERLINE/	
		PRE-HYPERTENSION3	[GO TO 'AB154']
	O	REFUSED7	[GO TO 'AB154']
	O	DON'T KNOW8	[GO TO 'AB154']
<b>'AB30'</b> Are yo	u now taking any	medications for high blood pressure?	
AB151			
	O	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	
'AB152'		ou had your blood pressure checked by a doctor the past 12 months, was it under control (less th	
	O	YES1	
	•	NO2	
	•	DON'T KNOW3	
	0	REFUSED7	
'AB153'	During the past	12 months, did you reduce the salt in your diet t?	o help control your high
AB153			
	$\mathbf{O}$	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	
'AB154'		12 months, has a doctor, nurse, or health profesolesterol (high cholesterol is defined as a total o	
ADIOT	•	YES1	
	ŏ	NO2	[GO TO 'AB34']
	Ö	DON'T KNOW3	[GO TO 'AB34']
	Ö	REFUSED7	[GO TO 'AB34']
'AB155'	The last time a than <b>200</b> ?	doctor, nurse, or health professional checked yo	our cholesterol, was it less
AB155			
	O	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	

Heart [	Disease
---------	---------

'AB34' Has a d	doctor <u>ever</u> told	you that you have any kind of heart disease?
AB34		
	O	YES1
	O	NO2
	O	REFUSED7
	O	DON'T KNOW8
'AC6' Has a d	doctor, nurse, o	r other health professional ever told you that you had a <b>stroke</b> ?
AC6		
	O	YES1
	O	NO2
	O	REFUSED7
	•	DON'T KNOW8

# **Section C: Health Behaviors**

# Physical Activities

'AC212'	about moderat dancing, swimi	sical activities make you breathe somewhat harde e physical activities you do in your <u>free time</u> , like ming, and gardening. During the past 7 days, did y for a total of 150 minutes (2.5 hours)?	walking, bicycling,
AC212	O	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	
Cigarette Use			
'AE15'	Altogether, hav	ve you smoked at least 100 or more cigarettes in	your entire lifetime?
AE15			
	O	YES1	
	O	NO2	[GO TO 'PN AC174']
	O	REFUSED7	[GO TO 'PN AC174']
	0	DON'T KNOW8	[GO TO 'PN_AC174']
'AE15A'	Do you now sn	noke cigarettes every day, some days, or not at a	II?
AE15A	O	EVERY DAY1	100 TO
	9	EVERY DAY	[GO TO 'PN_AC174']
	O	SOME DAYS2	[GO TO 'PN AC174']
	O	NOT AT ALL3	
	Ō	REFUSED7	
	Ö	DON'T KNOW8	

PROGRAMMING NOTE 'AC173':				
IF 'AE15A' = 3 THEN CONTINUE; ELSE GOTO 'PN_AC174'				
2202 0010 1	11_710174			
'AC173'	How long has it	t been since you last smoked a cigarette, even or	ne or two puffs?	
AC173				
		AMOUNT OF TIME	[IF 'AC173'> 30 DAYS OR > 5 WEEKS OR > 1 MONTH OR = -7, -8, GO TO 'PN AC177']	
		UNIT OF TIME	GO TO FN_ACT//	
	0 0 0	DAYS       1         WEEKS       2         MONTHS       3         YEARS       4         REFUSED       -7         DON'T KNOW       -8	[HR: 0-365] [HR: 0-52] [HR: 0-12] [HR: 0-AAGE]	
IF <b>'AE15'</b> = 2,	IONTH, CONTIN	'4': A' = 1, 2 OR 'AC173'<= 30 DAYS OR 'AC173'<= IUE WITH 'AC174';	= 5 WEEKS OR	
'AC174'	During the past	: 30 days, on how many days did you smoke ciga	rettes?	
AC174	[INTERVIEWER NOTE: IF R SAYS, "NEVER SMOKED", CODE THIS AS 0 DAYS]			
		NUMBER OF DAYS	[HR: 0-30]	
	<b>O</b>	REFUSED7 DON'T KNOW8		
IF <b>'AE15A'</b> = 1	<b>À</b> ' = 2 (SMOKE	'': Y DAY), CONTINUE WITH ' <b>AD32</b> '; SOME DAYS) OR ' <b>AC174'</b> > 0 (PAST 30-DAY S	SMOKER), GO TO	
'AD32'	On average, ho	ow many cigarettes do you now smoke a day?		
AD32	-	R NOTE: IF R SAYS, A "PACK", CODE AS 20 CI	GARETTES]	
		NUMBER OF CIGARETTES	[HR: 0-120]	
	O O Any answer, g	REFUSED		

PROGRAMMING NOTE 'AE16':

IF 'AE15A' = 2 'AE16';   ELSE GO TO '		E DAYS) OR <b>'AC174</b> ' > 0 (PAST 30-DAY SMO	KER), CONTINUE WITH		
'AE16'	day?				
ALIV	[IF NEEDED, SAY: "If you did not smoke everyday in the past 30 days, consider the days you did smoke." AND IF R SAYS "A PACK", CODE THIS AS 20 CIGARETTES]				
		NUMBER OF CIGARETTES	[HR: 0-120]		
	0	REFUSED7 DON'T KNOW8			
IF 'AE15A' = 1 ELSE IF 'AE15		Y DAY), THEN READ "How"; SOME DAYS) OR <b>'AC174'</b> > 0 (PAST 30-DAY	' SMOKER), THEN READ		
'AC54B'	{On days wher your first cigare	n you smoke, how/How} soon after you are awa ette?	ke do you usually smoke		
7.00.12	[INTERVIEWER NOTE: IF R SAYS, "IMMEDIATELY", CODE THIS AS 0] [INTERVIEWER NOTE: IF R SAYS, "I DON'T SMOKE AFTER WAKING UP", CODE THIS AS 999]				
		AMOUNT OF TIME	[ 0-24 HOURS]		
	) ) )	MINUTES       1         HOURS       2         REFUSED       -7         DON'T KNOW       -8			
	NG NOTE 'AC17 (SMOKE EVER	<mark>75B':</mark> Y DAY) OR 2 (SMOKE SOME DAYS), CONTIN	NUE WITH ' <b>AC175B</b> '		
'AC175B'	Were any of th	e cigarettes you smoked menthol flavored?			
AC175B	) ) )	YES			

AC176  AGE IN YEARS  [HR: 1 THRU AAGE (OR 105 IF AAGE = -8)]  O REFUSED7 O DON'T KNOW8  PROGRAMMING NOTE 'AC177':  IF 'AE15A' = 1 (SMOKE EVERY DAY) OR 'AE15A' = 2 (SMOKE SOME DAYS) OR 'AC174' > 0 (PAS 30-DAY SMOKER) OR 'AC173' <= 365 DAYS OR 'AC173' <= 52 WEEKS OR 'AC173' <= 1 YEAR, CONTINUE WITH 'AC177';  ELSE GO TO 'AC81C';  'AC177'  Were you smoking cigarettes at all around this time 12 months ago?  AC177  O YES				
AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -8)]  O REFUSED				
(OR 105 IF AAGE = -8)]  O REFUSED				
O REFUSED				
PROGRAMMING NOTE 'AC177':  IF 'AE15A' = 1 (SMOKE EVERY DAY) OR 'AE15A' = 2 (SMOKE SOME DAYS) OR 'AC174' > 0 (PAS 30-DAY SMOKER) OR 'AC173' <= 365 DAYS OR 'AC173' <= 52 WEEKS OR 'AC173' <= 1 YEAR, CONTINUE WITH 'AC177'; ELSE GO TO 'AC81C';  'AC177'  Were you smoking cigarettes at all around this time 12 months ago?  AC177  O YES				
PROGRAMMING NOTE 'AC177':  IF 'AE15A' = 1 (SMOKE EVERY DAY) OR 'AE15A' = 2 (SMOKE SOME DAYS) OR 'AC174' > 0 (PAS 30-DAY SMOKER) OR 'AC173' <= 365 DAYS OR 'AC173' <= 52 WEEKS OR 'AC173' <= 1 YEAR, CONTINUE WITH 'AC177';  ELSE GO TO 'AC81C';  'AC177'  Were you smoking cigarettes at all around this time 12 months ago?  AC177  O YES				
IF 'AE15A' = 1 (SMOKE EVERY DAY) OR 'AE15A' = 2 (SMOKE SOME DAYS) OR 'AC174' > 0 (PAS 30-DAY SMOKER) OR 'AC173' <= 365 DAYS OR 'AC173' <= 52 WEEKS OR 'AC173' <= 1 YEAR, CONTINUE WITH 'AC177'; ELSE GO TO 'AC81C';  'AC177' Were you smoking cigarettes at all around this time 12 months ago?  AC177  O YES				
IF 'AE15A' = 1 (SMOKE EVERY DAY) OR 'AE15A' = 2 (SMOKE SOME DAYS) OR 'AC174' > 0 (PAS 30-DAY SMOKER) OR 'AC173' <= 365 DAYS OR 'AC173' <= 52 WEEKS OR 'AC173' <= 1 YEAR, CONTINUE WITH 'AC177'; ELSE GO TO 'AC81C';  'AC177' Were you smoking cigarettes at all around this time 12 months ago?  AC177  O YES				
30-DAY SMOKER) OR 'AC173' <= 365 DAYS OR 'AC173' <= 52 WEEKS OR 'AC173' <= 1 YEAR, CONTINUE WITH 'AC177'; ELSE GO TO 'AC81C';  'AC177' Were you smoking cigarettes at all around this time 12 months ago?  AC177  O YES				
'AC177' Were you smoking cigarettes at all around this time 12 months ago?  AC177  O YES				
'AC177' Were you smoking cigarettes at all around this time 12 months ago?  AC177  O YES				
O YES				
O YES				
O YES1 O NO2				
O NO2				
O REFLISED -7				
O DON'T KNOW8				
PROGRAMMING NOTE 'AC49':				
IF 'AE15A' = 1 (SMOKE EVERY DAY) OR 'AE15A' = 2 (SMOKE SOME DAYS), CONTINUE WITH				
'AC49';				
ELSE GO TO 'AC81C'				
<b>'AC49'</b> During the past 12 months, have you stopped smoking for one day or longer because				
'AC49' During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?				
AC49				
7.0.10				
O YES1				
O YES				
O NO2 [GO TO 'AC77']				
O NO				

'AC77'	In the past 12 months, did a doctor or other health professional advise you to quit smoking?		
AC77	O O O	YES	
'AC50'	Are you thinking about quitting smoking in the next six months?		
AC50	O O O	YES	
E-cigarette Use			
'AC81C'	Have you ever used an e-cigarette or other electronic vaping product, even just once i your lifetime?		
7.00.0	Do <u>not</u> include ¡	products used only for marijuana.	
	) ) )	YES	[GO TO 'AC135'] [GO TO 'AC135'] [GO TO 'AC135']
'AC82C'	In the past 30 d	lays, on how many days did you use an e-cigaret ?	te or other electronic
AC82C	O O	Number of days [HR: 0 - 30] REFUSED7 DON'T KNOW8	
'AC134'	Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?		
AC134	O O	YES	[GO TO 'PN_AC185']
	• •	REFUSED7         DON'T KNOW8	[GO TO 'PN_AC185'] [GO TO 'PN_AC185']

'AC179'	Which flavor did you use in e-cigarettes or other electronic vaping products? Was			
AC179	Eruit flavored (e.g. cherry grape mange)?			
	Fruit flavored (e.g., cherry, grape, mango)?			
	O O	YES		
	•	'PN_AC185'] REFUSED		
	•	DON'T KNOW8 [GOTO 'PN_AC185']		
'AC180'	Which flavor	did you use in e-cigarettes or other electronic vaping products? Was it		
AC180	Candy or swe	eet flavored (e.g., chocolate, vanilla)?		
	) ) )	YES		
'AC181'	Which flavor did you use in e-cigarettes or other electronic vaping products? Was it			
AC181	Alcohol or liquor flavored (e.g., wine, Russian cream, honey bourbon, cognac)?  YES1			
	0	NO2 REFUSED7 DON'T KNOW8		
'AC182A'	Which flavor	did you use in e-cigarettes or other electronic vaping products? Was it		
AC182A	Mint flavored (e.g., arctic ice, wintergreen)?			
	) ) )	YES		
'AC182B'	Which flavor did you use in e-cigarettes or other electronic vaping products? Was it			
AC182B	Menthol flavored?			
	) ) )	YES		

'AC183'	Which flavor die	d you use in e-cigarettes or other electronic vaping products? Was it
AC183		
	Tobacco flavore	ed?
	•	YES1
	0	NO2
	<b>O</b>	REFUSED7 DON'T KNOW8
'AC184'	Which flavor die	d you use in e-cigarettes or other electronic vaping products? Was it
AC184		
	Some other flav	vor?
	•	YES1
	•	NO2
	O	REFUSED7
	•	DON'T KNOW8
	IG NOTE 'AC21	
IF 'AC82C' = 1 ELSE SKIP TO	TO 30 CONTIN	UE;
ELSE SKIP TO	AC 133	
'AC214'	In the past 30 c	days, have you stopped using e-cigarettes or other electronic vaping
	products for on	e day or longer because you were trying to quit?
AC214		YES1
	0	NO2
	Ö	NOT APPLICABLE3
	•	REFUSED7
	•	DON'T KNOW8
PROGRAMMIN	IG NOTE 'AC18	
,	THEN CONTIN	UE;
ELSE SKIP TO	'AC135'	
'AC185'	Do you plan to	quit using e-cigarette or other electronic vaping products for good?
AC185		
7.0.00	0	In the next 30 days1
	O	In the next 3 months2
	<b>O</b>	In the next 6 months3
	0	In the next year4
	0	Do not have a plan to quit5  REFUSED7
	9	DON'T KNOW8
		-

'AC135'	During the pass	st 30 days, on how many days did you use chewir	ng tobacco, snuff, or
ACISS	0	0 DAYS	[GO TO 'AC137']
	0 0 0	6-9 DAYS	ICO TO (AC427)
	0	REFUSED7 DON'T KNOW8	[GO TO 'AC137'] [GO TO 'AC137']
'AC136'	Were any of th	ne chewing tobacco you used in flavors such as n	nint, fruit, candy, or wine?
AC136	) ) )	YES	
'AC137'	During the pas	st 30 days, on how many days did you smoke ciga	arillos, or little cigars?
AC137		0 DAVE	ICO TO (AC420)1
		0 DAYS       1         1-2 DAYS       2         3-5 DAYS       3         6-9 DAYS       4         10-19 DAYS       5         20-29 DAYS       6         30 DAYS       7         REFUSED       -7	[GO TO 'AC139']
	Ö	DON'T KNOW8	[GO TO 'AC139']
'AC138'	Were any of th	ne cigarillos you smoked in flavors such as mint, f	ruit, candy, or wine?
	) ) )	YES	
'AC139'	During the pas	st 30 days, on how many days did you smoke big	cigars?
AC139		0 DAYS       1         1-2 DAYS       2         3-5 DAYS       3         6-9 DAYS       4         10-19 DAYS       5         20-29 DAYS       6         30 DAYS       7         REFUSED       -7         DON'T KNOW       -8	[GO TO 'AC141'] [GO TO 'AC141'] [GO TO 'AC141']

'AC140'	Were any of the	ne cigars you smoked in flavors such as mint, fruit	, candy, or wine?
AC140			
	O	YES1	
	Ō	NO2	
	O	REFUSED7	
	•	DON'T KNOW8	
'AC141'	During the pas	st 30 days, on how many days did you use a hook	ah water pipe?
AC141			
	O	0 DAYS1	[GO TO 'AC186']
	O	1-2 DAYS2	-
	O	3-5 DAYS3	
	O	6-9 DAYS4	
	O	10-19 DAYS5	
	O	20-29 DAYS6	
	O	30 DAYS7	
	O	REFUSED7	[GO TO 'AC186']
	•	DON'T KNOW8	[GO TO 'AC186']
'AC142'	Were any of t	he hookahs you smoked in flavors such as mint, f	ruit, candy, or wine?
AC142			
	•	YES1	
	•	NO2	
	•	REFUSED7	
	O	DON'T KNOW8	
PROGRAMMI	NG NOTE 'AC	186':	
		186': ' > 0 OR <b>'AC82C'</b> > 0 OR <b>'AC135'</b> > 1 OR <b>'AC13</b>	87'> 1 OR ' <b>AC139</b> '> 1 OR
IF 'AE15A' = '		3' > 0 OR ' <b>AC82C</b> ' > 0 OR ' <b>AC135</b> ' > 1 OR ' <b>AC13</b>	37'> 1 OR 'AC139'> 1 OR
IF 'AE15A' = '	1, 2 OR <b>'AC174</b> CONTINUE WIT	3' > 0 OR ' <b>AC82C</b> ' > 0 OR ' <b>AC135</b> ' > 1 OR ' <b>AC13</b>	37'> 1 OR ' <b>AC139</b> '> 1 OR
IF 'AE15A' = ' 'AC141' > 1, (	1, 2 OR 'AC174 CONTINUE WIT 'AC187'	i' > 0 OR <b>'AC82C'</b> > 0 OR <b>'AC135'</b> > 1 OR <b>'AC13</b> 'H <b>'AC186</b> ';	
IF 'AE15A' = ' 'AC141' > 1, (	1, 2 OR 'AC174 CONTINUE WIT 'AC187'	t' > 0 OR 'AC82C' > 0 OR 'AC135' > 1 OR 'AC13 TH 'AC186'; t started using tobacco products, did you start with	n a flavored tobacco
IF 'AE15A' = ' 'AC141' > 1, ( ELSE GO TO	1, 2 OR 'AC174 CONTINUE WIT 'AC187'	i' > 0 OR <b>'AC82C'</b> > 0 OR <b>'AC135'</b> > 1 OR <b>'AC13</b> 'H <b>'AC186</b> ';	n a flavored tobacco
IF 'AE15A' = ' 'AC141' > 1, ( ELSE GO TO	1, 2 OR 'AC174 CONTINUE WIT 'AC187'	t' > 0 OR 'AC82C' > 0 OR 'AC135' > 1 OR 'AC13 TH 'AC186'; t started using tobacco products, did you start with	n a flavored tobacco
IF 'AE15A' = ' 'AC141' > 1, 0 ELSE GO TO 'AC186'	1, 2 OR 'AC174 CONTINUE WIT 'AC187'	t' > 0 OR 'AC82C' > 0 OR 'AC135' > 1 OR 'AC13 TH 'AC186'; t started using tobacco products, did you start with	n a flavored tobacco
IF 'AE15A' = ' 'AC141' > 1, 0 ELSE GO TO 'AC186'	1, 2 OR 'AC174 CONTINUE WIT 'AC187'  When you first product, such	t started using tobacco products, did you start with as those flavored with mint or menthol, fruit, cand	n a flavored tobacco
IF 'AE15A' = ' 'AC141' > 1, 0 ELSE GO TO 'AC186'	1, 2 OR 'AC174 CONTINUE WIT 'AC187'  When you first product, such	t started using tobacco products, did you start with as those flavored with mint or menthol, fruit, cand	n a flavored tobacco

'AC187'	"During the past year, when has someone else smoked tobacco or vaped around you in California?		
AC187		R NOTE: IF R SAYS, "NEVER HAD SOMEONE J", CODE AS 5]	SMOKE OR VAPE
	0 0 0	IN THE PAST WEEK	[GO TO 'AC143'] [GO TO 'AC143'] [GO TO 'AC143'] [GO TO 'AC143'] [GO TO 'AC143']
'AC188'	In the past two vapor	weeks, were you exposed to secondhand tobacc	co smoke or e-cigarette
AC188	on the sidewall	ks?	
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
'AC189'	{In the past two vapor?} Were y	o weeks, were you exposed to second hand tobaryou exposed	cco smoke or e-cigarette
	Inside your hor	me?	
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
'AC190'	•	o weeks, were you exposed to secondhand tobac you exposed	cco smoke or e-cigarette
AC190		rkplace (do not include home-based workplace)? past two weeks.  YES1	Please indicate if you did
	0	NO       .2         DID NOT WORK IN THE PAST       .3         TWO WEEKS       .3         REFUSED       .7         DON'T KNOW       -8	

'AC191'	{In the past two weeks, were you exposed to second hand tobacco smoke or e-cigarette vapor?} Were you exposed?		
AC191	At a public park	or beach?	
	) ) )	YES	
Marijuana Use			
'AC115'	hashish, and ot	y methods for consuming marijuana, also called on the products containing THC. Methods for consury g, vaporizing, dabbing, eating, or drinking.	
7.0.1.0	Have you ever,	even once, tried marijuana or hashish in any form	m?
	[IF NEEDED: T	HC is the active ingredient in marijuana.]	
	) ) )	YES	[GO TO 'AC192'] [GO TO 'AC192'] [GO TO 'AC192']
'AC116'	How long has it	been since you last used marijuana or hashish in	n any form?
AC116	[INTERVIEWEI HASHISH, ENT	R NOTE: IF LESS THAN ONE DAY SINCE LAST [ER 0]	USED MARIJUANA OR
	) ) )	DAYS [HR: 0-365]       1         MONTHS [HR: 0-12]       2         YEARS [0-99]       3         REFUSED       -7         DON'T KNOW       -8	
IF 'AC116' > 30	<b>IG NOTE 'AC11</b> ) DAYS OR >1 N UE WITH <b>'AC11</b>	MONTH, THEN GO TO 'AC192';	
'AC117'	During the past THC product?	30 days, on how many days did you use marijua	na, hashish, or another
AC117		0 DAYS       1         1-2 DAYS       2         3-5 DAYS       3         6-9 DAYS       4         10-19 DAYS       5         20-29 DAYS       6         30 DAYS       7         REFUSED       -7         DON'T KNOW       -8	[GO TO 'AC192']

'AC118'	How often have	e you used tobacco and marijuana at the same time? Would you say
AC118	O O O	USUALLY
'AC119'	During the past	t 30 days, how did you use marijuana? Did you…
AC119	Smoke it in a jo	pint, bong, or pipe?
	) ) )	YES
'AC120'	During the past	t 30 days, how did you use marijuana? Did you…
AC120	Smoke part or	all of a cigar with marijuana in it, which is sometimes called a blunt?
	) ) )	YES
'AC121'	[During the pas	st 30 days, how did you use marijuana?] Did you
AC121	Eat it?	
	[IF NEEDED S	AY: FOR EXAMPLE, IN BROWNIES, CAKES, COOKIES OR CANDY]
	) ) )	YES
'AC122'	[During the pas	et 30 days, how did you use marijuana?] Did you
AC122	Drink it?	
	[IF NEEDED S	AY: FOR EXAMPLE, IN TEA, COLA, ALCOHOL OR OTHER DRINKS]
	O O O	YES

'AC123'	During the past 30 days, how did you use marijuana?] Did you		
AC123	Vaporize it?		
	·	AY: FOR EXAMPLE, IN AN E-CIGARETTE TYPE	E VAPORIZERI
	[		- v/ O
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
'AC124'	During the past	: 30 days, how did you use marijuana?] Did you	-
AC124	Dab it?		
	[IF NEEDED SA	AY: FOR EXAMPLE, USING BUTANE HASH OIL [ES]	_, WAX OR
	) ) )	YES	
'AC125'	[During the pas	t 30 days, how did you use marijuana?] Did you.	
AC125	Use it some oth	ner way?	
		\/F0	
	0	YES	
	0	REFUSED7	
	ŏ	DON'T KNOW8	
'AC126'	Was any of you health care pro	r marijuana use in the past month recommended vider?	by a doctor or other
AC126		VEO	
	0	YES1 NO	[GO TO 'AC193']
	0	REFUSED7	[60 10 40193]
	ŏ	DON'T KNOW8	
'AC127'	Was <u>all</u> of your health care pro	marijuana use in the past month recommended by vider?	oy a doctor or other
AUIZI	Q	YES1	
	9	NO2	
	9	REFUSED7	
	Ö	DON'T KNOW8	

### PROGRAMMING NOTE 'AC193':

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

'AC193'	During the pa	ast 30 days, how did you use marijuana or cannabis most often?
AC193		
	•	SMOKE IT IN A JOINT, BONG, OR PIPE1
	O	SMOKE PART OR ALL OF A CIGAR
		WITH MARIJUANA IN IT2
	O	EAT IT3
	O	DRINK IT4
	O	VAPORIZE IT5
	O	DAB IT6
	O	OTHER, SPECIFY: ()91
	O	REFUSED7
	•	DON'T KNOW8
'AC194'	Where did y	ou get the marijuana or cannabis you used in the past 30 days?
AC194		
		LICENSED CANNABIS DISPENSARY1
		VAPE OR SMOKE SHOP2
		ANOTHER TYPE OF SHOP3
		CANNABIS DELIVERY SERVICE4
		WEBSITE5
		POP-UP SHOP6
		FAMILY OR FRIEND7
		ANOTHER PERSON8
		I GROW OR MAKE IT MYSELF9
		OTHER, SPECIFY91
	O	REFUSED7
	O	DON'T KNOW8
'AC192'	During the pa	ast year, when has someone else smoked marijuana around you in
AC192		
		'ER NOTE: IF R SAYS, "NEVER HAD SOMEONE SMOKE MARIJUANA DU", CODE AS 5]
	•	IN THE PAST WEEK1
	O	IN THE PAST TWO WEEKS2
	O	IN THE PAST MONTH3
	O	LONGER THAN A MONTH AGO
		BUT WITHIN THE PAST YEAR4
	O	NO ONE HAS SMOKED MARIJUANA
		AROUND ME WITHIN THE PAST YEAR5
	O	REFUSED7
	O	DON'T KNOW8

CBD Use			
'AC195'	people use for	bidiol, is a chemical found in both marijuana and medicinal purposes. CBD does not make the use as specifically ask about products that contain CB	er high.
A0100	Have you ever,	even once, tried CBD in any form?"	
	) ) )	YES	[GO TO 'AC128'] [GO TO 'AC128'] [GO TO 'AC128']
'AC196'	How long has it	t been since you last used CBD in any form?	
AC196	[INTERVIEWE	R NOTE: IF LESS THAN ONE DAY SINCE LAST	「USED CBD, ENTER 0]
	O O O	DAYS [HR: 0-365]       1         MONTHS [HR: 0-12]       2         YEARS [0-99]       3         REFUSED       -7         DON'T KNOW       -8	
		JTE CBDLASTUSE = (YEAR*365) + (MONTH*30	0) + (DAY)
'AC197'	SE > 30, GO TO  During the past	t 30 days, on how many days did you use CBD o	r CBD product?
AC197			
		0 DAYS       1         1-2 DAYS       2         3-5 DAYS       3         6-9 DAYS       4         10-19 DAYS       5         20-29 DAYS       6         30 DAYS       7         REFUSED       -7         DON'T KNOW       -8	[GO TO 'AC128']
'AC198'	During the past	t 30 days, how did you use CBD? Did you	
AC198	Take it orally?	E SUBUNGUAL TINCTUDES DULS CADSUL	ES OP DPOPSI
	O O O	E, SUBLINGUAL TINCTURES, PILLS, CAPSUL         YES	[GO TO 'AC128'] [GO TO 'AC128'] [GO TO 'AC128']

'AC199'	During the pa	st 30 days, how did you use CBD? Did you
AC199	Eat it?	
	[FOR EXAMF	PLE, EDIBLES, LIKE COOKIES OR GUMMIES]
	0 0	YES
'AC200'	During the pa	st 30 days, how did you use CBD? Did you
AC200	Drink it?	
	[FOR EXAMP	PLE, IN A TEA OR SODA]
	0	YES
'AC201'	During the pa	st 30 days, how did you use CBD? Did you
AC201	apply it on yo	ur skin?
	[FOR EXAMF	PLE, IN A CREAM, LOTION, OR OIL THAT IS APPLIED TO THE SKIN.]
	) ) )	YES
'AC202'	During the pa	st 30 days, how did you use CBD? Did you
AC202	Smoke it?	
	[FOR EXAMF	PLE, IN A JOINT, BONG, CIGAR (BLUNT), OR PIPE]
	) ) )	YES

'AC203'	During the past	30 days, how did you use CBD? Did you
AC203		
	vaporize it?	
	[FOR EXAMPL	E, IN AN E-CIGARETTE TYPE VAPORIZER.]
	•	YES1
	•	NO2
	0	REFUSED7 DON'T KNOW8
	_	
'AC204'	During the past	30 days, how did you use CBD? Did you
AC204		
	dab it?	
	[FOR EXAMPL CBD WAX, RES	E, INHALING THE SMOKE MADE FROM HEATING CONCENTRATED SIN, OR OILS.]
	O	YES1
	O	NO2
	O	REFUSED7
	0	DON'T KNOW8
'AC205'	During the past	30 days, how did you use CBD? Did you
AC205		
	use it some oth	er way?
	O	YES (SPECIFY:)1
	Ö	NO2
	O	REFUSED7
	O	DON'T KNOW8
IF USED MORE	Y RESPONSE O	6': IOD USED IN <b>'AC198' - 'AC205'</b> CONTINUE WITH <b>'AC206'</b> AND PTIONS WHERE <b>'AC198' – 'AC205' =</b> 1;
'AC206'	During the past	30 days, how did you use CBD most often?
A0200	During the past	30 days, now aid you doe obb most often:
AC206		
	•	TAKE IT ORALLY1
	O	EAT IT2
	0	DRINK IT3 APPLY IT ON YOUR SKIN3
	0	SMOKE IT4
	9	VAPORIZE IT5
	o o	DAB IT6
	ŏ	USE IT ANOTHER WAY
	Ö	REFUSED7
	Ò	DON'T KNOW8

'AC128'	Have you use	d heroin in the past 12 months?	
AC128		VF0	
	0	YES1 NO2	
	0	REFUSED7	
	ŏ	DON'T KNOW8	
'AC166'	Have you use	d methamphetamines in the past 12 months?	
AC166			
	O	YES1	
	Q	NO2	
	<b>O</b>	REFUSED7 DON'T KNOW8	
Prescription p	ainkiller Use		
'AC215'		orescription painkillers are Vicodin®, OxyContin®, Nord Methadone. Have you used prescription painkillers i	
		se include prescription painkillers, whether or not a do	
	them.	oo morado procompuem parimamoro, amounor or mot a de	oter precention
AC215			
	O	YES1	
	•		O TO 'AC207"]
	O	-	O TO 'AC207']
	•	DON'T KNOW8 [G	O TO 'AC207']
'AC222'		ne prescription painkiller you took in the last 12 months	s. Why did you take
AC222	this prescription	on painkiller?	
ACZZZ	[CHECK ALL	THAT APPLY]	
		Dental work/dental pain1	
		Pain after surgery, not accident related2	
		Pain after an accident or injury3	
		Chronic pain, regardless of cause4	
		Recreational use5	
		Depression, anxiety, or stress6	
		To treat substance use disorder7	
		Addiction to painkillers8	
		Other (Specify) 91	
	O	REFUSED7	
	O	DON'T KNOW8	

'AC217'	Think about the from?	ne prescription painkiller you took in the last 12 mo	onths. Where did you get it
ACZII	[CHECK ALL	THAT APPLY]	
	_ _	A prescription from my doctor1 A prescription from someone else's doctor (a friend, a family friend)2	
		Not from a prescription (bought or received from elsewhere)3	
	O O	REFUSED7 DON'T KNOW8	
PROGRAMMI IF 'AC215' = 1 ELSE SKIP TO		29':	
'AC129'		months, have you used any prescription painkille octor's directions?	r in a way that did not
AC129	(IF NEEDED:	EXAMPLES OF PRESCRIPTION PAINKILLERS ®, NORCO®, HYDROCODONE, PERCOCET® A	
	) ) )	YES	[GO TO 'AC207']
'AC131'	Did you get th	e prescription(s) from one doctor or from more that	an one doctor?
AC131	0 0 0	ONE DOCTOR	
'AC133'	What conditio	n or conditions have you taken the medicine for?	
AC133	[CHECK ALL	THAT APPLY]	
		DENTAL WORK/ DENTAL PAIN	

AC211

O

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O

Alcohol Use			
'AC207'	champagne, or	ons a drink means a can or bottle of beer; a wine sherry; a shot of liquor or a mixed drink or cockt	ail. Have you ever, even
AC207		nk of any type of alcoholic beverage? Please do sip or two from a drink.  YES	[GO TO 'AC218'] [GO TO 'AC218'] [GO TO 'AC218']
'AC208'	_	been since you last drank an alcoholic beverag	-
AC208	) ) )	WITHIN THE PAST 30 DAYS	[GO TO 'AC218'] [GO TO 'AC218'] [GO TO 'AC218'] [GO TO 'AC218']
'AC209' AC209	days, on how m	lly about the past 30 days, up to and including to nany days did you drink one or more drinks of an ons a drink means a can or bottle of beer; a wine sherry; a shot of liquor or a mixed drink or cockt	alcoholic beverage? cooler or a glass of wine,
	) )	NUMBER OF DAYS       1         REFUSED       -7         DON'T KNOW       -8	[RANGE 1-30]
'AC210'	have each day?	at you drank during the past 30 days, how many? Count as a drink a can or bottle of beer; a wine sherry; a shot of liquor or a mixed drink or cockt	cooler or a glass of wine,
ACZIO	) )	NUMBER OF DRINKS       1         REFUSED       -7         DON'T KNOW       -8	[SR: 1-20, HR: 0-99]
IF <b>'AD65E'</b> = 2	NG NOTE 'AC21 THEN DISPLAY SE' = 1 THEN DIS		
'AC211'		30 days, on how many days did you have {4/5}? By 'occasion,' we mean at the same time or wi	

NUMBER OF DAYS.....1

REFUSED .....-7

DON'T KNOW .....-8

[RANGE 0-30]

O

Gambling			
'AC218'	take many forn	n activity where you bet (or place a wager) on an ns for example, casino games, playing the lottery leagues, bingo, loteria, and some online games	or scratch-offs, betting or
7.02.0	Have you gam	bled in the past 12 months?	
	) ) )	YES	[GO TO 'AGV1'] [GO TO 'AGV1'] [GO TO 'AGV1']
PROGRAMMII IF 'AC218' = 1 ELSE GOTO 'A		9:	
'AC219'	During the pas stop/ cut down	st 12 months, have you become restless, irritable on gambling?	or anxious when trying to
AC219	OFFS, PLAYIN	READ: FOR EXAMPLE, PLAYING THE LOTTE NG BINGO, PLAYING CASINO GAMES, PLAYIN G ON SPORTS]	
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
'AC220'	During the pas much you gam	t 12 months, have you tried to keep your family or ble?	friends from knowing how
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	) ) )	YES	
'AC221'		t 12 months, did you have such financial trouble a get help with living expenses from family, friends	
	<b>O</b>	YES	

REFUSED .....-7

DON'T KNOW.....-8

# **Section GV: Gun Violence**

'AGV1'	How many firearms are kept in or around your home?	
AGV1	Include weapons such as pistols, shotguns, and rifles. Include outdoor storage area, or motor vehicle. Do not count BB guns, cannot fire.	
	We are asking about firearms in a health survey because of ou injuries.	r interest in firearm-related
	[IF NEEDED, SAY: "We are asking these in a health survey be firearm-related injuries."]	cause of our interest in
	Number of firearms [0-999]	[IF 'AGV1'= 0, GO TO 'AGV8'] [IF 'AGV1'= 1, GO TO 'AGV3'] [IF 'AGV1'> 1, GO TO 'AGV2']
	O REFUSED7 O DON'T KNOW8	[GO TO 'AGV8'] [GO TO 'AGV8']
'AGV2'	How many of these firearms are handguns?	
AGV2	Number of handguns [0-999] O REFUSED	[IF 'AGV2'> 1, GO TO 'AGV9']
'AGV3'	Is that firearm a handgun?	
AGV3	O       YES       1         O       NO       2         O       REFUSED       -7         O       DON'T KNOW       -8	
'AGV9'	Are any of your firearms kept loaded and unlocked?	
AGV9	[IF NEEDED, SAY: UNLOCKED MEANS NOT USING A TRIGOLOCK, OR LOCK BOX OR CABINET/CONTAINER]  O YES	GER LOCK, CABLE

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

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

AGV8

$\mathbf{C}$	YES	1
$\mathbf{c}$	NO	2
$\mathbf{c}$	REFUSED	7
0	DON'T KNOW	

## Section D: General Health, Disability, and Sexual Health

Height and Weight 'AE17' These next questions are about your height and weight. How tall are you without shoes? You answer in feet and inches or centimeters" AE17 [IF NEEDED, SAY: "ABOUT HOW TALL?"] 0 **FEET**  $\mathbf{O}$ **INCHES** \_\_\_ CENTIMETERS  $\mathbf{O}$  $\mathbf{O}$ REFUSED ......-7 DON'T KNOW .....-8 O **PROGRAMMING NOTE 'AE18': DISPLAY INSTRUCTIONS:** IF 'AD65E' = 2 (FEMALE AT BIRTH) AND [AAGE < 50 OR 'AA2A' < 5 (YOUNGER THAN 50 YEARS OLD)], DISPLAY "When not pregnant, how"; ELSE DISPLAY "How" 'AE18' {When not pregnant, how/How} much do you weigh without shoes? You may answer in pounds or kilograms AE18 [IF NEEDED, SAY: "About how much?"] **POUNDS** 0 KILOGRAMS O  $\mathbf{O}$ REFUSED .....--7 DON'T KNOW .....--8 Disability 'AD50' Are you blind or deaf, or do you have a severe vision or hearing problem? AD50 Yes.....1  $\mathbf{O}$  $\mathbf{O}$ No......2 [GO TO 'AL10'] [GO TO 'AL10']  $\mathbf{O}$ REFUSED ......-7 DON'T KNOW .....-8 [GO TO 'AL10'] 'AL8' Are you legally blind? AL8 O Yes.....1 No......2 0  $\mathbf{O}$ REFUSED......--7

DON'T KNOW.....-8

 $\mathbf{O}$ 

'AL10'		physical, mental, or emotional condition, do you he remembering, or making decisions?	ave serious difficulty
AL10	•	Yes1	
	•	No2	
	•	REFUSED7	
	•	DON'T KNOW8	
'AL11'	Do you have d	lifficulty dressing or bathing?	
AL11			
	•	Yes1	
	$\mathbf{O}$	No2	
	O	REFUSED7	
	•	DON'T KNOW8	
'AL12'		ohysical, mental, or emotional condition, do you h such as visiting a doctor's office or shopping?	ave difficulty doing
AL12	erranus alone	such as visiting a doctor's office or shopping:	
	O	Yes1	
	Ō	No	
	ŏ	REFUSED7	
	Ö	DON'T KNOW8	
Sexual Partner	_	DON I KNOW8	
'AD43B'	We are asking kept private.	a few questions about people's sexual experience	ces. All answers will be
AD43B	In the neet 10		10
	in the past 12	months, how many sexual partners have you had	1?
		NUMBER OF PARTNERS [HR: 0-99,	[IF 'AD43B'>=0 GO TO 'PN_AD45B']
		SR: 0-20]	
	O	REFUSED7	[IF 'AD43B'>=0 GO TO 'PN_AD44B']
	•	DON'T KNOW8	[IF 'AD43B'>=0 GO TO 'PN_AD44B']

'AD44B'	Can you give me your best guess of the number of sexual partners you have had in the past 12 months?		
AD44B	•	_	
	[IF R PROVID CATEGORIES	ES EXACT NUMBER, ENTER AS GIVEN. OTH PROVIDED]	HERWISE, CODE INTO
		NUMBER OF PARTNERS	[HR: 0 - 99, SR: 0 - 20]
	OR		
Sexual Orienta	O O O O O	0 PARTNERS       1         1 PARTNER       2         2-3 PARTNERS       3         4-5 PARTNERS       4         6-10 PARTNERS       5         MORE THAN 10 PARTNERS       6         REFUSED       -7         DON'T KNOW       -8	
PROGRAMMIN IF 'AD43B' = 0 PROGRAMMIN ELSE CONTIN	(NO SEXUAL I NG NOTE ' <b>AD4</b>	PARTNERS IN LAST 12 MONTHS) OR ' <b>AD44I</b> 6 <b>C'</b> ;	<b>B'</b> =0, GO TO
female";	<b>'AD44B'</b> = 1 (0	ONE PARTNER IN LAST 12 MONTHS), DISPL months, have your sexual partners been male	·
'AD45B'		male or female/In the past 12 months, have your both male and female}?	our sexual partners been
AD45B	0 0 0 0	MALE       1         FEMALE       2         BOTH MALE AND FEMALE       3         REFUSED       -7         DON'T KNOW       -8	
'AD46C'	Which of the fo	ollowing best represents how you think of yours	elf?
AD46C	0 0	Lesbian or gay	[GO TO 'PN_AD60B']
	0	Prefer not to answer9 REFUSED -7	[GO TO 'PN_AD60B']

'AD86'	What term do	you use?	
AD86	) ) )	Specify: ( ) REFUSED7 DON'T KNOW8	
Registered Do	mestic Partner		
IF ['AD66C' =	) ' <b>AD45B</b> ' = 2 (F	<b>0B':</b> AS MALE) AND <b>'AD45B'</b> = 1 (MALE)] OR [ <b>'AD660</b> FEMALE)] OR [ <b>'AD45B'</b> = 3, -7, -8] OR [IF <b>'AD460</b>	,
'AD60B'	Are you legally	married to someone of the same sex?	
AD60B		LUDE LEGAL DOMESTIC PARTNERSHIP. INCLU PERFORMED IN CALIFORNIA AND OTHER STA	
	•	YES1	[GO TO 'PN AD79']
	) )	NO	I N_NOTO ]
'AD61B'	Are you recognisomeone of the	nized by the state of California as a legally register e same sex?	red domestic partner to
	) ) )	YES	

O

O

O

Pre-Exposure Prophylaxis

	IG NOTE 'AD61		AND (ADAED) 4 OD 2
		1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] OR BOTH FEMALE AND MALE), THEN CONTINI	
		<b>D65E</b> ' = 2) OR ( <b>'AD66C</b> ' = 2 AND <b>'AD65E</b> ' = 1),	
'AD61B';	<b>6.</b> 6 (15.5).		UTI 1 (4 D 4 D 1
		TIES AS TRANSGENDER), THEN CONTINUE W 46C'= 2 OR 6, THEN CONTINUE WITH 'AD61B	
ELSE SKIP TO		TOC = 2 OK 0, THEN CONTINUE WITH ADDID	,
	·		
'AD79'		not have HIV can take one pill a day to lower the	
		posure prophylaxis, or PrEP. The pill is also calle he past 30 days, have you taken PrEP or Truvad	
AD79	At any time in t	ne past 30 days, have you taken i i'll or i i'dvad	u⊍:
	•	YES1	[GO TO 'AD83']
	•	NO2	
	O	REFUSED7	
	•	DON'T KNOW8	
'AD80'	In the past 12 r	nonths, have you taken any PrEP or Truvada®?	
AD80			
7.200	•	YES1	[GO TO 'AD83']
	•	NO2	
	O	REFUSED7	
	•	DON'T KNOW8	
'AD81'	Have you ever	taken any PrEP or Truvada®?	
AD81			
	•	YES1	[GO TO 'AD83']
	O	NO2	-
	•	REFUSED7	
	O	DON'T KNOW8	
'AD82'	Before today, h	ave you ever heard of PrEP or Truvada®?	
	= = = = = = = = = = = = = = = = = = = =		
AD82	$\sim$	VFC 4	
	$\mathbf{O}$	YES1	

NO......2

REFUSED.....-7

DON'T KNOW .....-8

HIV Testing			
'AD83'	Have you eve	er been tested for HIV, the virus that causes AIDS	?
AD83			
	O	YES1	
	O	NO2	[GO TO 'AD85']
	O	REFUSED7	[GO TO 'AD85']
	O	DON'T KNOW8	[GO TO 'AD85']
'AD84'	For your mos	t recent HIV test, were you offered the test or did	you ask for the test?
AD84			
	O	I WAS OFFERED THE TEST1	[GO TO 'AJ29']
	O	I ASKED FOR THE TEST2	[GO TO 'AJ29']
	O	I WAS REQUIRED TO TAKE THE TEST4	
	O	I DON'T REMEMBER3	[GO TO 'AJ29']
	O	OTHER (SPECIFY:) 91	[GO TO 'AJ29']
	O	REFUSED7	[GO TO 'AJ29']
	•	DON'T KNOW8	[GO TO 'AJ29']
'AD85' Were	e you ever offered	d an HIV test?	
AD85			
	O	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	

### **Section F: Mental Health**

K6 Mental Health Assessment

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

	100	
Δ.	129	

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?

$\mathbf{O}$	All of the time	1
0	Most of the time,	2
0		
O	A little of the time	4
O	None of the time	5
O		
0	DON'T KNOW	-8

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

AJ30

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

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

AJ31

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

$\mathbf{O}$	ALL	1
•	MOST	2
$\mathbf{O}$	SOME	3
$\mathbf{O}$	A LITTLE	4
•	NONE / NEVER	5
$\mathbf{O}$	REFUSED	7
O	DON'T KNOW	8

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

AJ32

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

O	ALL	1
0	MOST	2
O	SOME	3
0	A LITTLE	4
O	NONE / NEVER	5
	REFUSED	
	DON'T KNOW	

'AJ33' During	the past 30 day	s, about how often did you feel that everything w	as an effort?
AJ33	[IF NEEDED, or none of the	SAY: "All of the time, most of the time, some of the time?"]	ne time, a little of the time,
<b>'AJ34'</b> Dur	O O O O O O	ALL	
AJ34	[IF NEEDED, or none of the	SAY: "All of the time, most of the time, some of th time?"]	ne time, a little of the time,
	0 0 0 0 0 0	ALL       1         MOST       2         SOME       3         A LITTLE       4         NONE / NEVER       5         REFUSED       -7         DON'T KNOW       -8	
Repeated K6			
'AF62'		yes or no. Was there ever a month in the past 12 red more often than they did in the past 30 days?  YES	
'AF69B_INTRO	O	NO2	[GO ТО
'AF69B_INTRO	O	PEFUSED	[GO TO [GO TO
'AF63'	The next ques	stions are about the one month in the past 12 mor otionally. During that same month, how often did s, some, a little, or none of the time?	
AI 00	0 0 0 0 0	ALL	

'AF64'	During that sar little, or none o	me month, how often did you feel hopeless- all of the time, most, some, a f the time?
AF64		ALL
<b>'AF65'</b> How o	often did you feel	restless or fidgety?
AF65		SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, E TIME, OR NONE OF THE TIME?"]
	O O O O	ALL
<b>'AF66'</b> How o	often did you feel	so depressed that nothing could cheer you up?
AF66		SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, A E TIME, OR NONE OF THE TIME?"]
	O O O O	ALL
<b>'AF67'</b> How o	often did you feel	that everything was an effort?
AF67	[IF NEEDED, S LITTLE OF TH	SAY: "ALL OF THE TIME, MOST OF THE TIME, SOME OF THE TIME, A E TIME, OR NONE OF THE TIME?"]
		ALL

'AF68' How often did you feel worthless?

#### AF68

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

	ALL	1
0		
0	SOME	3
O	A LITTLE	4
0	NONE / NEVER	5
0	REFUSED	7
O	DON'T KNOW	8

Sheehan Scale

```
PROGRAMMING NOTE 'AF69B INTRO':
IF 'AJ29'-'AJ34' > 0 THEN,
IF 'AJ29'-'AJ34' = 1 THEN 'AJ29' R-'AJ34' R = 4;
ELSE IF 'AJ29'-'AJ34' = 2 THEN 'AJ29' R-'AJ34' R = 3;
ELSE IF 'AJ29'-'AJ34' = 3 THEN 'AJ29' R-'AJ34' R = 2;
ELSE IF 'AJ29'-'AJ34' = 4 THEN 'AJ29' R-'AJ34' R = 1;
ELSE IF 'AJ29'-'AJ34' = 5 THEN 'AJ29' R-'AJ34' R = 0;
ELSE 'AJ29' R-'AJ34'-R = 'AJ29'-'AJ34';
IF 'AF63'-'AF68' > 0 THEN,
IF 'AF63'-'AF68' = 1 THEN 'AF63' R-'AF68' R = 4;
ELSE IF 'AF63'-'AF68' = 2 THEN 'AF63'_R-'AF68'_R = 3;
ELSE IF 'AF63'-'AF68' = 3
                            THEN 'AF63'_R-'AF68'_R = 2;
ELSE IF 'AF63'-'AF68' = 4 THEN 'AF63' R-'AF68' R = 1;
ELSE IF 'AF63'-'AF68' = 5 THEN 'AF63' R-'AF68' R = 0;
ELSE 'AF63' R-'AF68' R = 'AF63'-'AF68';
IF ('AJ29' R - 'AJ34' R) \geq 0 (NON-MISSING) THEN DO;
IF ('AJ29'_R + 'AJ30'_R + 'AJ31'_R + 'AJ32'_R + 'AJ33'_R + 'AJ34'_R) > 8 OR
('AF63'_R + 'AF64'_R + 'AF65'_R + 'AF66'_R + 'AF67'_R + 'AF68'_R) > 8, THEN CONTINUE WITH
'AF69B' INTRO;
IF ('AF63'_R - 'AF68'_R) 7 OR
('AF63' R + 'AF64' R + 'AF65' R + 'AF66' R + 'AF67' R + 'AF68' R) > 7, THEN CONTINUE WITH
'AF69B' INTRO;
IF 'AF62' = 1 THEN DISPLAY "again, please";
ELSE SKIP TO 'AF81';
```

'AF69B\_INTRO'

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

#### AF69B INTRO

	MING NOTE 'AF	
	GO TO <b>'AF70B'</b>	
ELSE CONT	INUE WITH 'AF6	<b>9B</b> ';
	5.1	
'AF69B'		tions interfere a lot, some, or not at all with your performance at
A FOOD	work/school?	
AF69B		
	0	A LOT1
	O	SOME 2
	0	NOT AT ALL 3
	0	I DO NOT WORK 4
	0	REFUSED7
	•	DON'T KNOW8
'AF70B'	Did your emo	tions interfere a lot, some, or not at all with your household chores?
AF70B		
	•	A LOT1
	Ö	SOME2
	ŏ	NOT AT ALL
	Ö	REFUSED7
	Ö	DON'T KNOW8
'AF71B'	Did your emo	tions interfere a lot, some, or not at all with your social life?
	•	
AF71B		
	O	A LOT1
	O	SOME2
	O	NOT AT ALL3
	O	REFUSED7
	•	DON'T KNOW8
'AF72B'	Did your emo	tions interfere a lot, some, or not at all with your relationship with friends
	and family?	
AF72B		
	O	A LOT1
	O	SOME2
	O	NOT AT ALL3
	O	REFUSED
	•	DON'T KNOW8
'AF73B'	Now think abo	out the past 12 months. About how many days out of the past 365 days
7.11.102		lly unable to work or carry out your normal activities because of your feeling
		ressed, or emotionally stressed?
AF73B		,,
· 35		NUMBER OF DAYS
	O	REFUSED7
	Ö	DON'T KNOW8
	_	

### Access & Utilization

'AF81'	Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs?		
AF81			
	Q	YES1	
	O	NO2	[GO TO 'AF74']
	O	REFUSED7	[GO TO 'AF74']
	•	DON'T KNOW8	[GO TO 'AF74']
'AJ1'	Does your insupsychologist o	urance cover treatment for mental health problem r psychiatrist?	s, such as visits to a
AJ1	_		
	O	YES1	
	<b>O</b>	NO2	
	<b>O</b>	DON'T HAVE INSURANCE3	
	O O	REFUSED7 DON'T KNOW8	
	J	DOIN 1 KNOW0	
'AF74'	In the past 12 for problems v	months have you seen your primary care physicial with your mental health, emotions, nerves, or your	an or general practitioner use of alcohol or drugs?
AF74			
	O	YES1	
	•	NO2	
	Ō	REFUSED7	
	•	DON'T KNOW8	
'AF75'	psychiatrist, or	months have you seen any other professional, su social worker for problems with your mental hea sohol or drugs?	
AF75		VEQ. 4	
	<b>O</b>	YES1	
	O O	NO2 REFUSED7	
	9	DON'T KNOW8	
	9	DON 1 KNOW0	
	·	<b>14':</b> THEN CONTINUE;	
'AF114'		our problems with mental health, emotions, nerve ast 12 months. Did you receive care from an in-pe	
ALTIT	[CHECK ALL	THAT APPLY]	
		IN-PERSON VISIT1	[GO TO 'AF115']
		VIDEO VISIT2	[GO TO 'AF116']
		TELEPHONE VISIT3	[GO TO 'AF117']
	O	NO4	[GO TO
			<sup>'</sup> PN_AF76']
	O	REFUSED7	[GO TO 'PN_AF76']
	•	DON'T KNOW8	IGO TO

'PN\_AF76']

'AF115'	How satisfied a	are you with the in-person visit?
AF115		
	O	Very satisfied1
	•	Somewhat satisfied2
	•	Somewhat dissatisfied3
	O	Very dissatisfied4
	O	REFUSED7
	O	DON'T KNOW8
'AF116'	How satisfied a	are you with the video visit?
AF116		
	•	Very satisfied1
	O	Somewhat satisfied2
	O	Somewhat dissatisfied3
	O	Very dissatisfied4
	O	REFUSED7
	O	DON'T KNOW8
'AF117'	How satisfied a	are you with the telephone visit?
AF117		
	O	Very satisfied1
	•	Somewhat satisfied2
	O	Somewhat dissatisfied3
	O	Very dissatisfied4
	•	REFUSED7
	O	DON'T KNOW8
PROGRAMMIN IF 'AF74' = 1 O ELSE SKIP TO	R <b>'AF75</b> ' = 1 TI	6': HEN CONTINUE WITH ' <b>AF76</b> ';
<b>'AF76'</b> Did you	seek help for y	our mental or emotional health or for an alcohol or drug problem?
AF76		
	O	MENTAL-EMOTIONAL HEALTH1
	Ö	ALCOHOL-DRUG PROBLEM2
	Ö	BOTH MENTAL &
		ALCOHOL-DRUG PROBLEMS3
	•	REFUSED7
	O	DON'T KNOW8
PROGRAMMIN	IG NOTE 'AF77	":
		or emotional health";
		alcohol or drugs";
	isplay: "mental	or emotional health and your use of alcohol or drugs";

### 'AF77'

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

AF77	Do not count	overnight hospital stays.	
		NUMBER OF VISITS	[UD: 0 265 CD:0 521
	$\circ$	REFUSED7	[HR: 0-365, SR:0-52]
	O		
	•	DON'T KNOW8	
<b>'AF78'</b> Are y	ou still receiving	treatment for these problems from one or more of	f these providers?
AF78			
711.70	O	YES1	[GO TO 'AJ5']
	Ö	NO2	[00.07.00]
	ŏ	REFUSED7	[GO TO 'AJ5']
	ŏ	DON'T KNOW8	[GO TO 'AJ5']
			[
<b>'AF79'</b> Did y	ou complete the	recommended full course of treatment?	
AF79			
<u> </u>	O	YES1	[GO TO 'AJ5']
	O	NO2	-
	O	REFUSED7	[GO TO 'AJ5']
	O	DON'T KNOW8	[GO TO 'AJ5']
'AF80' What	is the <u>main reas</u>	son you are no longer receiving treatment?	
AF80			
A1 00	$\circ$	GOT BETTER/NO LONGER NEEDED1	
	0		
	O	NOT GETTING BETTER2	
	O	WANTED TO HANDLE PROBLEM	
		ON OWN3	
	•	HAD BAD EXPERIENCES WITH	
		TREATMENT4	
	O	LACK OF TIME/TRANSPORTATION5	
	O	TOO EXPENSIVE6	
	$\mathbf{O}$	INSURANCE DOES NOT COVER7	
	O	OTHER (SPECIFY:)8	
	O	REFUSED7	
	O	DON'T KNOW8	
	<b>5</b>		
'AJ5'		st 12 months, did you take any prescription medic	
		nt or sedative, almost daily for two weeks or more	, for an emotional or
	personal prob	olem?	
AJ5			
	O	YES1	
	O	NO2	
	•	REFUSED7	
	O	DON'T KNOW8	

### Stigma

<b>PROGRAMIN</b>	G NOTE 'AF82	
IF <b>'AF81'</b> = 1	AND ( <b>'AF74'</b> ≠ <b>′</b>	1 AND <b>'AF75'</b> ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT)
CONTINUE W	/ITH <b>'AF82'</b> ;	
ELSE SKIP TO	O <b>'AF110B'</b>	
'AF82'		ne reasons people have for not seeking help even when they think they
		Please mark 'yes' or 'no' for whether each statement applies to why you
AF82	did not see a	professional.
AFOZ	Vou were cor	ncerned about the cost of treatment.
	Tou were cor	icemed about the cost of freatment.
	•	YES1
	•	NO2
	O	REFUSED7
	O	DON'T KNOW8
'AF83'	You did not fe	eel comfortable talking with a professional about your personal problems.
AF83		
A1 03	O	YES1
	ŏ	NO2
	Ō	REFUSED7
	O	DON'T KNOW8
'AF84'	You were cor	ncerned about what would happen if someone found out you had a problem.
AF84		
AI 07	O	YES1
	Ö	NO2
	•	REFUSED7
	O	DON'T KNOW8
'AF85'	You had a ha	rd time getting an appointment.
AF85		
	•	YES1
	O	NO2
	•	REFUSED7
	•	DON'T KNOW8

### Climate Change

PROGRAMMING NOTE 'AF110B':						
IF ADULTON	IT >= 2 OR (ADUL	.CNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR MEMBERS				
OF YOUR H	OUSEHOLD"					
	5					
'AF110B'	Potentially dangerous weather-related events are increasing in California. These include					
AF110B	extreme neat v	streme heat waves, flooding, wildfires, and smoke from wildfires.				
AFIIUB	In the past two	veers have you or members of your household personally experienced				
		In the past two years, have you or members of your household personally experienced extreme heat wave?				
	extreme near v	vav <del>e</del> :				
	O	YES1				
	O	NO2				
	O	REFUSED7				
	O	DON'T KNOW8				
'AF110C'	Wildfire?					
AF110C						
	O	YES1				
	Ö	NO2				
	Ö	REFUSED7				
	O	DON'T KNOW8				
'AF110D'	Smoke fro	om wildfire?				
AF110D						
7.1.102	O	YES1				
	ŏ	NO2				
	Ö	REFUSED7				
	Ö	DON'T KNOW8				
'AF110E'	Flood/risin	Flood/rising sea levels/mudslide?				
AF110E						
	•	YES1				
	•	NO2				
	O	REFUSED7				
	O	DON'T KNOW8				

PROGRAMMING NOTE 'AF111B':					
PHYSICAL HEA IF 'AF110B' = 1 'AF110C' = 1 T OR 'AF110D' =	>= 2 OR (ADUL ALTH OF MEME I THEN CONTINU HEN CONTINU : 1 THEN CONT 1, THEN CONT LAY 'Not applica	CNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE BERS OF YOUR HOUSEHOLD" NUE AND DISPLAY "Yes, from extreme heat waves', OR E AND DISPLAY "Yes, from wildfire" OR INUE AND DISPLAY, "Yes, from smoke from wildfires" OR INUE AND DISPLAY, "Yes, from flooding" able'			
'AF111B'	Was your physical health {or the physical health of members of your household} harmed by any of these events?				
	[DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]				
		YES, FROM EXTREME HEAT WAVES1			
		YES, FROM FLOODING2			
		YES, FROM WILDFIRES3			
		YES, FROM SMOKE FROM WILDFIRES4			
	•	NOT APPLICABLE5			
	•	REFUSED7			
	O	DON'T KNOW8			
PROGRAMMIN	IG NOTE 'AF11	2B':			
HEALTH OF MI IF 'AF110B' = 1 'AF110C' = 1 T OR 'AF110D' =	>= 2 OR (ADUL EMBERS OF YO I THEN CONTINU HEN CONTINU 1 THEN CONT 1, THEN CONT LAY 'Not applica	CNT >= 1 AND KIDCNT >= 1), CONTINUE, DISPLAY "OR THE MENTAL DUR HOUSEHOLD" NUE AND DISPLAY "Yes, from extreme heat waves', OR E AND DISPLAY "Yes, from wildfire" OR INUE AND DISPLAY, "Yes, from smoke from wildfires" OR INUE AND DISPLAY, "Yes, from flooding" able'			
'AF112B'	Was your mental health {or the mental health of members of your household} harmed by any of these events?  [DISPLAY ONLY SELECTED RESPONSES FROM EARLIER QUESTION]				
		Yes, from extreme heat waves1			
		Yes, from flooding2			
		Yes, from wildfires3			
		Yes, from smoke from wildfires4			
	Ō	Not applicable5			
	O	REFUSED7			
	$\circ$	DON'T KNOW _8			

PROGRAMMING NOTE 'AF118':  IF 'AF110D' = 1 CONTINUE;  ELSE SKIP TO PROGRAMMING NOTE 'INTRO' IN 'SECTION G'							
ELSE SKIP IO	PROGRAMIMI	NG NOTE INTRO IN SECTION G					
'AF118'	When you experienced wildfire smoke in your community, did you access a space that provided filtered air?						
AF118							
		Yes, my home	1				
		Yes, a friend or neighbour's home	2				
		Yes, a community cleaner air shelter	3				
		Yes, a commercial building					
		(mall, movie theater, etc.)	4				
	•	No	5				
	O	Not applicable	6				
	O	REFUSED	7				
	$\mathbf{O}$	DON'T KNOW	-8				

## Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

#### PROGRAMMING NOTE 'INTRO':

#### **DISPLAY INSTRUCTIONS:**

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

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

'INTRO'

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

#### **PROGRAMMING NOTE 'AH33':**

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

'AH33' In what country were you born?

### AH33

### [SELECT FROM MOST LIKELY COUNTRIES]

O	UNITED STATES	1
O	AMERICAN SAMOA	2
O	CANADA	3
O	CHINA	4
O	EL SALVADOR	5
O	ENGLAND	6
O	FRANCE	7
O	GERMANY	8
O	GUAM	9
O	GUATEMALA 1	0
O	HUNGARY 1	1
O	INDIA 1	2
O	IRAN 1	3
O	IRELAND 1	4
O	ITALY 1	5
O	JAPAN 1	6
O	KOREA 1	7
O	MEXICO 1	8
O	PHILIPPINES 1	9
O	POLAND 2	0
O	PORTUGAL 2	1
O	PUERTO RICO 2	2
O	RUSSIA2	3
O	TAIWAN 2	4
$\mathbf{O}$	VIETNAM 2	
$\mathbf{O}$	VIRGIN ISLANDS2	6
O	OTHER (SPECIFY:)9	1
O	REFUSED	7
O	DON'T KNOW	8

## **PROGRAMMING NOTE 'AH34':**

IF 'AH33' ≠ 1, (NOT BORN IN US) GO TO 'PN\_AH39';

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

ELSE DISPLAY "In what country was your mother born"

'AH34'

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

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

'AH35' In what country was your father born?

# AH35

# [SELECT FROM MOST LIKELY COUNTRIES]

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

Version 1.22

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

Citizenship and Immigration

## **PROGRAMMING NOTE 'AH39':**

IF 'AH33' = 1 (USA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [ IF CHILD INTERVIEW COMPLETED AND [('SC17B' = 1 AND 'CH11A' = 1) OR ('SC17B' = 2 AND 'CH14A' = 1)], CODE 'AH39' = 1 AND GO TO 'PN\_AH43A';

ELSE CONTINUE WITH 'AH39'

'AH39'	Are you a ci	itizen of the	United States?
--------	--------------	---------------	----------------

AH39

$\mathbf{O}$	YES	1
O	NO	2
0	APPLICATION PENDING	3
0	REFUSED	
$\mathbf{O}$	DON'T KNOW	-8-

IF 'AH39' = 2, 3		: SE GOTO <b>'AH41'</b> IOA), GO TO <b>'PN_AG36B'</b>		
'AH40'	Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.  IH40  [IF NEEDED, SAY: "PEOPLE USUALLY CALL THIS A "GREEN CARD" BUT THE COLOR CAN ALSO BE PINK, BLUE, OR WHITE.]			
AH4U				
	0 0 0 0	YES		
<b>'AH41'</b> About h	now many years	nave you lived in the United States?		
AH41	[FOR LESS TH	AN A YEAR, ENTER 1 YEAR]		
	0	NUMBER OF YEARS YEAR (FIRST CAME TO LIVE IN US) REFUSED7 DON'T KNOW8		
IF 'AH39' = 1 (N	<b>IG NOTE 'AG36</b> NATURALIZED) JE WITH <b>'AG36</b>	OR <b>'AH40'</b> = 1 (HAS GREEN CARD), GO TO <b>'A</b>	\H43A';	
'AG36B'		y here on any of the following: a tourist visa, a s mit, or another document which permits you to s of time?		
AG30B		R: CHECK FIRST MENTION.] R: CIRCLE "4" ONLY IF VOLUNTEERED. DO NO	OT PROBE.]	
	0 0 0	TOURIST VISA		
	0 0	ANOTHER DOCUMENT WHICH PERMITS STAY FOR LIMITED TIME6 REFUGEE/ASYLUM STATUS	[GO TO 'AH43A']	
	O	DON'T KNOW8	[GO TO 'AH43A']	

<b>AG37B</b> O VALID1	
O EXPIRED	
PROGRAMMING NOTE 'AH43A':	
IF [AAGE < 30 OR 'AA2A' = 1 (AGE 18-29)] AND ['AH44' = 1 (SPOUSE/PARTNER LIVING IN HH) AN 3 OR MORE ADULTS LIVE IN HH OR 'AH43' = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH 'AH43A'; ELSE GO TO 'PN_AH44A'	
'AH43A' Are you now living with either of your parents?	
[INTERVIEWER NOTE: IF R MENTIONS IN-LAWS, CODE AS YES]	
O YES1 O NO2	
O REFUSED7	

#### Teen Permission

'TP1'

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

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

TP1

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

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

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

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

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

<u>2.</u> <u>Click here to learn about how we intend to contact your teen</u>

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

3. Click here for our privacy protection policy

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

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

$\mathbf{O}$	Yes	1
$\mathbf{O}$	No	2
O	REFUSED	7
$\mathbf{O}$		

### PROGRAMMING NOTE 'TP1 A':

IF 'TP1' = 2, -7, -8 SKIP TO 'TP1 BRC';

ELSE CONTINUE WITH 'TP\_1A';

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

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

ELSE IF RESPONDENT CLICKED ON HYPERLINK 1 AND 3, AND 'TP1'=1, SKIP TO 'TP\_NAME'

## 'TP1\_A'

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

TP1\_A

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

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

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

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

$\mathbf{O}$	Yes	1
$\mathbf{c}$		_
$\mathbf{c}$	REFUSED	7
	DON'T KNOW	

#### PROGRAMMING NOTE 'TP1 BRC':

IF 'TP1'\_A = 2, -7, -8 CONTINUE WITH 'TP1\_BRC' AND DISPLAY "However,....interview";

ELSE IF 'TP1'=2, CONTINUE WITH 'TP1\_BRC' AND DISPLAY "Questions in the teen survey are a lot like the ones you are answering, but it is much shorter... 8714."

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

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

ELSE SKIP TO 'TP NAME'

# 'TP1\_BRC'

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

## TP1 BRC

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

{Questions in the teen survey are a lot like the ones you are answering, but it is much shorter. It covers a range of health issue including general health, diet, exercise, and other healthy and unhealthy habits like

smoking and drinking alcohol, using drugs, and sexual behavior. There are a few questions about suicide thoughts or attempts because it is such a serious health concern. We provide counseling and support information for any teen in need. {He/she} can skip any questions {he/she} wants or stop the survey at any time.}

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

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

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

$\mathbf{O}$	Yes1	[GO TO 'TP_NAME']
O	Yes, if no questions on drugs2	[GO TO 'TP_NAME']
$\mathbf{O}$	Yes, if no questions on sexual behavior3	[GO TO 'TP_NAME']
O	Yes, if no questions on drugs and	
	sexual behavior4	[GO TO 'TP_NAME']
$\mathbf{O}$	No5	[GO TO 'TP6']
$\mathbf{O}$	REFUSED7	[GO TO 'TP6']
$\mathbf{O}$	DON'T KNOW8	[GO TO 'TP6']

#### 'TP NAME'

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

TP_NAME	to try and call Because it is i survey, it woul {him/her}. This This may be a	First name Last name  our teen does not complete the web survey, we we your teen and have {him/her} complete the surve mportant that we contact {ADOLESCENT'S FIRST home number will be erased from our records a home, landline, or cell phone number.	ey over the phone.  ST NAME} to complete the number to try and contact after the study is complete.
'TP2_CELL2'	O O O O Is the	Landline	[GO TO 'TP2_CELL2']  personal phone number?
	0	No	
'TP3'	Are you willing survey?	g to let us send your teen a text message reminde	er to participate in the
	0 0	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'TP_END'] [GO TO 'TP_END'] [GO TO 'TP_END'] [GO TO 'TP_END']
'TP6'	We understan for your consid	d that you would prefer your teen not participate deration.	in the survey. Thank you

PROGRAMMING NOTE 'TP\_END': IF 'TP1' = 1 OR 'TP1'\_RC = 1,2,3, CONTINUE WITH 'TP\_END';

ELSE SKIP TO 'AH44A'

'TP\_END' Thank you for allowing your teen to participate. We have some more questions for you.

TP\_END

# Paid Child care

		<b>A</b> ': RE AGE 13 OR LESS, CONTINUE WITH <b>'AH44A</b>	<b>\</b> ';	
IF ANY CHILD	IN ROSTER 'SC	<b>:13A'</b> < 14 AND CHILD IN ROSTER ≥ 14 DISPLA	AY "for any children	
spouse";	' = 1 (SPOUSE/I	'AH44' = 1 (SPOUSE/PARTNER LIVING IN HH) PARTNER LIVING IN HH), DISPLAY "you or you		
'AH44A'	In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?  [IF NEEDED, SAY: "THIS INCLUDES HEAD START, DAY CARE CENTERS, BEFOREOR AFTER-SCHOOL CARE PROGRAMS, AND ANY BABY-SITTING ARRANGEMENTS.]			
	) ) )	YES	[GO TO 'AH47'] [GO TO 'AH47'] [GO TO 'AH47']	
'AH44B'	In the past mon	th, how much did you pay for all child care arrang	gements and programs?	
AH44B		AY: "IF IT IS EASIER FOR YOU, YOU CAN TELI WEEK LAST MONTH. YOU OR ANY OTHER AI ']		
	<b>O</b>	\$ AMOUNT LAST MONTH \$ AMOUNT IN TYPICAL WEEK	[HR: 0-8,000] [HR: 0-3,000]	
	o o	NO PAYMENT IN LAST MONTH OR WEEK		
Veteran Status				
'AG22' Did you	ever serve on a	active duty in the Armed Forces of the United Stat	es?	
AG22	) ) )	YES	[GO TO 'AK1'] [GO TO 'AK1'] [GO TO 'AK1']	
'AG23' When did you serve?				
AG23	) )	FROM TO		

# O STILL SERVING, OR

# [CHECK ALL THAT APPLY]

		WORLD WAR II	
		(SEPT 1940 TO JULY 1947)1	
		KOREAN WAR	
		(JUNE 1950 TO JAN 1955)2	
	<b>u</b>	VIETNAM WAR (AUG 1964 TO APRIL 1975)3	
		GULF WAR/	
	_	OPERATION DESERT STORM	
		(1990 TO 1991)4	
		AFGHANISTAN/	
		OPERATION ENDURING FREEDOM	
		(2001 TO 2021)5	
		IRAQ WAR/	
		OPERATION IRAQI FREEDOM (2003 TO 2021)6	
	O	REFUSED7	
	Õ	DON'T KNOW8	
<b>AG24</b> ' A	Itogether, h	ow long did you serve?	
AG24		VEADO	
		YEARS MONTHS	
	0	MONTHS REFUSED	
	Ö	DON'T KNOW8	
	•	2011 1 11 10 11 11 11 11 11 11 11 11 11 1	
AG31' Do you ha	ave a VA se	rvice-connected disability rating?	
AG31		VEO.	
	0	YES	ICO TO (AKA)
	0	REFUSED7	[GO TO 'AK1'] [GO TO 'AK1'
	0	DON'T KNOW8	[GO TO 'AK1']
	•	DOINT TOTOW	[CO TO ART]
AG32' What is ye	our service-	connected disability rating?	
AG32			
	0	0 PERCENT1	
	0	10 OR 20 PERCENT2 30 OR 40 PERCENT3	
	0	50 OR 60 PERCENT4	
	0	70 PERCENT OR HIGHER5	
	Ö	REFUSED7	
	Ö	DON'T KNOW8	

[GO TO 'AL22'] [GO TO 'AL22']

# **Employment**

AK1
-----

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

0	Working at a job or business1	[GO TO 'PN_AK4']
O	With a job or business but not at work2	
O	Looking for work, or3	
O	Not working at a job or business?4	
0	REFUSED7	[GO TO 'PN AK4']
•	DON'T KNOW8	[GO TO 'PN AK4']

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

AK2

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

$\mathbf{O}$	TAKING CARE OF HOUSE OR FAMILY1	
O	ON PLANNED VACATION2	
$\mathbf{O}$	COULDN'T FIND A JOB3	
•	GOING TO SCHOOL/STUDENT4	
•	RETIRED5	
•	DISABLED6	
•	UNABLE TO WORK TEMPORARILY7	
$\mathbf{O}$	ON LAYOFF OR STRIKE8	
O	ON FAMILY OR MATERNITY LEAVE9	
•	OFF SEASON 10	
$\mathbf{O}$	SICK 11	
•	OTHER 91	
$\mathbf{O}$	REFUSED7	
•	DON'T KNOW8	

'AG10' Do you usually work?

AG10

O	YES	1
0		
O	LOOKING FOR WORK	3
O	REFUSED	7
0	DON'T KNOW	8-

## **PROGRAMMING NOTE 'AL22':**

IF [AAGE = -7 OR -8 OR AAGE < 65] AND ['AG10' = 2 (DOES NOT USUALLY WORK) OR 'AK2' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH 'AL22';

ELSE GO TO 'PN\_AK4'

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

AL22

O	YES1	[GO TO 'PN_AG8']
O	NO2	[GO TO
O	REFUSED7	'PN_AG8'] [GO TO 'PN_AG8']
O	DON'T KNOW8	[GO TO 'PN AG8']

## PROGRAMMING NOTE 'AK4':

IF 'AK1' = 1, 2, -7, OR -8 (working, with job, don't know, or refused) OR 'AG10' = 1 (usually works), CONTINUE WITH 'AK4'; ELSE GO TO 'PN\_AG8'

'AK4'

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

AK4

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

$\mathbf{O}$	PRIVATE COMPANY, NON-PROFIT	
	ORGANIZATION, FOUNDATION	1
O	GOVERNMENT	2
0	SELF-EMPLOYED	3
0	FAMILY BUSINESS OR FARM	4
0	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8

## **PROGRAMMING NOTE 'AK5':**

### **DISPLAY INSTRUCTIONS:**

IF 'AK4' = 2 (GOVERNMENT EMPLOYEE), DISPLAY "What kind of agency or department is this?" and "[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E>G., STATE, LOCAL) AND THE FUNCTION (E.G. BUDGET OFFICE, POLICE, ETC.]";

ELSE DISPLAY "WHAT KIND OF BUSINESS OR INDUSTRY IS THIS?" AND [IF NEEDED, SAY: WHAT DO THEY MAKE OR DO AT THIS BUSINESS?']

'AK5'	(What kind of ager	or department is this? / What kind of business or industry is this?}
AK5		OR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, D THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.]}
		, SAY: "What do they make or do at this business?"] VER: ENTER DESCRIPTION]
		(GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)
	0	REFUSED
'AK6'	What is the main k	d of work you do?
AK6	 [MAIN JOE	= WHERE WORKS MOST HOURS.] VER: ENTER DESCRIPTION]
	O	(OCCUPATION) REFUSED

O

DON'T KNOW .....-8

[GO TO 'AH1']

	NG NOTE 'AK8'			
IF 'AK4' = 2 (GOVERNMENT EMPLOYEE), CODE 'AK8' = 8 AND GO TO 'AG8'; IF 'AK4' = 3 (SELF-EMPLOYED), CONTINUE WITH 'AK8' AND DISPLAY "Including yourself, about"				
and "you";	DELF-EIVIPLOTE	D), CONTINUE WITH ARE AND DISPLAT IIICI	uding yoursell, about	
	UE WITH 'AK8'	AND DISPLAY "About" and "your employer";		
		, , ,		
'AK8'		self, about/About} how many people are employe	ed by {your employer/you}	
110	at all locations?	?		
AK8	UE NEEDED O	NAV. WALLD DECT OFFICE IC EINE		
	[IF NEEDED, S	SAY: "YOUR BEST GUESS IS FINE]		
	O	1 OR 21		
	Ö	3-92		
	Ō	10-24		
	Ō	25-504		
	O	51-1005		
	O	101-2006		
	O	201-9997		
	O	1,000 OR MORE8		
	O	REFUSED7		
	O	DON'T KNOW8		
Employment (S	Spouse/Partner)			
IF 'AH43' = 1 (	THEN DISPLAY	: 'AD86'= 1 OR 'AD60B' = 1, CONTINUE WITH 'A "spouse"; ELSE IF 'AD86' = 1 OR 'AD60B' = 1,		
'AG8'	Which of the fo	llowing was your {spouse/partner} doing last wee	ek?	
AG8				
AGO	O	Working at a job or business1	[GO TO 'AG9']	
	Ö	With a job or business but not at work2	[GO TO 'AG9']	
	ŏ	Looking for work, or3	[66 16 A65]	
	ŏ	Not working at a job or business4		
	ŏ	REFUSED7		
	Ö	DON'T KNOW8		
'AG11'	Does your {spo	ouse/partner} usually work?		
AG11				
	O	YES1		
	O	NO2	[GO TO 'AH1']	
	•	LOOKING FOR WORK3	[GO TO 'AH1']	
	O	REFUSED7	[GO TO 'AH1']	

REFUSED .....-7 DON'T KNOW .....-8 'AG9'

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

AG9

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

[GOTO 'AI1'] [GOTO 'AI1']

# **Section H: Health Insurance**

Ш	lsual	Source	٥f	Care

Osuai Source C	or Care			
'AH1'	The next topics are about health insurance and health care. Is there a place that you usually go to when you are sick or need advice about your health?			
AH1	[INTERVIEWE PROBE.]	R NOTE: SELECT "3" OR "4" ONLY IF VOLUNT	EERED. DO NOT	
	0 0 0 0 0	YES       1         NO       2         DOCTOR/MY DOCTOR       3         KAISER       4         MORE THAN ONE PLACE       5         REFUSED       -7         DON'T KNOW       -8	[GO TO 'AH12'] [GO TO 'AH12'] [GO TO 'AH12'] [GO TO 'AH12'] [GO TO 'AH12'] [GO TO 'AH12']	
PROGRAMMI	NG NOTE 'AH3	':		
DISPLAY INSTRUCTIONS:  IF 'AH1' = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most oftena medical";  ELSE IF 'AH1' = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";  ELSE IF 'AH1' = 4 (KAISER) CIRCLE "1" FOR CONTINUE WITH 'AH3'  AND GO TO 'AH12'				
'AH3'	'AH3' {What kind of place do you go to most often—a medical/ls your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?			
AH3				
	O	DOCTOR'S OFFICE/KAISER/ OTHER HMO1		
	O	CLINIC/HEALTH CENTER/ HOSPITAL CLINIC2		
	•	EMERGENCY ROOM3		
	O	SOME OTHER PLACE (SPECIFY:) 91		
	O	NO ONE PLACE 92		
	•	REFUSED7		
	•	DON'T KNOW8		
Emergency Room Visits				
'AH12' During	the past 12 mor	nths, did you visit a hospital emergency room for	your own health?	
AH12				
	•	YES1		
	•	NO2	[GOTO 'AI1']	
	$\mathbf{O}$	REFUSED7	[GOTO 'AI1']	

DON'T KNOW .....-8

O

[GO TO 'PN \_AI6']

[GO TO 'PN AI6']

'AH95' How many times did you do that?			
AH95		AY: "DURING THE PAST 12 MONTHS, HOW M TAL EMERGENCY ROOM FOR YOUR OWN HE NUMBER OF TIMES [HR: 0 - 200]	
	O O	REFUSED -7 DON'T KNOW -8	
Medicare Cove	erage		
'Al1'		health insurance program for people 65 years ares. At this time, are you covered by MediCARE?	
Al1		R NOTE: INCLUDE MEDICARE MANAGED PLA DICARE PLAN.]	NS AS WELL AS THE
	• • •	YES	[GOTO 'AH123'] [GOTO 'AI6'] [GOTO 'AI6']
POST NOTE 'A	<b>AI1':</b> IF <b>'AI1'</b> = 1,	SET ARMCARE = 1 AND SET ARINSURE = 1	
IF [AAGE > 64 BY MEDICARE	NG NOTE 'AI2': OR 'AA2A' = 6 ( E), CONTINUE W PROGRAMMING		' = 2 (NOT COVERED
'AI2'	Is it correct that you are 65 or o	you are not covered by MediCARE even though	you told me earlier that
7.1.2	O	CORRECT, NOT COVERED BY MEDICARE1	[GO TO 'PN _AI6']
	O	NOT CORRECT, R IS COVERED BY MEDICARE2	[GO TO 'PN_AH123']

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

 $\mathbf{O}$ 

0

AGE IS INCORRECT......93

REFUSED .....-7

DON'T KNOW .....-8

'Al3' What i	s your age, plea	se?		
Al3				
Al3		YEARS OF AGE	[HR: 18-105]	[IF 'Al3'>=0, GO
	_			TO 'PN_AI8']
	O	REFUSED	7	[GO TO 'PN_AI8']
	•	DON'T KNOW	8	[GO TO
				'PN_AI8']
POST NOTE '	-			
		TE (YYYYMMDD);		
SET AAGE = 1. IF AAGE < 18.		ND TERMINATE		
,				
PROGRAMMI	NG NOTE 'AH1	23': IF ARMCARE = 1, CONT	INI IE WITH 'AH12'	<b>2</b> 7.
ELSE GO TO	'PN_AI6'	23 . II AKWOAKE - 1, CONTI	NOL WITH AITIZ	<b>3</b> ,
	<del>-</del>			
'AH123'	Is this a Medi	CARE Advantage Plan?		
AH123				
AIIIZO	[IF NEEDED,	SAY: "MediCARE Advantage p	olans, sometimes c	alled Part C plans, are
	offered by priv	ate companies approved by M	lediCARE. MediCA	
	provide Medic	are Part A and Part B coverage	e."].	
	Q	YES	1	[GO TO 'AH126']
	Ö	NO		[00 10 741120]
	O	REFUSED		
	•	DON'T KNOW	8	
POST NOTE	ΔH123'- IF 'ΔH1	1 <b>23</b> ' = 1, SET ARMADV = 1		
TOSTROIL	AIIIZU.II AIII	123 - 1, OLT AKWADV - 1		
'AI4'		who are eligible for MediCARE		
		led Medigap or Medicare Supp	plement. Do you ha	ave this type of health
Al4	insurance?			
Al4	IIE NEEDED	SAY: "THESE ARE POLICIES	THAT COVER HE	ALTH CARE COSTS
		ED BY MEDICARE ALONE.]	THAT COVER TIE	ALTITOANE COOTS
		-		
	<b>O</b>	YES		[00 T0
	•	NO	2	[GO TO 'PN_AI6']
	•	REFUSED	7	[GO TO
	-			<sup>-</sup> PN_AI6']
	O	DON'T KNOW	8	[GO TO
				'PN_AI6']

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

#### **PROGRAMMING NOTE 'AH126':**

IF ARMADV  $\neq$  1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP  $\neq$  1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE 'AI6'; DISPLAYS;

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

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

#### 'AH126'

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

# AH126

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

0	DIRECTLY	1
O	YOUR CURRENT EMPLOYER	2
O	YOUR FORMER EMPLOYER	3
$\mathbf{O}$	UNION	4
0	FAMILY BUSINESS	5
0	AARP	6
O	SPOUSE'S / PARTNER'S EMPLOYER.	7
O	SPOUSE'S / PARTNER'S UNION	8
O	PROFESSIONAL/	
	FRATERNAL ORGANIZATION	9
O	OTHER	91
O	REFUSED	7
O	DON'T KNOW	8

'AH53'

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

# AH53

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

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

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

$\mathbf{c}$	YES	
$\mathbf{c}$	NO	2
$\mathbf{c}$	REFUSED	7
$\mathbf{c}$	DON'T KNOW	

'AH54'	Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?		
AH54			
	<b>O</b>	YES	[GO TO 'PN_AI6']
	O	REFUSED7	[GO TO
	O	DON'T KNOW8	'PN_AI6'] [GO TO 'PN_AI6']
'AH55' Who is	that?		
AH55		SAY: "WHO BESIDES YOURSELF PAYS ANY F AN, SUCH AS YOUR EMPLOYER, A UNION, C DN?"]	
	[CODE ALL TH	HAT APPLY]	
	[PROBE: "ANY	OTHERS?"]	
		YOUR CURRENT EMPLOYER	

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

MediCal Coverage

PROGRAMMING NOTE 'AI6':  IF ARMCAL = 1, DISPLAY "Is it correct that you are";  ELSE DISPLAY "Are you"		
'Al6' {Is it correct that you are/Are you} covered by Medi-CAL?		
[IF NEEDED, SAY: " MEDI-CAL IS A HEALTH INSURANCE PROGRAM FOR LOW-INCOME INDIVIDUALS IN CALIFORNIA."]		
O YES		
POST NOTE FOR 'AI6': IF 'AI6' = 1, SET ARMCAL = 1 AND SET ARINSURE = 1; IF ARMCAL = 1 AND 'AI6' = 2, SET ARMCAL = 0		
Employer-Based Coverage		
PROGRAMMING NOTE 'AI8':		
<b>DISPLAY INSTRUCTIONS:</b> IF ARSUPP = 1, DISPLAY "Besides the Medicare supplement plan you told me about" AND "any other"; ELSE IF ARMADV = 1, DISPLAY "Besides the Medicare Advantage plan you told me about" AND "any other"; ELSE DISPLAY "a"		
'Al8' {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?  [IF NEEDED, SAY: "either through your own or someone else's employment?"]		
O YES		

Private Coverage

PROGRAMMING NOT	ſΕ'	'AI1	1':
-----------------	-----	------	-----

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

ELSE GO TO 'PN\_AI9'

'AI11'

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

Al11

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

$\mathbf{O}$	YES1	
O	NO2	[GO TO
		'PN_AI9']
$\mathbf{O}$	REFUSED7	-
		'PN_AI9']
O	DON'T KNOW8	[GO TO
		'PN AI9'1

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

## **PROGRAMMING NOTE 'AH104':**

IF ARDIRECT = 1, THEN CONTINUE WITH 'AH104'; ELSE GO TO 'PN\_AI9'

'AH104'

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

AH104

$\mathbf{O}$	INSURANCE COMPANY OR HMO	1
O	COVERED CALIFORNIA	2
O	OTHER (SPECIFY:)	92
$\mathbf{O}$		
0	DON'T KNOW	8-

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

#### PROGRAMMING NOTE FOR 'AI9':

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

ELSE GO TO 'PN\_AH105'

'AI9'

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

Al9

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

•	IN MY OWN NAME1	[GO TO 'PN_AH105']
$\mathbf{O}$	IN SOMEONE ELSE'S NAME2	
•	REFUSED7	[GO TO 'PN_AH105']
•	DON'T KNOW8	[GO TO 'PN_AH105']

**POST NOTE 'AI9'**: IF 'AI8' = 1 AND 'AI9' = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0:

IF 'AI8' = 1 AND 'AI9' = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;

IF 'AI11' = 1 AND 'AI9' = 1 SET ARDIROWN = 1 AND ARINSURE = 1;

IF 'AI11' = 1 AND 'AI9' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

IF 'AI11' = 1 AND 'AI9' = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = PROGRAMMING NOTE 'AI9A': IF 'AH43' = 1 (MARRIED) OR 'AD86' = 1 OR 'AD60B' = 1 OR IF 'AH43A' = 1 (LIVING WITH PARENTS) OR IF [AAGE < 26 OR 'AA2A' = 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'AI9A'; ELSE GO TO PROGRAMMING NOTE 'AH105';

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

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

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

PROGRAMMING NOTE 'AI9A':	
IF 'AH43' = 1 (MARRIED) OR 'AD86' = 1 OR 'AD60B' = 1 OR IF 'AH43A' = 1 (LI	
OR IF [AAGE < 26 OR 'AA2A'= 1 (BETWEEN 18 AND 29)], CONTINUE WITH 'A	<b>\19A'</b> ;
ELSE GO TO PROGRAMMING NOTE 'AH105';	
IF 'AH43' = 1, THEN DISPLAY "spouse's name";	
IF 'AH43'≠ 1 AND ('AD86' = 1 OR 'AD60B' = 1), THEN DISPLAY "partner's name	e;
IF 'AH43A' = 1 OR AAGE < 26, THEN DISPLAY "parent's name";	
'Al9A' Is the plan in your {spouse's name,} {partner's name,} {parent's n	ame,} or someone
else's name?	
AI9A	
O IN SPOUSE'S/PARTNER'S NAME1	
O IN PARENT'S NAME2	
O IN SOMEONE ELSE'S NAME3	
O REFUSED7	
O DON'T KNOW8	
POST NOTE 'AI9A': IF 'AI8'= 1 AND 'AI9A'= 1 SET AREMPSP= 1 AND AREMP	
ARSAMESP = 1;	OTHE U AND
IF 'AH104' = 2 AND 'AI9A' = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND A	RSAMESP = 1 AND
SPHBEX = 1;	11(0)(IVILO) = 17(IVD
IF 'AI8' = 1 AND 'AI9A' = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;	
IF 'AI11' = 1 AND 'AI9A' = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSA	AMESP = 1:
IF 'AI11' = 1 AND 'AI9A' = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0	- ,
PROGRAMMING NOTE 'AH105':	
IF 'AI8' = 1 (EMPLOYER-BASED COVERAGE) AND 'AK8'=< 5 (FIRM SIZE <=1	00). CONTINUE WITH
'AH105' AND DISPLAY;	,,
IF AREMPOWN = 1 THEN DISPLAY {you};	
IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he	or she};
ELSE GO TO PROGRAMMING NOTE 'AH106';	·
<b>'AH105'</b> How did {you/he or she} sign up for this health insurance – through	jh an employer, through
a union, or through Covered California's SHOP program?	
AH105	
[IF NEEDED, SAY: "SHOP IS THE SMALL BUSINESS HEALTH	OPTIONS PROGRAM
ADMINISTERED BY COVERED CALIFORNIA"]	
O EMPLOYER1	
O UNION2	
O SHOP / COVERED CALIFORNIA	
O OTHER (SPECIFY:) 92	
O REFUSED7	

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

DON'T KNOW .....-8

PROGRAMMING NOTE 'AH106':  IF ARHBEX = 1, THEN CONTINUE WITH 'AH106';  ELSE GO TO 'PN_AH57';				
'AH106'	Was this a bro	nze, silver, gold or platinum plan?		
AH106				
	O	BRONZE1		
	O	SILVER2		
	O	GOLD3		
	<b>O</b>	PLATINUM4 MEDI-CAL / MEDICAID5		
	O O	MINIMUM COVERAGE PLAN/		
	•	CATASTROPHIC6		
	•	OTHER (SPECIFY:) 92		
	•	REFUSED7		
	O	DON'T KNOW8		
IF <b>'AH105'</b> = 3	NG NOTE 'AH10 , THEN GO TO UE WITH 'AH10	'AH57';		
'AH107'	Was there a su	ubsidy or discount on the premium for this plan?		
AH107				
	O	YES1		
	0	NO2 REFUSED7		
	9	DON'T KNOW8		
	ITH <b>'AH57'</b> ;	7': ED COVERAGE) OR <b>'AI11</b> ' = 1 (PURCHASED OWN COVERAGE),		
	_			
'AH57'		y or all of the premium or cost for this health plan? Do not include the cost or deductibles you or your family may have had to pay.		
АПЭТ	HEALTH CAR	SAY: "COPAYS ARE THE PARTIAL PAYMENTS YOU MAKE FOR YOUR E EACH TIME YOU SEE A DOCTOR OR USE THE HEALTH CARE ILE SOMEONE ELSE PAYS FOR YOUR MAIN HEALTH CARE		
		SAY: "A <u>DEDUCTIBLE</u> IS THE AMOUNT YOU PAY FOR MEDICAL CARE R HEALTH PLAN STARTS PAYING.]		
		SAY: "PREMIUM IS THE MONTHLY CHARGE FOR THE COST OF YOUR IRANCE PLAN."]		
	<b>O</b>	YES		
	0	'PN_AH56'] REFUSED7 DON'T KNOW8		

'AH128'

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

AH128

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

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

[IF NEEDED, SAY: "A <u>deductible</u> is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "Premium is the monthly charge for the cost of your health insurance plan."]

	(AMOUNT) [HR: 0 -9997, SR: 0 - 2000]
O	REFUSED7
O	DON'T KNOW8

'AH58'

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

AH58

O	YES1	
O	NO2	
C	REFUSED7	
O	DON'T KNOW8	'PN_AI13'] [GO TO 'PN AI13']

#### **PROGRAMMING NOTE 'AH56':**

IF 'AH57' = 2, THEN DISPLAY "Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization";

ELSE DISPLAY "Who is that"

#### 'AH56'

Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that??

#### AH56

[IF NEEDED, SAY: "Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?]

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

	YOUR CURRENT EMPLOYER	1
	YOUR FORMER EMPLOYER	2
	UNION	3
	SPOUSE'S/ PARTNER'S	
	CURRENT EMPLOYER	4
	SPOUSE'S/ PARTNER'S	
	FORMER EMPLOYER	5
	PROFESSIONAL/	
	FRATERNAL ORGANIZATION	6
	MEDICAID/MEDI-CAL ASSISTANCE	7
	MEDICARE	9
	COVERED CALIFORNIA	11
	OTHER	91
O	REFUSED	7
$\circ$	DON'T KNOW	-8

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

'AH129'	How much do t	hey contribute to your plan each month?	
AH129			
7.1.1.20		(AMOUNT)	[HR:0-9997,SR:0-2000]
	0	REFUSED7	
	Ö	DON'T KNOW8	
	IG NOTE 'AI13'		
_	•	D LAST WEEK) OR <b>'AG10'</b> = 1 (R USUALLY WC	·-
•	IPLOYED) AND	AREMPOWN ≠ 1 (NO EMPLOYER-BASED CO	VERAGE), CONTINUE
WITH 'AI13';	ROGRAMMING	NOTE 'AI16'	
LLGE GO TO F	ROGRAMMIN	SNOTE ATTO	
'Al13'	Does your emp	loyer offer health insurance to any of its employe	es?
Al13			
AII3	•	YES1	
	Ö	NO2	[GO TO
		5551055	'PN_AI16']
	•	REFUSED7	[GO TO 'PN_AI16']
	•	DON'T KNOW8	[GO TO
			<sup>-</sup> PN_Al16']
'Al14'	Are you eligible	to be in this plan?	
741-4	, are you onglore	, to be in the plan.	
Al14			
	0	YES1 NO2	ICO TO (DN. AIEA?)
	0	REFUSED7	[GO TO 'PN_AI5A'] [GO TO
			<sup>·</sup> PN_Al16']
	•	DON'T KNOW8	[GO TO
			'PN_Al16']
'AI15'	What is the one	e main reason why you aren't in this plan?	
Al15			
AIIO	•	Covered by another plan1	[GO TO
		Covered by another planning	'PN_AI16']
	0	Plan too expensive2	[GO TO
	•	Didn't like plan offered3	'PN_AI16'] [GO TO
	•	Dian't like plan cherea	'PN_AI16']
	•	Don't need or believe in health insurance4	[GO TO
	Q	Other (Specify:)91	'PN_AI16'] [GO TO
	•		'PN_AI16']
	•	REFUSED7	[GO TO
	0	DON'T KNOW8	'PN_AI16'] [GO TO
	•	2011 1 101011	'PN_AI16']

'Al15A'	What is the o	ne main reason why you are not eligible for this plan?
AI15A		
	•	HAVEN'T YET WORKED FOR1
		THIS EMPLOYER LONG ENOUGH
		TO BE COVERED
	O	CONTRACT OR TEMPORARY2
		EMPLOYEES NOT ALLOWED IN PLAN
	•	DON'T WORK ENOUGH HOURS3
		PER WEEK OR WEEKS PER YEAR
	0	OTHER (SPECIFY:) 91
	0	REFUSED
	9	DON 1 KNOW0
CHAMPUS/CHA	MPVA, TRIC	ARE, VA Coverage
PROGRAMMIN	C NOTE (AIA	6'.
	`	ERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WIT		
		red by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health
	care?	
Al16		
	O	YES1
	O	NO2
	O	REFUSED7
	O	DON'T KNOW8
POST NOTE 'A	I16': IF 'AI16'	= 1, SET ARMILIT= 1 AND SET ARINSURE = 1
AIM, MRMIP, Fa	amily PACT, I	HEALTHY KIDS, Other Government Coverage
PROGRAMMIN	G NOTE 'AI1	7':
IF ARINSURF ≠	1 (NO COVE	ERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN,
MILITARY PLAN	`	
ELSE GO TO P		
LLOL GO TOTT	TOOTO (IVIIVIII	TO NOTE AITO
'AI17'	Are you cove	red by some other government health program, such as AIM, 'Mister MIP,'
		ACT program, Healthy Kids, or something else?
Al17	and ranning r /	to r program, ricalary rido, or comouning clos.
	IIE NEEDED	SAY: "AIM means Access for Infants and Mothers; Mister MIP or MRMIP
		Risk Medical Insurance Program; Family PACT is the state program that
		raception/reproductive health services for uninsured lower income women
	and men.]	
	•	YES1
	O	NO2
	O	REFUSED7
	•	DON'T KNOW8
<b>POST NOTE 'A</b>	l17': IF 'Al17'	= 1, SET AROTHGOV= 1 AND SET ARINSURE = 1

# Other Coverage

## **PROGRAMMING NOTE 'AI18':**

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

'Al18' Do you have any health insurance coverage through a plan that I missed?

$\mathbf{O}$	YES1	
O	NO2	[GO TO
		PN_AI20']
$\mathbf{O}$	REFUSED7	[GO TO
		'PN_AI20']
O	DON'T KNOW8	[GO TO
		'PN_Al20']

'Al19' What type of health insurance do you have?

Al19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group, or other organization or directly from the health plan?"]

	THROUGH CURRENT OR	
	FORMER EMPLOYER/UNION	1
	THROUGH SCHOOL, PROFESSIONAL	
	ASSOCIATION, TRADE GROUP, OR	
	OTHER ORGANIZATION	2
	PURCHASED DIRECTLY FROM	
	HEALTH PLAN	3
	MEDICARE	4
	MEDI-CAL	
	CHAMPUS/CHAMP-VA, TRICARE, VA	
	OR SOME OTHER MILITARY HEALTH	
	CARE	7
	INDIAN HEALTH SERVICE	
	TRIBAL HEALTH PROGRAM OR	
	URBAN INDIAN CLINIC	8
	COVERED CALIFORNIA	10
	SHOP THROUGH	
	COVERED CALIFORNIA	11
	OTHER GOVERNMENT HEALTH	
	PLAN	91
	OTHER NON-GOVERNMENT HEALTH	
	PLAN	92
O	REFUSED	
O	DON'T KNOW	

```
POST NOTE 'AI19': IF 'AI19'= 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'AI19'= 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF 'AI19'= 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF 'AI19'= 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF 'AI19'= 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF 'AI19'= 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF 'AI19'= 8, SET ARIHS = 1;
IF 'AI19'= 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH = 1;
IF 'AI19'= 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;
IF 'AI19'= 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF 'AI19'= 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1
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PROGRAMMING NOTE 'AH59':
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IF 'AI19' = 1, 2, OR 3 CONTINUE WITH 'AH59';

ELSE GO TO 'PN\_AI20'

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

# AH59

[PROBE: "Even someone who does not live in this household?"]

•	IN MY OWN NAME1	[GO TO 'PN_AI20']
$\mathbf{O}$	IN SOMEONE ELSE'S NAME2	
0	REFUSED7	[GO TO 'PN_Al20']
•	DON'T KNOW8	[GO TO 'PN Al20']

POST NOTE 'AH59': IF ('AI19' = 1 OR 2 OR KAI19 = 11) AND 'AH59' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF ('AI19' = 3 OR 10) AND 'AH59' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF ('AI19' = 1 OR 2) AND ('AH59' = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND

SET ARINSURE = 1; IF 'AI19' = 1 AND ('AH59' = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET

IF 'AI19' = 1 AND ('AH59' = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

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

PROGRAMMING NOTE 'AH60': IF 'AH43' = 1 (MARRIED) OR 'AD86'= 1 OR 'AD60B'= 1 OR IF 'AH43A'= 1 (LIVING WITH PARENTS)				
OR AAGE < 26, CONTINUE WITH 'AH60';				
ELSE GO TO	PROGRAMMING	G NOTE <b>'Al20</b> ';		
IF <b>'AH43'</b> = 1	THEN DISPLAY	"spouse's name";		
IF <b>'AH43</b> ' ≠ 1	AND ( <b>'AD86'</b> = 1	OR 'AD60B'= 1), THEN DISPLAY "partner's name";		
IF 'AH43A' = '	1 OR AAGE < 26	S, THEN DISPLAY "parent's name";		
'AH60'	Is the plan in y else's name?	our {spouse's name,} {partner's name,} {parent's name,} or someone		
AH60	eise's name?			
AHOU	O	IN SPOUSE'S / PARTNER'S NAME1		
	Ŏ	IN PARENT'S NAME2		
	Ö	IN SOMEONE ELSE'S NAME3		
	•	REFUSED7		
	•	DON'T KNOW8		
		O'= 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1; R = 1 AND SET AREMPOTH = 0		
Indian Health	Service Participa	tion		
DDOCDAMMI	NO NOTE (AIOO	j.		
	NG NOTE 'AI20			
		(AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH 'AI20';		
ELSE GO TO	'PN_AI37 Intro'			
'Al20'	A #0 1/01/ 001/0#/	ad by the Indian Heelth Carries Tribal Heelth Dreams or Urban Indian		
AIZU	Clinic?	ed by the Indian Health Service, Tribal Health Program, or Urban Indian		
Al20	Cili liC :			
AILU	O	YES1		
	Ö	NO2		
	O	REFUSED7		
	O	DON'T KNOW8		

Spouse's Insurance Coverage Type & Eligibility

#### PROGRAMMING NOTE 'AI37Intro':

IF ['AH43' = 1 (MARRIED) OR 'AD86' = 1 OR 'AD60B' = 1] AND 'AH44' = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37Intro;

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

ELSE IF 'AD86' = 1 OR 'AD60B' = 1, THEN DISPLAY "partner";

ELSE GO TO PROGRAMMING NOTE 'AI22C'

'Al37Intro'

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

Al37Intro

#### PROGRAMMING NOTE 'AI37':

IF SPOUSE 65 OR OLDER THEN

IF ARMCARE ≠ 1, CONTINUE WITH 'AI37' WITHOUT DISPLAY

ELSE IF ARMCARE = 1, CONTINUE WITH 'AI37' AND DISPLAY "You said that you are covered by Medicare." AND "also";

ELSE GO TO 'PN\_AI38'

'AI37'

{You said that you are covered by Medicare.} Is (<u>SPOUSE/PARTNER</u>) {also} covered by Medicare?

AI37

$\mathbf{O}$	Yes	1
O	No	_
O	REFUSED	7
0	DON'T KNOW	

POST NOTE 'AI37': IF 'AI37' = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

#### PROGRAMMING NOTE 'AH127':

IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE 'AI37A'; DISPLAYS;

IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH 'AH127' WITHOUT DISPLAY;

ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH 'AH127' AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";

IF 'AH43'= 1 (MARRIED) THEN DISPLAY "spouse's";

ELSE IF 'AD86'= 1 OR 'AD60B'= 1THEN DISPLAY "partner's";

'AH127'

{You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

AH127

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

$\mathbf{O}$	Yes	1
$\mathbf{c}$	No	2
$\mathbf{c}$	REFUSED	7
$\circ$	DON'T KNOW	_0

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

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PROGRAMMING NOTE 'AI37A':					
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE 'AI38';					
ELSE IF SPMO	CARE = 1 AND A	RSUPP ≠ 1, CONTINUE WITH 'AI37A' WITHOUT DISPLAY;			
ELSE IF SPMO	CARE = 1 AND A	RSUPP = 1, CONTINUE WITH 'AI37A' AND DISPLAY "You said that you			
		lan." AND "also";			
		EN DISPLAY "spouse";			
		B' = 1THEN DISPLAY "partner";			
ELSE GO TO '	PN_AI38				
'Al37A'	You said that y	you have a Medicare Supplement plan.} Does your {partner/spouse} {also}			
AIVIA		re supplement plan?			
AI37A					
<u></u>	•	YES1			
	•	NO2			
	O	REFUSED7			
	•	DON'T KNOW8			
DOST NOTE S	Λ127Λ': IE 'Λ127	A' = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1			
FOST NOTE /	AISTA . II AISTI	4 - 1, THEN SET SESSEE - 1 AND SET SEINSOINE - 1			
		: IF ARMCAL = 1, CONTINUE WITH 'AI38';			
	" IF ARMCARE	= 1;			
ELSE GO TO '	PN_AI40				
'Al38'	You said you !	also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?			
Also	Tou Salu you to	also, have intedi-cal. Is (SFOOSE/FAICTNEIX) also covered by intedi-cal:			
AI38					
	•	YES1			
	•	NO2			
	•	REFUSED7			
	•	DON'T KNOW8			
POST NOTE '	Al38': IF 'Al38' =	= 1, SET SPMCAL = 1 AND SET SPINSURE = 1			
PROGRAMMII	NG NOTE 'AI40'	<u>;</u>			
IF AREMPOW	N = 1 AND ARHI	BEX ≠ 1, CONTINUE WITH 'AI40';			
		_ = 1, THEN DISPLAY "also";			
		NOTE 'AH108'			
'Al40'		ave insurance from <u>your</u> current or former employer or union. Is			
	(SPOUSE/PAR	RTNER) {also} covered by the insurance from <u>your</u> employer or union?			
AI40	_				
	•	YES [GO TO			
	•	'PN_AI41'] NO2			
	9	OTHER3			
	ŏ	REFUSED7			
	Ö	DON'T KNOW8			
POST NOTE	AI40': IF 'AI40'=	1, SET SPEMPSP= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;			

# PROGRAMMING NOTE 'AH108':

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

'AH108'

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

AH108

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by Covered California"]

O	YES1	[GO T 'PN_Al41']
O	NO2	
O	OTHER3	
0	REFUSED7	
0		

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

#### PROGRAMMING NOTE 'AI40A':

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

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

ELSE IF AREMPSP = 1 AND ('AD86' = 1 OR 'AD60B' = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";

IF SPINSURE = 1, THEN DISPLAY "also";

ELSE GO TO 'PN\_AI41'

'AI40A'

{You said you have insurance from your spouse's employer or union./You said you have insurance from your partner's employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

AI40A

$\mathbf{O}$	YES	
O	NO	2
0	OTHER	3
0	REFUSED	7
0	DON'T KNOW	8-

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

DDOOD AMMINIO NOTE (ALA)						
PROGRAMMING NOTE 'AI41':						
		EX ≠ 1, CONTINUE WITH <b>'AI41'</b> ;				
		_= 1 OR AREMPOWN= 1, DISPLAY "also";				
ELSE GO TO '	PN_AH109'					
'Al41'		also} have a plan you purchased directly from the insurer. Is				
	(SPOUSE/PAR	RTNER) {also} covered by this plan?				
AI41						
	O	YES1				
	•	NO2				
	•	OTHER3				
	O	REFUSED7				
	Ō	DON'T KNOW8				
	_					
POST NOTE 'A	AI41': IF 'AI41'=	1, SET SPDIRECT= 1 AND SET SPINSURE= 1 AND ARSAMESP= 1;				
		, , , , , , , , , , , , , , , , , , , ,				
PROGRAMMIN	NG NOTE 'AH10	991-				
		EX = 1, CONTINUE WITH <b>'AH109'</b> ;				
		_ = 1 OR AREMPOWN = 1, DISPLAY "also";				
ELSE GO TO '		- 1 OK AKLIMI OWN - 1, DISI LAT also ,				
LLGL GO TO	FN_AI42					
'AU400'	Vou soid you b	ave a plan you nurshood directly from Covered California. In				
'AH109'		ave a plan you purchased directly from Covered California. Is				
411400	(SPOUSE/PAR	RTNER) {also} covered by this plan?				
AH109	_					
	•	YES1				
	O	NO2				
	$\mathbf{O}$	REFUSED7				
	O	DON'T KNOW8				
		<b>09</b> '= 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND				
ARSAMESP=1	AND SPHBEX :	= 1;				
PROGRAMMIN	NG NOTE 'AI42'					
IF ARMILIT = 1	, CONTINUE W	ITH <b>'AI42'</b> :				
		_ = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";				
ELSE GO TO '		, , , , , , , , , , , , , , , , , , , ,				
'Al42'	You said you (a	also} have health insurance through CHAMPUS/CHAMPUS-VA, VA,				
A172		ome other military healthcare. Is (SPOUSE/PARTNER) also covered by				
		offie offier military fleatificate. Is (SPOOSE/PARTNER) also covered by				
A140	this plan?					
Al42	_	\/				
	O	YES1				
	•	NO2				
	O	REFUSED7				
	O	DON'T KNOW8				

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

IF AROTHGO\ IF ' <b>AH59</b> ' = 91	, THÉN DISPLA = 1 OR ARMCAI ";	<b>A':</b> E WITH <b>'Al42A'</b> ; Y "some government health plan": <sub>-</sub> = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 O	R ARMILIT = 1,
'Al42A'		also} have health insurance through some govern	nment health plan. Is
/ U - 1 - 2 / V	$\circ$	VEC	
	O	YES1	
	•	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	
POST NOTE '/	AI42A': IF 'AI42	A'= 1, SET SPOTHGOV= 1 AND SET SPINSUR	E= 1 AND ARSAMESP=
PROGRAMMI	NG NOTE 'AI46'	:	
IF SPINSURE	≠ 1, DISPLAY "a	any";	
ELSE DISPLA	Y "through any o	ther source"	
'Al46'	Does (SPOUS source)?	E/PARTNER) have {any} health insurance covera	age {through any other
AITO	O	YES1	
	=		100 TO
	•	NO2	[GO TO 'PN AI48']
	O	REFUSED7	[GO TO 'PN AI43']
	•	DON'T KNOW8	[GO TO 'PN_AI43']

'Al47' What type of health insurance does {he/she} have?

## **AI47**

[IF NEEDED, SAY: "Such as from a current or former employer, or that they purchased directly from a health plan."]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group or other organization, or directly from the health plan?"]

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

	THROUGH CURRENT OR
	FORMER EMPLOYER/UNION1
	THROUGH SCHOOL,
	PROFESSIONAL ASSOCIATION, TRADE
	GROUP OR OTHER ORGANIZATION2
	PURCHASED DIRECTLY FROM
	HEALTH PLAN3
	MEDICARE4
	MEDI-CAL5
	CHAMPUS/CHAMP-VA, TRICARE,
	VA OR SOME OTHER
	MILITARY HEALTH CARE7
	INDIAN HEALTH SERVICE, TRIBAL
	HEALTH PROGRAM, OR URBAN
	INDIAN CLINIC8
	COVERED CALIFORNIA 10
	SHOP THROUGH COVERED
	CALIFORNIA11
	OTHER GOVERNMENT
	HEALTH PLAN91
	OTHER NON-GOVERNMENT
_	HEALTH PLAN92
$\mathbf{O}$	REFUSED7
Ö	DON'T KNOW8
_	

```
POST NOTE 'AI47': IF 'AI47' = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF 'AI47' = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF 'AI47' = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF 'AI47' = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF 'AI47' = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF 'AI47' = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF 'AI47' = 8, SET SPIHS = 1;
IF 'AI47' = 10, SET SPHBEX = 1 AND SPDIRECT = 1 AND SPINSURE = 1 AND SPDIROTH = 1;
IF 'AI47' = 91, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF 'AI47' = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF 'AI47' = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1
```

# **PROGRAMMING NOTE 'AI48':**

IF SPINSURE ≠ 1, CONTINUE WITH 'AI48';

ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE 'AH62';

ELSE GO TO PROGRAMMING NOTE 'AI43'

'Al48'

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

AI48

O	YES1	[GO TO 'PN_AI43']
	NO2 REFUSED7	
O	DON'T KNOW8	'PN_AI43'] [GO TO 'PN_AI43']

'Al49' What type of health insurance does {he/she} have?

## AI49

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Did {he/she} get this plan through a current or former employer/union, through a school, professional association, trade group or other organization, or directly from the health plan?"]

	THROUGH CURRENT OR	
	FORMER EMPLOYER/UNION	1
	THROUGH SCHOOL, PROFESSIONAL	
_	ASSOCIATION, TRADE GROUP OR	
	OTHER ORGANIZATION	2
П	PURCHASED DIRECTLY FROM	∠
_		_
_	HEALTH PLAN	
	MEDICARE	
	MEDI-CAL	5
	CHAMPUS/CHAMP-VA, TRICARE, VA	
	OR SOME OTHER MILITARY HEALTH	
	CARE	7
	INDIAN HEALTH SERVICE, TRIBAL	
_	HEALTH PROGRAM, OR URBAN	
	INDIAN CLINIC	0
	COVERED CALIFORNIA	
_		10
	SHOP THROUGH COVERED	
	CALIFORNIA	11
	OTHER GOVERNMENT	
	HEALTH PLAN	91
	OTHER NON-GOVERNMENT	
	HEALTH PLAN	. 92
$\mathbf{O}$	REFUSED	
0	DON'T KNOW	
•		0

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

```
PROGRAMMING NOTE 'AH62':
IF 'AI47'= (1, 2, 3, 10, 11) OR 'AI49'= (1, 2, 3, 10, 11) THEN CONTINUE WITH 'AH62';
IF 'AH43'= 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF 'AD86' = 1 OR 'AD60B' = 1 THEN DISPLAY "partner's";
ELSE SKIP TO 'PN AI43'
'AH62'
             Was this plan obtained in your {spouse's/partner's} name or in the name of someone
 AH62
             [IF NEEDED, SAY: "Even someone who does not live in this household]
                    O
                          IN SPOUSE'S/PARTNER'S NAME......1
                                                                   [GO TO
                                                                   'PN_AI43']
                           IN SOMEONE ELSE'S NAME .....2
                    0
                          REFUSED ......-7
                                                                   IGO TO
                                                                   'PN AI43']
                          DON'T KNOW .....-8
                    \mathbf{O}
                                                                   [GO TO
                                                                   'PN AI43']
POST NOTE 'AH62': IF 'AH62'= 1 AND ['Al47'= (1 OR 2) OR 'Al49'= (1 OR 2)], SET SPEMPOW= 1
AND SPEMPOT = 0;
IF 'AH62' = 1 AND ['AI47' = 3 OR 'AI49' = 3], SET KSPDIROW = 1;
IF 'AH62' = 1 AND ['AI47' = 10 OR 'AI49' = 10], SET SPHBEX = 1 AND SPDIROW = 1;
IF 'AH62' = 1 AND I'AI47' = 11 OR 'AI49' = 111. SET SPHBEX = 1 AND SPEMPOW = 1;
IF 'AH62' = 1 AND ['AI47' = 11 OR 'AI49' = 11], SET SPHBEX = 1 AND SPEMPOW = 1;
'AH63'
             Is the plan in your name, parent's name, or someone else's name?
 AH63
                    O
                          IN MY NAME......1
                          IN MY PARENT'S NAME......2
                    \mathbf{O}
                          IN SOMEONE ELSE'S NAME ......3
                    \mathbf{O}
                          REFUSED .....-7
                    \mathbf{O}
                          DON'T KNOW .....-8
POST NOTE 'AH63': IF 'AH63'= 1 AND ['AI47'= (1 OR 2) OR 'AI49'= (1 OR 2)], SET SPEMPAR= 1
AND SPEMPOT= 0 AND ARSAMES= 1:
IF 'AH63' = 1 AND ['AI47' = 3 OR 'AI49' = 3]. SET SPDIRAR= 1 AND ARSAMES= 1:
```

```
POST NOTE 'AH63': IF 'AH63'= 1 AND ['Al47'= (1 OR 2) OR 'Al49'= (1 OR 2)], SET SPEMPAR= 1 AND SPEMPOT= 0 AND ARSAMES= 1; IF 'AH63' = 1 AND ['Al47' = 3 OR 'Al49' = 3], SET SPDIRAR= 1 AND ARSAMES= 1; IF 'AH63'= 1 AND ['Al47' = 10 OR 'Al49' = 10], SET SPHBEX = 1 AND SPDIRAR = 1 AND ARSAMES=1; IF 'AH63'= 1 AND ['Al47'= 11 OR 'Al49'= 11], SET SPHBEX= 1 AND SPEMPAR= 1 AND ARSAMES= 1; IF 'AH63'= 2, SET SPARPAR= 1 AND SET SPEMPOT= 0;
```

## **PROGRAMMING NOTE 'AI43':**

IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO 'AI22C';

ELSE IF [('AG8' = 1 OR 2) OR('AG11'=1)] AND 'AG9' ≠ 3 CONTINUE WITH 'AI43';

IF 'AH43' = 1 (MARRIED), THEN DISPLAY "spouse's";

ELSE IF 'AD86' = 1 OR 'AD60B'= 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"

ELSE GO TO PROGRAMMING NOTE 'AI22C'

'Al43' Does your {spouse's/partner's} employer offer health insurance to any of its employees?

Al43			
	<b>O</b>	YES1	
	0	NO2 REFUSED7	[GO TO
	•	NEFUSED1	'PN_Al22C']
	•	DON'T KNOW8	[GO TO 'PN_Al22C']
'Al44' Is {he/s	she} elig	ible to be in this plan?	
Al44			
	<b>O</b>	YES1	100 TO
	0	NO2	[GO TO 'PN Al45A']
	•	REFUSED7	[GO TO 'PN_Al22C']
	•	DON'T KNOW8	[GO TO
			'PN_Al22C']
'Al45' What is the ON	IE main	reason why {he/she} isn't in this plan?	PN_AIZZC ]
	IE main	reason why {he/she} isn't in this plan?	PN_AIZZC ]
'Al45' What is the ON	IE main O	reason why {he/she} isn't in this plan?  COVERED BY ANOTHER PLAN1	[GO TO
			[GO TO 'PN_Al22C'] [GO TO
	•	COVERED BY ANOTHER PLAN1	[GO TO 'PN_Al22C']
	<b>o</b>	COVERED BY ANOTHER PLAN1  PLAN TOO EXPENSIVE	[GO TO 'PN_Al22C'] [GO TO 'PN_Al22C'] [GO TO 'PN_Al22C']
	o o	COVERED BY ANOTHER PLAN1  PLAN TOO EXPENSIVE	[GO TO 'PN_Al22C'] [GO TO 'PN_Al22C'] [GO TO 'PN_Al22C']
	o o	COVERED BY ANOTHER PLAN1  PLAN TOO EXPENSIVE	[GO TO 'PN_Al22C'] [GO TO 'PN_Al22C'] [GO TO 'PN_Al22C'] [GO TO 'PN_Al22C'] [GO TO
	• • • • • • • • • • • • • • • • • • •	COVERED BY ANOTHER PLAN1  PLAN TOO EXPENSIVE	[GO TO 'PN_Al22C'] [GO TO 'PN_Al22C'] [GO TO 'PN_Al22C'] [GO TO 'PN_Al22C']

'Al45A' What is the one main reason why {he/she} is not eligible for this plan?

## AI45A

O	HASN'T YET WORKED FOR THIS	
	EMPLOYER LONG ENOUGH TO BE	
	COVERED	1
O	CONTRACT OR TEMPORARY	
	EMPLOYEES NOT ALLOWED IN PLAN	2
O	DOESN'T WORK ENOUGH HOURS	
	PER WEEK OR WEEKS PER YEAR	3
O	OTHER (SPECIFY:)	91
O	REFUSED	-7
$\mathbf{O}$	DON'T KNOW	-8

Managed-Care Plan Characteristics

## PROGRAMMING NOTE 'AI22C':

IF ARMCARE= 1 (R HAS MEDICARE) AND (AREMPOWN≠ 1 AND AREMPOTH≠ 1 AND ARDIRECT≠1 AND ARMCAL≠ 1 AND ARMILIT≠ 1 AND ARIHS≠ 1 AND ARHBEX≠ 1 AND AROTHGOV≠ 1 AND AROTHER≠ 1), THEN SKIP TO 'PN \_AI25';

IF ARMCARE≠ 1 AND AREMPOWN≠ 1 AND AREMPOTH≠ 1 AND ARDIRECT≠ 1 AND ARMCAL≠ 1 AND ARMILIT≠ 1 AND ARIHS≠ 1 AND ARHBEX≠ 1 AND AROTHGOV≠ 1 AND AROTHER≠ 1, THEN SKIP TO GO TO 'AH74';

ELSE CONTINUE WITH 'AI22C' DISPLAY;

IF ['AH43' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMCAL = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other";

IF ['AH43' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL";

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "other";

[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY "Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan." AND "Medi-CAL" ;IF ['AH43' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE

MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND"; IF ['AH43' = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal";

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE  $\neq$  1 (R DOES NOT HAVE MEDICARE), DISPLAY";

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

#### 'AI22C'

{Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.}

## AI22C

Is your {Medi-Cal/other} health plan an HMO?

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it's an emergency."]

[IF R SAYS "POS" OR "POINT OF SERVICE", CODE AS "YES." IF R SAYS PPO, CODE "NO."]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]

0	YES1	[GO TO 'PN_Al22A']
$\mathbf{O}$	NO2	
O	REFUSED7	
O	DON'T KNOW8	

## PROGRAMMING NOTE 'AH122':

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

# 'AH122'

Is your health plan a PPO or EPO?

## AH122

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider.]

[IF NEEDED, SAY: "PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider.]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: "Your MAIN health plan."]

$\mathbf{c}$	PPO	
	EPO	
$\mathbf{c}$	OTHER (SPECIFY:	) 91
	REFUSED	
$\sim$		0

## PROGRAMMING NOTE 'AI22A':

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

## 'Al22A' What is th

What is the name of {your main/this} health plan?

# Al22A

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: "Do you have an insurance card or something else with the plan name on it?"]

O O	ACCESS SENIOR HEALTHCARE	
0	AETNAAETNA GOLDEN MEDICARE	∠
0	AIDS HEALTHCARE FOUNDATION, LA.	
O	ALAMEDA ALLIANCE FOR HEALTH	
O	ALTAMED HEALTH SERVICES	83
•	ANTHEM BLUE CROSSOF CALIFORNIA	7
O	ASPIRE HEALTH PLAN	,
0	BLUE CROSS CALIFORNIACARE	
0	BLUE CROSS SENIOR SECURE	
0	BLUE SHIELD 65 PLUS	
0	BLUE SHIELD OF CALIFORNIA	
0		12
9	BRAND NEW DAY	40
_	(UNIVERSAL CARE)	13
0	CALIFORNIA HEALTH AND	
	WELLNESS PLAN	14
O	CALIFORNIAKIDS (CALKIDS)	15
O	CAL OPTIMA	
	(CALOPTIMA ONE CARE)	
$\mathbf{O}$	CALVIVA HEALTH	
•	CARE 1ST HEALTH PLAN	
O	CAREMORE HEALTH PLAN	19
$\mathbf{O}$	CENTER FOR ELDERS'	
	INDEPENDENCE	21
•	CEN CAL HEALTH	80
•	CENTRAL CALIFORNIA	
	ALLIANCE FOR HEALTH	22
•	CENTRAL HEALTH PLAN	
O	CHINICCE COMMUNITY	
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Ŏ	CIGNA HEALTHCARE	
Ö	CITIZENS CHOICE HEALTHPLAN	
Ö	COMMUNITY CARE HEALTH PLAN	
0	COMMUNITY HEALTH GROUP	
Ö	CONTRA COSTA HEALTH PLAN	
0	DAVITA HEALTHCARE	01
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$\circ$	PARTNERS PLAN	31
0	EASY CHOICE HEALTH PLAN	
0	EPIC HEALTH PLAN	
O	GEM CARE HEALTH PLAN	
O	GOLD COAST HEALTH PLAN	35
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Ö	INTER VALLEY HEALTH PLAN	
Ö	HEALTH ADVANTAGE	
0	KAISER PERMANENTE	Δ <sub>2</sub>
<b>O</b>		4
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_	ADVANTAGE	48
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<b>O</b>		00
O	PREMIER HEALTH PLAN	_,
_	SERVICES	5
O	PRIMECARE MEDICAL NETWORK	
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O	SCRIPPS HEALTH PLAN	
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$\mathbf{O}$	SEASIDE HEALTH PLAN	69
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0	SATELLITE HEALTH PLAN	00
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O	SHARP HEALTH PLAN	
<b>O</b>	SUTTER HEALTH PLAN	
O	SUTTER SENIOR CARE	
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•	CARE PLAN	7
$\circ$	WESTERN HEALTH ADVANTAGE	
0		
0	CHAMPUS/CHAMP-VA	9.
O	TRICARE/TRICARE FOR LIFE/	
_	TRICARE PRIME	87
•	VA HEALTH CARE SERVICES	
O	MEDI-CAL	
O	MEDICARE	53

O O	OTHER (SPECIFY:) 85 REFUSED7
•	DON'T KNOW8
POST NOTE 'AI22A': IF 'AI22A	A'= 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE 'AI25':				
IF ARMCARE	= 1 (R HAS ME	DI-CARE) AND (AREMPOTH $\neq$ 1 OR ARDIRECT $\neq$ 1 OR ARMCAL $\neq$ 1		
OR ARMILIT ≠	1 OR ARIHS 7	± 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR		
AROTHER ≠ 1	) AND <b>'AH43'</b> =	1 (MARRIED) OR 'AD86'= 1 OR 'AD60B'= 1 (LEGAL SAME-SEX		
COUPLE), DIS	PLAY "Next I h	ave some questions about your own main health plan."		
'Al25'		some questions about <u>your</u> own main health plan.} Are you covered for ion drugs? That is, does some plan pay any part of the cost?		
Al25		\ <del>-</del>		
	<b>O</b>	YES1		
	0	NO2 REFUSED7		
	O O	DON'T KNOW8		
High Deductibl	e Health Plans			
IF AREMPOW	NUE WITH 'AH7	MPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1		
'AH71' Does y	our health plan	have a deductible that is more than \$1,000?		
AH71		SAY: "A deductible is the amount you have to pay before your plan begins r medical care."]		
	O	YES1		
	Ö	NO2		
	•	YES, ONLY WHEN I		
		GO OUT OF NETWORK3		
	•	REFUSED7		
	O	DON'T KNOW8		
'AH72'	Does your hea \$2,000?	alth plan have a deductible for all covered persons that is more than		
AIIIZ		SAY: "A deductible is the amount you have to pay before your plan begins r medical care."]		
	O	YES1		

$\mathbf{O}$	YES	1
O	NO	2
O	YES, ONLY WHEN I	
	GO OUT OF NETWORK	3
O	REFUSED	7
O	DON'T KNOW	8

## **PROGRAMMING NOTE 'AH73B':**

IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDIROWN =1 OR ARDIROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH 'AH73B'; ELSE CONTINUE WITH 'AI31'

'AH73B'	Do you have a special account or fund you can use to pay for medical expenses?		
АН73В	Accounts (HSA include- Persor	SAY: "The accounts are sometimes referred to ass) or Health Reimbursement Accounts (HRAs). On the accounts, Personal medical funds, or Cherprovided Flexible Spending Accounts (FSAs).	Other similar accounts oice funds. Do not
	) ) )	YES 1 NO 2 REFUSED7 DON'T KNOW8	[GO TO 'AI31'] [GO TO 'AI31'] [GO TO 'AI31']
'AH130'	Do you have m	oney in this account?	
AH130	) ) )	YES	[GO TO 'AI31'] [GO TO 'AI31'] [GO TO 'AI31']
'AH131'	How much mor	ney do you have in this account? Your best gues	s is fine.
AH131	O	(AMOUNT) REFUSED7	
	•	DON'T KNOW8	
Coverage over	Past 12 Months		
'Al31'	Thinking about your current health insurance, did you have this same insurance for of the past 12 months?		same insurance for all 12
,1101	) ) )	YES 1 NO 2 REFUSED7 DON'T KNOW8	[GO TO 'AH133'] [GO TO 'AH137'] [GO TO 'AI32']

'AH132'	How long have	e you had your current health insurance?	
AH132	[IF MORE TH	AN 0 DAYS BUT LESS THAN 1 MONTH, CODE	AS 1 MONTH]
	<b>O</b>	Number of Years	[IF 'AH132' >=0, GO TC 'AH135']
	O	Number of Months	[IF 'AH132' >=0, GO TC 'AH135']
	O O	REFUSED7 DON'T KNOW8	[GO TO 'AH135'] [GO TO 'AH135']
'AH133'	Out of the last plan?	12 months, how many months did you have you	current health insurance
AH133	[IF MORE TH	AN 0 DAYS BUT LESS THAN 1 MONTH, CODE	AS 1 MONTH]
		NUMBER OF MONTHS	
	O O	REFUSED7 DON'T KNOW8	
'Al32'		st 12 months, when you were not covered by you any other health insurance?	r current health insurance,
Aloz	) ) )	YES	[GO TO 'AH135'] [GO TO 'AH135'] [GO TO 'AH135']
'Al33'	plan you purcl	er health insurance Medi-CAL, a plan you obtaine hased directly from an insurance company, a plar ornia, or some other plan?	
Al33	[CODE ALL T	HAT APPLY]	
	[PROBE: "Any	/ others?"]	
		MEDI-CAL1 OBTAINED THROUGH CURRENT OR FORMER EMPLOYER/UNION3	
		PURCHASED DIRECTLY5 PURCHASED THROUGH COVERED CALIFORNIA6	
	О О	OTHER HEALTH PLAN	

		34': NSE FROM 'AI33', THEN CONTINUE WITH 'AH134';
'AH134'	Refore your cu	urrent plan, which health insurance did you have?
A11134	Delote your co	arrent plan, which health insurance did you have:
AH134		
7		MEDI-CAL1
		OBTAINED THROUGH CURRENT
	_	OR FORMER EMPLOYER/UNION3
		PURCHASED DIRECTLY5
		PURCHASED THROUGH COVERED
	_	CALIFORNIA6
		OTHER HEALTH PLAN
	<u> </u>	REFUSED7
	ŏ	DON'T KNOW8
	•	5011 111017
PROGRAMMII	NG NOTE 'AH1	35':
		EN CONTINUE WITH 'AH135';
	•	EN CONTINUE WITH AITISS,
ELSE GO TO	'AH136'	
(411405)	Defens	
'AH135'		urrent plan, did you have other health insurance through Medi-CAL, through
		a plan you purchased directly from an insurance company, a plan you
	purchased thro	ough Covered California, or some other plan?
AH135	_	
		MEDI-CAL1
		OBTAINED THROUGH CURRENT
		OR FORMER EMPLOYER/UNION3
		PURCHASED DIRECTLY5
		PURCHASED THROUGH COVERED
		CALIFORNIA6
		OTHER HEALTH PLAN91
	•	REFUSED7
	O	DON'T KNOW8

No other health plan

IF 'AH135' = 98 IF ONLY ONE   ELSE IF 'AH13 ELSE IF 'AH13 IF 'AI33' OR AI IF 'AI33' OR AI IF 'AI33' OR AI IF 'AI33' OR AI	RESPONSE FROM 14' > 0 DISPLAY IF5' > 0 DISPLAY IF143 OR 'AH13! H143 OR 'AH13! H143 OR 'AH13! H143 OR 'AH13!	36': O 'AH137', ELSE CONTINUE. OM 'AI33' THEN DISPLAY THAT RESPONSE RESPONSE FROM 'AH134' RESPONSE FROM 'AH135' 5'=1 DISPLAY "the MediCAL plan" 5'=3 DISPLAY "plan through current or former employer or union" 5'=5 DISPLAY "plan you purchased directly" 5'=6 DISPLAY "the Covered California plan" 5'=91 DISPLAY "the other health plan"	
'AH136'	current or forme	ou have the {MediCAL/ Covered California plan/other health} plan {ther employer or union/ you purchased directly}?	rough
	) ) )	NUMBER OF YEARS NUMBER OF MONTHS REFUSED	
'AH137'	During the past	t 12 months, did you change your health insurance plan?	
AH137	[IF NEEDED: P insurance comp	Please include changes in health plan from the same or different healt panies.]	ih
	) ) )	YES	
		: = 1, -7, -8 THEN CONTINUE,	
<b>'Al34'</b> During	the past 12 mon	oths, was there any time when you had no health insurance at all?	
Al34	O O O	YES	

IF 'AI34'	<b>AMMING NOTE 'AI35</b> '' = 1 OR <b>'AI32'</b> = 2, Th KIP TO <b>'PN_AH103H'</b>	HEN CONTINUE WITH 'AI35';	
'Al35'	For how many months	of the past 12 months did you have no health in:	surance at all?
	٦		
Al35	]		
	[IF MORE TH	AN 0 DAYS BUT LESS THAN 1 MONTH, CODE	AS 1 MONTH]
	O	NUMBER OF MONTHS [HR: 0-11]	[IF 'Al35'=0, GO TO
			'PN_AH103H']
	0	REFUSED7	[GO TO
		DON'T KNOW	'PN_AH103H']
	0	DON'T KNOW8	[GO TO 'PN_AH103H']
			PN_AH 103H J
Reasons	s for Lack of Coverage		
'Al36'	What is the on	ne main reason why you did not have any health i	nsurance during those
Aloo	months?	ic main reason will you did not have any health	nourance during those
Al36	7		
7.1100	<b>O</b>	CAN'T AFFORD/TOO EXPENSIVE1	
	Ö	NOT ELIGIBLE DUE TO WORKING	
	_	STATUSB CHANGED EMPLOYER/	
		LOST JOB2	[GO TO 'AH140']
	O	NOT ELIGIBLE DUE TO HEALTH OR	[00.07
		OTHER PROBLEMS3	
	O	NOT ELIGIBLE DUE TO CITIZENSHIP/	
		IMMIGRATION STATUS4	
	O	FAMILY SITUATION CHANGED5	
	O	DON'T BELIEVE IN INSURANCE6	
	O	DID NOT HAVE INSURANCE	
		WHILE SWITCHING INSURANCE	
		COMPANIES7	
	O	CAN GET HEALTH CARE FOR FREE/	
		PAY FOR OWN CARE8	
	O	OTHER (SPECIFY:) 91	
	O	REFUSED7	
	O	DON'T KNOW8	
'AH140'	Was this due t	to a lost job, reduction in hours, change in employ	er, or something else?
AH140			
		Lost job1	
		Reduction in hours2	
		Change in employe3	
		Something else (Specify:) 91	
	O	REFUSED7	
	$\circ$	DON'T KNOW -8	

'AH74'	During the time own?	that you were uninsured, did you try to find heal	th insurance on your
AH74			
	0	YES1	[GO TO 'PN_AH103H']
	•	NO2	[GO TO 'PN_AH103H']
	•	REFUSED7	[GO TO
	O	DON'T KNOW8	'PN_AH103H'] [GO TO 'PN_AH103H']
'Al24' What is	s the <u>one main</u> re	eason why you do not have any health insurance	?
Al24			
	[IF R SAYS NO	NEED, PROBE WHY]	
	O	CAN'T AFFORD/TOO EXPENSIVE1	
	•	NOT ELIGIBLE DUE TO WORKING	
		STATUS CHANGED EMPLOYER/ LOST JOB2	[CO TO (AU144)]
	O	NOT ELIGIBLE DUE TO HEALTH OR	[GO TO 'AH141']
	•	OTHER PROBLEMS3	
	O	NOT ELIGIBLE DUE TO CITIZENSHIP/	
		IMMIGRATION STATUS4	
	•	FAMILY SITUATION CHANGED5	
	O	DON'T BELIEVE IN INSURANCE6	
	•	DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES7	
	0	CAN GET HEALTH CARE FOR FREE/ PAY FOR OWN CARE8	
	•	OTHER (SPECIFY:) 91	
	O	REFUSED7	
	O	DON'T KNOW8	
'AH141'	Was this due to	a lost job, reduction in hours, change in employ	er, or something else?
AH141			
		LOST JOB1	
		REDUCTION IN HOURS2	
		CHANGE IN EMPLOYE3	
		SOMETHING ELSE (SPECIFY:) 91	
	O	REFUSED7	
	•	DON'T KNOW8	
'AH75'	During the time your own?	that you have been uninsured, have you tried to	find health insurance or
AH75	$\circ$	YES1	
	0	NO2	
	9	REFUSED7	
	Ö	DON'T KNOW8	

'Al27'	V	/ere you cove	ered by health insurance at any time during the pa	ast 12 months?	
Al27	7				
	_	O	YES1	[GO TO 'Al29']	
		•	NO2		
		O	REFUSED7		
		O	DON'T KNOW8		
'Al28'	How long	has it been s	since you last had health insurance?		
Al28					
		•	MORE THAN 12 MONTHS AGO, BUT1	[GO TO 'PN_AH103H']	
			NOT MORE THAN 3 YEARS		
		•	MORE THAN 3 YEARS2	[GO TO	
				'PN_AH103H']	
		•	NEVER HAD HEALTH INSURANCE3	IGO TO	
				'PN AH103H']	
		•	REFUSED7	[GO TO	
		•	NET OOLD1	-	
		$\circ$	DON'T KNOW	'PN_AH103H']	
		O	DON'T KNOW8	[GO TO 'PN_AH103H']	
				I N_AITIOOII ]	
'AI29'		·	out of the last 12 months did you have health ins		
			MONTHS [HR: 0-12]	[GO TO 'PN_AH103H']	
		O	REFUSED7		
		O	DON'T KNOW8		
'Al30'			ne when you had health insurance, was your insur		
			rom an employer, a plan you purchased directly fi an you purchased through Covered California, or		
Al30	[C	[CODE ALL THAT APPLY]			
	[F	PROBE: "Any	others?"]		
	(7	maximum re	esponses)		
			MEDI-CAL1		
			OBTAINED THROUGH CURRENT		
		_	OR FORMER EMPLOYER/UNION		
			PURCHASED DIRECTLY5		
			PURCHASED THROUGH COVERED		
			CALIFORNIA6		
			OTHER HEALTH PLAN91		
		O	REFUSED7		
		•	DON'T KNOW8		

IF ARINSURE OR SPHBEX	= 1; NUE WITH ' <b>AH</b> '	2 OR ARDIRECT= 1 OR 'Al30'= (5, 6) OR	'Al33'	'= (5, 6) OR ARHBEX =1
'AH103H'		months, did you try to purchase a health ins		e plan directly from an
AH103H	_			
	O	YES		
	O	NO	2	[GO TO
				'PN_AH139']
	O	REFUSED	7	[GO TO
				'PN_AH139']
	O	DON'T KNOW	8	IGO TO
			-	'PN_AH139']
'AH110H' AH110H	both from an i	ctly from an insurance company or HMO, or to insurance company and through Covered Calling Covered Calling Company or HMO	1 2 3 7	
	ING NOTE 'AH			
		ΓΙΝUE WITH <b>'AH98H'</b> ;		
IF 'AH110H' =	= 3; THEN CON	ΓΙΝUE WITH <b>'AH98H'</b> AND DISPLAY "First,	think	about your experience
		lirectly from an insurance company or HMO."	,	
ELSE GO TO	PROGRAMMIN	G NOTE <b>'AH111H'</b> ;		
'AH98H'		pout your experience trying to purchase insurnpany or HMO.}	rance	directly from an
	How difficult v	vas it to find a plan with the coverage you ne	eded?	? Was it
	Q	Very difficult		
	O	Somewhat difficult		
	•	Not too difficult		
	0	Not at all difficult	4	
	•	REFUSED	7	
	•	DON'T KNOW		

'AH99H'	How difficult wa	as it to find a plan you could afford? Was it	
AHOOH			
АН99Н	•	Very difficult1	
	9	Somewhat difficult2	
	ŏ	Not too difficult	
	ŏ	Not at all difficult4	
	9	REFUSED7	
	Õ	DON'T KNOW8	
	•	DOINT INVOVA	
'AH100H'	Did anyone hel	p you find a health plan?	
AH100H			
	O	Yes1	
	•	No2	[GO TO
	O	REFUSED7	'PN_AH111H'] [GO TO 'PN_AH111H']
	O	DON'T KNOW8	[GO TO 'PN AH111H']
'AH101H'	Who helped yo	u?	
AH101H			
	•	BROKER1	
	•	FAMILY MEMBER/FRIEND2	
	•	INTERNET3	
	•	OTHER (SPECIFY:) 91	
	O	REFUSED7	
	•	DON'T KNOW8	
PROGRAMMIN	IG NOTE 'AH11	1H'·	
IF 'AH110H' = 2	2; THEN CONTI	NUE WITH <b>'AH111H'</b> ;	
IF 'AH110H' = 3		I <b>1H'</b> AND DISPLAY "Now, think about your expe	rience with Covered
California."	OL WITH AITH	THE AND DISPLATE NOW, UNIN ADOUT YOU EXPE	nence with covered
ELSE GO TO 'I	DN AH103H'.		
LLUL GO TO I	- N_AIII00III ,		
'AH111H'	{Now, think abo	out your experience with Covered California.}	
AH111H			
7	How difficult was	as it to find a plan with the coverage you needed is it	through Covered
	•	Very difficult1	
	9	Somewhat difficult	
	9	Not too difficult	
	9	Not at all difficult4	
	0	REFUSED7	
	9	DON'T KNOW8	
	•	DOIN 1 KINOVV0	

'AH112H'	How difficult was it to find a plan you could afford? Was it		
AH112H	) ) ) )	Very difficult1Somewhat difficult2Not too difficult3Not at all difficult4REFUSED-7DON'T KNOW-8	
'AH113H'	Did anyone hel	p you find a health plan?	
AH113H	) ) )	YES	[GO TO 'PN_AH115H'] [GO TO 'PN_AH115H'] [GO TO
'AH114H'	Who helped yo	u?	'PN_AH115H']
AH114H		BROKER       1         FAMILY MEMBER / FRIEND       2         INTERNET       3         CERTIFIED ENROLLMENT       4         COUNSELOR       4         OTHER (SPECIFY:       )       91         REFUSED       -7         DON'T KNOW       -8	
'AH115H'	Did you have a plan?	ll the information you felt you needed to make a o	good decision on a health
	) ) )	YES       1         NO       2         REFUSED       -7         DON'T KNOW       -8	
		<b>6H':</b> BLISH LESS THAN VERY WELL), THEN CONTIN	NUE WITH <b>'AH116H'</b> ;
'AH116H'	Were you able	to get information about your health plan options	in your language?
AH116H	) ) )	YES	

'AH117H'		f the plan you selected very important, somewhat important, or not oosing your plan?
AH117H		
7	O	VERY IMPORTANT1
	ŏ	SOMEWHAT IMPORTANT2
	Ö	NOT IMPORTANT3
	Ö	REFUSED7
	O	DON'T KNOW8
'AH118H'		re from a specific doctor very important, somewhat important, or not
A 114 4 0 1 1	important in ch	oosing your plan?
AH118H		VEDV IMPORTANT
	O	VERY IMPORTANT1
	O	SOMEWHAT IMPORTANT2
	O	NOT IMPORTANT3
	O	REFUSED7
	O	DON'T KNOW8
'AH119H'		re from a specific hospital very important, somewhat important, or not
A 1 1 4 4 0 1 1	important in ch	oosing your plan?
AH119H		VEDV IMPORTANT
	<b>O</b>	VERY IMPORTANT1
	O	SOMEWHAT IMPORTANT2
	O	NOT IMPORTANT3
	O	REFUSED7
	•	DON'T KNOW8
'AH120H'	Was the choice	e of doctor's in the plan's network very important, somewhat important, or
		n choosing your plan?
AH120H		, and an
7	•	VERY IMPORTANT1
	Ö	SOMEWHAT IMPORTANT2
	Ö	NOT IMPORTANT3
	Ö	REFUSED7
	O	DON'T KNOW8
PROGRAMMIN	NG NOTE 'AH12	91H'·
	THEN DISPLAY	
	6' = 2 THEN DI	
	6' = 3 THEN DI	
		SPLAY "Platinum"
		SPLAY "Minimum coverage"
ELSE DISPLAY		or Error Minimum coverage
2202 3101 271	• •	
'AH121H'	Finally, what w	as the <u>most</u> important reason you chose your
	{Bronze/Silver/	Gold/Platinum/Minimum coverage} plan?
AH121H		
	Was it the cost	, that you could get care from a specific doctor, that you could go to a
		, the choice of providers in your plan's network, or was it something else?
	•	COST1
	Ö	SPECIFIC DOCTOR2
	Ö	SPECIFIC HOSPITAL3
	Ö	CHOICE OF DOCTORS IN NETWORK4

	•	OTHER (SPECIFY:) 91
	0	REFUSED7 DON'T KNOW8
	0	DON 1 KNOVV0
PROGRAMMIN	IG NOTE 'AH13	9':
	= 1, CONTINUE	WITH 'AH139';
ELSE SKIP TO	'AH14';	
'AH139'	Overall, how sa	atisfied are you with your current health insurance plan? Are you
AH139		
	O	Very satisfied1
	0	Somewhat satisfied2
	0	Somewhat dissatisfied
	0	Very dissatisfied4 REFUSED7
	9	DON'T KNOW8
	•	DON'T KNOW
Hospitalizations	5	
'AH14'	During the past	12 months, were you a patient in a hospital overnight or longer?
AH14		
	O	YES1
	O	NO2
	O	REFUSED7
	•	DON'T KNOW8
Medical Debt		
PROGRAMMIN	NG NOTE 'AH79	B':
		E ≠ 1, SKIP TO <b>'AH81B'</b> ;
		AGE IN THE PAST 12 MONTHS) DISPLAY "The following questions are
about your curr	ent health plan"	AND CONTINUE WITH 'AH79B'
about your our	chi nealth plan ,	AND CONTINCE WITH AIRCE
'AH79B'		uestions are about your current health plan. While you've had your current ve you ever reached the limit of what your insurance company would pay
AH79B		
	[IF NEEDED, S	SAY: "EVER for your current health plan."]
	O	YES1
	•	NO2 <b>[GO TO 'AH81B']</b>
	O	REFUSED7 [GO TO 'AH81B']
	0	DON'T KNOW8 <b>[GO TO 'AH81B']</b>
'AH80B'	Did this happer	n in the past 12 months?
AH80B		
	O	YES1
	Ö	NO2
	Ö	REFUSED7
	•	DON'T KNOW8

'AH81B'	were unable to pay, either for yourself or any family member in your household?			
AH81B	[IF NEEDED, S	SAY: "Dental bills should be included."]		
	•	YES1		
	O	NO2	[GO TO 'PN_CF10A']	
	O	REFUSED7	[GO TO 'PN_CF10A']	
	O	DON'T KNOW8	[GO TO 'PN_CF10A']	
'AH83B'	What is the total	al amount of medical bills?		
AH83B	ווב אבבסבס כ	CAVI. "The hills can be from carlier years as well	oo thio woor"l	
	IIF NEEDED, S	SAY: "The bills can be from earlier years as well	as triis year. j	
	O	LESS THAN \$1,0001		
	•	\$1,000 TO LESS THAN \$2,0002		
	O	\$2,000 TO LESS THAN \$4,0003		
	<b>O</b>	\$4,000 TO LESS THAN \$8,0004		
	<b>O</b>	\$8,000 OR MORE5 NONE6		
	0	REFUSED7		
	Ö	DON'T KNOW8		
'AH84B'	Were you or yo	our family member uninsured at the time care wa	s provided?	
AH84B				
	O	YES1		
	O	NO2		
	•	MORE THAN ONE PERSON WITH		
		MEDICAL BILL PROBLEMS,		
		SOME UNINSURED AND		
	O	SOME INSURED 3 REFUSED7		
	9	DON'T KNOW8		
PROGRAMMIN	IG NOTE 'AH14	2':		
IF R LIVES IN L ELSE GO TO 'A		COUNTY, CONTINUE;		
IF 'AH81B' = 1' ELSE GO TO 'F	THEN CONTINU PN_AH144A';	JE;		
(4114.40)				
'AH142'	Where did you	receive the care that led to these unpaid medica	ai dilis?	
AH142				
	[CHECK ALL T	HAT APPLY]		
		MEDICAL DOCTOR'S OFFICE		
	_	OR CLINIC1		
		HOSPITAL OR EMERGENCY ROOM2		
		AMBULANCE OR OTHER MEDICAL		
		TRANSPORTATION3		
		LIRGENT CARE 4		

		DENTIST5 OTHER (SPECIFY:)91
	0	REFUSED7
	O	DON'T KNOW8
DDOGDAMMIN	NG NOTE 'AH14	21.
	SELCTIONS FRO	OM 'AH142' THEN CONTINUE, AND ONLY DISPLAY RESPONSES
ELSE GO TO '	PN_AH144A';	
'AH143'	Which of these	resulted in the greatest amount of unpaid medical bills?
AH143		
<u>'</u>	•	MEDICAL DOCTOR'S OFFICE OR CLINIC1
	O	HOSPITAL OR EMERGENCY ROOM2
	O	AMBULANCE OR OTHER MEDICAL
	O	TRANSPORTATION3
	$\mathbf{O}$	URGENT CARE4
	$\mathbf{O}$	DENTIST5
	•	OTHER (SPECIFY:)91
	•	REFUSED7
	O	DON'T KNOW8
		4A': = 2 OR 3) THEN CONTINUE WITH 'AH144A';
'AH144A'	Did any of the f	ollowing lead to your problems paying for these medical bills?
AH144A	High-deductible	e amounts(s)?
		V=0
	O	YES1
	O	NO2
	O	REFUSED7
	0	DON'T KNOW8
'AH144B'	[Did any of the	following lead to your problems paying for these medical bills?]
'AH144B'		
	High co-pay an	nounts?
	O	YES1
	O	NO2
	O	REFUSED7
	O	DON'T KNOW8
'AH144C'	[Did any of the	following lead to your problems paying for these medical bills?]
'AH144C'		
	Your insurance	denied coverage or payment for the service?
	O	YES1
	Ö	NO2

	O	REFUSED	
	O	DON'T KNOW8	
'AH144D'	[Did any of th	e following lead to your problems paying for these medical bills?]	
'AH144D'			
	You used an out-of-network provider?		
		'	
	•	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	
PROGRAMMI	ING NOTE 'AH	145':	
IF 'AH144D =	1 THEN CONT	INUE;	
ELSE GO TO	'AH147';		
'AH145'	Were you aw	are this provider was out-of-network when you received the service?	
AH145			
	O	YES1	
	O	NO2	
	O	REFUSED7	
	•	DON'T KNOW8	
PROGRAMMI	NG NOTE 'AH	146':	
IF 'AH145' = 1	THEN CONTI	NIIE.	
		NOL,	
ELSE GO TO		NOL,	
		NOL,	
	'AH147';	select this out-of-network provider?	
ELSE GO TO	'AH147';		
ELSE GO TO	'AH147';		
'AH146'	'AH147';		
'AH146'	'AH147'; Why did you	select this out-of-network provider?	
'AH146'	'AH147'; Why did you	PREFERRED THIS PROVIDER1 UNABLE TO USE AN IN-NETWORK PROVIDER2	
'AH146'	'AH147'; Why did you	select this out-of-network provider?  PREFERRED THIS PROVIDER1  UNABLE TO USE AN IN-NETWORK	
'AH146'	Why did you	PREFERRED THIS PROVIDER1 UNABLE TO USE AN IN-NETWORK PROVIDER2	
'AH146'	Why did you	PREFERRED THIS PROVIDER1 UNABLE TO USE AN IN-NETWORK PROVIDER	
'AH146'	Why did you	PREFERRED THIS PROVIDER	
'AH146'	Why did you	PREFERRED THIS PROVIDER	
'AH146' AH146 'AH147'	Why did you	PREFERRED THIS PROVIDER	
ELSE GO TO  'AH146'  AH146	Why did you	PREFERRED THIS PROVIDER	
'AH146' AH146 'AH147'	Why did you	PREFERRED THIS PROVIDER	
'AH146' AH146 'AH147'	Why did you and you are a second or an are a second or	PREFERRED THIS PROVIDER	
'AH146' AH146 'AH147'	'AH147';  Why did you and a second or a se	PREFERRED THIS PROVIDER	
'AH146' AH146 'AH147'	'AH147';  Why did you and a second or a se	PREFERRED THIS PROVIDER	
'AH146' AH146 'AH147'	Why did you was a company of the medical base of the province of the medical base of t	PREFERRED THIS PROVIDER	
'AH146' AH146 'AH147'	Why did you  O O O Did the provice the medical be O O O O O O O O O O O O O O O O O O O	PREFERRED THIS PROVIDER	
'AH146'  'AH147'  AH147  'AH148'	Why did you  O O O Did the provice the medical be O O O O O O O O O O O O O O O O O O O	PREFERRED THIS PROVIDER	
'AH146'  'AH146'  'AH147'  AH147'	Why did you  O O O Did the provice the medical be O O O O O O O O O O O O O O O O O O O	PREFERRED THIS PROVIDER	
'AH146'  'AH147'  AH147  'AH148'	Why did you  O O O Did the provice the medical be O O O O O O O O O O O O O O O O O O O	PREFERRED THIS PROVIDER	
'AH146'  'AH147'  AH147  'AH148'	Why did you  Why did you  O  O  Did the provide the medical be O  O  Did you comp	PREFERRED THIS PROVIDER	

	O	DON'T KNOW8
PROGRAMMI	NG NOTE 'AH1	49':
IF 'AH147' = 1	OR 'AH148' = 1	, THEN CONTINUE;
ELSE GO TO '	AH85B';	
'AH149'	Did you receive	e financial assistance?
AH149		
	O	YES1
	O	NO2
	$\mathbf{O}$	REFUSED7
	$\mathbf{O}$	DON'T KNOW8
'AH85B'	Because of the	ese medical bills, were you unable to pay for basic necessities like food,
	heat, or rent?	
AH85B		
	O	YES1
	Ō	NO2
	Ö	REFUSED7
	Ō	DON'T KNOW8
'AH86B'	Because of the	ese medical bills, did you take on credit card debt?
AH86B		
	O	YES1
	O	NO2
	O	REFUSED7
	•	DON'T KNOW8

# Section I: Child and Adolescent Health Insurance

Child's Health Insurance

## **PROGRAMMING NOTE 'CF10A':**

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

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

ELSE CONTINUE WITH 'CF10A'

**'CF10A'** Does (CHILD) have the same <u>health</u> insurance as you?

## CF10A

$\mathbf{O}$	YES1	[GO TO 'MA3"]
0	NO2	
O	REFUSED7	
0	DON'T KNOW8	

```
POST NOTE 'CF10A': IF 'CF10A'= 1 AND ARMCARE= 1, SET CHMCARE= 1 AND SET CHINSURE= 1
AND ARSAMECH= 1;
IF 'CF10A'= 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH= 1;
IF 'CF10A'= 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH= 1;
IF 'CF10A'= 1 AND AREMPSP= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'CF10A'= 1 AND AREMPOH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'CF10A'= 1 AND AREMPOH= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'CF10A'= 1 AND ARDIRECT= 1, SET CHDIRECT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'CF10A'= 1 AND ARMILIT= 1, SET CHMILIT= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'CF10A'= 1 AND AROTHGOV= 1, SET CHOTHGOV= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'CF10A'= 1 AND AROTHER= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'CF10A'= 1 AND ARHBES= 1, SET CHOTHER= 1 AND SET CHINSURE= 1 AND ARSAMECH= 1;
IF 'CF10A'= 1 AND ARHBES= 1, SET CHHBES= 1
IF 'CF10A'= 1 AND ARHBES= 1, SET CHHBES= 1
```

PROGRAM	MING NOTE 'MA1	<b>!</b>	
IF SPINSU	RE ≠ 1, THEN SKI	P TO <b>'CF1'</b> ;	
ELSE IF 'C	<b>F10A'</b> = 2 AND AR	SAMESP = 1, THEN SKIP TO 'CF1';	
	ITINUE WITH 'MA1		
'MA1'	Doos (CHILD)	have the same insurance as {your spouse/your p	ortnor/SDOUSE NAME/
IVIAI	PARTNER NA		arther/SPOUSE NAME/
MA1	I AIXIIILIXII	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
W/A I	O	YES1	[GO TO 'MA3']
	ŏ	NO2	[OC TO MAO]
	Ö	REFUSED7	
	Ö	DON'T KNOW8	
POST NOT	E 'MA1': IF 'MA1':	= 1 AND SPMCARE= 1, SET CHMCARE= 1 AND	SET CHINSURE= 1 AND
SPSAMEC	H=1;	·	
		, SET CHMCAL= 1 AND SET CHINSURE= 1 AND	
		N= 1, SET CHEMP= 1 AND SET CHINSURE= 1 A	
		/= 1, SET CHOTHGOV= 1 AND SET CHINSURE=	= 1 AND SPSAMECH= 1;
	1 AND SPIHS= 1, S		
		SET CHHBEX= 1 AND SET CHINSURE= 1 AND	
		1, THEN SET CHOTHER= 1 AND SET CHINSUF	
		= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AN	
		: 1, SET CHEMP= 1 AND SET CHINSURE= 1 ANI I= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AI	
		= 1, SET CHEMP= 1 AND SET CHINSURE= 1 AI = 1, SET CHDIRECT= 1 AND SET CHINSURE= 1	
		, SET CHMILIT= 1 AND SET CHINSURE= 1 AND	
		1, SET CHOTHER= 1 AND SET CHINSURE= 1 A	
	.,	1, 62.1 61.1611.121X 17.11.15 62.1 61.11.14661X2 17.	
Medi-Cal C	overage (Child)		
	3 ( 3 )		
'CF1' Is {	he/she} currently co	overed by Medi-CAL?	
CF1			
CFI	IIE NEEDED	SAY: "Medi-Cal is a health insurance program for	low income individuals in
	California]	SAT. Medi-Caris a fleatiff insurance program for	low-income individuals in
	Gamornaj		
	•	YES1	
	Ö	NO2	
	Ö	REFUSED7	
	O	DON'T KNOW8	

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

ge (	Child)
	ge (

6	C	F3	
	u	டல	

Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

CF3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

$\mathbf{O}$	YES1	
O	NO2	[GO TO 'PN_CF4']
$\mathbf{O}$	REFUSED7	[GO TO 'PN_CF4']
O	DON'T KNOW8	[GO TO 'PN_CF4']

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

'AI90'

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

A190

[IF NEEDED, SAY: "SHOP is the Small Business Health Options Program administered by/ Covered California.]

0	EMPLOYER	1
O	UNION	2
O	SHOP / COVERED CALIFORNIA	3
O		
0		
0	DON'T KNOW	8-

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

Private Coverage (Child)

## **PROGRAMMING NOTE 'CF4':**

IF CHINSURE = 1 THEN GO TO AI93;

ELSE CONTINUE WITH 'CF4'

'CF4'

Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

CF4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital"]

<b>O</b>	YES1	
O	NO2	
O	REFUSED7	•
O	DON'T KNOW8	'PN_CF6'] [GO TO 'PN CF6']

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

PROGRAMMING NOTE 'AI91':					
IF CHDIRECT= 1, THEN CONTINUE WITH 'AI91'; ELSE GO TO 'PN_AI93'					
'Al91'			chase this health insurance Covered California?	e – directly from an in	surance company or
Alai		•	INSURANCE COMPANY (	OR HMO 1	
		Ö	COVERED CALIFORNIA		
		O	OTHER (SPECIFY:		
		O	REFUSED	7	
		0	DON'T KNOW	8	
POST NOTE F	OR 'Al9	1': IF 'Al	1'= 2, THEN SET CHHBE	X= 1	
PROGRAMMI	NG NOTI	E 'Al93':			
IF CHHBEX = ELSE GO TO '			Γ= 1, THEN CONTINUE W	/ITH <b>'Al93'</b> ;	
'Al93'	Was the	ere a su	sidy or discount on the pre	mium for this plan?	
Al93					
		•	YES		
		0	NO	2	[GO TO
			DEFLICED	_	'PN_CF6']
		O	REFUSED	/	[GO TO 'PN_CF6']
		O	DON'T KNOW	8-	1 N_01 0 ]
PROGRAMMIN IF CHEMP = 1 COVERAGE), ELSE GO TO '	(EMPLO	YER-BA	SED COVERAGE) OR CH I <b>'Al54'</b> ;	DIRECT = 1 (PURCH	IASED OWN
'AI54'			or all of the premium or co o-pays or deductibles you		
AI54	time yo	u see a	AY: "Copays are the partial octor or use the health car coverage.]		
	[IF NEEDED, SAY: "A <u>deductible</u> is the amount you pay for medical care before your health plan starts paying.				
	[IF NEE plan."]	EDED, S	Y: "Premium is the month	ly charge for the cost	of your health insurance
		O O	YES NO		[GO TO 'PN_CF6']
		0	REFUSED	-7	[GO TO 'PN_CF6']

O

DON'T KNOW.....-8

'AI50'		else, such as an employer, a union, or professional organization pay all or of the premium or cost for (CHILD)'s health plan?
AI50	осо рогион	o. a.e p. e o. eeee (e <u>-</u> 2) eea.a. p.a
7.1100	O	YES1
	Ö	NO2 <b>[GO TO</b>
	•	'PN_CF6']
	O	REFUSED7 <b>[GO TO</b>
		'PN_CF6']
	•	DON'T KNOW8
<b>'Al51'</b> Who	else pays all or s	ome portion of the cost for (CHILD)'s health plan?
AI51		
· · · · · · · · · · · · · · · · · · ·	[CODE ALL T	HAT APPLY]
		YOUR CURRENT EMPLOYER1
	ā	YOUR FORMER EMPLOYER2
	_	UNION3
		SPOUSE'S/PARTNER'S
	_	CURRENT EMPLOYER4
		SPOUSE'S/PARTNER'S
		FORMER EMPLOYER5
		PROFESSIONAL/FRATERNAL
		ORGANIZATION6
		MEDICAID/MEDI-CAL ASSISTANCE7
		COVERED CALIFORNIA10
		OTHER91
	Ō	REFUSED7
	Ö	DON'T KNOW8
POST NOTE	'AI51'· IF 'AI51':	= 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
	SET CHMCAL=	
	SET CHHBEX=	
		-,
CHAMPUS/CI	HAMPVA, TRIC	ARE, VA Coverage (Child)
	, -	,
PROGRAMM	ING NOTE 'CF6	j.
IF CHINSURE	= 1, GO TO 'PI	N_MA3';
ELSE CONTIN	NUE WITH 'CF6	, <sup>—</sup>
'CF6'	Is {he/she} co	vered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military
	health care?	
CF6		
	O	YES1 <b>[GO TO</b>
		PN_MA3']
	•	NO2
	•	REFUSED7
	O	DON'T KNOW8
DOCT NOTE	OFCI. IF OFCI	4 CET CUMULT 4 AND CHINCHDE 4
LOSI NOTE	~~~: IF *CF6'=	1, SET CHMILIT= 1 AND CHINSURE= 1

AIM, MRMIP, HEALTHY KIDS, Other Government Co	verage
---	--------

'CF7'

Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Healthy Kids, or something else?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]

O	AIM1	[GO TO
•	MRMIP2	'PN_MA3'] [GO TO
		'PN_MA3']
3	Healthy Kids3	[GO TO 'PN MA3']
•	No other plan4	1 14_111.40 ]
<b>O</b>	Something else (Specify:)91	[GO TO 'PN_MA3']
$\mathbf{O}$	REFUSED7	
•	DON'T KNOW8	

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

Other Coverage (Child)

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

CF8

O	YES1	
O	NO2	[GO TO 'PN CF1A']
C	REFUSED7	[GO TO
O	DON'T KNOW8	'PN_CF1A'] [GO TO 'PN_CF1A']

'CF9'

What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

CF9

CHECK ALL THAT APPLY]

[PROBE: "Any others?"]

ш	THROUGH CURRENT OR	
	FORMER EMPLOYER/UNION	1
	THROUGH SCHOOL, PROFESSIONAL	
	ASSOCIATION TRADE GROUP OR	
	OTHER ORGANIZATION	2
	PURCHASED DIRECTLY FROM	
	A HEALTH PLAN (BY YOU OR ANYONE	
	ELSE)	3
	MEDICARE	
	MEDI-CAL	5
	CHAMPUS/CHAMP-VA,	
	TRICARE, VA, OR SOME OTHER	
	MILITARY CARE	6
	INDIAN HEALTH SERVICE	
	TRIBAL HEALTH PROGRAM, URBAN	
	INDIAN CLINIC	8
	COVERED CALIFORNIA	
	SHOP THROUGH COVERED	
	CALIFORNIA	11
	OTHER GOVERNMENT HEALTH	
	PLAN	91
	OTHER NON-GOVERNMENT	-
	HEALTH PLAN	92
O	REFUSED	
Ö	DON'T KNOW	
_		_

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

PROGRAMMING NOTE 'CF9VER':			
IF 'CF9' = 4 (CHILD HAS MEDICARE), CONTINUE WITH 'CF9VER'; ELSE SKIP TO 'PN CF1A'			
ELSE SKIP IC	PN_CFIA		
'CF9VER'	Just to verify, yo	ou said that (CHILD) gets health insurance through Medicare?	
CF9VER			
	O	YES1	
	O	NO2	
	0	REFUSED7 DON'T KNOW8	
	•	DON 1 KNOW8	
PROGRAMMIN	NG NOTE 'CF1A	·:	
IF CHINSURE	≠ 1 CONTINUE	WITH <b>'CF1A'</b> ;	
ELSE GO TO '	MA3';		
'CF1A'	What is the one	main reason why (CHILD) is not enrolled in the Medi-CAL program?	
CF1A			
	•	PAPERWORK TOO DIFFICULT1	
	O	DO NOT KNOW IF ELIGIBLE2	
	•	INCOME TOO HIGH, NOT ELIGIBLE3	
	•	NOT ELIGIBLE DUE TO	
		CITIZENSHIP/IMMIGRATION STATUS4	
	•	DO NOT BELIEVE IN HEALTH INSURANCE6	
	O	DO NOT NEED INSURANCE BECAUSE	
	•	SHE/HE IS HEALTHY7	
	O	ALREADY HAVE INSURANCE8	
	Ö	DID NOT KNOW ABOUT IT9	
	O	DO NOT LIKE OR WANT WELFARE 10	
	O	OTHER (SPECIFY:) 91	
	O	REFUSED7	
	•	DON'T KNOW8	
Managed-Care	Plan Characteris	stics (Child)	
PROGRAMMIN	NG NOTE 'MA3':		
		= 1 THEN CONTINUE WITH 'MA3';	
		TINUE WITH 'MA3';	
ELSE GO TO '		,	
'MA3' Is (CHI	LD)'s main healt	h plan an HMO, that is, a Health Maintenance Organization?	
MA3			
		AY: "HMO stands for Health Maintenance Organization. With an HMO,	
		se the doctors and hospitals belonging to its network. If {he/she} goes	
	outside the net	vork, generally it will not be paid for unless it's an emergency."]	
	•	YES [GO TO 'MA2']	
	Ö	NO2	
	Ö	REFUSED7	
	O	DON'T KNOW8	

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

'Al115' Is (CHILD)'s health plan a PPO or EPO?

# AI115

[IF NEEDED, SAY: "<u>EPO</u> stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can see doctors and specialists directly without a referral from your primary care provider."]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

$\mathbf{O}$	PPO	1
$\mathbf{O}$	EPO	2
O	OTHER (SPECIFY:	) 91
O	REFUSED	
0	DON'T KNOW	8

# 'MA2' What is the name of (CHILD)'s main health plan?

# MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: "Does (CHILD) have an insurance card or something else with the plan name on it?"]

$\mathbf{O}$	ACCESS SENIOR HEALTHCARE	1
$\mathbf{O}$	AETNA	2
$\mathbf{O}$	AETNA GOLDEN MEDICARE	3
$\mathbf{O}$	AIDS HEALTHCARE FOUNDATION, LA.	4
$\mathbf{O}$	ALAMEDA ALLIANCE FOR HEALTH	5
0	ALTAMED HEALTH SERVICES	
$\mathbf{O}$	ANTHEM BLUE CROSSOF CALIFORNIA	
0	ASPIRE HEALTH PLAN	
0	BLUE CROSS CALIFORNIACARE	
0	BLUE CROSS SENIOR SECURE7	
Ō	BLUE SHIELD 65 PLUS	
O	BLUE SHIELD OF CALIFORNIA	12
Ö	BRAND NEW DAY (UNIVERSAL CARE).	
Ö	CALIFORNIA HEALTH AND	. •
	WELLNESS PLAN	14
O	WELLNESS PLANCALIFORNIAKIDS (CALKIDS)	15
õ	CAL OPTIMA (CALOPTIMA ONE CARE)	16
Ö	CALVIVA HEALTH	17
0	CARE 1ST HEALTH PLAN	
0	CAREMORE HEALTH PLAN	
0	CENTER FOR ELDERS'	19
•		24
$\circ$	INDEPENDENCECEN CAL HEALTH	21
0		ου
O	CENTRAL CALIFORNIA ALLIANCE	22
$\circ$	FOR HEALTH CENTRAL HEALTH PLAN	22
0		
O	CHINESE COMMUNITY HEALTH PLAN.	
O	CHOICE PHYSICIANS NETWORK	
O	CIGNA HEALTHCARE	
O	CITIZENS CHOICE HEALTHPLAN	
O	COMMUNITY CARE HEALTH PLAN	
•	COMMUNITY HEALTH GROUP	
•	CONTRA COSTA HEALTH PLAN	81
•	DAVITA HEALTHCARE	
	PARTNERS PLAN	31
$\mathbf{O}$	EASY CHOICE HEALTH PLAN	
O	EPIC HEALTH PLAN	33
$\mathbf{O}$	GEM CARE HEALTH PLAN	
$\mathbf{O}$	GOLD COAST HEALTH PLAN	35
$\mathbf{O}$	GOLDEN STATE MEDICARE	
	HEALTH PLAN	36
O	HEALTH NET	
$\mathbf{O}$	HEALTH NET SENIORITY PLUS	39
$\mathbf{O}$	HEALTH PLAN OF SAN JOAQUIN	40
00000	HEALTH PLAN SAN JP AUTHORITY	41
$\mathbf{O}$	HERITAGE PROVIDER NETWORK	42
•	HUMANA GOLD PLUS	
0	HUMANA HEALTH PLAN	44
•	IEHP (INLAND EMPIRE HEALTH PLAN)	45
<b>O</b>	INTER VALLEY HEALTH PLAN	46

$\mathbf{O}$	HEALTH ADVANTAGE	. 82
$\mathbf{O}$	KAISER PERMANENTE	. 47
$\mathbf{O}$	KAISER PERMANENTE	
	SENIOR ADVANTAGE	. 48
•	KERN FAMILY HEALTH CARE	. 49
•	L.A. CARE HEALTH PLAN	
•	MD CARE	
•	MOLINA HEALTHCARE OF	
	CALIFORNIA	. 54
O	MONARCH HEALTH PLAN	. 55
O	ON LOK SENIOR HEALTH SERVICES	
0	PARTNERSHIP HEALTHPLAN	
	OF CALIFORNIA	. 57
O	PIH HEALTH CARE SOLUTIONS	. 58
Ö	PREMIER HEALTH PLAN SERVICES	
Ö	PRIMECARE MEDICAL NETWORK	
Ö	PROVIDENCE HEALTH NETWORK	
Ö	SCRIPPS HEALTH PLAN SERVICES	
Ö	SEASIDE HEALTH PLAN	
Ö	SAN FRANCISCO HEALTH PLAN	
ŏ	SANTA CLARA FAMILY HEALTH	. 0-
•	PLAN	90
•	SAN MATEO HEALTH COMMISION	. 00 86
Ö	SANTA BARBARA	
Ö	SATELLITE HEALTH PLAN	
Ö	SCAN HEALTH PLAN	
Ö	SHARP HEALTH PLAN	
Ö	SUTTER HEALTH PLAN	
Ö	SUTTER SENIOR CARE	
ŏ	UNITED HEALTHCARE	
Ö	UNITED HEALTHCARE SECURE	. , .
•	HORIZON	74
O	UNIVERSITY HEALTHCARE	
•	ADVANTAGE	75
O	VALLEY HEALTH PLAN	76
Ö	VENTURA COUNTY HEALTH	
•	CARE PLAN	77
O	WESTERN HEALTH ADVANTAGE	
Õ	CHAMPUS/CHAMP-VA	
o	TRICARE/TRICARE FOR LIFE/	
•	TRICARE PRIME	87
O	VA HEALTH CARE SERVICES	. 07 20
0	MEDI-CAL	
0	MEDICARE	. 52 53
0	OTHER (SPECIFY:)	. 00 25
0	REFUSED	. UU 7-
0	DON'T KNOW	

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

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

CF14	
------	--

•	YES	
0	NO	2
0	REFUSED	7
$\mathbf{O}$	DON'T KNOW	

High Deductible Health Plans (Child)

#### PROGRAMMING NOTE FOR 'AI79':

IF (ARINSURE  $\neq$  1 OR 'CF10A'  $\neq$  1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH 'AI79';

ELSE SKIP TO PROGRAMMING NOTE 'CF18'

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

Al79

[IF NEEDED, SAY "A deductible is the amount you have to pay before your plan begins to pay for your medical care.]

$\mathbf{O}$	YES	1
O	NO	2
O	YES, BUT ONLY WHEN WE GO OUT	
	OF NETWORK	3
0	REFUSED	7
O	DON'T KNOW	8

'Al80'

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

Al80

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."].

O	YES	1
$\mathbf{c}$	NO	2
$\mathbf{C}$	YES, BUT ONLY WHEN WE GO OUT	
	OF NETWORK	3
$\mathbf{c}$	REFUSED	7
$\mathbf{c}$	DON'T KNOW	<b>-</b> 8

PROGRAMMING NOTE 'AI81':

		= 1 OR 3), CONTINUE WITH <b>'AI81'</b> ; IG NOTE <b>'CF18'</b>	
'Al81'	Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?		
AI81	Accounts (HSA include- Persor	SAY: "The accounts are sometimes referred to as Health Savings as) or Health Reimbursement Accounts (HRAs). Other similar accounts hal care accounts, Personal medical funds, or Choice funds. Do not er-provided Flexible Spending Accounts (FSAs]	
	) ) )	YES	
Reasons for Lac	ck of Coverage	(Child)	
PROGRAMMIN IF CHINSURE = ELSE CONTINU	= 1, GO TO <b>'CF</b>	24';	
'CF18' What is	the <u>one main</u> re	eason (CHILD) does not have any health insurance?	
CF18			
	0	Can't afford/Too expensive1  Not eligible due to working status/ Changed employer/Lost job2	
	0	Not eligible due to health or other3  Not eligible due to citizenship/immigration status4	
	<b>O</b>	Family situation changed5  Don't believe in insurance6	
	O	Did not have insurance while switching insurance companies7	
	•	Can get health care for free/pay for own care8	
	0	Other (Specify:)91 REFUSED7	
	O	DON'T KNOW8	
Coverage over	Past 12 Months	(Child)	
'CF20' Was (C	HILD) covered I	by health insurance at any time during the past 12 months?	
CF20		YES1 <b>[GO TO 'CF22']</b>	
	0	YES	
	Ö	REFUSED7	
	•	DON'T KNOW8	

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

CF21			
	•	MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO1	[GO TO 'PN_IA10A]
	O O	MORE THAN 3 YEARS AGO2 NEVER HAD HEALTH INSURANCE	[GO TO 'PN_IA10A]
	9	COVERAGE3	[GO TO 'PN_IA10A]
	O O	REFUSED	[GO TO 'PN_IA10A] [GO TO 'PN_IA10A]
	_		
<b>'CF22</b> ' For h	ow many of the l	ast 12 months did {he/she} have health insurance	?
CF22			
	[INTERVIEWE ENTER 1]	ER NOTE: IF LESS THAN ONE MONTH BUT MO	DRE THAN 0 DAYS,
		MONTHS [HR: 0-12]	[GO TO 'PN_IA10A']
	<b>O</b>	REFUSED7 DON'T KNOW8	I N_IAIVA J
'CF23'	a plan you ob	ne when (CHILD) had health insurance, was {his/lained through an employer, a plan you purchasen pany, a plan you purchased through Covered Ca	d directly from an
01 20	[CIRCLE ALL	THAT APPLY]	
	[PROBE: "Any	others?"]	
	(7 maximum r	esponses)	
		Medi-Cal1	[GO TO 'PN_IA10A']
		Through current or former employer/union3	[GO TO 'PN_IA10A']
		Purchased directly5	[GO TO 'PN_IA10A']
		Covered California6	[GO TO
		Other health plan91	'PN_IA10A'] [GO TO
	O	REFUSED7	'PN_IA10A'] [GO TO
	O	DON'T KNOW8	'PN_IA10A'] [GO TO 'PN_IA10A']

'CF24'	Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?		
CF24	•	YES1	[GO TO 'PN_IA10A']
	0	NO2 HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)	i n_inivn j
	O	REFUSED7 DON'T KNOW8	
'CF25'		wasn't covered by {his/her} current health insura other health insurance?	nce, did {he/she/he or
01 20	<b>O</b>	YES1 NO2	[GO TO 'CF27']
	0	REFUSED7 DON'T KNOW8	[GO TO 'CF27'] [GO TO 'CF27']
'CF26'	you purchased	health insurance Medi-CAL, a plan you obtained directly from an insurance company, a plan you rnia, or some other plan?	
	[CODE ALL TH	IAT APPLY.]	
	[PROBE: "Any	others?"]	
	(7 maximum re	sponses)	
		MEDI-CAL	
'CF27'	During the past all?	t 12 months, was there any time when {he/she} h	ad no health insurance at
CF27	) )	YES	[GO TO 'PN_IA10A'] [GO TO
	O	DON'T KNOW8	'PN_IA10A'] [GO TO 'PN_IA10A']

'CF28' For how many of the past 12 months did {he/she} have no health insurance?

CF28	[IF < 1 MONTH	H, ENTER '1']
	<b>O</b>	MONTHS [RANGE: 1-12] REFUSED7 DON'T KNOW8
'CF29'	[What is the <u>or</u> {he/she} wasn	ne main reason (CHILD) did not have any health insurance during the time tovered?
CFZ9	[IF R SAYS, "N	No need," PROBE WHY]
	O O	Can't afford/Too expensive
	•	Changed employer/Lost job2  Not eligible due to health or other problems
	0	Not eligible due to citizenship/ immigration status4
	O	Family situation changed5
	O	Don't believe in insurance6
	O	Did not have insurance while switching insurance companies7
	O	Can get health care for free/pay for own care8
	O	Other (Specify:)91
	ŏ	REFUSED7
	9	DON'T KNOW8
	•	DOI 1 11110 VV U

Teen's Health Insurance

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PROGRAMMING NOTE 'IA10A':

IF NO TEEN SELECTED, GO TO PN 'AH5';

IF ARINSURE = 1, CONTINUE WITH 'IA10A';

IF ARINSURE ≠ 1, GO TO PN 'MA5';

ELSE CONTINUE WITH 'IA10A'
```

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

#### IA10A

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POST NOTE 'IA10A': IF 'IA10A' = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND ARIHS = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF 'IA10A' = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
```

# PROGRAMMING NOTE 'MA5': IF SPINSURE ≠ 1 THEN SKIP TO 'MA6':

ELSE IF 'IA10A' = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE 'MA6';

ELSE CONTINUE WITH 'MA5'

'MA5' Does (TEEN) have the same insurance as your spouse?

# MA5

```
POST NOTE 'MA5': IF 'MA5'= 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPOTHER= 1, SET TEOTHER= 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPHBEX= 1, SET TEHBEX= 1 AND SET TEINSURE = 1;
IF 'MA5'= 1 AND SPHBEX= 1, THEN SET TEOTHER= 1 AND SET TEINSURE= 1
```

#### PROGRAMMING NOTE 'MA6':

IF TEINSURE≠ 1 OR CHINSURE≠ 1, THEN SKIP TO 'IA1';

ELSE IF ('IA10A'= 2 AND ARSAMECH= 1) OR ('MA5'= 2 AND SPSAMECH= 1), THEN SKIP TO 'IA1'; ELSE CONTINUE WITH 'MA6';

'MA6' Does (TEEN) have the same insurance as (CHILD)?

#### MA6

O	YES1	[GO TO 'IA24']
O	NO2	_
$\mathbf{O}$	REFUSED7	
O	DON'T KNOW8	

```
POST NOTE 'MA6': IF 'MA6'= 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF 'MA6'= 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF 'MA6'= 1 AND CHEMP= 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF 'MA6'= 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF 'MA6'= 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF 'MA6'= 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF 'MA6'= 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF 'MA6'= 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF 'MA6'= 1 AND CHHBEX = 1, SET TEHBEX = 1
```

Medi-Cal Coverage (Teen)

'IA1' Is {he/she} currently covered by Medi-CAL?

#### IA1

[IF NEEDED, SAY: Medi-Cal is a health insurance program for low-income individuals in California]

$\mathbf{O}$	YES	1
$\mathbf{O}$	NO	2
O	REFUSED	7
O	DON'T KNOW	8

#### POST NOTE 'IA1': IF 'IA1'= 1, SET TEMCAL= 1 AND SET TEINSURE= 1

Employer-Based Coverage (Teen)

'IA3'

Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

IA3

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

$\mathbf{O}$	YES1	
$\circ$	NO2	[GO TO 'IA4']
O	REFUSED7	[GO TO 'IA4']
$\mathbf{O}$	DON'T KNOW -8	[GO TO 'ΙΔ4']

# POST NOTE 'IA3': IF 'IA3'= 1, SET TEEMP = 1 AND SET TEINSURE = 1

'Al94' Is this plan through an employer, through a union, or through Covered California's SHOP program?

Al94

[IF NEEDED, SAY: "SH	IOP is the Small	<b>Business Health</b>	Options Progran	n administered
by Covered California.]				

$\mathbf{O}$	EMPLOYER	1
0	UNION	2
O	SHOP / COVERED CALIFORNIA .	3
0	OTHER (SPECIFY:	) 91
O	•	•
$\mathbf{O}$	DON'T KNOW	-8

# POST NOTE FOR 'AI94': IF 'AI94'= 3, THEN SET TEHBEX = 1

Private Coverage (Teen)

#### PROGRAMMING NOTE 'IA4':

IF TEINSURE = 1 THEN GO TO 'AI95';

ELSE CONTINUE WITH 'IA4'

'IA4'

Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

IA4

[IF NEEDED, SAY: "Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital]

$\mathbf{O}$	YES1	
$\mathbf{O}$	NO2	[GO TO 'IA6']
$\mathbf{O}$	REFUSED7	[GO TO 'IA6']
$\mathbf{O}$	DON'T KNOW8	[GO TO 'IA6']

# POST NOTE 'IA4': IF 'IA4' = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

# **PROGRAMMING NOTE 'AI95':**

IF TEDIRECT = 1, THEN CONTINUE WITH 'AI95';

ELSE GO TO 'PN\_AI97'

'AI95'

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

A195

O	INSURANCE COMPANY OR HMC	)1
O	COVERED CALIFORNIA	2
O	OTHER (SPECIFY:)	91
O	REFUSED	7
O	DON'T KNOW	8

# POST NOTE FOR 'AI95': IF 'AI95' = 2, THEN SET TEHBEX = 1

IF <b>'Al94'</b> = 3, T	<b>IG NOTE 'AI97</b> ' HEN GO TO PN UE WITH <b>'AI97</b> '	l 'Al55';	
'Al97'	Was there a su	ubsidy or discount on the premium for this plan?	
A197	) ) )	YES	[GO TO 'IA6'] [GO TO 'IA6']
IF TEEMP= 1 (COVERAGE), G	NG NOTE 'AI55' EMPLOYER-BA CONTINUE WIT PROGRAMMING	ASED COVERAGE) OR TEDIRECT= 1 (PURCHA TH <b>'AI55'</b> ;	SED OWN
'AI55'	the cost of any [IF NEEDED, Stime you see a	y or all of the premium or cost for (TEEN)'s health co-pays or deductibles you or your family may has SAY: "Copays are the partial payments you make doctor or use the health care system, while some	ave had to pay. for your health care each
	health plan sta	SAY: A deductible is the amount you pay for medicrts paying."]	·
	[IF NEEDED, Splan."]	YES	of your health insurance [GO TO 'IA6'] [GO TO 'IA6']
'AI52'		else, such as an employer, a union, or professiona of the premium or cost for (TEEN)'s health plan?	al organization pay all or
	0	YES	[GO TO 'PN_IA6']
	o o	REFUSED         -7           DON'T KNOW         -8	[GO TO 'PN_IA6'] [GO TO 'PN_IA6']

<b>'Al53'</b> Who e	else pays all or so	ome portion of the cost for (TEEN)'s health plan?			
AI53	[CODE ALL TH	HAT APPLY]			
		CURRENT EMPLOYER			
IF <b>'AI53'</b> = 7, \$	'AI53': IF 'AI53' = SET TEMCAL = , SET TEHBEX =				
CHAMPUS/CH	CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)				
IF TEINSURE	ING NOTE 'IA6': = 1, GO TO PRO NUE WITH 'IA6'	OGRAMMING NOTE <b>'IA1A'</b> ;			
'IA6'	Is {he/she} cov health care?	vered by CHAMPUS/CHAMP VA, TRICARE, VA,	or some other military		
IAU	•	YES1	[GO TO 'PN_MA8']		
	O	NO2	[GO TO 'PN_IA6']		
	O	REFUSED7	[GO TO 'PN_IA6']		
	•	DON'T KNOW8	" 1		

POST NOTE 'IA6': IF 'IA6' = 1, SET TEMILIT= 1 AND SET TEINSURE = 1

AIM, MRMIP, Family PACT, Healthy Kids, Other (Teen)

**'IA7'** 

Is {he/she} covered by some other government health plan such as AIM, 'Mister MIP', Family PACT, Healthy Kids or something else?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men.]

$\mathbf{O}$	AIM1	[GO TO
		'PN_MA8']
O	MISTER MIP/MRMIP2	[GO TO
		'PN_MA8']
$\mathbf{O}$	Family PACT3	[GO TO
		'PN_MA8']
$\mathbf{O}$	HEALTHY KIDS4	[GO TO
		'PN_MA8']
$\mathbf{O}$	NO OTHER PLAN5	
$\mathbf{O}$	SOMETHING ELSE (SPECIFY:)91	[GO TO
		'PN_MA8']
•	REFUSED7	
•	DON'T KNOW8	

POST NOTE 'IA7': IF 'IA7' = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

Other Coverage (Teen)

'IA8' Does {he/she} have any health insurance coverage through a plan that I missed?

IA8

$\mathbf{O}$	YES1	
O	NO2	[GO TO
		'PN_MA8']
$\mathbf{O}$	REFUSED7	-
		'PN_MA8']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN_MA8']

'IA9'

What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

IA9

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Do you get this plan through a current or former employer/union, through a school, professional association, trade group or other organization directly from the health plan?"]

# [CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]

	THROUGH CURRENT OR	
	FORMER EMPLOYER/UNION	1
	THROUGH SCHOOL, PROFESSIONAL	
	ASSOCIATION TRADE GROUP OR	
	OTHER ORGANIZATION	2
	PURCHASED DIRECTLY FROM A	
	HEALTH PLAN (BY YOU OR	
	ANYONE ELSE)	3
	MEDICARE	4
	MEDI-CAL	
	CHAMPUS/CHAMP-VA, TRICARE,	
_	VA, OR SOME OTHER MILITARY	
	HEALTH CARE	7
	INDIAN HEALTH SERVICE,	
_	TRIBAL HEALTH PROGRAM,	
	URBAN INDIAN CLINIC	8
	COVERED CALIFORNIA	
ī	SHOP THROUGH	
_	COVERED CALIFORNIA	11
	OTHER GOVERNMENT HEALTH	
_	PLAN	91
П	OTHER NON-GOVERNMENT HEALTH	
_	PLAN	92
$\circ$	REFUSED	
0	DON'T KNOW	
_		

```
POST NOTE 'IA9': IF 'IA9'= 1, SET TEEMP= 1 AND TEINSURE= 1;
IF 'IA9' = 2, SET TEEMP= 1 AND TEINSURE= 1;
IF 'IA9' = 3, SET TEDIRECT= 1 AND TEINSURE= 1;
IF 'IA9' = 4, SET TEMCARE= 1 AND TEINSURE= 1;
IF 'IA9' = 5, SET TEMCAL= 1 AND TEINSURE= 1;
IF 'IA9' = 7, SET TEMILIT= 1 AND TEINSURE= 1;
IF 'IA9' = 8, SET TEIHS= 1;
IF 'IA9' = 10, SET TEHBEX= 1 AND TEINSURE= 1 AND TEDIRECT= 1;
IF 'IA9' = 11, SET TEHBEX= 1 AND TEINSURE= 1 AND TEEMP= 1;
IF 'IA9' = 91, SET TEOTHGOV= 1 AND TEINSURE= 1;
IF 'IA9' = 92, SET TEOTHER= 1 AND TEINSURE= 1;
IF 'IA9' = -3, SET TEINSURE= 1
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О О

O

IF ' <b>IA9</b> '= 4 (TE		<b>ER':</b> :ARE), CONTINUE WITH <b>'IA9VER'</b> ; NG NOTE <b>'IA1A'</b>	
'IA9VER'	Just to verify, y	νου said that (TEEN) gets health insurance throug	gh Medicare?
IA9VER	• • •	YES	[GO TO 'PN_MA8'] [GO TO 'PN_MA8']
	NG NOTE 'IA1A ≠ 1 CONTINUE MA8';		
'IA1A' What is	s the <u>one</u> main r	eason why (TEEN) is not enrolled in the Medi-CA	L program?
IA1A		PAPERWORK TOO DIFFICULT	

DO NOT NEED INSURANCE BECAUSE

SHE/HE IS HEALTHY.....7

ALREADY HAVE INSURANCE .....8

DID NOT KNOW ABOUT IT ......9
DO NOT LIKE OR WANT WELFARE...... 10

OTHER (SPECIFY: \_\_\_\_\_) ....... 91 REFUSED ...... -7

DON'T KNOW .....-8

Managed Care Plan Characteristics (Teen)

#### PROGRAMMING NOTE 'MA8':

IF 'IA10A' = 1 AND ARMCARE = 1, THEN 'MA8' = 'AH122' AND 'MA7' = 'AI25' AND 'IA14' = 'AH71' AND GO TO PN 'AI82';

ELSE IF 'MA6'= 1, THEN 'MA8'= 'MA3' AND 'MA7'= 'MA2' AND 'IA14'= 'CF14' AND GO TO 'PN\_AI82'; ELSE IF TEINSURE = 1, THEN CONTINUE WITH 'MA8';

ELSE GO TO PROGRAMMING NOTE 'AI82'

'MA8' Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

#### MA8

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it's an emergency."]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: "{his/her} MAIN health plan."]

[IF R SAYS "POS" OR "POINT OF SERVICE," CODE AS "YES." IF R SAYS "PPO," CODE AS "NO."]

$\mathbf{O}$	YES1	[GO TO 'MA7']
O	NO2	-
O	REFUSED7	
0	DON'T KNOW8	

#### **PROGRAMMING NOTE 'AI116':**

IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO 'MA7';

ELSE CONTINUE WITH 'AI116';

'Al116' Is (TEEN)'s health plan a PPO or EPO?

# AI116

[IF NEEDED, SAY: "EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it's an emergency, you can see doctors and specialists directly without a referral from your primary care provider."]

[IF NEEDED, SAY: "PPO stands for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan's network. Also, you can access doctors and specialists directly without a referral from your primary care provider."]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: "{His/Her} MAIN health plan."]

$\mathbf{O}$	PPO	1
O	EPO	2
O	Other (Specify:	)91
$\mathbf{O}$	REFUSED	7
$\bigcirc$	DON'T KNOW	_9

# 'MA7' What is the name of (TEEN)'s main health plan?

# MA7

$\mathbf{O}$	ACCESS SENIOR HEALTHCARE	
$\mathbf{O}$	AETNA	2
$\mathbf{O}$	AETNA GOLDEN MEDICARE	3
•	AIDS HEALTHCARE FOUNDATION, LA.	
O	ALAMEDA ALLIANCE FOR HEALTH	
ŏ	ALTAMED HEALTH SERVICES	
Ö	ANTHEM BLUE CROSSOF CALIFORNIA	
0		
O O	ASPIRE HEALTH PLAN	
0	BLUE CROSS CALIFORNIACARE	
O	BLUE CROSS SENIOR SECURE7	
$\mathbf{O}$	BLUE SHIELD 65 PLUS	
$\mathbf{O}$	BLUE SHIELD OF CALIFORNIA	12
O	BRAND NEW DAY (UNIVERSAL CARE).	13
O	CALIFORNIA HEALTH AND	
•	WELLNESS PLAN	14
$\circ$	CALIFORNIAKIDS (CALKIDS)	
0		
<b>O</b>	CAL OPTIMA (CALOPTIMA ONE CARE)	16
0	CALVIVA HEALTH	
O	CARE 1ST HEALTH PLAN	
O O	CAREMORE HEALTH PLAN	19
$\mathbf{O}$	CENTER FOR ELDERS'	
	INDEPENDENCE	21
O	CEN CAL HEALTH	
Ŏ	CENTRAL CALIFORNIA ALLIANCE	00
•	FOR HEALTH	22
$\sim$	CENTRAL HEALTH PLAN	22
<b>O</b>		
O	CHINESE COMMUNITY HEALTH PLAN.	
O	CHOICE PHYSICIANS NETWORK	
O	CIGNA HEALTHCARE	
$\mathbf{O}$	CITIZENS CHOICE HEALTHPLAN	27
$\mathbf{O}$	COMMUNITY CARE HEALTH PLAN	28
O	COMMUNITY HEALTH GROUP	29
O	CONTRA COSTA HEALTH PLAN	
Ö	DAVITA HEALTHCARE	0.
•	PARTNERS PLAN	24
$\sim$	EASY CHOICE HEALTH PLAN	31
O		
O	EPIC HEALTH PLAN	
O	GEM CARE HEALTH PLAN	34
$\mathbf{O}$	GOLD COAST HEALTH PLAN	
$\mathbf{O}$	GOLD COAST HEALTH PLAN GOLDEN STATE MEDICARE	35
	HEALTH PLAN	36
O	HEALTH NET	38
Ö	HEALTH NET SENIORITY PLUS	39
	HEALTH PLAN OF SAN JOAQUIN	
O O O	HEALTH PLAN SAN JP AUTHORITY	
0		
Ō	HERITAGE PROVIDER NETWORK	
)	HUMANA GOLD PLUS	
O	HUMANA HEALTH PLAN	
<b>O</b>	IEHP (INLAND EMPIRE HEALTH PLAN)	45
$\mathbf{C}$	INTER VALLEY HEALTH PLAN	
O O	HEALTH ADVANTAGE	
Ö	KAISER PERMANENTE	
Ö	KAISER PERMANENTE	• •
•		

	SENIOR ADVANTAGE	
O	KERN FAMILY HEALTH CARE	
O	L.A. CARE HEALTH PLAN	50
O	MD CARE	51
O	MOLINA HEALTHCARE OF	
	CALIFORNIA	54
O	MONARCH HEALTH PLAN	55
$\mathbf{O}$	ON LOK SENIOR HEALTH SERVICES.	56
O	PARTNERSHIP HEALTHPLAN	
	OF CALIFORNIA	57
$\mathbf{O}$	PIH HEALTH CARE SOLUTIONS	58
O O	PREMIER HEALTH PLAN SERVICES	
$\mathbf{O}$	PRIMECARE MEDICAL NETWORK	
0	PROVIDENCE HEALTH NETWORK	
O O	SCRIPPS HEALTH PLAN SERVICES	
O	SEASIDE HEALTH PLAN	
O	SAN FRANCISCO HEALTH PLAN	
O	SANTA CLARA FAMILY HEALTH	
_	PLAN	90
C	SAN MATEO HEALTH COMMISION	86
Ö	SANTA BARBARA	
Ö	SATELLITE HEALTH PLAN	
$\tilde{\mathbf{O}}$	SCAN HEALTH PLAN	
0	SHARP HEALTH PLAN	
$\tilde{\mathbf{O}}$	SUTTER HEALTH PLAN	
O O	SUTTER SENIOR CARE	
Ö	UNITED HEALTHCARE	
Ö	UNITED HEALTHCARE SECURE	
•	HORIZON	74
O	UNIVERSITY HEAI THCARE	
•	UNIVERSITY HEALTHCARE ADVANTAGE	75
$\mathbf{O}$	VALLEY HEALTH PLAN	76
O O	VENTURA COUNTY HEALTH	, c
•	CARE PLAN	77
O	WESTERN HEALTH ADVANTAGE	78
ŏ	CHAMPUS/CHAMP-VA	93
0	TRICARE/TRICARE FOR LIFE/	50
•	TRICARE PRIME	Ω7
$\circ$	VA HEALTH CARE SERVICES	O7
O O	MEDI-CAL	
0	MEDICARE	
0		
0	OTHER (SPECIFY:) REFUSED	00
0	DON'T KNOW	
	LICHN L KINCIVV	

**POST NOTE 'MA7'**: IF **'MA7'** = 93, 87, OR 89 THEN SET TEMILIT=1

'IA14'	ls	(TEEN)	covered	for	prescription	drugs?
--------	----	--------	---------	-----	--------------	--------

$\mathbf{O}$	YES1
$\mathbf{O}$	NO2
$\mathbf{O}$	REFUSED7
$\mathbf{O}$	DON'T KNOW8

High Deductible Health Plans (Teen)

#### PROGRAMMING NOTE FOR 'AI82':

IF [(ARINSURE  $\neq$  1 OR 'IA10A'  $\neq$  1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH 'AI82'; ELSE SKIP TO PN 'IA18'

'Al82' Does (TEEN)'s health plan have a deductible that is more than \$1,000?

Al82

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

$\mathbf{O}$	YES	1
O	NO	2
O	YES, ONLY WHEN GO OUT OF	
	NETWORK	3
0	REFUSED	7
$\mathbf{O}$	DON'T KNOW	8

**'Al83'** Does (TEEN)'s health plan have a deductible for all covered persons that is more than \$2,000?

Al83

[IF NEEDED, SAY: "A deductible is the amount you have to pay before your plan begins to pay for your medical care."]

$\mathbf{c}$	YES	1
$\mathbf{c}$	NO	2
$\mathbf{c}$	YES, ONLY WHEN GO OUT OF	
	NETWORK	3
$\mathbf{c}$	REFUSED	7
$\mathbf{c}$	DON'T KNOW	8

1	חח	$\sim$	$\mathbf{D}$	R / R / I		NAT	F 'ΔI84	
ı	PK	( )( -	KΔ	IVI IVI I	IV( =	$\mathbf{N}(\mathbf{I})$	P 'AIX4	

IF ('Al82' = 1 OR 3) OR ('Al83' = 1 OR 3), CONTINUE WITH 'Al84'; ELSE SKIP TO PROGRAMMING NOTE 'IA18'

'AI84'

Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

AI84

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include-Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs)."]

$\mathbf{O}$	YES	
$\mathbf{C}$	NO	2
$\mathbf{C}$	REFUSED	7
<b>O</b>	DON'T KNOW	

Reasons for Lack of Coverage (Teen)

# **PROGRAMMING NOTE 'IA18':**

IF TEINSURE = 1, GO TO 'IA24';

**ELSE CONTINUE WITH 'IA18'** 

'IA18' What is the one main reason (TEEN) does not have any health insurance?

IA18

$\mathbf{O}$	CAN'T AFFORD/TOO EXPENSIVE1
$\mathbf{O}$	NOT ELIGIBLE DUE TO WORKING
	STATUS/ CHANGED EMPLOYER/
	LOST JOB2
$\mathbf{O}$	NOT ELIGIBLE DUE TO HEALTH OR
	OTHER PROBLEMS3
$\mathbf{O}$	NOT ELIGIBLE DUE TO CITIZENSHIP/
	IMMIGRATION STATUS4
O	FAMILY SITUATION CHANGED5
O	DON'T BELIEVE IN INSURANCE6
O	DID NOT HAVE INSURANCE WHILE
	SWITCHING INSURANCE COMPANIES7
O	CAN GET HEALTH CARE FOR FREE/
	PAY FOR OWN CARE8
O	OTHER (SPECIFY:)91
O	REFUSED7
$\mathbf{O}$	DON'T KNOW8

Coverage over Past 12 months (Teen)

'IA20' Was (	TEEN) covered b	y health insurance at an	y time during the	past 12 months?
--------------	-----------------	--------------------------	-------------------	-----------------

IA20	<b>O</b>	YES1	[GO TO 'IA22']
	<b>O</b>	NO2 REFUSED7	
	0	DON'T KNOW8	
'IA21' How long ha	as it been	since (TEEN) last had health insurance?	
IA21	O	MORE THAN 12 MONTHS, BUT 1	
	•	NO MORE THAN 3 YEARS AGO1	[GO TO
	O	2 MORE THAN 3 YEARS AGO2	'PN_AH5'] [GO TO 'PN_AH5']
	O	3 NEVER HAD HEALTH INSURANCE COVERAGE3	 [GO TO
	O	REFUSED7	'PN_AH5'] [GO TO 'PN_AH5']
	O	DON'T KNOW8	[GO TO 'PN_AH5']
' <b>IA22</b> ' For how ma	ny of the I	ast 12 months did {he/she} have health insurance	?
	ΓERVIEWI TER 1]	ER NOTE: IF LESS THAN ONE MONTH BUT MC	ORE THAN 0 DAYS,
		MONTHS [HR: 0-12]	[IF 'IA22'=0, GO TO 'PN AH5']
	O	REFUSED7	[GO TO 'PN_AH5']
	O	DON'T KNOW8	[GO TO 'PN AH5']

'IA23'	a plan you ob	me when (TEEN) had health insurance, was {his/lotained through an employer, a plan you purchase mpany, a plan you purchased through Covered C	ed directly from an
IA23	[CODE ALL 7	THAT APPLY.]	
	[PROBE: "An	y others?"]	
		MEDICAL THROUGH CURRENT OR FORMER1	[GO TO
		EMPLOYER/UNION3	'PN_AH5'] [GO TO
		PURCHASED DIRECTLY5	'PN_AH5'] [GO TO 'PN_AH5']
		COVERED CALIFORNIA6	[GO TO 'PN_AH5']
		OTHER HEALTH PLAN91	[GO TO 'PN_AH5']
	O	REFUSED7	[GO TO 'PN AH5']
	•	DON'T KNOW8	[GO TO 'PN_AH5']
'IA24'		ut {his/her} current health insurance, did (TEEN) heast 12 months?	nave this same insurance
IAZ4	O	YES1	[GO TO 'PN AH5']
	•	NO2	11211101
	O	REFUSED7	
	O	DON'T KNOW8	
'IA25'		e} wasn't covered by {his/her} current health insur alth insurance?	rance, did {he/she} have
	O	YES1	
	Ō	NO2	[GO TO 'IA27']
	Ö	REFUSED7	[GO TO 'IA27']
	ŏ	DON'T KNOW -8	[GO TO 'IA27']

'IA26'	you purchas	ner health insurance Medi-Cal, a plan you obtained sed directly from an insurance company, a plan you alifornia, or some other plan?	
IA26	[CODE ALL	THAT APPLY.]	
	[PROBE: "A	ny others?"]	
	(7 maximum	n responses)	
		MEDI-CAL	
'IA27'	During the pall?	past 12 months, was there any time when {he/she} h	nad no health insurance at
IA27	) ) )	YES	[GO TO 'PN_AH5'] [GO TO 'PN_AH5'] [GO TO 'PN_AH5']
'IA28' For ho	w many of the	e past 12 months did {he/she} have no health insura	nce?
IA28	[IF < 1 MON	ITH, ENTER '1']	
	<b>O</b>	MONTHS [RANGE: 1-12] REFUSED7 DON'T KNOW8	

'IA29'

What is the <u>one main</u> reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

IA29

[IF R SAYS, "No need," PROBE WHY]

$\mathbf{O}$	CAN'T AFFORD/TOO EXPENSIVE	. 1
O	NOT ELIGIBLE DUE TO WORKING	
	STATUS/ CHANGED EMPLOYER/	
	LOST JOB	.2
O	NOT ELIGIBLE DUE TO HEALTH OR	
	OTHER PROBLEMS	.3
O	NOT ELIGIBLE DUE TO CITIZENSHIP/	
	IMMIGRATION STATUS	.4
O	FAMILY SITUATION CHANGED	.5
O	DON'T BELIEVE IN INSURANCE	.6
O	DID NOT HAVE INSURANCE WHILE	
	SWITCHING INSURANCE COMPANIES	.7
O	CAN GET HEALTH CARE FOR FREE/	
	PAY FOR OWN CARE	.8
O	OTHER (SPECIFY:) 9	1
O	REFUSED	
O	DON'T KNOW	-8

Citizenship and Immigration (Parents)

# **PROGRAMMING NOTE 'AI56':**

IF NO TEEN SELECTED, GO TO SECTION J;

IF 'AD65E'= 1 (MALE AT BIRTH), DISPLAY "mother";

IF 'AD65E'= 2 (FEMALE AT BIRTH), DISPLAY "father";

IF 'AD65E'= -7/-8 (REFUSED/DON'T KNOW) AND 'SC11A' Sex =1 DISPLAY "father" OR If 'QA20\_A23' =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

'AI56'

In what country was (TEEN)'s {mother/father} born?

AI56

$\mathbf{O}$	United States	1
$\mathbf{O}$	American Samoa	2
$\mathbf{O}$	Canada	3
$\mathbf{O}$	China	4
$\mathbf{O}$	Guam	9
$\mathbf{O}$	Japan 10	6
$\mathbf{O}$	Korea1	7
$\mathbf{O}$	Mexico 18	8
$\mathbf{O}$	Philippines19	9
$\mathbf{O}$	Puerto Rico	2
$\mathbf{O}$	Vietnam 25	5
$\mathbf{O}$	Virgin Islands20	6
$\mathbf{O}$	Other (Specify:)9	1
$\mathbf{O}$	REFUSED	
O	DON'T KNOW	8

# **PROGRAMMING NOTE 'AI57':**

IF 'AD65E' = 1 (MALE AT BIRTH), DISPLAY "mother";

IF 'AD65E' = 2 (FEMALE AT BIRTH), DISPLAY "father"

IF 'AD65E' = -7/-8 (REFUSED/DON'T KNOW) AND 'SC11A' Sex =1 DISPLAY "father" OR If 'SC11A' =2 DISPLAY "mother"

ELSE IF DISPLAY "other parent"

**'Al57'** Does (TEEN)'s {mother/father} now live in the U.S.?

# AI57

$\mathbf{c}$	Yes	1
$\mathbf{c}$	No	2
$\mathbf{c}$	Mother/Father/Other parent} deceased	3
$\mathbf{c}$	{Mother/Father/Other parent} never	
	lived in U.S	4
$\mathbf{c}$	REFUSED	7
$\mathbf{c}$	DON'T KNOW	8

PROGRAMMIN	NG NOTE 'AI58'	) <u>.</u>			
IF 'AD65E' = 1 (MALE AT BIRTH), DISPLAY "mother";					
		IRTH), DISPLAY "father";			
		DON'T KNOW) AND 'SC11A' Sex =1 DISPLAY "father" OR If 'SC11A' =2			
		DON'T KNOW) AND SCHA SEX = I DISPLAT TALLIEL OR II SCHA =2			
DISPLAY "moth					
	-AY "other parer				
IF <b>'AI57'</b> = 3 (M	OTHER/FATHE	ER DECEASED), DISPLAY "Was";			
ELSE DISPLAY	∕ "ls"				
'AI58'	Sle/Mael (TEFI	N)'s {mother/father} a citizen of the United States?			
Also	(13/1143) (1 LL1	1) 3 (mother/lather) a chizen of the Officed States:			
4150					
AI58					
	O	Yes1			
	O	No2			
	O	Application pending3			
	Ō	REFUSED7			
	Ö	DON'T KNOW8			
	9	DON 1 KNOW			
PROGRAMMIN	NG NOTE 'AI59'	?: :			
IF 'AI58' = 1 SH	KIP TO 'PN AI6	<b>60'</b> IF <b>'AD65E'</b> = 1 (MALE AT BIRTH), DISPLAY "mother"; IF 'AD65E = 2			
		Y "father"; IF 'AD65E' = -7/-8 (REFUSED/DON'T KNOW) AND 'SC11A'			
		f 'SC11A' =21DISPLAY "mother" ELSE IF DISPLAY "other parent" IF 'AI57			
		ASED), DISPLAY "Was"; ELSE DISPLAY "Is"			
- 3 (INIOTTIEN)	FATHER DECE	ASED), DISPLAT Was , ELSE DISPLAT IS			
'AI59'		N)'s {mother/father} a permanent resident with a green card? People			
	usually call this	s a "Green Card" but the color can also be pink, blue, or white.			
AI59					
	•	Yes1			
	Ö	No2			
	O	Application pending3			
	•	REFUSED7			
	O	DON'T KNOW8			
'Al60'	About how ma	ny years has (TEEN)'s {mother/father} lived in the United States?			
AI60					
Alou		NUMBER OF VEARO			
		NUMBER OF YEARS			
		YEAR FIRST COME AND LIVE IN U.S.			
	O	NUMBER OF YEARS1			
	Ō	YEAR FIRST CAME TO LIVE IN US2			
	Ö	MOTHER/FATHER DECEASED3			
	_	MOTHER/FATHER DECEASEDS MOTHER/FATHER NEVER LIVED IN US4			
	O				
	•	REFUSED7			
	$\mathbf{O}$	DON'T KNOW8			

# **Section J: Health Care Utilization and Access**

Visits to Medical Doctor

		O OR SPOUSE IN HH, DISPLAY "Now, I'd	d like to	ask about the health
'AH5'		ask about the health care <u>you</u> receive. Dure you seen a medical doctor?	uring the	e past 12 months, how
Allo		TIMES [HR: 0-	365]	[IF 'AH5' > 0 GOTO 'PN_AJ114']
	0	REFUSEDDON'T KNOW		
	·	OT SEEN A DOCTOR IN LAST 12 MONT	HS OR	REF/DK), CONTINUE
'AH6'	About how long	has it been since you last saw a doctor a	bout yo	ur own health?
AH6	0 0 0 0	ONE YEAR AGO OR LESS	1 2 3 4 7	[GO TO 'AJ218']
'AJ114'	About how long check-up?	has it been since you last saw a doctor o	r medica	al provider for a <u>routine</u>
		AY: A ROUTINE CHECK-UP IS A VISIT I IIS VISIT MAY INCLUDE QUESTIONS AF PKING.]		
	0 0 0 0	ONE YEAR AGO OR LESS	1 2 3 4 7	

'AJ218'	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?			
AJ218				
	O	Never1		
	Ö	Sometimes2		
	Ö	Usually3		
	Õ	Always4		
	o o	Not applicable5		
	9	REFUSED		
	9	DON'T KNOW8		
	9	DON 1 KNOW		
IF THE HOUS	SEHOLD HAS A	SELECTED TEEN		
'AJ219'		nonths, how often was it easy to get the care, tests, or treatment [teen's		
	name] neede	d?		
AJ219				
	O	Never1		
	O	Sometimes2		
	O	Usually3		
	O	Always4		
	Ö	Not applicable5		
	Ö	REFUSED7		
	ŏ	DON'T KNOW8		
	•	DON'T INVOV		
'AJ115'		st 12 months, about how many days did you miss work at a job or business		
	because of ill	ness, injury or disability?		
AJ115				
	[IF NEEDED:	"DO NOT INCLUDE FAMILY OR MATERNITY/PATERNITY LEAVE."]		
		DAYS (0 - 365)		
	•	DID NOT HAVE JOB IN PAST		
		12 MONTHS1		
	O	REFUSED7		
	ŏ	DON'T KNOW8		
	Õ	Other (specify)		
	•			

Personal Doctor

N <b>G NOTE 'AJ77</b> , 4, OR 5 (HAS / <b>PN_AJ102'</b>		
Do you have a	a personal doctor or medical provider who is your main provider?	
		١
) ) )	YES	
= 1 OR 'AH1' = PN_AJ80' 'RUCTIONS:	: 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH	1
		al
		g
<b>O</b>	YES	
O	REFUSED7 <b>[GO TO</b>	
•	DON'T KNOW8 [GO TO 'PN_AJ80']	
How often wer	e you able to get an appointment within two days? Would you say	
0 0 0	Never       1         Sometimes       2         Usually       3         Always       4         REFUSED       -7         DON'T KNOW       -8	
	4, OR 5 (HAS PN_AJ102'  Do you have a [IF NEEDED, 3 PHYSICIAN A O O O O O O O O O O O O O O O O O O	4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH 'AJ77'; PN_AJ102'  Do you have a personal doctor or medical provider who is your main provider?  [IF NEEDED, SAY: "THIS CAN BE A GENERAL DOCTOR, A SPECIALIST DOCTOR, A PHYSICIAN ASSISTANT, A NURSE, OR OTHER HEALTH PROVIDER."]  O YES

PROGRAMMING NOTE 'AJ80':

# **Care Coordination**

DOCTOR/MED	ICAL PROVIDEI R <b>'AB34'</b> = 1 (HA	USUAL SOURCE OF CARE) AND 'AJ77' = 1 (IR) AND [('AB40' = 1 OR 'AB41' = 1 (HAS ASTH IS HEART DISEASE)], THEN CONTINUE WITH	MA)) OR AB22' = 1 (HAS
'AJ80'	Is there anyone at your doctor's office or clinic who helps coordinate your care wire doctors or services such as tests or treatments?		
7.000	•	YES1	
	Ö	NO2	
	Ö	REFUSED7	
	Ö	DON'T KNOW8	
Tele-Medical Ca	are		
'AJ220'	During the past appointments?	12 months, did your <u>usual medical provider</u> offer	r telephone or video
AJ220			
	<b>O</b>	Yes1	100 TO (A 1000)
	<b>O</b>	No2	[GO TO 'AJ202']
	<b>O</b>	REFUSED8	[GO TO 'AJ202']
	0	Don't know3	[GO TO 'AJ202']
'AJ221'	What options di	d your medical provider offer?	
AJ221	(SELECT ALL	ГНАТ APPLY)	
	•	,	
		In-person appointments1	
		Telephone appointments2	
		Video appointments3	
	Ō	REFUSED7	[GO TO 'AJ202']
	O	DON'T KNOW8	[GO TO 'AJ202']
'AJ222'	How satisfied a providers?	re you with the availability of telephone or video l	health care from your
AJ222	$\circ$	Var. actisfied	
	0	Very satisfied1 Somewhat satisfied2	
	0		
	<b>O</b>	Neither satisfied nor dissatisfied	
	<b>O</b>	Somewhat dissatisfied4	
	<b>O</b>	Very dissatisfied5	100 TO (A 1000)
	<b>O</b>	REFUSED7	[GO TO 'AJ202']
	•	DON'T KNOW8	[GO TO 'AJ202']

'AJ202'	During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?		
AJZUZ	) ) )	Yes	[GO TO 'AJ8B'] [GO TO 'AJ8B'] [GO TO 'AJ8B']
'AJ203'	What was this		[00.10.1001]
A 1202			
AJ203		Primary Care1	[CO TO 'A 1225']
	_	•	[GO TO 'AJ225']
		Dental Care2  Mental Health3	[GO TO 'AJ225']
			[GO TO 'AJ225']
		Family Planning4	100 TO (4 100 F)
		Other speciality care5	[GO TO 'AJ225']
		Other:91	[GO TO 'AJ225']
	O O	REFUSED	[GO TO 'AJ225']
	9	DON 1 KNOW0	[GO TO 'AJ225']
'AJ223'	Where did yo	Where did you receive your family planning service?	
A 1000			
AJ223		Private Doctor's Office1	
		HMO Facility (Kaiser, Anthem Blue Cross,	
	_	Health Net, United Healthcare, etc.)2	
		Hospital or Hospital Clinic3	
	ā	Planned Parenthood4	
	_	County Health Department5	
		Family Planning Clinic6	
		Community Clinic7	
		School or School-Based Clinic8	
		Tribal Health Clinic/Urban Indian	
		Health Program/Clinic9	
		Pharmacy10	
		Some other place (Specify:) 11	
	<b>O</b>	REFUSED7	
	O	DON'T KNOW8	
'AJ224'	Was the appo	pintment via telephone or video?	
AJ224			
	•	Yes, a telephone visit1	
	•	Yes, a video visit2	
	•	Both3	
	•	No4	
	•	REFUSED7	
	O	DON'T KNOW8	

'AJ225'		our telephone or video health care experiences in the past 12 months. How that your health provider addressed your health concerns?
AJ225	Salisiled are yo	od that your health provider addressed your health concerns?
710220	O Ve	ery satisfied1
	O Sa	atisfied2
	O Sli	ghtly satisfied3
		ot satisfied at all4
		FUSED7
	O D(	DN'T KNOW8
'AJ226'	Think about yo	our most recent telephone or video health care experience. Would you
A3220		an in-person visit?
AJ226		
	O	Yes1
	O	No2
	O	REFUSED7
	•	DON'T KNOW8
		<del></del>
	NG NOTE 'AJ22	27':
IF 'AJ203' = 2,	PN_AJ228''AJ2	22,
LLGE GOTO I	N_A3220 A32	<del></del>
'AJ227'	Think about vo	our most recent video visit with your dental health provider. How would you
		ence compared to an in-person visit? Would you say the video
	appointment w	as
AJ227		
	O	Much worse1
	O	Somewhat worse2
	O	About the Same3
	0	Somewhat better4
	0	Much better5
	0	I did not have a video visit6 REFUSED7
	9	DON'T KNOW8
	•	DOIN I KINOW0
PROGRAMMIN	NG NOTE 'AJ22	28':
IF 'AJ203' = 3,		
ELSE GOTO '		
'AJ228'		our most recent video visit with your mental health provider. How would you
		ence compared to an in-person visit? Would you say the video
	appointment w	as
AJ228		Mala and
	0	Much worse
	0	Somewhat worse2 About the Same3
	0	Somewhat better4
	9	Much better5
	9	I did not have a video visit6
	ŏ	REFUSED7
	Ö	DON'T KNOW8

PROGRAMMING NOTE 'AJ229':				
IF <b>'AJ203'</b> = 1, CONTINUE; ELSE GOTO <b>'PN_AJ230'</b>				
ELSE GOTO	PN_AJZ3U			
'AJ229'	Think about voi	ur most recent video visit with your primary care provider. How would you		
	rate the experie	ence compared to an in-person visit? Would you say the video		
	appointment wa	as		
AJ229				
	O	Much worse1		
	O	Somewhat worse2		
	0	About the Same		
	0	Somewhat better4 Much better5		
	9	I did not have a video visit6		
	9	REFUSED7		
	9	DON'T KNOW8		
	•	DON'T INVOV		
PROGRAMMI	NG NOTE 'AJ23	0':		
IF <b>'AJ203'</b> = 2				
ELSE GOTO '				
'AJ230'		ur most recent telephone visit with your dental health provider. How would		
		perience compared to an in-person visit? Would you say the telephone		
	appointment wa	as		
AJ230				
	Q	Much worse1		
	O	Somewhat worse2		
	O	About the Same3		
	<b>O</b>	Somewhat better4		
	0	Much better5		
	0	I did not have a video visit6 REFUSED7		
	0	DON'T KNOW8		
	•	DOIN 1 KINOW0		
PROGRAMMII	NG NOTE 'AJ23	1'·		
IF <b>'AJ203'</b> = 3.				
ELSE GOTO 'I				
	_			
'AJ231'	Think about you	ur most recent telephone visit with your mental health provider. How would		
	you rate the ex	perience compared to an in-person visit? Would you say the telephone		
	appointment wa	as		
AJ231				
	O	Much worse1		
	O	Somewhat worse2		
	O	About the Same3		
	<b>O</b>	Somewhat better4		
	<b>O</b>	Much better5		
	0	I did not have a telephone visit6		
	0	REFUSED7		
	O	DON'T KNOW8		

PROGRAMMING NOTE 'AJ232':				
IF 'AJ203' = 1, CONTINUE;				
ELSE GOTO 'A	AJ233'			
'AJ232'		ur most recent telephone visit with your primary care provider. How would		
	•	perience compared to an in-person visit? Would you say the telephone		
	appointment wa	9S		
AJ232				
	O	Much worse1		
	0	Somewhat worse2		
	O	About the Same3		
	0	Somewhat better4		
	O	Much better5		
	0	I did not have a telephone visit6		
	•	REFUSED7		
	•	DON'T KNOW8		
'AJ233'	Did you have any problems with a telephone or video appointment?			
AJ233				
	O	Yes1		
	Ö	No2		
	Ö	REFUSED7		
	O	DON'T KNOW8		
	IG NOTE 'AJ23			
	THEN CONTINU	JE;		
ELSE GO TO 'I	PN_AJ8B'			
'AJ234'	What problems	did you experience?		
A0204	What problems	ald you experience:		
AJ234				
		Bad internet/network connection1		
		Couldn't download the telehealth app2		
		Audio/Video was not working3		
		No privacy during the		
	_	telehealth appointment4		
		The doctor/nurse did not speak		
		my language/understand my language5		
		Other:91		
	<b>O</b>	REFUSED7		
	•	DON'T KNOW8		

Communication Problems with a Doctor

## **PROGRAMMING NOTE 'AJ8B':**

IF 'AH37' >= 2 (SPEAKS ENGLISH 'WELL', 'NOT WELL', OR 'NOT AT ALL'), CONTINUE WITH 'AJ8B'; ELSE GO TO 'PN\_AJ105'

'AJ8B' The last time you saw a doctor, did you have a hard time understanding the doctor?

AJ8B

O	Yes1	[GO TO 'AJ9']
0	No2 REFUSED7	IGO TO
•	REFUSED1	'PN_AJ105']
0	DON'T KNOW8	[GO TO 'PN_AJ105']

#### PROGRAMMING NOTE 'AJ50':

IF 'AJ8B' = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR 'AH36' > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH 'AJ50';

ELSE GO TO 'PN\_AJ105'

SET 'AJ50' ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME 'AJ50' WAS ASKED;

'AJ50' In what language did the doctor speak to you?

AJ50

0	ENGLISH1 SPANISH2	[GO TO 'AJ10'] [GO TO
•	Of ANIOT	'PN_AJ105']
•	CANTONESE3	[GO TO
		'PN_AJ105']
•	VIETNAMESE4	[GO TO
		'PN_AJ105']
$\mathbf{O}$	TAGALOG5	[GO TO
		'PN_AJ105']
$\mathbf{O}$	MANDARIN6	[GO TO
		'PN_AJ105']
•	KOREAN7	[GO TO
		'PN_AJ105']
•	ASIAN INDIAN LANGUAGES8	[GO TO
		'PN_AJ105']
$\mathbf{O}$	RUSSIAN9	[GO TO
		'PN_AJ105']
•	OTHER (SPECIFY:)91	[GO TO
	,	<sup>'</sup> PN_AJ105']
•	REFUSED7	[GO TO
		PN AJ105']
•	DON'T KNOW8	[GO TO
		PN AJ105']

'AJ9'	Was this because yo	ou and the doctor spoke different languages?	
A 10	$\neg$		
AJ9	<b>_</b>	YES1	
	Ö	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	
'AJ10'	Did you need some	one to help you understand the doctor?	
AJ10			
	<b>O</b>	YES1	
	O	NO2	[GO TO
		DEE/105D	'PN_AJ105']
	O	REFUSED7	[GO TO 'PN_AJ105']
	O	DON'T KNOW8	[GO TO
			'PN_AJ105']
'AJ11'	Who was this person	n who helped you understand the doctor?	
AJ11	$\neg$		
AJII		ONDS "MY CHILD," PROBE TO SEE IF CHILD IS	UNDER AGE 18. IF AGE
		RE, CODE AS "ADULT FAMILY MEMBER".]	
	Q	MINOR CHILD (UNDER AGE 18)1	
	Ö	AN ADULT FAMILY MEMBER OR	
		FRIEND OF MINE2	
	O	NON-MEDICAL OFFICE STAFF3	
	0	MEDICAL STAFF INCLUDING NURSES/DOCTORS4	
	Q	PROFESSIONAL INTERPRETER	
	•	(BOTH IN PERSON AND	
		ON THE TELEPHONE)5	
	O	OTHER (PATIENTS, SOMEONE ELSE)6	
	0	DID NOT HAVE SOMEONE TO HELP7	
	O O	REFUSED7 DON'T KNOW8	
	•	DOINT INVOVE	
	RAMMING NOTE 'A		
		S ENGLISH NOT WELL OR NOT AT ALL), THEN	CONTINUE WITH
'AJ105	'; GO TO <b>'AH16'</b>		
ELSE (	O IO Anio		
'AJ105		, you have the right to get help from an interpreter	for free during your
A 1404		ts. Did you know this before today?	
AJ10	<u>o</u>	YES1	
	9	NO2	
	Ö	REFUSED7	
	O	DON'T KNOW8	

# Delays in Care

During the particle for you?	st 12 months, did you delay or not get a medicine	that a doctor prescribed
O O	YES	[GO TO 'PN_AH22']
O	REFUSED7	[GO TO 'PN_AH22']
O	DON'T KNOW8	[GO TO 'PN_AH22']
Did you get th	e medicine that a doctor prescribed for you event	ually?
) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	
		icine that a doctor
[CHECK ALL	THAT APPLY]	
	Medication not in stock	7
	for you?  O O O Did you get the O O O O O O O O O O O O O O O O O O O	O YES

## **PROGRAMMING NOTE 'AJ253':**

IF MORE THAN ONE RESPONSE FROM 'AJ252', THEN CONTINUE WITH 'AJ253' WITH SELECTED CHOICES FROM 'AJ252' DISPLAYED;

ELSE SKIP TO NEXT TOPIC

'AJ253'	What was the for you?	one main reason why you delayed the medicine that a doctor prescribed
AJ253	ioi you:	
7.0200	•	Medication not in stock1
	Ö	Insurance approval issue2
	Ö	Delays in communication with provider
		or pharmacy3
	O	Concerns with side effects or interactions
	•	with other medications4
	O	Didn't want or thought
	•	I didn't need prescription5
	•	Too hard to track all my medications6
	ŏ	I forgot or lost prescription7
	Ö	I didn't have time8
	ŏ	I have no insurance9
	ŏ	Too expensive
	Ö	Other (Specify:)91
	Ö	REFUSED7
	9	DON'T KNOW8
	9	DON 1 KNOW0
PROGRAMMII	NG NOTE 'AJ1	76':
IF ARINSURE	= 1, THEN CON	NTINUE WITH <b>'AJ176'</b> ;
ELSE GO TO '		
'AJ176'	Did you delay	or not get a medicine while you had your current insurance plan?
	Did you delay	or not get a medicine while you had your current insurance plan?
'AJ176'	Did you delay	
	Did you delay	or not get a medicine while you had your current insurance plan?  YES1
	_	
	•	YES1
	0	YES1 NO2
AJ176	) ) )	YES
	O O O During the pas	YES
'AH22'	O O O During the pas	YES
AJ176	O O O During the pas	YES
'AH22'	O O O During the pas	YES
'AH22'	O O O During the pas needed—such	YES
'AH22'	O O O During the pas needed—such	YES
'AH22'	O O O During the pas needed—such	YES
'AH22' AH22	Ouring the pas needed—such	YES
'AH22'	Ouring the pas needed—such	YES
'AH22' AH22 'AJ129'	Ouring the pas needed—such	YES
'AH22' AH22	During the pas needed—such	YES
'AH22' AH22 'AJ129'	During the pas needed—such	YES
'AH22' AH22 'AJ129'	During the pas needed—such	YES

AJ254	During the pas needed?	st 12 months, why did you delay or did not get the care you felt you
A3234	[SELECT ALL	THAT APPLY]
		Couldn't get appointment1
		My insurance was not accepted2
		My insurance did not cover3
		Language understanding problems4
		Transportation problems5
		Hours were not convenient6
		There was no child care for
		children at home7
		I forgot or lost referral8
		I didn't have time to go9
		Too expensive10
		I have no insurance11
		Other (Specify:)91
	O	REFUSED7

## **PROGRAMMING NOTE 'AJ131B':**

 $\mathbf{O}$ 

IF MORE THAN ONE RESPONSE FROM 'AJ254' WITH SELECTED CHOICES FROM 'AJ254' DISPLAYED, THEN CONTINUE WITH 'AJ131B'; **ELSE SKIP TO NEXT TOPIC** 

What was the one main reason why you delayed getting the care you felt you needed? 'AJ131B'

DON'T KNOW .....-8

## AJ131B

$\mathbf{O}$	Couldn't get appointment	1
O	My insurance was not accepted	
O	My insurance did not cover	
O	Language understanding problems	
O	Transportation problems	5
O	Hours were not convenient	
O	There was no child care for	
	children at home	7
O	I forgot or lost referral	8
$\mathbf{O}$	I didn't have time to go	9
O	Too expensive	10
O	I have no insurance	
O	Other (Specify:)	91
O	REFUSED	
•	DON'T KNOW	8

PROGRAMMIN		
		NTINUE WITH 'AJ177';
ELSE GO TO '	AJ136'	
'AJ177'	Did you delay current insura	or not get other medical care you felt you needed while you had your ince plan?
AJ177		, , , , , , , , , , , , , , , , , , ,
110111	•	YES1
	Ö	NO2
	Ö	REFUSED7
	Ö	DON'T KNOW8
	_	
'AJ136'	Specialists are	e doctors like surgeons, heart doctors, allergy doctors, skin doctors, and
	others who sp	pecialize in one area of health care.
AJ136	·	
	In the past 12	months, did you or a doctor think you needed to see a medical specialist?
		The thirty of the decision of
	O	YES1
	Ō	NO2
	Ö	REFUSED7
	Q	DON'T KNOW8
PROGRAMMIN	NG NOTE 'Δ.I1	37'-
		EDICAL SPECIALIST) CONTINUE WITH 'AJ137';
ELSE GO TO '		EDIONE OF EDINEEDT / CONTINUE WITH MOTOR ;
2202 00 10	710100	
'AJ137'	During the na	st 12 months, did you have any trouble finding a medical specialist who
A0101	would see you	
AJ137	would see you	λ:
A3131	O	YES1
	0	NO2
	0	REFUSED7
	9	DON'T KNOW8
'AJ138'	During the po	st 12 months, did a medical specialist's office tell you that they would not
AJ 130		
AJ138	take you as a	new patient?
AJI30		VEQ
	0	YES1
	0	NO2
	0	REFUSED7
	•	DON'T KNOW8
PROGRAMMIN		
		TLY INSURED) CONTINUE WITH 'AJ139';
ELSE SKIP TO	) 'AJ133'	
'AJ139'		st 12 months, did a medical specialist's office tell you that they did not take
	your main hea	alth insurance?
AJ139		
	$\mathbf{O}$	YES1
	•	NO2
	•	REFUSED7
	O	DON'T KNOW8

'AJ133'	Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?		
AJ133	mang a gonor	al decici. The media eee year	
	O	YES1	
	•	NO2	
	O	REFUSED7	
	•	DON'T KNOW8	
'AJ134'	During the past	t 12 months, did a doctor's office tell you that they would not take you as a	
	new patient?		
AJ134			
	O	YES1	
	O	NO2	
	•	REFUSED7	
	•	DON'T KNOW8	
DDOGD A MMIN	NG NOTE 'AJ13		
		.Y INSURED) CONTINUE WITH <b>'AJ135'</b> ;	
ELSE SKIP TO		THOUSED, CONTINUE WITH ACTOC,	
'AJ135'		t 12 months, did a doctor's office tell you that they would not take your	
	main health ins	urance?	
AJ135			
	O	YES1	
	O	NO2	
	O	REFUSED7	
Pregnancy Sta	O	DON'T KNOW8	
Fregulaticy Sta	ius		
PROGRAMMIN	NG NOTE 'AD13	':	
		TH), THEN GO TO <b>'PN_AJ241'</b> ;	
IF AGE > 45, T	HEN GO TO 'PI	<b>\_AJ206</b> ';	
DIODI AV INICE			
DISPLAY INST		NETTLY AND (ARCCC) 4 (IDENTIFIES AS FEMALE)) DISDLAY "These	
	are about wome	BIRTH) AND 'AD66C'= 1 (IDENTIFIES AS FEMALE)], DISPLAY "These	
IE ('A DESE' - 2	are about wome	BIRTH) AND ' <b>AD66C</b> '= 1, 3, 5, OR -7, -8 (MALE, TRANSGENDER, NON-	
		Γ KNOW)], DISPLAY "These next questions may be relevant to you	
		nale at birth. If not, let me know and we will skip them."	
accade years	<u></u>		
'AD13'	These next que	estions may be relevant to you because you were assigned female at birth.	
AD13			
AD13	To your knowle	edge, are you <u>now</u> pregnant?	
AD13	_	· — · ·	
AD13	•	YES [GO TO 'AJ235']	
AD13	• •	YES	
AD13	•	YES [GO TO 'AJ235']	

## Family Planning

	NG NOTE 'AJ16			
IF AGE IS BET	WEEN 18 AND	44 YEARS AND 'AD65E' = 2 (FEMALE A	AT BIRT	TH) WITH <b>'AD45B'</b> = 1
OR 3 (MALE O	R BOTH MALE	AND FEMALE) THEN CONTINUE;		,
	EARS GO TO '			
		N_A0241; NT BIRTH) THEN GO TO 'PN_AJ241';		
	UE WITH <b>'AJ1</b> 6			
ELSE CONTIN	UE WITH AJI	99		
'AJ169'	Which of the fo	ollowing statements best describes your p	regnand	cy plans? Would you
	say			
AJ169				
	O	I do not plan to get pregnant within		
	•	the next 12 months	1	
	•	I am not sexually active		
	9		2	
	9	I am planning to get pregnant within	0	
		the next 12 months		
	O	I am currently pregnant		
	•	I am not able to get pregnant	5	[GO TO
				'PN_AJ241']
	O	REFUSED	7	[GO TO
				PN AJ241']
	O	DON'T KNOW	-8	GO TO
	•	DOIV 1 1(100W		'PN_AJ241']
				FN_A3241]
(A 100E)	Decide a the conce	4.40		.:
'AJ235'	During the pas	st 12 months, did you become pregnant w	ith an ui	nintended pregnancy?
AJ235				
	O	Yes	1	
	O	No	2	
	O			
	Ö	REFUSED	-7	
	Ö	DON'T KNOW		
	•	DOINT KNOW	0	
(A 100C)	During the nee	t 10 months, has a deater modical provis		
'AJ236'		et 12 months, has a doctor, medical provid		
	•	about birth control? This includes an IUD	or an im	iplant (that thing in your
	arm).			
AJ236				
	O	Yes	1	
	Ō	No		
	Ö	REFUSED		
	9	DON'T KNOW		
	•		0	

#### PROGRAMMING NOTE 'AF40C':

IF 'AD65E' = 2 (FEMALE AT BIRTH) AND 'AD45B' = 2, -7, -8 (FEMALE, REFUSED, DON'T KNOW), GO TO 'PN\_AJ241';

IF 'AD65E' = 2 (FEMALE AT BIRTH) AND 'AD45B' = 1 OR 3 (MALE, BOTH MALE AND FEMALE) CONTINUE;

#### **DISPLAY INSTRUCTIONS:**

IF 'AD43B' = 1 OR 'AD44B' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your male partner use a birth control method to prevent pregnancy? This includes male or female sterilization." IF 'AD43B' > 1 OR -7, -8 AND 'AD44B' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, did you or your male partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

'AF40C'

During the past 12 months, did you or your male partner(s) use a birth control method to prevent pregnancy? This includes male or female sterilization.

AF40C

[IF NEEDED, SAY: "Sterilization includes having your tubes tied, getting a vasectomy, or having an operation so you cannot have children."]

$\mathbf{O}$	YES1	
O	NO2	[GO TO
O	NO MALE PARTNER3	'PN_AJ170B'] [GO TO 'PN AJ241']
O	REFUSED7	[GO TO 'PN AJ241']
O	DON'T KNOW8	[GO TO 'PN AJ241']

## **PROGRAMMING NOTE 'AJ237':**

## **DISPLAY INSTRUCTIONS:**

IF 'AD43B' = 1 OR 'AD44B' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partner use?"

IF 'AD43B' > 1 OR -7, -8 AND 'AD44B' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your male partners use?";

#### 'AJ237'

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

## AJ237

## [PROBE: "Any others?"]

•	TUBAL LIGATION (TUBES TIED, CUT,	
_	FALLOPIAN TUBES REMOVED)1	
$\mathbf{O}$	VASECTOMY (MALE STERILIZATION)2	
$\mathbf{O}$	IUD (MIRENA®, PARAGARD®, SKYLA®,	
	KYLEENA®, LILETTA®, ETC.)3	
O	IMPLANT (NEXPLANON® - THAT THING	
	IN YOUR ARM)4	
$\mathbf{O}$	BIRTH CONTROL PILLS5	[GO TO 'AJ239']
$\mathbf{O}$	OTHER HORMONAL METHODS	
	(INJECTION/DEPO-PROVERA, PATCH,	
	VAGINAL RING)6	[GO TO 'AJ239']
$\mathbf{O}$	CONDOMS (MALE OR FEMALE)7	[GO TO 'AJ239']
$\mathbf{O}$	PHEXXI (BIRTH CONTROL GEL)8	[GO TO 'AJ239']
$\mathbf{O}$	OTHER (SPECIFY:)91	[GO TO 'AJ239']
$\mathbf{O}$	REFUSED7	GO TO
		'PN_AJ241']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		<sup>'</sup> PN_AJ241']

PROGRAMMII	NG NOTE 'AJ2	38':	
DISPLAY INST IF 'AJ237' = 1, ELSE SKIP TO	, 2, 3, 4 CONTI	NUE AND DISPLAY 'TUBAL LIGATION', 'VASEC	CTOMY', 'IUD', 'IMPLANT',
'AJ238'	"Did you or yo the past 12 m	our male partner get {Tubal Ligation, Vasectomy, I	IUD or implant} within in
AJ238	•		
	O	Yes1	
	•	No2	[GO TO
			- 'PN_AJ241']
	O	REFUSED7	[GO TO
			PN_AJ241']
	O	DON'T KNOW8	[GO TO
			'PN_AJ241']
PROGRAMMII	NC NOTE (A I	20.	
PROGRAMIMI	NG NOTE AJZ		
DISPLAY INST	TRUCTIONS:		
		= 2 (1 PARTNER) DISPLAY "During the past 12 m	nonths, where did you or
		ain birth control method or prescription?"	, a.a yea e.
		<b>AD44B</b> ' = 3, 4, 5, 6 (MORE THAN ONE PART)	NERS) DISPLAY "During
		d you or your male partner(s) get your <u>main</u> birth o	
prescription?";	mino, mioro aic	a you or your maio paration(o) got your <u>main</u> bitat o	onition motified of
procomption: ,			
'AJ239'	During the pa	st 12 months, where did you or your male partner	(s) get your main hirth
7.0200		od or prescription?	(b) got your <u>mair</u> birar
AJ239		a or procentation.	
710200	•	PRIVATE DOCTOR'S OFFICE1	
	ŏ	HMO FACILITY (KAISER	
	•	ANTHEM BLUE CROSS HEALTH NET,	
		UNITED HEALTHCARE, ETC.)2	
	•	HOSPITAL OR HOSPITAL CLINIC3	
	Ö	PLANNED PARENTHOOD4	
	ŏ	COUNTY HEALTH DEPARTMENT5	
	Ö	FAMILY PLANNING CLINIC6	
	ŏ	COMMUNITY CLINIC7	
	Ö	SCHOOL OR SCHOOL-BASED CLINIC8	
	Ŏ	NATIVE AMERICAN HEALTH CENTER/	
	•	CLINIC9	
	O	PHARMACY10	
	Ö	SOME OTHER PLACE (SPECIFY:) 91	
	ŏ	REFUSED7	
	Ö	DON'T KNOW8	
'AJ240'	During the pa	st 12 months, did you receive your main birth con hone visit?	trol method through a
AJ240			
	O	Yes, over a video visit1	
	O	Yes, over a telephone visit2	

No......3

REFUSED.....-7

DON'T KNOW .....-8

O

 $\mathbf{O}$ 

#### **PROGRAMMING NOTE AJ170B':**

'AF40C'= 2 CONTINUE;

ELSE SKIP TO 'PN\_AJ241'

## **DISPLAY INSTRUCTIONS:**

IF 'AD43B'= 1 OR 'AD44B'= 2 (1 PARTNER) DISPLAY "What is the main reason you and your male partner did not use birth control in the past 12 months?"

IF 'AD43B' >1 OR -8 AND 'AD44B' = 3,4,5,6 (MORE THAN ONE PARTNERS)DISPLAY "What is the main reason you and your male partners did not use birth control in the past 12 months?";

#### 'AJ170B'

What is the <u>main</u> reason you and your male partner{s} did <u>not</u> use birth control in the past 12 months?

## AJ170B

$\mathbf{O}$	TRYING TO GET PREGNANT/	
	WANT A BABY1	
$\mathbf{O}$	HAVEN'T FOUND A METHOD I LIKE2	
$\mathbf{O}$	COST3	
$\mathbf{O}$	HAVEN'T HAD TIME TO GO IN FOR	
	BIRTH CONTROL4	
$\mathbf{O}$	NO TRANSPORTATION5	
$\mathbf{O}$	DON'T KNOW WHERE TO GET IT6	
$\mathbf{O}$	DON'T BELIEVE IN BIRTH CONTROL7	
$\mathbf{O}$	WORRIED ABOUT SIDE EFFECTS AND/	
	OR HEALTH RISKS8	
$\mathbf{O}$	PARTNER WON'T LET ME9	
$\mathbf{O}$	FORGET TO USE BIRTH CONTROL 10	
$\mathbf{O}$	FEEL UNCOMFORTABLE ASKING	
	FOR BIRTH CONTROL/TALKING ABOUT	
	BIRTH CONTROL11	
$\mathbf{O}$	REFUSED7	[GO TO
		PN_AJ241']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		<sup>'</sup> PN_AJ241']

#### PROGRAMMING NOTE 'AJ241':

IF AGE IS BETWEEN 18 AND 54 YEARS AND '**AD65E**' = 1 (MALE AT BIRTH) WITH '**AD45B**' = 2 OR 3 (FEMALE OR BOTH MALE AND FEMALE) THEN CONTINUE;

IF AGE > 54 YEARS THEN GO TO 'PN\_AJ206'

'AJ241'

During the past 12 months, has a doctor, medical provider, or family planning counselor talked to you about birth control such as male condoms or vasectomy?

AJ241

$\mathbf{O}$	YES	1
O	NO	2
O	REFUSED	7
O		

#### PROGRAMMING NOTE 'AJ242':

#### **DISPLAY INSTRUCTIONS:**

IF 'AD43B' = 1 OR 'AD44B' = 2 (1 PARTNER) DISPLAY "During the past 12 months, did you or your female partner use a birth control method to prevent pregnancy? This includes male or female sterilization."

IF 'AD43B' > 1 OR -7, 8 AND 'AD44B' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, did you or your female partners use a birth control method to prevent pregnancy? This includes male or female sterilization.";

'AJ242'

During the past 12 months, did you or your female partner(s) use birth control method to prevent pregnancy? This includes male or female sterilization.

AJ242

[IF NEEDED, SAY: STERILIZATION INCLUDES HAVING YOUR PARTNER'S TUBES TIED, GETTING A VASECTOMY, OR HAVING AN OPERATION SO YOU CANNOT HAVE CHILDREN.]

$\mathbf{O}$	Yes1	
O	No2	[GO TO 'PN_AJ175B']
O	No female partner3	[GO TO
O	REFUSED7	'PN_AJ206'] [GO TO 'PN_AJ206']
O	DON'T KNOW8	[GO TO

## **PROGRAMMING NOTE 'AJ243':**

## **DISPLAY INSTRUCTIONS:**

IF 'AD43B' = 1 OR 'AD44B' = 2 (1 PARTNER) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partner use?"

IF 'AD43B' > 1 OR -8 AND 'AD44B' = 3, 4, 5, 6 (MORE THAN ONE PARTNERS) DISPLAY "During the past 12 months, which MAIN birth control method did you or your female partners use?";

'AJ243'

During the past 12 months, which  $\underline{MAIN}$  birth control method did you or your female partner(s) use?

AJ243

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

0	TUBAL LIGATION (TUBES TIED, CUT, FALLOPIAN TUBES REMOVED)1	
$\mathbf{O}$	VASECTOMY (MALE STERILIZATION)2	
$\mathbf{O}$	IUD (MIRENA®, PARAGARD®, SKYLÁ®,	
	KYLEENA®, LILETTA®, ETC.)3	
$\mathbf{O}$	IMPLANT (NEXPLANON® - THAT THING IN	
	YOUR ARM)4	
$\mathbf{O}$	BIRTH CONTROL PILLS5	[GO TO 'AJ245']
$\mathbf{O}$	OTHER HORMONAL METHODS	
	(INJECTION/DEPO-PROVERA, PATCH,	
	VAGINAL RING)6	[GO TO 'AJ245']
$\mathbf{O}$	CONDOMS (MALE OR FEMALE)7	[GO TO 'AJ245']
$\mathbf{O}$	PHEXXI (BIRTH CONTROL GEL)8	[GO TO 'AJ245']
$\mathbf{O}$	OTHER (SPECIFY:)91	[GO TO 'AJ245']
$\mathbf{O}$	REFUSED7	[GO TO
		'PN_AJ206']
0	DON'T KNOW8	[GO TO
		'PN_AJ206']

PROGRAMMII	NG NOTE 'AJ24	v:	
DISPLAY INST		JE AND DISPLAY 'TUBAL LIGATION', 'VASEC'	TOMY', 'IUD', 'IMPLAN'
'AJ244'	Did you or your the past 12 mor	female partner get {Tubal Ligation, Vasectomy, nths?	IUD or implant} within ir
AJZ44	O O	Yes	[GO TO
	O	REFUSED7	'PN_AJ206'] [GO TO
	O	DON'T KNOW8	'PN_AJ206'] [GO TO 'PN_AJ206']
PROGRAMMII	NG NOTE 'AJ24	5':	
your female pa IF 'AD43B' > 1	OR <b>'AD44B'</b> = 2 artner get your <u>MA</u> OR -8 AND <b>'AD</b>	2 (1 PARTNER) DISPLAY "During the past 12 modAIN birth control method or prescription?" <b>44B</b> ' = 3, 4, 5, 6 (MORE THAN ONE PARTNER or your female partner(s) get your <u>main</u> birth con	S) DISPLAY "During the
'AJ245'	During the past control method	12 months, where did you or your female partne	er{s} get your main birth
AJ245	control motrica	or precentation.	
	O	PRIVATE DOCTOR'S OFFICE1	
	•	HMO FACILITY (KAISER, ANTHEM BLUE CROSS, HEALTH NET, UNITED HEALTHCARE, ETC.)2	
	O	HOSPITAL OR HOSPITAL CLINIC3	
	O	PLANNED PARENTHOOD4	
	O	COUNTY HEALTH DEPARTMENT5	
	O	FAMILY PLANNING CLINIC6	
	O	COMMUNITY CLINIC7	
	<b>O</b>	SCHOOL OR SCHOOL-BASED CLINIC8 NATIVE AMERICAN HEALTH CENTER/	
		CLINIC9	
	O	PHARMACY	
	O	SOME OTHER PLACE (SPECIFY:) 91	
	0	REFUSED7 DON'T KNOW8	
'AJ246'	During the past video or telepho	12 months, did you receive your main birth cont	rol method through a
	O	Yes, over a video visit1	
	Ö	Yes, over a telephone visit2	
	ŏ	No3	
	Ö	REFUSED7	
	0	DON'T KNOW -8	

#### **PROGRAMMING NOTE 'AJ175B':**

'AJ242' = 2, then CONTINUE;

ELSE SKIP TO 'PN\_AJ206'

#### **DISPLAY INSTRUCTIONS:**

IF 'AD43B' = 1 OR 'AD44B' = 2 (1 PARTNER) DISPLAY "What is the main reason you and your male partner did not use birth control in the past 12 months?"

IF 'AD43B' > 1 OR -7, -8 AND 'AD44B' = 3,4,5,6 (MORE THAN ONE PARTNERS) DISPLAY "What is the main reason you and your female partners did not use birth control in the past 12 months?";

'AJ175B'

What is the main reason you and your female partner(s) did not use birth control in the past 12 months?

AJ175B

O	TRYING TO GET PREGNANT/
	WANT A BABY1
$\mathbf{O}$	HAVEN'T FOUND A METHOD I LIKE2
$\mathbf{O}$	COST3
O	HAVEN'T HAD TIME TO GO IN
	FOR BIRTH CONTROL4
$\mathbf{O}$	NO TRANSPORTATION5
$\mathbf{O}$	DON'T KNOW WHERE TO GET IT6
$\mathbf{O}$	DON'T BELIEVE IN BIRTH CONTROL7
$\mathbf{O}$	WORRIED ABOUT SIDE EFFECTS AND/
	OR HEALTH RISKS8
$\mathbf{O}$	PARTNER WON'T LET ME9
$\mathbf{O}$	FORGET TO USE BIRTH CONTROL 10
$\mathbf{O}$	FEEL UNCOMFORTABLE ASKING FOR/
	TALKING ABOUT BIRTH CONTROL 11
•	OTHER (SPECIFY:) 91
O	REFUSED
O	DON'T KNOW8

## Mammogram

#### **PROGRAMMING NOTE 'AJ206':**

IF R LIVES IN SANTA CLARA COUNTY AND ('AD65E'= 2 AND 'AAGE'= 50-74) CONTINUE WITH 'AJ206':

ELSE SKIP TO 'PN\_AG1';

'AJ206'

During the past 2 years, have you had a mammogram?

AJ206

[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]

O	Yes1	[GO TO 'PN_AG1']
$\mathbf{O}$	No2	
•	REFUSED7	[GO TO 'PN_AG1']
O	DON'T KNOW8	[GO TO 'PN_AG1']

'AJ207'		e most important reason why you have not had a	mammogram in the past
AJ207	2 years?		
AJ207	$\circ$	No reason/power thought about it	
	<b>O</b>	No reason/never thought about it	
	9	Doctor didn't tell me I needed it3	
	9		
		Haven't had any problems4	
	<b>O</b>	Put it off/laziness	
	<b>O</b>	Too expensive/no insurance6	
	<b>O</b>	Too painful, unpleasant, embarrassing7	
	<b>O</b>	Too young8	
	O	Don't have a doctor9	
	O	Transportation problem	
	0	Competing priorities	
		(work, childcare, caregiving) 11	
	O	REFUSED7	
	•	DON'T KNOW8	
Dental Health			
'AG1'	About how lone	g has it been since <u>you visited</u> a dentist or dental	clinic? Include hygienists
		f dental specialists.	, 3
AG1	,,	•	
1101	O	Have never visited0	[GO TO 'AG3']
	Ō	6 months ago or less1	[00000]
	Ō	More than 6 months, and up to 1 year2	
	Ō	More than 1 year, and up to 2 years ago3	
	Ö	More than 2 years, and up to 5 years ago4	
	Ö	More than 5 years ago5	
	Ö	REFUSED7	[GO TO 'AG3']
	Ö	DON'T KNOW8	[GO TO 'AG3']
			[00.10.100]
PROGRAMMIN	NG NOTE 'AJ16	7':	
IF 'AG1' = 1-5,	THEN CONTIN	UE;	
ELSE GO TO '	AG3'		
'AJ167'	Was it for a rou	utine checkup or cleaning, or was it for a specific	problem'?
AJ167			
AJ 107		DOLITING CHECKID OF CLEANING	
	<b>O</b>	ROUTINE CHECKUP OR CLEANING1	
	<b>O</b>	SPECIFIC PROBLEM2	
	<b>O</b>	BOTH3	
	<b>O</b>	REFUSED7	
	0	DON'T KNOW8	

	IING NOTE 'AJ2 THEN CONTIN		
	GO TO 'AG3'		
'AJ247'	How many tim	nes have you received a dental service within the	last 12 months?
AJ247			
	O	None1	[GO TO 'AG3']
	O	Once2	
	O	Twice3	
	•	Three times4	
	O	Four times5	
	O	Five times or more6	
	O	REFUSED7	
	0	DON'T KNOW8	[GO TO 'AG3']
'AJ248B'	Where did you	u receive the dental service?	
AJ248B			
		Free health/dental event1	
		Dentist office2	
		Hospital3	
		Other4	
	O	REFUSED7	
	O	DON'T KNOW8	
'AG3'	Do you now h	ave any type of insurance that pays for part or all	of your dental care?
AG3			
	O	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	
'AJ249B'	Where did you care?	u receive educational information about oral healt	h or preventive dental
AJ249B	Q	Have not received	
	9	any educational information1	[GO TO
		any educational information	'PN MA10']
		From dental office2	[GO TO
	_	1 Total defilationide	'PN_MA10']
		From school of my child3	[GO TO
	П	Francisco de distribuição do de deservo de deservo de deservo de deservo de de deservo de de de de de de de de	'PN_MA10']
		From social media4	[GO TO 'PN MA10']
		From family or friends5	[GO TO
			'PN_MA10']
		From Smile, California™ website6	[GO TO 'PN_MA10']
		From other sources7	[GO TO
	_		'PN_MA10']
		From other online sources8	[GO TO
			<sup>·</sup> PN_MA10']
	O	REFUSED7	[GO TO

'PN\_MA10']

	O	DON'T KNOW8	[GO TO 'PN_MA10']
PROGRAMMI	NG NOTE 'AJ2	50':	
IF <b>'AG1'</b> = 0, 3		"What is the main reason you have not visited a d	entist in the last 12
months?"			
'AJ250'	What is the m	ain reason you have not visited a dentist in the las	st 12 months?
AJ250			
	•	Not applicable1	
	•	No reason to go/No problem2	
	•	Could not find a dentist3	
	O	Could not afford/no insurance4	
	O	Other(s)5	
	O	REFUSED7	
	O	DON'T KNOW8	
		10': ECTED TEEN, THEN CONTINUE;	
'MA10'	Do you now h	ave any type of insurance that pays for part or all	of (TEEN) dental care?
MA10			
IVIATO	O	YES1	
	9	NO2	
	Ö	REFUSED7	
	Ö	DON'T KNOW8	
'MTF14B'	This next que	stion is about dental health.	
MTF14B			
	About how lor hygienists and	ng has it been since (teen's name) visited a dental d dentists)	provider? (eg, dental
	O	Have never visited0	[GO TO 'MTH67']
	Ŏ	6 months ago or less1	[ co. co
	O	More than 6 months, and up to 1 year2	
	O	More than 1 year, and up to 2 years ago3	[GO TO 'MTH67']
	O	More than 2 years, and up to 5 years ago4	[GO TO 'MTH67']
	•	More than 5 years ago5	[GO TO 'MTH67']
	O	REFUSED7	[GO TO 'MTH67']
	•	DON'T KNOW8	[GO TO 'MTH67']

PROGRAMMII	NG NOTE 'MTH	64':	
IF 'MTF14B'= '	1, 2 THEN CONT	TINUE	
ELSE	GO TO 'MTH67'		
<b>'MTH64'</b>	How many time	es has (teen's name) received a dental service	e within the last 12 months?
MTH64			
	O	None	
	•	Once	2
	•	Twice	
	O	Three times	
	$\mathbf{O}$	Four times	
	$\mathbf{O}$	Five times or more	
	•	REFUSED	
	•	DON'T KNOW	<b>[GO TO 'MTH66B']</b>
'MTH65B'	Where did (tee	n's name) receive the dental service in the las	st 12 months?
MTH65B			
	[CHECK ALL T	HAT APPLY]	
		For Local description	
	<u>u</u>	Free health/dental event	
		Dentist office	
		Hospital	
		Other	
	0	REFUSED	
	9	DON I KNOW	•
'MTH66B'	Where did (TF	EN) receive educational information about ora	I health or preventive dental
III I I I I I I I I I I I I I I I I I	care in the last		ricalition proventive defital
MTH66B		12 monate.	
	O	Have not received	
	•	any educational information	1
		From dental office	
		From school of my child	
	_	From social media	
	_	From family or friends	
		From Smile, California™ website	
		From other sources	7
		From other online sources	3
	O	REFUSED	7
	O	DON'T KNOW	3
'MTUC7'	What is the ma	in reason (toon's name) has not visited a don	tist in the last 12 months?
'MTH67'	what is the ma	in reason (teen's name) has not visited a den	ust in the last 12 months?
MTH67			
	O	Not applicable	1
	Ö	No reason to go/No problem	
	O O	Could not find a dentist	
	Ö	Could not afford/no insurance	
	9	Other(s)9	
	9	REFUSED	
	9	DON'T KNOW	
	•	DOIN 1 KINOVV	)

Discrimi	nation	in F	lealt	hcare	Setti	ng

'DMC8'	Thinking about when you are receiving medical care, was there ever a time when you would have gotten better care if you had belonged to a different race or ethnic group?			
DMC8	) ) )	YES	[GO TO 'PN_AJ87INTRO'] [GO TO 'PN_AJ87INTRO'] [GO TO 'PN_AJ87INTRO']	
'DMC9'	Think about the	e last time this happened. How long ago was that	?	
DMC9		A YEAR AGO OR LESS		
Caregiving				
'AJ87INTRO'		rovide short-term or long-term help to a family m ronic illness or disability. This may include help v		
'AJ87'	During the past	t 12 months, did you provide any such help to a f	amily member or friend?}}	
AJ87	paying bills, dri	SAY: "This may include help with baths, medicine ving to doctor's visits or the grocery store, arranges, or just checking in to see how they are doing."	ing for medical and	
	<b>O</b>	YES	[GO TO 'PN_AK3']	
	O	REFUSED7	[GO TO 'PN AK3']	
	O	DON'T KNOW8	[GO TO 'PN_AK3']	
'AJ101B'	For the next se most care.	t of questions, please think about the person for	whom you provided the	
	Do you current	ly provide care for this person?		
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8		

PROGRAMMING NOTE 'AJ201':				
DISPLAY INST IF 'AJ101B' = ' "was"		AY "How" and "is", ELSE DISPLAY "At th	e time you provided care" and	
'AJ201'	{How/At the tir	ne you provided care, how} old {is/was} t	his person? Your best estimate is	
AJ201				
A0201		Ago IUD:	0.110]	
	$\circ$	Age [HR: (	0-110]	
	O	REFUSED		
	•	DON'T KNOW	8	
'AJ90'	What is this pe	erson's relationship to you?		
AJ90				
A330		LILIODANID	4	
	O	HUSBAND		
	O	WIFE		
	•	SPOUSE/PARTNER		
	O	FATHER/FATHER-IN-LAW	4	
	•	MOTHER/MOTHER-IN-LAW	5	
	•	BROTHER/BROTHER-IN-LAW	6	
	Ō	SISTER/SISTER-IN-LAW		
	Ö	GRANDFATHER		
	9	GRANDMOTHER		
	_			
	O	SON/SON-IN-LAW		
	0	DAUGHTER/DAUGHTER-IN-LAW		
	•	OTHER RELATIVE		
	O	FRIEND/NEIGHBOR		
	O	OTHER NON-RELATIVE	14	
	•	REFUSED	7	
	O	DON'T KNOW		
PROGRAMMIN	NG NOTE 'AJ93	3':		
DISPLAY INST		AY "do"; ELSE DISPLAY "did";		
IF 'AJ90' = -7.	-8 THEN DISPL	AY "family member/friend";		
ELSE DISPLAY		,		
2202 2101 271	(1000)			
'AJ93'		ek, about how many hours {do/did} you s	spend, helping your {AJ90/ family	
AJ93	member/friend	);		
MJ93		II NO	0.4051	
	~	Hours [HR:		
	O	REFUSED		
	O	DON'T KNOW	8	

	NG NOTE AJ191: 1 OR 2 CONTINUE WITH 'AJ191'; AJ193';
	<b>FRUCTIONS:</b> 1 DISPLAY "Are you paid for any of the hours you help your 'AJ90'?"; 2 DISPLAY "Were you paid for any of the hours you helped your 'AJ90'?"
'AJ191'	{Are/Were} you paid for any of the hours you {help/helped} your 'AJ90'?
AJ191	[IF NEEDED, SAY: This could be payment from a public program, family member, or directly from the care recipient.]
	O Yes
PROGRAMMII	NG NOTE 'AJ193':
DISPLAY INST IF AJ101B' = 1 ELSE DISPLA	THEN DISPLAY "is";
'AJ193'	How much of a financial stress would you say that caring for your {AJ90} {is/was} for you?
AJ193	O       Extremely stressful       1         O       Somewhat stressful       2         O       A little stressful       3         O       Not at all stressful       4         O       REFUSED       -7         O       DON'T KNOW       -8
'AJ91B'	During the past 12 months, did your {AJ90} live
AJ91B	[CHECK ALL THAT APPLY]
	□ Alone

PROGRAMMING NOTE 'AJ194':

		AY "What", "does", and "requires". ELSE DISPLAY "At the time you d "required".
'AJ194'		ime you provided care, what} disabilities or illnesses {does/did} {he/she/he hat {require/required} your help?
		Alzheimer's, confusion, dementia,         Forgetfulness       1         Arthritis       2         Back problems       3         Broken bones       4         Cancer       5         Diabetes       6         Feeble, unsteady, falling       7         Lung disease, emphysema, COPD       8         Mental illness, emotional illness,       9         Mobility problem, can't get around       10         Old age, aging       11         Stroke       12         Surgery, wounds       13         Other (Specify:       91         REFUSED       -7         DON'T KNOW       -8
PROGRAMMI IF 'AJ101B' = ELSE SKIP TO		'AJ197':
'AJ197'	(Do you have	all of the support and services you need to care for your {AJ90}?
AJ197	) ) )	Yes
'AJ199A'		Set 12 months, have you experienced any physical health problems due to a to your {AJ90}?  Yes

'AJ199B'		ast 12 months, have you experienced any mental health problems due to e to your {AJ90}?
AJ199B	promaining can	5 to your (1 to 5).
7.0.002	•	Yes1
	•	No2
	O	REFUSED7
	O	DON'T KNOW8
'AJ200'		k situation changed because of helping your {AJ90}, such as a change in reduced number of work hours, quitting or retiring?
AJ200	[CHECK ALL	THAT APPLY]
		No change in job status1
		Changed job2
		Took a second job/
		Increased hours with current job3
		Reduced number of work hour4
		Temporary leave of absence5
	_	Quit job6
	_	Retired/retired early7
		Received paid family leave8
		I don't work9
		Other (Specify:)91
	0	REFUSED7
	O	DON'T KNOW8

# Section K: Employment, Income, Poverty Status, Food Security

Hours Worked

PROGRAMMING NOTE 'AK3':  IF 'AK1' = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR 'AG10' = 1 (R USUALLY WORKS) CONTINUE WITH 'AK3';  ELSE GO TO 'PN_AK20'				
'AK3' How ma	any hours per we	eek do you <u>usually</u>	work at <u>all</u> jobs or businesses	5?
AK3	[IF WORKS > 9	5 HOURS, ENTER	8 95. IF DOES NOT WORK, I	ENTER 0 (ZERO).]
	<b>O</b>	REFUSED	_ HOURS 	[HR: 0-95]
<b>'AK7'</b> How lor	ng have you wor	ked at your <u>main</u> jo	b?	
AK7			R YOUR <u>CURRENT</u> EMPLOY ORE THAN 0 DAYS, ENTER	_
Income Last Mo	O Onth		_MONTHS _YEARS 7 8	[HR: 0-12] [HR: 0-50]
IF 'AK1' = 1 (W	<b>G10</b> ' = 1 (USUA	B OR BUSINESS)	OR 2 (WITH JOB OR BUSIN NTINUE WITH <b>'AK10'</b> ;	ESS BUT NOT AT
'AK10'	deductions from commissions?	n all jobs and busin	our earnings <u>last month</u> before esses, including hourly wages	
	O O	\$ AI REFUSED	MOUNT7	[HR: 0-999995]

IF 'AG8' = [1 ( WITH JOB OR WORKS), COM	BUSINESS BUT NTINUE WITH 'A	NER WORKING A' I' NOT AT WORK) N <b>K20</b> ' AND:	] OR <b>'AG11'</b> = 1 (	SPÓUSE/PÀ	SPOUSE/PARTNER ARTNER USUALLY
IF <b>'AK1</b> '≠ 1 OI	R 2 (R NOT AT A	A JOB OR BUSINE	SS LAST WEEK,	DID NOT W	ORK, AND
(MARRIED), D	ISPLAY "The ne	oʻ <b>AG10</b> '≠ 1 (R D0 xt question is abou T AT A JOB OR B	ıt your spouse's e	mployment."	
'AD60B' = 1), IF 'AH43' = 1	THEN DISPLAY THEN DISPLAY 6' = 1 OR <b>'AD60</b>	"The next question	n is about your pa	, .	AND ( <b>'AD86'</b> = 1 OR pyment."
'AK20'	How many hou businesses?	rs per week does	your { <u>spouse/part</u>	ner} usually v	work at all jobs or
AK20	$\circ$		HOURS		[UD. 0.05]
	0	REFUSED	HOURS	7	[HR: 0-95]
	O				
IF 'AK20'≠ 0 0 IF 'AH43' = 1 (	6' = 1 OR 'AD60				
'AK10A'	taxes and othe salaries, tips, a	r deductions from nd commissions?	all jobs and busine	esses, includ	ngs <u>last month</u> before ing hourly wages,
	[IF AMOUNT G	SREATER THAN \$	999,995, ENTER	999,995 ]	
	O O		_AMOUNT		[HR: 0-999995]
Annual Housel	nold Income				
'AK22'	What is your be before taxes in		r household's tota	al annual inco	ome from all sources
	public assistan		lso include incom	e from intere	employment payments, st, dividends, net income
	0	\$ REFUSED/DON	Amount [HR:	0-999995] 3	[GO TO

'AK22A'

Please verify amount entered I have entered that your annual household income is (AMOUNT). Is that correct?

[GO TO 'PN\_AK11']

AK22A	) )	Yes	[GO TO 'PN_AK17] [GO TO 'AK22']
PROGAMMIN IF 'AK22' = -3 ELSE GO TO	CONTINUE		
'AK11'		eed to know exactly, but could you tell me if your <u>ho</u> rces <u>before taxes</u> is	usehold's annual income
	) )	More than \$20,000 per year	[GO TO 'AK13] [GO TO 'PN_AK17']
'AK12'	Is it		
AK12	0	\$5,000 or less1	[GO TO 'PN_AK17']
	0	\$5,001 to \$10,0002	[GO TO 'PN_AK17']
	O	\$10,001 to \$15,0003	[GO TO 'PN_AK17']
	O	\$15,001 to 20,0004	[GO TO 'PN_AK17']
	0	REFUSED/DON'T KNOW3	[GO TO 'PN_AK17']
'AK13'	ls it		
AK13	) )	More than \$70,000 per year	[GO TO 'AK15'] [GO TO 'PN_AK17']
'AK14'	Is it		
AK14	•	\$20,001 to \$30,0001	[GO TO
	O	\$30,001 to \$40,0002	'PN_AK17'] [GO TO
	O	\$40,001 to \$50,0003	<sup>·</sup> PN_AK17'] [GO TO
	O	\$50,001 to \$60,0004	<sup>-</sup> PN_AK17'] [GO TO
	O	\$60,001 to \$70,0005	<sup>-</sup> PN_AK17'] [GO TO
	0	REFUSED/DON'T KNOW3	'PN_AK17'] [GO TO 'PN_AK17']

'AK15'	Is it		
AK15	• • •	More than \$135,000 per year	[GO TO 'PN_AK17'] [GO TO 'PN_AK17']
'AK16'	Is it		
AK16  Number of Pers	O O O O Sons Supported	\$70,001 to \$80,000	
IF R IS ONLY N	<b>IG NOTE 'AK17</b> MEMBER OF HH UE WITH <b>'AK17</b>	, SET <b>'AK17'</b> = 1 AND GO TO <b>'PN_AK18'</b> ;	
'AK17'	Including yourse household inco	elf, how many people living in your household are me?	e supported by your total
	<b>O</b>	NUMBER OF PEOPLE REFUSED7 DON'T KNOW8	[HR: 1-20]

PROGRAMMING NOTE 'AK18':
'AK18' MUST BE LESS THAN 'AK17';

IF NO CHILDRE OR TOTAL NUI ENUMERATION	EN UNDER 18 II MBER OF PEOF	I, GO TO <b>'AK32</b> '; N HH (AS DETERMINED FROM CHILD ENUME PLE LIVING IN HH (AS DETERMINED BY ADUL' TO PROGRAMMING NOTE <b>'AK32'</b> ;	
'AK18'	How many of th of 18?	ese {INSERT NUMBER FROM AK17} people are	e children under the age
AK18	) )	NUMBER OF CHILDREN (UNDER AGE18) REFUSED7 DON'T KNOW8	[HR: 0-20]
'AK32'	Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?		
AROZ	) ) )	YES	[GO TO 'AK136'] [GO TO 'AK136'] [GO TO 'AK136']
'AK33'	How many?		
AK33	O O	NUMBER OF PEOPLE REFUSED7 DON'T KNOW8	[HR: 1-20]
Paid Family Lea	ave		
'AK136'	leave for eligible	a law passed in 2020 provides up to 8 weeks of pe workers at 60-70% of their weekly earnings, up you seen or heard anything about this law?	-
AKISO	) ) )	YES 1 NO 2 REFUSED7 DON'T KNOW8	
'AK137'	because of you	ars, have you taken a <u>paid</u> leave longer than two r own or a family member's serious health conditi r adopted or foster child?	
AKISI	<b>O</b>	YES	[GO ТО
	•	REFUSED7	'PN_AK139'] [GO TO 'PN_AK139']
	O	DON'T KNOW8	[GO TO 'PN_AK139']

'AK138'	What were the	reasons you took a leave from work?
AK138	[CHECK ALL	THAT APPLY]
	_ 	OWN HEALTH
	О О	OTHER (SPECIFY:)
		<b>39':</b> E LEAVE IN PAST 5 YEARS), THEN CONTINUE;
'AK139'	What were the	reasons you didn't take family or medical leave in the past 5 years?
AK139	[CHECK ALL	ГНАТ APPLY]
		FEAR OF LOSING JOB1 FEAR OF HURTING CHANGES OF JOB ADVANCEMENT2
		COULD NOT AFFORD TO GO ON LEAVE3
		EMPLOYER DENIED REQUEST FOR LEAVE4
		NOT ELIGIBLE FOR LEAVE5 DIDN'T KNOW ABOUT LEAVE
		PROGRAM6 PROCESS TO APPLY FOR LEAVE TOO COMPLICATED
		USED OTHER AVAILABLE LEAVE OPTIONS (E.G., VACATION OR SICK LEAVE)8
	<u></u> О	DID NOT NEED TO TAKE LEAVE9 REFUSED7
	$\circ$	DON'T KNOW

## Availability of Food in the Household

#### **PROGRAMMING NOTE 'AM1':**

IF POVERTY < 5 (HH Income  $\leq$  200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE  $\neq$  1)], CONTINUE WITH '**AM1**' ELSE GO TO 'AL9';

## **DISPLAY INSTRUCTIONS:**

IF 'AK17' = 1, THEN DISPLAY "I", ELSE IF 'AK17' > 1 DISPLAY "We"

### 'AM1'

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

AM1

I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months. The first statement is:

'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

Was that ...

)	Often true	1
C	Sometimes true	2
<b>C</b>	Never true	3
<b>C</b>	REFUSED	7
C	DON'T KNOW	8

PROGF	RAMMING NOTE 'AM2'	:	
IF 'AM1	AY INSTRUCTIONS: I' = 1, THEN DISPLAY ' F 'AM1' > 1 DISPLAY "\		
			,
'AM2'	The second statement	s: '{I/We} couldn't afford to eat balanced meals	S.'
AM2			
	Was that		
	Q	Often true1	
	Ö	Sometimes true	
	O	Never true3	
	O	REFUSED7	
	O	DON'T KNOW8	
'AM3'		onths, did you or other adults in your househo neals because there wasn't enough money for	
Airio	<b>_</b>	Yes1	
	Ö	No2	[GO TO 'AM4']
	•	REFUSED7	[GO TO 'AM4']
	•	DON'T KNOW8	[GO TO 'AM4']
'AM3A'	How often did to only in 1 or 2 m	his happen almost every month, some mont	ns but not every month, or
AM3A	-		
		ALMOST EVERY MONTH1	
	O	SOME MONTHS BUT	
	_	NOT EVERY MONTH2	
	O	ONLY IN 1 OR 2 MONTHS3	
	O O	REFUSED7 DON'T KNOW8	
	•	0	
Hunger			
'AM4'	In the last 12 m enough money	onths, did you ever eat less than you felt you sto buy food?	should because there wasn'
AM4		V	
	O O	Yes	
	0	REFUSED7	
	0	DON'T KNOW8	
'AM5'	In the last 12 m enough food?	onths, were you ever hungry but didn't eat bed	cause you couldn't afford
AM5			
	O	Yes1	
	O	No2	
	0	REFUSED7	
	$\mathbf{O}$	DON'T KNOW8	

## Dietary Intake

#### PROGRAMMING NOTE 'AE2B': IF HOUSEHOLD INCOME IS ≤ 185% FPL CONTINUE; ELSE SKIP TO 'SECTION L' 'AE2B' Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks. AE2B During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month. [IF NEEDED, SAY: "YOUR BEST GUESS IS FINE."] IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: "Was that per day, week or month?"] TIMES PER DAY ......1 0 [HR: 0-20; SR: 0-9] $\mathbf{O}$ PER WEEK1......2 [HR: 0-70; SR: 0-29] $\mathbf{O}$ PER MONTH......3 [HR: 0-210; SR: 0-149] REFUSED ......-7 $\mathbf{O}$ DON'T KNOW .....-8 [During the past month,] how many times did you eat vegetables like green salad, green 'AE7B' beans, or potatoes? Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup. AE7B [IF NEEDED, SAY: "You can tell me per day, per week, or month"] [IF STRONGLY NEEDED, SAY: "Such as tomatoes, carrots, onions, or broccoli."] [ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: "Rice is not a vegetable."] TIMES $\mathbf{O}$ PER DAY [HR: 0-20; SR: 0-9].....1 $\mathbf{O}$ PER WEEK [HR: 0-70; SR: 0-29] ......2 $\mathbf{O}$ PER MONTH [HR: 0-210; SR: 0-149].........3 $\mathbf{O}$ REFUSED ......-7 $\mathbf{O}$ DON'T KNOW .....-8

'AC46B'	During the past month, how <u>often</u> did you drink sweetened fruit drinks, sports, or energy drinks?				
AC40B	[IF NEEDED, SAY: "You can tell me per day, per week, or month"] [IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]				
	[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]				
		TIMES			
	0 0 0 0	PER WEEK PER MONTH REFUSED		[HR: 0-20; SR: 0-9] [HR: 0-70; SR: 0-29] [HR: 0-210; SR: 0-149]	
			s ≤ 185% FPL CONTINUE;		
'CC13B'			oods your child ate yesterd gs of fruit, such as an appl		
CCI3B		AY: SERVINGS ARE RTION OF THIS FOOI	SELF-DEFINED. A SERVI D.]	ING IS THE CHILD'S	
	O O	REFUSED	Servings 7 8	[HR: 0-20; SR 0-9]	
'CC31B'		many servings of vegve? Do not include fri	etables like green salad, g ed potatoes.	reen beans, or potatoes	
	) )	REFUSED	Servings 7 8	[HR: 0-20; SR 0-4]	
'CC50B'	Yesterday, how did your child d		s of sweetened fruit drinks,	sports, or energy drinks,	
COULD	Such as lemona	ade, Gatorade, Snapp	le, or Red Bull.		
	<b>O</b>	REFUSED	Glasses, cans or bottles78	[HR 0-15; SR 0-7]	

# **Section L: Public Program Participation**

#### PROGRAMMING NOTE 'AL2':

IF HOUSEHOLD INCOME IS  $\leq$  200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND ((ARMCAL=1 OR ARINSURE  $\neq$  1))] CONTINUE WITH 'SECTION L'; ELSE GO TO 'PN\_AL99'

'AL2' Are you now receiving TANF or CalWORKs?

AL2

[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.]

$\mathbf{c}$	YES	1
$\mathbf{c}$	NO	2
$\mathbf{c}$	REFUSED	7
$\mathbf{C}$	DON'T KNOW	_2

#### **PROGRAMMING NOTE 'IAP1':**

IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH 'IAP1'; ELSE GO TO 'AL5';

'IAP1' Is (TEEN) now receiving TANF or CalWORKs?

IAP1

[IF NEEDED, SAY: "TANF MEANS TEMPORARY ASSISTANCE TO NEEDY FAMILIES; AND CALWORKS MEANS CALIFORNIA WORK OPPORTUNITIES AND RESPONSIBILITIES TO KIDS. BOTH REPLACED AFDC, CALIFORNIA'S OLD WELFARE ENTITLEMENT PROGRAM."]

O	YES	1
O	NO	2
O	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8

Food Stamps

rood Stamps		
		1': SEHOLD, CONTINUE WITH <b>'CE11</b> ';
<b>'CE11'</b> Is (CH	ILD) now on TA	NF or CalWORKs?
CE11		
02	AND CALWO RESPONSIBI	SAY: TANF MEANS 'TEMPORARY ASSISTANCE TO NEEDY FAMILIES,' RKS MEANS 'CALIFORNIA WORK OPPORTUNITIES AND LITIES TO KIDS.' BOTH REPLACED AFDC, CALIFORNIA'S OLD NTITLEMENT PROGRAM.]
	) ) )	YES
<b>'AL5'</b> Are yo	u receiving Foo	d Stamp benefits, also known as CalFresh?
AL5	STANDS FOR	SAY: "YOU RECEIVE BENEFITS THROUGH AN EBT CARD." EBT RELECTRONIC BENEFIT TRANSFER CARD AND IS ALSO KNOWN AS STATE ADVANTAGE CARD]  YES
		2': EHOLD, CONTINUE WITH ' <b>IAP2</b> ';
'IAP2' Is (TE	EN) receiving Fo	ood Stamp benefits, also known as CalFresh?
IAP2	EBT CARD. I	SAY: YOU MAY RECEIVE BENEFITS AS STAMPS OR THROUGH AN EBT STANDS FOR ELECTRONIC BENEFIT TRANSFER CARD, AND IS N AS THE GOLDEN STATE ADVANTAGE CARD.]
	) ) )	YES

IF SAMPLED C	PROGRAMMING NOTE 'CE11A':  IF SAMPLED CHILD IN HOUSEHOLD, CONTINUE WITH 'CE11A'; ELSE SKIP TO 'AL6'				
'CE11A'	Is (CHILD) rece	eiving Food Stamp benefits, also known as CalFresh?			
CE11A		SAY: YOU MAY RECEIVE BENEFITS THROUGH AN ELECTRONIC NSFER (EBT) CARD, ALSO KNOWN AS THE GOLDEN STATE CARD.]			
	) ) )	YES			
Supplemental S	Security Income				
'AL6' Are you	u receiving Supp	plemental Security Income (SSI)?			
AL6		SAY: "SSI MEANS SUPPLEMENTAL SECURITY INCOME. THIS IS ROM SOCIAL SECURITY"]			
	) ) )	YES			
WIC					
IF 'AD65E' = 2	ONTINUE WITH	IRTH) AND 'AD13' = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR			
'AL7' Are you	u on WIC?				
AL7	[IF NEEDED, S INFANTS AND	SAY: "WIC IS THE SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, OCHILDREN."]			
	O O O	YES			

#### PROGRAMMING NOTE 'CE11C':

IF (CAGE < 7, OR CAGE = 8, 9) AND (HOUSEHOLD INCOME IS<=200 FPL or poverty<5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE  $\neq$  1)]), CONTINUE WITH '**CE11C**';

ELSE GO TO 'PN\_AL9'

**'CE11C'** Is (CHILD) on WIC now?

CE11C

WIC MEANS 'SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN.

$\mathbf{O}$	YES	1
0	NO	2
O	REFUSED	7
$\circ$	DON'T KNOW	-8

Assets

#### **PROGRAMMING NOTE 'AL9B':**

IF 'AL8' = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR 'AA2A' = 6) AND (POVERTY < 5 (HH INCOME  $\leq$  200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH 'AL9B'; ELSE SKIP TO PROGRAMMING NOTE 'AL15B':

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'AK17'.

IF 'AK17' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'AK17'= 1 DISPLAY \$ 130,000:

IF 'AK17'= 2 DISPLAY \$ 195,000;

IF 'AK17'= 3 DISPLAY \$ 260,000;

IF 'AK17'= 4 DISPLAY \$ 325,000;

IF 'AK17'= 5 DISPLAY \$ 390,000;

IF '**AK17**'= 6 DISPLAY \$ 455,000; IF '**AK17**'= 7 DISPLAY \$ 520.000:

IF AKI1 = 1 DISPLAT \$ 520,000,

IF 'AK17'= 8 DISPLAY \$ 585,000; IF 'AK17'= 9 DISPLAY \$ 650,000;

IF '**AK17**'≥ 10 DISPLAY \$ 715,000;

IF 'AH43'= 1 (MARRIED) OR 'AD86'= 1 OR 'AD60B'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's":

ELSE DISPLAY "your"

'AL9B'

Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

AL9B

0	YES1	[GO TO 'PN_AL15B']
O O	NO 2 REFUSED	
$\circ$	DON'T KNOW -8	

#### PROGRAMMING NOTE 'AL9C':

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM 'AK17'

IF 'AK17' IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF 'AK17'= 1 DISPLAY \$ 2,000;

IF 'AK17'= 2 DISPLAY \$ 3,000;

IF 'AK17'= 3 DISPLAY \$ 3,150;

IF 'AK17'= 4 DISPLAY \$ 3,300;

IF 'AK17'= 5 DISPLAY \$ 3,450:

IF 'AK17'= 6 DISPLAY \$ 3.600:

IF 'AK17'= 7 DISPLAY \$ 3,750;

IF 'AK17'= 8 DISPLAY \$ 3,900;

IF '**AK17**'= 9 DISPLAY \$ 4,050;

IF '**AK17**'≥ 10 DISPLAY \$ 4,200;

IF 'AH43'= 1 (MARRIED) OR 'AD86'= 1 OR 'AD60B'= 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";

ELSE DISPLAY "your"

'AL9C'

Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all {your/your family's} cash, savings, and investments together are worth more than {PROPERTY LIMIT}?

AL9C

$\mathbf{O}$	YES	1
O	NO	2
O	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8

Child Support

#### PROGRAMMING NOTE 'AL15B':

#### **DISPLAY INSTRUCTIONS:**

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

ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD86' = 1 OR 'AD60B' = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner"; ELSE DISPLAY "you"

'AL15B'

Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for child support?

AL15B

$\mathbf{O}$	YES1	
$\mathbf{O}$	NO2	[GO TO
		'PN_AL17']
$\mathbf{O}$	REFUSED7	[GO TO
		'PN_AL17']
$\mathbf{O}$	DON'T KNOW8	[GO TO
		'PN AL17']

#### **PROGRAMMING NOTE 'AL16B':**

#### **DISPLAY INSTRUCTIONS:**

IF 'AH43' = 1 (MARRIED) AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";

ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD86' = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";

ELSE CONTINUE WITHOUT DISPLAYS

6	Δ	ı	1	6	R	

What was the {combined} total amount that you {and your spouse/and your partner} received from child support <u>last month</u> {for both you and your spouse/partner}?

AL16B

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

	\$ AM	10UNT	[000001-999995]
O	REFUSED	7	
$\mathbf{O}$	DON'T KNOW	8-	

#### **PROGRAMMING NOTE 'AL17':**

#### **DISPLAY INSTRUCTIONS:**

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

ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD86' = 1 OR 'AD60B' = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"

ELSE DISPLAY "you"

'AL17'

Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support <u>last month</u>?

AL17

$\mathbf{O}$	YES, RESPONDENT PAID	1	
O	YES, SPOUSE/PARTNER PAID	2	
O	YES, BOTH PAID	3	
O	NO		[GO TO 'PN_AL32]
O	REFUSED	-7	GO TO
			'PN_AL32']
O	DON'T KNOW	-8	[GO TO
			PN_AL32']

г	חנ	$\sim$		) A	R/	ı۸	ЛΙ	N I	$\sim$	NI	0	TΕ	6 A		40	,
г	- 17	u	Gr	H	ı٧	ш	/11	IN	G	IN	u		A	L	10	)

#### **DISPLAY INSTRUCTIONS:**

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

ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD86' = 1 OR 'AD60B' = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";

ELSE DISPLAY "you"

6	۸	i	4	0
-	Δ		7	×

What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support <u>last month</u>?

AL18

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

	AMOUNT	[000001-999995
$\mathbf{O}$	REFUSED7	
O	DON'T KNOW8	

Worker's Compensation

#### PROGRAMMING NOTE 'AL32':

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

ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD86' = 1 OR 'AD60B' = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner"; ELSE DISPLAY "you"

'AL32'

Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for workers compensation?

AL32

O	YES1	
	NO2	[GO TO 'PN AL18A']
O	REFUSED7	[GO TO
O	DON'T KNOW8	'PN_AL18A'] [GO TO 'PN_AL18A']

#### **PROGRAMMING NOTE 'AL33':**

#### **DISPLAY INSTRUCTIONS:**

IF 'AH43' = 1 (MARRIED) AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";

ELSE IF ['AH43' = 2 (LIVING WITH PARTNER) OR 'AD86' = 1 OR 'AD60B' = 1 (LEGAL SAME-SEX COUPLE)] AND 'AH44' = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";

ELSE CONTINUE WITHOUT DISPLAYS

6	Λ	2	2	,
	4	1	- 1	

What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?

AL33

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

	AMOUNT	[000001-999995]
$\mathbf{O}$	REFUSED7	
O	DON'T KNOW8	

Social Security/Pension Payments

#### **PROGRAMMING NOTE 'AL18A':**

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'AH43'= 1 (MARRIED) AND 'AH44'= 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH 'AL18A' AND DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND 'AH44' = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH 'AL18A' AND DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, THEN CONTINUE WITH 'AL18A' AND DISPLAY "you";

ELSE GO TO 'PN\_AL19'

'AL18A'

Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments <u>last month</u>?

AL18A

$\mathbf{O}$	YES1	
O	NO2	[GO TO
		<sup>'</sup> PN_AL19']
O	REFUSED7	[GO TO
		'PN_AL19']
O	DON'T KNOW8	[GO TO
		'PN_AL19']

PR	ገርR	$\Delta MMI$	NG NOT	F'ΔI	12R'

IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND 'AH43'= 1 (MARRIED) AND 'AH44'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your spouse";

ELSE IF AGE ≥ 65 AND 'AH44'= 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY "you or your partner";

ELSE IF AGE ≥ 65, DISPLAY "you";

'AL18B'

What was the total amount {you} received <u>last month</u> from Social Security and Pensions {for both you and your spouse/partner}?

AL18B

[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]

	AMOUNT	[000001-999995]
O	REFUSED7	
<b>O</b>	DON'T KNOW8	

Reasons for Non-Participation in Medi-Cal\*

#### **PROGRAMMING NOTE 'AL19':**

IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH 'AL19';

ELSE GO TO 'AL40'

'AL19' What is the <u>one</u> main reason why you are not enrolled in the <u>Medi-Cal</u> program?

AL19

O	PAPERWORK TOO DIFFICULT	1
O	DO NOT KNOW IF ELIGIBLE	2
O	INCOME TOO HIGH, NOT ELIGIBLE	3
O	NOT ELIGIBLE DUE TO	
	CITIZENSHIP/IMMIGRATION STATUS.	4
O	DO NOT BELIEVE IN HEALTH	
	INSURANCE	6
O	DO NOT NEED INSURANCE	
	BECAUSE HEALTHY	7
$\mathbf{O}$	ALREADY HAVE INSURANCE	8
O	DID NOT KNOW ABOUT IT	9
O	DO NOT LIKE / WANT WELFARE	10
O	OTHER (SPECIFY:)	91
O	REFUSED	
$\mathbf{O}$	DON'T KNOW	8

0

0

 $\mathbf{c}$ 

 $\mathbf{O}$ 

Medi-Cal Eligibility

PROGRAMMII	NG NOTE 'AL40	<b>'</b> :	
DISPLAY "You IF ARMCAL =	OR 'AH135' = 1 previously said 1 (MEDI-CAL) O Medi-Cal. How k	I (HAD PRIOR MEDI-CAL COVERAGE), CONTI you had Medi-Cal. How long did you have Medi- PR <b>'AI33'</b> = 1, CONTINUE WITH <b>'AL40'</b> AND DIS ong have you had Medi-Cal?"	Cal?";
'AL40'		y said you had Medi-Cal. How long did you have I you have Medi-Cal. How long have you had Me YEARSMONTHS REFUSED7 DON'T KNOW8	
'AL86'		t 12 months, when you most recently contacted t Medi-Cal benefits, how long did you have to wai ?	
ALOO		5 MINUTES OR LESS       1         MORE THAN 5 MINUTES, UP TO       2         15 MINUTES       2         MORE THAN 15, UPS TO       3         30 MINUTES       3         MORE THAN 30 MINUTES       4         NEVER CONTACTED THE COUNTY       5         REFUSED       -7         DON'T KNOW       -8	[GO TO 'AL91'] [GO TO 'AL91'] [GO TO 'AL91']
'AL87' Most re	ecently, how did	you contact the County office?	
AL87	) )	VISITED OFFICE IN PERSON	

ONLINE......4

DON'T KNOW .....-8

'AL88' How lo	ong did it take fo	r the County representative to take care of your problem?
AL88		
ALOO	•	A WEEK OR LESS1
	ŏ	MORE THAN 1 WEEK UP TO
		2 WEEKS2
	•	MORE THAN 2 WEEKS UP TO
	_	A MONTH3
	•	MORE THAN A MONTH4
	Ö	REFUSED7
	O	DON'T KNOW8
'AL89'	Do you strong	ly agree, agree, neither agree nor disagree, disagree, or strongly disagree
ALOU		ing statements.
AL89	with the follow	ing statements.
ALOS	The County re	procentative was able to answer all of my questions. Do you
	The County le	presentative was able to answer all of my questions. Do you
	O	Strongly agree1
	ŏ	Agree2
	ŏ	Neither agree nor disagree3
	Õ	Disagree4
	ŏ	Strongly disagree5
	ŏ	REFUSED7
	ŏ	DON'T KNOW8
	•	DOINT MOOV
'AL90' The Co	ounty representa	ative treated me with dignity and respect.
7.200		and notice man angular and respects
AL90		
	O	Strongly agree1
	ŏ	Agree2
	ŏ	Neither agree nor disagree3
	ŏ	Disagree4
	ŏ	Strongly disagree5
	ŏ	REFUSED7
	ŏ	DON'T KNOW8
	•	DOINT 10100W0
'AL91' What a	areas should the	County office consider improving?
AL91		
	[CHECK ALL	THAT APPLY]
		Reduce wait times1
		Spend more time with me2
	ā	Explain things so I can understand3
		Tell me what the next steps are4
		No improvement needed5
	ā	Other (specify:) 91
	Ō	REFUSED7
	Ö	DON'T KNOW8

[GO TO 'AL105']

[GO TO 'AL105']

'AL92' How satisfied are you with the County office? Would you say... AL92 Very satisfied.....1 O O Somewhat satisfied......2 Neither satisfied or dissatisfied ......3 0 Dissatisfied.....4 0 Very dissatisfied.....5 0 0 Not applicable ......6 0 REFUSED.....--7 DON'T KNOW .....-8  $\mathbf{O}$ 'AL93' Have you renewed your Medi-Cal in the last 12 months? AL93 O 0 NO......2 [GO TO 'AL96']  $\mathbf{O}$ REFUSED ......-7 [GO TO 'AL96'] O DON'T KNOW .....-8 [GO TO 'AL96'] 'AL94' When renewing your Medi-Cal, did you have any issues or problems? AL94 0 YES......1 [GO TO 'AL97'] O  $\mathbf{O}$ REFUSED.....--7 DON'T KNOW .....-8 0 'AL95' Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply? AL95 O YES, LOST COVERAGE FOR 1-2 MONTHS ......1 O YES. LOST COVERAGE ......2 O YES, HAD TO REAPPLY.....3 NO.....4 0 0 REFUSED ......-7 O DON'T KNOW .....-8 'AL96' Before you had Medi-Cal, what health coverage did you have? AL96 O No insurance ......1 [GO TO 'AL105'] Employer-based......2  $\mathbf{O}$ [GO TO 'AL105'] Private ......3  $\mathbf{O}$ [GO TO 'AL105'] Covered California ......4 0 O Other ......5

REFUSED......-7

DON'T KNOW .....-8

 $\mathbf{O}$ 

<b>'AL97'</b> Did y	ou have a proble	em changing to Medi-Cal?	
AL97			
	•	YES1	
	O	NO2	[GO TO 'AL105']
	O	REFUSED7	[GO TO 'AL105']
	•	DON'T KNOW8	[GO TO 'AL105']
'AL98' What	was the probler	n?	
AL98			
	[CHECK ALL	THAT APPLY]	
		Had to pay premiums while waiting for	
		Medi-Cal decision1	
		Received conflicting eligibility notices2	
		Delay in receiving Medi-Cal3	
		Could not see my provider4	
		Required to provide a lot of paperwork5	
		Had to file an appeal6	
	O	REFUSED7	
	•	DON'T KNOW8	
Public Charge	e Related		
'AL105'		I program sends written Notice of Actions to provide I changes in status, level of benefits, or Share of C	
AL105	3 ,,	, ,	
	The Notice of	Actions I have received in the past are:	
		Easy to read or understand1	
		Difficult to read or understand2	
		Contain helpful information3	
		Does not contain helpful information4	
	0	I never got a Notice of Actions5	[GO TO 'AL107']
	ŏ	REFUSED7	[GO TO 'AL107']
	Ö	DON'T KNOW8	[GO TO 'AL107']
'AL106'	How can Noti	ice of Actions be improved?	
AL106			
		Reduce text1	
	ā	Simplify language/Reading level2	
	ā	Shorter paragraphs/sentences3	
	_	Send fewer notices4	
		Give me clear steps of what I need to do5	
	•	No improvement needed6	
	•	REFUSED7	
	•	DON'T KNOW8	

'AL107'	Were you ab	le to update your contact information?	
AL107			
	O	Yes1	[GO TO 'AL109']
	O	No2	-
	O	Did not need to update3	[GO TO 'AL99']
	O	REFUSED	[GO TO 'AL99']
	O	DON'T KNOW8	[GO TO 'AL99']
'AL108'	Why not?		
AL108			
	•	My changes did not update1	
	O	I don't know how to update my information .2	
	Ō	Did not need to update3	
	Ō	REFUSED7	
	Ö	DON'T KNOW8	
'AL109'	Please tell us	s if you strongly agree, agree, neither agree or disa	agree, disagree, or
		gree with the following statement:	
AL109			
	Updating my	contact information was easy.	
	O	Strongly agree1	
	O	Agree2	
	O	Neither agree nor disagree3	
	•	Disagree4	
	O	Strongly disagree5	
	Ō	REFUSED7	
	O	DON'T KNOW	
'AL110'	How did you	update your contact information?	
AL110			
		Visited office in person1	
		Called county office2	
		Called health plan3	
		Directly contacted eligibility worker4	
		Online5	
	ā	Mail6	
		Portal7	
		Other, specify: () 91	
	ō	REFUSED7	
	ŏ	DON'T KNOW8	

		99': CONTINUE WITH ' <b>AL99</b> ';	
'AL99'	Was there ev	er a time when you decided not to apply for one openefits, such as Medi-Cal, food stamps, or housing it would disqualify you, or a family member, from J.S. citizen?	ng subsidies, because you
AL99	-		
	O	YES1	
	O	NO2	[GO TO 'AL100']
	O	REFUSED7	[GO TO 'AL100']
	O	DON'T KNOW8	[GO TO 'AL100']
'AL104'	Did this happ	en in the last 12 months?	
AL104			
	•	YES1	
	Ö	NO2	
	Ö	REFUSED7	
	Ö	DON'T KNOW8	
'AL100'	•	er been asked to provide your Social Security Nun legal status when you tried to get medical service	
AL100			
	O	YES1	
	O	NO2	[GO TO 'AL102']
	O	REFUSED7	[GO TO 'AL102']
	•	DON'T KNOW8	[GO TO 'AL102']
'AL101'	Did this happ	en in the past 12 months?	
AL101			
	O	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	
'AL102'	Have you eve citizenship or	er been asked to provide your Social Security Nun legal status when you tried to enroll yourself or a	nber or show proof of your child in school?
	•	YES1	
	O	NO2	[GO TO 'AK23']
	Ö	REFUSED7	[GO TO 'AK23']
	O	DON'T KNOW8	[GO TO 'AK23']
'AL103'	Did this happ	en in the past 12 months?	
AL103			
	O	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW -8	

## **Section M: Housing and Social Cohesion**

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ш	$\sim$	110	ın	~
_	u	เมอ	11 1	u

'AK23' Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?/

•	•		
AK23	[IF NEEDED, S	SAY: "A duplex is a building with 2 units."]	
	0 0 0 0	HOUSE	
'AK25'	Do you own or	rent your home?	
AK25			
ARZJ	0 0 0	OWN       1         RENT       2         OTHER ARRANGEMENT       3         REFUSED       -7         DON'T KNOW       -8	
IF 'AAGE' >= 6	NG NOTE 'AM3' 5 AND 'AK25' =		
ELSE GO TO '	AM204'		
'AM37'	Are you curren	tly paying off a mortgage or loan on this home?	
AM37	[INTERVIEWE	R NOTE: IF SPOUSE/PARTNER IS PAYING, C	ODE AS "YES"]
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	
'AM204'	Did you live in	this house or apartment one year ago?	
AM204	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	[GO TO 'AM183'] [GO TO 'AM183'] [GO TO 'AM183']
'AM205'	In what zipcode	e did you live one year ago?	
AM205		Specific	
	•	Specify:7	
	9	DON'T KNOW8	
	•		

'AM183'	•	eel about your current housing situation – do you	•
		stable and secure, just somewhat stable and secu	ire, fairly unstable and
	insecure, very	/ unstable and insecure?	
AM183			
	O	VERY STABLE AND SECURE1	
	•	FAIRLY STABLE AND SECURE,2	
	O	JUST SOMEWHAT STABLE AND	
	_	SECURE3	
	•	FAIRLY UNSTABLE AND INSECURE,	
	9		
		OR4 VERY UNSTABLE AND INSECURE?5	
	O		
	O	REFUSED7	
	O	DON'T KNOW8	
'AM184'	Please tell me	e how often you personally worry about the followi	ng – very often, somewhat
A 5 5 4 O 4	often, from tin	ne to time, or almost never.	
AM184	Struggling to	keep up with your mortgage or rent payments	
	Strugging to	keep up will your mortgage or tent payments	
	O	VERY OFTEN1	
	O	SOMEWHAT OFTEN2	
	•	FROM TIME TO TIME3	
	O	ALMOST NEVER4	
	Ö	REFUSED7	
	ŏ	DON'T KNOW8	
	•	DON 1 KNOW0	
'AM185'	People some	times struggle to pay their rent or mortgage. In ord	der to pay your rent or
7 100		ve you had to do any of the following in the past the	
AM185	mortgage, na	ve you had to do any or the following in the past ti	nee years:
AWITOS	10115014 411	THAT ADDING	
	[CHECK ALL	THAT APPLY]	
		<del>-</del> 1	
		Take on an additional job or	
		work more at their current job1	
		Stop saving for retirement2	
		Accumulate credit card debt3	
		Cut back on health care4	
		Cut back on healthy, nutritious food5	
		Move to a neighborhood that	
	_	they feel is less safe6	
		Move to a place where the schools	
	_		
	$\circ$	are not as good7  None of these/not sure8	
	O		
	O	REFUSED7	
	•	DON'T KNOW8	
'AM189'	Think about v	our experiences with housing; for example, exper	iences while renting or
7 1111 100		e, obtaining a mortgage, getting your landlord to r	
		e, obtaining a mortgage, getting your landiord to r rith your neighbors.	nake repairs, or
A B # 4 O O	interactions w	illi your neighbors.	
AM189			
		st two years, do you think your directly experience	d discrimination or
	harassment re	elated to housing?	
		V	
	O	Yes1	
	•	No2	[GO TO 'AM192']
	$\mathbf{O}$	REFUSED7	[GO TO 'AM192']

	•	DON'T KNOW8	[GO TO 'AM192']
'AM190'	Why do you thi	nk you were targeted for this discrimination or ha	arassment?
AM190			
		Because of your ancestry, national origin or language1	
		Because of your race or skin color2	
		Because of your gender or sex, including gender identity3	
		Because of your sexual orientation4	
		Because of your religion5	
		Because of your disability6	
		Because of your immigration status7	
		Because you have children8	
		Because of some other reason:9	
	Ō	REFUSED	
	O	DON'T KNOW8	
PROGRAMMII	NG NOTE 'AM1	91':	
		NSE FROM <b>'AM190'</b> , THEN CONTINUE WITH 'A	AM191' WITH SELECTED
	OM <b>'AM190</b> ' DIS		
ELSE SKIP TO	'AM192'		
'AM191'		ink is the MAIN reason you were targeted for thi	s discrimination or
	harassment?		
AM191			
	•	Because of your ancestry, national origin	
	O	or language1  Because of your race or skin color	
	0	Because of your gender or sex,	
	•	including gender identity3	
	•	Because of your sexual orientation4	
	O	Because of your religion5	
	O	Because of your disability6	
	O	Because of your immigration status7	
	O	Because you have children8	
	•	Because of some other reason:9	
	O	REFUSED7	
	0	DON'T KNOW8	
'AM192'		ears, did you or your household receive or use a	Housing Choice Section 8
	voucher?		
AM192			
		HOUSING CHOICE SECTION 8 VOUCHERS AF	RE A FORM OF
	GOVERNMEN	T ASSISTANCE WITH HOUSING]	
	•	Yes1	
	Ö	No	[GO TO 'AM194']
	ŏ	REFUSED7	[GO TO 'AM194']
	Ö	DON'T KNOW8	[GO TO 'AM194']
			-

'AM193'	Were you or y	our household	
AM193			
	[CHECK ALL	THAT APPLY]	
		Unable to use your Housing voucher1	
		Denied housing because of your	
		Housing voucher2	
		Told by a landlord that they do not	
	O	accept Housing vouchers, or	
	0	REFUSED7	
	Ö	DON'T KNOW8	
Hate Incident			
'HATE INCID	ENT TRANSITIO	ON'	
answers will b	e kept confident	hate incidents. Thinking about these incidents ma ial. If any question upsets you, you don't have to a nformation about organizations that can provide re	answer it. At the end of
AM194	prejudice towa may or may n different from to steal from y	focuses on whether you may have been targeted and people with certain identities, characteristics of ot actually have these identities, characteristics of someone targeting you for other reasons, such as you. Hate incidents can include physical abuse, verage, or something else.	r religious beliefs. You r religious beliefs. It is s being angry or wanting
	During the pa	st 12 months, have you directly experienced a hat	e incident?
	•	Yes1	
	O	No2	[GO TO 'AM199']
	O	REFUSED8	[GO TO 'AM199']
	O	DON'T KNOW9	[GO TO 'AM199']
'AM195'	Did you exper	ience	
AM195			
	SELECT ALL	THAT APPLY	
		Physical abuse or attack1	
		Verbal abuse or insults2	
		Cyberbullying3	
		Property damage, or4	
		Something else (Specify:)5	
	Ō	REFUSED7	
	•	DON'T KNOW8	

Where did the	incident or incidents take place?
SELECT ALL	THAT APPLY
	At home
Why do you th	nink you were targeted?
SELECT ALL	THAT APPLY
	Because of your race or skin color
	SELECT ALL  O O Why do you the

	NO NOTE (AM	
IF MORE THA	OM <b>'AM197</b> ' DIS	NSE FROM 'AM197', THEN CONTINUE WITH 'AM198' WITH SELECTED
'AM198'	What do you t	hink is the main reason you were targeted for a hate incident?
AM198	[IF NEEDED, most recent in	SAY: If you experienced more than one incident, please think about the cident]
PROGRAMMI	O O O O O O O O O O O O O O O O O O O	Because of your race or skin color
	, THEN CONTI	
'AM206'	During the pas	st 12 months, how many hate incidents have you experienced?
AM206	<b>O</b>	Number of hate incidents REFUSED7 DON'T KNOW8
PROGRAMMI	NG NOTE 'AM2	207A':
		AY "these" and "incidents", dent".
'AM207A'	experienced {	st 12 months, have any of the following happened to you because you these/the} hate incident{s}? ience negative effects on your mental health such as feeling sad, stressed, pressed?
	<b>O</b>	Yes1 No2

REFUSED .....-7

DON'T KNOW .....-8

 $\mathbf{O}$ 

 $\mathbf{O}$ 

'AM207B'	[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]		
AM207B	Did you exper	rience negative effects on your physical health?	
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	
'AM207C'	experienced {	ast 12 months, have any of the following happened to you because you these/the} hate incident{s}?]	
	Did you chang you shopped?	ge your behavior, such as changing schools, jobs, transportation or where	
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	
'AM207D'		ast 12 months, have any of the following happened to you because you these/the} hate incident{s}?]	
AWIZOTD	Did you have	to take time off from work?	
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	
'AM207E'		ast 12 months, have any of the following happened to you because you these/the} hate incident{s}?]	
AM207E	Did you have	to take time off from school?	
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8	
'AM207F'		ast 12 months, have any of the following happened to you because you these/the} hate incident(s)?]	
AM207F	Did anything	else happen to you?	
	) ) )	Yes       1         No       2       [GO TO 'PN_AM208']         REFUSED       -7       [GO TO 'PN_AM208']         DON'T KNOW       -8       [GO TO 'PN_AM208']	

'AM207F\_OS'

[During the past 12 months, have any of the following happened to you because you experienced {these/the} hate incident{s}?]

AM207F OS	7	
72011 _00	What else hap	ppened?
	O	REFUSED7
	•	DON'T KNOW8
	NG NOTE 'AM2	
IF 'AM207D' =   ELSE GO TO '		from work), THEN CONTINUE;
DISPLAY INS		
IF 'AM206' > 1	, THEN DISPLA	Y "these" and "incidents",
ELSE DISPLA	Y "the" and "inci	dent".
'AM208'		st 12 months, about how many days did you take off from work because ed {these/the} hate incident{s}?
AM208		
		Number of days (HR: 0-365)
	<b>O</b>	REFUSED
DDOCDAMMU	NG NOTE 'AM2	2003
	1 (took time off f	from school), THEN CONTINUE;
		AY "these" and "incidents", ident"
'AM209'		st 12 months, about how many days did you take off from school because ed {these/the} hate incident{s}?
AM209	•	
AIVIZUS		Number of days (HR: 0-365)
	O O	REFUSED
PROGRAMMII	NG NOTE 'AM2	210':
		AY "these" and "incidents", dent".
'AM210'		st 12 months, were there any medical expenses for you or members of your cause you experienced the hate incident(s)?
AM210		
	[IF NEEDED:	Include mental and physical healthcare expenses.]
	<b>O</b>	Yes1
	0	No2 REFUSED7
	Ö	DON'T KNOW8

	NG NOTE 'AM2 THEN CONTIN AM212';	
		Y "these" and "incidents", dent".
'AM211'		st 12 months, did you or members of your household have any damage to ongings that resulted from the hate incident(s)?
AM211		
AMZII	•	Yes1
	Ŏ	No2
	Ō	REFUSED7
	O	DON'T KNOW8
	IO NOTE (AMO	4441
PROGRAMMIN	NG NOTE 'AM2	14A′:
DISPLAY INST IF 'AM206' > 1,		Y "most severe".
'AM214A'	After you expe	rienced the {most severe} hate incident within the past 12 months, what
AIVIZ 14A		t did you receive?
AM214A	neip or suppor	t did you receive:
AIVIZ 14A	Did you rosoiy	e counselling, therapy, or other type of mental health support?
	Did you receiv	e counselling, therapy, or other type of mental health supports
	•	Yes1
	Ö	No2
	Ō	REFUSED7
	O	DON'T KNOW8
'AM214B'		erienced the {most severe} hate incident within the past 12 months, what t did you receive?]
AWIZ14B	Did you receiv	e medical care for a physical injury or symptom?
	O	Yes1
	O	No2
	O	REFUSED7
	•	DON'T KNOW8
'AM214C'		erienced the {most severe} hate incident within the past 12 months, what t did you receive?]
AM214C	noip of oupper	t and you receive.
AMZITO	Did you take ti	me off from school?
	•	Yes1
	•	No2
	•	REFUSED7
	O	DON'T KNOW8
'AM214D'		erienced the {most severe} hate incident within the past 12 months, what t did you receive?]

AM214D		
	Did you receive	ve time off from work?
	·	
	O	Yes1
	O	No2
	O	REFUSED7
	O	DON'T KNOW8
	_	
'AM214E'	[After you exp	perienced the {most severe} hate incident within the past 12 months, what
, <u> </u>		ort did you receive?]
AM214E	neip or suppo	it did you receive: j
AWIZ 14L	Did vou roosi	ve financial assistance?
	Did you receiv	ve illiditiciai assistance :
	$\circ$	Vaa
	O	Yes1
	O	No2
	O	REFUSED7
	O	DON'T KNOW8
'AM214F'	[After you exp	perienced the {most severe} hate incident within the past 12 months, what
	help or suppo	rt did you receive?]
AM214F		,
	Did you receiv	ve protection for you or your family's physical safety?
	Bia you loosi	re protestion for your farmly a project surety.
	O	Yes1
	Ö	No2
	ŏ	REFUSED7
	o o	DON'T KNOW8
	9	DON 1 KNOW0
(4110440)	FA (to a constant)	and the second of the second o
'AM214G'		perienced the {most severe} hate incident within the past 12 months, what
	help or suppo	rt did you receive?]
AM214G		
	Did you receive	ve help reporting to or working with the police or other law enforcement?
	O	Yes1
	<b>O</b>	Yes1 No2
	Ξ	
	O	No2
	0	No2 REFUSED7
'AM214H'	0	No
'AM214H'	O O O	No
	O O O	No
'AM214H' AM214H	O O O [After you exphelp or suppo	No
	O O O [After you exphelp or suppo	No
	[After you exphelp or suppo	No
	[After you exphelp or suppo	No
	[After you exphelp or suppo	No
	[After you exphelp or suppo	No
	[After you exphelp or suppo	No
AM214H	[After you exphelp or suppo	No
	[After you exphelp or support of the content of the	No
'AM214I'	[After you exphelp or support of the content of the	No
AM214H	[After you exphelp or support of the content of the	No
'AM214I'	[After you exphelp or suppo	No
'AM214I'	[After you exphelp or suppo	No
'AM214I'	[After you exphelp or suppo	No

	<b>O</b>	REFUSEDDON'T KNOW	
(4880441)	_		
'AM214J'		rienced the {most severe} hate incident with did you receive?]	nin the past 12 months, what
AM214J	Did vov sooivo	and ather halp or all parts	
	Dia you receive	any other help or support?	
	O	Yes	
	<b>O</b>	NoREFUSED	_
	O	DON'T KNOW	<u> </u>
'AM214J_OS'			
AWIZ 140_00	[After you exper	rienced the {most severe} hate incident with	hin the past 12 months, what
1110441.00	help or support	did you receive?]	·
AM214J_OS	l What other help	or support did you receive?	
	тинат отпот поф	,	_
	O O	REFUSED DON'T KNOW	
		DON'T NIVOW	0
PROGRAMMIN	IG NOTE 'AM21	5':	
DISPLAY INST	RUCTIONS:		
IF 'AM206' > 1,	THEN DISPLAY	"most severe"	
'AM215'	Was there any I	kind of help or support that you <u>felt you nee</u>	eded but did not receive after
		d the {most severe} hate incident?	
AM215	O	Yes	1
	ŏ	No	
	O	REFUSED	
	•	DON'T KNOW	8
PROGRAMMIN	IG NOTE 'AM21	<b>6</b> ':	
IF 'AM215' = $1$ ,	THEN CONTINU	JE;	
DISPLAY INST	RUCTIONS:		
		CATEGORIES FROM 'AM214';	
ELSE GO TO 'A	AM218';		
'AM216'	What help or su	pport did you <u>feel you needed but did not r</u>	receive?
AM216			
AWIZTO	SELECT ALL T	HAT APPLY	
		COUNSELING, THERAPY, OR OTHER TYPE OF MENTAL HEALTH SUPPORT.	1
		MEDICAL CARE FOR A PHYSICAL	
		INJURY OR SYMPTOM	
		TIME OFF FROM SCHOOL	
		TIME OFF FROM WORK	
		FINANCIAL ASSISTANCE	5

		PROTECTION FOR YOU OR YOUR
		FAMILY'S PHYSICAL SAFETY6
		HELP REPORTING TO OR WORKING
		WITH THE POLICE OR OTHER LAW
		ENFORCEMENT7
		LEGAL ASSISTANCE8
	_	INTERPRETATION OR OTHER TYPES OF
	_	LANGUAGE SERVICES9
		OTHER (PLEASE SPECIFY:) 91
	ō	NONE OF THE ABOVE
	ŏ	REFUSED7
	ŏ	DON'T KNOW8
	•	BOILT MOV
PROGRAMMIN	NG NOTE 'AM2	217':
IF MULTIPLE F	RESPONSES F	ROM 'AM216', THEN CONTINUE
DIODI AVUNCT	TO LICTIONIC	
DISPLAY INST		ODTIONS FROM (AM246)
READ OUT ON	NLY SELECTEL	O OPTIONS FROM 'AM216'
ELSE GO TO '	AM199'·	
'AM217'	Which of thes	e did you feel you needed the most?
AM217		
	$\mathbf{O}$	Counseling, therapy, or other type
		of mental health support1
	$\mathbf{O}$	Medical care for a physical injury or
		symptom2
	O	Time off from school3
	O	Time off from work4
	•	Financial assistance5
	•	Protection for you or your family's
	_	physical safety6
	•	Help reporting to or working
		with the police or law enforcement7
	O	Legal assistance8
	•	Interpretation or other types of
		language services9
	O	{OTHER SPECIFY FROM AM216} 91
	<b>O</b>	REFUSED7
	O	DON'T KNOW8
'AM218'	Was the offen	der of the {most severe} incident a stranger, someone you knew by sight
		e you knew but not well, or someone you knew well?
AM218	<b>3</b> /	
	[IF NEEDED:	If more than one offender, select all that apply]
		STRANGER1
		SOMEONE YOU KNEW BY SIGHT ONLY .2
		SOMEONE YOU KNEW BUT NOT WELL3
		SOMEONE YOU KNEW WELL4
		I DON'T KNOW OR I DIDN'T SEE5
	$\mathbf{O}$	REFUSED7

'AM219A'	Who was the offender of the {most severe} hate incident?			
AM219A	Was it a friend or family member?			
	O O O	Yes  No  REFUSED  DON'T KNOW	.2 -7	
'AM219B'	[Who was the	offender of the {most severe} hate incident?]		
AM219B	Was it your cla	ssmate?		
	O O O	Yes No REFUSED DON'T KNOW	.2 -7	
'AM219C'	[Who was the	offender of the {most severe} hate incident?]		
AM219C	Was it your co	worker?		
	O O O	Yes NoREFUSED DON'T KNOW	.2 -7	
'AM219D'	[Who was the	offender of the {most severe} hate incident?]		
AM219D	Was it a custor	mer at your workplace?		
	) ) )	Yes No REFUSED DON'T KNOW	.2 -7	
'AM219E'	[Who was the	offender of the {most severe} hate incident?]		
AM219E	A customer at	a business you visited?		
	O O O	Yes NoREFUSED DON'T KNOW	.2 -7	
'AM219F'	[Who was the	offender of the {most severe} hate incident?]		
AM219F	An employee s	at a husiness you visited?		

	O	Yes1	
	O	No2	
	O	REFUSED7	
	Ö	DON'T KNOW8	
	_		
'AM219G'	[Who was the	offender of the {most severe} hate incident?]	
AM219G			
	Someone on-li	ne?	
	O	Yes1	
	Ō	No2	
	Ö	REFUSED7	
	9	DON'T KNOW8	
	•	DON 1 KNOW	
'AM219H'	[Who was the	offender of the {most severe} hate incident?]	
AM219H			
711121011	A caregiver?		
	r caregiver.		
	O	Yes1	
	Ö	No2	
	ŏ	REFUSED7	
	9	DON'T KNOW8	
	9	DOIN 1 KNOW0	
'AM219I'	[Who was the	offender of the {most severe} hate incident?]	
AMOAOL			
AM219I	0	ublic transportation 0	
	Someone on p	public transportation?	
	Q	Yes1	
	9	No2	
	_	-	
	0	REFUSED7 DON'T KNOW8	
	O	DON 1 KNOW8	
'AM219J'	[Who was the	offender of the {most severe} hate incident?]	
A \$4040 L			
AM219J			
	Anyone else?		
	$\circ$	Yes1	
	0		TOO TO (DNI AMAGO)
	O	No2	[GO TO 'PN_AM199']
	O	REFUSED7	[GO TO 'PN_AM199']
	•	DON'T KNOW8	[GO TO 'PN_AM199']
'AM219J_OS'	Without saying	their names or other identifying information, wh	o was the offender of the
_	{most severe}		
AM219J_OS			
	_		
	O	REFUSED7	
	$\mathbf{O}$	DON'T KNOW8	

'AM199'	During the past incident?	12 months, have you witnessed another person	experiencing a hate
AM199	<u>o</u>	Yes1 No2	[GO TO 'HATE INCIDENT
	O	REFUSED7	RESOURCE'] [GO TO 'HATE INCIDENT
	O	DON'T KNOW8	RESOURCE' [GO TO 'HATE INCIDENT
'AM200'	Did you witness	S	RESOURCE']
AM200	[SELECT ALL ]	THAT APPLY]	
	O O	Physical abuse or attack       1         Verbal abuse or insults       2         Cyberbullying       3         Property damage, or       4         Something else (Specify:)       5         REFUSED       -7         DON'T KNOW       -8	
'AM201'	Where did the i	ncident or incidents take place?	
AM201	[SELECT ALL ]	THAT APPLY]	
		At home	
	•	DON'T KNOW8	

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'AM202'	Why do you t	hink the person was targeted for a hate incident?
AM202	[SELECT ALI	_ THAT APPLY]
PROGRAMMI	ING NOTE 'AM	Because of their race or skin color
	OM <b>'AM202'</b> DI	·
'AM203'	What do you	think is the main reason that person was the target for a hate incident?
AM203	[IF NEEDED most recent in	O, SAY: If you witnessed more than one incident, please think about the noident.]
		Because of their race or skin color
'AM220'	During the pa	st 12 months, how many hate incidents have you witnessed?
AM220	) )	Number of hate incidents REFUSED7 DON'T KNOW8
PROGRAMMI	NG NOTE 'AM	224':
DISPLAY INS	TRUCTIONS:	

	THEN DISPLAY the" and "incid"	Y "these" and "incidents", lent".		
'AM224'	During the past 12 months, were there any medical expenses for you or members of your household because you witnessed the hate incident(s)?  [IF NEEDED: Include mental and physical healthcare expenses.]			
	) ) )	Yes       1         No       2         REFUSED       -7         DON'T KNOW       -8		
'AM231'		er of the {most severe} incident a stranger to the victim, someone the sight only, someone the victim knew but not well, or someone the victim		
	SELECT ALL T	THAT APPLY		
		STRANGER TO THE VICTIM1 SOMEONE THE VICTIM KNEW BY SIGHT ONLY2		
		SOMEONE THE VICTIM KNEW BUT NOT WELL3		
	_ _ O	SOMEONE THE VICTIM KNEW WELL4 I DON'T KNOW OR I DIDN'T SEE5 REFUSED8		

PROGRAMMING NOTE 'HATE INCIDENT RESOURCE':

TO BE DISPLAYED TO ALL RESPONDENTS IRRESPECTIVE OF THEIR RESPONSES TO 'AM194', 'AM199'.

**'HATE INCIDENT RESOURCE'**: If you would like mental or emotional support, help is available 24 hours a day at the toll-free number 855-845-7415. If you prefer, you can remain anonymous. You can also visit www.mentalhealthsf.org/warm-line/.

If you would like to report a hate incident or connect with resources, including mental health and legal services, visit <a href="www.cavshate.org/">www.cavshate.org/</a> or call 833-866-4283. California vs Hate is not affiliated with law enforcement, and you can report anonymously. If you want to report a hate crime to law enforcement contact your local police department, or call 911.

<b>PROGR</b>	NG NO	ΓΕ 'Δ	.1178'•

IF 'AH1' = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS  $\leq$  400% FPL, THEN CONTINUE WITH 'AJ178' ELSE GO TO 'AM186'

'AJ178'

Is there anyone at your doctor's or healthcare provider's office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

AJ178

O	Yes	1
O	No	2
O	REFUSED	7
$\mathbf{O}$		

#### **Encounters with Police**

'AM186'

Difficult life experiences can have harmful effects on a person's physical and mental health, even after those experiences have passed. For example, encounters with the police or the court system.

AM186

Nowadays, persons are often stopped by the police for many different reasons. In the past three years, how many times have you been stopped by the police?

$\mathbf{O}$	0	1
O	1	2
0	2	3
0	3	4
0	4	5
0	5 OR MORE	6
0	REFUSED	7
0	DON'T KNOW	8

#### Social Cohesion

'AM19'

Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

AM19

People in my neighborhood are willing to help each other.

[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?"]

[DO NOT PROBE A "DON'T KNOW" RESPONSE.]

<b>O</b>	STRONGLY AGREE	1
0	AGREE	2
0	DISAGREE	3
O	STRONGLY DISAGREE	4
0	REFUSED	
O	DON'T KNOW	8

'AM20' People	in this neigh	borhood generally do <u>not</u> get along with each other.		
AM20	IIE NEEDEI	D SAV: "DO VOLISTRONGI V ACREE ACREE DISACREE OR		
	[IF NEEDED, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE?]			
	[DO NOT P	ROBE A "DON'T KNOW" RESPONSE.]		
	O O	STRONGLY AGREE1 AGREE2		
	Ö	DISAGREE3		
	O	STRONGLY DISAGREE4		
	O	REFUSED7		
	O	DON'T KNOW8		
'AM21' People	in this neigh	borhood can be trusted.		
AM21				
		D, SAY: "DO YOU STRONGLY AGREE, AGREE, DISAGREE, OR Y DISAGREE?]		
	[DO NOT P	ROBE A 'DON'T KNOW' RESPONSE]		
	•	STRONGLY AGREE1		
	$\mathbf{O}$	AGREE2		
	O	DISAGREE3		
	O	STRONGLY DISAGREE4		
	Q	REFUSED7		
	0	DON'T KNOW8		
Safety				
'AK28'	Do you feel	safe in your neighborhood		
AK28				
	O	All of the time1		
	O	Most of the time2		
	O	Some of the time, or3		
	•	None of the time4		
	O	REFUSED7		
	O	DON'T KNOW8		
Civic Engagem	ent			
'AM39'		12 months, have you volunteered to organize or lead efforts to help solve		
AM39	problems in	your community?		
7	0	YES1		
	Ö	NO2		
	Ō	REFUSED7		
	•	DON'T KNOW8		

'AM45'	Do you think you could contact an elected official or someone else in government who			
	represents yo	our community?		
AM45				
	O	Definitely could not	1	
	O	Probably could not		
	O	Maybe could	3	
	O	Probably could	4	
	O	Definitely could		
	O	REFUSÉD		
	•	DON'T KNOW	8-	
'AM48'	In the past 12	2 months, have you been a	an active member of any	group that tries to
		lic policy or government, r		
AM48		p, g - · - · · · · · · · · · · · · · ·	9 - F	
	O	YES		
	O	NO	2	[GO TO 'AK23']
	O	REFUSED	7	[GO TO 'AK23']
	O	DON'T KNOW		[GO TO 'AK23']

 $\mathbf{O}$ 

O

## **Section P: Voter Engagement**

Voter Engagement

IF <b>'AH39'</b> = 1 (ISLANDS, CO	NTINUE WITH	<b>AH33'</b> = 1 (USA)) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN
ELSE GO TO '	AP75'	
'AP73' How of	ften do you vote	e in presidential elections?
AP73		
	•	Always1
	O	Sometimes, or2
	O	Never?3
	O	REFUSED7
	O	DON'T KNOW8
'AP74'	How often do	you vote in state elections, such as for Governor or state proposition?
AP74		
	O	Always1
	O	Sometimes, or2
	O	Never?3
	O	REFUSED7
	•	DON'T KNOW8
'AP75'	How often do	you vote in local elections, such as for Mayor or school board?
AP75		
	O	Always1
	O	Sometimes, or2
	O	Never?3

REFUSED.....-7

DON'T KNOW .....-8

### PROGRAMMING NOTE 'AP80':

IF 'AP73' OR 'AP74' or 'AP75' = 2 OR 3, CONTINUE WITH 'AP80'; ELSE SKIP TO 'AF86'

**'AP80'** For the most recent election that you did <u>not</u> vote in, what is the <u>main</u> reason why you did not vote?

AP80

O	I dislike politics	1
$\mathbf{O}$	Voting has little to do with the way real	
	decisions are made	2
O	I did not like any of the candidates	
	on the ballot	3
0	My one vote is not going to affect how	
	things turn out	4
0	I was not informed enough about	
	the candidates or issues to make	
	a good decision	5
0	I did not see a difference between	
	the candidates or parties	6
0	I was not interested in what	
•	is happening in government	7
0	I just did not think about doing it	<i>,</i>
Ö	I forgot	
ŏ	I had to work	
õ	I did not have transportation	
0		
0	Other (Specify:)	
	REFUSED	
$\mathbf{O}$	DON'T KNOW	č

## **Section Q: Adverse Childhood Experiences**

**ACEs Screener** 'AQ28INTRO' Adverse Childhood Experiences are stressful or traumatic events experienced from birth through the age of 18 and relate to categories of child abuse, neglect, and/or household challenges. Medical professionals, including doctors, nurse practitioners, midwives, psychologists, and others, can perform Adverse Childhood Experiences assessments. 'AQ28' Have you heard the term Adverse Childhood Experiences or ACEs before? AQ28  $\mathbf{O}$ Yes......1 0 No.....2  $\mathbf{O}$ Don't know ......3  $\mathbf{O}$ REFUSED ......-7 Past ACEs assessment 'AQ23' Have you ever completed an assessment of your own history of Adverse Childhood Experiences with a medical health or mental health professional? AQ23 Yes.....1  $\mathbf{O}$ 0 No.....2 [GO TO 'PN AQ24']  $\mathbf{O}$ Don't know ......3 **IGO TO** 'PN AQ24'] REFUSED .....-7 0 [GO TO 'PN\_AQ24'] 'AQ29' When your provider reviewed your responses to the ACE assessment did they discuss your strengths, resilience or positive experiences in your life? AQ29 0 Yes ......1 0 No......2  $\mathbf{O}$ Don't know ......3 REFUSED ......-7 PROGRAMMING NOTE 'AQ24': IF SELECTED TEEN, CONTINUE: ELSE SKIP TO 'PN AQ25' Have you ever completed an assessment of (TEEN's) Adverse Childhood Experiences 'AQ24' with a medical health or mental health professional? AQ24  $\mathbf{O}$ Yes......1  $\mathbf{O}$ No.....2  $\mathbf{O}$ Don't know ......3

REFUSED .....--7

O

	NG NOTE 'AQ2			
ELSE SKIP TO	CHILD, CONTII	NUE;		
LLOL SKIP TO	ACLININO			
'AQ25'		Have you ever completed an assessment of (CHILD's) Adverse Childhood Experiences with a medical health or mental health professional.		
AQ25		·		
	O	Yes1		
	O	No2		
	O	Don't know3		
	O	REFUSED7		
'ACEINTRO'	childhood. This early in life, an may feel uncor	questions are about events that might have happened during your information will allow us to better understand problems that may occur dimay help others in the future. This is a sensitive topic and some people infortable with these questions. Please keep in mind that you can skip any lo not want to answer. All questions refer to the time period before you of age.		
'AQ1' Before	you were 18 ye	ars of age		
A04				
AQ1	Did you live wi	th anyone who was depressed, mentally ill, or suicidal?		
	•	YES1		
	O	NO2		
	O	REFUSED7		
	O	DON'T KNOW8		
'AQ2' [Before	e you were 18 ye	ears of age]		
AQ2				
	Did you live wi	th anyone who was a problem drinker or alcoholic?		
	O	YES1		
	O	NO2		
	O	REFUSED7		
	O	DON'T KNOW8		
'AQ3' [Before	e you were 18 ye	ears of age]		
AQ3				
7140	Did you live wi medications?	th anyone who used illegal street drugs or who abused prescription		
	O	YES1		
	ŏ	NO2		
	ŏ	REFUSED7		
	Ö	DON'T KNOW8		
	•			

'AQ4' [Before	e you were 18 ye	ears of age]
AQ4		
	Did you live wire or other correct	th anyone who served time or was sentenced to serve time in a prison, jail, tional facility?
	•	YES1
	O	NO2
	<b>O</b>	REFUSED7
	•	DON'T KNOW8
'AQ5'	Before you we	re 18 years of age
AQ5		
	Were your pare	ents separated or divorced?
	•	YES1
	•	NO2
	•	PARENT NOT MARRIED3
	0	REFUSED7
	O	DON'T KNOW8
'AQ6' [Before	e you were 18 ye	ears of age]
AQ6		
	How often did other up?	your parents or adults in your home ever slap, hit, kick, punch or beat each
	Q	NEVER1
	Ö	ONCE2
	Ö	MORE THAN ONCE3
	O	REFUSED7
	•	DON'T KNOW8
'AQ7' [Before	e you were 18 ye	ears of age]
AQ7		
714.	How often did	a parent or adult in your home ever hit, beat, kick, or physically hurt you in
		ot include spanking.
	•	NEVER1
	•	ONCE2
	•	MORE THAN ONCE3
	O	REFUSED7
	•	DON'T KNOW8

'AQ8'	[Before	you were 18 y	ears of age]
AQ8			
		How often did down?	a parent or adult in your home ever swear at you, insult you, or put you
		0 0 0 0	NEVER
'AQ9'	[Before	you were 18 y	ears of age]
AQ9		How often did sexually?	anyone at least 5 years older than you or an adult, ever touch you
		) ) ) )	NEVER       1         ONCE       2         MORE THAN ONCE       3         REFUSED       -7         DON'T KNOW       -8
'AQ10'	[Before	you were 18 y	ears of age]
AQ10		How often did them sexually	anyone at least 5 years older than you or an adult, try to make you touch?
		0 0 0 0	NEVER
'AQ11'	[Before	you were 18 y	ears of age]
AQ11		How often did	anyone at least 5 years older than you or an adult, force you to have sex?
		) ) )	NEVER       1         ONCE       2         MORE THAN ONCE       3         REFUSED       -7         DON'T KNOW       -8
'AQ12'			ere 18 years of age. Were you ever the victim of violence or witness any ur neighborhood?
AWIZ		) ) )	YES

'AQ13'	[Before you were 18 years of age] Were you ever treated or judged unfairly because of		
	your race or e	ethnic group?	
AQ13			
	$\mathbf{O}$	YES1	
	•	NO2	
	O	REFUSED7	
	•	DON'T KNOW8	
'AQ14'	-	vere 18 years of age] Did you ever live with a parent or guardian who	
1011	died?		
AQ14			
	0	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	
'AQ15'	[Refore you w	vere 18 years of age] How often was it very hard to get by on your family's	
AQIS		example, it was hard to cover the basics like food or housing? Would you say	
	· ·		
1045	very often, so	mewhat often, not very often, or never?	
AQ15	_		
	O	VERY OFTEN1	
	•	SOMEWHAT OFTEN2	
	O	NOT VERY OFTEN3	
	O	NEVER4	
	O	REFUSED7	
	O	DON'T KNOW8	
'AQ30'	For how muc	h of your childhood was there an adult in your household who made you feel	
AGOO		ected? Would you say	
AQ30	saic and prot	colod: Would you say	
AQJU	$\circ$	Nover 4	
	0	Never1	
	O	A little of the time2	
	O	Some of the time3	
	0	Most of the time4	
	O	All of the time5	
	O	REFUSED7	
	•	DON'T KNOW8	
'AQ31'	For how muc	h of your childhood was there an adult in your household who tried hard to	
		our basic needs were met? Would you say	
AQ31			
Agoi	•	Never1	
	9	A little of the time2	
	0	Some of the time	
	<b>O</b>	Most of the time4	
	O	All of the time5	
	O	REFUSED7	
	O	DON'T KNOW8	

#### PROGRAMMING NOTE ACES RESOURCE:

#### **DISPLAY INSTRUCTIONS:**

IF [('AQ9' OR 'AQ10' OR 'AQ11') = -7, -8 OR ('AQ9' OR 'AQ10' OR 'AQ11') >1], DISPLAY RAINN RESOURCE AND (IF 'AQ7' = 1 OR 'AQ7' = -7, -8) DISPLAY NATIONAL DOMESTIC VIOLENCE RESOURCE;

ELSE SKIP TO 'AF86'

'ACES RESOURCE' We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

**National Domestic Violence hotline**: We have a toll-free number if you'd like to talk about these issues. Would you like the toll-free number?"

[IF R SAYS "YES", SAY: Someone is available 24 hours a day to provide information. GIVE OUT 1-800-799-7233 TTY 1-800-787-3224 TOLL-FREE NUMBER. THIS IS THE NATIONAL DOMESTIC VIOLENCE HOTLINE.]

[IF CATI, DISPLAY: Would you like me to repeat this information?]

# **Section S: Suicide Ideation and Attempts**

Suicide Ideation and Attempts

'AF86'	The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.		
AF86	•		
	Have you <u>eve</u>	r seriously thought about committing suicide?	
	O	YES1	
	O	NO2	[GO TO 'PN_AM10B']
	O	REFUSED7	[GO TO 'PN_AM10B']
	O	DON'T KNOW8	[GO TO 'PN_AM10B']
<b>'AF87'</b> Hav	e you seriously the	ought about committing suicide at any time in the	past 12 months?
AF87			
	O	YES1	
	O	NO2	[GO TO 'AF88']
	•	REFUSED7	[GO TO 'AF88']
	O	DON'T KNOW8	[GO TO 'AF88']
<b>'AF91</b> ' Hav	e you seriously the	ought about committing suicide at any time in the	past 2 months?
AF91			
	O	YES1	
	O	NO2	
	Ö	REFUSED7	
	O	DON'T KNOW8	
<b>'AF88'</b> Hav	e you ever attemp	ted suicide?	
AF88			
	0	YES1	
	O	NO2	
	O	REFUSED7	
	O	DON'T KNOW8	
	MING NOTE 'AF8		
IF <b>'AF87'</b> =	(2, -7, -8) AND 'AI	F88' = (2, -7, -8) THEN GO TO SUICIDE RESOU	RCE;
IF <b>'AF91'</b> =	(2, -7, -8) AND 'AI	F88' = (2, -7, -8) THEN GO TO SUICIDE RESOU	RCE;
		2, -7, -8) THEN GO TO SUICIDE RESOURCE;	
	FINUE WITH 'AF'8		
<b>'AF89'</b> Hav	e you attempted s	uicide at any time in the past 12 months?	
AF89			
	O	YES1	
	O	NO2	
	•	REFUSED7	
	O	DON'T KNOW8	

**'SUICIDE RESOURCE'**: You can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit 988lifeline.org to chat online or find information about getting help.

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

# PROGRAMMING NOTE FOR 'AF90': IF 'AF87' = (2, -7, -8) AND 'AF88' = (2, -7, -8) THEN SKIP TO 'NEXT SECTION'; ELSE CONTINUE;

'AF90' Would you like to discuss your thoughts with this person or would you like to continue with the survey?

AF90

O	DISCUSS THOUGHTS WITH PERSON1	
$\mathbf{O}$	CONTINUE WITH SURVEY2	[GO TO 'PN_AM10B']
$\mathbf{O}$	REFUSED7	[GO TO 'PN_AM10B']
O	DON'T KNOW8	[GO TO 'PN_AM10B']

# **Follow-Up Survey Permission**

Version 1.22

PROGRAMMIN IF ('AL10' OR ' ELSE DISPLAY	<b>AL11</b> ' O	R <b>'AL1</b> 2	2'= 1), THEN DISF	PLAY "JUS	ST A COUPLE OF F	INAL QUESTIONS";
'AM10B'	Just a {couple of} final question{s} and then we are done. Please provide your name and telephone number so that we may call you if we have additional questions.					
AIII10D						
	AL11' O	R 'AL12	_ <b>A':</b> !'= 1), THEN CON' NOTE ' <b>CLOSE1</b> '		OSE 2'	
'LTSS_A'	usually	takes al perience	oout 15 minutes ar	nd you will	be paid \$25. This of	tions. This new survey ther survey is for people ssing, bathing, walking, or
E133_A	Would y	you like	NOREFUSED		1 2 7 8	
'LTSS_RECON2' Would you like to participate in this survey at a later date?						
LTSS_RECO	N2	• • •	NO		2 7 8	[GO TO 'PN_SUICIDE RESOURCE2'] [GO TO 'PN_SUICIDE RESOURCE2'] [GO TO 'PN_SUICIDE RESOURCE2']
PROGRAMMING NOTE 'LTSS_FOLLOW-UP':  IF ('AL10' OR 'AL11' OR 'AL12'= 1) AND 'AM10B' IS BLANK, CONTINUE WITH 'LTSS_FOLLOW_UP';  ELSE GO TO 'PN_SUICIDE RESOURCE2'						
'LTSS_FOLLO						
			provide your name		phone number so tha	at we may call you if we
		First Na	ame:		Last Name:	
		Phone	Number:			

AIAN\_A

Based on your responses, we'd like to ask you a few more questions. This new survey usually takes about 15 minutes and you will be paid \$25. The purpose of the survey is to understand cultural experiences for American Indians and Alaska Natives, and their health conditions, health behaviors, mental health, and alcohol or drug use.

AIAN\_A

Would you like to participate in this survey?

$\mathbf{O}$	YES	1
$\mathbf{c}$	NO	2
$\mathbf{c}$	REFUSED	7
$\mathbf{O}$	DON'T KNOW	•

#### PROGRAMMING NOTE 'HATEFU A':

ASK IF 'HATEFU SELECT' = 1 CONTINUE

ELSE GO TO 'PROGRAMMING NOTE SUICIDE RESOURCE2'

HATEFU A

Based on your responses, you may be eligible to participate in another survey conducted by UCLA. The purpose of this other survey is to understand people's experiences with hate incidents. It will take place in about 2-6 weeks from now, and is expected to take about 50-60 minutes in an audio-recorded interview. You will be provided a \$100 gift card for your participation.

#### HATEFU\_A

Would you like to participate in this survey?

$\mathbf{O}$	YES	1
0	NO	2
O	REFUSED	7
$\mathbf{O}$	DON'T KNOW	-8-

#### PROGRAMMING NOTE SUICIDE RESOURCE 2:

IF 'AF90' = (2, -7, -8),

AND ['AF91' = 1 OR ('AF91' = 2, -7, -8 AND 'AF89' = 1)], THEN CONTINUE WITH SUICIDE RESOURCE 2:

ELSE GO TO PROGRAMMING NOTE CLOSE2

**'SUICIDE RESOURCE2':** Again, you can call 988 to speak with someone about your suicidal thoughts or attempts. 988 is a free and confidential service that is available 24 hours a day, seven days a week. You can also visit 988lifeline.org to chat online or find information about getting help

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

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

#### PROGRAMMING NOTE CLOSE1 AND CLOSE2:

IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO 'CLOSE2'; ELSE CONTINUE WITH 'CLOSE1'

**'CLOSE1'** Let me check to see if there is anyone else.

If true, goto 'HH\_SELECT'

'CLOSE2' Thank you, I really appreciate your time and cooperation. You have helped with a very

important health survey. If you have any questions about the study, please contact Dr.

Ninez Ponce, the Principal Investigator.

Dr. Ponce can be reached toll-free at 1-866-275-2447.

Thank you, and good-bye.