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Adult Questionnaire
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Adult Respondents Age 18 and Older

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

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NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2015 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.

Section A – Demographic Information, Part I

PROGRAMMING NOTE QA15_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA15_A1 What is your date of birth?

AA1MON

MONTH _____ [RANGE: 1-12]

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

AA1DAY

DAY _____ [RANGE: 1-31]

AA1YR

YEAR _____ [RANGE: 1904-1997]

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

PROGRAMMING NOTE QA15_A2:
IF QA15_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA15_A2;
ELSE GO TO QA15_A5

QA15_A2 What month and year were you born?

AA1AMON

MONTH _____ [RANGE: 1-12]

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

AA1AYR

YEAR _____ [RANGE: 1904-1997]

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

PROGRAMMING NOTE QA15_A3:
IF QA15_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA15_A3;
ELSE GO TO QA15_A5

QA15_A3 What is your age, please?

AA2

_____YEARS OF AGE [RANGE: 0-120] **[GO TO QA15_A5]**

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

PROGRAMMING NOTE QA15_A4:
IF QA15_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA15_A4;
ELSE GO TO QA15_A5

QA15_A4 Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

AA2A

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

POST NOTE QA15_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA15_A1, QA15_A2, OR QA15_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA15_A1, QA15_A2, OR QA15_A3 = -7 OR -8 (REF/DK), THEN USE QA15_A4;
ELSE USE ENUM.AGE

QA15_A5 Are you male or female?

AA3

MALE 1
FEMALE 2
REFUSED ..... -7

QA15_A6 Are you Latino or Hispanic?

AA4

YES 1
NO .....2 **[GO TO PN QA15_A8]**
REFUSED ..... -7 **[GO TO PN QA15_A8]**
DON'T KNOW ..... -8 **[GO TO PN QA15_A8]**

QA15_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

AA5

[IF NECESSARY, GIVE MORE EXAMPLES]
[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA15_A8:
IF QA15_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA15_A8, CONTINUE WITH PROGRAMMING NOTE QA15_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QA15_A8 {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

AA5A

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

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

[CODE ALL THAT APPLY]

WHITE.....1	**[GO TO PN QA15_A14]**
BLACK OR AFRICAN AMERICAN 2	**[GO TO PN QA15_A14]**
ASIAN 3	**[GO TO PN QA15_A12]**
AMERICAN INDIAN OR ALASKA NATIVE 4	**[GO TO PN QA15_A9]**
OTHER PACIFIC ISLANDER 5	**[GO TO PN QA15_A13]**
NATIVE HAWAIIAN 6	**[GO TO PN QA15_A16]**
OTHER (SPECIFY: _____) 91	
REFUSED ..... -7	
DON'T KNOW ..... -8	

PROGRAMMING NOTE QA15_A9:
IF QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_A9;
ELSE GO TO PROGRAMMING NOTE QA15_A12

QA15_A9 You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

AA5B

[CODE ALL THAT APPLY]

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

QA15_A10 Are you an enrolled member in a federally or state recognized tribe?

AA5C

YES 1		
NO 2	**[GO TO PN QA15_A12]**	
REFUSED ..... -7	**[GO TO PN QA15_A12]**	
DON'T KNOW ..... -8	**[GO TO PN QA15_A12]**	

QA15_A11 Which tribe are you enrolled in?

AA5D

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

BLACKFEET
- BLACKFOOT/BLACKFEET.....4

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

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

NAVAJO
- NAVAJO (NOT SPECIFIED) 11

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

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

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

YAQUI
- PASCUA YAQUI TRIBE OF ARIZONA..... 23
- YAQUI (NOT SPECIFIED) 24
- OTHER YAQUI (SPECIFY: _____)..... 25

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

PROGRAMMING NOTE QA15_A12:
IF QA15_A8 = 3 (ASIAN) CONTINUE WITH QA15_A12;
ELSE GO TO PROGRAMMING NOTE QA15_A13

QA15_A12 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA15_A13:
IF QA15_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA15_A13;
ELSE GO TO PROGRAMMING NOTE QA15_A14

QA15_A13 You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

AA5E1

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA15_A14:
IF QA15_A6 = 1 (LATINO) AND [QA15_A8 = 6 (NATIVE HAWAIIAN) OR QA15_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA15_A8 = 3 (ASIAN) OR QA15_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA15_A8 = 1 (WHITE) OR QA15_A8 = 91 (OTHER)], CONTINUE WITH QA15_A14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA15_A8, QA15_A12, OR QA15_A13 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QA15_A14;
ELSE SKIP TO QA15_A16

QA15_A14 You said that you are: {INSERT MULTIPLE RESPONSES FROM QA15_A7, QA15_A8, QA15_A12 AND QA15_A13}.

Do you identify with any one race in particular?

AA5G

YES	1	
NO	2	**[GO TO QA15_A16]**
REFUSED	-7	**[GO TO QA15_A16]**
DON'T KNOW	-8	**[GO TO QA15_A16]**

PROGRAMMING NOTE FOR QA15_A15:
IF QA15_A6 = 1 (YES, LATINO) AND QA15_A7 ≠ -7 OR -8, DO NOT DISPLAY QA15_A15 = 14 (LATINO);
IF QA15_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA15_A13 = 1 TO 4 OR 91, DO NOT DISPLAY QA15_A15 = 17 (OTHER PACIFIC ISLANDER);
IF QA15_A8 = 3 AND QA15_A12 = 1 TO 17 OR 91, DO NOT DISPLAY QA15_A15 = 19 (ASIAN)

QA15_A15 Which do you <u>most</u> identify with?

AA5F

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

MEXICAN/MEXICAN AMERICAN/CHICANO	1
SALVADORAN	4
GUATEMALAN	5
COSTA RICAN	6
HONDURAN	7
NICARAGUAN	8
PANAMANIAN	9
PUERTO RICAN	10
CUBAN	11
SPANISH-AMERICAN (FROM SPAIN)	12
LATINO, OTHER SPECIFY	13
LATINO	14
NATIVE HAWAIIAN	16
OTHER PACIFIC ISLANDER	17
AMERICAN INDIAN OR ALASKA NATIVE	18
ASIAN	19
BLACK OR AFRICAN AMERICAN	20
WHITE	21
RACE, OTHER SPECIFY	22
BANGLADESHI	30
BURMESE	31
CAMBODIAN	32
CHINESE	33
FILIPINO	34

HMONG 35
INDIAN (INDIA) 36
INDONESIAN 37
JAPANESE 38
KOREAN 39
LAOTIAN 40
MALAYSIAN 41
PAKISTANI 42
SRI LANKAN 43
TAIWANESE 44
THAI 45
VIETNAMESE 46
ASIAN, OTHER SPECIFY 49
SAMOAN/AMERICAN SAMOAN 50
GUAMANIAN 51
TONGAN 52
FIJIAN 53
PACIFIC ISLANDER, OTHER SPECIFY 55
BOTH/ALL/MULTIRACIAL 90
NONE OF THESE 95
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_A16 Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

AH43

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

MARRIED 1
LIVING WITH PARTNER 2
WIDOWED 3
DIVORCED 4
SEPARATED 5
NEVER MARRIED 6
REFUSED ..... -7
DON'T KNOW ..... -8

Section B – Health Conditions

QA15_B1 These next questions are about your health.
Would you say that in general your health is excellent, very good, good, fair, or poor?

AB1

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

QA15_B2 Has a doctor ever told you that you have asthma?

AB17

YES 1
NO.....2 **[GO TO PN QA15_B18]**
REFUSED ..... -7 **[GO TO PN QA15_B18]**
DON'T KNOW ..... -8 **[GO TO PN QA15_B18]**

QA15_B3 Do you still have asthma?

AB40

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

QA15_B4 During the past 12 months, have you had an episode of asthma or an asthma attack?

AB41

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

PROGRAMMING NOTE QA15_B5:
IF [QA15_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA15_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA15_B9;
ELSE CONTINUE WITH QA15_B5

QA15_B5 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

AB19

Not at all, ...1
Less than every month, ...2
Every month, ...3
Every week, or 4
Every day? 5
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_B6 During the past 12 months**,** have you had to visit a hospital emergency room because of your asthma?

AH13A

YES 1
NO .....2 **[GO TO QA15_B8]**
REFUSED ..... -7 **[GO TO QA15_B8]**
DON'T KNOW ..... -8 **[GO TO QA15_B8]**

QA15_B7 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

AB106

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

YES 1
NO 2
DOESN'T HAVE A DOCTOR 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_B8 During the past 12 months**,** were you admitted to the hospital overnight or longer for your asthma?

AH15A

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

QA15_B9 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

AB18

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

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

PROGRAMMING NOTE QA15_B10:
IF QA15_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA15_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA15_B14;
ELSE CONTINUE WITH QA15_B10

QA15_B10 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say…

AB66

Not at all, ...1
Less than every month, ...2
Every month, ...3
Every week, or 4
Every day? 5
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_B11 During the past 12 months**,** have you had to visit a hospital emergency room because of your asthma?

AB67

YES 1
NO .....2 **[GO TO QA15_B13]**
REFUSED ..... -7 **[GO TO QA15_B13]**
DON'T KNOW ..... -8 **[GO TO QA15_B13]**

QA15_B12 Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?

AB107

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

YES 1
NO 2
DOESN'T HAVE DOCTOR 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_B13 During the past 12 months**,** were you admitted to the hospital overnight or longer for your asthma?

AB80

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

PROGRAMMING NOTE QA15_B14:
IF AAGE > 69 GO TO QA15_B15;
ELSE CONTINUE WITH QA15_B14

QA15_B14 During the past 12 months, how many days of work did you miss due to asthma?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_____ DAYS (0 - 365)

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

QA15_B15 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

AB43

YES 1
NO .....2 **[GO TO QA15_B17]**
REFUSED ..... -7 **[GO TO QA15_B17]**
DON'T KNOW ..... -8 **[GO TO QA15_B17]**

QA15_B16 Do you have a written or printed copy of this plan?

AB98

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

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

QA15_B17 How confident are you that you can control and manage your asthma? Would you say you are…

AB108

Very confident, ...1
Somewhat confident, ...2
Not too confident, or.....3
Not at all confident? 4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_B18:
IF QA15_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA15_B18 {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

AB22

YES 1
NO 2
BORDERLINE OR PRE-DIABETES.....3 **[GO TO PN QA15_B34]**
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_B19:
IF QA15_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA15_B19 {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?

AB99

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

PROGRAMMING NOTE QA15_B20:
IF QA15_B18 = 1 THEN CONINTUE WITH QA15_B20;
ELSE SKIP TO PROGRAMMING NOTE QA15_B34

QA15_B20 How old were you when a doctor first told you that you have diabetes?

AB23

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

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

QA15_B21 Were you told that you had Type 1 or Type 2 diabetes?

AB51

[IF NEEDED, SAY: "Type 1 diabetes results from the body's failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes."]

TYPE 1 1
TYPE 2 2
ANOTHER TYPE (Specify:_____) 91
DOUBLE DIABETES (TYPE 1 AND TYPE 2) 4
REFUSED .....-7
DON'T KNOW .....-8

QA15_B22 Are you now taking insulin?

AB24

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

QA15_B23 Do you now take diabetic pills to lower your blood sugar?

AB25

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

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

QA15_B24 About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?

AB26

[FILL IN TIME FRAME ANSWERED]

_____ TIMES

_____ PER DAY [HR: 0-24; SR: 0-10]

_____ PER WEEK [HR: 0-70; SR: 0-34]

_____ PER MONTH [HR: 0-300; SR: 0-149]

_____ PER YEAR [HR: 0-3650; SR: 0-599]

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

QA15_B25 About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?

AB27

[IF R NEVER HEARD OF IT, ENTER 995.]

_____ NUMBER OF TIMES [HR: 0-52, 995; SR: 0-25, 995]

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

QA15_B26 About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?

AB28

_____ NUMBER OF TIMES [HR: 0-52; SR: 0-25]

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

QA15_B27 When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

AB63

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

QA15_B28 During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?

AB109

YES 1
NO .....2 **[GO TO QA15_B30]**
REFUSED ..... -7 **[GO TO QA15_B30]**
DON'T KNOW ..... -8 **[GO TO QA15_B30]**

QA15_B29 Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?

AB110

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

YES 1
NO 2
DOESN'T HAVE DOCTOR 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_B30 During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?

AB111

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

QA15_B31 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

AB112

YES 1
NO .....2 **[GO TO QA15_B33]**
REFUSED ..... -7 **[GO TO QA15_B33]**
DON'T KNOW ..... -8 **[GO TO QA15_B33]**

QA15_B32 Do you have a written or printed copy of this plan?

AB113

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

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

QA15_B33 How confident are you that you can control and manage your diabetes? Would you say you are…

AB114

Very confident, ...1
Somewhat confident, ...2
Not too confident, or 3
Not at all confident? 4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_B34:
IF QA15_A5 = 2 (FEMALE) CONTINUE WITH QA15_B34;
ELSE GO TO QA15_B35

QA15_B34 Has a doctor ever told you that you had diabetes only during pregnancy?

AB81

[IF NEEDED, SAY: "This is also known as gestational diabetes."]

YES 1
NO 2
BORDERLINE GESTATIONAL DIABETES 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_B35 Has a doctor ever told you that you have high blood pressure?

AB29

YES	1	
NO	2	**[GO TO QA15_B37]**
HIGH NORMAL/BORDERLINE/ PRE-HYPERTENSION	3	**[GO TO QA15_B37]**
REFUSED	-7	**[GO TO QA15_B37]**
DON'T KNOW	-8	**[GO TO QA15_B37]**

QA15_B36 Are you now taking any medications to control your high blood pressure?

AB30

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

QA15_B37 Has a doctor ever told you that you have any kind of heart disease?

AB34

YES	1	
NO	2	**[GO TO QA15_B45]**
REFUSED	-7	**[GO TO QA15_B45]**
DON'T KNOW	-8	**[GO TO QA15_B45]**

QA15_B38 Has a doctor ever told you that you have heart failure or congestive heart failure?

AB52

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

QA15_B39 During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?

AB115

YES 1
NO .....2 **[GO TO QA15_B41]**
REFUSED ..... -7 **[GO TO QA15_B41]**
DON'T KNOW ..... -8 **[GO TO QA15_B41]**

QA15_B40 Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?

AB116

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

YES 1
NO 2
DOESN'T HAVE DOCTOR 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_B41 During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?

AB117

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

QA15_B42 Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?

AB118

YES 1
NO .....2 **[GO TO QA15_B45]**
REFUSED ..... -7 **[GO TO QA15_B45]**
DON'T KNOW ..... -8 **[GO TO QA15_B45]**

QA15_B43 Do you have a written or printed copy of this plan?

AB119

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

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

QA15_B44 How confident are you that you can control and manage your heart disease? Would you say you are…

AB120

Very confident, ...1
Somewhat confident, ...2
Not too confident, or 3
Not at all confident? 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_B45 During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?

AE30

[IF NEEDED, SAY: "A flu shot is usually given in the Fall and protects against influenza for the flu season."]

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

Section C – Health Behaviors

QA15_C1 The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.

During the past 7 days, did you walk **to get some place** that took you at least 10 minutes?

AD37W

YES 1	
NO 2	**[GO TO QA15_C4]**
UNABLE TO WALK 3	**[GO TO QA15_C7]**
REFUSED ..... -7	**[GO TO QA15_C4]**
DON'T KNOW ..... -8	**[GO TO QA15_C4]**

QA15_C2 In the past 7 days, how many times did you do that?

AD38W

[IF NEEDED, SAY: "Walk for at least 10 minutes to get some place."]

_____ TIMES PER WEEK	**[IF 0, GO TO QA15_C4]**
REFUSED ..... -7	**[GO TO QA15_C4]**
DON'T KNOW ..... -8	**[GO TO QA15_C4]**

PROGRAMMING NOTE QA15_C3:
IF QA15_C2 = 1 DISPLAY "How long did that walk take";
IF QA15_C2 > 1 DISPLAY "On average, how long did those walks take"

QA15_C3 {How long did that walk take/On average, how long did those walks take}?

AD39W

_____ MINUTES PER DAY
_____ HOURS PER DAY

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

PROGRAMMING NOTE QA15_C4:
IF QA15_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for transportation."

QA15_C4 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.

AD40W

YES 1	
NO 2	**[GO TO QA15_C7]**
REFUSED ..... -7	**[GO TO QA15_C7]**
DON'T KNOW ..... -8	**[GO TO QA15_C7]**

QA15_C5 In the past 7 days, how many times did you do that?

AD41W

[IF NEEDED, SAY: "Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog."]

_____ TIMES PER WEEK **[IF 0, GO TO QA15_C7]**

REFUSED ..... -7 **[GO TO QA15_C7]**
DON'T KNOW ..... -8 **[GO TO QA15_C7]**

PROGRAMMING NOTE QA15_C6:
IF QA15_C5 = 1 DISPLAY "How long did that walk take";
IF QA15_C5 > 1 DISPLAY "On average, how long did those walks take"

QA15_C6 {How long did that walk take/On average, how long did those walks take}?

AD42W

_____ MINUTES PER DAY

_____ HOURS PER DAY

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

QA15_C7 During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.

AC11

[IF NEEDED, SAY: "Do not include canned or bottled juices or teas. Your best guess is fine."]

_____TIMES

PER DAY	1	[HR: 0-10; SR: 0-7]
PER WEEK	2	[HR: 0-25; SR: 0-11]
PER MONTH.....	3	[HR: 0-60; SR: 0-30]
REFUSED	-7	
DON'T KNOW	-8	

QA15_C10 Now think about the <u>past week</u>. In the past 7 days, how many times did you eat fast food? Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

AC31

[IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, Panda Express, or Taco Bell."]

_____# OF TIMES IN PAST 7 DAYS

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

QA15_C11 How often can you find fresh fruits and vegetables in your neighborhood? Would you say…

AC42

Never,.....1
Sometimes, ...2
Usually, or 3
Always?.....4
DOESN'T EAT F & V 5
DOESN'T SHOP FOR F&V 6
DOESN'T SHOP IN HIS/HER NEIGHBORHOOD....7
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C12:
IF QA15_C11 = 2, 3, OR 4, THEN CONTINUE WITH QA15_C12;
ELSE GO TO PROGRAMMING NOTE QA15_C13

QA15_C12 How often are they affordable? Would you say…

AC44

[IF NEEDED, SAY: "How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say..."]

Never.....1
Sometimes 2
Usually, or 3
Always?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_C13 Now, I am going to ask about various health behaviors.
Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

AE15

YES 1
NO.....2 **[GO TO QA15_C37]**
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_C14 Do you now smoke cigarettes every day, some days, or not at all?

AE15A

EVERY DAY.....1
SOME DAYS.....2 **[GO TO PN QA15_C18]**
NOT AT ALL.....3 **[GO TO PN QA15_C16]**
REFUSED ..... -7 **[GO TO PN QA15_C37]**
DON'T KNOW ..... -8 **[GO TO PN QA15_C37]**

QA15_C15 On average, how many cigarettes do you now smoke a day?

AD32

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

_____ NUMBER OF CIGARETTES [HR: 0-120] **[GO TO PN QA15_C18]**

REFUSED ..... -7 **[GO TO PN QA15_C18]**
DON'T KNOW ..... -8 **[GO TO PN QA15_C18]**

PROGRAMMING NOTE QA15_C17:
IF QA15_C14 = 3 (NOT AT ALL) CONTINUE WITH QA15_C16;
ELSE GO TO PN QA15_C18

QA15_C16 Did you quit smoking within the last 2 years?

AC101

YES (QUIT WITHIN THE PAST 2 YEARS) 1
NO (QUIT MORE THAN 2 YEARS AGO).....2 **[GO TO PN QA15_C37]**
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_C17 How many months ago did you quit?

AC102

____ MONTHS [HR: 0-24] .....

DID NOT QUIT..... 999
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C18:
IF QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C18;
ELSE GO TO QA15_C19

QA15_C18 In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

AE16

[IF NEEDED, SAY: "On the days you smoked." AND IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

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

PROGRAMMING NOTE QA15_C19:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C19;
ELSE SKIP TO PN QA15_C20

QA15_C19 How long has it been since you smoked on a daily basis?

AC53B

_____ DAY(S) [HR: 0 - 365] ..... [**SKIP TO PN QA15_C26]**
_____ MONTH(S) [HR: 0 - 12]..... [**SKIP TO PN QA15_C26]**
_____ YEAR(S) [HR: 0 - 99]..... [**SKIP TO PN QA15_C26]**
NEVER SMOKED DAILY…… 999 [**SKIP TO PN QA15_C26]**
REFUSED ..... -7 [**SKIP TO PN QA15_C26]**
DON'T KNOW ..... -8 [**SKIP TO PN QA15_C26]**

PROGRAMMING NOTE QA15_C20:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C20;
ELSE SKIP TO PN QA15_C22;
IF QA15_C14 = 2 (SMOKE SOME DAYS), THEN DISPLAY "On days when you smoke, how"

QA15_C20 {On days when you smoke, how/How} soon after you awake do you usually smoke your first cigarette?

AC54B

[IF R SAYS, "IMMEDIATELY", CODE 0]
[IF R SAYS, "I DON'T SMOKE AFTER WAKING UP", CODE 999]

_____ AMOUNT OF TIME
_____ UNIT OF TIME
MINUTES 1
HOURS 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_C21 Do you usually smoke menthol or non-menthol cigarettes?

AC58B

MENTHOL.....1
NON-MENTHOL 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C22:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C22;
ELSE GO TO PN QA15_C37

QA15_C22 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

AC49

YES 1
NO .....2 **[GO TO QA15_C24]**
REFUSED ..... -7 **[GO TO QA15_C24]**
DON'T KNOW ..... -8 **[GO TO QA15_C24]**

QA15_C23 During the past 12 months, how many times have you tried to quit smoking for one day or longer?

AC59

_____ NUMBER OF TIMES

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

QA15_C24 Are you thinking about quitting smoking in the next six months?

AC50

YES 1
NO .....2 **[GO TO QA15_C26]**
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_C25 Do you plan to quit in the next month?

AC103

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

PROGRAMMING NOTE QA15_C26:
IF QA15_C22 = 1 (TRIED QUITTING IN THE PAST 12 MONTHS) OR QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C26;
ELSE SKIP TO QA15_C35;
DISPLAYS:
IF QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS) DISPLAY "The last time you tried to quit";
IF QA15_C22 = 1 (CURRENT SMOKERS TRIED QUITTING IN THE PAST 12 MONTHS) DISPLAY "In the past 12 months"

QA15_C26 There are many products called Nicotine Replacement Therapy or NRT that replace nicotine to help people quit smoking. {The last time you tried to quit / In the past 12 months}, did you use a nicotine patch?

AC60B

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

QA15_C27 {The last time you tried to quit / In the past 12 months}, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?

AC104

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

QA15_C28 There are prescription medications to help people quit smoking cigarettes. {The last time you tried to quit / In the past 12 months}, did you use Zyban, Wellbutrin, Bupropion, Prozac, Chantix or Varenicline?

AC105

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

PROGRAMMING NOTE QA15_C29:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY "The last time you tried to quit, did you try")

QA15_C29 {The last time you tried to quit, did you try / In the past 12 months, have you done} any of the following to help you quit smoking? Did you…

AC68B

Switch to smokeless tobacco, such as chewing tobacco, snus or snuff?
YES 1
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C30:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS), THEN DISPLAY "The last time you tried to quit")

QA15_C30 [{The last time you tried to quit / In the past 12 months}] did you

AC69B

Quit completely on your own or "cold turkey"?
YES 1
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C30:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS), THEN DISPLAY "The last time you tried to quit"

QA15_C31 [{The last time you tried to quit attempt/ In the past 12 months}] did you

AC106

Use technology such as an app, texting or quitting website?
YES 1
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C32:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 24 MONTHS), THEN DISPLAY "The last time you tried to quit"

QA15_C32 [{The last time you tried to quit / In the past 12 months}] did you

AC107

Use social media such as Facebook, Instagram, Twitter, or WhatsApp?
YES 1
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C33:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY "The last time you tried to quit"

QA15_C33 [{The last time you tried to quit / In the past 12 months}] did you

AC72B

Exercise more to help you quit smoking?
YES 1
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C34:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY "The last time you tried to quit"

QA15_C34 [{The last time you tried to quit / In the past 12 months}] did you

AC75B

Call a telephone quitting helpline?
YES 1
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C35:
IF QA15_C14 = 1 (EVERY DAY) OR QA15_C14 = 2 (SOME DAYS), CONTINUE WITH QA15_C35;
ELSE IF QA15_C14 =3 (NOT AT ALL), SKIP TO PN QA15_C37

QA15_C35 In the past 12 months, did a doctor or other health professional advise you to quit smoking?

AC77

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

QA15_C36 In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?

AC78

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

PROGRAMMING NOTE QA15_C37:
IF AGE <= 65 THEN CONTINUE WITH QA15_C37;
ELSE SKIP TO PN QA15_C46;

QA15_C37 Have you ever smoked a Hookah pipe?

AC79

[IF NEEDED, SAY: "Hookah is also known as shisha (she-sha), nargila (nar-geela), argila (argeela), or lula. Smoke is passed through water in a glass waterpipe to cool and filter the smoke"]

YES 1
NO .....2 **[GO TO QA15_C39]**
REFUSED ..... -7 **[GO TO QA15_C39]**
DON'T KNOW ..... -8 **[GO TO QA15_C39]**

QA15_C38 During the past 30 days how many days did you use a hookah?

AC108

____ ENTER NUMBER OF DAYS [HR: 0 - 30]

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

QA15_C39 Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VAPE OR VAPING.]

[IF NEEDED, SAY: "Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.]

AC81B

YES	1	
NO	2	**[GO TO QA15_C46]**
REFUSED	-7	**[GO TO QA15_C46]**
DON'T KNOW	-8	**[GO TO QA15_C46]**

QA15_C40 During the past 30 days, on how many days did you use electronic cigarettes?

AC82B

_____ NUMBER OF DAYS [RANGE: 0-30]		**[IF 0, THEN SKIP TO QA15_C46]**
REFUSED	-7	**[SKIP TO QA15_C46]**
DON'T KNOW	-8	**[SKIP TO QA15_C46]**

QA15_C41 What best describes your reasons for using e-cigarettes?

AC83B

[CODE ALL THAT APPLY]

QUIT SMOKING	1
REPLACE SMOKING	2
CUT DOWN OR REDUCE SMOKING	3
USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED	4
CURIOSITY, JUST TRY IT	5
NO LINGERING ODOR	6
HELPS ME CONCENTRATE/STAY ALERT	7
COME IN MANY FLAVORS	8
LESS EXPENSIVE	9
HEALTHIER THAN CIGARETTES	10
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA15_ C42 How long ago did you start using e-cigarettes regularly?

AC109

_____ MONTHS	
_____YEARS	
LESS THAN ONE MONTH	00
NEVER USED E-CIGARETTES REGULARLY	99
REFUSED	-7
DON'T KNOW	-8

QA15_C43 Where do you usually buy your e-cigarettes or e-liquid?

AC110

CONVENIENCE STORES OR GAS STATIONS.....1
SUPER MARKETS 2
PHARMACY OR DRUG STORES.....3
TOBACCO OR VAPE SHOP 4
ONLINE.....5
OTHER DISCOUNT OR WAREHOUSE STORES,
SUCH AS WAL-MART OR COSTCO 6
SOMEWHERE ELSE? (Other specify:_____)91
I DON'T BUY E-CIGARETTES OR E-FLUIDS 99
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_C44 During the day you last used an electronic nicotine product, how many puffs did you take?

AC111

_____PUFFS
DID NOT USE A NICOTINE PRODUCT -3 (?)
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_ C45 What concentration or strength of nicotine is in the liquid or cartridge you typically use with your e-cigarette? For example, is it zero nicotine, 3, 6, 12, or 24 milligrams per milliliter, or some other concentration?

AC112

ZERO……1
THREE 2
SIX 3
TWELVE 4
TWENTY-FOUR.....5
OTHER (Specify:_____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C46:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) OR QA15_C40 > 0 (USED E-CIGARETTES WITHIN PAST MONTH), CONTINUE WITH QA15_C46;
ELSE SKIP TO QA15_C50

QA15_C46 What are the current rules or restrictions about smoking inside your home? Would you say…
[IF NEEDED, SAY: "This is for regular, tobacco cigarettes".]

AC84B

Smoking is completely banned for everyone, ...1
Smoking is generally banned for everyone with
few exceptions, ...2
Smoking is allowed in some rooms only, or.....3
There are no rules or restrictions on smoking inside
your home? 4
NO SMOKERS/NO NEED 5
VOLUNTARILY DON'T SMOKE INSIDE HOME.....6
OTHER (SPECIFY:_____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_C47 What are the current rules or restrictions about **using E-CIGARETTES (vaping) inside your home**? Would you say…

AC113

Vaping is completely banned for everyone,……1
Vaping is generally banned for everyone with few exceptions, ...2
Vaping is allowed in some rooms only, or 3
There are no rules or restrictions on vaping inside your home? 4
NO VAPERS/NO NEED.....5
VOLUNTARILY DON'T VAPE INSIDE HOME 6
OTHER (SPECIFY:_____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_C48 Do you agree or not with the following statement: The use of e-cigarettes should not be allowed in the places where cigarette smoking is not allowed?

AC114

YES (AGREE).....1
NO (DO NOT AGREE).....2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_C49
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) CONTINUE WITH QA15_C49;
ELSE SKIP TO QA15_C50

QA15_C49 How much additional tax on a pack of cigarettes would you be willing to support if all the money raised was used to fund programs aimed at preventing smoking among children, and other health care programs? Would you support a tax increase of…

AC92

50 cents a pack,.....1
$1.00, ...2
$2.00, ...3
$3.00, ...4
more than $3.00 a pack, or.....5
no tax increase?.....6
REFUSED ..... -7
DON'T KNOW ..... -8

Section D – General Health, Disability, and Sexual Health

QA15_D1 These next questions are about your height and weight. How tall are you without shoes?

AE17

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

_____ FEET _____ INCHES [FT HR: 3-7, IN HR: 0-11]

_____ METERS _____ CENTIMETERS [M HR: 1-2, CM HR: 0-99]

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

PROGRAMMING NOTE QA15_D2:
IF QA15_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA15_D2 {When not pregnant, how/How} much do you weigh without shoes?

AE18

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

_____ POUNDS [HR: 50-450]

_____ KILOGRAMS [HR: 20-220]

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

QA15_D3 Are you blind or deaf, or do you have a severe vision or hearing problem?

AD50

YES 1
NO ..... 2 **[GO TO QA15_D5]**
REFUSED ..... -7 **[GO TO QA15_D5]**
DON'T KNOW ..... -8 **[GO TO QA15_D5]**

QA15_D4 Are you legally blind?

AL8

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

QA15_D5 Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

AD57

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

QA15_D6 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

Any difficulty learning, remembering, or concentrating?

AD51

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

QA15_D7 Any difficulty dressing, bathing, or getting around inside the home?

AD52

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]

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

QA15_D8 Any difficulty going outside the home alone to shop or visit a doctor's office?

AD53

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]

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

PROGRAMMING NOTE QA15_D9:
IF AAGE > 64 GO TO PN QA15_D11

QA15_D9 Any difficulty working at a job or business?

AD54

[IF NEEDED, SAY: "Because of a physical, mental, or emotional condition lasting 6 months or more."]

YES 1
NO .....2 **[GO TO PN QA15_D11]**
REFUSED ..... -7 **[GO TO PN QA15_D11]**
DON'T KNOW ..... -8 **[GO TO PN QA15_D11]**

QA15_D10 Do you have a physical or mental condition that has kept you from working for at least a year?

AL8A

[IF NEEDED, SAY "Current condition."]

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

PROGRAMMING NOTE QA15_D11:
IF AAGE ≥ 65 GO TO PROGRAMMING NOTE QA15_D12;
ELSE CONTINUE WITH QA15_D11

QA15_D11 Has Social Security or the State Department of Social Services determined that you have a disability that is expected to last one year or longer?

AD73

[IF NEEDED, SAY: "This does not include short-term disability for illness, injury, pregnancy, or childbirth.."]

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

QA15_D12 We are asking a few questions about people's sexual experiences. All answers will be kept private.

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

AD43

_____ NUMBER OF SEXUAL PARTNERS **[GO TO PN QA15_D14]**

REFUSED ..... -7 **[GO TO PN QA15_D14]**
DON'T KNOW ..... -8

QA15_D13 Can you give me your best guess?

AD44

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

_____ NUMBER OF PARTNERS

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

PROGRAMMING NOTE QA15_D14:
IF QA15_D12 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA15_D13=0, GO TO PROGRAMMING NOTE QA15_D15;
ELSE CONTINUE WITH QA15_D14;
IF QA15_D12 OR QA15_D13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female";
ELSE DISPLAY "In the past 12 months, have your sexual partners been male, female, or both male and female"

QA15_D14 {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

AD45

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

PROGRAMMING NOTE QA15_D15:
IF QA15_A5 = 1 (MALE), DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;
ELSE IF QA15_A5 =2 (FEMALE), DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN

QA15_D15 Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?

AD46

[IF NEEDED, SAY: "Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay {and Lesbian} people have sex with or are primarily attracted to people of the same sex, and Bisexuals have sex with or are attracted to people of both sexes."]

STRAIGHT OR HETEROSEXUAL 1
GAY, LESBIAN, OR HOMOSEXUAL 2
BISEXUAL.....3
NOT SEXUAL/CELIBATE/NONE 4
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_D15:
IF [QA15_D12 > 1 OR QA15_D13 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)] OR [QA15_A5 = 1 (MALE) AND (QA15_D15=2 (GAY) OR QA15_D15=3 (BISEXUAL)], CONTINUE WITH QA15_D16;

HIV SAMPLING FOR AMERICAN INDIAN ALASKA NATIVE RESPONDENTS;
IF QA15_A8 = 4 OR QA15_A15 = 18 (AMERICAN INDIAN OR ALASKA NATIVE)], CONTINUE WITH QA15_D16;

CONTROL GROUP: IF RANDOMLY ASSIGNED TO THE CONTROL GROUP, CONTINUE WITH QA15_D16;
CONTROL GROUP: QA15_D12 ≤ 1 OR QA15_D13 ≤ 1 (1 OR FEWER SEXUAL PARTNERS) AND QA15_D15 = 1 (STRAIGHT OR HETEROSEXUAL) AND QA15_A8 ≠ 4 OR QA15_A15 ≠ 18 (NOT AMERICAN INDIAN OR ALASKA NATIVE)];
(MINIMUM N = 1,200 equally spread across each replicate);

ELSE GO TO PROGRAMMING NOTE QA15_D20

QA15_D16 Have you ever been tested for HIV, the virus that causes AIDS?

AD55

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

PROGRAMMING NOTE QA15_D17:
IF QA15_D16 = 1 CONTINUE WITH QA15_D17;
ELSE GO TO PROGRAMMING NOTE QA15_D20;

QA15_D17 In the past year, how many times have you been tested for HIV?

AD62

NOT TESTED IN PAST YEAR 0
ONE TIME.....1
TWO TIMES.....2
THREE TIMES.....3
FOUR TIMES.....4
FIVE TIMES 5
SIX OR MORE TIMES 6
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_D18 When was your last HIV test?

AD63

MONTH _____ [RANGE: 1-12]

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

YEAR _____ [RANGE: 1985-2016]

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

QA15_D19 Was the result of your HIV test positive or negative?

AD64

POSITIVE.....1
NEGATIVE.....2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_D20:
IF [QA15_A5 = 1 (MALE) AND QA15_D14 = 1 (MALE)] OR [QA15_A5 = 2 (FEMALE) AND QA15_D14 = 2 (FEMALE)] OR [QA15_D14 = 3, -7, OR -8] OR [IF QA15_D15 ≠ 1] CONTINUE WITH QA15_D20;
ELSE GO TO QA15_D22

QA15_D20 Are you legally married to someone of the same sex?

AD60

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

YES.....1 **[GO TO PN QA15_D22]**
NO.....2
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_D21 Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

AD61

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

PROGRAMMING NOTE QA15_D22;
IF RANDOMLY ASSIGNED ORIGINAL VERSION, THEN ASK QA15_D22;
ELSE SKIP TO QA15_D22A

QA15_D22 What sex were you assigned at birth, on your original birth certificate?

AD65

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

PROGRAMMING NOTE QA15_D22A:
ALTERNATE TESTING OF QA15_D22;

QA15_D22A On your original birth certificate, was your sex assigned as male or female?

AD65A

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

QA15_D23 Do you currently describe yourself as male, female, or transgender?

AD66

MALE 1	**[GO TO PN QA15_D25]**
FEMALE 2	**[GO TO PN QA15_D25]**
TRANSGENDER 3	**[GO TO PN QA15_D25]**
NONE OF THESE 4	
REFUSED ..... -7	**[GO TO SECTION E]**
DON'T KNOW ..... -8	**[GO TO SECTION E]**

PROGRAMMING NOTE QA15_D24:
IF QA15_D23 = 4 THEN CONTINUE WITH QA15_D24;
ELSE SKIP TO QA15_D25

QA15_D24 What is your current gender identity?

AD67

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

PROGRAMMING NOTE QA15_D25:
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 1 (MALE)] OR [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)] THEN SKIP TO SECTION E;
ELSE CONTINUE WITH QA15_D25;

DISPLAYS;
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 2 (FEMALE), THEN DISPLAY {male} and {female};
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D24 = -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {male} and {<QA15_D24>};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 1 OR QA15_D22A = 1 (MALE), THEN DISPLAY {female} and {male};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 3 (TRANSGENDER), THEN DISPLAY {female} and {transgender};
IF [QA15_D22 = 2 OR QA15_D2A = 2 (FEMALE) AND QA15_D24 = -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {female} and {<QA15_D24>};

QA15_D25 Just to confirm, you were assigned {INSERT RESPONSE FROM QA15_D22 OR QA15_D22A} at birth and now describe yourself as {INSERT RESPONSE FROM QA15_D23 OR QA15_D24}. Is that correct?

AD68

YES 1
NO .....2 **[GO BACK TO QA15_D23]**
REFUSED ..... -7
DON'T KNOW ..... -8

Section E – Women's Health

PROGRAMMING NOTE QA15_E1:
IF QA15_A5 = 1 (MALE), THEN GO TO QA15_F1;
IF AGE > 45, THEN GO TO PROGRAMMING NOTE QA15_E2;
ELSE CONTINUE WITH QA15_E1

DISPLAYS;
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)], DISPLAY "These next questions are about women's health.";
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them."

QA15_E1 {These next questions are about women's health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}

AD13

To your knowledge, are you <u>now</u> pregnant?

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

PROGRAMMING NOTE QA15_E2:
IF AAGE < 40 OR QA15_A4 = 1 OR 2 (BETWEEN 18 AND 29 OR BETWEEN 30 AND 39) OR ENUM.AGE < 40, THEN GO TO QA15_F1;
ELSE CONTINUE WITH QA15_E2;

DISPLAYS;
IF [AAGE > 45 OR UNKNOWN], AND [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)], DISPLAY "These next questions are about women's health.";
IF [AAGE > 45 OR UNKNOWN] AND [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON'T KNOW)], DISPLAY "These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.";

QA15_E2 {These next questions are about women's health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}

AD14

Have you <u>ever</u> had a mammogram?

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

YES 1	
NO 2	**[READ DEFINITION, GO TO SECTION F]**
REFUSED ..... -7	**[GO TO SECTION F]**
DON'T KNOW ..... -8	**[GO TO SECTION F]**

QA15_E3 How long has it been since you had your last mammogram?

AD17

A YEAR AGO OR LESS 1
MORE THAN 1 UP TO 2 YEARS AGO 2
MORE THAN 2 UP TO 3 YEARS AGO 3
MORE THAN 3 UP TO 5 YEARS AGO 4
MORE THAN 5 YEARS AGO 5
REFUSED ..... -7 **[GO TO QA15_F1]**
DON'T KNOW ..... -8 **[GO TO QA15_F1]**

QA15_E4 How long did your provider advise you to wait until your next mammogram?

AE95

[INTERVIEWER NOTE: PROMPT ONLY IF RESPONDENT ASKS FOR CLARIFICATION.]

3 MONTHS AGO OR LESS 1
MORE THAN 3 AND UP TO 6 MONTHS 2
MORE THAN 6 MONTHS UP TO 1 YEAR 3
MORE THAN 1 UP TO 2 YEARS 4
MORE THAN 2 YEARS 5
PROVIDER DIDN'T ADVISE ME/DIDN'T SAY.....6
NO LONGER NEEDS MAMMOGRAMS 7
REFUSED ..... -7
DON'T KNOW ..... -8

Section F – Mental Health

QA15_F1 The next questions are about how you have been feeling during the past 30 days. 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?

AJ29

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

QA15_F2 During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

AJ30

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

QA15_F3 During the past 30 days, about how often did you feel restless or fidgety?

AJ31

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

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

QA15_F4 How often did you feel so depressed that nothing could cheer you up?

AJ32

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

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

QA15_F5 During the past 30 days, about how often did you feel that everything was an effort?

AJ33

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

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

QA15_F6 During the past 30 days, about how often did you feel worthless?

AJ34

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

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

QA15_F7 Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

AF62

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

PROGRAMMING NOTE QA15_F8:
IF QA15_F7 = 1 THEN CONTINUE WITH QA15_F8;
ELSE SKIP TO PROGRAMMING NOTE QA15_F14intro

QA15_F8 The next questions are about the one month in the past 12 months when you were at your worst emotionally.

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

AF63

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

QA15_F9 During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

AF64

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

QA15_F10 How often did you feel restless or fidgety?

AF65

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

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

QA15_F11 How often did you feel so depressed that nothing could cheer you up?

AF66

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

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

QA15_F12 How often did you feel that everything was an effort?

AF67

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

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

QA15_F13 How often did you feel worthless?

AF68

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

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

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:
PROGRAMMING NOTE QA15_F14intro:
IF (QA15_F1 + QA15_F2 + QA15_F3 + QA15_F4 + QA15_F5 + QA15_F6 > 8) OR
(QA15_F8 + QA15_F9 + QA15_F10 + QA15_F11 + QA15_F12 + QA15_F13 > 8) OR
(IF QA15_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR
(IF QA15_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH QA15_F14intro;
IF QA15_F7 = 1 THEN DISPLAY "again, please";
ELSE SKIP TO QA15_F19

QA15_F14intro

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

PROGRAMMING NOTE QA15_F14:
IF AGE > 70 GO TO QA15_F15;
ELSE CONTINUE WITH QA15_F14

QA15_F14 Did your emotions interfere a lot, some, or not at all with your performance at work?

AF69B

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

QA15_F15 Did your emotions interfere a lot, some, or not at all with your household chores?

AF70B

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

QA15_F16 Did your emotions interfere a lot, some, or not at all with your social life?

AF71B

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

QA15_F17 Did your emotions interfere a lot, some, or not at all with y our relationship with friends and family?

AF72B

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

QA15_F18 Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?

AF73B

[IF NEEDED, SAY: "You can use any number between 0 and 365 to answer."]

_____NUMBER OF DAYS

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

QA15_F19 Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?

AF81

YES 1
NO ..... 2 **[GO TO QA15_F21]**
REFUSED ..... -7 **[GO TO QA15_F21]**
DON'T KNOW ..... -8 **[GO TO QA15_F21]**

QA15_F20 Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

AJ1

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

QA15_F21 In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

AF74

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

QA15_F22 In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

AF75

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

PROGRAMMING NOTE QA15_F23:
IF QA15_F21 = 1 OR QA15_F22 = 1 THEN CONTINUE WITH QA15_F23;
ELSE SKIP TO QA15_F28

QA15_F23 Did you seek help for your mental or emotional health or for an alcohol or drug problem?

AF76

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

PROGRAMMING NOTE QA15_F24:
IF QA15_F23 = 1, DISPLAY: "mental or emotional health";
IF QA15_F23 = 2, DISPLAY: "use of alcohol or drugs";
IF QA15_F23 = 3, DISPLAY: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO QA15_F25

QA15_F24 In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.

AF77

_____ NUMBER OF VISITS

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

QA15_F25 Are you still receiving treatment for these problems from one or more of these providers?

AF78

YES .....1 **[GO TO QA15_F28]**
NO 2
REFUSED ..... -7 **[GO TO QA15_F28]**
DON'T KNOW ..... -8 **[GO TO QA15_F28]**

QA15_F26 Did you complete the recommended full course of treatment?

AF79

YES .....1 **[GO TO QA15_F28]**
NO 2
REFUSED ..... -7 **[GO TO QA15_F28]**
DON'T KNOW ..... -8 **[GO TO QA15_F28]**

QA15_F27 What is the MAIN REASON you are no longer receiving treatment?

AF80

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

QA15_F28 During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

AJ5

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

PROGRAMING NOTE QA15_F29:
IF QA15_F19 = 1 AND (QA15_F21 ≠ 1 AND QA15_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH QA15_F29;
ELSE SKIP TO QA15_F33

QA15_F29 Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.

You were concerned about the cost of treatment.

AF82

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

QA15_F30 You did not feel comfortable talking with a professional about your personal problems.

AF83

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

QA15_F31 You were concerned about what would happen if someone found out you had a problem.

AF84

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

QA15_F32 You had a hard time getting an appointment.

AF85

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

PROGRAMMING NOTE QA15_F33:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_F33;
ELSE GO TO SECTION G;

QA15_F33 The next questions are about how you feel about different aspects of your life. For each one, please tell me how often you feel that way.

First, how often do you feel that you lack companionship? Is it…

AF107

Hardly ever.....1
Some of the time, or.....2
Often? 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_F34 How often do you feel left out? Is it…

AF108

Hardly ever.....1
Some of the time, or.....2
Often? 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_F35 How often do you feel isolated from others? Is it...

AF109

Hardly ever.....1
Some of the time, or.....2
Often? 3
REFUSED ..... -7
DON'T KNOW……-8

Section G – Demographic Information, Part II

QA15_G1 Now a few more questions about your background.

In what country were you born?

AH33

[SELECT FROM MOST LIKELY COUNTRIES]

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

PROGRAMMING NOTE QA15_G2:
IF QA15_G1 ≠ 1 (NOT BORN IN US) GO TO QA15_G4;
ELSE IF QA15_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA15_G2

QA15_G2 In what country was your mother born?

AH34

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

QA15_G3 In what country was your father born?

AH35

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

PROGRAMMING NOTE QA15_G4:
IF QA15_A12 ≠ 9 (NOT JAPANESE) AND QA15_A15 ≠ 38 (NOT JAPANESE), THEN SKIP TO QA15_G7;
ELSE IF QA15_G1 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS) AND AAGE ≤ 70, SKIP TO QA15_G6;

QA15_G4 You said you are of Japanese heritage, did you or your Japanese ancestors immigrate to the US after 1945?

AG25

YES 1	**[SKIP TO QA15_G6]**
NO 2	
REFUSED ..... -7	
DON'T KNOW ..... -8	

QA15_G5 Which generation of Japanese immigrant are you?

AG26

1ST GENERATION (ISSEI) 1	**[SKIP TO QA15_G7]**
2ND GENERATION (NISEI) 2	**[SKIP TO QA15_G7]**
3RD GENERATION (SANSEI) 3	**[SKIP TO QA15_G7]**
4TH GENERATION (YONSEI) 4	**[SKIP TO QA15_G7]**
5TH GENERATION (GOSEI) 5	**[SKIP TO QA15_G7]**
OTHER SPECIFY: (_____) 91	**[SKIP TO QA15_G7]**
REFUSED ..... -7	**[SKIP TO QA15_G7]**
DON'T KNOW ..... -8	**[SKIP TO QA15_G7]**

QA15_G6 {You said you were of Japanese heritage,} which generation of Japanese immigrant are you?

AG27

1ST GENERATION (SHIN-ISSEI) 1
2ND GENERATION (SHIN-NISEI) 2
3RD GENERATION (SHIN-SANSEI) 3
OTHER SPECIFY: (_____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_G7 What languages do you speak at home?

AH36

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]

ENGLISH 1
SPANISH 2
CANTONESE.....3
VIETNAMESE 4
TAGALOG.....5
MANDARIN 6
KOREAN 7
ASIAN INDIAN LANGUAGES.....8
RUSSIAN 9
OTHER 1 (SPECIFY: _____) 91
OTHER 2 (SPECIFY: _____) 92
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_G8
IF QA15_G7 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE QA15_G9;
IF INTERVIEW CONDUCTED IN ENGLISH AND QA15_G7 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA15_G8 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?";
ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA15_G8.
SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_G8 WAS ASKED

QA15_G8 {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.} Would you say you speak English…

AH37

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

PROGRAMMING NOTE QA15_G9:
IF QA15_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE QA15_G12
ELSE CONTINUE WITH QA15_G9

QA15_G9 The next questions are about citizenship and immigration.

Are you a citizen of the United States?

AH39

YES .....1 **[GO TO QA15_G11]**
NO 2
APPLICATION PENDING 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_G10 Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

AH40

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

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

QA15_G11 About how many years have you lived in the United States?

AH41

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_____ NUMBER OF YEARS

_____ YEAR (FIRST CAME TO LIVE IN U.S.)

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

PROGRAMMING NOTE QA15_G11A:
IF QA15_G9 = 1 (NATURALIZED) CONTINUE WITH QA15_G11A
ELSE GO TO QA15_G11B;

QA15_G11A In what year did you become naturalized?

AG30

[IF NEEDED, PROBE: "How long ago did you become naturalized?"]

[INTERVIEWER: TRY TO GET A SPECIFIC YEAR IF POSSIBLE. "YEARS AGO" AND "MONTHS AGO" SHOULD ONLY BE USED IF R CANNOT GIVE A DATE.]

_____ CALENDAR YEAR [RANGE 1900-2015] [CANNOT BE EARLIER THAN AA1YR]
_____ YEARS AGO

_____ MONTHS AGO

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

PROGRAMMING NOTE QA15_G11B
IF QA15_G9 ≠ 1 (NOT NATURALIZED) AND QA15_G10 ≠ 1 (NO GREEN CARD), CONTINUE WITH QA15_G11B;
ELSE GO TO PROGRAMMING NOTE QA15_G12

QA15_G11B Tell me if you are <u>currently</u> here on any of the following: a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the U.S. for a limited amount of time?

AG36

[INTERVIEWER: CHECK FIRST MENTION.]

[INTERVIEWER: CIRCLE "4" OR "5" ONLY IF VOLUNTEERED. DO NOT PROBE.]

TOURIST VISA 1	**[GO TO QA15_G11D]**
STUDENT VISA 2	**[GO TO QA15_G11D]**
WORK VISA OR PERMIT 3	
DEFERRED ACTION FOR CHILDHOOD ARRIVALS OR "DACA" 4	**[GO TO QA15_G11D]**
DEFERRED ACTION FOR PARENTAL ACCOUNTABILITYOR "DAPA" 5	**[GO TO QA15_G11D]**
ANOTHER DOCUMENT WHICH PERMITS STAY FOR LIMITED TIME 6	
NONE OF THE ABOVE	**[GO TO QA15_G12]**
REFUSED .... -7	**[GO TO QA15_G12]**
DON'T KNOW .... -8	**[GO TO QA15_G12]**

QA15_G11C Was this visa or permit through Deferred Action for Childhood Arrivals or "DACA" or Deferred Action for Parental Accountability or "DAPA"?

AG43

YES, DACA (DEFFERED ACTION FOR CHILDHOOD ARRIVALS) 1
YES, DAPA (DEFERRED ACTION FOR PARENTAL ACCOUNTABILITY 2
NO 3
REFUSED .... -7
DON'T KNOW .... -8

QA15_G11D Is this visa or document still valid or has it expired?

AG37

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

PROGRAMMING NOTE QA15_G12:
IF [QA15_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA15_G12;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
IF QA15_A16 = 2 OR QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_G14

QA15_G12 Is your {spouse/partner} also living in your household?

AH44

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

QA15_G13 May I have your {spouse/partner}'s first name, age, and gender?

SC11A

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

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _____

SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE QA15_G14:
IF [AAGE < 30 OR QA15_A4 = 1 (AGE 18-29)] AND [QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR QA15_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH)], CONTINUE WITH QA15_G14;
ELSE GO TO PROGRAMMING NOTE QA15_G15

QA15_G14 Are you now living with either of your parents?

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

AH43A

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

PROGRAMMING NOTE QA15_G15:
IF SC7 + SC8 > 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN SC13A ARE AGE 13 OR LESS, CONTINUE WITH QA15_G15;
ELSE GO TO QA15_G17;
IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY "for any children under age 14";
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";
ELSE IF QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA15_G15 In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?

AH44A

[IF NEEDED, SAY: "This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements."]

YES 1	
NO 2	**[GO TO QA15_G17]**
REFUSED ..... -7	**[GO TO QA15_G17]**
DON'T KNOW ..... -8	**[GO TO QA15_G17]**

QA15_G16 In the past month, how much did you pay for all child care arrangements and programs?

AH44B

[IF NEEDED, SAY: "If it is easier for you, you can tell me what you paid in a typical week last month. You or any other adult in your household."]

$_____ AMOUNT LAST MONTH [HR: 0-8,000]

$_____ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]

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

QA15_G17 What is the highest grade of education you have completed and received credit for?

AH47

NO FORMAL EDUCATION 30
GRADE SCHOOL
1ST GRADE 1
2ND GRADE.....2
3RD GRADE.....3
4TH GRADE 4
5TH GRADE 5
6TH GRADE 6
7TH GRADE 7
8TH GRADE 8
HIGH SCHOOL OR EQUIVALENT
9TH GRADE 9
10TH GRADE 10
11TH GRADE 11
12TH GRADE 12
4-YEAR COLLEGE OR UNIVERSITY
1ST YEAR (FRESHMAN)..... 13
2ND YEAR (SOPHOMORE) 14
3RD YEAR (JUNIOR)..... 15
4TH YEAR (SENIOR) (BA/BS)..... 16
5TH YEAR 17
GRADUATE OR PROFESSIONAL SCHOOL
1ST YEAR GRAD OR PROF SCHOOL..... 18
2ND YEAR GRAD OR PROF SCHOOL (MA/MS)..... 19
3RD YEAR GRAD OR PROF SCHOOL 20
MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)..... 21
2-YEAR JUNIOR OR COMMUNITY COLLEGE
1ST YEAR 22
2ND YEAR (AA/AS)..... 23
VOCATIONAL, BUSINESS, OR TRADE SCHOOL
1ST YEAR 24
2ND YEAR..... 25
MORE THAN 2 YEARS..... 26
REFUSED ..... -7
DON'T KNOW (OUT OF RANGE)..... -8

QA15_G18 Did you ever serve on active duty in the Armed Forces of the United States?

AG22

YES 1
NO .....2 **[GO TO QA15_G21]**
REFUSED ..... -7 **[GO TO QA15_G21]**
DON'T KNOW ..... -8 **[GO TO QA15_G21]**

QA15_G19 When did you serve?

AG23

FROM _____ TO_____

OR

[CHECK ALL THAT APPLY]

World War II (Sept 1940 to July 1947).....1
Korean War (June 1950 to Jan 1955).....2
Vietnam War (Aug 1964 to April 1975) 3
Gulf War/Operation Desert
Storm (1990 to 1991) 4
Afghanistan/Operation Enduring
Freedom (2001 to present) 5
Iraq War/Operation Iraqi
Freedom (2003 to present) 6
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_G20 Altogether, how long did you serve?

AG24

_____ YEARS

_____ MONTHS

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

QA15_G21 Which of the following were <u>you</u> doing last week?

AK1

Working at a job or business,.....1	**[GO TO QA15_G25]**
With a job or business but not at work,.....2	
Looking for work, or 3	
Not working at a job or business?.....4	
REFUSED ..... -7	**[GO TO QA15_G25]**
DON'T KNOW ..... -8	**[GO TO QA15_G25]**

QA15_G22 What is the main reason you did not work last week?

AK2

[IF NEEDED, SAY: "Main reason is the most important reason."]

TAKING CARE OF HOUSE OR FAMILY	1	
ON PLANNED VACATION	2	
COULDN'T FIND A JOB	3	
GOING TO SCHOOL/STUDENT	4	
RETIRED	5	**[GO TO PN QA15_G24]**
DISABLED	6	**[GO TO PN QA15_G24]**
UNABLE TO WORK TEMPORARILY	7	
ON LAYOFF OR STRIKE	8	
ON FAMILY OR MATERNITY LEAVE	9	
OFF SEASON	10	
SICK	11	
OTHER	91	
REFUSED	-7	
DON'T KNOW	-8	

QA15_G23 Do you usually work?

AG10

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

PROGRAMMING NOTE QA15_G24:
IF [AAGE = -7 OR -8 OR AAGE < 65] AND [QA15_G23 = 2 (DOES NOT USUALLY WORK) OR QA15_G22 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA15_G24;
ELSE GO TO PROGRAMMING NOTE QA15_G25

QA15_G24 Are you receiving Social Security Disability Insurance or SSDI?

AL22

YES	1	**[GO TO PN QA15_G29]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_G25:
IF QA15_G21 = 1, 2, -7, OR -8 (WORKING, WITH JOB, DK, OR RF) OR QA15_G23 = 1 (USUALLY WORKS), CONTINUE WITH QA15_G25;
ELSE GO TO PROGRAMMING NOTE QA15_G28

QA15_G25 On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

AK4

[IF NEEDED, SAY: "Where did you work most hours?"]

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

PROGRAMMING NOTE QA15_G26:
IF QA15_G25 = 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?']"

QA15_G26 {What kind of agency or department is this? / What kind of business or industry is this?}

AK5

{[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.] /[IF NEEDED, SAY: "What do they make or do at this business?"]}
[INTERVIEWER: ENTER DESCRIPTION]

_____ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)

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

QA15_G27 What is the main kind of work you do?

AK6

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

_____ (OCCUPATION)

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

PROGRAMMING NOTE QA15_G28:
IF QA15_G25 = 2 (GOVERNMENT EMPLOYEE), CODE QA15_G28 = 8 AND GO TO QA15_G29;
IF QA15_G25 = 3 (SELF-EMPLOYED), CONTINUE WITH QA15_G28 AND DISPLAY "Including yourself, about" and "you";
ELSE CONTINUE WITH QA15_G28 AND DISPLAY "About" and "your employer";

QA15_G28 {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

AK8

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

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

PROGRAMMING NOTE QA15_G29:
IF QA15_ A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1, CONTINUE WITH QA15_G29;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY "partner";
ELSE GO TO QA15_H1

QA15_G29 Which of the following was your {spouse/partner} doing last week?

AG8

Working at a job or business,	1	**[GO TO QA15_G31]**
With a job or business but not at work,	2	**[GO TO QA15_G31]**
Looking for work, or	3	
Not working at a job/business?	4	
REFUSED	-7	
DON'T KNOW	-8	

QA15_G30 Does your {spouse/partner} usually work?

AG11

YES	1	
NO	2	**[GO TO QA15_H1]**
LOOKING FOR WORK	3	**[GO TO QA15_H1]**
REFUSED	-7	**[GO TO QA15_H1]**
DON'T KNOW	-8	**[GO TO QA15_H1]**

QA15_G31 On your {spouse's/partner's} main job, is {he/she} employed by a private company, the government, or is {he/she} self-employed, or is {he/she} working without pay in a family business or farm?

AG9

[IF NEEDED, SAY: "Where did {he/she} work MOST hours?"]

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

Section H – Health Insurance

QA15_H1 The next topics are about health insurance and health care.

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

AH1

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

YES	1	
NO	2	**[GO TO QA15_H3]**
DOCTOR/MY DOCTOR	3	
KAISER	4	
MORE THAN ONE PLACE	5	
REFUSED	-7	**[GO TO QA15_H3]**
DON'T KNOW	-8	**[GO TO QA15_H3]**

PROGRAMMING NOTE QA15_H2:
IF QA15_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";
ELSE IF QA15_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE IF QA15_H1 = 4 (KAISER) CIRCLE "1" FOR QA15_H2 AND GO TO QA15_H3

QA15_H2 {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

AH3

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

PROGRAMMING NOTE QA15_H3:
IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA15_H4;
ELSE CONTINUE WITH QA15_H3

QA15_H3 During the past 12 months, did you visit a hospital emergency room for your own health?

AH12

YES	1	
NO	2	**[GO TO QA15_H5]**
REFUSED	-7	**[GO TO QA15_H5]**
DON'T KNOW	-8	**[GO TO QA15_H5]**

PROGRAMMING NOTE QA15_H4:
IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY "During the past 12 month, how many times did you visit a hospital emergency room for your own health?";
ELSE DISPLAY "How many times did you do that?"

QA15_H4 {During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that}?

AH95

[IF NEEDED, SAY: "During the past 12 months, how many times did you visit a hospital emergency room for your own health?"]

_____ NUMBER OF TIMES

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

QA15_H5 MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?

AI1

[INTERVIEWER NOTE: INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE ORIGINAL MEDICARE PLAN.]

YES 1	**[GO TO QA15_H8]**
NO 2	
REFUSED ..... -7	**[GO TO QA15_H16]**
DON'T KNOW ..... -8	**[GO TO QA15_H16]**

POST-NOTE QA15_H5:
IF QA15_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H6:
IF [AAGE > 64 OR QA15_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA15_H5= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA15_H6;
ELSE GO TO PROGRAMMING NOTE QA15_H8

QA15_H6 Is it correct that you are <u>not</u> covered by MediCARE even though you told me earlier that you are 65 or older?

AI2

CORRECT, NOT COVERED BY MEDICARE 1	**[GO TO PN QA15 H16]**
NOT CORRECT, R IS COVERED BY MEDICARE ..2	**[GO TO PN QA15_H8]**
AGE IS INCORRECT 93	
REFUSED ..... -7	
DON'T KNOW ..... -8	**[GO TO PN QA15 H16]**

POST-NOTE QA15_H6:
IF QA15_H6 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

QA15_H7 What is your age, please?

AI3

_____ YEARS OF AGE [HR: 18-105]..... **[GO TO PN QA15 H16]**

REFUSED ..... -7 **[GO TO PN QA15 H16]**
DON'T KNOW ..... -8 **[GO TO PN QA15 H16]**

POST NOTE QA15_H7: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA15_H7;
IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QA15_H8:
IF ARMCARE = 1, CONTINUE WITH QA15_H8;
ELSE GO TO PROGRAMMING NOTE QA15_H16

QA15_H8 Is this a MediCARE Advantage Plan?

AH123

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

YES 1
NO .....2 **[GO TO QA15_H11]**
REFUSED ..... -7 **[GO TO QA15_H11]**
DON'T KNOW ..... -8 **[GO TO QA15_H11]**

POST-NOTE QA15_H8;
IF QA15_H8 = 1, SET ARMADV= 1

QA15_H9 Is your MediCARE Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?

AH124

[IF NEEDED, SAY: "HMO stands for Health Maintenance Organization. With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless there was a medical emergency."]

[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 NEEDED, SAY: "Private Fee-for-Service is where MediCARE pays the set amount of money every month to the private insurance company. With Private Fee-for-Service, the insurance company decides how much you pay for services, not MediCARE."]

[INTERVIEWER NOTE: IF R MENTIONS A HEALTH PLAN SUCH AS "Kaiser" CODE "1" (HMO).]

[INTERVIEWER NOTE: CIRCLE "4" ONLY IF VOLUNTEERED. DO NOT PROBE.]

HMO (HEALTH MAINTENANCE ORGANIZATION) 1
PPO (PREFERRED PROVIDER ORGANIZATION) 2
PFFS (PRIVATE FEE FOR SERVICE) 3
SNP (SPECIAL NEEDS PLAN) 4
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H10 What is the name of your MediCARE plan?

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

AH125

ACCESS SENIOR HEALTHCARE 1
AETNA 2
AETNA GOLDEN MEDICARE 3
AIDS HEALTHCARE FOUNDATION, LA 4
ALAMEDA ALLIANCE FOR HEALTH 5
ALTAMED HEALTH SERVICES..... 83

ANTHEM BLUE CROSSOF CALIFORNIA.....7
ASPIRE HEALTH PLAN 8
BLUE CROSS CALIFORNIACARE 9
BLUE CROSS SENIOR SECURE..... 79
BLUE SHIELD 65 PLUS 11
BLUE SHIELD OF CALIFORNIA..... 12
BRAND NEW DAY (UNIVERSAL CARE) 13
CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
CALIFORNIAKIDS (CALKIDS) 15
CAL OPTIMA (CALOPTIMA ONE CARE) 16
CALVIVA HEALTH..... 17
CARE 1ST HEALTH PLAN 18
CAREMORE HEALTH PLAN..... 19

CENTER FOR ELDERS' INDEPENDENCE..... 21
CEN CAL HEALTH 80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH..... 22
CENTRAL HEALTH PLAN..... 23
CHINESE COMMUNITY HEALTH PLAN 24

CHOICE PHYSICIANS NETWORK..... 25
CIGNA HEALTHCARE 26
CITIZENS CHOICE HEALTHPLAN 27
COMMUNITY CARE HEALTH PLAN 28

COMMUNITY HEALTH GROUP 29
CONTRA COSTA HEALTH PLAN..... 81
DAVITA HEALTHCARE PARTNERS PLAN 31
EASY CHOICE HEALTH PLAN..... 32
EPIC HEALTH PLAN 33
GEM CARE HEALTH PLAN 34
GOLD COAST HEALTH PLAN..... 35
GOLDEN STATE MEDICARE HEALTH PLAN..... 36
HEALTH NET..... 38
HEALTH NET SENIORITY PLUS..... 39
HEALTH PLAN OF SAN JOAQUIN..... 40
HEALTH PLAN SAN JP AUTHORITY..... 41
HERITAGE PROVIDER NETWORK 42
HUMANA GOLD PLUS..... 43
HUMANA HEALTH PLAN..... 44
IEHP (INLAND EMPIRE HEALTH PLAN) 45
INTER VALLEY HEALTH PLAN..... 46
HEALTH ADVANTAGE 82
KAISER PERMANENTE..... 47
KAISER PERMANENTE SENIOR ADVANTAGE.. 48
KERN FAMILY HEALTH CARE..... 49
L.A. CARE HEALTH PLAN..... 50
MD CARE..... 51
MOLINA HEALTHCARE OF CALIFORNIA 54
MONARCH HEALTH PLAN..... 55
ON LOK SENIOR HEALTH SERVICES..... 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS..... 58
PREMIER HEALTH PLAN SERVICES..... 59
PRIMECARE MEDICAL NETWORK..... 60
PROVIDENCE HEALTH NETWORK..... 61
SCRIPPS HEALTH PLAN SERVICES 68
SEASIDE HEALTH PLAN..... 69
SAN FRANCISCO HEALTH PLAN..... 84
SANTA CLARA FAMILY HEALTH PLAN 90
SAN MATEO HEALTH COMMISION 86
SANTA BARBARA..... 88
SATELLITE HEALTH PLAN 92
SCAN HEALTH PLAN 67
SHARP HEALTH PLAN..... 70
SUTTER HEALTH PLAN..... 71
SUTTER SENIOR CARE..... 72
UNITED HEALTHCARE 73

UNITED HEALTHCARE SECURE HORIZON..... 74
UNIVERSITY HEALTHCARE ADVANTAGE..... 75
VALLEY HEALTH PLAN..... 76
VENTURA COUNTY HEALTH CARE PLAN..... 77
WESTERN HEALTH ADVANTAGE..... 78
CHAMPUS/CHAMP-VA 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES..... 89
MEDI-CAL 52
MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE FOR QA15_H10:
ALL ANSWERS GO TO PROGRAMMING NOTE QA15_H12;
IF QA15_H10 = 93, 87, OR 89 THEN ARMILIT = 1

QA15_H11 Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

AI4

[IF NEEDED, SAY: "These are policies that cover health care costs not covered by MediCARE alone."]

YES	1	
NO	2	**[GO TO PN QA15 H16]**
REFUSED	-7	**[GO TO PN QA15 H16]**
DON'T KNOW	-8	**[GO TO PN QA15 H16]**

POST-NOTE FOR QA15_H11:
IF QA15_H11 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA15_H12:
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE QA15_H16;
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY "MediCARE Advantage plan";
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY "MediCARE Supplement plan";

QA15_H12 For the {MediCARE Advantage plan/MediCARE Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

AH126

[IF NEEDED, SAY: "AARP stands for the American Association of Retired Persons."]

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

QA15_H13 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AH53

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

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

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

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

QA15_H14 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

AH54

YES 1
NO.....2 **[GO TO PN QA15 H16]**
REFUSED ..... -7 **[GO TO PN QA15 H16]**
DON'T KNOW ..... -8 **[GO TO PN QA15 H16]**

QA15_H15 Who is that?

AH55

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

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]

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

POST-NOTE FOR QA15_H15:
IF QA15_H15 = 7, SET ARMCAL = 1;

PROGRAMMING NOTE QA15_H16:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA15_H16 {Is it correct that you are/Are you} covered by Medi-CAL?

AI6

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people."]

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

POST-NOTE FOR QA15_H16:
IF QA15_H16 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA15_H16 = 2, SET ARMCAL = 0

PROGRAMMING NOTE QA15_H17:
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"

QA15_H17 {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

AI8

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

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

POST-NOTE FOR QA15_H17:
IF QA15_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H18:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH QA15_H18;
ELSE GO TO PROGRAMMING NOTE QA15_H20

QA15_H18 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

AI11

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

YES 1
NO .....2 **[GO TO PN QA15 H20]**
REFUSED ..... -7 **[GO TO PN QA15 H20]**
DON'T KNOW ..... -8 **[GO TO PN QA15 H20]**

POST-NOTE FOR QA15_H18:
IF QA15_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H19:
IF ARDIRECT = 1, THEN CONTINUE WITH QA15_H19;
ELSE GO TO PROGRAMMING NOTE QA15_H20

QA15_H19 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

AH104

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

POST-NOTE FOR QA15_H19:
IF QA15_H19 = 2, THEN SET ARHBEX = 1
PROGRAMMING NOTE FOR QA15_H20:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA15_H20;
ELSE GO TO PROGRAMMING NOTE QA15_H22

QA15_H20 Was this plan obtained in your own name or in the name of someone else?

AI9

[IF NEEDED, SAY: "Even someone who does not live in this household."]

IN OWN NAME 1	**[GO TO PN QA15 H22]**
IN SOMEONE ELSE'S NAME 2	
REFUSED ..... -7	**[GO TO PN QA15 H22]**
DON'T KNOW ..... -8	**[GO TO PN QA15 H22]**

POST-NOTE FOR QA15_H20:
IF QA15_H17 = 1 AND QA15_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF QA15_H17 = 1 AND QA15_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H18 = 1 AND QA15_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA15_H18 = 1 AND QA15_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA15_H21:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1OR IF QA15_G14 = 1 (LIVING WITH PARENTS) OR IF AAGE < 26, CONTINUE WITH QA15_H21;
ELSE GO TO PROGRAMMING NOTE QA15_H22;
IF QA15_A16 = 1, THEN DISPLAY "spouse's name";
IF QA15_A16 ≠ 1 AND (QA15_D20 = 1 OR QA15_D21 = 1), THEN DISPLAY "partner's name;
IF QA15_G14 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA15_H21 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

AI9A

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

POST-NOTE FOR QA15_H21:
IF QA15_H17 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF QA15_H19 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;
IF QA15_H17 = 1 AND QA15_H21 = 2 SET AREMPPAR =1 AND AREMPOTH = 0;
IF QA15_H18 = 1 AND QA15_H21 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF QA15_H18 = 1 AND QA15_H21 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE QA15_H22:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) AND QA15_G28 < 5 (FIRM SIZE <=100), CONTINUE WITH QA15_H22 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 QA15_H23;

QA15_H22 How did {you/he or she} sign up for this health insurance – through an employer, through a union, or through Covered California's SHOP program?

AH105

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

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

POST-NOTE FOR QA15_H22:
IF QA15_H22 = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE QA15_H23
IF ARHBEX = 1, THEN CONTINUE WITH QA15_H23;
ELSE GO TO PROGRAMMING NOTE QA15_H25;

QA15_H23 Was this a bronze, silver, gold or platinum plan?

AH106

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

PROGRAMMING NOTE QA15_H24:
IF QA15_H22 = 3, THEN GO TO QA15_H25;
ELSE CONTINUE WITH QA15_H24;

QA15_H24 Was there a subsidy or discount on the premium for this plan?

AH107

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

PROGRAMMING NOTE QA15_H25:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA15_H25;
ELSE GO TO PROGRAMMING NOTE QA15_H28

QA15_H25 Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AH57

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

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

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

YES	1	
NO	2	**[GO TO PN QA15 H27]**
REFUSED	-7	
DON'T KNOW	-8	

QA15_H26 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

YES	1	
NO	2	**[GO TO PN QA15 H28]**
REFUSED	-7	**[GO TO PN QA15 H28]**
DON'T KNOW	-8	**[GO TO PN QA15 H28]**

PROGRAMMING NOTE QA15_H27:
IF QA15_H25 = 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"

QA15_H27 {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?"]

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

POST-NOTE QA15_H27:
IF QA15_H27 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA15_H27 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA15_H27 = 6, THEN SET AROTHER = 1;
IF QA15_H27 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 11, SET ARHBEX = 1;
IF QA15_H27 = 91, THEN SET AROTHER = 1

PROGRAMMING NOTE QA15_H28:
IF [QA15_G21 = 1 OR 2 (R WORKED LAST WEEK) OR QA15_G23 = 1 (R USUALLY WORKS)] AND QA15_G25 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH QA15_H28;
ELSE GO TO PROGRAMMING NOTE QA15_H32

QA15_H28 Does your employer offer health insurance to any of its employees?

AI13

YES 1
NO .....2 **[GO TO PN QA15 H32]**
REFUSED ..... -7 **[GO TO PN QA15 H32]**
DON'T KNOW ..... -8 **[GO TO PN QA15 H32]**

QA15_H29 Are you eligible to be in this plan?

AI14

YES	1	
NO	2	**[GO TO QA15_H31]**
REFUSED	-7	**[GO TO PN QA15 H32]**
DON'T KNOW	-8	

QA15_H30 What is the one main reason why you aren't in this plan?

AI15

COVERED BY ANOTHER PLAN	1	**[GO TO PN QA15 H32]**
TOO EXPENSIVE	2	**[GO TO PN QA15 H32]**
DIDN'T LIKE PLAN OFFERED	3	**[GO TO PN QA15 H32]**
DON'T NEED OR BELIEVE IN HEALTH INSURANCE	4	**[GO TO PN QA15 H32]**
OTHER (SPECIFY: _____)	91	**[GO TO PN QA15 H32]**
REFUSED	-7	**[GO TO PN QA15 H32]**
DON'T KNOW	-8	**[GO TO PN QA15 H32]**

QA15_H31 What is the <u>one</u> main reason why you are not eligible for this plan?

AI15A

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

PROGRAMMING NOTE QA15_H32:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA15_H32;
ELSE GO TO PN QA15_H33

QA15_H32 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

AI16

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

POST-NOTE QA15_H32:
IF QA15_H32 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H33:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH QA15_H33;
ELSE GO TO PROGRAMMING NOTE QA15_H34

QA15_H33 Are you covered by some other government health program, such as AIM, “Mister MIP,” the Family PACT program, Healthy Kids, or something else?

AI17

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

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

POST-NOTE QA15_H33:
IF QA15_H33 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H34:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA15_H34;
ELSE GO TO PROGRAMMING NOTE QA15_H38

QA15_H34 Do you have any health insurance coverage through a plan that I missed?

AI18

YES 1
NO .....2 **[GO TO PN QA15 H38]**
REFUSED ..... -7 **[GO TO PN QA15 H38]**
DON'T KNOW ..... -8 **[GO TO PN QA15 H38]**

QA15_H35 What type of health insurance do you have?

AI19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

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

THROUGH CURRENT OR FORMER EMPLOYER/UNION 1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION.....2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) 3
MEDICARE 4
MEDI-CAL 5
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC 8
COVERED CALIFORNIA..... 10
SHOP THROUGH COVERED CALIFORNIA 11
OTHER GOVERNMENT HEALTH PLAN 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA15_H35:
IF QA15_H35 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 8, SET ARIHS = 1;
IF QA15_H35 = 10, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H36:
IF QA15_H35 = 1, 2, OR 3 CONTINUE WITH QA15_H36;
ELSE GO TO PROGRAMMING NOTE QA15_H38

QA15_H36 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 OWN NAME 1	**[GO TO PN QA15 H38]**
IN SOMEONE ELSE'S NAME 2	
REFUSED ..... -7	**[GO TO PN QA15 H38]**
DON'T KNOW ..... -8	**[GO TO PN QA15 H38]**

POST-NOTE QA15_H36:
IF (QA15_H35 = 1 OR 2) AND QA15_H36 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF QA15_H35 = 3 AND QA15_H36 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF (QA15_H35 = 1 OR 2) AND (QA15_H36 = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF QA15_H35 = 3 AND (QA15_H36 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H37:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 OR IF QA15_G14 = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH QA15_H37;
ELSE GO TO PROGRAMMING NOTE QA15_H38;
IF QA15_A16 = 1 THEN DISPLAY "spouse's name";
IF QA15_A16 ≠ 1 AND (QA15_D20 = 1 OR QA15_D21 = 1), THEN DISPLAY "partner's name";
IF QA15_G14 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA15_H37 Is the plan in your {spouse's name,} {partner's name,} {parent's name,} or someone else's name?

AH60

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

POST-NOTE QA15_H37:
IF QA15_H37 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF QA15_H37 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA15_H37:
IF ARIHS ≠ 1 AND QA15_A8 = 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_H38;
ELSE GO TO PROGRAMMING NOTE QA15_H39_INTRO

QA15_H38 Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

AI20

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

POST-NOTE QA15_H38:
IF QA15_H38 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA15_H39_INTRO:
IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH QA15_H39_INTRO;
IF QA15_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_H60

QA15_H39_INTRO These next questions are about the type of health insurance your {spouse/partner} may have.

AI37intro

PROGRAMMING NOTE QA15_H39:
IF SPOUSE 65 OR OLDER THEN
IF ARMCARE ≠ 1, CONTINUE WITH QA15_H39 WITHOUT DISPLAY
ELSE IF ARMCARE = 1, CONTINUE WITH QA15_H39 AND DISPLAY "You said that you are covered by Medicare." AND "also";
ELSE GO TO PROGRAMMING NOTE QA15_H42

QA15_H39 {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

AI37

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

POST-NOTE QA15_H39:
IF QA15_H39 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H40:
IF SPMCARE ≠ 1 AND ARMADV ≠ 1, SKIP TO PROGRAMMING NOTE QA15_H41;
DISPLAYS;
IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH QA15_H40 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH QA15_H40 AND DISPLAY "You said that you have a Medicare Advantage plan." AND "also";
IF QA15_A16 = 1 (MARRIED) THEN DISPLAY "spouse's";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1THEN DISPLAY "partner's";

QA15_H40 {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?

[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."]

AH127

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

POST-NOTE QA15_H40:
IF QA15_H40 = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H41:
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE QA15_H42;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA15_H41 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH QA15_H41 AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA15_H42

QA15_H41 {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

AI37A

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

POST-NOTE QA15_H41:
IF QA15_H41 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H42:
IF ARMCAL = 1, CONTINUE WITH QA15_H42 WITHOUT DISPLAY;
IF ARMCARE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H43

QA15_H42 You said you {also} have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

AI38

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

POST-NOTE QA15_H42:
IF QA15_H42 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H43:
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H43;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H45

QA15_H43 You said you have insurance from <u>your</u> current or former employer or union. Is (SPOUSE/PARTNER) {also} covered by the insurance from <u>your</u> employer or union?

AI40

YES .....1 **[GO TO PN QA15 H46]**
NO 2
OTHER 3
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA15_H43:
IF QA15_H43 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H44:
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH QA15_H44;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H45

QA15_H44 You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?

AH108

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

YES .....1 **[GO TO PN QA15 H46]**
NO 2
OTHER 3
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA15_H44:
IF QA15_H44 = 1, SET SPEMPSP = 1 AND SET SPINSURE =1 AND ARSAMESP=1 AND SPHBEX= 1;
PROGRAMMING NOTE QA15_H45:
IF QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA15_H45;
IF AREMPSP = 1 AND QA15_A16 = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";
ELSE IF AREMPSP = 1 AND (QA15_D20 = 1 OR QA15_D21 = 1), THEN DISPLAY "You said you have insurance from your partner's employer or union.";
IF SPINSURE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H46

QA15_H45 {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} <u>own</u> employer?

AI40A

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

POST-NOTE QA15_H45:
IF QA15_H45 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H46:
IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H46;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H47

QA15_H46 You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

AI41

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

POST-NOTE QA15_H46:
IF QA15_H46 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H47:
IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH QA15_H47;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H48

QA15_H47 You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

AH109

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

POST-NOTE QA15_H47:
IF QA15_H47 = 1, SET SPDIRECT =1 AND SET SPINSURE =1 AND ARSAMESP=1 AND SPHBEX= 1;
PROGRAMMING NOTE QA15_H48:
IF ARMILIT = 1, CONTINUE WITH QA15_H48;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H49

QA15_H48 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

AI42

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

POST-NOTE QA15_H48:
IF QA15_H48 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H49:
IF AROTHGOV = 1, CONTINUE WITH QA15_H49;
IF QA15_H36 = 1, THEN DISPLAY "AIM";
IF QA15_H36 = 2, THEN DISPLAY "MRMIP";
IF QA15_H36 = 3, THEN DISPLAY "Family PACT";
IF QA15_H36 = 4, THEN DISPLAY "PCIP";
IF QA15_H36 = 91, THEN DISPLAY "some government health plan":
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H50

QA15_H49 You said you {also} have health insurance through {AIM/MRMIP/Family PACT/PCIP/some government health plan}. Is (SPOUSE/PARTNER) also covered by this plan?

AI42A

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

POST-NOTE QA15_H49:
IF QA15_H49 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H50:
IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"

QA15_H50 Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

AI46

YES 1
NO .....2 **[GO TO QA15_H52]**
REFUSED ..... -7 **[GO TO QA15_H56]**
DON'T KNOW ..... -8 **[GO TO QA15_H56]**

QA15_H51 What type of health insurance does {he/she} have?

AI47

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]

[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?"]

THROUGH CURRENT OR FORMER EMPLOYER/ UNION.....1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.....2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) 3
MEDICARE 4
MEDI-CAL 5
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE.....7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC 8
COVERED CALIFORNIA..... 10
SHOP THROUGH COVERED CALIFORNIA 11
OTHER GOVERNMENT HEALTH PLAN..... 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA15_H51:
IF QA15_H51 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 8, SET SPIHS = 1;
IF QA15_H51 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H52:
IF SPINSURE ≠ 1, CONTINUE WITH QA15_H52;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA15_H54;
ELSE GO TO PROGRAMMING NOTE QA15_H56

QA15_H52 You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

AI48

YES	1	**[GO TO QA15_H56]**
NO	2	
REFUSED	-7	**[GO TO QA15_H56]**
DON'T KNOW	-8	**[GO TO QA15_H52]**

QA15_H53 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?"]

EMPLOYER/UNION	1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION	2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)	3
MEDICARE	4
MEDI-CAL	5
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC	8
COVERED CALIFORNIA	10
SHOP THROUGH COVERED CALIFORNIA	11
OTHER GOVERNMENT HEALTH PLAN	91
OTHER NON-GOVERNMENT HEALTH PLAN	92
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA15_H53:
IF QA15_H53 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 8, SET SPIHS = 1;
IF QA15_H53 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA15_H53 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA15_H54:
IF QA15_H51 = (1, 2, 3, 10, 11) OR QA15_H53 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QA15_H54;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1 THEN DISPLAY "partner's";
ELSE SKIP TO PROGRAMMING NOTE QA15_H56

QA15_H54 Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

AH62

[IF NEEDED, SAY: "Even someone who does not live in this household."]

IN SPOUSE'S/PARTNER'S NAME 1	**[GO TO QA15_H56]**	IN
SOMEONE ELSE'S NAME.....2		
REFUSED ..... -7	**[GO TO QA15_H56]**	DON'T
KNOW ..... -8	**[GO TO QA15_H56]**	

POST-NOTE QA15_H54:
IF QA15_H54 = 1 (SPOUSE'S/PARTNER'S NAME) AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)], SET SPEMPOWN = 1 AND SET SPEMPOTH = 0;
IF QA15_H54 = 1 (SPOUSE'S/PARTNER'S NAME) AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)], SET SPHBEX = 1;

QA15_H55 Is the plan in your name, parent's name, or someone else's name?

AH63

IN ADULT RESPONDENT'S NAME.....1
IN ADULT RESPONDENT'S PARENT'S NAME.....2
IN SOMEONE ELSE'S NAME 3
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA15_H55:
IF QA15_H55 = 1 AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)], SET SPEMPAR = 1 AND SET SPEMPOTH = 0 AND ARSAMESP=1;
IF QA15_H55 = 1 AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)], SET SPHBEX = 1 AND ARSAMESP=1;
IF QA15_H55 = 2, SET SPARPAR = 1 AND SET SPEMPOTH = 0

PROGRAMMING NOTE QA15_H56:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA15_H60;
ELSE IF [QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS)] AND QA15_G31 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA15_H56;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
ELSE GO TO PROGRAMMING NOTE QA15_H60

QA15_H56 Does your {spouse's/partner's} employer offer health insurance to any of its employees?

AI43

YES 1	
NO 2	**[GO TO QA15_H60]**
REFUSED ..... -7	**[GO TO QA15_H60]**
DON'T KNOW ..... -8	**[GO TO QA15_H60]**

QA15_H57 Is {he/she} eligible to be in this plan?

AI44

YES 1	
NO 2	**[GO TO QA15_H59]**
REFUSED ..... -7	**[GO TO QA15_H60]**
DON'T KNOW ..... -8	**[GO TO QA15_H60]**

QA15_H58 What is the ONE main reason why {he/she} isn't in this plan?

AI45

COVERED BY ANOTHER PLAN 1	**[GO TO QA15_H60]**
TOO EXPENSIVE 2	**[GO TO QA15_H60]**
DOESN'T LIKE PLAN OFFERED 3	**[GO TO QA15_H60]**
DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE 4	**[GO TO QA15_H60]**
OTHER (SPECIFY: _____) 91	**[GO TO QA15_H60]**
REFUSED ..... -7	**[GO TO QA15_H60]**
DON'T KNOW ..... -8	**[GO TO QA15_H60]**

QA15_H59 What is the <u>one</u> main reason why {he/she} is not eligible for this plan?

AI45A

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

PROGRAMMING NOTE QA15_H60:
IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN QA15_H63;

IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO QA15_H76;

ELSE CONTINUE WITH QA15_H60 DISPLAY;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 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 [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 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 [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY "Next, I have some questions about your own main health plan."; AND " ";

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan." AND "Medi-Cal";

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

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY "Medi-Cal";

ELSE DISPLAY, "Is your health plan an HMO?"

QA15_H60 {Besides your MediCARE plan you told me about earlier, I have some questions about **your** other health plan./Next, I have some questions about **your** own main health plan.}

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

AI22C

[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."]

YES	1	**[GO TO QA15_H62]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_H61:
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO QA15_H62;
ELSE CONTINUE WITH QA15_H61;

QA15_H61 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, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider.]

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

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

PPO	1
EPO	2
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_H62:
IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY "your main";
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY "this"

QA15_H62 What is the name of {your main/this} health plan?

AI22A

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

ACCESS SENIOR HEALTHCARE 1
AETNA 2
AETNA GOLDEN MEDICARE 3
AIDS HEALTHCARE FOUNDATION, LA 4
ALAMEDA ALLIANCE FOR HEALTH 5
ALTAMED HEALTH SERVICES..... 83
ANTHEM BLUE CROSSOF CALIFORNIA.....7
ASPIRE HEALTH PLAN 8
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MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED ..... -7
DON'T KNOW ..... -8

POST NOTE QA15_H62:
IF QA15_H62 = 93, 87, OR 89 THEN SET ARMILIT=1

PROGRAMMING NOTE QA15_H63:
IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR AROTHER ≠ 1) AND QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

QA15_H63 {Next, I have some questions about **your** own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

AI25

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

PROGRAMMING NOTE QA15_H64:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH QA15_H64;
ELSE GO TO QA15_H69

QA15_H64 Does your health plan have a deductible that is more than $1,000?

AH71

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

YES 1
NO .....2 **[GO TO QA15_H66]**
YES, ONLY WHEN I GO OUT OF NETWORK .....3 **[GO TO QA15_H66]**
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_H65:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA15_H65;
ELSE GO TO QA15_H66

QA15_H65 Does your health plan have a deductible that is more than $2,000?

AH96

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

YES .....1 **[GO TO QA15_H67]**
NO 2
YES, ONLY WHEN I GO OUT OF NETWORK 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H66 Does your health plan have a deductible for all covered persons that is more than $2,000?

AH72

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

YES	1	
NO	2	**[GO TO QA15_H68]**
YES, ONLY WHEN I GO OUT OF NETWORK	3	**[GO TO QA15_H68]**
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_H67:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA15_H67;
ELSE GO TO PROGRAMMING NOTE QA15_H68

QA15_H67 Does your health plan have a deductible for all covered persons that is more than $4,000?

AH97

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

YES	1
NO	2
YES, ONLY WHEN I GO OUT OF NETWORK	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_H68:
IF ARINSURE ≠ 1 (CURRENTLY UNINSURED) OR ARMCAL = 1 (CURRENTLY HAS MEDICAL) OR ARMCARE =1 (CURRENTLY HAS MEDICARE) OR AROTHGOV = 1 (CURRENTLY HAS OTHER GOVT COVERAGE LIKE AIM, MRMIP, HK), SKIP TO QA15_H69;
ELSE CONTINUE WITH QA15_H68

QA15_H68 Do you have a special account or fund you can use to pay for medical expenses?

AH73

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts."]

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

QA15_H69 Thinking about your current health insurance, did you have this same insurance for <u>all</u> 12 of the past 12 months?

AI31

YES	1	**[GO TO QA15_H62]**
NO	2	
REFUSED	-7	**[GO TO QA15_H72]**
DON'T KNOW	-8	

QA15_H70 During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

AI32

YES	1	
NO	2	**[GO TO QA15_H73]**
REFUSED	-7	**[GO TO QA15_H72]**
DON'T KNOW	-8	**[GO TO QA15_H72]**

QA15_H71 Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

MODIFIED AI33

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]

MEDI-CAL	1
THROUGH CURRENT OR FORMER EMPLOYER/UNION	3
PURCHASED DIRECTLY	5
COVERED CALIFORNIA	6
OTHER HEALTH PLAN	91
REFUSED	-7
DON'T KNOW	-8

QA15_H72 During the past 12 months, was there any time when you had no health insurance at all?

AI34

YES	1	
NO	2	**[GO TO QA15_H82]**
REFUSED	-7	**[GO TO QA15_H82]**
DON'T KNOW	-8	**[GO TO QA15_H82]**

QA15_H73 For how many months of the past 12 months did you have no health insurance at all?

AI35

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11] **[IF 0 GO TO PN QA15-H82]**

REFUSED	-7	**[GO TO QA15_H82]**
DON'T KNOW	-8	**[GO TO QA15_H82]**

QA15_H74 What is the ONE MAIN reason why you did not have any health insurance during those months?

AI36

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.....5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES, DELAY
BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY FOR
OWN CARE 8
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H75 During the time that you were uninsured, did you try to find health insurance on your own?

AH74

YES	1	**[GO TO QA15_H82]**
NO	2	**[GO TO QA15_H82]**
REFUSED	-7	**[GO TO QA15_H82]**
DON'T KNOW	-8	**[GO TO QA15_H82]**

QA15_H76 What is the ONE MAIN reason why you do not have any health insurance?

AI24

[IF R SAYS NO NEED, PROBE WHY]

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.....5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE.....8
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H77 During the time that you have been uninsured, have you tried to find health insurance on your own?

AH75

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

QA15_H78 Were you covered by health insurance at any time during the past 12 months?

AI27

YES .....1 **[GO TO QA15_H80]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H79 How long has it been since you last had health insurance?

AI28

MORE THAN 12 MONTHS AGO, BUT NOT
MORE THAN 3 YEARS AGO .....1 **[GO TO QA15_H82]**
MORE THAN 3 YEARS AGO .....2 **[GO TO QA15_H82]**
NEVER HAD HEALTH INSURANCE.....3 **[GO TO QA15_H82]**
REFUSED ..... -7 **[GO TO QA15_H82]**
DON'T KNOW ..... -8 **[GO TO QA15_H82]**

QA15_H80 For how many months out of the last 12 months did you have health insurance?

AI29

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12] **[IF 0, THEN GO TO PN QA15_H82]**

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

QA15_H81 During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

AI30

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]

MEDI-CAL 1
THROUGH CURRENT OR FORMER
EMPLOYER OR UNION 3
PURCHASED DIRECTLY.....5
COVERED CALIFORNIA.....6
OTHER HEALTH PLAN..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_H82:
IF ARINSURE ≠ 1 OR QA15_H70 = 2 OR ARDIRECT = 1 OR QA15_H81 = (5, 6) OR QA15_H71 = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH QA15_H82;
ELSE GO TO PROGRAMMING NOTE QA15_H99

QA15_H82 In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

AH103h

YES 1
NO .....2 **[GO TO QA15_H99]**
REFUSED ..... -7 **[GO TO QA15_H99]**
DON'T KNOW ..... -8 **[GO TO QA15_H99]**

QA15_H83 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

AH110h

DIRECTLY FROM AN INSURANCE
COMPANY OR HMO, OR.....1
THROUGH COVERED CALIFORNIA, OR 2
BOTH, FROM AN INSURANCE COMPANY AND
THROUGH COVERED CALIFORNIA 3
REFUSED ..... -7 **[GO TO QA15_H86]**
DON'T KNOW ..... -8 **[GO TO QA15_H86]**

PROGRAMMING NOTE QA15_H84:
IF QA15_H83 = 1; THEN CONTINUE WITH QA15_H84;
IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H84 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QA15_H88;

QA15_H84 {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
How difficult was it to find a plan with the coverage you needed? Was it…

AH98h

Very difficult,.....1
Somewhat difficult, ...2
Not too difficult, or 3
Not at all difficult? 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H85 How difficult was it to find a plan you could afford? Was it…

AH99h

Very difficult,.....1
Somewhat difficult, ...2
Not too difficult, or 3
Not at all difficult? 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H86 Did anyone help you find a health plan?

AH100h

YES 1
NO .....2 **[GO TO PN QA15-H88]**
REFUSED ..... -7 **[GO TO PN QA15-H88]**
DON'T KNOW ..... -8 **[GO TO PN QA15-H88]**

QA15_H87 Who helped you?

AH101h

BROKER 1
FAMILY MEMBER/FRIEND 2
INTERNET 3
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_H88:
IF QA15_H83 = 2; THEN CONTINUE WITH QA15_H88;
IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H88 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA15_H92;

QA15_H88 {Now, think about your experience with Covered California.}
How difficult was it to find a plan with the coverage you needed through Covered California? Was it…

AH111h

Very difficult.....1
Somewhat difficult.....2
Not too difficult 3
Not at all difficult?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H89 How difficult was it to find a plan you could afford? Was it…

AH112h

Very difficult.....1
Somewhat difficult.....2
Not too difficult 3
Not at all difficult?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H90 Did anyone help you find a health plan?

AH113h

YES 1
NO.....2 **[GO TO QA15_H92]**
REFUSED ..... -7 **[GO TO QA15_H92]**
DON'T KNOW ..... -8 **[GO TO QA15_H92]**

QA15_H91 Who helped you?

AH114h

BROKER 1
FAMILY MEMBER / FRIEND.....2
INTERNET 3
CERTIFIED ENROLLMENT COUNSELOR 4
OTHER (SPECIFY: _____) 92
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H92 Did you have all the information you felt you needed to make a good decision on a health plan?

AH115h

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

PROGRAMMING NOTE QA15_H93:
IF QA15_G8 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_H93;
ELSE GO TO QA15_H94;

QA15_H93 Were you able to get information about your health plan options in your language?

AH116h

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

QA15_H94 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

AH117h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H95 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

AH118h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H96 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

AH119h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_H97 Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?

AH120h

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_H98:
IF QA15_H23 = 1 THEN DISPLAY "Bronze"
ELSE IF QA15_H23 = 2 THEN DISPLAY "Silver"
ELSE IF QA15_H23 = 3 THEN DISPLAY "Gold"
ELSE IF QA15_H23 = 4 THEN DISPLAY "Platinum"
ELSE IF QA15_H23 = 6 THEN DISPLAY "Minimum coverage"
ELSE DISPLAY " ";

QA15_H98 Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

AH121h

COST 1
SPECIFIC DOCTOR 2
SPECIFIC HOSPITAL 3
CHOICE OF DOCTORS IN NETWORK 4
OTHER (SPECIFY: _____) 92
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_H99:
IF QA15_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA15_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA15_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA15_B41 = 1 (HOSPITALIZED FOR HEART DISEASE) THEN GO TO PROGRAMMING NOTE QA15_H100;
ELSE CONTINUE WITH QA15_H99

QA15_H99 During the past 12 months, were you a patient in a hospital overnight or longer?

AH14

YES 1
NO .....2 **[GO TO QA15_H101]**
REFUSED ..... -7 **[GO TO QA15_H101]**
DON'T KNOW ..... -8 **[GO TO QA15_H101]**

PROGRAMMING NOTE QA15_H100:
IF ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA15_H100;
ELSE GO TO PROGRAMMING NOTE QA15_H101

QA15_H100 Was any of that hospital care paid for by Medi-Cal?

AH76

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

PROGRAMMING NOTE FOR QA15_H101:
IF [ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR SC14A = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA15_H101; ELSE SKIP TO PROGRAMMING NOTE QA15_I1

QA15_H101 During the last 12 months, did you get prenatal care that you didn't have to pay for?

AH77

YES	1	
NO	2	**[GO TO PN QA15_I1]**
REFUSED	-7	**[GO TO PN QA15_I1]**
DON'T KNOW	-8	**[GO TO PN QA15_I1]**

QA15_H102 Was it paid for by Medi-Cal?

AH78

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

Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA15_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA15_I39 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA15_I2;
ELSE CONTINUE WITH QA15_I1

QA15_I1 These next questions are about health insurance (CHILD) may have.
Does (CHILD) have the same insurance as you?

CF10A

YES	1	**[GO TO QA15_I19]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I1:
IF QA15_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARIHS = 1, SET CHIHS = 1
IF QA15_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

PROGRAMMING NOTE QA15_I2:
IF SPINSURE ≠ 1, THEN SKIP TO QA15_I3;
ELSE IF QA15_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA15_I3;
ELSE CONTINUE WITH QA15_I2

QA15_I2 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

MA1

YES	1	**[GO TO QA15_I19]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I2:
IF QA15_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPIHS = 1, SET CHIHS = 1
IF QA15_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

QA15_I3 Is {he/she} currently covered by Medi-CAL?

CF1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

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

POST-NOTE QA15_I3:
IF QA15_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA15_I4 Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

CF3

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

YES	1	
NO	2	**[GO TO PN QA15_I6]**
REFUSED	-7	**[GO TO PN QA15_I6]**
DON'T KNOW	-8	**[GO TO PN QA15_I6]**

POST-NOTE QA15_I4:
IF QA15_I4 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA15_I5 Is this plan through an employer, through a union, or through Covered California's SHOP program?

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

AI90

EMPLOYER 1
UNION.....2
SHOP / COVERED CALIFORNIA 3
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE FOR QA15_I5:
IF QA15_I5 = 3, THEN SET CHHBEX = 1

PROGRAM NOTE QA15_I6:
IF CHINSURE = 1 THEN GO TO QA15_I8;
ELSE CONTINUE WITH QA15_I6

QA15_I6 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

CF4

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

YES	1	
NO	2	**[GO TO PN QA15_I13]**
REFUSED	-7	**[GO TO PN QA15_I13]**
DON'T KNOW	-8	**[GO TO PN QA15_I13]**

POST-NOTE QA15_I6:
IF QA15_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA15_I7:
IF CHDIRECT = 1, THEN CONTINUE WITH QA15_I7;
ELSE GO TO PROGRAMMING NOTE QA15_I8

QA15_I7 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

AI91

INSURANCE COMPANY OR HMO.....1
COVERED CALIFORNIA.....2
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE FOR QA15_I7:
IF QA15_I7 = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE QA15_I8
IF CHHBEX = 1, THEN CONTINUE WITH QA15_I8;
ELSE GO TO PROGRAMMING NOTE QA15_I10;

QA15_I8 Was this a bronze, silver, gold or platinum plan?

AI92

BRONZE 1
SILVER 2
GOLD 3
PLATINUM 4
MEDI-CAL / MEDICAID 5
MINIMUM COVERAGE PLAN/CATASTROPHIC.....6
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I9
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA15_I9;
ELSE GO TO PROGRAMMING NOTE QA15_I10;

QA15_I9 Was there a subsidy or discount on the premium for this plan?

AI93

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

PROGRAMMING NOTE QA15_I10:
IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA15_I10;
ELSE GO TO PROGRAMMING NOTE QA15_14

QA15_I10 Do you pay any or all of the premium or cost for (CHILD)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AI54

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

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

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

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

QA15_I11 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)'s health plan?

AI50

YES	1	
NO	2	**[GO TO PN QA15_I13]**
REFUSED	-7	**[GO TO PN QA15_I13]**
DON'T KNOW	-8	**[GO TO PN QA15_I13]**

QA15_I12 Who else pays all or some portion of the cost for (CHILD)'s health plan?

AI51

[CODE ALL THAT APPLY.]

CURRENT EMPLOYER	1
FORMER EMPLOYER	2
UNION	3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER	4
SPOUSE'S/PARTNER'S FORMER EMPLOYER	5
PROFESSIONAL/FRATERNAL ORGANIZATION	6
MEDICAID/MEDI-CAL ASSISTANCE	7
COVERED CALIFORNIA	10
OTHER	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA15_I12:
IF QA15_I12 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF QA15_I12 = 7, SET CHMCAL = 1
IF QA15_I12 = 10, SET CHHBEX = 1;

PROGRAMMING NOTE QA15_I13:
IF CHINSURE = 1, GO TO PN QA15_I19;
ELSE CONTINUE WITH QA15_I13

QA15_I13 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

CF6

YES	1	**[GO TO PN QA15_I19]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I13:
IF QA15_I13 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA15_I14 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else?

CF7

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

AIM	1	**[GO TO PN QA15_I19]**
"MISTER MIP"/MRMIP	2	**[GO TO PN QA15_I19]**
HEALTHY KIDS	3	**[GO TO PN QA15_I19]**
NO OTHER PLAN	4	
SOMETHING ELSE (SPECIFY: _____)	91	**[GO TO PN QA15_I19]**
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I14:
IF QA15_I14 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA15_I15 Does {he/she} have any health insurance coverage through a plan that I missed?

CF8

YES	1	
NO	2	**[GO TO PN QA15_I18]**
REFUSED	-7	**[GO TO PN QA15_I18]**
DON'T KNOW	-8	**[GO TO PN QA15_I18]**

QA15_I16 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

[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 R OR ANYONE ELSE) 3
MEDICARE 4
MEDI-CAL 5
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE.....7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC.....8
COVERED CALIFORNIA..... 10
SHOP THROUGH COVERED CALIFORNIA 11
OTHER GOVERNMENT HEALTH PLAN 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA15_I16:
IF QA15_I16 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA15_I16 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA15_I16 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA15_I16 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA15_I16 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA15_I16 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA15_I16 = 8, SET CHIHS = 1
IF QA15_I16 = 10, SET CHHBEX = 1 AND CHINSURE = 1
IF QA15_I16 = 11, SET CHHBEX = 1 AND CHINSURE = 1
IF QA15_I16 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA15_I16 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF QA15_I16 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA15_I17:
IF QA15_I16 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA15_I17;
ELSE SKIP TO PROGRAMMING NOTE QA15_I18

QA15_I17 Just to verify, you said that (CHILD) gets health insurance through Medicare?

CF9VER

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

PROGRAMMING NOTE QA15_I18:
IF CHINSURE ≠ 1 CONTINUE WITH QA15_I18;
ELSE GO TO QA15_I19;

QA15_I18 What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?

CF1A

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE.....2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE.....5
DON'T BELIEVE IN HEALTH INSURANCE.....6
DON'T NEED IT BECAUSE HEALTHY 7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED.....9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I19:
IF QA15_I1 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I19 = QA15_H9 AND QA15_I21 = QA15_H10 AND SKIP TO QA15_I22;
ELSE IF QA15_I1 = 1, THEN QA15_I19 = QA15_H60 AND QA15_I21 = QA15_H62 AND QA15_I22 = QA15_H63 AND GO TO PN QA15_I23;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA15_I19;
ELSE GO TO PN QA15_I23

QA15_I19 Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA3

[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 for unless it's an emergency."]

YES .....1 **[GO TO QA15_I21]**
NO.....2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I20:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA15_I21;
ELSE CONTINUE WITH QA15_I20;

QA15_I20 Is (CHILD)'s health plan a PPO or EPO?

AI115

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

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

PPO.....1
EPO.....2
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I21 What is the name of (CHILD)'s main health plan?

MA2

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

ACCESS SENIOR HEALTHCARE 1
AETNA 2
AETNA GOLDEN MEDICARE 3
AIDS HEALTHCARE FOUNDATION, LA 4
ALAMEDA ALLIANCE FOR HEALTH 5
ALTAMED HEALTH SERVICES..... 83
ANTHEM BLUE CROSSOF CALIFORNIA.....7
ASPIRE HEALTH PLAN 8
BLUE CROSS CALIFORNIACARE 9
BLUE CROSS SENIOR SECURE..... 79
BLUE SHIELD 65 PLUS 11
BLUE SHIELD OF CALIFORNIA..... 12
BRAND NEW DAY (UNIVERSAL CARE) 13
CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
CALIFORNIAKIDS (CALKIDS) 15
CAL OPTIMA (CALOPTIMA ONE CARE) 16
CALVIVA HEALTH..... 17
CARE 1ST HEALTH PLAN 18
CAREMORE HEALTH PLAN..... 19
CENTER FOR ELDERS' INDEPENDENCE..... 21
CEN CAL HEALTH 80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH..... 22
CENTRAL HEALTH PLAN..... 23
CHINESE COMMUNITY HEALTH PLAN 24
CHOICE PHYSICIANS NETWORK..... 25

CIGNA HEALTHCARE 26
CITIZENS CHOICE HEALTHPLAN 27
COMMUNITY CARE HEALTH PLAN 28
COMMUNITY HEALTH GROUP 29
CONTRA COSTA HEALTH PLAN..... 81
DAVITA HEALTHCARE PARTNERS PLAN 31
EASY CHOICE HEALTH PLAN..... 32
EPIC HEALTH PLAN 33
GEM CARE HEALTH PLAN 34
GOLD COAST HEALTH PLAN..... 35
GOLDEN STATE MEDICARE HEALTH PLAN..... 36
HEALTH NET..... 38
HEALTH NET SENIORITY PLUS..... 39
HEALTH PLAN OF SAN JOAQUIN..... 40
HEALTH PLAN SAN JP AUTHORITY..... 41
HERITAGE PROVIDER NETWORK 42
HUMANA GOLD PLUS..... 43
HUMANA HEALTH PLAN..... 44
IEHP (INLAND EMPIRE HEALTH PLAN) 45
INTER VALLEY HEALTH PLAN..... 46
HEALTH ADVANTAGE 82
KAISER PERMANENTE..... 47
KAISER PERMANENTE SENIOR ADVANTAGE.. 48
KERN FAMILY HEALTH CARE..... 49
L.A. CARE HEALTH PLAN 50
MD CARE..... 51
MOLINA HEALTHCARE OF CALIFORNIA 54
MONARCH HEALTH PLAN..... 55
ON LOK SENIOR HEALTH SERVICES..... 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS..... 58
PREMIER HEALTH PLAN SERVICES..... 59
PRIMECARE MEDICAL NETWORK 60
PROVIDENCE HEALTH NETWORK..... 61
SCRIPPS HEALTH PLAN SERVICES 68
SEASIDE HEALTH PLAN..... 69
SAN FRANCISCO HEALTH PLAN..... 84
SANTA CLARA FAMILY HEALTH PLAN 90
SAN MATEO HEALTH COMMISION 86
SANTA BARBARA..... 88
SATELLITE HEALTH PLAN 92
SCAN HEALTH PLAN 67
SHARP HEALTH PLAN 70
SUTTER HEALTH PLAN 71
SUTTER SENIOR CARE..... 72
UNITED HEALTHCARE 73
UNITED HEALTHCARE SECURE HORIZON..... 74
UNIVERSITY HEALTHCARE ADVANTAGE..... 75
VALLEY HEALTH PLAN..... 76
VENTURA COUNTY HEALTH CARE PLAN..... 77
WESTERN HEALTH ADVANTAGE..... 78
CHAMPUS/CHAMP-VA 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES..... 89
MEDI-CAL 52

MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I22 Is (CHILD) covered for prescription drugs?

CF14

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

PROGRAMMING NOTE FOR QA15_I23:
IF (ARINSURE ≠ 1 OR QA15_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH QA15_I23;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28

QA15_I23 Does (CHILD)'s health plan have a deductible that is more than $1,000?

AI79

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

YES 1
NO ..... 2 **[GO TO QA15_I25]**
YES, ONLY WHEN GO OUT OF NETWORK ..... 3 **[GO TO QA15_I25]**
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE FOR QA15_I24:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I24;
ELSE GO TO QA15_I25

QA15_I24 Does (CHILD)'s health plan have a deductible that is more than $2,000?

AI85

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

YES ..... 1 **[GO TO PN QA15_I26]**
NO 2
YES, ONLY WHEN GO OUT OF NETWORK 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I25 Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?

AI80

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

YES	1	
NO	2	**[GO TO PN QA15_I27]**
YES, ONLY WHEN GO OUT OF NETWORK	3	**[GO TO PN QA15_I27]**
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE FOR QA15_I26:
IF CHEMP = 1, THEN CONTINUE WITH QA15_I26;
ELSE GO TO PROGRAMMING NOTE QA15_I27

QA15_I26 Does (CHILD)'s health plan have a deductible for all covered persons that is more than $4,000?

AI86

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

YES	1
NO	2
YES, ONLY WHEN GO OUT OF NETWORK	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_I27:
IF (QA15_I23 = 1 OR 3) OR (QA15_I24 = 1 OR 3) OR (QA15_I25 = 1 OR 3), CONTINUE WITH QA15_I27;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28

QA15_I27 Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?

AI81

[IF NEEDED, SAY: "The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

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

PROGRAMMING NOTE QA15_I28:
IF CHINSURE = 1, GO TO QA15_I33;
ELSE CONTINUE WITH QA15_I28

QA15_I28 What is the one main reason (CHILD) does not have any health insurance?

CF18

CAN'T AFFORD/TOO EXPENSIVE	1
NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB	2
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS	3
NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS	4
FAMILY SITUATION CHANGED	5
DON'T BELIEVE IN INSURANCE	6
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN	7
CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE	8
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA15_I29 Was (CHILD) covered by health insurance at any time during the past 12 months?

CF20

YES	1	**[GO TO QA15_I31]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA15_I30 How long has it been since (CHILD) last had health insurance?

CF21

MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO	1	**[GO TO PN QA15_I39]**
MORE THAN 3 YEARS AGO	2	**[GO TO PN QA15_I39]**
NEVER HAD HEALTH INSURANCE COVERAGE	3	**[GO TO PN QA15_I39]**
REFUSED	-7	**[GO TO PN QA15_I39]**
DON'T KNOW	-8	**[GO TO PN QA15_I39]**

QA15_I31 For how many of the last 12 months did {he/she} have health insurance?

CF22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]		**[IF 0, THEN GO TO PN QA15_I39]**
REFUSED	-7	
DON'T KNOW	-8	

QA15_I32 Duri0ng that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

CF23

[CIRCLE ALL THAT APPLY]
[PROBE: "Any others?"]

MEDI-CAL	1	**[GO TO PN QA15_I39]**
THROUGH CURRENT OR FORMER EMPLOYER UNION	3	**[GO TO PN QA15_I39]**
PURCHASED DIRECTLY	5	**[GO TO PN QA15_I39]**
COVERED CALIFORNIA	6	**[GO TO PN QA15_I39]**
OTHER HEALTH PLAN	91	**[GO TO PN QA15_I39]**
REFUSED	-7	**[GO TO PN QA15_I39]**
DON'T KNOW	-8	**[GO TO PN QA15_I39]**

QA15_I33 Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

CF24

YES	1	**[GO TO PN QA15_I39]**
NO	2	
HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)	3	**[GO TO PN QA15_I39]**
REFUSED	-7	
DON'T KNOW	-8	

QA15_I34 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

CF25

YES	1	
NO	2	**[GO TO QA15_I36]**
REFUSED	-7	**[GO TO QA15_I36]**
DON'T KNOW	-8	**[GO TO QA15_I36]**

QA15_I35 Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

CF26

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]

MEDI-CAL	1
THROUGH CURRENT OR FORMER EMPLOYER/UNION	4
PURCHASED DIRECTLY	5
COVERED CALIFORNIA	6
OTHER HEALTH PLAN	91
REFUSED	-7
DON'T KNOW	-8

QA15_I36 During the past 12 months, was there any time when {he/she} had no health insurance at all?

CF27

YES	1	
NO	2	**[GO TO PN QA15_I39]**
REFUSED	-7	**[GO TO PN QA15_I39]**
DON'T KNOW	-8	**[GO TO PN QA15_I39]**

QA15_I37 For how many of the past 12 months did {he/she} have no health insurance?

CF28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

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

QA15_I38 What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?

CF29

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

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.....5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE.....8
OTHER (SPECIFY)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I39:
IF NO TEEN SELECTED, GO TO PN QA15_I78;
IF ARINSURE = 1, CONTINUE WITH QA15_I39;
IF ARINSURE = 0, GO TO PN QA15_I40;
ELSE CONTINUE WITH QA15_I39

QA15_I39 These next questions are about health insurance (TEEN) may have.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?

IA10A

YES	1	**[GO TO QA15_I58]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I39:
IF QA15_I39 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARIHS = 1, SET TEIHS = 1
IF QA15_I39 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA15_I40:
IF SPINSURE ≠ 1 THEN SKIP TO QA15_I41;
ELSE IF QA15_I39 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA15_I41;
ELSE CONTINUE WITH QA15_I40

QA15_I40 Does (TEEN) have the same insurance as your spouse?

MA5

YES	1	**[GO TO QA15_I58]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I40:
IF QA15_I40 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPIHS = 1, SET TEIHS = 1
IF QA15_I40 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1

PROGRAMMING NOTE QA15_I41:
IF CHINSURE ≠ 1, THEN SKIP TO QA15_I42;
ELSE IF (QA15_I39= 2 AND ARSAMECH = 1) OR (QA15_I40 = 2 AND SPSAMECH = 1), THEN SKIP TO QA15_I42;
ELSE CONTINUE WITH QA15_I41;

QA15_I41 Does (TEEN) have the same insurance as (CHILD)?

MA6

YES	1	**[GO TO PN QA15_I72]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I41:
IF QA15_I41 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHIHS = 1, SET TEIHS = 1;
IF QA15_I41 = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF QA15_I41 = 1 AND CHHBEX = 1, SET TEHBEX = 1

QA15_I42 Is {he/she} currently covered by Medi-CAL?

IA1

[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

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

POST-NOTE QA15_I42:
IF QA15_I42 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA15_I43 Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

IA3

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

YES 1
NO .....2 **[GO TO QA15_I45]**
REFUSED ..... -7 **[GO TO QA15_I45]**
DON'T KNOW ..... -8 **[GO TO QA15_I45]**

POST-NOTE QA15_I43:
IF QA15_I43 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA15_I44 Is this plan through an employer, through a union, or through Covered California's SHOP program?

AI94

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

EMPLOYER 1
UNION.....2
SHOP / COVERED CALIFORNIA 3
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE FOR QA15_I44:
IF QA15_I44 = 3, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I45:
IF TEINSURE = 1 THEN GO TO QA15_I46;
ELSE CONTINUE WITH QA15_I45

QA15_I45 Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

IA4

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

YES	1	
NO	2	**[GO TO PN QA15_I52]**
REFUSED	-7	**[GO TO PN QA15_I52]**
DON'T KNOW	-8	**[GO TO PN QA15_I52]**

POST-NOTE QA15_I45:
IF QA15_I45 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA15_I46:
IF TEDIRECT = 1, THEN CONTINUE WITH QA15_I46;
ELSE GO TO PROGRAMMING NOTE QA15_I47

QA15_I46 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

AI95

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

POST-NOTE FOR QA15_I46:
IF QA15_I46 = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I47
IF TEHBEX = 1, THEN CONTINUE WITH QA15_I47;
ELSE GO TO PROGRAMMING NOTE QA15_I49;

QA15_I47 Was this a bronze, silver, gold or platinum plan?

AI96

BRONZE	1
SILVER	2
GOLD	3
PLATINUM	4
MEDI-CAL / MEDICAID	5
MINIMUM COVERAGE PLAN/CATASTROPHIC	6
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_I48
IF QA15_I44 = 3, THEN GO TO PN QA15_I49;
ELSE CONTINUE WITH QA15_I48;

QA15_I48 Was there a subsidy or discount on the premium for this plan?

AI97

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

PROGRAMMING NOTE QA15_I49:
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA15_I49;
ELSE GO TO PROGRAMMING NOTE QA15_I52

QA15_I49 Do you pay any or all of the premium or cost for (TEEN)'s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AI55

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

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

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

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

QA15_I50 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

AI52

YES 1
NO .....2 **[GO TO PN QA15_I52]**
REFUSED ..... -7 **[GO TO PN QA15_I52]**
DON'T KNOW ..... -8 **[GO TO PN QA15_I52]**

QA15_I51 Who else pays all or some portion of the cost for (TEEN)'s health plan?

AI53

[CODE ALL THAT APPLY.]

CURRENT EMPLOYER 1
FORMER EMPLOYER 2
UNION.....3
SPOUSE'S/PARTNER'S CURRENT EMPLOYER...4
SPOUSE'S/PARTNER'S FORMER EMPLOYER.....5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE 7
COVERED CALIFORNIA..... 10
OTHER..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA15_I51:
IF QA15_I51 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF QA15_I51 = 7, SET TEMCAL = 1;
IF QA15_I51 = 10, SET TEHBEX =1;

PROGRAMMING NOTE QA15_I52:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA15_I57;
ELSE CONTINUE WITH QA15_I52

QA15_I52 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

IA6

YES .....1 **[GO TO PN QA15_I58]**
NO.....2
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA15_I52:
IF QA15_I52 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA15_I53 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?

IA7

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

AIM	1	**[GO TO PN QA15_I58]**
"MISTER MIP"/MRMIP	2	**[GO TO PN QA15_I58]**
Family PACT	3	**[GO TO PN QA15_I58]**
HEALTHY KIDS	4	**[GO TO PN QA15_I58]**
NO OTHER PLAN	5	
SOMETHING ELSE (SPECIFY: _____)	91	**[GO TO PN QA15_I58]**
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I53:
IF QA15_I53 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA15_I54 Does {he/she} have any health insurance coverage through a plan that I missed?

IA8

YES	1	
NO	2	**[GO TO PN QA15_I58]**
REFUSED	-7	**[GO TO PN QA15_I58]**
DON'T KNOW	-8	**[GO TO PN QA15_I58]**

QA15_I55 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, or 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 R OR ANYONE ELSE)	3	
MEDICARE	4	(VERIFY)
MEDI-CAL	5	
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE	7	
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC	8	
COVERED CALIFORNIA	10	
SHOP THROUGH COVERED CALIFORNIA	11	
OTHER GOVERNMENT HEALTH PLAN	91	
OTHER NON-GOVERNMENT HEALTH PLAN	92	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA15_I55:
IF QA15_I55_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA15_I55_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA15_I55_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA15_I55_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA15_I55_8 = 1, SET TEIHS = 1;
IF QA15_I55 = 10, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55 = 11, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA15_I55_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;
IF QA15_I55 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA15_I56:
IF QA15_I55 = 4 (TEEN HAS MEDICARE), CONTINUE WITH QA15_I56;
ELSE SKIP TO PROGRAMMING NOTE QA15_I57

QA15_I56 Just to verify, you said that (TEEN) gets health insurance through Medicare?

IA9VER

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

PROGRAMMING NOTE QA15_I57:
IF TEINSURE ≠ 1 CONTINUE WITH QA15_I57;
ELSE GO TO QA15_I58;

QA15_I57 What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

IA1A

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE.....2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE.....5
DON'T BELIEVE IN HEALTH INSURANCE.....6
DON'T NEED IT BECAUSE HEALTHY 7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED.....9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I58:
IF QA15_I39 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I58 = QA15_H9 AND QA15_I60 = QA15_H10 AND SKIP TO QA15_I61;
ELSE IF QA15_I39 = 1, THEN QA15_I58 = QA15_H60 AND QA15_I60 = QA15_H62 ANDQA15_I61 = QA15_H63 AND GO TO PN QA15_I62;
ELSE IF QA15_I41 = 1, THEN QA15_I58 = QA15_I19 AND QA15_I60 = QA15_I21 AND QA15_I61 = QA15_I22 AND GO TO PN QA15_I62;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA15_I58;
ELSE GO TO PROGRAMMING NOTE QA15_I62

QA15_I58 Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA8

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

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

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

YES .....1 **[GO TO QA15_I60]**
NO.....2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I59:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA15_I60;
ELSE CONTINUE WITH QA15_I59;

QA15_I59 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, unless it's an emergency and you can access doctors and specialists directly without a referral from your primary care provider."]

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

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

PPO.....1
EPO.....2
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I60 What is the name of (TEEN)'s main health plan?

MA7

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

ACCESS SENIOR HEALTHCARE 1
AETNA 2
AETNA GOLDEN MEDICARE 3
AIDS HEALTHCARE FOUNDATION, LA 4
ALAMEDA ALLIANCE FOR HEALTH 5
ALTAMED HEALTH SERVICES..... 83

ANTHEM BLUE CROSSOF CALIFORNIA.....7
ASPIRE HEALTH PLAN 8
BLUE CROSS CALIFORNIACARE 9
BLUE CROSS SENIOR SECURE..... 79
BLUE SHIELD 65 PLUS 11
BLUE SHIELD OF CALIFORNIA..... 12
BRAND NEW DAY (UNIVERSAL CARE) 13
CALIFORNIA HEALTH AND WELLNESS PLAN .. 14
CALIFORNIAKIDS (CALKIDS) 15
CAL OPTIMA (CALOPTIMA ONE CARE)..... 16
CALVIVA HEALTH..... 17
CARE 1ST HEALTH PLAN 18
CAREMORE HEALTH PLAN..... 19

CENTER FOR ELDERS' INDEPENDENCE..... 21
CEN CAL HEALTH 80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH..... 22

CENTRAL HEALTH PLAN..... 23
CHINESE COMMUNITY HEALTH PLAN 24

CHOICE PHYSICIANS NETWORK..... 25
CIGNA HEALTHCARE 26
CITIZENS CHOICE HEALTHPLAN 27
COMMUNITY CARE HEALTH PLAN 28

COMMUNITY HEALTH GROUP 29
CONTRA COSTA HEALTH PLAN..... 81
DAVITA HEALTHCARE PARTNERS PLAN 31
EASY CHOICE HEALTH PLAN..... 32
EPIC HEALTH PLAN 33
GEM CARE HEALTH PLAN 34
GOLD COAST HEALTH PLAN..... 35
GOLDEN STATE MEDICARE HEALTH PLAN..... 36
HEALTH NET..... 38
HEALTH NET SENIORITY PLUS..... 39
HEALTH PLAN OF SAN JOAQUIN..... 40
HEALTH PLAN SAN JP AUTHORITY..... 41
HERITAGE PROVIDER NETWORK 42
HUMANA GOLD PLUS..... 43
HUMANA HEALTH PLAN..... 44
IEHP (INLAND EMPIRE HEALTH PLAN) 45
INTER VALLEY HEALTH PLAN..... 46
HEALTH ADVANTAGE 82
KAISER PERMANENTE..... 47
KAISER PERMANENTE SENIOR ADVANTAGE.. 48
KERN FAMILY HEALTH CARE..... 49
L.A. CARE HEALTH PLAN..... 50
MD CARE..... 51
MOLINA HEALTHCARE OF CALIFORNIA 54
MONARCH HEALTH PLAN..... 55
ON LOK SENIOR HEALTH SERVICES..... 56

PARTNERSHIP HEALTHPLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS..... 58
PREMIER HEALTH PLAN SERVICES..... 59
PRIMECARE MEDICAL NETWORK..... 60
PROVIDENCE HEALTH NETWORK..... 61
SCRIPPS HEALTH PLAN SERVICES 68
SEASIDE HEALTH PLAN..... 69
SAN FRANCISCO HEALTH PLAN..... 84
SANTA CLARA FAMILY HEALTH PLAN 90
SAN MATEO HEALTH COMMISION 86
SANTA BARBARA..... 88
SATELLITE HEALTH PLAN 92
SCAN HEALTH PLAN 67
SHARP HEALTH PLAN..... 70
SUTTER HEALTH PLAN..... 71
SUTTER SENIOR CARE..... 72
UNITED HEALTHCARE 73
UNITED HEALTHCARE SECURE HORIZON..... 74
UNIVERSITY HEALTHCARE ADVANTAGE..... 75
VALLEY HEALTH PLAN..... 76

VENTURA COUNTY HEALTH CARE PLAN 77
WESTERN HEALTH ADVANTAGE..... 78
CHAMPUS/CHAMP-VA 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES..... 89
MEDI-CAL 52
MEDICARE 53
OTHER (SPECIFY: _____) 85
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I61 Is (TEEN) covered for prescription drugs?

IA14

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

PROGRAMMING NOTE FOR QA15_I62:
IF [(ARINSURE ≠ 1 OR QA15_I39 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH QA15_I62;
ELSE SKIP TO PN QA15_I67

QA15_I62 Does (TEEN)'s health plan have a deductible that is more than $1,000?

AI82

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

YES 1
NO .....2 **[GO TO QA15_I64]**
YES, ONLY WHEN GO OUT OF NETWORK .....3 **[GO TO QA15_I64]**
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I63:
IF TEEMP = 1, THEN CONTINUE WITH QA15_I63;
ELSE GO TO QA15_I61

QA15_I63 Does (TEEN)'s health plan have a deductible that is more than $2,000?

AI87

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

YES .....1 **[GO TO PN QA15_I65]**
NO 2
YES, ONLY WHEN GO OUT OF NETWORK 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I64 Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?

AI83

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

YES	1	
NO	2	**[GO TO PN QA15_I66]**
YES, ONLY WHEN GO OUT OF NETWORK	3	**[GO TO PN QA15_I66]**
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA15_I65:
IF TEEMP = 1, THEN CONTINUE WITH QA15_I65;
ELSE GO TO PROGRAMMING NOTE QA15_I66

QA15_I65 Does (TEEN)'s health plan have a deductible for all covered persons that is more than $4,000?

AI88

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

YES	1
NO	2
YES, ONLY WHEN GO OUT OF NETWORK	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_I66:
IF (QA15_I62 = 1 OR 3) OR (QA15_I63 = 1 OR 3) OR (QA15_I64 = 1 OR 3), CONTINUE WITH QA15_I66;
ELSE SKIP TO PROGRAMMING NOTE QA15_I67

QA15_I66 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), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts."]

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

PROGRAMMING NOTE QA15_I67:
IF TEINSURE = 1, GO TO QA15_I72;
ELSE CONTINUE WITH QA15_I67

QA15_I67 What is the <u>one main</u> reason (TEEN) does not have any health insurance?

IA18

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.....5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES, DELAY
BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY FOR
OWN CARE 8
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I68 Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

YES 1	**[GO TO QA15_I70]**
NO 2	
REFUSED ..... -7	
DON'T KNOW ..... -8	

QA15_I69 How long has it been since (TEEN) last had health insurance?

IA21

MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO 1	**[GO TO QA15_I78]**
MORE THAN 3 YEARS AGO 2	**[GO TO QA15_I78]**
NEVER HAD HEALTH INSURANCE COVERAGE ..3	**[GO TO QA15_I78]**
REFUSED ..... -7	**[GO TO QA15_I78]**
DON'T KNOW/NOT SURE ..... -8	**[GO TO QA15_I78]**

QA15_I70 For how many of the last 12 months did {he/she} have health insurance?

IA22

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]	**[IF 0, THEN GO TO PN QA15_I78]**
REFUSED ..... -7	
DON'T KNOW ..... -8	

QA15_I71 During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

IA23

[CODE ALL THAT APPLY.][PROBE: "Any others?"]

MEDI-CAL	1	**[GO TO QA15_I78]**
THROUGH CURRENT OR FORMER EMPLOYER/UNION	3	**[GO TO QA15_I78]**
PURCHASED DIRECTLY	5	**[GO TO QA15_I78]**
COVERED CALIFORNIA	6	**[GO TO QA15_I78]**
OTHER HEALTH PLAN	91	**[GO TO QA15_I78]**
REFUSED	-7	**[GO TO QA15_I78]**
DON'T KNOW	-8	**[GO TO QA15_I78]**

QA15_I72 Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

IA24

YES	1	**[GO TO QA15_I78]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA15_I73 When {he/she} wasn't covered by {his/her} current health insurance, did {he/she} have any other health insurance?

IA25

YES	1	
NO	2	**[GO TO QA15_I75]**
REFUSED	-7	**[GO TO QA15_I75]**
DON'T KNOW	-8	**[GO TO QA15_I75]**

QA15_I74 Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

IA26

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]

MEDI-CAL	1
THROUGH CURRENT OR FORMER EMPLOYER/UNION	3
PURCHASED DIRECTLY	5
COVERED CALIFORNIA	6
OTHER HEALTH PLAN	91
REFUSED	-7
DON'T KNOW	-8

QA15_I75 During the past 12 months, was there any time when {he/she} had no health insurance at all?

IA27

YES	1	
NO	2	**[GO TO QA15_I78]**
REFUSED	-7	**[GO TO QA15_I78]**
DON'T KNOW	-8	**[GO TO QA15_I78]**

QA15_I76 For how many of the past 12 months did {he/she} have no health insurance?

IA28

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

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

QA15_I77 What is the one main reason why (TEEN) did not have any health insurance during the time {he/she} wasn't covered?

IA29

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

CAN'T AFFORD/TOO EXPENSIVE 1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB 2
NOT ELIGIBLE DUE TO HEALTH OR OTHER
PROBLEMS 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
FAMILY SITUATION CHANGED.....5
DON'T BELIEVE IN INSURANCE 6
SWITCHED INSURANCE COMPANIES, DELAY
BETWEEN 7
CAN GET HEALTH CARE FOR FREE/PAY FOR
OWN CARE 8
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I78:
IF NOT ANSWERED IN SECTION H (AH103h = -1 AND KAH103h =-1), THEN CONTINUE;

[IF CHILD SELECTED]
IF CHINSURE ≠ 1 OR QA15_I29 = 2 OR QA15_I34 = 2 OR QA15_I36 = 1 OR QA15_I32 = (5, 6) OR QA15_I35 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA15_I78;

[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QA15_I68 = 2 OR QA15_I73 = 2 OR QA15_I75 = 1 OR QA15_I71 = (5, 6) OR QA15_I74 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA15_I78;

ELSE GO TO PROGRAMMING NOTE QA15_I95

QA15_I78 In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

AH103i

YES	1	
NO	2	**[GO TO PN QA15_I95]**
REFUSED	-7	**[GO TO PN QA15_I95]**
DON'T KNOW	-8	**[GO TO PN QA15_I95]**

QA15_I79 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

AH110i

DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR	1	
THROUGH COVERED CALIFORNIA, OR	2	
BOTH, FROM AN INSURANCE COMPANY, AND THROUGH COVERED CALIFORNIA	3	
REFUSED	-7	**[GO TO PN QA15_I82]**
DON'T KNOW	-8	**[GO TO PN QA15_I82]**

PROGRAMMING NOTE QA15_I80:
IF QA15_I79 = 1; THEN CONTINUE WITH QA15_I80;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I80 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QA15_I84;

QA15_I80 {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
How difficult was it to find a plan with the coverage you needed? Was it…

AH98i

Very difficult,	1
Somewhat difficult,	2
Not too difficult, or	3
Not at all difficult?	4
REFUSED	-7
DON'T KNOW	-8

QA15_I81 How difficult was it to find a plan you could afford? Was it…

AH99i

Very difficult,.....1
Somewhat difficult, ...2
Not too difficult, or 3
Not at all difficult? 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I82 Did anyone help you find a health plan?

AH100i

YES 1
NO .....2 **[GO TO PN QA15_I84]**
REFUSED ..... -7 **[GO TO PN QA15_I84]**
DON'T KNOW ..... -8 **[GO TO PN QA15_I84]**

QA15_I83 Who helped you?

AH101i

BROKER 1
FAMILY MEMBER/FRIEND 2
INTERNET 3
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I84:
IF QA15_I79 = 2; THEN CONTINUE WITH QA15_I84;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I84 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA15_I88;

QA15_I84 {Now, think about your experience with Covered California.}
How difficult was it to find a plan with the coverage you needed through Covered California? Was it…

AH111i

Very difficult.....1
Somewhat difficult 2
Not too difficult 3
Not at all difficult?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I85 How difficult was it to find a plan you could afford? Was it…

AH112i

Very difficult.....1
Somewhat difficult 2
Not too difficult 3
Not at all difficult?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I86 Did anyone help you find a health plan?

AH113i

YES	1	
NO	2	**[GO TO QA15_I88]**
REFUSED	-7	**[GO TO QA15_I88]**
DON'T KNOW	-8	**[GO TO QA15_I88]**

QA15_I87 Who helped you?

AH114i

BROKER	1
FAMILY MEMBER / FRIEND	2
INTERNET	3
CERTIFIED INSURANCE AGENTS	4
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

QA15_I88 Did you have all the information you felt you needed to make a good decision on a health plan?

AH115i

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

PROGRAMMING NOTE QA15_I89:
IF QA15_G8 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_I89;
ELSE GO TO QA15_I90;

QA15_I89 Were you able to get information about your health plan options in your language?

AH116i

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

QA15_I90 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

AH117i

VERY IMPORTANT	1
SOMEWHAT IMPORTANT	2
NOT IMPORTANT	3
REFUSED	-7
DON'T KNOW	-8

QA15_I91 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

AH118i

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I92 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

AH119i

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_I93 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?

AH120i

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I94:
IF QA15_I8 = 1 OR QA15_I47 = 1, THEN DISPLAY "Bronze"
ELSE IF QA15_I8 = 2 OR QA15_I47 = 2, THEN DISPLAY "Silver"
ELSE IF QA15_I8 = 3 OR QA15_I47 = 3, THEN DISPLAY "Gold"
ELSE IF QA15_I8 = 4 OR QA15_I47 = 4, THEN DISPLAY "Platinum"
ELSE IF QA15_I8 = 6 OR QA15_I47 = 6, THEN DISPLAY "Minimum coverage"
ELSE DISPLAY " ";

QA15_I94 Finally, what was the <u>most</u> important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ } plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

AH121i

COST 1
SPECIFIC DOCTOR.....2
SPECIFIC HOSPITAL.....3
CHOICE OF DOCTORS IN NETWORK.....4
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I95:
IF NO TEEN SELECTED, GO TO SECTION J;
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA15_I95 In what country was (TEEN)'s {mother/father} born?

AI56

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

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

PROGRAMMING NOTE QA15_I96:
IF QA15_I95 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;
ELSE CONTINUE WITH QA15_I96;
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA15_I96 Does (TEEN)'s {mother/father} now live in the U.S.?

AI57

YES 1
NO 2
MOTHER/FATHER DECEASED 3
MOTHER/FATHER NEVER LIVED IN US 4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I97:
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";
IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

QA15_I97 {Is/Was} (TEEN)'s {mother/father} a citizen of the United States?

AI58

[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]

YES .....1 **[GO TO PN QA15_I99]**
NO 2
APPLICATION PENDING 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_I98:
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father";
IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

QA15_I98 {Is/Was} (TEEN)'s {mother/father} a permanent resident with a green card?

AI59

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

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

PROGRAMMING NOTE QA15_I99:
IF QA15_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA15_I99 About how many years has (TEEN)'s {mother/father} lived in the United States?

AI60

[IF < 1 YEAR, ENTER "1"]

_____ NUMBER OF YEARS

_____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED 3
MOTHER/FATHER NEVER LIVED IN US 4
REFUSED ..... -7
DON'T KNOW ..... -8

Section J – Health Care Utilization and Access

PROGRAMMING NOTE QA15_J1:
IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY "Now, I'd like to ask about the health care YOU receive";
ELSE BEGIN QUESTION WITH "During the past 12 months, how many times have you seen a medical doctor"

QA15_J1 {Now, I'd like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor}?

AH5

_____ TIMES [HR: 0-365]

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

PROGRAMMING NOTE QA15_J2:
IF QA15_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA15_J2;
ELSE GO TO PROGRAMMING NOTE QA15_J3

QA15_J2 About how long has it been since you last saw a doctor about your own health?

AH6

ONE YEAR AGO OR LESS 0
MORE THAN 1 UP TO 2 YEARS AGO 1
MORE THAN 2 UP TO 5 YEARS AGO 2
MORE THAN 5 YEARS AGO 3
NEVER 4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_J3:
IF QA15_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA15_J4;
ELSE CONTINUE WITH QA15_J3

QA15_J3 About how long has it been since you last saw a doctor or medical provider for a routine check-up?

AJ114

[IF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]

ONE YEAR AGO OR LESS 0
MORE THAN 1 UP TO 2 YEARS AGO 1
MORE THAN 2 UP TO 5 YEARS AGO 2
MORE THAN 5 YEARS AGO 3
NEVER 4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_J4:
IF QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J4;
ELSE GO TO PROGRAMMING NOTE QA15_J5

QA15_J4 Do you have a personal doctor or medical provider who is your main provider?

AJ77

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

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

PROGRAMMING NOTE QA15_J5:
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA15_J5;
ELSE GO TO PROGRAMMING NOTE QA15_J7

QA15_J5 How often does your doctor or medical provider listen carefully to you? Would you say…

AJ112

Never,.....1
Sometimes, ...2
Usually, or 3
Always?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_J6 How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say…

AJ113

Never,.....1
Sometimes, ...2
Usually, or 3
Always?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_J7:
IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J7;
ELSE GO TO PROGRAMMING NOTE QA15_J9;
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

QA15_J7 Please tell me yes or no. In the past 12 months, did you try to get an appointment to see {your/a} doctor or medical provider within two days because you were sick or injured?

AJ102

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

YES	1	
NO	2	**[GO TO QA15_J9]**
REFUSED	-7	**[GO TO QA15_J9]**
DON'T KNOW	-8	**[GO TO QA15_J9]**

QA15_J8 How often were you able to get an appointment within two days? Would you say…

AJ103

Never,	1
Sometimes,	2
Usually, or	3
Always?	4
REFUSED	-7
DON'T KNOW	-8

QA15_J9 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?

AJ152

[IF NEEDED, SAY: "Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline."]

YES	1	
NO	2	**[GO TO QA15_J11]**
REFUSED	-7	**[GO TO QA15_J11]**
DON'T KNOW	-8	**[GO TO QA15_J11]**

QA15_J10 Was this care for a skin or eye problem, an emotional or mental health problem, or some other health problem?

AJ153

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]

SKIN PROBLEM	1
EYE PROBLEM	2
MENTAL OR EMOTIONAL HEALTH PROBLEM	3
OTHER HEALTH PROBLEM (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_J11:
IF QA15_J1 > 0 OR QA15_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA15_J11;
ELSE GO TO PROGRAMMING NOTE QA15_J16

QA15_J11 The last time you saw a doctor, did you have a hard time understanding the doctor?

AJ8

YES	1	**[GO TO PN QA15_J13]**
NO	2	
REFUSED	-7	**[GO TO QA15_J16]**
DON'T KNOW	-8	**[GO TO QA15_J16]**

PROGRAMMING NOTE QA15_J12:
IF QA15_J11 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA15_G7 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA15_J12;
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_J12 WAS ASKED;
ELSE SKIP TO PROGRAMMING NOTE QA15_J16

QA15_J12 In what language did the doctor speak to you?

AJ50

ENGLISH	1	**[GO TO QA15_J14]**
SPANISH	2	**[GO TO PN QA15_J16]**
CANTONESE	3	**[GO TO PN QA15_J16]**
VIETNAMESE	4	**[GO TO PN QA15_J16]**
TAGALOG	5	**[GO TO PN QA15_J16]**
MANDARIN	6	**[GO TO PN QA15_J16]**
KOREAN	7	**[GO TO PN QA15_J16]**
ASIAN INDIAN LANGUAGES	8	**[GO TO PN QA15_J16]**
RUSSIAN	9	**[GO TO PN QA15_J16]**
OTHER (SPECIFY: _____)	91	**[GO TO PN QA15_J16]**
REFUSED	-7	**[GO TO PN QA15_J16]**
DON'T KNOW	-8	**[GO TO PN QA15_J16]**

QA15_J13 Was this because you and the doctor spoke different languages?

AJ9

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

QA15_J14 Did you need someone to help you understand the doctor?

AJ10

YES	1	
NO	2	**[GO TO PN QA15_J16]**
REFUSED	-7	**[GO TO PN QA15_J16]**
DON'T KNOW	-8	**[GO TO PN QA15_J16]**

QA15_J15 Who was this person who helped you understand the doctor?

AJ11

[IF R RESPONDS "MY CHILD," PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS "ADULT FAMILY MEMBER".]

MINOR CHILD (UNDER AGE 18) 1
AN ADULT FAMILY MEMBER OR FRIEND OF MINE.....2
NON-MEDICAL OFFICE STAFF 3
MEDICAL STAFF INCLUDING NURSES/DOCTORS 4
PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE) 5
OTHER (PATIENTS, SOMEONE ELSE).....6
DID NOT HAVE SOMEONE TO HELP.....7
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_J16:
IF QA15_G8 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA15_J16;
ELSE GO TO PROGRAMMING NOTE QA15_J17

QA15_J16 In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

AJ105

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

PROGRAMMING NOTE QA15_J17:
IF [ARINSURE = 1 OR QA15_H78 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J17;
ELSE GO TO QA15_J19

QA15_J17 In the past 12 months, did you change where you usually go for health care?

AJ106

YES 1
NO .....2 **[GO TO QA15_J19]**
REFUSED ..... -7 **[GO TO QA15_J19]**
DON'T KNOW ..... -8 **[GO TO QA15_J19]**

QA15_J18 Did you have to change because of your health insurance plan?

AJ107

[IF NEEDED, SAY: "Did you have to change where you usually go for health care because of a reason related to your health insurance plan?"]

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

QA15_J19 During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

AH16

YES 1
NO .....2 **[GO TO QA15_J21]**
REFUSED ..... -7 **[GO TO QA15_J21]**
DON'T KNOW ..... -8 **[GO TO QA15_J21]**

QA15_J20 Was cost or lack of insurance a reason why you delayed or did not get the prescription?

AJ19

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

QA15_J21 During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

AH22

YES 1
NO .....2 **[GO TO QA15_J26]**
REFUSED ..... -7 **[GO TO QA15_J26]**
DON'T KNOW ..... -8 **[GO TO QA15_J26]**

QA15_J22 Did you get the care eventually?

AJ129

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

QA15_J23 Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

AJ20

YES 1
NO .....2 **[GO TO QA15_J25]**
REFUSED ..... -7 **[GO TO QA15_J25]**
DON'T KNOW ..... -8 **[GO TO QA15_J25]**

QA15_J24 Was that the main reason?

AJ130

YES .....1 **[GO TO PN QA15_J26]**
NO 2
REFUSED ..... -7 **[GO TO PN QA15_J26]**
DON'T KNOW ..... -8 **[GO TO PN QA15_J26]**

QA15_J25 What was the one main reason why you delayed getting the care you felt you needed?

AJ131

COULDN'T GET APPOINTMENT 1
MY INSURANCE NOT ACCEPTED 2
INSURANCE DID NOT COVER 3
LANGUAGE PROBLEMS 4
TRANSPORTATION PROBLEMS.....5
HOURS NOT CONVENIENT.....6
NO CHILD CARE FOR CHILDREN AT HOME 7
FORGOT OR LOST REFERRAL.....8
I DIDN'T HAVE TIME.....9
COULDN'T AFFORD/COST TOO MUCH 10
NO INSURANCE..... 11
OTHER (SPECIFY: _____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_J26 The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the past12 months, did you or a doctor think you needed to see a medical specialist?

AJ136

[IF NEEDED: Do not include dental visits.]

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

PROGRAMMING NOTE QA15_J27:
IF QA15_J26 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA15_J27;
ELSE GO TO QA15_J30

QA15_J27 During the past 12 months, did you have any trouble finding a medical specialist who would see you?

AJ137

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

QA15_J28 During the past 12 months, did a medical specialist's office tell you that they would not take you as a new patient?

AJ138

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

PROGRAMMING NOTE QA15_J29:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J29;
ELSE SKIP TO QA15_J30

QA15_J29 During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

AJ139

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

QA15_J30 Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

AJ133

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

QA15_J31 During the past 12 months, did a doctor's office tell you that they would not take you as a new patient?

AJ134

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

PROGRAMMING NOTE QA15_J32:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J32;
ELSE SKIP TO QA15_J33

QA15_J32 During the past 12 months, did a doctor's office tell you that they would not take your main health insurance?

AJ135

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

QA15_J33 Have you ever used the Internet?

AJ108

[INTERVIEWER NOTE: THIS INCLUDES SENDING OR RECEIVING EMAIL, USING FACEBOOK, TWITTER, ETC. INCLUDE USING A COMPUTER, PHONE, TABLET, OR ANY OTHER ELECTRONIC DEVICE FOR ACCESSING THE INTERNET.]

YES	1	
NO	2	**[GO TO QA15_J35]**
REFUSED	-7	**[GO TO QA15_J35]**
DON'T KNOW	-8	**[GO TO QA15_J35]**

QA15_J34 In the past 12 months, did you use the internet to look for health or medical information?

AJ109

[IF NEEDED, SAY: "Include information about disease symptoms, diet, or nutrition, physical activity, healthcare providers, and health insurance plans."]

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

PROGRAMMING NOTE QA15_J35:
IF QA15_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA15_J41;
ELSE CONTINUE WITH QA15_J35;

QA15_J35 During the past 12 months, have you received counseling or information about birth control from a doctor or medical provider?

AJ140

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

QA15_J36 During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor or medical provider?

AJ141

[INTERVIEWER NOTE: CODE 'YES' IF R MENTIONS VASECTOMY OF PARTNER]

YES	1	
NO	2	**[GO TO QA15_J39]**
REFUSED	-7	**[GO TO QA15_J39]**
DON'T KNOW	-8	**[GO TO QA15_J39]**

QA15_J37 What MAIN birth control method or prescription did you receive?

AJ142

[INTERVIEWER NOTE: IF MORE THAN ONE METHOD, ASK: "Which method did you receive most recently?"]
[INTERVIEWER NOTE: IF TWO METHODS WERE RECEIVED AT THE SAME TIME, MARK THE ONE THAT APPEARS FIRST ON THE LIST BELOW.]

TUBAL LIGATION (TUBES TIED OR CUT) 1
VASECTOMY (MALE STERILIZATION) 2
IUD (MIRENA, PARAGARD) 3
IMPLANT (IMPLANON, NEXPLANON) 4
BIRTH CONTROL PILLS 5
OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING) 6
CONDOMS (MALE) 7
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_J38 Where did you receive the main birth control method or prescription?

AJ143

PRIVATE DOCTOR'S OFFICE.....1
HMO FACILITY 2
HOSPITAL OR HOSPITAL CLINIC 3
PLANNED PARENTHOOD.....4
COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC.....5
SCHOOL OR SCHOOL-BASED CLINIC 6
EMPLOYER OR COMPANY CLINIC.....7
INDIAN HEALTH SERVICE.....8
PHARMACY.....9
SOME OTHER PLACE (SPECIFY: _____) . 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_J39:
IF QA15_E1 = 1 (PREGNANT), GO TO QA15_J44;
IF QA15_A5 = 2 (FEMALE) AND IF QA15_D18 = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO QA15_J44;
IF QA15_J37 = 1 OR 2 (TUBAL LIGATION OR VASECTOMY), GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J39

QA15_J39 Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

AF40

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

YES 1	
NO 2	**[GO TO QA15_J44]**
NO MALE SEXUAL PARTNER 3	**[GO TO QA15_J44]**
REFUSED ..... -7	**[GO TO QA15_J44]**
DON'T KNOW ..... -8	**[GO TO QA15_J44]**

QA15_J40 Which birth control method or methods are you using?

AJ154

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]

TUBAL LIGATION (TUBES TIED OR CUT) 1
VASECTOMY (MALE STERILIZATION) 2
IUD (MIRENA, PARAGARD) 3
IMPLANT (IMPLANON, NEXPLANON) 4
BIRTH CONTROL PILLS 5
OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVA RING) 6
CONDOMS (MALE) 7
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_J41:
IF AGE >44 YEARS OLD OR AA3=2 (FEMALE) THEN GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J41;

QA15_J41 During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

AJ144

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

QA15_J42 During the past 12 months, have you received a male birth control method such as a condoms or vasectomy from a doctor or medical provider?

AJ145

YES 1
NO .....2 **[GO TO QA15_J44]**
REFUSED ..... -7 **[GO TO QA15_J44]**
DON'T KNOW ..... -8 **[GO TO QA15_J44]**

QA15_J43 Where did you receive it?

AJ146

PRIVATE DOCTOR'S OFFICE.....1
HMO FACILITY 2
HOSPITAL OR HOSPITAL CLINIC 3
PLANNED PARENTHOOD.....4
COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC.....5
SCHOOL OR SCHOOL-BASED CLINIC 6
EMPLOYER OR COMPANY CLINIC.....7
INDIAN HEALTH SERVICE.....8
PHARMACY.....9
SOME OTHER PLACE (SPECIFY: _____) . 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_J44 These next questions are about dental health.

About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

AG1

HAVE NEVER VISIT ..... 0 **[GO TO QA15_J46]**
6 MONTHS AGO OR LESS 1
MORE THAN 6 MONTHS UP TO 1 YEAR AGO 2
MORE THAN 1 YEAR UP TO 2 YEARS AGO 3
MORE THAN 2 YEARS UP TO 5 YEARS AGO 4
MORE THAN 5 YEARS AGO 5
REFUSED ..... -7 **[GO TO QA15_J46]**
DON'T KNOW ..... -8 **[GO TO QA15_J46]**

QA15_J45 Was it for a routine checkup or cleaning, or was it for a specific problem?

AJ167

ROUTINE CHECKUP OR CLEANING 1
SPECIFIC PROBLEM 2
BOTH 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_J46 Do you now have any type of insurance that pays for part or all of your dental care?

AG3

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

QA15_J47 How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

AJ168

EXCELLENT 1
VERY GOOD 2
GOOD 3
FAIR 4
POOR 5
HAS NO NATURAL TEETH 6
DON'T KNOW ..... -7
REFUSED ..... -8

PROGRAMMING NOTE QA15_J48:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_J48;
ELSE GO TO SECTION DM;

QA15_J48 Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

You should return a favor when someone helps you or gives you something. Do you strongly agree, agree, disagree, or strongly disagree?

AJ155

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

QA15_J49 It's natural that the eldest son inherits the house. Do you strongly agree, agree, disagree, or strongly disagree?

AJ156

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

QA15_J50 Children should take care of their parents.

AJ157

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

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

QA15_J51 You should behave in accordance with systems around you.

AJ158

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

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

QA15_J52 Everything will be fine if you do things the way you have always done.

AJ159

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

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

QA15_J53 You tend to ask someone's opinions before taking actions.

AJ160

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

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

QA15_J54 You are nervous about what other people say about you or how they feel about you.

AJ161

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

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

QA15_J55 You should behave hoping that people around you have good impressions of you.

AJ162

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

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

QA15_J56 You are careful about your behaviors and what you wear.

AJ163

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

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

QA15_J57 You do not want to be embarrassed in front of people.

AJ164

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

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

QA15_J58 You are concerned about your appearance.

AJ165

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

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

QA15_J59 You are careful about not doing something that people may laugh at.

AJ166

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

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

Section DM – Discrimination

QA15_DM1 These next questions are about things that have happened to you while receiving medical care. Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

DMC8

YES	1	
NO	2	**[GO TO QA15_DM3]**
REFUSED	-7	**[GO TO QA15_DM3]**
DON'T KNOW	-8	**[GO TO QA15_DM3]**

QA15_DM2 Think about the last time this happened. How long ago was that?

DMC9

A YEAR AGO OR LESS	1
MORE THAN 1 UP TO 2 YEARS AGO	2
MORE THAN 2 UP TO 3 YEARS AGO	3
MORE THAN 3 UP TO 5 YEARS AGO	4
MORE THAN 5 UP TO 10 YEARS AGO	5
MORE THAN 10 UP TO 20 YEARS AGO	6
MORE THAN 20 YEARS AGO	7
REFUSED	-7
DON'T KNOW	-8

QA15_DM3 Over your entire lifetime, how often have you been treated unfairly when getting medical care? Would you say…

DMC3

Never,	1	**[GO TO QA15_K1]**
Rarely,	2	
Sometimes, or	3	
Often?	4	
REFUSED	-7	**[GO TO QA15_K1]**
DON'T KNOW	-8	**[GO TO QA15_K1]**

QA15_DM4 Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...

DMC6B

Your ancestry or national origin	1
Because of your gender or sex	2
Because of your race or skin color	3
Because of your age, or	4
Because of the way you speak English, or	5
For some other reason? (Specify: _____)	6
REFUSED	-7
DON'T KNOW	-8

QA15_DM5 Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say…

DMC7

Not at all stressful.....1
A little stressful.....2
Somewhat stressful, or 3
Extremely stressful?.....4
REFUSED ..... -7
DON'T KNOW ..... -8

Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA15_K1:
IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR QA15_G23 = 1 (R USUALLY WORKS) CONTINUE WITH QA15_K1;
ELSE GO TO PROGRAMMING NOTE QA15_K5

QA15_K1 The next questions are about your employment.

How many hours per week do you usually work at all jobs or businesses?

AK3

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95]

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

QA15_K2 How long have you worked at your main job?

AK7

[IF NEEDED, SAY: "That is, for your current employer."]
[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

_____ MONTHS [HR: 0-12]

_____ YEARS [HR: 0-50]

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

PROGRAMMING NOTE QA15_K4:
IF QA15_G21 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G23 = 1 (USUALLY WORKS), CONTINUE WITH QA15_K4;
ELSE SKIP TO PROGRAMMING NOTE QA15_K5

QA15_K4 What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

AK10

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

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_K5;
IF QA15_G29 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G30 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA15_K5 AND:
IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND QA15_A16 = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA15_D20 = 1 OR QA15_D21 = 1), THEN DISPLAY "The next question is about your partner's employment."
IF QA15_A16 = 1 THEN DISPLAY "spouse";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1THEN DISPLAY "partner";
ELSE SKIP TO QA15_K7

QA15_K5 {The next question is about your spouse's employment.}

How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?

AK20

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]
_____ HOURS [HR: 0-95]

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

PROGRAMMING NOTE QA15_K6:
IF QA15_K5 ≠ 0 CONTINUE WITH QA15_K6;
IF QA15_QA15_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY "partner's";
ELSE GO TO QA15_K7

QA15_K6 What is your best estimate of all your {spouse's/partner's} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

AK10A

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]
$_____ AMOUNT [HR: 0-999995]

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

QA15_K7 What is your best estimate of your household's total annual income from all sources before taxes in 2014?

AK22

[IF NEEDED, SAY: "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_____ AMOUNT [HR: 0-999995]

REFUSED ..... -7 **[GO TO PN QA15_K9]**
DON'T KNOW ..... -8 **[GO TO PN QA15_K9]**

QA15_K8 PLEASE VERIFY AMOUNT ENTERED:
I have entered that your annual household income is (AMOUNT). Is that correct?

AK22A

YES	1	**[GO TO PN QA15_K15]**
NO	2	**[GO BACK TO QA15_K7]**

PROGAMMING NOTE QA15_K9:
IF QA15_K7 = -7 OR -8 CONTINUE WITH QA15_K9;
ELSE GO TO PROGRAMMING NOTE QA15_K15

QA15_K9 We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than $20,000 per year or is it less?

AK11

MORE	1	**[GO TO QA15_K11]**
EQUAL TO $20K OR LESS	2	
REFUSED	-7	**[GO TO PN QA15_K15]**
DON'T KNOW	-8	**[GO TO PN QA15_K15]**

QA15_K10 Is it …

AK12

$5,000 or less,	1	**[GO TO PN QA15_K15]**
$5,001 to $10,000,	2	**[GO TO PN QA15_K15]**
$10,001 to $15,000, or	3	**[GO TO PN QA15_K15]**
$15,001 to 20,000?	4	**[GO TO PN QA15_K15]**
REFUSED	-7	**[GO TO PN QA15_K15]**
DON'T KNOW	-8	**[GO TO PN QA15_K15]**

QA15_K11 Is it more or less than $70,000 per year?

AK13

MORE	1	**[GO TO QA15_K13]**
EQUAL TO $70K OR LESS	2	
REFUSED	-7	**[GO TO PN QA15_K15]**
DON'T KNOW	-8	**[GO TO PN QA15_K15]**

QA15_K12 Is it …

AK14

$20,001 to $30,000,	1	**[GO TO PN QA15_K15]**
$30,001 to $40,000,	2	**[GO TO PN QA15_K15]**
$40,001 to $50,000,	3	**[GO TO PN QA15_K15]**
$50,001 to $60,000, or	4	**[GO TO PN QA15_K15]**
$60,001 to $70,000?	5	**[GO TO PN QA15_K15]**
REFUSED	-7	**[GO TO PN QA15_K15]**
DON'T KNOW	-8	**[GO TO PN QA15_K15]**

QA15_K13 Is it more or less than $135,000 per year?

AK15

MORE	1	**[GO TO PN QA15_K15]**
EQUAL TO $135K OR LESS	2	
REFUSED	-7	**[GO TO PN QA15_K15]**
DON'T KNOW	-8	**[GO TO PN QA15_K15]**

QA15_K14 Is it …

AK16

$70,001 to $80,000, ...1
$80,001 to $90,000, ...2
$90,001 to $100,000, or 3
$100,001 to $135,000? 4
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA15_K16;
ELSE CONTINUE WITH QA15_K15

QA15_K15 Including yourself, how many people living in your household are supported by your total household income?

AK17

_____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QA15_K16:
QA15_K16 MUST BE LESS THAN QA15_K15;
IF R IS ONLY MEMBER OF HH, GO TO QA15_K17;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA15_K15 GO TO PROGRAMMING NOTE QA15_K19;
ELSE CONTINUE WITH QA15_K16

QA15_K16 How many of these {INSERT NUMBER FROM QA15_K15} people are children under the age of 18?

AK18

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

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

QA15_K17 Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

AK32

YES 1
NO .....2 **[GO TO PN QA15_K19]**
REFUSED ..... -7 **[GO TO PN QA15_K19]**
DON'T KNOW ..... -8 **[GO TO PN QA15_K19]**

QA15_K18 How many?

AK33

_____ NUMBER OF PEOPLE [HR: 1-20]

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

PROGRAMMING NOTE QA15_K19:
OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA15_K15 AND QA15_K16 RESPECTIVELY.
(THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2012 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM "Poverty Level 2012" DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)
IF EITHER QA15_K15 OR QA15_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...
1) AT OR BELOW 50% FPL;
2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
4) ABOVE 133 % FPL BUT AT OR BELOW 200% FPL;
5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
7) ABOVE 400% FPL; OR
8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA15_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA15_K25;
ELSE IF QA15_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, ASK QA15_K19 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE IF QA15_K7= -7 OR -8 (REF/DK) AND IF QA15_K9 = -7 OR QA15_K11 = -7 OR QA15_K13 = -7, GO TO PROGRAMMING NOTE QA15_K25
ELSE GO TO PROGRAMMING NOTE QA15_K20

QA15_K19 I need to ask just one more question about income.

Was your total annual household income before taxes less than or more than ${POVRT50}?

AK29

EQUAL TO OR LESS	1	**[GO TO PN QA15_K25]**
MORE	2	**[GO TO PN QA15_K25]**
REFUSED	-7	**[GO TO PN QA15_K25]**
DON'T KNOW	-8	**[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K20:
IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, THEN CONTINUE WITH QA15_K20 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K21

QA15_K20 I need to ask just one or two more questions about income.

Was your total annual household income before taxes less than or more than ${POVRT100}?

AK18A

EQUAL TO OR LESS	1	**[GO TO PN QA15_K25]**
MORE	2	
REFUSED	-7	**[GO TO PN QA15_K25]**
DON'T KNOW	-8	**[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K21:
IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, THEN CONTINUE WITH QA15_K21 USING POVRT133 (133% POVERTY CUTOFF DISPLAY AMOUNT);
IF QA15_K20 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income.";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QA15_K22

QA15_K21 {I need to ask just one more question about income. Was your total annual household income before taxes/ Was it} less than or more than ${POVRT133}?

AK30

EQUAL TO OR LESS	1	**[GO TO PN QA15_K25]**
MORE	2	**[GO TO PN QA15_K25]**
REFUSED	-7	**[GO TO PN QA15_K25]**
DON'T KNOW	-8	**[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K22:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, CONTINUE WITH QA15_K22 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K23

QA15_K22 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT200}?

AK18B

EQUAL TO OR LESS	1	**[GO TO PN QA15_K25]**
MORE	2	**[GO TO PN QA15_K25]**
REFUSED	-7	**[GO TO PN QA15_K25]**
DON'T KNOW	-8	**[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K23:
IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, CONTINUE WITH QA15_K23 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K24

QA15_K23 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT300}?

AK18C

EQUAL TO OR LESS	1	**[GO TO PN QA15_K25]**
MORE	2	**[GO TO PN QA15_K25]**
REFUSED	-7	**[GO TO PN QA15_K25]**
DON'T KNOW	-8	**[GO TO PN QA15_K25]**

PROGRAMMING NOTE QA15_K24:
IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, THEN CONTINUE WITH QA15_K24 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K25

QA15_K24 I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT400}?

AK31

EQUAL TO OR LESS	1
MORE	2
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_K25:
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (INSMD=1 OR ARINSURE ≠ 1)], CONTINUE WITH QA15_K25;
ELSE GO TO QA15_L1

PROGRAMMING NOTE QA15_K25:
IF QA15_K15 = 1, THEN DISPLAY "I",
ELSE IF QA15_K15 > 1 DISPLAY "We"

QA15_K25 These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

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

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

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

AM1

OFTEN TRUE	1
SOMETIMES TRUE	2
NEVER TRUE	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_K26:
IF QA15_K15 = 1, THEN DISPLAY "I",
ELSE IF QA15_K15 > 1 DISPLAY "We"

QA15_K26 The second statement is:
"{I/We} couldn't afford to eat balanced meals."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

AM2

OFTEN TRUE 1
SOMETIMES TRUE.....2
NEVER TRUE 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_K27 Please tell me yes or no. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

AM3

YES 1
NO.....2 **[GO TO QA15_K29]**
REFUSED ..... -7 **[GO TO QA15_K29]**
DON'T KNOW ..... -8 **[GO TO QA15_K29]**

QA15_K28 How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

AM3A

ALMOST EVERY MONTH.....1
SOME MONTHS BUT NOT EVERY MONTH 2
ONLY IN 1 OR 2 MONTHS.....3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_K29 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

AM4

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

QA15_K30 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

AM5

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

Section L – Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L: .....
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (INSMD=1 OR ARINSURE ≠ 1)] CONTINUE WITH SECTION L;
ELSE GO TO QA15_M1TANF/CalWORKs

QA15_L1 Are you now receiving TANF or CalWORKs?

AL2

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

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

PROGRAMMING NOTE QA15_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L2;
ELSE GO TO QA15_L3;

QA15_L2 Is (TEEN) now receiving TANF or CalWORKs?

IAP1

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

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

QA15_L3 Are you receiving Food Stamp benefits, also known as CalFresh?

AL5

[IF NEEDED, SAY: "You receive benefits through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

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

PROGRAMMING NOTE QA15_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L4;
ELSE GO TO QA15_L5

QA15_L4 Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

IAP2

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]

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

QA15_L5 Are you receiving SSI?

AL6

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]

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

PROGRAMMING NOTE QA15_L6:
IF QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH QA15_L6;
ELSE GO TO PROGRAMMING NOTE QA15_L7

QA15_L6 Are you on WIC?

AL7

[IF NEEDED, SAY: "WIC is the Supplemental Food Program for Women, Infants and children."]

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

PROGRAMMING NOTE QA15_L7:

IF QA15_D4 = 1 (LEGALLY BLIND) OR QA15_D11 = 1 (DISABILITY DETERMINATION) OR [AAGE > 64 AND (POVERTY < 5 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH QA15_L7; ELSE SKIP TO PROGRAMMING NOTE QA15_L14;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA15_K15.

IF QA15_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA15_K15 = 1 DISPLAY $2000;
IF QA15_K15 = 2 DISPLAY $3000;
IF QA15_K15 = 3 DISPLAY $3150;
IF QA15_K15 = 4 DISPLAY $3300;
IF QA15_K15 = 5 DISPLAY $3450;
IF QA15_K15 = 6 DISPLAY $3600;
IF QA15_K15 = 7 DISPLAY $3750;
IF QA15_K15 = 8 DISPLAY $3900;
IF QA15_K15 = 9 DISPLAY $4050;
IF QA15_K15 ≥ 10 DISPLAY $4200;

IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"

QA15_L7 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}?

AL9

YES .....1 **[SKIP TO QA15_L14]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_L8:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

QA15_L8 About how much {do you/does your family} have in cash, savings, and investments?

AL34

[IF NEEDED, SAY: "Again, do not count the value of any house or car you may own."]

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

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_L9:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "does your family"; ELSE DISPLAY "do you"

QA15_L9 Besides your primary car or truck, {do you/does your family} own other cars or trucks?

AL35

YES	1	
NO	2	**[SKIP TO QA15_L12]**
REFUSED	-7	**[SKIP TO QA15_L12]**
DON'T KNOW	-8	**[SKIP TO QA15_L12]**

QA15_L10 Are these cars or trucks only for personal use? Do not include cars or trucks used for transporting disabled persons or for business purposes.

AL36

YES	1	
NO	2	**[GO TO PN QA15_L12]**
REFUSED	-7	**[GO TO PN QA15_L12]**
DON'T KNOW	-8	**[GO TO PN QA15_L12]**

PROGRAMMING NOTE QA15_L11:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "your";

QA15_L11 Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?

AL37

[IF NEEDED: Do not include your primary cars or trucks.]
[IF NEEDED: Do not include cars or trucks used for transporting disabled persons or business purposes.]

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

$_____ AMOUNT [HR: 0-999995]	
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_L12:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Does your family"; ELSE DISPLAY "Do you"

QA15_L12 {Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?

AL38

YES	1	
NO	2	**[SKIP TO QA15_L14]**
REFUSED	-7	**[SKIP TO QA15_L14]**
DON'T KNOW	-8	**[SKIP TO QA15_L14]**

PROGRAMMING NOTE QA15_L13:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "you"

QA15_L13 Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle {you/your family} own?

AL39

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

$_____ AMOUNT [HR: 0-999995]

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

PROGRAMMING NOTE QA15_L14:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA15_L14 Did {you or your spouse/you or your partner/you} receive any money last month for child support?

AL15

YES 1
NO ..... 2 **[GO TO PN QA15_L16]**
REFUSED ..... -7 **[GO TO PN QA15_L16]**
DON'T KNOW ..... -8 **[GO TO PN QA15_L16]**

PROGRAMMING NOTE QA15_L15:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA15_L15 What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month?

AL16

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

$_____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L16:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

QA15_L16 Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

AL17

YES, RESPONDENT PAID	1	
YES, SPOUSE/PARTNER PAID	2	
YES, BOTH PAID	3	
NO	4	**[GO TO PN QA15_L18]**
REFUSED	-7	**[GO TO PN QA15_L18]**
DON'T KNOW	-8	**[GO TO PN QA15_L18]**

PROGRAMMING NOTE QA15_L17:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
ELSE DISPLAY "you"

QA15_L17 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 last month?

AL18

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

_____ AMOUNT [000001-999995]

REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_L18:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA15_L18 Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

AL32

YES	1	
NO	2	**[GO TO PN QA15_L20]**
REFUSED	-7	**[GO TO PN QA15_L20]**
DON'T KNOW	-8	**[GO TO PN QA15_L20]**

PROGRAMMING NOTE QA15_L19:
IF QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA15_L19 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]

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

PROGRAMMING NOTE QA15_L20:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA15_A16 = 1 (MARRIED) AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA15_L20 AND DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA15_L20 AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA15_L20 AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE QA15_L22

QA15_L20 Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?

AL18A

YES 1
NO .....2 **[GO TO PN QA15_L22]**
REFUSED ..... -7 **[GO TO PN QA15_L22]**
DON'T KNOW ..... -8 **[GO TO PN QA15_L22]**

QA15_L21 What was the total amount received last month from Social Security and Pensions?

AL18B

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

_____ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L22:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA15_L22;
ELSE GO TO QA15_M1

QA15_L22 What is the one main reason why you are not enrolled in the Medi-Cal program?

AL19

PAPERWORK TOO DIFFICULT 1
DIDN'T KNOW IF ELIGIBLE.....2
INCOME TOO HIGH, NOT ELIGIBLE 3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS 4
OTHER NOT ELIGIBLE.....5
DON'T BELIEVE IN HEALTH INSURANCE.....6
DON'T NEED IT BECAUSE HEALTHY.....7
ALREADY HAVE INSURANCE 8
DIDN'T KNOW IT EXISTED.....9
DON'T LIKE / WANT WELFARE 10
OTHER (SPECIFY: _____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

Section M – Housing and Social Cohesion

QA15_M1 These next questions are about your housing and neighborhood.

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

AK23

[IF NEEDED, SAY: "A duplex is a building with 2 units."]

HOUSE 1
DUPLEX 2
BUILDING WITH 3 OR MORE UNITS 3
MOBILE HOME 4
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_M2 Do you own or rent your home?

AK25

OWN 1
RENT 2
OTHER ARRANGEMENT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA15_M3 About how long have you lived at your current address?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

AM14

_____ MONTHS [HR: 1 - AAGEx12MONTHS]

_____ YEARS [HR: 1 - AAGE]

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

PROGRAMMING NOTE QA15_M4:
IF QA15_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA15_M6;
ELSE CONTINUE WITH QA15_M4

QA15_M4 About how long have you lived in your current neighborhood?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

AM15

_____ MONTHS [HR: 1 - AAGEx12MONTHS]

_____ YEARS [HR: 1 - AAGE]

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

QA15_M5 The last time you moved, what was your main reason for moving?

AM38

CHANGE IN MARITAL/RELATIONSHIP STATUS...1
TO ESTABLISH OWN HOUSEHOLD.....2
FOR CHILD'S EDUCATION 3
TO ATTEND OR LEAVE COLLEGE 4
WORK RELATED 5
COULDN'T AFFORD MORTGAGE/RENT 6
OTHER HOUSING RELATED 7
BETTER NEIGHBORHOOD/LESS CRIME.....8
OTHER..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_M6:
IF QA15_M6 THROUGH QA15_M10 NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH QA15_M6;
ELSE GO TO QA15_M11

QA15_M6 Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements: People in my neighborhood are willing to help each other.

AM19

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

QA15_M7 People in this neighborhood generally do NOT get along with each other.

AM20

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] [DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

QA15_M8 People in this neighborhood can be trusted.

AM21

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"] ["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

QA15_M9 You can count on adults in this neighborhood to watch out that children are safe and don't get in trouble.

AM35

[IF NEEDED, SAY: "Do you strongly agree, agree, disagree, or strongly disagree?"]
["DO NOT PROBE A "DON'T KNOW" RESPONSE.]

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

QA15_M10 Do you feel safe in your neighborhood…

AK28

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

QA15_M11 In the past 12 months, have you done any volunteer work or community service that you have not been paid for?

AM36

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

QA15_M12 In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?

AM39

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

QA15_M13 In the past 12 months, have you gotten together informally with others to deal with community problems?

AM40

[IF NEEDED SAY: "For example, with a neighborhood watch group."]

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

PROGRAMMING NOTE QA15_M14:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_M14;
ELSE GO TO QA15_S1;

QA15_M14 In the past 12 months, have you donated money to a charity or non-profit organization?

AM41

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

QA15_M15 In the next 12 months, how likely are you to donate money to a charity or non-profit organization? Are you…

AM42

Very likely 1
Somewhat likely 2
A little likely, or 3
Not likely 4
REFUSED ..... -7
DON'T KNOW ..... -8

Section S – Suicide Ideation and Attempts

QA15_S1 The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don't have to answer it.

Have you ever seriously thought about committing suicide?

AF86

YES	1	
NO	2	**[GO TO PN QA15_N1]**
REFUSED	-7	**[GO TO PN QA15_N1]**
DON'T KNOW	-8	**[GO TO PN QA15_N1]**

QA15_S2 Have you seriously thought about committing suicide at any time in the past 12 months?

AF87

YES	1	
NO	2	**[GO TO QA15_S4]**
REFUSED	-7	**[GO TO QA15_S4]**
DON'T KNOW	-8	**[GO TO QA15_S4]**

QA15_S3 Have you seriously thought about committing suicide at any time in the past 2 months?

AF91

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

QA15_S4 Have you ever attempted suicide?

AF88

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

PROGRAMMING NOTE QA15_S5:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA15_S3 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA15_S3 = 1 AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA15_S5

QA15_S5 Have you attempted suicide at any time in the past 12 months?

AF89

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

SUICIDE RESOURCE:
We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with? [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.] The number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org. [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

POST-NOTE FOR SUICIDE RESOURCE:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN SKIP TO PN QA15_N1 (NEXT SECTION); ELSE CONTINUE

QA15_S6 Would you like to discuss your thoughts with this person?

AF90

YES	1	**[GO TO SUICIDE PROTOCOL]**
NO	2	**[GO TO PN QA15_N1]**
REFUSED	-7	**[GO TO PN QA15_N1]**
DON'T KNOW	-8	**[GO TO PN QA15_N1]**

Section N –Demographic Information Part III and Closing

PROGRAMMING NOTE QA15_N1:
IF AH42 WAS ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO QA15_N8:
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO QA15_N2
IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA15_N1;

QA15_N1 Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

AH42

ALAMEDA 1
ALPINE 2
AMADOR 3
BUTTE 4
CALAVERAS 5
COLUSA 6
CONTRA COSTA 7
DEL NORTE 8
EL DORADO 9
FRESNO 10
GLENN 11
HUMBOLDT 12
IMPERIAL 13
INYO 14
KERN 15
KINGS 16
LAKE 17
LASSEN 18
LOS ANGELES 19
MADERA 20
MARIN 21
MARIPOSA 22
MENDOCINO 23
MERCED 24
MODOC 25
MONO 26
MONTEREY 27
NAPA 28
NEVADA 29
ORANGE 30
PLACER 31
PLUMAS 32
RIVERSIDE 33
SACRAMENTO 34
SAN BENITO 35
SAN BERNARDINO 36
SAN DIEGO 37
SAN FRANCISCO 38
SAN JOAQUIN 39
SAN LUIS OBISPO 40
SAN MATEO 41
SANTA BARBARA 42
SANTA CLARA 43

SANTA CRUZ 44
SHASTA 45
SIERRA 46
SISKIYOU 47
SOLANO 48
SONOMA 49
STANISLAUS 50
SUTTER 51
TEHAMA 52
TRINITY 53
TULARE 54
TUOLUMNE 55
VENTURA 56
YOLO 57
YUBA 58
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_N2:
IF ADVANCE LETTER SENT AND R'S ADDRESS IS NOT A P.O. BOX, ASK QA15_N2;
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT) DISPLAY "Just a few final questions and then we are done.";
ELSE GO TO QA15_N3

QA15_N2 {Just a few final questions and then we are done.}

Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study. To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address. This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at {R's ADDRESS AND STREET}?

AO1

YES ..... 1 **[GO TO QA15_N6]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_N3:
IF R'S ADDRESS IS A P.O. BOX AND SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), DISPLAY "Just a few final questions and then we are done".

QA15_N3 {Just a few final questions and then we are done.}

What is your zip code?

AM7

_____ ZIP CODE

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

QA15_N4 To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.

AO2

_____ HOUSE ADDRESS NUMBER

_____ NAME OF STREET (VERIFY SPELLING) **[GO TO QA15_N6]**

_____ STREET TYPE

_____ APT. NO

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

PROGRAMMING NOTE QA15_N5:
IF ADDRESS WAS GIVEN IN QA15_N4, SKIP TO QA15_N6;
ELSE CONTINUE WITH QA15_N5

QA15_N5 Can you tell me just the name of the street you live on?

AM8

_____ NAME OF STREET

REFUSED ..... -7 **[GO TO QA15_N7]**
DON'T KNOW ..... -8 **[GO TO QA15_N7]**

QA15_N6 And what is the name of the street down the corner from you that crosses your street?

AM9

_____ NAME OF CROSS-STREET

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

PROGRAMMING NOTE QA15_N7:
IF [AM7 = 90012 OR 90021 OR 90031 OR 90032 OR 90033 OR 90063 OR 90023 OR 90058 (BOYLE HEIGHTS)] OR [AM7 = 92104 OR 92116 OR 92115 OR 92105 OR 92102 (CITY HEIGHTS)] OR [AM7 = 00049 OR 00054 OR 95555 OR 95556 OR 95568 OR 96039 OR 95531 OR 95567 OR 95548 OR 95543 OR 95546 (DEL NORTE AND ADJACENT TRIBAL LANDS)] OR [AM7 = 94577 OR 94601 OR 94621 OR 94603 OR 94605 OR 94601 (EAST OAKLAND)] OR [AM7 = 93905 (EAST SALINAS/ALISAL)] OR [AM7 = 92254 OR 92274 OR 92236 OR 92201 (EASTERN COACHELLA VALLEY)] OR [AM7 = 93703 OR 93728 OR 93727 OR 93702 OR 93701 OR 93721 OR 93706 OR 93725 (CENTRAL/SOUTHEAST/SOUTHWEST FRESNO)] OR [AM7 = 90755 OR 90802 OR 90804 OR 90810 OR 90813 OR 90806 (WEST AND CENTRAL LONG BEACH)] OR [AM7 = 93653 OR 95306 OR 95365 OR 95340 OR 95369 OR 95333 OR 95348 OR 93610 OR 93541 (SOUTHWEST MERCED AND EAST MERCED COUNTY)] OR [AM7 = 94804 OR 94801 OR 94530 OR 94805 OR 94806 (RICHMOND)] OR [AM7 = 93241 OR 92707 OR 92701 OR 92703 OR 92704 OR 92705 (CENTRAL SANTA ANA)] OR [AM7 = 93307 OR 93203 OR 93313 OR 93304 (SOUTH KERN)] OR [AM7 = 90007 OR 90011 OR 90037 OR 90044 OR 90003 (SOUTH LOS ANGELES)] OR [AM7 = 95822 OR 95823 OR 95826 OR 95820 OR 95824 OR 95828 OR 95817 OR 95818 (SOUTH SACRAMENTO)],
CONTINUE WITH QA15_N7;
ELSE SKIP TO QA15_N8

QA15_N7 Have you ever heard of “Building Healthy Communities”, a program supported by The California Endowment?

AM43

[IF NEEDED, SAY: “The Building Healthy Communities program is a 10-year project to improve the health of kids and youth. It is working to improve job opportunities, schools, housing, safety, and access to healthy foods in the neighborhood.”]

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

PROGRAMMING NOTE QA15_N8:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA15_N14;
ELSE CONTINUE WITH QA15_N8

QA15_N8 I’m won’t ask you for the number, but do you have a working cell phone?

AM33

[CODE “SHARES CELL PHONE” ONLY IF VOLUNTEERED]

YES 1
NO .....2 **[GO TO PN QA15_N10]**
SHARES CELL PHONE 3
REFUSED ..... -7 **[GO TO PN QA15_N10]**
DON'T KNOW ..... -8 **[GO TO PN QA15_N10]**

QA15_N9 How many different cell phone numbers do you currently use for personal calls?

AN10

_____ CELL PHONE NUMBERS

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

PROGRAMMING NOTE QA15_N10:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA15_N13;
ELSE CONTINUE WITH QA15_N10

QA15_N10 Is there a regular or landline telephone in your household?

AN6

YES	1	
NO	2	**[GO TO PN QA15_N14]**
REFUSED	-7	**[GO TO PN QA15_N14]**
DON'T KNOW	-8	**[GO TO PN QA15_N14]**

QA15_N11 Is that telephone for personal use or business use only?

AN7

PERSONAL USE ONLY	1	
BUSINESS USE ONLY	2	**[GO TO PN QA15_N14]**
BOTH PERSONAL USE AND BUSINESS USE	3	
REFUSED	-7	
DON'T KNOW	-8	

QA15_N12 How many telephone lines do you have for personal use?

AN11

_____ REGULAR OR LANDLINE NUMBERS
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA15_N13:
IF QA15_N8 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA15_N11 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA15_N13;
ELSE SKIP TO PROGRAMMING QA15_N14

QA15_N13 Of all the telephone calls that you receive, are...

AM34

All or almost all calls received on a cell phone,	1
Some on cell phones & some on regular phones, or	2
Very few or none on cell phones	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA15_N14:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA15_N14

QA15_N14 Finally, do you think you would be willing to do a follow-up to this survey sometime in the future?

AM10

YES 1
MAYBE/PROBABLY YES 2
DEFINITELY NOT 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QA15_S6 = (2, -7, -8),
AND [QA15_S3 = 1 OR (QA15_S3 = 2, -7, -8 AND QA15_S5=1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:

As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with? [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.] The toll-free number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

Or you can visit their website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

QA15_N15 Would you like to speak with someone now?

AN8

YES 1	**[GO TO SUICIDE PROTOCOL]**
NO 2	**[GO TO CLOSE1 AND CLOSE2]**
REFUSED ..... -7	**[GO TO CLOSE1 AND CLOSE2]**
DON'T KNOW ..... -8	**[GO TO CLOSE1 AND CLOSE2]**

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. **[GO TO HHSELECT]**

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.