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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 2013 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 QA13_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

Age

QA13_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: 1904-1996]

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

PROGRAMMING NOTE QA13_A2:
IF QA13_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA13_A2;
ELSE GO TO QA13_A5

QA13_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: 1904-1996]

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

PROGRAMMING NOTE QA13_A3:
IF QA13_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA13_A3;
ELSE GO TO QA13_A5

QA13_A3 What is your age, please?

AA2

_____YEARS OF AGE [RANGE: 0-120] **[GO TO QA13_A5]**

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

PROGRAMMING NOTE QA13_A4:
IF QA13_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA13_A4;
ELSE GO TO QA13_A5

QA13_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 QA13_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA13_A1, QA13_A2, OR QA13_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA13_A1, QA13_A2, OR QA13_A3 = -7 OR -8 (REF/DK), THEN USE QA13_A4;
ELSE USE ENUM.AGE

Gender

QA13_A5 Are you male or female?

AA3

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

Ethnicity

QA13_A6 Are you Latino or Hispanic?

AA4

YES 1
NO.....2 **[GO TO PN QA13_A8]**
REFUSED ..... -7 **[GO TO PN QA13_A8]**
DON'T KNOW ..... -8 **[GO TO PN QA13_A8]**

QA13_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 QA13_A8:
IF QA13_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also,";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA13_A8, CONTINUE WITH PROGRAMMING NOTE QA13_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

Race

QA13_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 QA13_A16]**
BLACK OR AFRICAN AMERICAN 2	**[GO TO PN QA13_A16]**
ASIAN 3	**[GO TO PN QA13_A12]**
AMERICAN INDIAN OR ALASKA NATIVE 4	**[GO TO PN QA13_A9]**
OTHER PACIFIC ISLANDER 5	**[GO TO PN QA13_A13]**
NATIVE HAWAIIAN 6	**[GO TO PN QA13_A16]**
OTHER (SPECIFY: _____) 91	
REFUSED ..... -7	
DON'T KNOW ..... -8	

PROGRAMMING NOTE QA13_A9:
IF QA13_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA13_A9;
ELSE GO TO PROGRAMMING NOTE QA13_A12

QA13_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

QA13_A10 Are you an enrolled member in a federally or state recognized tribe?

AA5C

YES 1
NO .....2 **[GO TO PN QA13_A12]**
REFUSED ..... -7 **[GO TO PN QA13_A12]**
DON'T KNOW ..... -8 **[GO TO PN QA13_A12]**

QA13_A11 Which tribe are you enrolled in?

AA5D

APACHE
- MESCALERO APACHE, NM 1
- APACHE (NOT SPECIFIED) 2
- OTHER APACHE [Ask for spelling] (SPECIFY): 3

BLACKFEET
- BLACKFOOT/BLACKFEET 4

CHEROKEE
- WESTERN CHEROKEE....5
- CHEROKEE (NOT SPECIFIED)....6
- OTHER CHEROKEE [Ask for spelling] (SPECIFY)...7

CHOCTAW
- CHOCTAW OKLAHOMA....8
- CHOCTAW (NOT SPECIFIED) 9
- OTHER CHOCTAW [Ask for spelling] (SPECIFY): ..10

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

POMO
- HOPLAND BAND, HOPLAND RANCHERIA....12
- SHERWOOD VALLEY RANCHERIA....13
- POMO (NOT SPECIFIED) 14
- OTHER POMO [Ask for spelling] (SPECIFY): 15

PUEBLO
- HOPI 16
- YSLETA DEL SUR PUEBLO OF TEXAS 17
- PUEBLO (NOT SPECIFIED) 18
- OTHER PUEBLO [Ask for spelling] (SPECIFY): 19

SIOUX
- OGLALA/PINE RIDGE SIOUX....20
- SIOUX (NOT SPECIFIED)....21
- OTHER SIOUX [Ask for spelling] (SPECIFY):....22

YAQUI
- PASCUA YAQUI TRIBE OF ARIZONA 23
- YAQUI (NOT SPECIFIED)....24
- OTHER YAQUI [Ask for spelling] (SPECIFY):....25

OTHER
- OTHER [Ask for spelling] (SPECIFY: _____)....91
- REFUSED ....-7
- DON'T KNOW ....-8

PROGRAMMING NOTE QA13_A12:
IF QA13_A8 = 3 (ASIAN) CONTINUE WITH QA13_A12;
ELSE GO TO PROGRAMMING NOTE QA13_A13

QA13_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 QA13_A13:
IF QA13_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA13_A13;
ELSE GO TO PROGRAMMING NOTE QA13_A14

QA13_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 QA13_A14:
IF QA13_A6 = 1 (LATINO) AND [QA13_A8 = 6 (NATIVE HAWAIIAN) OR QA13_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA13_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA13_A8 = 3 (ASIAN) OR QA13_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA13_A8 = 1 (WHITE) OR QA13_A8 = 91 (OTHER)], CONTINUE WITH QA13_A14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA13_A8, QA13_A12, OR QA13_A13 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QA13_A14;
ELSE SKIP TO QA13_A16

QA13_A14 You said that you are: {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13}.

Do you identify with any one race in particular?

AA5G

YES	1	
NO	2	**[GO TO QA13_A16]**
REFUSED	-7	**[GO TO QA13_A16]**
DON'T KNOW	-8	**[GO TO QA13_A16]**

PROGRAMMING NOTE FOR QA13_A15:
IF QA13_A6 = 1 (YES, LATINO) AND QA13_A7 ≠ -7 OR -8, DO NOT DISPLAY QA13_A15 = 14 (LATINO);
IF QA13_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA13_A13 = 1 TO 4 OR 91, DO NOT DISPLAY QA13_A15 = 17 (OTHER PACIFIC ISLANDER);
IF QA13_A8 = 3 AND QA13_A12 = 1 TO 17 OR 91, DO NOT DISPLAY QA13_A15 = 19 (ASIAN)

QA13_A15 Which do you most 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

Marital Status

QA13_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

General Health

QA13_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

Asthma

QA13_B2 Has a doctor ever told you that you have asthma?

AB17

YES 1
NO.....2 **[GO TO PN QA13_B18]**
REFUSED ..... -7 **[GO TO PN QA13_B18]**
DON'T KNOW ..... -8 **[GO TO PN QA13_B18]**

QA13_B3 Do you still have asthma?

AB40

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

QA13_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 QA13_B5:
IF [QA13_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA13_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA13_B9;
ELSE CONTINUE WITH QA13_B5

QA13_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

QA13_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 QA13_B8]**
REFUSED ..... -7 **[GO TO QA13_B8]**
DON'T KNOW ..... -8 **[GO TO QA13_B8]**

QA13_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

QA13_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

QA13_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 QA13_B10:
IF QA13_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA13_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA13_B14;
ELSE CONTINUE WITH QA13_B10

QA13_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

QA13_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 QA13_B13]**
REFUSED ..... -7 **[GO TO QA13_B13]**
DON'T KNOW ..... -8 **[GO TO QA13_B13]**

QA13_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

QA13_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 QA13_B14:
IF AAGE > 69 GO TO QA13_B15;
ELSE CONTINUE WITH QA13_B14

QA13_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

QA13_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 QA13_B17]**
REFUSED ..... -7 **[GO TO QA13_B17]**
DON'T KNOW ..... -8 **[GO TO QA13_B17]**

QA13_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

QA13_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

Diabetes

PROGRAMMING NOTE QA13_B18:
IF QA13_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA13_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 QA13_B34]**
REFUSED ..... -7
DON'T KNOW ..... -8

Pre-Diabetes/Borderline Diabetes

PROGRAMMING NOTE QA13_B19:
IF QA13_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA13_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 QA13_B20:
IF QA13_B18 = 1 THEN CONINTUE WITH QA13_B20;
ELSE SKIP TO PROGRAMMING NOTE QA13_B34

QA13_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

QA13_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 3
REFUSED .....-7
DON'T KNOW .....-8

QA13_B22 Are you now taking insulin?

AB24

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

QA13_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

QA13_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

QA13_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

QA13_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

QA13_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

QA13_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 QA13_B30]**
REFUSED ..... -7 **[GO TO QA13_B30]**
DON'T KNOW ..... -8 **[GO TO QA13_B30]**

QA13_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

QA13_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

QA13_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 QA13_B33]**
REFUSED ..... -7 **[GO TO QA13_B33]**
DON'T KNOW ..... -8 **[GO TO QA13_B33]**

QA13_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

QA13_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

Gestational Diabetes

PROGRAMMING NOTE QA13_B34:
IF QA13_A5 = 2 (FEMALE) CONTINUE WITH QA13_B34;
ELSE GO TO QA13_B35

QA13_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

Hypertension

QA13_B35 Has a doctor ever told you that you have high blood pressure?

AB29

YES 1
NO .....2 [**GO TO QA13_B37]**
HIGH NORMAL/BORDERLINE/
PRE-HYPERTENSION .....3 **[GO TO QA13_B37]**
REFUSED ..... -7 [**GO TO QA13_B37]**
DON'T KNOW ..... -8 [**GO TO QA13_B37]**

QA13_B36 Are you now taking any medications to control your high blood pressure?

AB30

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

Heart Disease

QA13_B37 Has a doctor ever told you that you have any kind of heart disease?

AB34

YES 1
NO .....2 **[GO TO QA13_B45]**
REFUSED ..... -7 **[GO TO QA13_B45]**
DON'T KNOW ..... -8 **[GO TO QA13_B45]**

QA13_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

QA13_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 QA13_B41]**
REFUSED ..... -7 **[GO TO QA13_B41]**
DON'T KNOW ..... -8 **[GO TO QA13_B41]**

QA13_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

QA13_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

QA13_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 QA13_B45]**
REFUSED ..... -7 **[GO TO QA13_B45]**
DON'T KNOW ..... -8 **[GO TO QA13_B45]**

QA13_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

QA13_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

Flu shot

QA13_B45 During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist? (CHIS 2014 ONLY)

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

Walking for Transportation and Leisure

QA13_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 QA13_C4]**
UNABLE TO WALK	3	**[GO TO QA13_C7]**
REFUSED	-7	**[GO TO QA13_C4]**
DON'T KNOW	-8	**[GO TO QA13_C4]**

QA13_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 QA13_C4]**
REFUSED	-7	**[GO TO QA13_C4]**
DON'T KNOW	-8	**[GO TO QA13_C4]**

PROGRAMMING NOTE QA13_C3:
IF QA13_C2 = 1 DISPLAY "How long did that walk take";
IF QA13_C2 > 1 DISPLAY "On average, how long did those walks take"

QA13_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 QA13_C4:
IF QA13_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY "Please do not include walking for transportation."

QA13_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 QA13_C7]**
REFUSED	-7	**[GO TO QA13_C7]**
DON'T KNOW	-8	**[GO TO QA13_C7]**

QA13_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 QA13_C7]**
REFUSED ..... -7	**[GO TO QA13_C7]**
DON'T KNOW ..... -8	**[GO TO QA13_C7]**

PROGRAMMING NOTE QA13_C6:
IF QA13_C5 = 1 DISPLAY "How long did that walk take";
IF QA13_C5 > 1 DISPLAY "On average, how long did those walks take"

QA13_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

Dietary Intake

QA13_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	

QA13_C8 [During the past month,] how often did you drink sweetened fruit drinks, sports, or energy drinks?

AC46

[IF NEEDED, SAY: "Such as lemonade, Gatorade, Snapple, or Red Bull."]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

_____TIMES

PER DAY	1	[HR: 0-10; 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	

QA13_C9 Yesterday, how many glasses of water did you drink at work, home, and everywhere else? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.

AC47

IF NEEDED SAY: "Include tap water, like from a sink, faucet, fountain, or pitcher, and bottled water like Aquafina®. Do not include flavored sweetened water."]

_____ **Glasses** [HR: 0-20; SR: 0-15]

LESS THAN 1 GLASS (eg, SIPS FROM A FOUNTAIN)	99
NONE	0
REFUSED	-7
DON'T KNOW	-8

QA13_C10 Yesterday, how many glasses of nonfat or low-fat milk did you drink? Do not include 2% milk or whole milk.

AC48

[IF NEEDED, SAY: "Count one cup or 8 ounces as one glass."]

[INTERVIEWER NOTE: ONLY INCLUDE <u>DAIRY</u> MILK.]

_____ GLASSES [HR: 0-10; SR: 0-7]

REFUSED	-7
DON'T KNOW	-8

Fast Food

QA13_C11 Now think about the past week. 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

Access to Fresh and Affordable Foods

QA13_C12 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 QA13_C13:
IF QA13_C12 = 2, 3, OR 4, THEN CONTINUE WITH QA13_C13;
ELSE GO TO PROGRAMMING NOTE QA13_C14

QA13_C13 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

Cigarette Use

QA13_C14 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 QA13_C46]**
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C15 Do you now smoke cigarettes every day, some days, or not at all?

AE15A

EVERY DAY.....1	
SOME DAYS.....2	**[GO TO PN QA13_C17]**
NOT AT ALL.....3	**[GO TO PN QA13_C18]**
REFUSED ..... -7	**[GO TO PN QA13_C18]**
DON'T KNOW ..... -8	**[GO TO PN QA13_C18]**

QA13_C16 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 QA13_C18]**
REFUSED ..... -7	**[GO TO PN QA13_C18]**
DON'T KNOW ..... -8	**[GO TO PN QA13_C18]**

ROGRAMMING NOTE QA13_C17:
IF QA13_C15 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA13_C17;
ELSE GO TO WITH QA13_C18

QA13_C17 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 QA13_C18:
IF QA13_C15 = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS), THEN CONTINUE WITH QA13_C18;
ELSE SKIP TO QA13_C46;

QA13_C18 How old were you when you first started to smoke cigarettes fairly regular?
(CHIS 2014 ONLY)

AC52

_____ YEARS OLD [HR: 0, 5 - 99]	
NEVER SMOKED REGULARLY 0	**[SKIP TO QA13_C20]**
REFUSED ..... -7	**[SKIP TO QA13_C20]**
DON'T KNOW ..... -8	**[SKIP TO QA13_C20]**

QA13_C19 How long has it been since you smoked on a daily basis?
(CHIS 2014 ONLY)

AC53

_____ DAY(S) [HR: 0 - 365]
_____ MONTH(S) [HR: 0 - 12]
_____ YEAR(S) [HR: 0 - 99]

NEVER SMOKED DAILY……..... 999
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_C20:
IF QA13_C15 = 2 (SMOKE SOME DAYS), THEN DISPLAY "On days when you smoke, how";

QA13_C20 {On days when you smoke, how/How} soon after you awake do you usually smoke your first cigarette?
(CHIS 2014 ONLY)

AC54

[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

QA13_C21 Where do you <u>usually</u> buy your cigarettes?
(CHIS 2014 ONLY)

AC55

CONVENIENCE STORES OR GAS STATIONS.....1
SUPER MARKETS 2
LIQUOR STORES OR DRUG STORES3 .....
TOBACCO DISCOUNT STORES.....4
OTHER DISCOUNT OR WAREHOUSE STORES,
SUCH AS WAL-MART OR COSTCO.....5
INDIAN RESERVATIONS.....6
MILITARY COMMISSARIES 7
ONLINE.....8
SOMEWHERE ELSE? (Other specify:_____) . 91
I DON'T BUY..... 99 **[SKIP TO QA13_C23]**
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C22 How much do you usually pay for a pack of cigarettes?
(CHIS 2014 ONLY)

AC56

_____ . _____ AMOUNT PER PACK

_____ . _____ AMOUNT PER CARTON

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

QA13_C23 The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions?
(CHIS 2014 ONLY)

AC57

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

QA13_C24 Do you usually smoke menthol or non-menthol cigarettes?
(CHIS 2014 ONLY)

AC58

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

PROGRAMMING NOTE QA13_C25:
IF QA13_C15 = 1 (SMOKE EVERY DAY) OR C15 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA13_C25;
ELSE CONTINUE WITH QA13_C46

QA13_C25 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
(CHIS 2014 ONLY)

AC49

YES 1
NO .....2 **[GO TO QA13_C27]**
REFUSED ..... -7 **[GO TO QA13_C27]**
DON'T KNOW ..... -8 **[GO TO QA13_C27]**

QA13_C26 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

QA13_C27 Are you thinking about quitting smoking in the next six months?

AC50

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

PROGRAMMING NOTE QA13_C28:
IF QA13_C25 = 1 (TRIED QUITTING IN THE PAST 12 MONTHS), CONTINUE WITH QA13_C28;
ELSE SKIP TO QA13_C44;

QA13_C29 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, did you use a nicotine replacement therapy such as a…
(CHIS 2014 ONLY)

AC60

nicotine patch?

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

QA13_C30 [The last time you tried to quit, did you use a nicotine replacement therapy such as a…]
(CHIS 2014 ONLY)

AC61

nicotine gum?

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

QA13_C30 [The last time you tried to quit, did you use a nicotine replacement therapy such as a…]
(CHIS 2014 ONLY)

AC62

nicotine inhaler?

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

QA13_C31 [The last time you tried to quit, did you use a nicotine replacement therapy such as a…]
(CHIS 2014 ONLY)

AC63

nicotine lozenge?

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

QA13_C32 There are prescription medications to help people quit smoking cigarettes. The last time you tried to quit, did you use …
(CHIS 2014 ONLY)

AC64

Zyban, Wellbutrin, or Bupropion?

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

QA13_C33 [The last time you tried to quit, did you use …]
(CHIS 2014 ONLY)

AC65

Prozac?

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

QA13_C34 [The last time you tried to quit, did you use …]
(CHIS 2014 ONLY)

AC66

Chantix or Varenicline?

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

QA13_C35 In the past 12 months, have you done any of the following to help you quit smoking? Did you…
(CHIS 2014 ONLY)

AC67

Switch to “light” cigarettes?

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

QA13_C36 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…]
(CHIS 2014 ONLY)

AC68

Switch to smokeless tobacco?

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

QA13_C37 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…]
(CHIS 2014 ONLY)

AC69

Quit completely on your own or "cold turkey"?

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

QA13_C38 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

AC70

Stop hanging out with friends who smoke?

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

QA13_C39 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

AC71

Try to quit with a friend?

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

QA13_C40 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

AC72

Exercise more to help you quit smoking?

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

QA13_C41 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

AC73

Use herbal remedies for quitting smoking?

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

QA13_C42 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…] (CHIS 2014 ONLY)

AC74

Use acupuncture or hypnosis to help you quit smoking?

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

QA13_C43 [In the past 12 months, have you done any of the following to help you quit smoking? Did you…]
(CHIS 2014 ONLY)

AC75

Call a telephone quitting helpline?

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

QA13_C44 In the past 12 months, did a doctor or other health professional advise you to quit smoking?
(CHIS 2014 ONLY)

AC77

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

QA13_C45 In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?
(CHIS 2014 ONLY)

AC78

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

PROGRAMMING NOTE QA13_C46:
IF AGE <= 65 THEN CONTINUE WITH QA13_C46;
ELSE SKIP TO QA13_C48;

QA13_C46 Have you ever smoked a Hookah pipe?
(CHIS 2014 ONLY)

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 QA13_C48]**
REFUSED ..... -7 **[GO TO QA13_C48]**
DON'T KNOW ..... -8 **[GO TO QA13_C48]**

QA13_C47 Do you now use a Hookah pipe every day, some days, or not at all?
(CHIS 2014 ONLY)

AC80

EVERY DAY.....1
SOME DAYS.....2
NOT AT ALL.....3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_C48:
IF AGE <= 65 THEN CONTINUE WITH QA13_C48;
ELSE SKIP TO QA13_C51;

QA13_C48 Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer cigarettes?
(CHIS 2014 ONLY)

AC81

[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."]

YES	1	
NO	2	**[GO TO QA13_C51]**
REFUSED	-7	**[GO TO QA13_C51]**
DON'T KNOW	-8	**[GO TO QA13_C51]**

QA13_C49 During the past 30 days, how many days did you use electronic cigarettes?
(CHIS 2014 ONLY)

AC82

_____ NUMBER OF DAYS **[IF 0, THEN SKIP TO QA13_C51]**

REFUSED	-7	**[SKIP TO QA13_C51]**
DON'T KNOW	-8	**[SKIP TO QA13_C51]**

QA13_C50 What are your reasons for using electronic cigarettes?
(CHIS 2014 ONLY)

AC83

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

PROGRAMMING NOTE QA13_C51:
IF QA13_C15 = 1 (SMOKE EVERY DAY) OR C15 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA13_C51;
ELSE SKIP TO QA13_C64;

QA13_C51 What are the current rules or restrictions about smoking inside your home? Would you say…
(CHIS 2014 ONLY)

AC84

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

QA13_C52 Is your place of work completely smoke-free indoors?
(CHIS 2014 ONLY)

AC85

YES 1	
NO 2	
DON'T WORK/RETIRED 3	**[SKIP TO QA13_C54]**
NOT APPLICABLE 4	**[SKIP TO QA13_C54]**
WORK OUTDOORS 5	**[SKIP TO QA13_C54]**
REFUSED ..... -7	**[SKIP TO QA13_C54]**
DON'T KNOW ..... -8	**[SKIP TO QA13_C54]**

QA13_C53 As far as you know, in the past 7 days, has anyone smoked in your work area?
(CHIS 2014 ONLY)

AC86

YES 1
NO 2
DON'T WORK/RETIRED 3
NOT APPLICABLE 4
WORK OUTDOORS 5
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C54 How many people with whom you regularly interact, including close friends and family, smoke cigarettes?
(CHIS 2014 ONLY)

AC87

_____ NUMBER OF PEOPLE

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

QA13_C55 Please think about any messages against smoking that you saw on TV, heard on the radio, or saw on a billboard. In the past 60 days, did you see…
(CHIS 2014 ONLY)

AC88

a lot of messages against smoking,.....1
a few messages against smoking, or.....2
no messages against smoking?.....3
NEVER/RARELY WATCH TV OR LISTEN TO THE RADIO.....4
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C56 In the last few years, do you think advertising for tobacco products has…
(CHIS 2014 ONLY)

AC89

increased a lot,.....1
increased a little, ...2
stayed the same,.....3
decreased a little, or.....4
decreased a lot?.....5
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C57 Please tell me if you agree or disagree with each of the following statements.
(CHIS 2014 ONLY)

AC90

Taking a stand against smoking is important to you.

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

QA13_C58 You want to be involved in efforts to get rid of smoking.
(CHIS 2014 ONLY)

AC91

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

QA13_C59 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…
(CHIS 2014 ONLY)

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

QA13_C60 Please tell me if you think smoking should be allowed or not allowed in each of the following places:

AC93

Outdoor public places like parks, beaches, golf courses, zoos, and sports stadiums.
(CHIS 2014 ONLY)

NOT ALLOWED.....1
ALLOWED.....2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C61 Outdoor restaurant dining patios.
(CHIS 2014 ONLY)

AC94

NOT ALLOWED.....1
ALLOWED.....2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C62 Indian casinos.
(CHIS 2014 ONLY)

AC95

NOT ALLOWED.....1
ALLOWED.....2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_C63 Do you agree or disagree that there should be a total ban on smoking everywhere in your city or town, except in one's home?
(CHIS 2014 ONLY)

AC96

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

Alcohol use/Abuse

QA13_C64 Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?

AC32

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

YES 1
NO .....2 **[GO TO QA13_D1]**
REFUSED ..... -7 **[GO TO QA13_D1]**
DON'T KNOW ..... -8 **[GO TO QA13_D1]**

PROGRAMMING NOTE QA13_C65:
IF QA13_A5 = 1 (MALE) CONTINUE WITH QA13_C65;
ELSE SKIP TO QA13_C66

QA13_C65 In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?

AC34

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]

_____TIMES [HR: 0-365; SR: 0-99] **[GO TO QA13_D1]**

REFUSED ..... -7 **[GO TO QA13_D1]**
DON'T KNOW ..... -8 **[GO TO QA13_D1]**

QA13_C65 In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?

AC35

[IF NEEDED, SAY: "By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor."]

_____TIMES [HR: 0-365; SR: 0-99]

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

Section D – General Health, Disability, and Sexual Health

Height and Weight

QA13_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 QA13_D2:
IF QA13_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA13_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

Disability

QA13_D3 Are you blind or deaf, or do you have a severe vision or hearing problem?

AD50

YES 1
NO .....2 **[GO TO QA13_D5]**
REFUSED ..... -7 **[GO TO QA13_D5]**
DON'T KNOW ..... -8 **[GO TO QA13_D5]**

QA13_D4 Are you legally blind?

AL8

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

QA13_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

QA13_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

QA13_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

QA13_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 QA13_D9:
IF AAGE > 64 GO TO PN QA13_D11

QA13_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 QA13_D11]**
REFUSED	-7	**[GO TO PN QA13_D11]**
DON'T KNOW	-8	**[GO TO PN QA13_D11]**

QA13_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

Sexual Partners

PROGRAMMING NOTE QA13_D11:
IF AAGE > 70 OR QA13_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA13_E1;
ELSE CONTINUE WITH QA13_D11

QA13_D11 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 QA13_D13]**
REFUSED	-7	**[GO TO PN QA13_D13]**
DON'T KNOW	-8	

QA131_D12 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

Sexual Orientation

PROGRAMMING NOTE QA13_D13:
IF QA13_D11 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA13_D12=0, GO TO PROGRAMMING NOTE QA13_D14;
ELSE CONTINUE WITH QA13_D13;
IF QA13_D11 OR QA13_D12 = 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"

QA13_D13 {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 QA13_D14:
IF QA13_A5 = 1 (MALE), DISPLAY "Gay" IN QUESTION AND "Gay" IN HELP SCREEN;
ELSE IF QA13_A5 =2 (FEMALE), DISPLAY "Gay, Lesbian" IN QUESTION AND "Gay and Lesbian" IN HELP SCREEN

QA13_D14 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: _____) 5
REFUSED ..... -7
DON'T KNOW ..... -8

HIV Testing

PROGRAMMING NOTE QA13_D15:
IF [QA13_D11 > 1 OR QA13_D12 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)] OR [QA13_A5 = 1 (MALE) AND (QA13_D14=2 (GAY) OR QA13_D14=3 (BISEXUAL))]
CONTINUE WITH QA13_D15;
ELSE GO TO PROGRAMMING NOTE QA13_D19;

QA13_D15 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 QA13_D16:
IF QA13_D15 = 1 CONTINUE WITH QA13_D16;
ELSE GO TO PROGRAMMING NOTE QA13_D19;

QA13_D16 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

QA13_D17 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: 1985-2013]

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

QA13_D18 Was the result of your HIV test positive or negative?

AD64

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

Registered Domestic Partner

PROGRAMMING NOTE QA13_D19:
IF [QA13_A5 = 1 (MALE) AND QA13_D13 = 1 (MALE)] OR [QA13_A5 = 2 (FEMALE) AND QA13_D13 = 2 (FEMALE)] OR [QA13_D13 = 3, -7, OR -8] OR [IF QA13_D14 ≠ 1] CONTINUE WITH QA13_D19;
ELSE GO TO PROGRAMMING NOTE SECTION E

QA13_D19 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 SECTION E]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_D20 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

Section F – Mental Health

K6 Mental Health Assessment

QA13_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

QA13_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

QA13_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

QA13_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

QA13_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

QA13_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

Repeated K6

QA13_F7 Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

AF62

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

PROGRAMMING NOTE QA13_F8:
IF QA13_F7 = 1 THEN CONTINUE WITH QA13_F8;
ELSE SKIP TO PROGRAMMING NOTE QA13_F14

QA13_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

QA13_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

QA13_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

QA13_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

QA13_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

QA13_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

Sheehan Scale

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:
PROGRAMMING NOTE QA13_F14intro:
IF (QA13_F1 + QA13_F2 + QA13_F3 + QA13_F4 + QA13_F5 + QA13_F6 > 8) OR
(QA13_F8 + QA13_F9 + QA13_F10 + QA13_F11 + QA13_F12 + QA13_F13 > 8) OR
(IF QA13_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR
(IF QA13_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH QA13_F14intro;
IF QA13_F7 = 1 THEN DISPLAY "again, please";
ELSE SKIP TO QA13_F19

QA13_F14intro Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

PROGRAMMING NOTE QA13_F14:
IF AGE > 70 GO TO QA13_F15;
ELSE CONTINUE WITH QA13_F14

QA13_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

QA13_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

QA13_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

QA13_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

QA13_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

Access & Utilization

QA13_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 QA13_F21]**
REFUSED ..... -7 **[GO TO QA13_F21]**
DON'T KNOW ..... -8 **[GO TO QA13_F21]**

QA13_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

QA13_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

QA13_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 QA13_F23:
IF QA13_F21 = 1 OR QA13_F22 = 1 THEN CONTINUE WITH QA13_F23;
ELSE SKIP TO QA13_F28

QA13_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 QA13_F24:
IF QA13_F23 = 1, DISPLAY: "mental or emotional health";
IF QA13_F23 = 2, DISPLAY: "use of alcohol or drugs";
IF QA13_F23 = 3, DISPLAY: "mental or emotional health and your use of alcohol or drugs";
ELSE SKIP TO QA13_F25

QA13_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

QA13_F25 Are you still receiving treatment for these problems from one or more of these providers?

AF78

YES .....1 **[GO TO QA13_F28]**
NO 2
REFUSED ..... -7 **[GO TO QA13_F28]**
DON'T KNOW ..... -8 **[GO TO QA13_F28]**

QA13_F26 Did you complete the recommended full course of treatment?

AF79

YES .....1 **[GO TO QA13_F28]**
NO 2
REFUSED ..... -7 **[GO TO QA13_F28]**
DON'T KNOW ..... -8 **[GO TO QA13_F28]**

QA13_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

QA13_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

Stigma

PROGRAMING NOTE QA13_F29:
IF QA13_F19 = 1 AND (QA13_F21 ≠ 1 AND QA13_F22 ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH QA13_F29;
ELSE SKIP TO QA13_G1

QA13_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

QA13_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

QA13_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

QA13_F32 You had a hard time getting an appointment.

AF85

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

Section G – Demographic Information, Part II

Country of Birth (Self, Parents)

QA13_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 QA13_G2:
IF QA13_G1 ≠ 1 (NOT BORN IN US) GO TO QA13_G4;
ELSE IF QA13_G1 = 1, -7, OR -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA13_G2

QA13_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

QA13_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

Language Spoken at Home

QA13_G4 What languages do you speak at home?

AH36

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

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

Additional Language Use

PROGRAMMING NOTE QA13_G5:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA13_G5;
IF INTERVIEW CONDUCTED IN ENGLISH AND QA13_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA13_G5 AND DISPLAY: "Since you speak a language other than English at home, we are interested in the languages you use in other situations";
ELSE IF QA13_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA13_G7

QA13_G5 In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen or read?

AG21

ONLY ENGLISH.....1
BOTH ENGLISH AND OTHER LANGUAGE(S) 2
ONLY OTHER LANGUAGE(S).....3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_G6:
IF INTERVIEW CONDUCTED IN ENGLISH AND QA13_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA13_G6 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 QA13_G6.
ELSE GO TO PROGRAMMING NOTE QA13_G7

QA13_G6 {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

Citizenship and Immigration

PROGRAMMING NOTE QA13_G7:
IF QA13_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE QA13_G10;
ELSE CONTINUE WITH QA13_G7

QA13_G7 The next questions are about citizenship and immigration.

Are you a citizen of the United States?

AH39

YES .....1 **[GO TO QA13_G9]**
NO 2
APPLICATION PENDING 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_G8 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

QA13_G9 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

Spouse/Partner

PROGRAMMING NOTE QA13_G10:
IF [QA13_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA13_G10;
IF QA13_A16 = 1, THEN DISPLAY "spouse";
IF QA13_A16 = 2 OR QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA13_G12

QA13_G10 Is your {spouse/partner} also living in your household?

AH44

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

QA13_G11 May I have your {spouse/partner}'s first name and age?

SC11A

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

SPOUSE/PARTNER NAME _____
SPOUSE/PARTNER AGE _____
SPOUSE/PARTNER SEX _____

Living with Parents

PROGRAMMING NOTE QA13_G12:
IF [AAGE < 30 OR QA13_A4 = 1 (AGE 18-29)] AND QA13_G10 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA13_G12;
IF [AAGE < 30 OR QA13_A4 = 1 (AGE 18-29)] AND QA13_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 QA13_G12;
ELSE GO TO PROGRAMMING NOTE QA13_G13

QA13_G12 Are you now living with either of your parents?

AH43A

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

Child and Teen Selection

PROGRAMMING NOTE QA13_G13:
IF COMPLETED CHILD 1ST INTERVIEW, SKIP TO QA13_G19;
ELSE CONTINUE WITH QA13_G13

QA13_G13 Are there any children under the age of 18 living in the household, including babies?

SC12

YES 1
NO .....2 **[GO TO QA13_G21]**
REFUSED ..... -7 **[GO TO QA13_G21]**
DON'T KNOW ..... -8 **[GO TO QA13_G21]**

QA13_G14 Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.

SC13A

[PROBE: "Is there anyone else?"]

[ENTER AGE OF 0 (ZERO), IF LESS THAN 1 YEAR OLD]

CHILD	FIRST NAME	AGE	M/F
1			
2			
3			
4			
5			

QA13_G15 Is (CHILD) …

SC15A

0 To 11 years old or	1	**[CODE AS CHILD]**
12 To 17 years old?	2	**[CODE AS TEEN]**
REFUSED	-7	**[CODE AS TEEN]**
DON'T KNOW	-8	**[CODE AS TEEN]**

QA13_G16 I have recorded {number} {child/children} under 18 in the household. Have I missed any children under 18 who usually live here but are temporarily away?

SC13

NO ONE MISSED -- ROSTER IS CORRECT	1	
RETURN TO ROSTER	2	**[GO BACK TO QA13_G14]**

PROGRAMMING NOTE QA13_G17:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA13_G17 ABOUT EACH PERSON UNDER 18

QA13_G17 Are you the parent or legal guardian of (PERSON NAME/AGE/SEX)?

SC14A

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

PROGRAMMING NOTE QA13_G18:
IF ANY PEOPLE IN HH UNDER AGE 18 AND QA13_G10= 1, ASK QA13_G18 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18;
ELSE SKIP TO QA13_G19

QA13_G18 Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

SC14B

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

Paid Child Care

PROGRAMMING NOTE QA13_G19:
IF QA13_G13 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA13_G14 ARE AGE 13 OR LESS, CONTINUE WITH QA13_G19;
ELSE GO TO QA13_G21;
IF ANY CHILD IN ROSTER QA13_G14 < 14 AND ≥ 14 DISPLAY "for any children under age 14";
IF QA13_A16 = 1 (MARRIED) AND QA13_G10 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your spouse";
ELSE IF QA13_G10 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA13_G19 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 QA13_G21]**
REFUSED	-7	**[GO TO QA13_G21]**
DON'T KNOW	-8	**[GO TO QA13_G21]**

QA13_G20 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

Educational Attainment

QA13_G21 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

Veteran Status

QA13_G22 Did you ever serve on active duty in the Armed Forces of the United States?

AG22

- YES 1
- NO ..... 2 **[GO TO QA13_G25]**
- REFUSED ..... -7 **[GO TO QA13_G25]**
- DON'T KNOW ..... -8 **[GO TO QA13_G25]**

QA13_G23 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

QA13_G24 Altogether, how long did you serve?

AG24

_____ YEARS

_____ MONTHS

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

Employment

QA13_G25 Which of the following were <u>you</u> doing last week?

AK1

Working at a job or business,.....1	**[GO TO QA13_G29]**
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 QA13_G29]**
DON'T KNOW ..... -8	**[GO TO QA13_G29]**

QA13_G26 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 QA13_G28]**
DISABLED	6	**[GO TO PN QA13_G28]**
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	

QA13_G27 Do you usually work?

AG10

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

PROGRAMMING NOTE QA13_G28:
IF [AAGE = -7 OR -8 OR AAGE < 65] AND QA13_G27 = 2 (NO) CONTINUE WITH QA13_G28;
IF [AAGE = -7 OR -8 OR AAGE < 65] AND [QA13_G26 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA13_G28;
ELSE GO TO PROGRAMMING NOTE QA13_G29

QA13_G28 Are you receiving Social Security Disability Insurance or SSDI?

AL22

YES	1	**[GO TO PN QA13_G30]**
NO	2	**[GO TO PN QA13_G30]**
REFUSED	-7	**[GO TO PN QA13_G30]**
DON'T KNOW	-8	**[GO TO PN QA13_G30]**

PROGRAMMING NOTE QA13_G29:
IF QA13_G25 = 1, 2, -7, OR -8 (WORKING, WITH JOB, DK, OR RF) OR QA13_G27 = 1 (USUALLY WORKS), CONTINUE WITH QA13_G29;
ELSE GO TO PROGRAMMING NOTE QA13_G32

QA13_G29 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 QA13_G30:
IF QA13_G29= 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?']"

QA13_G30 {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

QA13_G31 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 QA13_G32:
IF QA13_G29 = 2 (GOVERNMENT EMPLOYEE), CODE QA13_G32 = 8 AND GO TO QA13_G33;
IF QA13_G29 = 3 (SELF-EMPLOYED), CONTINUE WITH QA13_G32 AND DISPLAY "Including yourself, about" and "you";
ELSE CONTINUE WITH QA13_G32 AND DISPLAY "About" and "your employer";

QA13_G32 {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

AK8

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

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

Employment (Spouse/Partner)

PROGRAMMING NOTE QA13_G33:
IF QA13_ A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1, CONTINUE WITH QA13_G33;
IF QA13_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY "partner";
ELSE GO TO QA13_H1

QA13_G33 Which of the following was your {spouse/partner} doing last week?

AG8

Working at a job or business,	1	**[GO TO QA13_G35]**
With a job or business but not at work,	2	**[GO TO QA13_G35]**
Looking for work, or	3	
Not working at a job/business?	4	
REFUSED	-7	
DON'T KNOW	-8	

QA13_G34 Does your {spouse/partner} usually work?

AG11

YES	1	
NO	2	**[GO TO QA13_H1]**
LOOKING FOR WORK	3	**[GO TO QA13_H1]**
REFUSED	-7	**[GO TO QA13_H1]**
DON'T KNOW	-8	**[GO TO QA13_H1]**

QA13_G35 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

Usual Source of Care

QA13_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 QA13_H3]**
DOCTOR/MY DOCTOR	3	
KAISER	4	
MORE THAN ONE PLACE	5	
REFUSED	-7	**[GO TO QA13_H3]**
DON'T KNOW	-8	**[GO TO QA13_H3]**

PROGRAMMING NOTE QA13_H2:
IF QA13_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";
ELSE IF QA13_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE IF QA13_H1 = 4 (KAISER) CIRCLE "1" FOR QA13_H2 AND GO TO QA13_H3

QA13_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

Emergency Room Visits

PROGRAMMING NOTE QA13_H3:
IF QA13_B6 = 1 OR QA13_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA13_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA13_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA13_H4;
ELSE CONTINUE WITH QA13_H3

QA13_H3 During the past 12 months, did you visit a hospital emergency room for your own health?

AH12

YES	1	
NO	2	**[GO TO QA13_H5]**
REFUSED	-7	**[GO TO QA13_H5]**
DON'T KNOW	-8	**[GO TO QA13_H5]**

PROGRAMMING NOTE QA13_H4:
IF QA13_B6 = 1 OR QA13_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA13_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA13_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?"

QA13_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

Medicare Coverage

QA13_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 QA13_H8]**
NO 2	
REFUSED ..... -7	**[GO TO QA13_H15]**
DON'T KNOW ..... -8	**[GO TO QA13_H15]**

POST-NOTE QA13_H5:
IF QA13_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H6:
IF [AAGE > 64 OR QA13_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA13_H5= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA13_H6;
ELSE GO TO PROGRAMMING NOTE QA13_H8

QA13_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 QA13_H15]**
NOT CORRECT, R IS COVERED BY MEDICARE ..2	**[GO TO PN QA13_H8]**
AGE IS INCORRECT 93	
REFUSED ..... -7	**[GO TO PN QA13_H15]**
DON'T KNOW ..... -8	**[GO TO PN QA13_H15]**

POST-NOTE QA13_H6:
IF QA13_H6 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

QA13_H7 What is your age, please?

AI3

_____ YEARS OF AGE [HR: 18-105] **[GO TO PN QA13_H15]**

REFUSED ..... -7 **[GO TO PN QA13_H15]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H15]**

POST NOTE QA13_H7: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA13_H7;
IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QA13_H8:
IF ARMCARE = 1, CONTINUE WITH QA13_H8;
ELSE GO TO PROGRAMMING NOTE QA13_H15

QA13_H8 Is your MediCARE coverage provided through an HMO?

AH49

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

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

YES 1
NO .....2 **[GO TO QA13_H10]**
REFUSED ..... -7 **[GO TO QA13_H10]**
DON'T KNOW ..... -8 **[GO TO QA13_H10]**

POST-NOTE QA13_H8:
IF QA13_H8 = 1, SET ARMHMO = 1

QA13_H9 What is the name of your MediCARE HMO plan?

AH50

AARP MEDICARE COMPLETE 1
AETNA 2
AETNA MEDICARE (SELECT/PREMIER) 3
ALAMEDA ALLIANCE FOR HEALTH 4
ALLIANCE COMPLETE CARE 5
ANTHEM BLUE CROSS/BLUE CROSS 6
ARCADIAN COMMUNITY CARE 7
BLUE CROSS SENIOR SECURE 8
BLUE SHIELD 65 PLUS 9
BLUE SHIELD OF CALIFORNIA 10
CAL OPTIMA 11
CARE 1ST HEALTH PLAN 12
CARE ADVANTAGE 13
CARE MORE 14
CEN CAL HEALTH..... 15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 16
CENTRAL HEALTH PLAN OF CALIFORNIA 17
CHINESE COMMUNITY HEALTH PLAN..... 18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM 19

CIGNA 20
CITIZENS CHOICE HEALTHPLAN 21
COMMUNICARE ADVANTAGE 22
COMMUNITY HEALTH GROUP 23
COMMUNITY HEALTH PLAN 24
CONTRA COSTA HEALTH PLAN 25
EASY CHOICE HEALTH PLAN 26
GEM CARE 27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN 28
GREAT-WEST 29
HEALTH NET 30
HEALTH PLAN OF SAN JOAQUIN 31
HEALTH PLAN OF SAN MATEO 32
HUMANA GOLD PLUS 33
IEHP (INLAND EMPIRE HEALTH PLAN) 34
IEHP MEDICARE DUAL CHOICE 35
INTER VALLEY HEALTH PLAN 36
KAISER 37
KERN COUNTY HEALTH PLAN 38
L.A. CARE HEALTH PLAN 39
MD CARE 40
MOLINA HEALTH PLAN 41
MOLINA MEDICARE OPTIONS 42
ON LOK 43
ON LOK SENIOR HEALTH SERVICES 44
ONE CARE 45
PACIFICARE 46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA 47
SALUD CON HEALTH NET 48
SAN FRANCISCO HEALTH PLAN 49
SANTA CLARA FAMILY HEALTH PLAN 50
SCAN HEALTH PLAN 51
SECURE HORIZONS 52
SENIOR ADVANTAGE 53
SENIORITY PLUS 54
SERVICE TO SENIORS 55
SHARP HEALTH PLAN 56
TOTAL FIT 57
VALLEY HEALTH PLAN 58
VENTURA COUNTY HEALTH CARE PLAN 59
WESTERN HEALTH ADVANTAGE 60
WESTERN HEALTH ADVANTAGE CARE+ 61
CHAMPUS/CHAMP-VA 62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 63
VA HEALTH CARE SERVICES 64
MEDI-CAL 65
MEDICARE 66
MEDICARE ADVANTAGE 67
OTHER 91
OTHER (SPECIFY:_____) 92
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE FOR QA13_H9:
ALL ANSWERS GO TO PROGRAMMING NOTE QA13_H11;
IF QA13_H9 = 62, 63, OR 64 THEN ARMILIT = 1

QA13_H10 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 QA13_H15]**
REFUSED	-7	**[GO TO PN QA13_H15]**
DON'T KNOW	-8	**[GO TO PN QA13_H15]**

POST-NOTE FOR QA13_H10:
IF QA13_H10 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA13_H11:
IF QA13_H8 = 1 (MEDICARE HMO) CONTINUE WITH QA13_H11 AND DISPLAY "MediCARE HMO";
IF QA13_H10 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA13_H11 AND DISPLAY "MediCARE Supplement plan";
ELSE GO TO PROGRAMMING NOTE QA13_H15

QA13_H11 For the {MediCARE HMO/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?

AH52

[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

QA13_H12 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."

"A deductible is the amount you pay for medical care before your health plan starts paying."

"Premium is the monthly charge for the cost of your health insurance plan."]

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

QA13_H13 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 QA13_H15]**
REFUSED ..... -7 **[GO TO PN QA13_H15]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H15]**

QA13_H14 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
HEALTHY FAMILIES 8
OTHER..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE FOR QA13_H14:
IF QA13_H14 = 7, SET ARMCAL = 1;
IF QA13_H14 = 8, SET ARHFAM = 1

Medi-Cal Coverage

PROGRAMMING NOTE QA13_H15:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA13_H15 {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	**[GO TO QA13_H17]**
NO 2	
REFUSED ..... -7	
DON'T KNOW ..... -8	

POST-NOTE FOR QA13_H15:
IF QA13_H15 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA13_H15 = 2, SET ARMCAL = 0

Healthy Families Coverage

PROGRAMMING NOTE QA13_H16:
IF AAGE > 18 OR [QA13_A4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA13_H17;
ELSE IF [AAGE = 18 OR QA13_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA13_H16 AND DISPLAY "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA13_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA13_H16 AND DISPLAY: "Are you"

QA13_H16 {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?

AI7

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

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

POST-NOTE FOR QA13_H16:
IF QA13_H16 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF ARHFAM = 1 AND QA13_H16 = 2, SET ARHFAM = 0

Employer-Based Coverage

PROGRAMMING NOTE QA13_H17:
IF ARSUPP = 1, DISPLAY "Besides the Medicare supplemental plan you told me about" AND "any other";
ELSE IF ARMHMO = 1, DISPLAY "Besides the Medicare HMO plan you told me about" AND "any other";
ELSE DISPLAY "a"

QA13_H17 {Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO 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 QA13_H17:
IF QA13_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE QA13_H18:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER), CONTINUE WITH QA13_H18;
ELSE GO TO PROGRAMMING NOTE QA13_H20

QA13_H18 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?
(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

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 QA13_H20]**
REFUSED ..... -7 **[GO TO PN QA13_H20]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H20]**

POST-NOTE FOR QA13_H18:
IF QA13_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H19:
IF ARDIRECT = 1, THEN CONTINUE WITH QA13_H19;
ELSE GO TO PROGRAMMING NOTE QA13_H20

QA13_H19 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
(CHIS 2014 ONLY)

AH104

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

POST-NOTE FOR QA13_H19:
IF QA13_H19= 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR QA13_H20:
IF QA13_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA13_H18 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA13_H20;
ELSE GO TO PROGRAMMING NOTE QA13_H22

QA13_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 QA13_22]**
IN SOMEONE ELSE'S NAME 2	
REFUSED ..... -7	**[GO TO PN QA13_22]**
DON'T KNOW ..... -8	**[GO TO PN QA13_22]**

POST-NOTE FOR QA13_H20:
IF QA13_H17 = 1 AND QA13_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF QA13_H17 = 1 AND QA13_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA13_H18 = 1 AND QA13_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA13_H18 = 1 AND QA13_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA13_H21:
IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1OR IF QA13_G13 = 1 (LIVING WITH PARENTS) OR IF AAGE < 26, CONTINUE WITH QA13_H21;
ELSE GO TO PROGRAMMING NOTE QA13_H22;
IF QA13_A16 = 1, THEN DISPLAY "spouse's name";
IF QA13_A16 ≠ 1 AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY "partner's name;
IF QA13_G13 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA13_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 QA13_H21:
IF QA13_H17 = 1 AND QA13_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF QA13_H19 = 1 AND QA13_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;
IF QA13_H17 = 1 AND QA13_H21 = 2 SET AREMPAR =1 AND AREMPOTH = 0;
IF QA13_H18 = 1 AND QA13_H21 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF QA13_H18 = 1 AND QA13_H21 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE QA13_H22:
IF QA13_H17 = 1 (EMPLOYER-BASED COVERAGE) AND AK8 < 5 (FIRM SIZE <=100), CONTINUE WITH QA13_H22 AND DISPLAY;
IF AREMPOWN = 1 THEN DISLPLAY {you};
IF AREMPSP = 1 OR AREMPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE QA13_H23;

QA13_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?
(CHIS 2014 ONLY)

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

AH105

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

POST-NOTE FOR QA13_H22:
IF QA13_H22 = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE QA13_H23
IF ARHBEX = 1, THEN CONTINUE WITH QA13_H23;
ELSE GO TO PROGRAMMING NOTE QA13_H25;

QA13_H23 Was this a bronze, silver, gold or platinum plan?
(CHIS 2014 ONLY)

AH106

Bronze 1
Silver 2
Gold 3
Platinum 4
MEDI-CAL / MEDICAID 5
CATASTROPHIC 6
OTHER (SPECIFY:_____)..... 92
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_H24:
IF QA13_H22 = 3, THEN GO TO QA13_H25;
ELSE CONTINUE WITH QA13_H24;

QA13_H24 Was there a subsidy or discount on the premium for this plan?
(CHIS 2014 ONLY)

AH107

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

PROGRAMMING NOTE QA13_H25:
IF QA13_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA13_H18 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA13_H25;
ELSE GO TO PROGRAMMING NOTE QA13_H28

QA13_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."

"A deductible is the amount you pay for medical care before your health plan starts paying."

"Premium is the monthly charge for the cost of your health insurance plan."]

YES 1
NO .....2 **[GO TO PN QA13_H27]**
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_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 QA13_H28]**
REFUSED	-7	**[GO TO PN QA13_H28]**
DON'T KNOW	-8	**[GO TO PN QA13_H28]**

PROGRAMMING NOTE QA13_H27:
IF QA13_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"

QA13_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
HEALTHY FAMILIES	8
MEDICARE	9
HEALTHY KIDS	10
COVERED CALIFORNIA	11
OTHER	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA13_H27:
IF QA13_H27 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA13_H27 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA13_H27 = 6, THEN SET AROTHER = 1;
IF QA13_H27 = 10, THEN SET ARHKID =1;
IF QA13_H27 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
IF QA13_H27 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF QA13_H27 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0;
IF QA13_H27 = 11, SET ARHBEX = 1;
IF QA13_H27 = 91, THEN SET AROTHER = 1

Employer Offer of Health Insurance

PROGRAMMING NOTE QA13_H28:
IF [QA13_G26 = 1 OR 2 (R WORKED LAST WEEK) OR QA13_G28 = 1 (R USUALLY WORKS)] AND QA13_G30 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH QA13_H28;
ELSE GO TO PROGRAMMING NOTE QA13_H32

QA13_H28 Does your employer offer health insurance to any of its employees?

AI13

YES	1	
NO	2	**[GO TO PN QA13_H32]**
REFUSED	-7	**[GO TO PN QA13_H32]**
DON'T KNOW	-8	**[GO TO PN QA13_H32]**

QA13_H29 Are you eligible to be in this plan?

AI14

YES	1	
NO	2	**[GO TO QA13_H31]**
REFUSED	-7	**[GO TO PN QA13_H32]**
DON'T KNOW	-8	

QA13_H30 What is the one main reason why you aren't in this plan?

AI15

COVERED BY ANOTHER PLAN	1	**[GO TO PN QA13_H32]**
TOO EXPENSIVE	2	**[GO TO PN QA13_H32]**
DIDN'T LIKE PLAN OFFERED	3	**[GO TO PN QA13_H32]**
DON'T NEED OR BELIEVE IN HEALTH INSURANCE	4	**[GO TO PN QA13_H32]**
OTHER (SPECIFY: _____)	91	**[GO TO PN QA13_H32]**
REFUSED	-7	**[GO TO PN QA13_H32]**
DON'T KNOW	-8	**[GO TO PN QA13_H32]**

QA13_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

CHAMPUS/CHAMP-VA, TRICARE, VA Coverage

PROGRAMMING NOTE QA13_H32:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA13_H32;
ELSE GO TO PN QA13_H33

QA13_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 QA13_H32:
IF QA13_H32 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

Healthy Kids

PROGRAMMING NOTE QA13_H33:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND AAGE = 18, CONTINUE WITH QA13_H33 AND DISPLAY "Healthy Kids";
ELSE GO TO PROGRAMMING NOTE QA13_H34

QA13_H33 Are you covered by the Healthy Kids program?

AH70

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]

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

POST-NOTE QA13_H33:
IF QA13_H33 = 1, SET ARHKID = 1 AND SET ARINSURE = 1

AIM, MRMIP, Family PACT, PCIP, Other Government Coverage

PROGRAMMING NOTE QA13_H34:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QA13_H34;
ELSE GO TO PROGRAMMING NOTE QA13_H36

QA13_H34 Are you covered by some other government health program, such as AIM, “Mister MIP,” the Family PACT program, PCIP, 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; and PCIP is the pre-existing condition insurance plan."]

YES	1	
NO	2	**[GO TO PN QA13_H36]**
REFUSED	-7	**[GO TO PN QA13_H36]**
DON'T KNOW	-8	**[GO TO PN QA13_H36]**

POST-NOTE QA13_H34:
IF QA13_H34 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA13_H35 **ASK IF NECESSARY:** "What is the name of this program?"

AI17A

AIM	1
MRMIP ("Mister Mip")	2
FAMILY PACT	3
PCIP	4
OTHER (SPECIFY: _____)	91
REFUSED	-7
DON'T KNOW	-8

Other Coverage

PROGRAMMING NOTE QA13_H36:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEATHLY KIDS, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA13_H36;
ELSE GO TO PROGRAMMING NOTE QA13_H40

QA13_H36 Do you have any health insurance coverage through a plan that I missed?

AI18

YES	1	
NO	2	**[GO TO PN QA13_H40]**
REFUSED	-7	**[GO TO PN QA13_H40]**
DON'T KNOW	-8	**[GO TO PN QA13_H40]**

QA13_H37 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
HEALTHY FAMILIES 6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC 8
HEALTHY KIDS 9
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 QA13_H37:
IF QA13_H37 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 8, SET ARIHS = 1;
IF QA13_H37 = 9, SET ARHKID = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 10, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H38:
IF QA13_H37 = 1, 2, OR 3 CONTINUE WITH QA13_H38;
ELSE GO TO PROGRAMMING NOTE QA13_H40

QA13_H38 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 QA13_H40]**
IN SOMEONE ELSE'S NAME 2	
REFUSED ..... -7	**[GO TO PN QA13_H40]**
DON'T KNOW ..... -8	**[GO TO PN QA13_H40]**

POST-NOTE QA13_H38:
IF (QA13_H37 = 1 OR 2) AND QA13_H38 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF QA13_H37 = 3 AND QA13_H38 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF (QA13_H37 = 1 OR 2) AND (QA13_H38 = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF QA13_H37 = 3 AND (QA13_H38 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE QA13_H39:
IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 OR IF QA13_G13 = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH QA13_H39;
ELSE GO TO PROGRAMMING NOTE QA13_H40;
IF QA13_A16 = 1 THEN DISPLAY "spouse's name";
IF QA13_A16 ≠ 1 AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY "partner's name";
IF QA13_G13 = 1 OR AAGE < 26, THEN DISPLAY "parent's name";

QA13_H39 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 QA13_H39:
IF QA13_H39 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF QA13_H39 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

Indian Health Service Participation

PROGRAMMING NOTE QA13_H40:
IF ARIHS ≠ 1 AND QA13_A8 = 4 (AMERCAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA13_H40;
ELSE GO TO PROGRAMMING NOTE QA13_H41_INTRO

QA13_H40 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 QA13_H40:
IF QA13_H40 = 1, SET ARIHS = 1

Spouse's Insurance Coverage Type & Eligibility

PROGRAMMING NOTE QA13_H41_INTRO:
IF [QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH QA13_H41_INTRO;
IF QA13_A16 = 1, THEN DISPLAY "spouse";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA13_H63

QA13_H41_INTRO These next questions are about the type of health insurance your {spouse/partner} may have.

AI37intro

PROGRAMMING NOTE QA13_H41:
IF SPOUSE 65 OR OLDER THEN
IF ARMCARE ≠ 1, CONTINUE WITH QA13_H41 WITHOUT DISPLAY
ELSE IF ARMCARE = 1, CONTINUE WITH QA13_H41 AND DISPLAY "You said that you are covered by Medicare." AND "also";
ELSE GO TO PROGRAMMING NOTE QA13_H44

QA13_H41 {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 QA13_H41:
IF QA13_H41 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H42:
IF QA13_H41 = 1 AND ARMHMO ≠ 1, CONTINUE WITH QA13_H42 WITHOUT DISPLAY;
ELSE IF QA13_H41 = 1 AND ARMHMO = 1, CONTINUE WITH QA13_H42 AND DISPLAY "You said that your Medicare coverage is provided through an HMO." AND "also";
IF QA13_A16 = 1 (MARRIED) THEN DISPLAY "spouse's";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1THEN DISPLAY "partner's";
ELSE GO TO PROGRAMMING NOTE QA13_H43

QA13_H42 {You said that your Medicare coverage is provided through an HMO.} Is your {spouse's/partner's} Medicare {also} provided through an HMO?

AH61

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

POST-NOTE QA13_H42:
IF QA13_H42 = 1, THEN SET SPMHMO = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H43:
IF SPHMO = 1, THEN SKIP TO PROGRAMMING NOTE QA13_H44;
ELSE IF QA13_H41 = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA13_H43 WITHOUT DISPLAY;
ELSE IF QA13_H41 = 1 AND ARSUPP = 1, CONTINUE WITH QA13_H43 AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF QA13_A16 = 1 (MARRIED), THEN DISPLAY "spouse";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1THEN DISPLAY "partner";
ELSE GO TO PROGRAMMING NOTE QA13_H44

QA13_H43 {You said that you have a Medicare Supplement plan.} Does your {partner/husband/wife/spouse} {also} have a Medicare supplemental policy?

AI37A

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

POST-NOTE QA13_H43:
IF QA13_H43 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H44:
IF ARMCAL = 1, CONTINUE WITH QA13_H44 WITHOUT DISPLAY;
IF ARMCARE = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H45

QA13_H44 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 QA13_H44:
IF QA13_H44 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA13_H45:
IF ARHFAM = 1 AND SPOUSE/PARTNER AGE ≤ 18, CONTINUE WITH QA13_H45;
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H46

QA13_H45 You said you {also} have Healthy Families. Is (SPOUSE/PARTNER) also covered by Healthy Families?

AI39

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

POST-NOTE QA13_H45:
IF QA13_H45 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H46:
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA13_H46;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H48

QA13_H46 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 QA13_H49]**
NO 2
OTHER 3
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA13_H46:
IF QA13_H46 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA13_H47:
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH QA13_H47;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H48

QA13_H47 You said you have health insurance through Covered California's SHOP program. Is (SPOUSE/PARTNER) {also} covered by this health insurance?
(CHIS 2014 ONLY)

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

AH108

YES .....1 **[GO TO PN QA13_H49]**
NO 2
OTHER.....3
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA13_H47:
IF QA13_H47 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE QA13_H48:
IF QA13_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA13_G32 = 1 (USUALLY WORKS), CONTINUE WITH QA13_H48;
IF AREMPSP = 1 AND QA13_A16 = 1, DISPLAY "You said you have insurance from your spouse's employer or union.";
ELSE IF AREMPSP = 1 AND (QA13_D16 = 1 OR QA13_D17 = 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 QA13_H49

QA13_H48 {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 QA13_H48:
IF QA13_H48 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H49:
IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA13_H49;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H50

QA13_H49 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 QA13_H49:
IF QA13_H49 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA13_H50:
IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH QA13_H50;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H51

QA13_H50 You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?
(CHIS 2014 ONLY)

AH109

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

POST-NOTE QA13_H50:
IF QA13_H50 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE QA13_H51:
IF ARMILIT = 1, CONTINUE WITH QA13_H51;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H52

QA13_H51 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 QA13_H51:
IF QA13_H51 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA13_H52:
IF AROTHGOV = 1, CONTINUE WITH QA13_H52;
IF QA13_H35 = 1, THEN DISPLAY "AIM";
IF QA13_H35 = 2, THEN DISPLAY "MRMIP";
IF QA13_H35 = 3, THEN DISPLAY "Family PACT";
IF QA13_H35 = 4, THEN DISPLAY "PCIP";
IF QA13_H35 = 91, THEN DISPLAY "some government health plan":
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA13_H53

QA13_H52 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 QA13_H52:
IF QA13_H52 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H53:
IF SPINSURE ≠ 1, DISPLAY "any";
ELSE DISPLAY "through any other source"

QA13_H53 Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other source}?

AI46

YES 1
NO .....2 **[GO TO PN QA13_H55]**
REFUSED ..... -7 **[GO TO QA13_H59]**
DON'T KNOW ..... -8 **[GO TO QA13_H59]**

QA13_H54 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
HEALTHY FAMILIES 6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE.....7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC 8
HEALTHY KIDS 9
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 QA13_H54:
IF QA13_H54 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 8, SET SPIHS = 1;
IF QA13_H54 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H55:
IF SPINSURE ≠ 1, CONTINUE WITH QA13_H55;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA13_H57;
ELSE GO TO PROGRAMMING NOTE QA13_H59

QA13_H55 You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct?

AI48

YES	1	**[GO TO PN QA13_H59]**
NO	2	
REFUSED	-7	**[GO TO PN QA13_H59]**
DON'T KNOW	-8	**[GO TO PN QA13_H59]**

QA13_H56 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
HEALTHY FAMILIES	6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE	7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC	8
HEALTHY KIDS	9
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 QA13_H56:
IF QA13_H56 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 8, SET SPIHS = 1;
IF QA13_H56 = 9, SET SPKID = 1 AND SET SPINSURE = 1;

IF QA13_H56 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA13_H57:
IF QA13_H54 = (1, 2, 3, 10, 11) OR QA13_H56 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QA13_H57;
IF QA13_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 THEN DISPLAY "partner's";
ELSE SKIP TO PROGRAMMING NOTE QA13_H59

QA13_H57 Was this plan obtained in your {spouse's/partner's} name or in the name of someone else?

AH62

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

IN SPOUSE'S/PARTNER'S NAME 1	**[GO TO PN QA13_H59]**
IN SOMEONE ELSE'S NAME 2	
REFUSED ..... -7	**[GO TO PN QA13_H59]**
DON'T KNOW ..... -8	**[GO TO PN QA13_H59]**

POST-NOTE QA13_H57:
IF QA13_H57 = 1 (SPOUSE'S/PARTNER'S NAME) AND [QA12_H54 = (1, 2, 3) OR QA13_H56 = (1, 2, 3)], SET SPEMPOWN = 1 AND SET SPEMPOTH = 0;
IF QA13_H57 = 1 (SPOUSE'S/PARTNER'S NAME) AND [QA12_H54 = (10, 11) OR QA13_H56 = (10, 11)], SET SPHBEX = 1;

QA13_H58 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 QA13_H58:
IF QA13_H58 = 1 AND [QA12_H54 = (1, 2, 3) OR QA13_H56 = (1, 2, 3)], SET SPEMPAR = 1 AND SET SPEMPOTH = 0 AND ARSAMESP=1;
IF QA13_H58 = 1 AND [QA12_H54 = (10, 11) OR QA13_H56 = (10, 11)], SET SPHBEX = 1 AND ARSAMESP=1;
IF QA13_H58 = 2, SET SPARPAR = 1 AND SET SPEMPOTH = 0

PROGRAMMING NOTE QA13_H59:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA13_H63;
ELSE IF [QA13_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA13_G32 = 1 (USUALLY WORKS)] AND QA13_G33 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA13_H59;
IF QA13_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY "partner's"
ELSE GO TO PROGRAMMING NOTE QA13_H63

QA13_H59 Does your {spouse's/partner's} employer offer health insurance to any of its employees?

AI43

YES	1	
NO	2	**[GO TO PN QA13_H63]**
REFUSED	-7	**[GO TO PN QA13_H63]**
DON'T KNOW	-8	**[GO TO PN QA13_H63]**

QA13_H60 Is {he/she} eligible to be in this plan?

AI44

YES	1	
NO	2	**[GO TO QA13_H62]**
REFUSED	-7	**[GO TO PN QA13_H63]**
DON'T KNOW	-8	**[GO TO PN QA13_H63]**

QA13_H61 What is the ONE main reason why {he/she} isn't in this plan?

AI45

COVERED BY ANOTHER PLAN	1	**[GO TO PN QA13_H63]**
TOO EXPENSIVE	2	**[GO TO PN QA13_H63]**
DOESN'T LIKE PLAN OFFERED	3	**[GO TO PN QA13_H63]**
DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE	4	**[GO TO PN QA13_H63]**
OTHER (SPECIFY: _____)	91	**[GO TO PN QA13_H63]**
REFUSED	-7	**[GO TO PN QA13_H63]**
DON'T KNOW	-8	**[GO TO PN QA13_H63]**

QA13_H62 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

Managed-Care Plan Characteristics

PROGRAMMING NOTE QA13_H63:
IF ARMHMO = 1 (R HAS MEDICARE HMO), GO TO QA13_H65;
IF ARHFAM = 1 OR ARHKID = 1; GO TO QA13_H64;
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA13_H63;
IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next, I have some questions about your own main health plan."
IF ARMCAL = 1 DISPLAY "Medi-Cal";
ELSE GO TO QA13_H78

QA13_H63 {Next, I have some questions about your own main health plan.}

Is your {Medi-Cal} 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 QA13_H64]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA13_H63B:
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO QA13_H64;
ELSE CONTINUE WITH QA13_H63B;

QA13_H63B Is your health plan a PPO or EPO?
(CHIS 2014 ONLY)

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 QA13_H64:
IF (ARMCAL = 1 AND QA13_H63 = 1) OR (AROTHGOV = 1 AND QA13_H35 = 1) THEN LIST HMO MEDI-CAL BY COUNTY;
ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA13_H63 = 1 THEN LIST HMO HEALTHY FAMILIES BY COUNTY;
ELSE IF QA13_H63 = 1 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA13_H35 = 2)] THEN LIST HMO COMMERCIAL BY COUNTY;
ELSE IF QA13_H63 = 2 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA13_H35 = 2)] THEN LIST NON-HMO BY COUNTY

QA13_H64 What is the name of your main 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?"]

AARP MEDICARE COMPLETE 1
AETNA 2
AETNA MEDICARE (SELECT/PREMIER) 3
ALAMEDA ALLIANCE FOR HEALTH 4
ALLIANCE COMPLETE CARE 5
ANTHEM BLUE CROSS/BLUE CROSS 6
ARCADIAN COMMUNITY CARE 7
BLUE CROSS SENIOR SECURE 8
BLUE SHIELD 65 PLUS 9
BLUE SHIELD OF CALIFORNIA 10
CAL OPTIMA 11
CARE 1ST HEALTH PLAN 12
CARE ADVANTAGE 13
CARE MORE 14
CEN CAL HEALTH 15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 16
CENTRAL HEALTH PLAN OF CALIFORNIA 17
CHINESE COMMUNITY HEALTH PLAN 18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM 19
CIGNA 20
CITIZENS CHOICE HEALTHPLAN 21
COMMUNICARE ADVANTAGE 22
COMMUNITY HEALTH GROUP 23
COMMUNITY HEALTH PLAN 24
CONTRA COSTA HEALTH PLAN 25
EASY CHOICE HEALTH PLAN 26
GEM CARE 27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN 28
GREAT-WEST 29
HEALTH NET 30
HEALTH PLAN OF SAN JOAQUIN 31
HEALTH PLAN OF SAN MATEO 32
HUMANA GOLD PLUS 33
IEHP (INLAND EMPIRE HEALTH PLAN) 34
IEHP MEDICARE DUAL CHOICE 35
INTER VALLEY HEALTH PLAN 36
KAISER 37
KERN COUNTY HEALTH PLAN 38
L.A. CARE HEALTH PLAN 39
MD CARE 40
MOLINA HEALTH PLAN 41

MOLINA MEDICARE OPTIONS 42
ON LOK 43
ON LOK SENIOR HEALTH SERVICES 44
ONE CARE 45
PACIFICARE 46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA 47
SALUD CON HEALTH NET 48
SAN FRANCISCO HEALTH PLAN 49
SANTA CLARA FAMILY HEALTH PLAN 50
SCAN HEALTH PLAN 51
SECURE HORIZONS 52
SENIOR ADVANTAGE 53
SENIORITY PLUS 54
SERVICE TO SENIORS 55
SHARP HEALTH PLAN 56
TOTAL FIT 57
VALLEY HEALTH PLAN 58
VENTURA COUNTY HEALTH CARE PLAN 59
WESTERN HEALTH ADVANTAGE 60
WESTERN HEALTH ADVANTAGE CARE+ 61
CHAMPUS/CHAMP-VA 62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 63
VA HEALTH CARE SERVICES 64
MEDI-CAL 65
MEDICARE 66
MEDICARE ADVANTAGE 67
OTHER 91
OTHER (SPECIFY:_____) 92
REFUSED ..... -7
DON'T KNOW ..... -8

POST NOTE QA13_H64:
IF QA13_H64 = 62, 63, OR 64 THEN SET ARMILIT=1

PROGRAMMING NOTE QA13_H65:
IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "Next I have some questions about your own main health plan."

QA13_H65 {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

High Deductible Health Plans

PROGRAMMING NOTE QA13_H66:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH QA13_H66;
ELSE GO TO QA13_H71

QA13_H66 Does your health plan have a deductible that is more than $1,000?

AH71

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

YES	1	
NO	2	**[GO TO QA13_H68]**
YES, ONLY WHEN I GO OUT OF NETWORK	3	**[GO TO QA13_H68]**
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA13_H67:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA13_H67;
ELSE GO TO QA13_H68

QA13_H67 Does your health plan have a deductible that is more than $2,000?

AH96

[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 QA13_H69]**
NO	2	
YES, ONLY WHEN I GO OUT OF NETWORK	3	
REFUSED	-7	
DON'T KNOW	-8	

QA13_H68 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 PN QA13_H70]**
YES, ONLY WHEN I GO OUT OF NETWORK	3	**[GO TO PN QA13_H70]**
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE QA13_H69:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA13_H69;
ELSE GO TO PROGRAMMING NOTE QA13_H70

QA13_H69 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 QA13_H70:
IF ARINSURE ≠ 1 (CURRENTLY UNINSURED) OR ARMCAL = 1 (CURRENTLY HAS MEDICAL) OR ARMCARE =1 (CURRENTLY HAS MEDICARE) OR ARHFAM =1 (CURRENTLY HAS HEALTHY FAMILIES) OR ARHKID =1 (CURRENTLY HAS HEALTHY KIDS) OR AROTHGOV = 1 (CURRENTLY HAS OTHER GOVT COVERAGE LIKE AIM, MRMIP, PCIP),, SKIP TO QA13_H71;
ELSE CONTINUE WITH QA13_H70

QA13_H70 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

Coverage over Past 12 Months

QA13_H71 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 PN QA13_H84]**
NO 2
REFUSED ..... -7 **[GO TO QA13_H74]**
DON'T KNOW ..... -8

QA13_H72 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 QA13_H75]**
REFUSED	-7	**[GO TO QA13_H74]**
DON'T KNOW	-8	**[GO TO QA13_H74]**

QA13_H73 Was your other health insurance Medi-CAL, Healthy Families, 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
HEALTHY FAMILIES	2
THROUGH CURRENT OR FORMER EMPLOYER/UNION	3
HEALTHY KIDS	4
PURCHASED DIRECTLY	5
COVERED CALIFORNIA	6
OTHER HEALTH PLAN	91
REFUSED	-7
DON'T KNOW	-8

QA13_H74 During the past 12 months, was there any time when you had no health insurance at all?

AI34

YES	1	
NO	2	**[GO TO PN QA13_H84]**
REFUSED	-7	**[GO TO PN QA13_H84]**
DON'T KNOW	-8	**[GO TO PN QA13_H84]**

QA13_H75 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 QA13_H84]**
REFUSED	-7	**[GO TO PN QA13_H84]**
DON'T KNOW	-8	**[GO TO PN QA13_H84]**

Reasons for Lack of Coverage

QA13_H76 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

QA13_H77 During the time that you were uninsured, did you try to find health insurance on your own?

AH74

YES	1	**[GO TO PN QA13_H84]**
NO	2	**[GO TO PN QA13_H84]**
REFUSED	-7	**[GO TO PN QA13_H84]**
DON'T KNOW	-8	**[GO TO PN QA13_H84]**

QA13_H78 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

QA13_H79 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

QA13_H80 Were you covered by health insurance at any time during the past 12 months?

AI27

YES .....1 **[GO TO QA13_H82]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H81 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 PN QA13_H84]**
MORE THAN 3 YEARS AGO .....2 **[GO TO PN QA13_H84]**
NEVER HAD HEALTH INSURANCE.....3 **[GO TO PN QA13_H84]**
REFUSED ..... -7 **[GO TO PN QA13_H84]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H84]**

QA13_H82 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 QA13_H84]**

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

QA13_H83 During that time when you had health insurance, was your insurance Medi-CAL, Healthy Families, 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?
(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

AI30

[CODE ALL THAT APPLY]

[PROBE: "Any others?"]

MEDI-CAL 1
HEALTHY FAMILIES 2
THROUGH CURRENT OR FORMER
EMPLOYER OR UNION 3
HEALTHY KIDS 4
PURCHASED DIRECTLY.....5
COVERED CALIFORNIA.....6
OTHER HEALTH PLAN 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_H84:
IF ARINSURE ≠ 1 OR QA13_H72 = 2 OR ARDIRECT = 1 OR QA13_H83 = (5, 6) OR QA13_H73 = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH QA13_H84;
ELSE GO TO PROGRAMMING NOTE QA13_H101

QA13_H84 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?
(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

AH103

YES 1
NO .....2 **[GO TO PN QA13_H101]**
REFUSED ..... -7 **[GO TO PN QA13_H101]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H101]**

QA13_H85 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
(CHIS 2014 ONLY)

AH110

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 QA13_H88]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H88]**

PROGRAMMING NOTE QA13_H86:
IF QA13_H85 = 1; THEN CONTINUE WITH QA13_H86;
IF QA13_H85 = 3; THEN CONTINUE WITH QA13_H86 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QA13_H90;

QA13_H86 {**First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}**
(MODIFIED FOR CHIS 2014)

How difficult was it to find a plan with the coverage you needed? Was it…

AH98

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

QA13_H87 How difficult was it to find a plan you could afford? Was it…

AH99

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

QA13_H88 Did anyone help you find a health plan?

AH100

YES 1
NO .....2 **[GO TO PN QA13_H90]**
REFUSED ..... -7 **[GO TO PN QA13_H90]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H90]**

QA13_H89 Who helped you?

AH101

BROKER 1
FAMILY MEMBER/FRIEND 2
INTERNET 3
OTHER (SPECIFY:_____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_H90:
IF QA13_H85 = 2; THEN CONTINUE WITH QA13_H90;
IF QA13_H85 = 3; THEN CONTINUE WITH QA13_H90 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA13_H94;

QA13_H90 {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…
(CHIS 2014 ONLY)

AH111

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

QA13_H91 How difficult was it to find a plan you could afford? Was it…
(CHIS 2014 ONLY)

AH112

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

QA13_H92 Did anyone help you find a health plan?
(CHIS 2014 ONLY)

AH113

YES 1
NO .....2 **[GO TO QA13_H94]**
REFUSED ..... -7 **[GO TO QA13_H94]**
DON'T KNOW ..... -8 **[GO TO QA13_H94]**

QA13_H93 Who helped you?
(CHIS 2014 ONLY)

AH114

BROKER 1
FAMILY MEMBER / FRIEND.....2
INTERNET 3
CERTIFIED ENROLLMENT COUNSELOR 4
OTHER (SPECIFY:_____)..... 92
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H94 Did you have all the information you felt you needed to make a good decision on a health plan?
(CHIS 2014 ONLY)

AH115

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

PROGRAMMING NOTE QA13_H95:
IF QA13_G6 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA13_H95;
ELSE GO TO QA13_H96;

QA13_H95 Were you able to get information about your health plan options in your language?
(CHIS 2014 ONLY)

AH116

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

QA13_H96 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
(CHIS 2014 ONLY)

AH117

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H97 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
(CHIS 2014 ONLY)

AH118

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H98 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
(CHIS 2014 ONLY)

AH119

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_H99 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?
(CHIS 2014 ONLY)

AH120

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_H100:
IF QA13_H23 = 1 THEN DISPLAY "Bronze"
ELSE IF QA13_H23 = 2 THEN DISPLAY "Silver"
ELSE IF QA13_H23 = 3 THEN DISPLAY "Gold"
ELSE IF QA13_H23 = 4 THEN DISPLAY "Platinum"
ELSE DISPLAY " ";

QA13_H100 Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/ } 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?
(CHIS 2014 ONLY)

AH121

COST 1
SPECIFIC DOCTOR.....2
SPECIFIC HOSPITAL.....3
CHOICE OF DOCTORS IN NETWORK.....4
OTHER (SPECIFY:_____)..... 92
REFUSED ..... -7
DON'T KNOW ..... -8

Hospitalizations

PROGRAMMING NOTE QA13_H101:
IF QA13_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA13_B41 = 1 (HOSPITALIZED FOR HEART DISEASE) THEN GO TO PROGRAMMING NOTE QA13_H102;
ELSE CONTINUE WITH QA13_H101

QA13_H101 During the past 12 months, were you a patient in a hospital overnight or longer?

AH14

YES 1
NO.....2 **[GO TO PN QA13_H104]**
REFUSED ..... -7 **[GO TO PN QA13_H104]**
DON'T KNOW ..... -8 **[GO TO PN QA13_H104]**

PROGRAMMING NOTE QA13_H102:
IF QA13_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA13_B41 = 1 (HOSPITALIZED FOR HEART DISEASE), THEN DISPLAY "During the past 12 months, when you were hospitalized for any reason,"

QA13_H102 {During the past 12 months, when you were hospitalized for any reason,} Altogether how many nights were you in the hospital?

AH102

_____ NUMBER OF NIGHTS (HR: 1-365)

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

Partial Scope Medi-Cal

PROGRAMMING NOTE QA13_H103:
IF ARINSURE ≠ 1 OR QA13_H75 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA13_H103;
ELSE GO TO PROGRAMMING NOTE QA13_H104

QA13_H103 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 QA13_H104:
IF [ARINSURE ≠ 1 OR QA13_H75 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA13_A5 = 2 (FEMALE) AND [QA13_E1 = 1 (PREGNANT) OR QA13_G18 = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA13_H104;
ELSE SKIP TO PROGRAMMING NOTE QA13_I1

QA13_H104 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 QA13_I1]**
REFUSED ..... -7 **[GO TO PN QA13_I1]**
DON'T KNOW ..... -8 **[GO TO PN QA13_I1]**

QA13_H105 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

Child's Health Insurance

PROGRAMMING NOTE QA13_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA13_I41 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA13_I2;
ELSE CONTINUE WITH QA13_I1

QA13_I1 These next questions are about health insurance (CHILD) may have.

Does (CHILD) have the same insurance as you?

CF10A

YES	1	**[GO TO QA13_I35]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I1:
IF QA13_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARIHS = 1, SET CHIHS = 1
IF QA13_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;

PROGRAMMING NOTE QA13_I2:
IF SPINSURE ≠ 1, THEN SKIP TO QA13_I3;
ELSE IF QA13_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA13_I3;
ELSE CONTINUE WITH QA13_I2

QA13_I2 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

MA1

YES	1	**[GO TO QA13_I22]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I2:
IF QA13_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPOTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPIHS = 1, SET CHIHS = 1
IF QA13_I2 = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

Medi-Cal Coverage (Child)

QA13_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	**[GO TO QA13_I5]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I3:
IF QA13_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

Healthy Families Coverage (Child)

QA13_I4 Is (CHILD) covered by the Healthy Families Program?

CF2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

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

POST-NOTE QA13_I4:
IF QA13_I4 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1

Employer-Based Coverage (Child)

QA13_I5 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 QA13_I7]**
REFUSED ..... -7 **[GO TO PN QA13_I7]**
DON'T KNOW ..... -8 **[GO TO PN QA13_I7]**

POST-NOTE QA13_I5:
IF QA13_I5 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA13_I6 Is this plan through an employer, through a union, or through Covered California's SHOP program?
(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

[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 QA13_I6:
IF QA13_I6 = 3, THEN SET CHHBEX = 1

PROGRAM NOTE QA13_I7:
IF CHINSURE = 1 THEN GO TO QA13_I9;
ELSE CONTINUE WITH QA13_I7

Private Coverage (Child)

QA13_I7 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?
(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

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 QA13_I14]**
REFUSED	-7	**[GO TO PN QA13_I14]**
DON'T KNOW	-8	**[GO TO PN QA13_I14]**

POST-NOTE QA13_I7:
IF QA13_I7 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

PROGRAMMING NOTE QA13_I8:
IF CHDIRECT = 1, THEN CONTINUE WITH QA13_I8;
ELSE GO TO PROGRAMMING NOTE QA13_I9

QA13_I8 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
(CHIS 2014 ONLY)

AI91

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

POST-NOTE FOR QA13_I8:
IF QA13_I8 = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE QA13_I9
IF CHHBEX = 1, THEN CONTINUE WITH QA13_I9;
ELSE GO TO PROGRAMMING NOTE QA13_I11;

QA13_I9 Was this a bronze, silver, gold or platinum plan?
(CHIS 2014 ONLY)

AI92

Bronze	1
Silver	2
Gold	3
Platinum	4
MEDI-CAL / MEDICAID	5
CATASTROPHIC	6
OTHER (SPECIFY:_____)	91
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_I10
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA13_I10;
ELSE GO TO PROGRAMMING NOTE QA13_I11;

QA13_I10 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 QA13_I11:
IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA13_I11;
ELSE GO TO PROGRAMMING NOTE QA13_14

QA13_I11 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."

"A deductible is the amount you pay for medical care before your health plan starts paying."

"Premium is the monthly charge for the cost of your health insurance plan."]

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

QA13_I12 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 QA13_I14]**
REFUSED ..... -7 **[GO TO PN QA13_I14]**
DON'T KNOW ..... -8 **[GO TO PN QA13_I14]**

QA13_I13 Who else pays all or some portion of the cost for (CHILD)'s health plan?

AI51

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
HEALTHY FAMILIES 8
HEALTHY KIDS 9
COVERED CALIFORNIA..... 10
OTHER..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA13_I13:
IF QA13_I13 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF QA13_I13 = 8, SET CHHFAM = 1;
IF QA13_I13 = 7, SET CHMCAL = 1
IF QA13_I13 = 9, SET CHHKID = 1
IF QA13_I13 = 10, SET CHHBEX = 1;

CHAMPUS/CHAMP-VA, TRICARE, VA Coverage (Child)

PROGRAMMING NOTE QA13_I14:
IF CHINSURE = 1, GO TO PN QA13_I22;
ELSE CONTINUE WITH QA13_I14

QA13_I14 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

CF6

YES .....1 **[GO TO PN QA13_I22]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA13_I14:
IF QA13_I14 = 1, SET CHMILIT = 1 AND CHINSURE = 1

Healthy Kids (Child)

PROGRAMMING NOTE QA13_I15:
IF CHINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA13_ I11 AND DISPLAY "Healthy Kids";

QA13_I15 Is {he/she} covered by the Healthy Kids program?

AI70

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]

YES .....1 **[GO TO PN QA13_I22]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE QA13_I15:
IF QA13_I15 = 1, SET CHHKID = 1 AND SET CHINSURE = 1

AIM, MRMIP, PCIP, Other Government Coverage (Child)

QA13_I16 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", PCIP, or something else?

CF7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; and PCIP is the pre-existing condition insurance plan."]

AIM	1	**[GO TO PN QA13_I22]**
"MISTER MIP"/MRMIP	2	**[GO TO PN QA13_I22]**
PCIP	3	**[GO TO PN QA13_I22]**
NO OTHER PLAN	4	
SOMETHING ELSE (SPECIFY: _____)	91	**[GO TO PN QA13_I22]**
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I16:
IF QA13_I16 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

Other Coverage (Child)

QA13_I17 Does {he/she} have any health insurance coverage through a plan that I missed?

CF8

YES	1	
NO	2	**[GO TO PN QA13_I20]**
REFUSED	-7	**[GO TO PN QA13_I20]**
DON'T KNOW	-8	**[GO TO PN QA13_I20]**

QA13_I18 What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, 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
HEALTHY FAMILIES 6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE.....7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC.....8
HEALTHY KIDS 9
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 QA13_I18:
IF QA13_I18 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA13_I18 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA13_I18 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA13_I18 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA13_I18 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA13_I18 = 6, SET CHHFAM = 1 AND CHINSURE = 1
IF QA13_I18 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA13_I18 = 8, SET CHIHS = 1
IF QA13_I18 = 9, SET CHHKID = 1 AND CHINSURE = 1
IF QA13_I18 = 10, SET CHHBEX = 1 AND CHINSURE = 1
IF QA13_I18 = 11, SET CHHBEX = 1 AND CHINSURE = 1
IF QA13_I18 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA13_I18 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF QA13_I18 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA13_I19:
IF QA13_I18 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA13_I19;
ELSE SKIP TO PROGRAMMING NOTE QA13_I20

QA13_I19 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 QA13_I20:
IF CHINSURE ≠ 1 CONTINUE WITH QA13_I20;
ELSE GO TO QA13_I22;

QA13_I20 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

QA13_I21 What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?

CF2A

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

Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE QA13_I22:
IF QA13_I1 = 1 AND ARMCARE = 1, THEN QA13_I22 = QA13_H8 AND QA13_I23 = QA13_H9 AND SKIP TO QA13_I24;
ELSE IF QA13_I1 = 1, THEN QA13_I22 = QA13_H63 AND QA13_I23 = QA13_H64 AND QA13_I24 = QA13_H65 AND GO TO PN QA13_I25;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA13_I22;
ELSE GO TO PN QA13_I25

QA13_I22 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 its an emergency."]

YES .....1 **[GO TO QA13_I23]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I22B:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA13_I23;
ELSE CONTINUE WITH QA13_I22B;

QA13_I22B Is (CHILD)'s health plan a PPO or EPO?
(CHIS 2014 ONLY)

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

PROGRAMMING NOTE QA13_I23:
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA13_I23;
IF CHMCARE = 1 AND QA13_I22 = 1 THEN list HMO MediCare by county;
ELSE IF CHMCAL = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 1) AND QA13_I22 = 1 THEN list HMO MEDI-CAL by county;
ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA13_I22 = 1 THEN list HMO Healthy Families by county;
ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 2) OR CHOTHER = 1) AND QA13_I22 = 1 THEN list HMO Commercial by county;
ELSE IF (CHEMP = 1 OR CHDIRECT =1 OR CHOTHER = 1) AND QA13_I22 = 2 THEN list Non-HMO by county

QA13_I23 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?"]

AARP MEDICARE COMPLETE 1
AETNA 2
AETNA MEDICARE (SELECT/PREMIER) 3
ALAMEDA ALLIANCE FOR HEALTH 4
ALLIANCE COMPLETE CARE 5
ANTHEM BLUE CROSS/BLUE CROSS 6
ARCADIAN COMMUNITY CARE 7
BLUE CROSS SENIOR SECURE 8
BLUE SHIELD 65 PLUS 9
BLUE SHIELD OF CALIFORNIA 10
CAL OPTIMA 11
CARE 1ST HEALTH PLAN 12
CARE ADVANTAGE 13
CARE MORE 14
CEN CAL HEALTH 15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 16
CENTRAL HEALTH PLAN OF CALIFORNIA 17
CHINESE COMMUNITY HEALTH PLAN 18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM 19
CIGNA 20
CITIZENS CHOICE HEALTHPLAN 21
COMMUNICARE ADVANTAGE 22
COMMUNITY HEALTH GROUP 23
COMMUNITY HEALTH PLAN 24
CONTRA COSTA HEALTH PLAN 25
EASY CHOICE HEALTH PLAN 26
GEM CARE 27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN 28
GREAT-WEST 29
HEALTH NET 30
HEALTH PLAN OF SAN JOAQUIN 31
HEALTH PLAN OF SAN MATEO 32
HUMANA GOLD PLUS 33
IEHP (INLAND EMPIRE HEALTH PLAN) 34
IEHP MEDICARE DUAL CHOICE 35
INTER VALLEY HEALTH PLAN 36
KAISER 37
KERN COUNTY HEALTH PLAN 38
L.A. CARE HEALTH PLAN 39
MD CARE 40
MOLINA HEALTH PLAN 41

MOLINA MEDICARE OPTIONS 42
ON LOK 43
ON LOK SENIOR HEALTH SERVICES 44
ONE CARE 45
PACIFICARE 46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA 47
SALUD CON HEALTH NET 48
SAN FRANCISCO HEALTH PLAN 49
SANTA CLARA FAMILY HEALTH PLAN 50
SCAN HEALTH PLAN 51
SECURE HORIZONS 52
SENIOR ADVANTAGE 53
SENIORITY PLUS 54
SERVICE TO SENIORS 55
SHARP HEALTH PLAN 56
TOTAL FIT 57
VALLEY HEALTH PLAN 58
VENTURA COUNTY HEALTH CARE PLAN 59
WESTERN HEALTH ADVANTAGE 60
WESTERN HEALTH ADVANTAGE CARE+ 61
CHAMPUS/CHAMP-VA 62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 63
VA HEALTH CARE SERVICES 64
MEDI-CAL 65
MEDICARE 66
MEDICARE ADVANTAGE 67
OTHER 91
OTHER (SPECIFY:_____) 92
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I24 Is (CHILD) covered for prescription drugs?

CF14

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

High Deductible Health Plans (Child)

PROGRAMMING NOTE FOR QA13_I25:
IF (ARINSURE ≠ 1 OR QA13_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH QA13_I25;
ELSE SKIP TO PROGRAMMING NOTE QA13_I30

QA13_I25 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 QA13_I27]**
YES, ONLY WHEN GO OUT OF NETWORK ..... 3 **[GO TO QA13_I27]**
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE FOR QA13_I26:
IF CHEMP = 1, THEN CONTINUE WITH QA13_I26;
ELSE GO TO QA13_I27

QA13_I26 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 QA13_I28]**
NO	2	
YES, ONLY WHEN GO OUT OF NETWORK	3	
REFUSED	-7	
DON'T KNOW	-8	

QA13_I27 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 QA13_I29]**
YES, ONLY WHEN GO OUT OF NETWORK	3	**[GO TO PN QA13_I29]**
REFUSED	-7	
DON'T KNOW	-8	

PROGRAMMING NOTE FOR QA13_I28:
IF CHEMP = 1, THEN CONTINUE WITH QA13_I28;
ELSE GO TO PROGRAMMING NOTE QA13_I29

QA13_I28 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 QA13_I29:
IF (QA13_I25 = 1 OR 3) OR (QA13_I26 = 1 OR 3) OR (QA13_I27 = 1 OR 3), CONTINUE WITH QA13_I29;
ELSE SKIP TO PROGRAMMING NOTE QA13_I30

QA13_I29 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

Reasons for Lack of Coverage (Child)

PROGRAMMING NOTE QA13_I30:
IF CHINSURE = 1, GO TO QA13_I35;
ELSE CONTINUE WITH QA13_I30

QA13_I30 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

Coverage over Past 12 Months (Child)

QA13_I31 Was (CHILD) covered by health insurance at any time during the past 12 months?

CF20

YES .....1 **[GO TO QA13_I33]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I32 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 QA13_I41]**
MORE THAN 3 YEARS AGO .....2 **[GO TO PN QA13_I41]**
NEVER HAD HEALTH INSURANCE COVERAGE..3 **[GO TO PN QA13_I41]**
REFUSED ..... -7 **[GO TO PN QA13_I41]**
DON'T KNOW ..... -8 **[GO TO PN QA13_I41]**

QA13_I33 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 QA13_I41]**

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

QA13_I34 During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, 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 QA13_I41]**
HEALTHY FAMILIES	2	**[GO TO PN QA13_I41]**
THROUGH CURRENT OR FORMER EMPLOYER UNION	3	**[GO TO PN QA13_I41]**
HEALTHY KIDS	4	**[GO TO PN QA13_I41]**
PURCHASED DIRECTLY	5	**[GO TO PN QA13_I41]**
COVERED CALIFORNIA	6	**[GO TO PN QA13_I41]**
OTHER HEALTH PLAN	91	**[GO TO PN QA13_I41]**
REFUSED	-7	**[GO TO PN QA13_I41]**
DON'T KNOW	-8	**[GO TO PN QA13_I41]**

QA13_I35 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 QA13_I41]**
NO	2	
HAD SAME INSURANCE SINCE BIRTH (FOR CHILDREN LESS THAN ONE YEAR OLD)	3	**[GO TO PN QA13_I41]**
REFUSED	-7	
DON'T KNOW	-8	

QA13_I36 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 QA13_I38]**
REFUSED	-7	**[GO TO QA13_I38]**
DON'T KNOW	-8	**[GO TO QA13_I38]**

QA13_I37 Was this other health insurance Medi-CAL, Healthy Families, 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
HEALTHY FAMILIES	2
HEALTHY KIDS	3
THROUGH CURRENT OR FORMER EMPLOYER/UNION	4
PURCHASED DIRECTLY	5
COVERED CALIFORNIA	6
OTHER HEALTH PLAN	91
REFUSED	-7
DON'T KNOW	-8

QA13_I38 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 QA13_I41]**
REFUSED ..... -7 **[GO TO PN QA13_I41]**
DON'T KNOW ..... -8 **[GO TO PN QA13_I41]**

QA13_I39 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

QA13_I40 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

Teen's Health Insurance

PROGRAMMING NOTE QA13_I41:
IF NO TEEN SELECTED, GO TO PN QA13_I81;
IF ARINSURE = 1, CONTINUE WITH QA13_I41;
IF ARINSURE = 0, GO TO PN QA13_I42;
ELSE CONTINUE WITH QA13_I41

QA13_I41 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 QA13_I75]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I41:
IF QA13_I41 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARIHS = 1, SET TEIHS = 1
IF QA13_I41 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA13_I42:
IF SPINSURE ≠ 1 THEN SKIP TO QA13_I43;
ELSE IF QA13_I41 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA13_I43;
ELSE CONTINUE WITH QA13_I42

QA13_I42 Does (TEEN) have the same insurance as your spouse?

MA5

YES	1	**[GO TO QA13_I62]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I42:
IF QA13_I42 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMPSP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPOTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPIHS = 1, SET TEIHS = 1
IF QA13_I42 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA13_I43:
IF CHINSURE ≠ 1, THEN SKIP TO QA13_I44;
ELSE IF (QA13_I41= 2 AND ARSAMECH = 1) OR (QA13_I42 = 2 AND SPSAMECH = 1), THEN SKIP TO QA13_I44;
ELSE CONTINUE WITH QA13_I43;

QA13_I43 Does (TEEN) have the same insurance as (CHILD)?

MA6

YES	1	**[GO TO PN QA13_I75]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I43:
IF QA13_I43 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA13_I43= 1 AND CHIHS = 1, SET TEIHS = 1

Medi-Cal Coverage (Teen)

QA13_I44 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	**[GO TO QA13_I46]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I44:
IF QA13_I44 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

Healthy Families Coverage (Teen)

QA13_I45 Is (TEEN) covered by the Healthy Families Program?

IA2

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

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

POST-NOTE QA13_I45:
IF QA13_I45 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

Employer-Based Coverage (Teen)

QA13_I46 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 QA13_I48]**
REFUSED	-7	**[GO TO QA13_I48]**
DON'T KNOW	-8	**[GO TO QA13_I48]**

POST-NOTE QA13_I46:
IF QA13_I45 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA13_I47 Is this plan through an employer, through a union, or through Covered California's SHOP program?
(CHIS 2014 ONLY)

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

AI94

EMPLOYER 1
UNION.....2
SHOP / COVERED CALIFORNIA 3
OTHER (SPECIFY:_____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE FOR QA13_I47:
IF QA13_I47 = 3, THEN SET TEHBEX = 1

PROGRAM NOTE QA13_I48:
IF TEINSURE = 1 THEN GO TO QA13_I49;
ELSE CONTINUE WITH QA13_I48

Private Coverage (Teen)

QA13_I48 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 QA13_I55]**
REFUSED ..... -7	**[GO TO PN QA13_I55]**
DON'T KNOW ..... -8	**[GO TO PN QA13_I55]**

POST-NOTE QA13_I48:
IF QA13_I48 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA13_I49:
IF TEDIRECT = 1, THEN CONTINUE WITH QA13_I49;
ELSE GO TO PROGRAMMING NOTE QA13_I50

QA13_I49 How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
(CHIS 2014 ONLY)

AI95

INSURANCE COMPANY OR HMO.....1
COVERED CALIFORNIA.....2
OTHER (SPECIFY:_____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

POST-NOTE FOR QA13_I49:
IF QA13_I49 = 2, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA13_I50
IF TEHBEX = 1, THEN CONTINUE WITH QA13_I50;
ELSE GO TO PROGRAMMING NOTE QA13_I52;

QA13_I50 Was this a bronze, silver, gold or platinum plan?
(CHIS 2014 ONLY)

AI90

Bronze 1
Silver 2
Gold 3
Platinum 4
MEDI-CAL / MEDICAID 5
CATASTROPHIC 6
OTHER (SPECIFY:_____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I51
IF QA13_I47 = 3, THEN GO TO PN QA13_I52;
ELSE CONTINUE WITH QA13_I51;

QA13_I51 Was there a subsidy or discount on the premium for this plan?
(CHIS 2014 ONLY)

AI97

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

PROGRAMMING NOTE QA13_I52:
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA13_I52;
ELSE GO TO PROGRAMMING NOTE QA13_I55

QA13_I52 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.

A deductible is the amount you pay for medical care before your health plan starts paying.

Premium is the monthly charge for the cost of your health insurance plan."]

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

QA13_I53 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 QA13_I55]**
REFUSED	-7	**[GO TO PN QA13_I55]**
DON'T KNOW	-8	**[GO TO PN QA13_I55]**

QA13_I54 Who else pays all or some portion of the cost for (TEEN)'s health plan?

AI53

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
HEALTHY FAMILIES	8
HEALTHY KIDS	9
OTHER	91
REFUSED	-7
DON'T KNOW	-8

POST-NOTE QA13_I54:
IF QA13_I54 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF QA13_I54 = 7, SET TEMCAL = 1;
IF QA13_I54 = 8, SET TEHFAM = 1;
IF QA13_I54 = 9, SET TEHKID = 1 AND SET TEINSURE = 1
IF QA13_I54 = 10, SET TEHBEX =1;

CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

PROGRAMMING NOTE QA13_I55:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA13_I62;
ELSE CONTINUE WITH QA13_I55

QA13_I55 Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

IA6

YES	1	**[GO TO PN QA13_I62]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I55:
IF QA13_I55 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

Healthy Kids (Teen)

PROGRAMMING NOTE FOR QA13_I56:
IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA13_ I48 AND DISPLAY "Healthy Kids";

QA13_I56 Is {he/she} covered by the Healthy Kids program?

AI71

[IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]

YES	1	**[GO TO PN QA13_I62]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I56:
IF QA13_I56 = 1, SET TEHKID = 1 AND SET TEINSURE = 1

AIM, MRMIP, Family PACT, PCIP, Other Government Coverage (Teen)

QA13_I57 Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, PCIP 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; and PCIP is the pre-existing condition insurance plan."]

AIM	1	**[GO TO PN QA13_I62]**
"MISTER MIP"/MRMIP	2	**[GO TO PN QA13_I62]**
Family PACT	3	**[GO TO PN QA13_I62]**
PCIP	4	**[GO TO PN QA13_I62]**
NO OTHER PLAN	5	
SOMETHING ELSE (SPECIFY:_____)	91	**[GO TO PN QA13_I62]**
REFUSED	-7	
DON'T KNOW	-8	

POST-NOTE QA13_I57:
IF QA13_I57 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

Other Coverage (Teen)

QA13_I58 Does {he/she} have any health insurance coverage through a plan that I missed?

IA8

YES	1	
NO	2	**[GO TO PN QA13_I62]**
REFUSED	-7	**[GO TO PN QA13_I62]**
DON'T KNOW	-8	**[GO TO PN QA13_I62]**

QA13_I59 What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, 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	
HEALTHY FAMILIES	6	
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE	7	
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC	8	
HEALTHY KIDS	9	
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 QA13_I59:
IF QA13_I59_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA13_I59_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA13_I59_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA13_I59_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA13_I59_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA13_I59_6 = 1, SET TEHFAM = 1 AND TEINSURE = 1;
IF QA13_I59_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA13_I59_8 = 1, SET TEIHS = 1;
IF QA13_I59_9 = 1, SET TEHKID = 1 AND TEINSURE = 1;
IF QA13_I59 = 10, SET TEHBEX = 1 AND CHINSURE = 1;
IF QA13_I59 = 11, SET TEHBEX = 1 AND CHINSURE = 1;
IF QA13_I59_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA13_I59_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;
IF QA13_I59 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA13_I60:
IF TEINSURE ≠ 1 CONTINUE WITH QA13_I60;
ELSE GO TO QA13_I62;

QA13_I60 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

QA13_I61 What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?

IA2A

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

Managed-Care Plan Characteristics (Teen)

PROGRAMMING NOTE QA13_I62:
IF QA13_I41 = 1 AND ARMCARE = 1, THEN QA13_I62 = QA13_H8 AND QA13_I63 = QA13_H9 AND SKIP TO QA13_I64;
ELSE IF QA13_I41 = 1, THEN QA13_I62 = QA13_H63 AND QA13_I63 = QA13_H64 AND QA13_I64 = QA13_H65 AND GO TO PN QA13_I65;
ELSE IF QA13_I43 = 1, THEN QA13_I62 = QA13_I22 AND QA13_I63 = QA13_I23 AND QA13_I64 = QA13_I24 AND GO TO PN QA13_I65;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA13_I62;
ELSE GO TO PROGRAMMING NOTE QA13_I65

QA13_I62 Is (TEEN)'s {Medi-Cal} health plan an HMO?
(CHIS 2014 ONLY)

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 QA13_I63]**
NO 2	
REFUSED ..... -7	
DON'T KNOW ..... -8	

PROGRAMMING NOTE QA13_I62B:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA13_I63;
ELSE CONTINUE WITH QA13_I62B;

QA13_I62B 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

PROGRAMMING NOTE QA13_I63:
IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA13_I63;
IF TEMCARE = 1 AND QA13_I62= 1 THEN list HMO MediCare by county;
ELSE IF TEMCAL = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 1) AND QA13_I62 = 1 THEN list HMO MEDI-CAL by county;
ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA13_I62 = 1 THEN list HMO Healthy Families by county;
ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA13_I57 = 2) OR TEOTHER = 1) AND QA13_I62 = 1 THEN list HMO Commercial by county;
ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1) AND QA13_I62 = 2 THEN list Non-HMO by county

QA13_I63
MA7

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

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

AARP MEDICARE COMPLETE 1
AETNA 2
AETNA MEDICARE (SELECT/PREMIER) 3
ALAMEDA ALLIANCE FOR HEALTH 4
ALLIANCE COMPLETE CARE 5
ANTHEM BLUE CROSS/BLUE CROSS 6
ARCADIAN COMMUNITY CARE 7
BLUE CROSS SENIOR SECURE 8
BLUE SHIELD 65 PLUS 9
BLUE SHIELD OF CALIFORNIA 10
CAL OPTIMA 11
CARE 1ST HEALTH PLAN 12
CARE ADVANTAGE 13
CARE MORE 14
CEN CAL HEALTH 15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH 16
CENTRAL HEALTH PLAN OF CALIFORNIA 17
CHINESE COMMUNITY HEALTH PLAN 18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM 19
CIGNA 20
CITIZENS CHOICE HEALTHPLAN 21
COMMUNICARE ADVANTAGE 22
COMMUNITY HEALTH GROUP 23
COMMUNITY HEALTH PLAN 24
CONTRA COSTA HEALTH PLAN 25
EASY CHOICE HEALTH PLAN 26
GEM CARE 27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN 28
GREAT-WEST 29
HEALTH NET 30
HEALTH PLAN OF SAN JOAQUIN 31
HEALTH PLAN OF SAN MATEO 32
HUMANA GOLD PLUS 33
IEHP (INLAND EMPIRE HEALTH PLAN) 34
IEHP MEDICARE DUAL CHOICE 35
INTER VALLEY HEALTH PLAN 36
KAISER 37
KERN COUNTY HEALTH PLAN 38
L.A. CARE HEALTH PLAN 39
MD CARE 40
MOLINA HEALTH PLAN 41
MOLINA MEDICARE OPTIONS 42
ON LOK 43

ON LOK SENIOR HEALTH SERVICES 44
ONE CARE 45
PACIFICARE 46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA 47
SALUD CON HEALTH NET 48
SAN FRANCISCO HEALTH PLAN 49
SANTA CLARA FAMILY HEALTH PLAN 50
SCAN HEALTH PLAN 51
SECURE HORIZONS 52
SENIOR ADVANTAGE 53
SENIORITY PLUS 54
SERVICE TO SENIORS 55
SHARP HEALTH PLAN 56
TOTAL FIT 57
VALLEY HEALTH PLAN 58
VENTURA COUNTY HEALTH CARE PLAN 59
WESTERN HEALTH ADVANTAGE 60
WESTERN HEALTH ADVANTAGE CARE+ 61
CHAMPUS/CHAMP-VA 62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 63
VA HEALTH CARE SERVICES 64
MEDI-CAL 65
MEDICARE 66
MEDICARE ADVANTAGE 67
OTHER 91
OTHER (SPECIFY:_____) 92
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I64 Is (TEEN) covered for prescription drugs?

IA14

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

High Deductible Health Plans (Teen)

PROGRAMMING NOTE FOR QA13_I65:
IF [(ARINSURE ≠ 1 OR QA13_I41 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH QA13_I65;
ELSE SKIP TO PN QA13_I70

QA13_I65 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 QA13_I67]**
YES, ONLY WHEN GO OUT OF NETWORK ..... 3 **[GO TO QA13_I67]**
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I66:
IF TEEMP = 1, THEN CONTINUE WITH QA13_I66;
ELSE GO TO QA13_I64

QA13_I66 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 QA13_I68]**
NO 2	
YES, ONLY WHEN GO OUT OF NETWORK 3	
REFUSED ..... -7	
DON'T KNOW ..... -8	

QA13_I67 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 QA13_I69]**
YES, ONLY WHEN GO OUT OF NETWORK 3	**[GO TO PN QA13_I69]**
REFUSED ..... -7	
DON'T KNOW ..... -8	

PROGRAMMING NOTE QA13_I68:
IF TEEMP = 1, THEN CONTINUE WITH QA13_I68;
ELSE GO TO PROGRAMMING NOTE QA13_I69

QA13_I68 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 QA13_I69:
IF (QA13_I65 = 1 OR 3) OR (QA13_I66 = 1 OR 3) OR (QA13_I67 = 1 OR 3), CONTINUE WITH QA13_I69;
ELSE SKIP TO PROGRAMMING NOTE QA13_I70

QA13_I69 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

Reasons for Lack of Coverage (Teen)

PROGRAMMING NOTE QA13_I70:
IF TEINSURE = 1, GO TO QA13_I75;
ELSE CONTINUE WITH QA13_I70

QA13_I70 What is the one main 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

Coverage over Past 12 months (Teen)

QA13_I71 Was (TEEN) covered by health insurance at any time during the past 12 months?

IA20

YES .....1 **[GO TO QA13_I73]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I72 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 QA13_I81]**
MORE THAN 3 YEARS AGO .....2 **[GO TO QA13_I81]**
NEVER HAD HEALTH INSURANCE COVERAGE..3 **[GO TO QA13_I81]**
REFUSED ..... -7 **[GO TO QA13_I81]**
DON'T KNOW/NOT SURE ..... -8 **[GO TO QA13_I81]**

QA13_I73 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 QA13_I81]**

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

QA13_I74 During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, Healthy Families, 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 QA13_I81]**
HEALTHY FAMILIES	2	**[GO TO QA13_I81]**
THROUGH CURRENT OR FORMER EMPLOYER/UNION	3	**[GO TO QA13_I81]**
HEALTHY KIDS	4	**[GO TO QA13_I81]**
PURCHASED DIRECTLY	5	**[GO TO QA13_I81]**
COVERED CALIFORNIA	6	**[GO TO QA13_I81]**
OTHER HEALTH PLAN	91	**[GO TO QA13_I81]**
REFUSED	-7	**[GO TO QA13_I81]**
DON'T KNOW	-8	**[GO TO QA13_I81]**

QA13_I75 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 QA13_I81]**
NO	2	
REFUSED	-7	
DON'T KNOW	-8	

QA13_I76 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 QA13_I78]**
REFUSED	-7	**[GO TO QA13_I78]**
DON'T KNOW	-8	**[GO TO QA13_I78]**

QA13_I77 Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

IA26

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

MEDI-CAL	1
HEALTHY FAMILIES	2
THROUGH CURRENT OR FORMER EMPLOYER/UNION	3
HEALTHY KIDS	4
OTHER HEALTH PLAN	91
REFUSED	-7
DON'T KNOW	-8

QA13_I78 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 QA13_I81]**
REFUSED	-7	**[GO TO QA13_I81]**
DON'T KNOW	-8	**[GO TO QA13_I81]**

QA13_I79 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

QA13_I80 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 QA13_I81:
IF NOT ANSWERED IN SECTION H (AH103 = -1 AND KAH103 =-1), THEN CONTINUE;

[IF CHILD SELECTED]
IF CHINSURE ≠ 1 OR QA13_I31 = 2 OR QA13_I36 = 2 OR QA13_I38 = 1 OR QA13_I34 = (5, 6) OR QA13_I37 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA13_I81;

[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QA13_I71 = 2 OR QA13_I76 = 2 OR QA13_I78 = 1 OR QA13_I74 = (5, 6) OR QA13_I77 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA13_I81;

ELSE GO TO PROGRAMMING NOTE QA13_I98

QA13_I81 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?
(CHIS 2014 ONLY)

AH103

YES	1	
NO	2	**[GO TO PN QA13_I98]**
REFUSED	-7	**[GO TO PN QA13_I98]**
DON'T KNOW	-8	**[GO TO PN QA13_I98]**

QA13_I82 Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?
(CHIS 2014 ONLY)

AH110

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 QA13_I85]**
DON'T KNOW	-8	**[GO TO PN QA13_I85]**

PROGRAMMING NOTE QA13_I83:
IF QA13_I82 = 1; THEN CONTINUE WITH QA13_ I83;
IF QA13_I82 = 3; THEN CONTINUE WITH QA13_ I83 AND DISPLAY "First, think about your experience trying to purchase insurance directly from an insurance company or HMO."
ELSE GO TO PROGRAMMING NOTE QA13_ I87;

QA13_I83 {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…
(CHIS 2014 ONLY)

AH98

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

QA13_I84 How difficult was it to find a plan you could afford? Was it…
(CHIS 2014 ONLY)

AH99

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

QA13_I85 Did anyone help you find a health plan?
(CHIS 2014 ONLY)

AH100

YES 1
NO .....2 **[GO TO PN QA13_ I87]**
REFUSED ..... -7 **[GO TO PN QA13_ I87]**
DON'T KNOW ..... -8 **[GO TO PN QA13_ I87]**

QA13_I86 Who helped you?
(CHIS 2014 ONLY)

AH101

BROKER 1
FAMILY MEMBER/FRIEND 2
INTERNET 3
OTHER (SPECIFY:_____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I87:
IF QA13_I82 = 2; THEN CONTINUE WITH QA13_ I87;
IF QA13_I82 = 3; THEN CONTINUE WITH QA13_ I87 AND DISPLAY "Now, think about your experience with Covered California."
ELSE GO TO PROGRAMMING NOTE QA13_ I91;

QA13_ I87 {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…
(CHIS 2014 ONLY)

AH111

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

QA13_I88 How difficult was it to find a plan you could afford? Was it…
(CHIS 2014 ONLY)

AH112

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

QA13_I89 Did anyone help you find a health plan?
(CHIS 2014 ONLY)

AH113

YES 1
NO .....2 **[GO TO QA13_ I91]**
REFUSED ..... -7 **[GO TO QA13_ I91]**
DON'T KNOW ..... -8 **[GO TO QA13_ I91]**

QA13_I90 Who helped you?
(CHIS 2014 ONLY)

AH114

BROKER 1
FAMILY MEMBER / FRIEND.....2
INTERNET 3
CERTIFIED INSURANCE AGENTS.....4
OTHER (SPECIFY:_____)..... 91
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I91 Did you have all the information you felt you needed to make a good decision on a health plan?
(CHIS 2014 ONLY)

AH115

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

PROGRAMMING NOTE QA13_I92:
IF QA13_G6 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA13_I92;
ELSE GO TO QA13_I93;

QA13_I92 Were you able to get information about your health plan options in your language?
(CHIS 2014 ONLY)

AH116

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

QA13_I93 Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
(CHIS 2014 ONLY)

AH117

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I94 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
(CHIS 2014 ONLY)

AH118

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I95 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
(CHIS 2014 ONLY)

AH119

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_I96 Was the choice of doctor's in the plan's network very important, somewhat important, or not important in choosing your plan?
(CHIS 2014 ONLY)

AH120

VERY IMPORTANT 1
SOMEWHAT IMPORTANT.....2
NOT IMPORTANT 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I97:
IF QA13_I9 = 1 OR QA13_I50 = 1, THEN DISPLAY "Bronze"
ELSE IF QA13_I9 = 2 OR QA13_I50 = 2, THEN DISPLAY "Silver"
ELSE IF QA13_I9 = 3 OR QA13_I50 = 3, THEN DISPLAY "Gold"
ELSE IF QA13_I9 = 4 OR QA13_I50 = 4, THEN DISPLAY "Platinum"
ELSE DISPLAY " ";

QA13_I97 Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/ } 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?
(CHIS 2014 ONLY)

AH121

COST 1
SPECIFIC DOCTOR 2
SPECIFIC HOSPITAL 3
CHOICE OF DOCTORS IN NETWORK 4
OTHER (SPECIFY:_____) 91
REFUSED ..... -7
DON'T KNOW ..... -8

Country of Birth (Parents)

PROGRAMMING NOTE QA13_I98:
IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father";

QA13_I98 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

Citizenship and Immigration (Parents)

PROGRAMMING NOTE QA13_I99:
IF QA13_I98 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO NEXT SECTION;
ELSE CONTINUE WITH QA13_I99;
IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA13_I99 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 QA13_I100:
IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father";
IF QA13_I99 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

QA13_I100 {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 QA13_I102]**
NO 2
APPLICATION PENDING 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_I101:
IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father";
IF QA13_I99 = 3 (MOTHER/FATHER DECEASED), DISPLAY "Was";
ELSE DISPLAY "Is"

QA13_I101 {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 QA13_I102:
IF QA13_A5 = 1 (R IS MALE), DISPLAY "mother";
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY "father"

QA13_I102 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

Visits to medical doctor

PROGRAMMING NOTE QA13_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"

QA13_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 QA13_J2:
IF QA13_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA13_J2;
ELSE GO TO PROGRAMMING NOTE QA13_J3

QA13_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 QA13_J3:
IF QA13_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA13_J4;
ELSE CONTINUE WITH QA13_J3

QA13_J3 About how long has it been since you last saw a doctor or medical provider for a routine check-up?

[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.]

AJ114

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

Personal Doctor

PROGRAMMING NOTE QA13_J4:
IF QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J4;
ELSE GO TO PROGRAMMING NOTE QA13_J5

QA13_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

Patient-Centered Care

PROGRAMMING NOTE QA13_J5:
IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR) OR [QA13_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QA13_J2 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)], THEN CONTINUE WITH QA13_J5;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J7

QA13_J5 During the past 12 months, did you phone or e-mail the doctor's office with a medical question?

AJ78

YES 1
NO .....2 **[GO TO QA13_J7]**
REFUSED ..... -7 **[GO TO QA13_J7]**
DON'T KNOW ..... -8 **[GO TO QA13_J7]**

QA13_J6 How often did you get an answer as soon as you needed it? Would you say…

AJ79

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

PROGRAMMING NOTE QA13_J7:
IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA13_J7;
ELSE GO TO PROGRAMMING NOTE QA13_J9

QA13_J7 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

QA13_J8 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

Timely Appointments

PROGRAMMING NOTE QA13_J9:
IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J9;
ELSE GO TO PROGRAMMING NOTE QA13_J11;
IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY "your";
ELSE DISPLAY "a";

QA13_J9 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 QA13_J11]**
REFUSED ..... -7 **[GO TO QA13_J11]**
DON'T KNOW ..... -8 **[GO TO QA13_J11]**

QA13_J10 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

Care Coordination

PROGRAMMING NOTE FOR QA13_J11:
IF QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA13_J4 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)) OR QA13_B18 = 1 (HAS DIABETES) OR QA13_B37 = 1 (HAS HEART DISEASE)] CONTINUE WITH QA13_J11;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J12

QA13_J11 Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

AJ80

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

Communication Problems with a Doctor

PROGRAMMING NOTE QA13_J12:
IF QA13_J1 > 0 OR QA13_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA13_J12;
ELSE GO TO PROGRAMMING NOTE QA13_J17

QA13_J12 The last time you saw a doctor, did you have a hard time understanding the doctor?

AJ8

YES 1	**[GO TO PN QA13_J14]**
NO 2	
REFUSED ..... -7	**[GO TO QA13_J17]**
DON'T KNOW ..... -8	**[GO TO QA13_J17]**

PROGRAMMING NOTE QA13_J13:
IF QA13_J12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA13_J13;
ELSE SKIP TO PROGRAMMING NOTE QA13_J17

QA13_J13 In what language did the doctor speak to you?

AJ50

ENGLISH 1	**[GO TO QA13_J15]**
SPANISH 2	**[GO TO PN QA13_J17]**
CANTONESE.....3	**[GO TO PN QA13_J17]**
VIETNAMESE 4	**[GO TO PN QA13_J17]**
TAGALOG.....5	**[GO TO PN QA13_J17]**
MANDARIN 6	**[GO TO PN QA13_J17]**
KOREAN 7	**[GO TO PN QA13_J17]**
ASIAN INDIAN LANGUAGES.....8	**[GO TO PN QA13_J17]**
RUSSIAN 9	**[GO TO PN QA13_J17]**
OTHER (SPECIFY:_____)..... 91	**[GO TO PN QA13_J17]**
REFUSED ..... -7	**[GO TO PN QA13_J17]**
DON'T KNOW ..... -8	**[GO TO PN QA13_J17]**

QA13_J14 Was this because you and the doctor spoke different languages?

AJ9

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

QA13_J15 Did you need someone to help you understand the doctor?

AJ10

YES 1
NO .....2 **[GO TO PN QA13_J17]**
REFUSED ..... -7 **[GO TO PN QA13_J17]**
DON'T KNOW ..... -8 **[GO TO PN QA13_J17]**

QA13_J16 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 QA13_J17:
IF QA13_G7 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA13_J17; ELSE GO TO PROGRAMMING NOTE QA13_J18

QA13_J17 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

Change of Usual Source of Care

PROGRAMMING NOTE QA13_J18:
IF [ARINSURE = 1 OR QA13_H80 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J18;
ELSE GO TO QA13_J20

QA13_J18 In the past 12 months, did you change where you usually go for health care?

AJ106

YES	1	
NO	2	**[GO TO QA13_J20]**
REFUSED	-7	**[GO TO QA13_J20]**
DON'T KNOW	-8	**[GO TO QA13_J20]**

QA13_J19 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

Delays in Care

QA13_J20 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 QA13_J25]**
REFUSED	-7	**[GO TO QA13_J25]**
DON'T KNOW	-8	**[GO TO QA13_J25]**

QA13_J21 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

PROGRAMMING NOTE FOR QA13_J22:
IF [QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)) AND QA13_J21= 1 (COST/LACK OF INSURANCE REASON FOR DELAY)] CONTINUE WITH QA13_J22;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J23

QA13_J22 Was this prescription for your asthma?

AJ81

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

PROGRAMMING NOTE FOR QA13_J23:
IF QA13_B18 = 1 (HAS DIABETES) AND QA13_J21= 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J23;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J24

QA13_J23 Was this prescription for your diabetes?

AJ82

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

PROGRAMMING NOTE FOR QA13_J24:
IF QA13_B37 = 1 (HAS HEART DISEASE) AND QA13_J21 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J24;
ELSE GO TO QA13_J25

QA13_J24 Was this prescription for your heart disease?

AJ83

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

QA13_J25 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 QA13_J33]**
REFUSED ..... -7 **[GO TO QA13_J33]**
DON'T KNOW ..... -8 **[GO TO QA13_J33]**

QA13_J26 Did you get the care eventually?

AJ129

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

QA13_J27 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 QA13_J29]**
REFUSED ..... -7 **[GO TO QA13_J29]**
DON'T KNOW ..... -8 **[GO TO QA13_J29]**

QA13_J28 Was that the main reason?

AJ130

YES .....1 **[GO TO PN QA13_J30]**
NO 2
REFUSED ..... -7 **[GO TO PN QA13_J30]**
DON'T KNOW ..... -8 **[GO TO PN QA13_J30]**

QA13_J29 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

PROGRAMMING NOTE QA13_J30:
IF [QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)] AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J30;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J31

QA13_J30 Was this medical care for your asthma?

AJ84

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

PROGRAMMING NOTE QA13_J31:
IF QA13_B18 = 1 (HAS DIABETES) AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J31;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J32

QA13_J31 Was this medical care for your diabetes?

AJ85

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

PROGRAMMING NOTE QA13_J32:
IF QA13_B37 = 1 (HAS HEART DISEASE) AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J32;
ELSE GO TO QA13_J33

QA13_J32 Was this medical care for your heart disease?

AJ86

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

QA13_J33 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?

[IF NEEDED, SAY: "Do not include dental visits."]

AJ136

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

PROGRAMMING NOTE QA13_J34:
IF QA13_J33 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA13_J34;
ELSE GO TO QA13_J37

QA13_J34 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

QA13_J35 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 QA13_J36:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA13_J36;
ELSE SKIP TO QA13_J37

QA13_J36 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

QA13_J37 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

QA13_J38 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 QA13_J39:
IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA13_J39;
ELSE SKIP TO QA13_J40

QA13_J39 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

End of Life Care

PROGRAMMING NOTE QA13_J40:
IF AGE >49 AND SONOMA COUNTY RESIDENT CONTINUE WITH QA13_J40;
ELSE SKIP TO QA13_J41

QA13_J40 Do you currently have something in writing that states your wishes regarding end-of-life medical care?

AJ151

[INTERVIEWER NOTE: IF R MENTIONS "advance health care directive" or " power of attorney for health care" THEN CODE "Yes"]

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

Internet Use

QA13_J41 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 QA13_J44]**
REFUSED ..... -7 **[GO TO QA13_J44]**
DON'T KNOW ..... -8 **[GO TO QA13_J44]**

QA13_J42 How confident are you that you can fill out an application on-line on your own? Would you say you are…

AJ110

Very confident,	1	**[GO TO PN QA13_J45]**
Somewhat confident,	2	**[GO TO PN QA13_J45]**
Not too confident, or,	3	
Not at all confident?,	4	
REFUSED	-7	
DON'T KNOW	-8	

QA13_J43 If you wanted to fill out an application on-line, is there someone who could help you with it?

AJ111

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

Family Planning

PROGRAMMING NOTE QA13_J44:
IF QA13_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA13_J48;
ELSE CONTINUE WITH QA13_J44;

QA13_J44 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

QA13_J45 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 QA13_ J51]**
REFUSED	-7	**[GO TO QA13_ J51]**
DON'T KNOW	-8	**[GO TO QA13_ J51]**

QA13_J46 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?"

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

QA13_J47 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 QA13_J48:
IF AGE >44 YEARS OLD OR AA3=2 (FEMALE) THEN GO TO QA13_J51;
ELSE CONTINUE WITH QA13_J48;

QA13_J48 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

QA13_J49 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 QA13_ J51]**
REFUSED	-7	**[GO TO QA13_ J51]**
DON'T KNOW	-8	**[GO TO QA13_ J51]**

QA13_J50 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

Dental Health

QA13_J51 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
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
DON'T KNOW	-8

QA13_J52 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

PROGRAMMING NOTE QA13_J53:
IF NO TEEN SELECTED, GO TO Section K;
ELSE CONTINUE WITH QA13_J53

QA13_J53 Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

MA10

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

Section K – Employment, Income, Poverty Status, Food Security

Hours Worked

PROGRAMMING NOTE QA13_K1:
IF QA13_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR QA13_G28 = 1 (R USUALLY WORKS) CONTINUE WITH QA13_K1;
ELSE GO TO PROGRAMMING NOTE QA13_K5

QA13_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

QA13_K2 How long have you worked at your main job?

AK7

[IF NEEDED, SAY: "That is, for your current employer."]

_____ MONTHS [HR: 0-12]
_____ YEARS [HR: 0-50]

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

Income Last Month

PROGRAMMING NOTE QA13_K4:
IF QA13_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA13_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA13_K4;
ELSE SKIP TO PROGRAMMING NOTE QA13_K5

QA13_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 QA13_K5;
IF QA13_G31 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA13_G32 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA13_K5 AND:
IF QA13_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA13_G28 ≠ 1 (R DOES NOT USUALLY WORK), AND QA13_A16 = 1 (MARRIED), DISPLAY "The next question is about your spouse's employment."

ELSE IF QA13_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA13_G28 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY "The next question is about your partner's employment."
IF QA13_A16 = 1 THEN DISPLAY "spouse";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1THEN DISPLAY "partner";
ELSE SKIP TO QA13_K7

QA13_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 QA13_K6:
IF QA13_K5 ≠ 0 CONTINUE WITH QA13_K6;
IF QA13_QA13_A16 = 1 (MARRIED), THEN DISPLAY "spouse's";
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY "partner's";
ELSE GO TO QA13_K7

QA13_K6 What is your best estimate of all your {spouse's/partner's} earnings <u>last month</u> before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?

AK10A

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

$_____ AMOUNT [HR: 0-999995]

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

Annual Household Income

QA13_K7 What is your best estimate of your household's total annual income from all sources before taxes in 2012/2013?

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 QA13_K9]**
DON'T KNOW	-8	**[GO TO PN QA13_K9]**

QA13_K8 PLEASE VERIFY AMOUNT ENTERED:

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

AK22A

YES	1	**[GO TO PN QA13_K15]**
NO	2	**[GO BACK TO QA13_K7]**

PROGAMMING NOTE QA13_K9:
IF QA13_K7 = -7 OR -8 CONTINUE WITH QA13_K9;
ELSE GO TO PROGRAMMING NOTE QA13_K15

QA13_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 QA13_K11]**
EQUAL TO $20K OR LESS	2	
REFUSED	-7	**[GO TO PN QA13_K15]**
DON'T KNOW	-8	**[GO TO PN QA13_K15]**

QA13_K10 Is it …

AK12

$5,000 or less,	1	**[GO TO PN QA13_K15]**
$5,001 to $10,000,	2	**[GO TO PN QA13_K15]**
$10,001 to $15,000, or	3	**[GO TO PN QA13_K15]**
$15,001 to 20,000?	4	**[GO TO PN QA13_K15]**
REFUSED	-7	**[GO TO PN QA13_K15]**
DON'T KNOW	-8	**[GO TO PN QA13_K15]**

QA13_K11 Is it more or less than $70,000 per year?

AK13

MORE	1	**[GO TO QA13_K13]**
EQUAL TO $70K OR LESS	2	
REFUSED	-7	**[GO TO PN QA13_K15]**
DON'T KNOW	-8	**[GO TO PN QA13_K15]**

QA13_K12 Is it …

AK14

$20,001 to $30,000,	1	**[GO TO PN QA13_K15]**
$30,001 to $40,000,	2	**[GO TO PN QA13_K15]**
$40,001 to $50,000,	3	**[GO TO PN QA13_K15]**
$50,001 to $60,000, or	4	**[GO TO PN QA13_K15]**
$60,001 to $70,000?	5	**[GO TO PN QA13_K15]**
REFUSED	-7	**[GO TO PN QA13_K15]**
DON'T KNOW	-8	**[GO TO PN QA13_K15]**

QA13_K13 Is it more or less than $135,000 per year?

AK15

MORE	1	**[GO TO PN QA13_K15]**
EQUAL TO $135K OR LESS	2	
REFUSED	-7	**[GO TO PN QA13_K15]**
DON'T KNOW	-8	**[GO TO PN QA31_K15]**

QA13_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

Number of Persons Supported

PROGRAMMING NOTE QA13_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA13_K16;
ELSE CONTINUE WITH QA13_K15

QA13_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 QA13_K16:
QA13_K16 MUST BE LESS THAN QA13_K15;
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) = QA13_K15 GO TO PROGRAMMING NOTE QA13_19;
ELSE CONTINUE WITH QA13_K16

QA13_K16 How many of these {INSERT NUMBER FROM QA13_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

QA13_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 QA13_K19]**
REFUSED ..... -7 **[GO TO PN QA13_K19]**
DON'T KNOW ..... -8 **[GO TO PN QA13_K19]**

QA13_K18 How many?

AK33

_____ NUMBER OF PEOPLE [HR: 1-20]

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

Poverty Level Test

PROGRAMMING NOTE QA13_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 QA13_K15 AND QA13_K16 RESPECTIVELY.
(THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2010 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 2010" 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 QA13_K15 OR QA13_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 AT QA13_G15 OF THE ADULT INTERVIEW (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 QA13_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA13_K25;
ELSE IF QA13_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, ASK QA13_K19 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE IF QA13_K7= -7 OR -8 (REF/DK) AND IF QA13_K9 = -7 OR QA13_K11 = -7 OR QA13_K13 = -7, GO TO PROGRAMMING NOTE QA13_K25
ELSE GO TO PROGRAMMING NOTE QA13_K20

QA13_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 QA13_K25]**
MORE	2	**[GO TO PN QA13_K25]**
REFUSED	-7	**[GO TO PN QA13_K25]**
DON'T KNOW	-8	**[GO TO PN QA13_K25]**

PROGRAMMING NOTE QA13_K20:
IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K20 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA13_K21

QA13_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 QA13_K25]**
MORE	2	
REFUSED	-7	**[GO TO PN QA13_K25]**
DON'T KNOW	-8	**[GO TO PN QA13_K25]**

PROGRAMMING NOTE QA13_K21:
IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K21 USING POVRT133 (133% POVERTY CUTOFF DISPLAY AMOUNT);
IF QA13_K20 WAS NOT ASKED, DISPLAY "I need to ask just one more question about income.";
ELSE DISPLAY "Was it";
ELSE GO TO PROGRAMMING NOTE QA13_K22

QA13_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 QA13_K25]**
MORE	2	**[GO TO PN QA13_K25]**
REFUSED	-7	**[GO TO PN QA13_K25]**
DON'T KNOW	-8	**[GO TO PN QA13_K25]**

PROGRAMMING NOTE QA13_K22:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, CONTINUE WITH QA13_K22 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA13_K23

QA13_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 QA13_K25]**
MORE	2	**[GO TO PN QA13_K25]**
REFUSED	-7	**[GO TO PN QA13_K25]**
DON'T KNOW	-8	**[GO TO PN QA13_K25]**

PROGRAMMING NOTE QA13_K23:
IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, CONTINUE WITH QA13_K23 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA13_K24

QA13_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 QA13_K25]**
MORE	2	**[GO TO PN QA13_K25]**
REFUSED	-7	**[GO TO PN QA13_K25]**
DON'T KNOW	-8	**[GO TO PN QA13_K25]**

PROGRAMMING NOTE QA13_K24:
IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K24 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA13_K25

QA13_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

Availability of Food in Household

PROGRAMMING NOTE QA13_K25:
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN), CONTINUE WITH QA13_K25;
ELSE GO TO QA13_L1

QA13_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:

AM1

"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?

OFTEN TRUE	1
SOMETIMES TRUE	2
NEVER TRUE	3
REFUSED	-7
DON'T KNOW	-8

QA13_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

QA13_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 QA13_K29]**
REFUSED ..... -7 **[GO TO QA13_K29]**
DON'T KNOW ..... -8 **[GO TO QA13_K29]**

QA13_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

Hunger

QA13_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

QA13_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) CONTINUE WITH SECTION L;
ELSE GO TO QA13_M1

TANF/CalWORKs

QA13_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 QA13_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA13_L2;
ELSE GO TO QA13_L3;

QA13_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

Food Stamps

QA13_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 QA13_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA13_L4;
ELSE GO TO QA13_L5

QA13_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

Supplemental Security Income

QA13_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

WIC

PROGRAMMING NOTE QA13_L6:
IF QA13_A5 = 2 (FEMALE) AND [QA13_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH QA13_L6;
ELSE GO TO PROGRAMMING NOTE QA13_L7

QA13_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

Assets

PROGRAMMING NOTE QA13_L7:
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA13_K15.

IF QA13_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA13_K15 = 1 DISPLAY $3000;
IF QA13_K15 = 2 DISPLAY $3000;
IF QA13_K15 = 3 DISPLAY $3150;
IF QA13_K15 = 4 DISPLAY $3300;
IF QA13_K15 = 5 DISPLAY $3450;
IF QA13_K15 = 6 DISPLAY $3600;
IF QA13_K15 = 7 DISPLAY $3750;
IF QA13_K15 = 8 DISPLAY $3900;
IF QA13_K15 = 9 DISPLAY $4050;
IF QA13_K15 ≥ 10 DISPLAY $4200;

IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family's";
ELSE DISPLAY "your"

QA13_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
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

Alimony/Child Support

PROGRAMMING NOTE QA13_L8:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA13_L8 Did {you or your spouse/you or your partner/you} receive any money <u>last month</u> for alimony, or child support?

AL15

YES 1
NO .....2 **[GO TO PN QA13_L10]**
REFUSED ..... -7 **[GO TO PN QA13_L10]**
DON'T KNOW ..... -8 **[GO TO PN QA13_L10]**

PROGRAMMING NOTE QA13_L9:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA13_L9 What was the {combined} total amount that you {and your spouse/and your partner} received from alimony or 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 QA13_L10:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

QA13_L10 Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or child support last month?

AL17

YES, RESPONDENT PAID 1
YES, SPOUSE/PARTNER PAID 2
YES, BOTH PAID.....3
NO.....4 **[GO TO PN QA13_L12]**
REFUSED ..... -7 **[GO TO PN QA13_L12]**
DON'T KNOW ..... -8 **[GO TO PN QA13_L12]**

PROGRAMMING NOTE QA13_L11:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
ELSE DISPLAY "you"

QA13_L11 What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in alimony or support last month?

AL18

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

_____ AMOUNT [000001-999995]

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

Worker's Compensation

PROGRAMMING NOTE QA13_L12:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA13_L12 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 QA13_L14]**
REFUSED	-7	**[GO TO PN QA13_L14]**
DON'T KNOW	-8	**[GO TO PN QA13_L14]**

PROGRAMMING NOTE QA13_L13:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA13_L13 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

Social Security/Pension Payments

PROGRAMMING NOTE QA13_L14:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA13_L12 AND DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND QA13_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA13_L14 AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA13_L14 AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE QA13_L16

QA13_L14 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 QA13_L16]**
REFUSED	-7	**[GO TO PN QA13_L16]**
DON'T KNOW	-8	**[GO TO PN QA13_L16]**

QA13_L15 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

Reasons for Non-Participation in Medi-Cal

PROGRAMMING NOTE QA13_L16:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA13_L16;
ELSE GO TO QA13_M1

QA13_L16 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

Housing

QA13_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

QA13_M2 Do you own or rent your home?

AK25

OWN 1
RENT 2
OTHER ARRANGEMENT 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_M3:
IF AGE ≥ 65 AND QA13_M2 = 1 (OWNS HOME), THEN CONTINUE WITH QA13_M3
ELSE GO TO QA13_M4

QA13_M3 Are you currently paying off a mortgage or loan on this home?

AM37

[IF SPOUSE/PARTNER IS PAYING, CODE AS "YES"]

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

QA13_M4 About how long have you lived at your current address?

AM14

_____ MONTHS [HR: 1 - AAGEx12MONTHS]
_____ YEARS [HR: 1 - AAGE]

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

PROGRAMMING NOTE QA13_M5:
IF QA13_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA13_M7;
ELSE CONTINUE WITH QA13_M5

QA13_M5 About how long have you lived in your current neighborhood?

AM15

_____ MONTHS [HR: 1 - AAGEx12MONTHS]
_____ YEARS [HR: 1 - AAGE]

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

QA13_M6 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

Social Cohesion

PROGRAMMING NOTE QA13_M7:
IF QA13_M7 THROUGH QA13_M11 NOT ANSWERED IN CHILD INTERVIEW, THEN CONTINUE WITH QA13_M7;
ELSE GO TO QA13_M12

QA13_M7 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

QA13_M8 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

QA13_M9 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

QA13_M10 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

Safety

QA13_M11 Do you feel safe in your neighborhood…

AK28

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

Civic Engagement

QA13_M12 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

QA13_M13 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

QA13_M14 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

Section S – Suicide Ideation and Attempts

Suicide Ideation and Attempts

QA13_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 QA13_N1]**
REFUSED	-7	**[GO TO PN QA13_N1]**
DON'T KNOW	-8	**[GO TO PN QA13_N1]**

QA13_S2 Have you seriously thought about committing suicide at any time in the past 12 months?

AF87

YES	1	
NO	2	**[GO TO QA13_S4]**
REFUSED	-7	**[GO TO QA13_S4]**
DON'T KNOW	-8	**[GO TO QA13_S4]**

QA13_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

QA13_S4 Have you ever attempted suicide?

AF88

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

PROGRAMMING NOTE QA13_S5:
IF QA13_S2 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA13_S3 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA13_S3 = 1 AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA13_S5

QA13_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. The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.

POST-NOTE FOR SUICIDE RESOURCE:
IF QA13_S2 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN SKIP TO PN QA13_N1 (NEXT SECTION); ELSE CONTINUE

QA13_S6 Would you like to discuss your thoughts with this person?

AF90

YES .....1 **[GO TO SUICIDE PROTOCOL]**
NO .....2 **[GO TO PN QA13_N1]**
REFUSED ..... -7 **[GO TO PN QA13_N1]**
DON'T KNOW ..... -8 **[GO TO PN QA13_N1]**

Section N –Demographic Information Part III and Closing

County of Residence

PROGRAMMING NOTE QA13_N1:
IF NOT ALREADY ASKED IN CHILD INTERVIEW, CONTINUE WITH QA13_N1;
ELSE SKIP TO QA13_N7

QA13_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

Address Confirmation, Cross Streets, Zip Code

PROGRAMMING NOTE QA13_N2:
IF ADVANCE LETTER SENT, ASK QA13_N2;
IF R'S ADDRESS IS A P.O. BOX, GO TO QA13_N3;
ELSE GO TO QA13_N3

QA13_N2 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 QA13_N6]**
NO 2
REFUSED ..... -7
DON'T KNOW ..... -8

QA13_N3 What is your zip code?

AM7

_____ ZIP CODE

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

QA13_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 QA13_N6]**
_____ STREET TYPE
_____ APT. NO

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

QA13_N5 Can you tell me just the name of the street you live on?

AM8

_____ NAME OF STREET

REFUSED ..... -7 **[GO TO QA13_N7]**
DON'T KNOW ..... -8 **[GO TO QA13_N7]**

QA13_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

Cell Phone Use

PROGRAMMING NOTE QA13_N7:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA13_N11;
ELSE CONTINUE WITH QA13_N7

QA13_N7 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
SHARES CELL PHONE 3
REFUSED ..... -7
DON'T KNOW ..... -8

PROGRAMMING NOTE QA13_N8:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA13_N10;
ELSE CONTINUE WITH QA13_N8

QA13_N8 Is there a regular or landline telephone in your household?

AN6

YES	1	
NO	2	**[GO TO PN QA13_N10]**
REFUSED	-7	**[GO TO PN QA13_N10]**
DON'T KNOW	-8	**[GO TO PN QA13_N10]**

QA13_N9 Is that telephone for personal use or business use only?

AN7

PERSONAL USE ONLY	1
BUSINESS USE ONLY	2
BOTH PERSONAL USE AND BUSINESS USE	3
REFUSED	-7
DON'T KNOW	-8

PROGRAMMING NOTE QA13_N10:
IF QA13_N7 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA13_N9 = 1 OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA13_N10;
ELSE SKIP TO PROGRAMMING QA13_N11

QA13_N10 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

Follow-Up Survey Permission

PROGRAMMING NOTE QA13_N11:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA13_N11

QA13_N11 Finally, do you think you would be willing to do a follow-up to this survey some time 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 QA13_S6 = (2, -7, -8),
AND [QA13_S3 = 1 OR (QA13_S3 = 2, -7, -8 AND QA13_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. The toll-free number is 1-800-273-TALK (8255).

Or you can visit their website at www.suicidepreventionlifeline.org

QA13_N12 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.