



# CHIS 2003 Adult Questionnaire

(Respondents Age 18 and Older)

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## *Collaborating Agencies:*

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

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**NOTE:** the numbering system used in this questionnaire version is subject to change. Question wording reflects the administration of the CHIS 2003 Adult interview. Skip instructions are generally accurate; please consult the *CHIS 2003 Data Dictionary Public Use File: Adult Survey* for more information on the population universe answering a specific question.

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### Section A – Demographic Information, Part I

**PROGRAMMING NOTE QA03\_1:** **AADATE**  
**SET AADATE = CURRENT DATE (YYYYMMDD)**

**QA03\_1**      What is your date of birth?

[AA1]              MONTH \_\_\_\_\_      DAY \_\_\_\_\_      YEAR \_\_\_\_\_              **[GO TO QA03\_5]**  
[RANGE: 1-12]      [RANGE: 1-31]              [RANGE: 1898-1985]

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

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

**PROGRAMMING NOTE QA03\_2:**  
**IF QA03\_1 = -7 OR -8 (REF/DK), CONTINUE WITH QA03\_2;**  
**ELSE GO TO QA03\_5**

**QA03\_2**      What month and year were you born?

[AA1A]              MONTH \_\_\_\_\_      YEAR \_\_\_\_\_              **[GO TO QA03\_5]**  
[RANGE: 1-12]              [RANGE: 1898-1985]

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

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

**PROGRAMMING NOTE QA03\_3:**  
**IF QA03\_1 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA03\_3;**  
**ELSE GO TO QA03\_5**

**QA03\_3**      What is your age, please?

[AA2]              \_\_\_\_\_ YEARS OF AGE      **[GO TO QA03\_5]**  
REFUSED ..... -7  
DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_4:**  
**IF QA03\_2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA03\_4;**  
**ELSE GO TO QA03\_5**

**QA03\_4** 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?

<b>[AA2A]</b>	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

**PROGRAMMING NOTE QA03\_5:** **AAGE ENUM.AGE**  
**CALCULATE VALUE OF AAGE BASED ON QA03\_1, QA03\_2, OR QA03\_3 TO USE IN ALL AGE-RELATED QUESTIONS;**  
**IF QA03\_1, QA03\_2, OR QA03\_3 = -7 OR -8 (REF/DK), THEN USE QA03\_4;**  
**ELSE USE ENUM.AGE**

**QA03\_5** Are you male or female?

<b>[AA3]</b>	MALE .....	1
	FEMALE.....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_5** Are you Latino or Hispanic?

<b>[AA4]</b>	YES .....	1	} <b>[GO TO PN QA03_7]</b>
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QA03\_6** 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.

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

**[CODE ALL THAT APPLY.]**

[AA5_1]	MEXICAN/MEXICANO .....	1
[AA5_2]	MEXICAN AMERICAN .....	2
[AA5_3]	CHICANO .....	3
[AA5_4]	SALVADORAN .....	4
[AA5_5]	GUATEMALAN .....	5
[AA5_6]	COSTA RICAN .....	6
[AA5_7]	HONDURAN .....	7
[AA5_8]	NICARAGUAN .....	8
[AA5_9]	PANAMANIAN .....	9
[AA5_10]	PUERTO RICAN .....	10
[AA5_11]	CUBAN .....	11
[AA5_12]	SPANISH-AMERICAN (FROM SPAIN) .....	12
[AA5_13]	OTHER LATINO (SPECIFY): _____ .....	91
[AA5OS]		
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_7:**

**IF QA03\_5 = 1 (YES), DISPLAY "You said you are Latino or Hispanic. Also..."**

**IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QA03\_7, CONTINUE WITH PROGRAMMING NOTE QA03\_8;**

**ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES**

**QA03\_7** {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?

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

**[CODE ALL THAT APPLY.]**

[AA5A_6]	WHITE .....	1	[GO TO QA03_14 if only one race]
[AA5A_5]	BLACK OR AFRICAN AMERICAN .....	2	[GO TO QA03_14 if only one race]
[AA5A_4]	ASIAN .....	3	[GO TO QA03_11 if only one race]
[AA5A_3]	AMERICAN INDIAN OR ALASKA NATIVE .....	4	[GO TO QA03_8 if only one race]
[AA5A_2]	OTHER PACIFIC ISLANDER .....	5	[GO TO QA03_12 if only one race]
[AA5A_1]	NATIVE HAWAIIAN .....	6	[GO TO QA03_14 if only one race]
[AA5A_7]	OTHER (SPECIFY): _____ .....	91	[GO TO QA03_14 if only one race]
[AA5AOS]			
	REFUSED .....	-7	[GO TO QA03_14]
	DON'T KNOW .....	-8	[GO TO QA03_14]

**PROGRAMMING NOTE QA03\_8:**  
 IF QA03\_7 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) AND [QA03\_7 = 2 (NATIVE HAWAIIAN) OR QA03\_7 = 5 (OTHER PACIFIC ISLANDER) OR QA03\_7 = 3 (ASIAN) OR QA03\_7= 2 (BLACK OR AFRICAN AMERICAN) OR QA03\_7= 1 (WHITE) OR QA03\_7= 91 (OTHER (Specify))], CONTINUE WITH QA03\_8;  
 ELSE GO TO PROGRAMMING NOTE QA03\_11

**QA03\_8** 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.

[CODE ALL THAT APPLY.]

[AA5B_1]	APACHE .....	1
[AA5B_2]	BLACKFOOT/BLACKFEET.....	2
[AA5B_3]	CHEROKEE .....	3
[AA5B_4]	CHOCTAW.....	4
[AA5B_5]	MEXICAN AMERICAN INDIAN .....	5
[AA5B_5]	NAVAJO.....	6
[AA5B_6]	POMO .....	7
[AA5B_7]	PUEBLO.....	8
[AA5B_8]	SIOUX .....	9
[AA5B_9]	YAQUI .....	10
[AA5B_91]	OTHER TRIBE [Ask for spelling] (SPECIFY):.....	91
[AA5BOS]		
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_9** Are you an enrolled member in a federally or state recognized tribe?

[AA5C]	YES .....	1	} [GO TO PN QA03_11]
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	



**QA03\_10** Which tribe are you enrolled in?

<b>[AA5D]</b>	<p><b>APACHE</b></p> <p>MESCALERO APACHE, NM..... 1</p> <p>APACHE (NOT SPECIFIED)..... 2</p> <p>OTHER APACHE [Ask for spelling] (SPECIFY): ..... 3</p> <p><b>BLACKFEET</b></p> <p>BLACKFOOT/BLACKFEET ..... 4</p> <p><b>CHEROKEE</b></p> <p>WESTERN CHEROKEE ..... 5</p> <p>CHEROKEE (NOT SPECIFIED) ..... 6</p> <p>OTHER CHEROKEE [Ask for spelling] (SPECIFY)..... 7</p> <p><b>CHOCTAW</b></p> <p>CHOCTAW OKLAHOMA ..... 8</p> <p>CHOCTAW (NOT SPECIFIED)..... 9</p> <p>OTHER CHOCTAW [Ask for spelling] (SPECIFY): ..... 10</p> <p><b>NAVAJO</b></p> <p>NAVAJO (NOT SPECIFIED) ..... 11</p> <p><b>POMO</b></p> <p>HOPLAND BAND, HOPLAND RANCHERIA..... 12</p> <p>SHERWOOD VALLEY RANCHERIA ..... 13</p> <p>POMO (NOT SPECIFIED) ..... 14</p> <p>OTHER POMO [Ask for spelling] (SPECIFY): ..... 15</p> <p><b>PUEBLO</b></p> <p>HOPI ..... 16</p> <p>YSLETA DEL SUR PUEBLO OF TEXAS..... 17</p> <p>PUEBLO (NOT SPECIFIED)..... 18</p> <p>OTHER PUEBLO [Ask for spelling] (SPECIFY): ..... 19</p> <p><b>SIoux</b></p> <p>OGLALA/PINE RIDGE SIOUX ..... 20</p> <p>SIOUX (NOT SPECIFIED) ..... 21</p> <p>OTHER SIOUX [Ask for spelling] (SPECIFY):..... 22</p> <p><b>YAQUI</b></p> <p>PASCUA YAQUI TRIBE OF ARIZONA ..... 23</p> <p>YAQUI (NOT SPECIFIED) ..... 24</p> <p>OTHER YAQUI [Ask for spelling] (SPECIFY):..... 25</p> <p><b>OTHER</b></p>
<b>[AA5DOS]</b>	<p>OTHER [Ask for spelling] (SPECIFY): _____ ..... 91</p> <p>REFUSED ..... -7</p> <p>DON'T KNOW ..... -8</p>

**PROGRAMMING NOTE QA03\_11:**  
 IF QA03\_7= 3 (ASIAN) AND [QA03\_7= 6 (NATIVE HAWAIIAN) OR QA03\_7= 5 (OTHER PACIFIC ISLANDER)  
 OR QA03\_7=4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA03\_7 = 2 (BLACK OR AFRICAN AMERICAN)  
 OR QA03\_7= 1 (WHITE) OR QA03\_ = 91 (OTHER (Specify))], CONTINUE WITH QA03\_11;  
 ELSE GO TO PROGRAMMING NOTE QA03\_12

**QA03\_11** 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.

**[CODE ALL THAT APPLY.]**

[AA5E_1]	BANGLADESHI.....	1
[AA5E_2]	BURMESE .....	2
[AA5E_3]	CAMBODIAN.....	3
[AA5E_4]	CHINESE .....	4
[AA5E_5]	FILIPINO .....	5
[AA5E_6]	HMONG .....	6
[AA5E_7]	INDIAN (INDIA).....	7
[AA5E_8]	INDONESIAN.....	8
[AA5E_9]	JAPANESE .....	9
[AA5E_10]	KOREAN .....	10
[AA5E_11]	LAOTIAN.....	11
[AA5E_12]	MALAYSIAN.....	12
[AA5E_13]	PAKISTANI .....	13
[AA5E_14]	SRI LANKAN.....	14
[AA5E_15]	TAIWANESE .....	15
[AA5E_16]	THAI.....	16
[AA5E_17]	VIETNAMESE .....	17
[AA5E_18 AA5EOS]	OTHER ASIAN (SPECIFY): _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_12:**  
 IF QA03\_7= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA03\_12;  
 ELSE GO TO PROGRAMMING NOTE QA03\_13

**QA03\_12** 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.

**[CODE ALL THAT APPLY.]**

[AA5E1_1]	SAMOAN/AMERICAN SAMOAN .....	1
[AA5E1_2]	GUAMANIAN.....	2
[AA5E1_3]	TONGAN.....	3
[AA5E1_4]	FIJIAN .....	4
[AA5E1_5 AA5E1oS]	OTHER PACIFIC ISLANDER (SPECIFY): _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_13:**

IF QA03\_5 = YES (LATINO) AND [QA03\_7= 6 (NATIVE HAWAIIAN) OR QA03\_7= 5 (OTHER PACIFIC ISLANDER) OR QA03\_7= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA03\_7= 3 (ASIAN) OR QA03\_7= 2 (BLACK OR AFRICAN AMERICAN) OR QA03\_7= 1 (WHITE) OR QA03\_7 = 91 (OTHER)], CONTINUE WITH QA03\_13; ELSE IF MULTIPLE RESPONSES TO QA03\_7 OR QA03\_11 OR QA03\_11 [NOT COUNTING -7 OR -8 (REF/DK)] CONTINUE WITH QA03\_13; ELSE GO TO QA03\_14

[NOTE: FOR QA03\_13 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); if QA03\_6 = -7 (REFUSE), INSERT "Latino"]

IF QA03\_5 = 1 (YES, LATINO) AND ANY OF QA03\_6 = 1 THRU 12, DO NOT DISPLAY QA03\_13 = 14 (LATINO). IF QA03\_7 = 5 (OTHER PACIFIC ISLANDER) AND QA03\_12 = 1 THRU 4, DO NOT DISPLAY QA03\_13 = 17 (OTHER PACIFIC ISLANDER).

IF QA03\_7= 3 AND ANY OF QA03\_11 = 1 THRU 17, DO NOT SAY QA03\_13 = 19 (ASIAN)

**QA03\_13** You said that you are: [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1]. Of these, which do you most identify with?

**[IF R UNABLE TO CHOOSE ONE, OFFER OPTION "BOTH/ALL/MULTIRACIAL"]**

<b>[AA5F]</b>	MEXICAN/MEXICANO .....	1
	MEXICAN AMERICAN .....	2
	CHICANO .....	3
	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

**QA03\_14**

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

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

**[AH43]**

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

## Section B – General Health and Health Conditions

These next questions are about your health.

**QA03\_15** 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

**QA03\_16** Has a doctor ever told you that you have asthma?

[AB17]	YES .....	1	}	<b>[GO TO QA03_25]</b>
	NO .....	2		
	REFUSED .....	-7		
	DON'T KNOW .....	-8		

**QA03\_17** How old were you when you or your parents were first told by a doctor that you had asthma?

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

[AB39]	_____ AGE IN YEARS	
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_18** Do you still have asthma?

[AB40]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_19** 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 QA03\_20:**  
**IF QA03\_18 = 2, -7, or -8 (NO, REFUSED, DON'T KNOW) AND QA03\_19 = 2, -7, or -8 (NO, REFUSED, DON'T KNOW), GO TO QA03\_24;**  
**ELSE CONTINUE WITH QA03\_20**

**QA03\_20** During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest lightness 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

**QA03\_21** During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?

- [AH13A] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_22** Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?  
**[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]**

- [AB18] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_23:**  
**IF AAGE > 69 SKIP TO QA03\_24;**  
**ELSE CONTINUE WITH QA03\_23**

**QA03\_23** During the past 12 months, how many days of work did you miss due to asthma?

- [AB42] \_\_\_\_\_ 0-365 DAYS
- NOT WORKING ..... -6
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_24** Has a doctor or other health professional ever given you an asthma management plan?  
**[IF NEEDED, SAY: "An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room"]**  
**[INCLUDE NURSES AND ASTHMA EDUCATORS]**

- [AB43] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } **[GO TO QA03\_29]**

**QA03\_25** During the past 12 months, have you ever had a wheezing or whistling sound in your chest?

- [AB44] YES ..... 1
- NO ..... 2 **[GO TO QA03\_29]**
- [AB44A] BRONCHITIS/EMPHYSEMA/  
 CHRONIC OBSTRUCTIVE PULMONARY DISORDER (COPD) ..... 3 **[GO TO QA03\_29]**
- REFUSED ..... -7 **[GO TO QA03\_29]**
- DON'T KNOW ..... -8 **[GO TO QA03\_29]**

**QA03\_26** During the past 12 months, how many attacks of wheezing or whistling have you had in your chest?

- [AB45] \_\_\_\_\_ ATTACKS [HR: 0-999]
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_27** During the past 12 months, how many times have you sought any medical help for this breathing problem?

**[INCLUDE ALL TYPES OF MEDICAL HELP: TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE TREATMENTS]**

- [AB46] \_\_\_\_\_ TIMES [HR: 0-365]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_28:**  
 IF AAGE > 69 SKIP TO QA03\_29;  
 ELSE CONTINUE WITH QA03\_28

**QA03\_28** During the past 12 months, how many days of work did you miss due to this breathing problem?

**[ENTER 0 IF NOT WORKING]**

- [AB47] \_\_\_\_\_ 0-365 DAYS  
 NOT WORKING ..... -6  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_29** Do you have any dogs that you allow inside your home?

- [AB48] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_30** Do you have any cats that you allow inside your home?

- [AB49] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_31** In the past 12 months, have you seen cockroaches inside your home?

**[IF R ASKS WHY WE ARE ASKING THIS QUESTION, SAY: "Cockroaches can cause allergic reactions and asthma symptoms in some people."]**

- [AB50] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_32**  
 IF QA03\_5 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";  
 ELSE BEGIN DISPLAY WITH "Has"

**QA03\_32** {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  
 REFUSED ..... -7  
 DON'T KNOW ..... -8
- } **[GO TO QA03\_37]**

**QA03\_33** 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

**QA03\_34** Were you told that you had Type 1 or Type 2 diabetes?  
**[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."]**  
 [AB51] TYPE 1 ..... 1  
 TYPE 2 ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_35** Are you now taking insulin?  
 [AB24] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_36** Do you now take diabetic pills to lower your blood sugar?  
**[IF NEEDED, SAY: "These are sometimes called oral agents or oral hypoglycemic agents."]**  
 [AB25] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_37** Has a doctor ever told you that you have high blood pressure?  
 [AB29] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8 } **[GO TO QA03\_39]**

**QA03\_38** Are you now taking any medications to control your high blood pressure?  
 [AB30] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_39** Has a doctor ever told you that you have any kind of heart disease?  
 [AB34] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8 } **[GO TO PN QA03\_41]**



**PROGRAMMING NOTE QA03\_40:**  
**IF AAGE < 65 YEARS, GO TO QA03\_41;**  
**ELSE ASK QA03\_40**

**QA03\_40** 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

**QA03\_41** Are you legally blind?

- [AL8] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_42** Do you have a physical or mental impairment that has kept you from working for at least a year?

**[IF NEEDED, SAY "Current condition"]**

- [AL8A] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_43** Has a doctor ever told you that you have seizure disorder or epilepsy?

- [AB53] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8
- } **GO TO PN QA03\_47]**

**QA03\_44** Are you now taking any medicine to control your seizure disorder or epilepsy?

- [AB54] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_45** "How many seizures of any type have you had in the last three months?"

**[IF R NORMALLY COUNTS "AURAS" AS SEIZURES, ACCEPT THE RESPONSE]**

- [AB55] NO SEIZURES ..... 0  
 ONE SEIZURE ..... 1  
 MORE THAN ONE SEIZURE ..... 2  
 NO LONGER HAVE EPILEPSY OR SEIZURE DISORDER ..... 3  
 REFUSED ..... -7  
 DON'T KNOW/ NOT SURE ..... -8
- } **GO TO PN QA03\_47]**

**QA03\_46** During the past month, to what extent has your epilepsy or its treatment interfered with normal activities like working, school, or getting together with family or friends? Would you say

- [AB56] Not at all ..... 1  
 Slightly ..... 2  
 Moderately ..... 3  
 Quite a bit or ..... 4  
 Extremely? ..... 5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_47:**  
**IF AAGE < 50, GO TO QA03\_51;**  
**ELSE CONTINUE WITH QA03\_47**

**QA03\_47** During the past 12 months, have you had a flu shot?

[AE30] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} [GO TO QA03\_49]

**QA03\_48** At what kind of place did you get your last flu shot?

[AB57] A DOCTOR'S OFFICE OR HMO ..... 1  
 A COMMUNITY HEALTH CENTER, HEALTH DEPT.,  
 HEALTH DEPT. CLINIC, OR OTHER TYPE OF CLINIC ..... 2  
 A STORE (FOR EXAMPLE MARKET, DRUGSTORE, OR PHARMACY) ..... 3  
 WORKPLACE ..... 4  
 A SENIOR, RECREATON, OR COMMUNITY CENTER..... 5  
 A HOSPITAL OR EMERGENCY ROOM..... 6  
 OTHER, (SPECIFY): \_\_\_\_\_ ..... 91  
 REFUSED ..... -7  
 DON'T KNOW/ NOT SURE ..... -8

} [GO TO QA03\_50]

**QA03\_49** What is the main reason you did not get a flu shot in the last 12 months?

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

[AB58] DIDN'T KNOW I NEEDED IT/ NOT AT RISK ..... 1  
 SHOT COULD GIVE ME THE FLU/  
 SHOT COULD GIVE ME A REACTION ..... 2  
 DID NOT THINK OF IT/ FORGOT/ LAZY ..... 3  
 INCOVENIENT/ INACCESSIBLE TIME OR LOCATION OR  
 DIDN'T KNOW WHERE TO GET SHOT ..... 4  
 FLU VACCINE UNAVAILABLE ..... 5  
 I ASKED ME DOCTOR, BUT DOCTOR SAID I DIDN'T NEED IT/  
 DOCTOR DIDN'T SUGGEST IT ..... 6  
 DIDN'T THINK IT WOULD WORK OR  
 FLU NOT SERIOUS DISEASE ..... 7  
 COST ..... 8  
 OTHER, (SPECIFY): \_\_\_\_\_ ..... 91  
 REFUSED ..... -7  
 DON'T KNOW/ NOT SURE ..... -8

**QA03\_50** Have you ever had a pneumonia shot? This shot is given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine (new-ma-COCK-all).

[AB59] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_51** Has a doctor ever told you that you had a cancer of any kind?

[AF1] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_52:**  
**IF QA03\_51 = 1 CONTINUE WITH QA03\_52; ELSE GO TO PROGRAMMING NOTE QA03\_56**  
**ACCEPT ONLY FIRST SIX RESPONSES**

**QA03\_52**      What kind of cancer was it?

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

[AF2_1]	BLADDER .....	1
[AF2_2]	BLOOD .....	2
[AF2_3]	BONE .....	3
[AF2_4]	BRAIN .....	4
[AF2_5]	BREAST .....	5
[AF2_6]	CERVIX .....	6
[AF2_7]	COLON .....	7
[AF2_8]	ESOPHAGUS.....	8
[AF2_9]	GALLBLADDER .....	9
[AF2_10]	KIDNEY .....	10
[AF2_11]	LARYNX-WINDPIPE .....	11
[AF2_12]	LEUKEMIA .....	12
[AF2_13]	LIVER .....	13
[AF2_14]	LUNG .....	14
[AF2_15]	LYMPHOMA.....	15
[AF2_16]	MOUTH/TONGUE/LIP .....	16
[AF2_17]	OVARY.....	17
[AF2_18]	PANCREAS.....	18
[AF2_19]	PROSTATE .....	19
[AF2_20]	RECTUM.....	20
[AF2_21]	SKIN.....	21
[AF2_24]	SOFT TISSUE (MUSCLE OR FAT) .....	24
[AF2_25]	STOMACH .....	25
[AF2_26]	TESTIS.....	26
[AF2_27]	THROAT-PHARYNX.....	27
[AF2_28]	THYROID .....	28
[AF2_29]	UTERUS .....	29
[AF2_91]	OTHER.....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_53:**  
**IF QA03\_52 = 5 (YES HAD BREAST CANCER), CONTINUE WITH QA03\_53;**  
**ELSE GO TO PROGRAMMING NOTE QA03\_54**

**QA03\_53**      Tell me how you first found out about your breast cancer. Was it by...

[AB60]	Finding it yourself by accident .....	1
	Finding it yourself during a self breast examination.....	2
	Your husband or partner finding it .....	3
	Your doctor finding it during a routine breast exam .....	4
	Finding it by a mammogram .....	5
	Or Some other way? (IF OTHER, SPECIFY):_____ .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_54:**  
 IF QA03\_52= 21 (YES HAD SKIN CANCER), CONTINUE WITH QA03\_54;  
 ELSE GO TO PROGRAMMING NOTE QA03\_56

**QA03\_54** Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?

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

[IF NEEDED, SAY "Melanoma is a serious form of skin cancer that usually begins as skin moles. Non-melanoma skin cancers are a more common but less serious form of skin cancer."

- [AF2A]
- NON-MELANOMA..... 1
  - MELANOMA..... 2
  - UNKNOWN TYPE..... 3
  - REFUSED..... -7
  - DON'T KNOW..... -8

**QA03\_55** How old were you when cancer was first diagnosed?

[IF MORE THAN ONE CANCER, ASK HOW OLD THEY WERE THEN THEIR EARLIEST CANCER WAS DIAGNOSED]

- [AF3]
- \_\_\_\_ AGE IN YEARS [HR: 1 THRU AAGE OR (105) IF AAGE = -7]
  - REFUSED..... -7
  - DON'T KNOW..... -8

**PROGRAMMING NOTE QA03\_56:**  
 IF AAGE < 40 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA03\_63;  
 ELSE CONTINUE WITH QA03\_56

**QA03\_56** Have you ever had a Sigmoidoscopy, Colonoscopy, or a Proctoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.

[IF NEEDED, SAY: "For a Sigmoidoscopy a flexible tube is inserted into the rectum to look for problems. A Colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home. A Proctoscopy is an older exam that uses a rigid tube."]

- [AF14]
- YES..... 1
  - NO..... 2
  - REFUSED..... -7
  - DON'T KNOW..... -8
- } [GO TO QA03\_60]

**QA03\_57** How long ago did you have your most recent exam?

- [AF16]
- A YEAR AGO OR LESS..... 1
  - MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO..... 2
  - MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO..... 3
  - MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO..... 4
  - MORE THAN 5 YEARS AGO UP TO 10 YEARS AGO..... 5
  - MORE THAN 10 YEARS AGO..... 6
  - REFUSED..... -7
  - DON'T KNOW..... -8

**QA03\_58** Was your most recent exam a sigmoidoscopy, colonoscopy, proctoscopy or something else?

**[IF NEEDED, SAY: “For a Sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A Colonoscopy is similar but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy, and told to have someone else drive you home. A Proctoscopy is an older exam that used a rigid tube.”]**

- [AB61] SIGMOIDOSCOPY ..... 1
- COLONOSCOPY ..... 2
- PROCTOSCOPY ..... 3
- SOMETHING ELSE ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_59** Tell me the main reason you had this exam. Was it

**[IF NEEDED, SAY: “Main reason is the most important reason”.]**

- [AF17] As part of a routine physical exam or screening test ..... 1
- Because of a specific problem ..... 2
- As a follow-up to an earlier test or screening exam or ..... 3
- Because of family history? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_60** The following questions are about the blood stool test to determine if you have blood in your stool. The test can be done with a home kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.

Have you ever had a blood stool test, using a home test kit?

- [AF22] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } **[GO TO PN QA03\_63]**

**QA03\_61** When did you have your most recent home blood stool test?

- [AF24] A YEAR AGO OR LESS ..... 1
- MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO ..... 2
- MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO ..... 3
- MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO ..... 4
- MORE THAN 5 YEARS AGO ..... 5
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_62** Tell me the main reason you had this exam. Was it

**[IF NEEDED, SAY: “Main reason is the most important reason”.]**

- [AF25] As part of a routine physical exam or screening test ..... 1
- Because of a specific problem ..... 2
- As a follow-up test for an earlier test or screening exam or ..... 3
- Because of your family history? ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_63:**  
**IF QA03\_5 = 2 (FEMALE) OR QA03\_ = 1 (MALE) AND [AAGE < 40 OR (AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)) OR ENUM.AGE < 40 OR IF AGE IS UNKNOWN], GO TO PROGRAMMING NOTE QA03\_67;**  
**ELSE CONTINUE WITH QA03\_63**

**QA03\_63** A PSA test is a blood test to detect prostate cancer. Have you ever heard of a PSA test?  
**[IF NEEDED, SAY: "A PSA test is a prostate-specific antigen test."]**

[AF30]	YES .....	1	} [GO TO PN QA03_67]
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QA03\_64** Have you ever had a PSA test?

[AF31]	YES .....	1	} [GO TO PN QA03_67]
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QA03\_65** When did you have your most recent PSA test?

[AF33]	A YEAR AGO OR LESS.....	1
	MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO .....	2
	MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO.....	3
	MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO.....	4
	MORE THAN 5 YEARS AGO.....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_66** Tell me the main reason you had this PSA test. Was it  
**[IF NEEDED, SAY: "Main reason is the most important reason".]**

[AF34]	As part of a routine physical exam or screening test.....	1
	Because of a specific problem.....	2
	As a follow-up test for an earlier test or screening exam or.....	3
	Because of your family history?.....	4
	REFUSED .....	-7
	DON'T KNOW .....	-8

## Section C – Elder Health

**PROGRAMMING NOTE QA03\_67:**  
**IF AAGE < 65 YEARS, GO TO QA03\_70;**  
**ELSE CONTINUE WITH QA03\_67**

**QA03\_67**      Has a doctor ever told you that you had a stroke?

[AC6]            YES ..... 1  
                   NO ..... 2  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

**QA03\_68**      During the past 12 months, have you fallen to the ground more than once?

[AC7]            YES ..... 1  
                   NO ..... 2  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

**QA03\_69**      I'd like to ask about a health problem that is more common than people think.  
 In the past 30 days, have you been incontinent, that is unable to hold or control your urine more than once?

[AC8]            YES ..... 1  
                   NO ..... 2  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

## Section D – Health Behaviors

**QA03\_70**

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 QA03\_74]
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_71**

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

- [AE15A] EVERY DAY ..... 1
- SOME DAYS ..... 2 [GO TO QA03\_73]
- NOT AT ALL ..... 3 [GO TO QA03\_74]
- REFUSED ..... -7 [GO TO QA03\_74]
- DON'T KNOW ..... -8 [GO TO QA03\_74]

**QA03\_72**

On the average, how many cigarettes do you now smoke a day?  
**[IF R SAYS, A "PACK", CODE THIS AS 20 CIGARETTES]**

- [AD32] \_\_\_\_\_ NUMBER OF CIGARETTES ..... [GO TO QA03\_74]
- REFUSED ..... -7 [GO TO QA03\_74]
- DON'T KNOW ..... -8 [GO TO QA03\_74]

**QA03\_73**

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

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

- [AE16] \_\_\_\_\_ NUMBER OF CIGARETTES [HR: 0 – 120] ..... -7
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_74**

Does anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

- [AD33] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } [GO TO QA03\_76]

**QA03\_75**

On average, about how many days per week is there smoking anywhere inside your home?

- [AD34] RARELY OR LESS THAN 1 DAY PER WEEK ..... 1
- \_\_\_\_\_ DAYS (1-7) ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_76**

Which statement best describes the rules about smoking inside your home?  
 Smoking is...

- [AD35] Never allowed inside ..... 1
- Allowed in some places or at some times, ..... 2
- Or Allowed anywhere and anytime inside your home ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8



**QA03\_77** During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

[AE11] YES ..... 1  
 NO ..... 2 } [GO TO QA03\_81]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_78** During the past 30 days, how many days per week or per month did you drink any alcoholic beverages, on the average?

[AE12] \_\_\_\_\_ DAYS PER WEEK  
 \_\_\_\_\_ DAYS PER MONTH

**QA03\_79** On the days when you drank, about how many drinks did you drink on the average?

[IF NEEDED, SAY: A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.]

[AE13] \_\_\_\_\_ NUMBER OF DRINKS  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_80** Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion?

[AE14] \_\_\_\_\_ NUMBER OF TIMES  
 NONE ..... 0  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_81** The next questions are about walking for transportation. I will ask you separately about walking for other reasons like relaxation or exercise.

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

[AD37] YES ..... 1  
 NO ..... 2 [GO TO QA03\_84]  
 UNABLE TO WALK ..... 3 [GO TO QA03\_87]  
 REFUSED ..... -7 [GO TO QA03\_84]  
 DON'T KNOW ..... -8 [GO TO QA03\_84]

**QA03\_82** In the past 7 days, how many times did you do that?

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

[AD38] \_\_\_\_\_ TIMES PER WEEK  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_83:**  
 IF QA03\_82 = 1 TIME (ONE WALK TAKEN), DISPLAY "How long did that walk?";  
 ELSE IF QA03\_82 > 1 (MORE THAN ONE WALK), DISPLAY "On average, how long did those walks take?"

**QA03\_83** {How long did that walk take?/On average, how long did those walks take?}

[AD39] \_\_\_\_\_ MINUTES  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_84**  
**IF QA03\_81 = 1 (WALKED FOR TRANSPORTATION), DISPLAY "Please do not include walking for transportation"**  
**ELSE CONTINUE WITHOUT DISPLAY**

**QA03\_84** 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.}

[AD40] YES ..... 1  
 NO ..... 2 } [GO TO QA03\_87]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_85** In the past 7 days, how many times did you do that?

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

[AD41] \_\_\_\_\_ TIMES PER WEEK  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_86:**  
**IF QA03\_85= 1 TIME (ONE WALK TAKEN), DISPLAY "How long did that walk take?";**  
**ELSE IF QA03\_85>1 (MORE THAN ONE WALK TAKEN), DISPLAY "On average, how long did those walks take?"**

**QA03\_86** {How long did that walk take?/On average, how long did those walk take}?

[AD42] \_\_\_\_\_ MINUTES  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

These next questions are about your height and weight.

**QA03\_87** How tall are you without shoes?

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

[AE17] \_\_\_\_\_ 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 QA03\_88:**  
**IF QA03\_5 = 2 (FEMALE) and AAGE<50, DISPLAY "When not pregnant, how";**  
**ELSE DISPLAY "How"**

**QA03\_88** {When not pregnant, how/How} much do you weigh without shoes?

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

[AE18] \_\_\_\_\_ POUNDS                      [HR: 50-450]  
 \_\_\_\_\_ KILOGRAMS                      [HR: 20-220]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_89:**  
**IF AAGE = 18, SKIP TO QA03\_90;**

**QA03\_89** How much did you weigh at age 18?

**[IF NEEDED, SAY: "About how much".]**

[AE19]            \_\_\_\_\_ POUNDS            **[HR: 50-450]**  
                   \_\_\_\_\_ KILOGRAMS            **[HR: 20-220]**  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_90:**  
**IF AAGE > 70 OR QA03\_4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN,**  
**GO TO PROGRAMMING NOTE QA03\_93;**  
**ELSE CONTINUE WITH QA03\_90**

**QA03\_90** We are asking a few questions about people's sexual experiences. All answers will be kept private.  
 In the past 12 months, how many sexual partners have you had?

[AD43]            \_\_\_\_\_ NUMBER OF SEXUAL PARTNERS ..... **[GO TO PN QA03\_92]**  
 REFUSED ..... -7 **[GO TO PN QA03\_92]**  
 DON'T KNOW ..... -8

**QA03\_91** Can you give me your best guess?

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

[AD44]            \_\_\_\_\_ PARTNERS  
 1 PARTNER ..... 1  
 2-3 PARTNERS ..... 2  
 4-5 PARTNERS ..... 3  
 6-10 PARTNERS ..... 4  
 MORE THAN 10 PARTNERS ..... 5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_92:**  
**IF QA03\_90 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), GO TO PROGRAMMING NOTE QA03\_93;**  
**ELSE CONTINUE WITH QA03\_92**  
**IF QA03\_90 OR QA03\_91 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female?"**

**QA03\_92** {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 QA03\_93:**

**IF QA03\_5 =1 (MALE), DISPLAY "Gay" in question and "Gay" in Help Screen,  
ELSE IF QA03\_5 =2 (FEMALE), DISPLAY "Gay, Lesbian" in question and "Gay and Lesbian" in Help Screen**

**IF AAGE > 70 OR QA03\_4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN,  
Read "The next question is about sexual orientation. All answers will be kept private." and continue with QA03\_93**

**QA03\_93** Do you think of yourself as straight or heterosexual, as gay {, lesbian} or homosexual, or bisexual?  
**[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".]**

- [AD46] 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

**PROGRAMMING NOTE QA03\_94:**

**IF QA03\_90=0 OR QA03\_91=0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO QA03\_96;  
IF AAGE > 35 YEARS AND (QA03\_90 < 2 OR QA03\_91<2) (ONE OR LESS SEXUAL PARTNERS), GO TO QA03\_96  
ELSE CONTINUE WITH QA03\_94.**

**QA03\_94** In the past 12 months, have you been tested for a sexually transmitted disease?

- [AD47] YES..... 1
  - NO..... 2
  - REFUSED.....-7
  - DON'T KNOW.....-8
- } [GO TO QA03\_96]

**QA03\_95** What were you tested for?

**[DO NOT READ RESPONSES. INDICATE ALL RESPONSES THAT RESPONDENT LISTS.  
AFTER HE/SHE FINISHES, PROBE: "Any others?" UNTIL THEY SAY NO.]**

- [AD48\_1] CHLAMYDIA..... 1
- [AD48\_2] GONORRHEA/CLAP..... 2
- [AD48\_3] SYPHILIS/SYPH..... 3
- [AD48\_4] HIV/AIDS..... 4
- [AD48\_5] TRICH (Trichomonas, Trichomoniasis)..... 5
- [AD48\_OS] OTHER..... 6
- REFUSED.....-7
- DON'T KNOW.....-8

## Section E – General Health, Disabilities, and Social Support

**QA03\_96**

Now, I am going to ask about your health over the past 30 days.

Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

**[IF NEEDED, SAY: “On how many days was your physical health not good?”]**

[AE31]

NUMBER OF DAYS ..... \_\_\_\_\_  
 NONE ..... 0  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_97**

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

**[IF NEEDED, SAY: “Mental health includes stress, feeling sad or not feeling like yourself. On how many days was your mental health not good?”]**

[AE32]

NUMBER OF DAYS ..... \_\_\_\_\_  
 NONE ..... 0  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_98**

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

**[IF NEEDED, SAY: “On how many days did poor health keep you from doing your usual things, such as taking care of yourself, working, and having fun?”]**

[AE33]

NUMBER OF DAYS ..... \_\_\_\_\_  
 NONE ..... 0  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

These next questions are about your daily activities.

**QA03\_99**

Do you need special equipment or someone to help you with eating, dressing, bathing, getting out of chairs, moving around the house, or using the toilet because of a health problem or condition?

[AE34]

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

**[GO TO AQ03\_106]**

Do you need special equipment or the help of another person for:

**QA03\_100**

Walking or getting around inside the home?

[AE35]

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

**QA03\_101**

Getting in or out of bed or chairs?

[AE36]

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

**QA03\_102** Bathing or showering?

[AE37]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_103** Dressing?

[AE38]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_104** Eating?

[AE39]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_105** Using the toilet?

[AE40]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_106** For household chores, such as cooking, shopping, managing money, or cleaning, do you need special equipment or someone to help you because of a health problem or condition?

[AE41]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_107** Do you now have any health problem that requires you to use special equipment, such a cane, a wheelchair, a special bed, or a special telephone?

[AE42]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

How often is someone available...

**QA03\_108** To help with daily chores if you are sick? Would you say...

[AE43]	None of the time .....	1
	A little of the time .....	2
	Some of the time .....	3
	Most of the time, or .....	4
	All of the time? .....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_109 [IF NEEDED, SAY: "How often is someone available..."]**

To get together with for relaxation? Would you say...

[AE44]	None of the time .....	1
	A little of the time .....	2
	Some of the time .....	3
	Most of the time, or.....	4
	All of the time?.....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_110 [IF NEEDED, SAY: "How often is someone available..."]**

To understand you problems? Would you say...

[AE45]	None of the time .....	1
	A little of the time .....	2
	Some of the time .....	3
	Most of the time, or.....	4
	All of the time?.....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_111 [IF NEEDED, SAY: "How often is someone available..."]**

To love you and make you feel wanted? Would you say...

[AE46]	None of the time .....	1
	A little of the time .....	2
	Some of the time .....	3
	Most of the time, or.....	4
	All of the time?.....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_112** During the past 7 days, did you go to church, temple, or another place of worship for services or other activities?

[AE49]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

## Section F – Women’s Health

**PROGRAMMING NOTE QA03\_113:**  
**IF QA03\_5 = 1 (MALE), GO TO QA03\_137**

**QA03\_113**      These next questions are about women's health.  
 Have you ever had a Pap smear?  
**[IF NEEDED, SAY: “A pap smear is a routine cancer test in which the doctor takes a cell sample from the cervix with a small stick or brush and sends it to the lab. This is not a test for sexually transmitted diseases.”]**

- |       |                  |    |   |                  |
|-------|------------------|----|---|------------------|
| [AD4] | YES .....        | 1  | } | [GO TO QA03_115] |
|       | NO .....         | 2  |   |                  |
|       | REFUSED .....    | -7 |   |                  |
|       | DON'T KNOW ..... | -8 |   |                  |

**QA03\_114**      How long ago did you have your most recent Pap smear test?

- |       |                                     |    |
|-------|-------------------------------------|----|
| [AD6] | A YEAR AGO OR LESS .....            | 1  |
|       | MORE THAN 1 UP TO 2 YEARS AGO ..... | 2  |
|       | MORE THAN 2 UP TO 3 YEARS AGO ..... | 3  |
|       | MORE THAN 3 UP TO 5 YEARS AGO ..... | 4  |
|       | MORE THAN 5 YEARS AGO .....         | 5  |
|       | REFUSED .....                       | -7 |
|       | DON'T KNOW .....                    | -8 |

**PROGRAMMING NOTE QA03\_115:**  
**IF AAGE < 30 OR QA03\_4 = 1 (BETWEEN 18 AND 29), GO TO QA03\_118;**  
**ELSE CONTINUE WITH QA03\_115**

**QA03\_115**      Have you ever had a mammogram?  
**[IF NEEDED, SAY: “A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast.”]**

- |        |  |    |   |                  |
|--------|--|----|---|------------------|
| [AD14] | YES .....  | 1  | } | [GO TO QA03_118] |
|        | NO .....   | 2  |   |                  |
|        | <b>[READ DEFINITION, IF STILL NO, GO TO QA03_118]</b><br>REFUSED ..... | -7 |   |                  |
|        | DON'T KNOW .....   | -8 |   |                  |

**QA03\_116**      How long ago did you have your most recent mammogram?

- |        |   |    |
|--------|---|----|
| [AD17] | A YEAR AGO OR LESS .....                      | 1  |
|        | MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO .....  | 2  |
|        | MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO ..... | 3  |
|        | MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO ..... | 4  |
|        | MORE THAN 5 YEARS AGO .....                   | 5  |
|        | REFUSED .....                                 | -7 |
|        | DON'T KNOW .....                              | -8 |

**QA03\_117**      Tell me the main reason you had a mammogram. Was it  
**[IF NEEDED, SAY: “The main reason is the most important reason.”]**

- |        |   |    |
|--------|---|----|
| [AD18] | Part of a routine exam .....                                | 1  |
|        | Because of a specific breast problem .....                  | 2  |
|        | A follow up to a previously identified breast problem ..... | 3  |
|        | Or due to family history? .....                             | 4  |
|        | REFUSED .....   | -7 |
|        | DON'T KNOW .....  | -8 |



**QA03\_118** In the past 12 months, has a doctor examined your breasts for lumps?  
**[IF NEEDED, SAY: "This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth."]**

- [AF37] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_119** Do you examine your own breasts for lumps?  
**[IF NEEDED, SAY: "This is when you touch your breasts to check for bumps, cysts, or abnormal growth."]**

- [AF38] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } **[GO TO PN QA03\_121]**

**QA03\_120** About how often do you examine your own breasts for lumps?

**[ENTER NUMBER OF TIMES FOR R SPECIFIED PERIOD]**

- [AF39] \_\_\_\_\_ TIMES PER DAY
- \_\_\_\_\_ TIMES PER WEEK
- \_\_\_\_\_ TIMES PER MONTH
- \_\_\_\_\_ OR TIMES PER YEAR
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_121:**  
**IF AAGE > 65 YEARS, GO TO PROGRAMMING NOTE QA03\_130.**  
**IF QA03\_5 =2 (FEMALE) AND IF QA03\_93 = 3 (LESBIAN), GO TO QA03\_122;**  
**IF QA03\_90 = 0 (R HAS ZERO PARTNERS), GO TO QA03\_122;**  
**ELSE CONTINUE WITH QA03\_121**

Now, I'm going to ask some questions about birth control and pregnancy.

**QA03\_121** Are you or your male sex partner using a birth control method to prevent pregnancy? This includes male or female sterilization.

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

- [AF40] YES ..... 1
- NO ..... 2
- NO MALE SEXUAL PARTNER ..... 3
- REFUSED ..... -7
- DON'T KNOW / NOT SURE ..... -8

**QA03\_122** Have you ever heard of RU486, also known as the "abortion pill"?

- [AF41] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_123** Have you ever heard of emergency contraception or the "morning after pill"?

- [AF42] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } **GO TO PN QA03\_125**

**QA03\_124** Is the following statement true or false?

Women in California can get emergency contraception pills by going to a pharmacist in a drug store without phoning or seeing a doctor first.

- [AF43] TRUE..... 1
- FALSE..... 2
- REFUSED.....-7
- DON'T KNOW.....-8

**PROGRAMMING NOTE QA03\_125:**  
 IF AGE<50, CONTINUE WITH QA03\_125;  
 ELSE IF AGE = 50 OR IF AGE>50, GO TO PROGRAMMING NOTE QA03\_130

**QA03\_125** To your knowledge, are you now pregnant?

- [AD13] YES..... 1
- NO..... 2
- REFUSED.....-7
- DON'T KNOW.....-8

**PROGRAMMING NOTE QA03\_126:**  
 IF QA03\_123 =2 OR -7 OR -8 (NO, REF, DK ABOUT HAVING HEARD OF EC OR MORNING AFTER PILL), GO TO QA03\_127;  
 ELSE CONTINUE WITH QA03\_121.

**QA03\_126** In the past 12 months, have you used emergency contraception pills or the “morning after pill”?

**[IF NEEDED, SAY: “Emergency contraception, also known as the “morning after pill”, contains the same medication of regular birth control pills and can prevent pregnancy if taken within 72 hours of unprotected sex or contraceptive failure. It is not RU486, also known as the “abortion pill.”]**

- [AF44] YES..... 1
- NO..... 2
- REFUSED.....-7
- DON'T KNOW.....-8

**QA03\_127** In the past 12 months, have you terminated a pregnancy? This does not include miscarriages.

**[IF NEEDED, SAY: “Terminating a pregnancy means having an abortion.”]**

- [AF45] YES..... 1
- NO..... 2
- REFUSED.....-7
- DON'T KNOW.....-8

**PROGRAMMIN NOTE QA03\_128:**  
 IF QA03\_125 = 1 (YES, PREGNANT), GO TO QA03\_137.  
 IF AGE = 40 or IF AGE > 40, CONTINUE WITH QA03\_128;  
 ELSE GO TO QA03\_137.

**QA03\_128** Have you had a hysterectomy?

**[IF NEEDED, SAY: "A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy."]**

- [AD12] YES..... 1
- NO..... 2
- REFUSED.....-7
- DON'T KNOW.....-8

**PROGRAMMING NOTE QA03\_129**  
**IF QA03\_128 = 1 DISPLAY "Were your ovaries removed?"**  
**ELSE DISPLAY "Have you had an operation to have your ovaries removed?"**

**QA03\_129** {Were your ovaries removed?} Have you had an operation to have your ovaries removed?

[AD12A]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_130:**  
**IF QA03\_128 = 1 GO TO PROGRAMMING NOTE QA03\_131**  
**ELSE CONTINUE WITH QA03\_130**

**QA03\_130** Have your periods become irregular or stopped because of menopause?  
**[IF NEEDED, SAY: "Menopause occurs when women get older, their menstrual periods stop, and they can no longer have children."]**

[AF46]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_131:**  
**IF QA03\_128 =1 DO NOT DISPLAY "for menopause"**

**QA03\_131** Are you currently taking hormone replacement supplements or HRT {for menopause}?  
**[IF NEEDED, SAY: "This is a supplement, pill, patch, or treatment that gives women more of the female hormone, estrogen. It is also known as hormone replacement therapy or HRT."]**

[AD28]	YES .....	1	[GO TO QA03_137]
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**PROGRAMMING NOTE QA03\_132:**  
**IF QA03\_128 =1 DO NOT DISPLAY "for menopause"**

**QA03\_132** Have you ever taken hormone replacement supplements {for menopause}?  
**[IF NEEDED, SAY, "or HRT?"]**

[AF47]	YES .....	1	} [GO TO QA03_136]
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QA03\_133** About how long ago did you stop using hormone replacement supplements– was it less than 1 year ago, 1 to 3 years ago, 3 to 5 years ago, or more than 5 years ago?

**[IF NEEDED, SAY, “or HRT?”]**

**[INTERVIEWER NOTE: PUT THOSE WHO SAY EXACTLY 3 YEARS INTO THE 1 TO 3 YEAR CATEGORY.]**

- [AF48] LESS THAN 1 YEAR AGO ..... 1
- 1 TO 3 YEARS AGO ..... 2
- MORE THAN THREE YEARS AGO UP TO 5 YEARS AGO ..... 3
- MORE THAN 5 YEARS AGO ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... 8

**QA03\_134** Did your doctor advise you to stop?

- [AF49] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_135** Were news reports or health warnings about long-term use of hormone replacement supplements one of the reasons you decided to stop using them?

**[IF NEEDED, SAY, “or HRT?”]**

- [AF50] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } **[GO TO QA03\_137]**

**QA03\_136** Were news reports or health warnings about long-term use of hormone supplements one of the reasons you decided not to take them?

**[IF NEEDED, SAY, “or HRT?”]**

- [AF51] YES ..... 1
- NO ..... 2
- NO, HAVEN'T STARTED MENOPAUSE/ NOT NEEDED ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

## Section G – Demographic Information, Part II

**QA03\_137**

Now a few more questions about you.

In what country were you born?

**[SELECT FROM MOST LIKELY COUNTRIES]**

<b>[AH33]</b>	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
<b>[AH330S]</b>	OTHER (SPECIFY):_____	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

**PROGRAMMING NOTE QA03\_138:**  
**IF QA03\_137 NE 1 (NOT BORN IN US), GO TO QA03\_139**  
**ELSE IF QA03\_137 = 1 (BORN IN US) CONTINUE WITH QA03\_138**

**QA03\_138** In what country was your mother born?

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

<b>[AH34]</b>	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
<b>[AH340S]</b>	OTHER (SPECIFY):.....	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

**QA03\_139**

In what country was your father born?

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

<b>[AH35]</b>	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
<b>[AH350S]</b>	OTHER (SPECIFY):_____.....	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

**QA03\_140**

Thinking about your race or ethnicity, how often have you felt treated badly or unfairly because of your race or ethnicity? Would you say ...

<b>[AG4]</b>	Never.....	1
	Rarely.....	2
	Sometimes.....	3
	Often.....	4
	Or all the time?.....	5
	REFUSED.....	7
	DON'T KNOW.....	8

**QA03\_141** What languages do you speak at home?

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

AH36_1	ENGLISH .....	1
AH36_2	SPANISH .....	2
AH36_3	CANTONESE .....	3
AH36_4	VIETNAMESE .....	4
AH36_5	TAGALOG .....	5
AH36_6	MANDARIN .....	6
AH36_7	KOREAN .....	7
AH36_8	ASIAN INDIAN LANGUAGES .....	8
AH36_9	RUSSIAN .....	9
AH36_91OS1	OTHER1 (SPECIFY): _____ .....	91
AH36_92OS2	OTHER2 (SPECIFY): _____ .....	92
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_142:**  
**IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA03\_142**  
**IF INTERVIEW CONDUCTED IN ENGLISH AND QA03\_141 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA03\_142 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 QA03\_141 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PN QA03\_143**

**QA03\_142** {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English} Would you say you speak English ...

[AH37]	Very well .....	1
	Well .....	2
	Not well or .....	3
	Not at all? .....	4
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_143:**  
**IF QA03\_137 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO QA03\_146;**  
**ELSE CONTINUE WITH QA03\_143**

**QA03\_143** The next questions are about citizenship and immigration. Your answers are confidential and will not be reported to the INS.

Are you a citizen of the United States?

[AH39]	YES .....	1	<b>[GO TO QA03_145]</b>
	NO .....	2	
	APPLICATION PENDING .....	3	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QA03\_144** Are you a permanent resident with a green card?

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

[AH40]	YES .....	1
	NO .....	2
	APPLICATION PENDING .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8



**QA03\_145** About how many years have you lived in the United States?  
**[FOR LESS THAN A YEAR, ENTER 1 YEAR]**

[AH41] \_\_\_\_\_ (NUMBER OF YEARS)  
 \_\_\_\_\_ YEAR (FIRST CAME TO LIVE IN U.S.)  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_146:**  
 IF QA03\_137 = 1 (USA) OR R CAME TO U.S. PRIOR TO 18<sup>TH</sup> BIRTHDAY (USE AAGE AND QA03\_145), CONTINUE WITH QA03\_146;  
 ELSE GO TO PROGRAMMING NOTE QA03\_147

**QA03\_146** Thinking back to your childhood, that is, before your 18<sup>th</sup> birthday, were you ever removed from your home by the state, county, or court, and went to live with people other than your mother or father?

[AG5] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_147:**  
 IF QA03\_14 = 1 (MARRIED) CONTINUE WITH QA03\_147  
 ELSE GO TO PROGRAMMING NOTE QA03\_149

**QA03\_147** Is your spouse also living in your household?

[AH44] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_148** May I have your {spouse/partner}'s first name and age?  
**[ENTER SPOUSE'S/PARTNER'S NAME, AGE, AND SEX]**

[SC11A] SPOUSE/PARTNER NAME \_\_\_\_\_  
 SPOUSE/PARTNER AGE \_\_\_\_\_  
 SPOUSE/PARTNER SEX \_\_\_\_\_

**PROGRAMMING NOTE QA03\_149:**  
 IF AAGE<30 OR QA03\_4 = 1 (AGE 18-29) AND QA03\_14 = 1 (MARRIED) AND QA03\_147 = 1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA03\_149;  
 IF AAGE<30 OR QA03\_4 = 1 (AGE 18-29) AND QA03\_14 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA03\_149;  
 IF AAGE<30 OR QA03\_4 = 1 (AGE 18-29) AND QA03\_14 = 3, 4, 5, 6, OR -7, -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA03\_149;  
 ELSE GO TO QA03\_150.

**QA03\_149** Are you now living with either of your parents?

[AH43A] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_150** Are there any children under the age of 18 living in the household, including babies?

[SC12] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} GO TO PN QA03\_159

**QA03\_151** Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.

[PROBE: "Is there anyone else?"]

[SC13]

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

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

**QA03\_152** 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]

**QA03\_153** 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 QA03\_151]

**PROGRAMMING NOTE QA03\_154:**  
**IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA03\_154 ABOUT EACH PERSON UNDER 18**

**QA03\_154** 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 QA03\_155:**  
**IF ANY PEOPLE IN HH UNDER AGE 22 AND [QA03\_14 = 1 (MARRIED) AND QA03\_147 = 1 (SPOUSE LIVING IN HH) OR QA03\_14 = 2 (LIVING WITH PARTNER)], ASK QA03\_155 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 22**

**QA03\_155** 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

**QA03\_156** Are you {selected child's/selected teen's} biological, step, adoptive, or foster (mother/father)?

[SC30] BIOLOGICAL MOTHER/FATHER..... 1 **[GO TO PN QA03\_159]**  
 STEP MOTHER/FATHER..... 2  
 ADOPTIVE MOTHER/FATHER..... 3  
 FOSTER MOTHER/FATHER..... 4  
 PARTNER/GIRL-BOYFRIEND of CHILD/TEEN'S MOTHER/FATHER..... 5  
 GRANDPARENT..... 6  
 OTHER..... 7  
 REFUSED..... -7  
 DON'T KNOW..... -8

**QA03\_157** How long has {selected child/selected teen} lived with you?

[SC31] \_\_\_\_\_ years

SINCE BIRTH..... -1  
 REFUSED..... -7  
 DON'T KNOW..... -8

**PROGRAMMING NOTE QA03\_158**  
**IF QA03\_156 = 4 (FOSTER MOTHER/FATHER), CONTINUE WITH QA03\_158;**  
**ELSE GO TO PROGRAMMING NOTE QA03\_159**

**QA03\_158** Does anyone in the household currently receive a foster care payment to help care for {selected child/selected teen}?

[SC32] YES..... 1  
 NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8

**PROGRAMMING NOTE QA03\_159:**  
**IF ANY CHILD FROM THE ROSTERS IN QA03\_150 AND QA03\_151 < 12, CONTINUE WITH QA03\_159;**  
**ELSE GO TO QA03\_161**  
**IF QA03\_14 = 1 (MARRIED) AND QA03\_147 =1 (SPOUSE LIVING IN HH), DISPLAY "you or your spouse",**  
**IF QA03\_14 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner",**  
**ELSE DISPLAY "you".**

**QA03\_159** In the past month, did you use any paid childcare for {CHILD NAME} while {you or your spouse/partner/ you} worked, were in school, or looked for work?

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

[AH44A] YES..... 1  
 NO..... 2  
 REFUSED..... -7  
 DON'T KNOW..... -8 } **[GO TO QA03\_161]**

**QA03\_160** In the past month, how much did you pay for all child care arrangements and programs?

**[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."]**

[AH44B] \$\_\_\_\_\_ 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

**QA03\_161**

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

[AH47]

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

**QA03\_162**

Have you served in the US armed forces for two or more years?

AG7

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

- QA03\_163** Which of the following were you doing last week?
- [AK1]
- Working at a job or business ..... 1 [GO TO QA03\_166]
  - With a job or business but not at work ..... 2
  - Looking for work or ..... 3 [GO TO PN QA03\_167]
  - Not working at a job or business? ..... 4
  - REFUSED ..... -7 [GO TO QA03\_166]
  - DON'T KNOW ..... -8 [GO TO QA03\_166]

- QA03\_164** What is the main reason you did not work last week?
- [IF NEEDED, SAY: "Main reason is the most important reason."]**
- [AK2]
- KEEPING HOUSE/CARING FOR CHILDREN OR OTHERS ..... 1 [GO TO PN QA03\_167]
  - VACATION OR LEAVE ..... 2
  - COULDN'T FIND A JOB ..... 3
  - GOING TO SCHOOL/STUDENT ..... 4
  - RETIRED ..... 5
  - PHYSICAL DISABILITY ..... 6
  - UNABLE TO WORK ..... 7
  - ON LAYOFF OR STRIKE ..... 8
  - OTHER ..... 91
  - REFUSED ..... -7 [GO TO PN QA03\_167]
  - DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_165**  
 IF (QA03\_164 = 1, 3, 4, 5, 6, 7, or 91) AND ((AAGE = -7 OR -8) OR AAGE <= 64) CONTINUE WITH QA03\_165;  
 ELSE GO TO QA03\_166

- QA03\_165** Are you receiving Social Security Disability Insurance (SSDI)?
- [AL22]
- YES ..... 1
  - NO ..... 2 [GO TO PN QA03\_167]
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

- QA03\_166** 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?
- [IF NEEDED, SAY: "Where did you work most hours?"]**
- [AK4]
- 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 QA03\_167:**  
**IF QA03\_14 = 1 (R HAS A SPOUSE), CONTINUE WITH QA03\_167,**  
**ELSE GO TO QA03\_169**

- QA03\_167** Which of the following was your spouse doing last week?
- [AG8]
- Working at a job/ business ..... 1
  - With a job/business but not at work..... 2
  - Looking for work, or..... 3 [GO TO QA03\_169]
  - Not working at a job/business?..... 4 [GO TO QA03\_169]
  - REFUSED ..... -7 [GO TO QA03\_169]
  - DON'T KNOW ..... -8 [GO TO QA03\_169]

**QA03\_168** On your spouse'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?

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

- [AG9]
- PRIVATE COMPANY, NON-PROFIT ORGANIZATION,
  - FOUNDATION..... 1
  - GOVERNMENT..... 2
  - SELF-EMPLOYED ..... 3
  - FAMILY BUSINESS OR FARM..... 4
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

## Section I – Health Insurance

**QA03\_169** 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?

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

- |       |                           |    |                       |
|-------|---------------------------|----|-----------------------|
| [AH1] | YES .....                 | 1  | [GO TO PN QA03_171]   |
|       | NO .....                  | 2  |                       |
|       | DOCTOR/MY DOCTOR .....    | 3  |                       |
|       | KAISER .....              | 4  | } [GO TO PN QA03_171] |
|       | MORE THAN ONE PLACE ..... | 5  |                       |
|       | REFUSED .....             | -7 |                       |
|       | DON'T KNOW .....          | -8 |                       |

**QA03\_170** What is the ONE main reason you do not have a usual source of health care?

- |       |   |    |                    |
|-------|---|----|--------------------|
| [AH2] | PROVIDER DIDN'T ACCEPT INSURANCE OR INSURANCE PROBLEM | 1  | } [GO TO QA03_173] |
|       | NO INSURANCE OR LOST INSURANCE .....                  | 2  |                    |
|       | COST OF MEDICAL CARE .....                            | 3  |                    |
|       | DON'T WANT/NEED .....                                 | 4  |                    |
|       | OTHER REASON .....                                    | 91 |                    |
|       | REFUSED .....   | -7 |                    |
|       | DON'T KNOW .....                                      | -8 |                    |

**PROGRAMMING NOTE QA03\_171:**  
 IF QA03\_169 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), SAY "What kind of place do you go to most often--a medical";  
 ELSE IF QA03\_169 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";  
 ELSE IF QA03\_169 = 4 (KAISER) CIRCLE "1" FOR QA03\_171 AND GO TO QA03\_173

**QA03\_171** {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  | [GO TO QA03_173]   |
|       | CLINIC/HEALTH CENTER/HOSPITAL CLINIC ..... | 2  |                    |
|       | EMERGENCY ROOM .....                       | 3  |                    |
|       | SOME OTHER PLACE (SPECIFY): _____ .....    | 91 | } [GO TO QA03_173] |
|       | NO ONE PLACE .....                         | 94 |                    |
|       | REFUSED .....                              | -7 |                    |
|       | DON'T KNOW .....                           | -8 |                    |

**QA03\_172** Is it an HMO clinic, a county or government clinic, a community clinic, a hospital clinic or emergency room, a chiropractic clinic, or some other kind of clinic or office?

[IF "SOME OTHER KIND OF PLACE", PROBE FOR TYPE; READ LIST ONLY IF NECESSARY]

- [AH4] HMO CLINIC/KAISER/PRIVATE DOCTOR'S OFFICE ..... 1
- COUNTY OR GOVERNMENT CLINIC/COMMUNITY/  
NEIGHBORHOOD CLINIC OR HEALTH CENTER..... 2
- HOSPITAL/MEDICAL CENTER OR CLINIC/  
OUTPATIENT DEPARTMENT ..... 3
- VA/VETERANS HOSPITAL/MILITARY HOSPITAL OR CLINIC ..... 4
- EMERGENCY ROOM ..... 5
- URGENT CARE CLINIC ..... 6
- CHIROPRACTIC CLINIC OR OFFICE ..... 7
- INDIAN HEALTH SERVICE (IHS), TRIBAL  
OR URBAN INDIAN CLINIC..... 8
- SCHOOL CLINIC ..... 9
- OTHER CLINIC OR OFFICE..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_173** 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?

[NOTE: Include Medicare managed care plans as well as the original Medicare plan.]

- [AI1] YES ..... 1 [GO TO QA03\_176]
- NO ..... 2
- REFUSED ..... -7 [GO TO QA03\_178]
- DON'T KNOW ..... -8

IF QA03\_173 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA03\_174AI2:**

IF [AAGE > 64 OR QA03\_4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA03\_173= 2, OR -8 (NO, NOT COVERED BY MEDICARE OR DK)], CONTINUE WITH QA03\_174;  
ELSE SKIP TO PROGRAMMING NOTE QA03\_176

**QA03\_174** Is it correct that you are NOT covered by MediCARE even though you told me earlier that you are 65 or older?

- [AI2] CORRECT, NOT COVERED BY MEDICARE..... 1 [GO TO QA03\_178]
- NOT CORRECT, R IS COVERED BY MEDICARE ..... 2 [GO TO QA03\_176]
- AGE IS INCORRECT ..... 93
- REFUSED ..... -7 [GO TO QA03\_178]
- DON'T KNOW ..... -8 [GO TO QA03\_178]

IF QA03\_174 =2, SET ARMCARE = 1 AND SET ARINSURE = 1



**PROGRAMMING NOTE QA03\_175: AIDATE**  
**SET AIDATE = CURRENT DATE (YYYYMMDD);**  
**SET AAGE = QA03\_175;**  
**IF AAGE < 18, CODE AS IA AND TERMINATE**

**QA03\_175** What is your age, please?

[AI3] \_\_\_\_\_ YEARS OF AGE [HR: 18-105] ..... [GO TO QA03\_178]  
 REFUSED .....-7 [GO TO QA03\_178]  
 DON'T KNOW .....-8 [GO TO QA03\_178]

**PROGRAMMING NOTE QA03\_176:**  
**IF ARMCARE = 1, CONTINUE WITH QA03\_176;**  
**ELSE SKIP TO QA03\_178**

**QA03\_176** Are you ALSO covered by a MediCARE supplemental policy?

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

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

[AI4] YES ..... 1  
 NO ..... 2 [GO TO QA03\_178]  
 REFUSED .....-7 [GO TO QA03\_178]  
 DON'T KNOW .....-8 [GO TO QA03\_178]

**IF QA03\_176 = 1, SET ARSUPP = 1.**

**PROGRAMMING NOTE QA03\_177:**  
 IF QA03\_176 = 1 (YES, MEDICARE SUPPLEMENTAL POLICY), CONTINUE WITH QA03\_177;  
 ELSE SKIP TO QA03\_178

**QA03\_177** Who PAYS the monthly premium cost for your Medicare supplemental policy, not counting any co-pays or deductibles you may have?

[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."

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any other person or program?"]

[IF R SAYS GOVERNMENT, PROBE: "Is this Medicare or Medi-CAL or some other government program, or is it a benefit of being a government employee?"

**IF GOVERNMENT IS EMPLOYER, ENTER: "RESPONDENT'S EMPLOYER OR UNION" OR "SPOUSE'S EMPLOYER OR UNION"**

- [AI5\_1] SELF OR FAMILY ..... 1
- [AI5\_2] RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION ..... 2
- [AI5\_3] SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION ..... 3
- [AI5\_4] SOMEONE OUTSIDE HOUSEHOLD ..... 4
- [AI5\_5] MEDICARE ..... 5
- [AI5\_6] MEDI-CAL (MEDICAID) ..... 6
- [AI5\_7] HEALTHY FAMILIES PROGRAM ..... 7
- [AI5\_8] OTHER..... 91
- REFUSED .....-7
- DON'T KNOW .....-8

IF QA03\_177 = 6, SET ARMCAL = 1  
 IF QA03\_177 = 7, SET ARHFAM = 1

**PROGRAMMING NOTE QA03\_178:**  
 IF ARMCAL = 1, DISPLAY "Is it correct that you are";  
 ELSE DISPLAY "Are you"

**QA03\_178** {Is it correct that you are/Are you} covered by Medi-CAL?

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

[NOTE: Include HMO or managed care plans, as well as the traditional Medi-CAL.]

- [AI6] YES ..... 1 [GO TO QA03\_180]
- NO ..... 2
- REFUSED .....-7
- DON'T KNOW .....-8

IF QA03\_178 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1  
 IF ARMCAL = 1 AND QA03\_178 = 2, SET ARMCAL = 0

**PROGRAMMING NOTE QA03\_179:**  
 IF AAGE > 18 OR QA03\_4 <> -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, SKIP TO QA03\_180;  
 ELSE IF [AAGE = 18 OR QA03\_4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1, CONTINUE WITH QA03\_179 AND DISPLAY: "Is it correct, then, that you are";  
 ELSE IF [AAGE = 18 OR QA03\_4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA03\_179 AND DISPLAY: "Are you"

**QA03\_179** {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?  
 [IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

[AI7] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

IF QA03\_179 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1  
 IF ARHFAM = 1 AND QA03\_179 = 2, SET ARHFAM = 0

**PROGRAMMING NOTE QA03\_180**  
 IF ARMCARE = 1 AND ARSUPP = 1 AND (QA03\_177 = 2 = OR QA03\_177 = 3), DISPLAY "Besides the Medicare supplemental plan you told me about" and "any other"

**QA03\_180** {Besides the Medicare supplemental plan you told me about,} Are you covered by {any other / a} health insurance plan or HMO through a current or former employer or union?

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

[AI8] YES ..... 1  
 NO ..... 2 [GO TO QA03\_183]  
 REFUSED ..... -7 [GO TO QA03\_183]  
 DON'T KNOW ..... -8 [GO TO QA03\_183]

**QA03\_181** Was this plan obtained in your own name or in the name of someone else?

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

[AI9] IN OWN NAME ..... 1 [GO TO QA03\_184]  
 IN SOMEONE ELSE'S NAME ..... 2  
 REFUSED ..... -7 [GO TO QA03\_184]  
 DON'T KNOW ..... -8 [GO TO QA03\_184]

IF QA03\_181 = 1, AREMPOW = 1 AND SET ARINSURE = 1  
 IF QA03\_181 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA03\_182:**  
 \*\*IF QA03\_14 = 1 (R HAS SPOUSE) OR IF QA03\_149 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA03\_182; ELSE SKIP TO QA03\_184.  
 IF QA03\_14 = 1 AND R IS MALE, DISPLAY "wife's"; IF QA03\_14 = 1 AND R IS FEMALE, DISPLAY "husband's"; IF QA03\_149 = 1, DISPLAY "parent's"; IF QA03\_14 = 1 AND QA03\_149 = 1, DISPLAY "or"

**QA03\_182** Is the plan in your (husband's/wife's) (or) (parent's) name?

- [AI9A]
- IN HUSBAND'S/WIFE'S NAME..... 1 [GO TO QA03\_184]
  - IN PARENT'S NAME..... 2 [GO TO QA03\_184]
  - IN SOMEONE ELSE'S NAME ..... 3 [GO TO QA03\_184]
  - REFUSED ..... -7 [GO TO QA03\_184]
  - DON'T KNOW ..... -8 [GO TO QA03\_184]

IF QA03\_182 = 1, SET SPEMPOW=1  
 IF QA03\_182 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0  
 IF QA03\_182 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

**PROGRAMMING NOTE QA03\_183:**  
 IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY  
 FAMILIES AND EMPLOYER), CONTINUE WITH QA03\_183;  
 ELSE SKIP TO QA03\_185

**QA03\_183** Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO?  
 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."

- [AI11]
- YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

IF QA03\_183 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA03\_184:**  
 IF QA03\_180 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA03\_183 = 1 (YES, PURCHASED OWN COVERAGE),  
 CONTINUE WITH QA03\_184;  
 ELSE SKIP TO QA03\_185

**QA03\_184** Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?

[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."

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any other person or program?"]

[IF R SAYS GOVERNMENT, PROBE: "Is this Medicare or Medi-CAL or some other government program, or is it a benefit of being a government employee?"

IF GOVERNMENT IS EMPLOYER, ENTER: "RESPONDENT'S EMPLOYER OR UNION" OR "SPOUSE'S EMPLOYER OR UNION"]

- [AI12]
- SELF OR FAMILY ..... 1
  - RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION ..... 2
  - SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION ..... 3
  - SOMEONE OUTSIDE HOUSEHOLD ..... 4
  - MEDICARE ..... 5
  - MEDI-CAL (MEDICAID) ..... 6
  - HEALTHY FAMILIES PROGRAM ..... 7
  - OTHER..... 91
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

IF QA03\_184 = 2, SET AREMPOWN = 1  
 IF QA03\_184 = 3, SET AREMPSP = 1  
 IF QA03\_184 = 5, SET ARMCARE = 1 AND SET ARDIRECT = 0  
 IF QA03\_184 = 6, SET ARMCAL = 1 AND SET ARDIRECT = 0  
 IF QA03\_184 = 7, SET, ARHFAM = 1 AND SET ARDIRECT = 0

**PROGRAMMING NOTE QA03\_185:**  
 IF QA03\_163 NE 3 AND QA03\_164 NE 1, 3, 4, 5, 6, 7 AND QA03\_166 NE 3 AND AREMPOWN NE 1, CONTINUE WITH QA03\_185;  
 ELSE SKIP TO PROGRAMMING NOTE QA03\_189

**QA03\_185** Does your employer offer health insurance to any of its employees?

- [AI13]
- YES ..... 1
  - NO ..... 2 [SKIP TO QA03\_189]
  - REFUSED ..... -7 [SKIP TO QA03\_189]
  - DON'T KNOW ..... -8 [SKIP TO QA03\_189]

**QA03\_186** Are you eligible to be in this plan?

- [AI14] YES ..... 1
- NO ..... 2 [GO TO QA03\_188]
- REFUSED ..... -7 [GO TO PN QA03\_189]
- DON'T KNOW ..... -8

**QA03\_187** What is the one main reason why you aren't in this plan?/

- [AI15] COVERED BY ANOTHER PLAN ..... 1 [GO TO PN QA03\_189]
- TOO EXPENSIVE ..... 2 [GO TO PN QA03\_189]
- DIDN'T LIKE PLAN OFFERED ..... 3 [GO TO PN QA03\_189]
- DON'T NEED OR BELIEVE IN HEALTH INSURANCE..... 4 [GO TO PN QA03\_189]
- [AI15OS] OTHER (SPECIFY): \_\_\_\_\_ ..... 91 [GO TO PN QA03\_189]
- REFUSED ..... -7 [GO TO PN QA03\_189]
- DON'T KNOW ..... -8 [GO TO PN QA03\_189]

**QA03\_188** What is the ONE 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
- [AI15AOS] OTHER (SPECIFY): \_\_\_\_\_ ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_189:**  
**IF ARINSURE NE 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA03\_189;**  
**ELSE SKIP TO PROGRAMMING NOTE QA03\_190**

**QA03\_189** 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

**IF QA03\_189 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1**

**PROGRAMMING NOTE QA03\_190:**  
**IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH QA03\_190;**  
**ELSE SKIP TO QA03\_194**

**QA03\_190** Are you covered by some other government health plan, such as AIM, "Mister MIP," the Family PACT program, or something else?

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

- [AI17] YES ..... 1
- NO ..... 2 [GO TO QA03\_192]
- REFUSED ..... -7 [GO TO QA03\_192]
- DON'T KNOW ..... -8 [GO TO QA03\_192]

**IF QA03\_190 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1**

**QA03\_191** ASK IF NECESSARY: "What is the name of this plan?"

- [AI17A] AIM ..... 1 [GO TO QA03\_194]
- MRMIP ("Mister Mip") ..... 2 [GO TO QA03\_194]
- FAMILY PACT ..... 3 [GO TO QA03\_194]
- [AI17AOS] OTHER (SPECIFY): \_\_\_\_\_ 91 [GO TO QA03\_194]
- REFUSED ..... -7 [GO TO QA03\_194]
- DON'T KNOW ..... -8 [GO TO QA03\_194]

**PROGRAMMING NOTE QA03\_192:**

**IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA03\_192; ELSE SKIP TO QA03\_194**

**QA03\_192** Do you have any health insurance coverage through a plan that I missed?

- [AI18] YES ..... 1
- NO ..... 2 [GO TO QA03\_194]
- REFUSED ..... -7 [GO TO QA03\_194]
- DON'T KNOW ..... -8 [GO TO QA03\_194]

**QA03\_193** What type of health insurance do you have?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]

[PROBE: "Any others?"]

[NOTE: 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?"]

[AI19]	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
	OTHER GOVERNMENT HEALTH PLAN.....	91
	OTHER NON-GOVERNMENT HEALTH PLAN.....	92
	REFUSED .....	-7
	DON'T KNOW .....	-8

IF QA03\_193 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1  
 IF QA03\_193 = 2, SET AROTHER = 1 AND SET ARINSURE = 1  
 IF QA03\_193 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1  
 IF QA03\_193 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1  
 IF QA03\_193 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1  
 IF QA03\_193 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1  
 IF QA03\_193 = 7, SET ARMILIT = 1  
 IF QA03\_193 = 8, SET ARIHS = 1 AND SET ARINSURE = 1  
 IF QA03\_193 = 9, SET AROTHGOV = 1 AND SET ARINSURE = 1  
 IF QA03\_193 = 10 OR QA03\_193 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA03\_194:**  
 IF QA03\_7 = 3 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA03\_194;  
 ELSE SKIP TO PROGRAMMING NOTE QA03\_195 INTRO.

**QA03\_194** 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

IF QA03\_194 = 1, SET ARIHS = 1



**PROGRAMMING NOTE QA03\_195 INTRO:**  
**IF (QA03\_14 = 1 [MARRIED] AND QA03\_147 = 1 [LIVING WITH SPOUSE]), CONTINUE WITH QA03\_195 INTRO; ELSE SKIP TO QA03\_212 INTRO**

**QA03\_195 INTRO**      These next questions are about the type of health insurance your spouse may have.

**PROGRAMMING NOTE QA03\_195:**  
**IF ARMCARE = 1 AND/OR SPOUSE 65 OR OLDER, CONTINUE WITH QA03\_195;**  
**ELSE SKIP TO QA03\_197.**  
**DISPLAY "You said that you are covered by Medicare." AND "also" IF ARMCARE = 1.**

**QA03\_195**      (You said that you are covered by Medicare.) Is {SPOUSE NAME} (also) covered by Medicare?

- [AI37] YES .....1
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_195 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA03\_196**  
**IF QA03\_195 = 1 AND ARSUPP NE 1 CONTINUE WITH QA03\_196 WITHOUT DISPLAY;**  
**ELSE IF QA03\_195 = 1 AND ARSUPP = 1 CONTINUE WITH QA03\_197 AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";**  
**IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE**  
**IF QA03\_5 = 1 (MALE) DISPLAY "wife"; IF QA03\_5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";**  
**ELSE SKIP TO QA03\_197**

**QA03\_196**      [You said that you have a Medicare Supplement plan.] Does your {husband/wife/spouse}[also] have a Medicare supplemental policy?

- [AI37A] YES .....1
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**PROGRAMMING NOTE QA03\_197:**  
**IF ARMCAL = 1 , CONTINUE WITH QA03\_197;**  
**ELSE SKIP TO PROGRAMMING NOTE QA03\_198.**  
**IF ARMCARE = 1, THEN ASK "also".**

**QA03\_197**      You said you {also} have Medi-Cal. Is {SPOUSE NAME} also covered by Medi-Cal?

- [AI38] YES .....1
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_197 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA03\_198:**  
**IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA03\_198;**  
**ELSE SKIP TO PROGRAMMING NOTE QA03\_199.**  
**IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY “also”.**

**QA03\_198** You said you {also} have Healthy Families. Is {SPOUSE NAME} also covered by Healthy Families?

- [AI39] YES .....1
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_198 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA03\_199:**  
**IF AREMPOWN =1, CONTINUE WITH QA03\_199;**  
**IF ARMCARE = 1 OR AMRCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”**  
**IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN**  
**IF QA03\_5 = 1 (MALE), DISPLAY “wife”**  
**IF QA03\_5 = 2 (FEMALE), DISPLAY “husband”**  
**ELSE DISPLAY “spouse”.**  
**ELSE SKIP TO PROGRAMMING NOTE QA03\_200**  
**IF SPINSURE = 1 OR SPEMPOWN = 1 DISPLAY “also”.**

**QA03\_199** You said you {also} have insurance from YOUR current or former employer or union. Is {SPOUSE NAME} also covered by the insurance from YOUR employer?

- [AI40] YES .....1
- NO .....2
- MEDI-CAL OR MEDICAID .....3
- MEDICARE .....4
- OTHER .....5
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_199 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA03\_200:**  
**IF QA03\_167 =1 OR 2 (EMPLOYED), CONTINUE WITH QA03\_200;**  
**IF QA03\_182 = 1, DISPLAY “You said you have insurance from your {XXX}'s employer or union.”;**  
**IF SPINSURE = 1, THEN DISPLAY “also”;**  
**IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN**  
**IF QA03\_5 = 1(MALE), DISPLAY “wife,” “she” and “her”;**  
**IF QA03\_5 =2 (FEMALE), DISPLAY “husband” “he” and “his”**  
**ELSE DISPLAY “spouse,” “he or she” and “his or her”;**  
**ELSE SKIP TO PROGRAMMING NOTE QA03\_201**

**QA03\_200** {You said you have insurance from your spouse’s employer or union.} Does {SPOUSE NAME} (also) have coverage through {his/her} OWN employer?

- [AI40A] YES .....1
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_200 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA03\_201:**  
**IF ARDIRECT = 1, CONTINUE WITH QA03\_201;**  
**ELSE SKIP TO PROGRAMMING NOTE QA03\_202.**  
**IF QA03\_173 = 1 OR QA03\_178 = 1 OR QA03\_179 = 1 OR QA03\_180 = 1, DISPLAY "also."**

**QA03\_201** You said you {also} have a plan you purchased directly from the insurer. Is {SPOUSE NAME} also covered by this plan?

- [AI41] YES .....1
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_201 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA03\_202:**  
**IF ARMILIT = 1, CONTINUE WITH QA03\_202;**  
**ELSE, SKIP TO PROGRAMMING NOTE QA03\_203.**  
**IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also".**

**QA03\_202** You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is {SPOUSE NAME} also covered by this plan?

- [AI42] YES .....1
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_202 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA03\_203:**  
**IF AROTHGOV = 1, CONTINUE WITH QA03\_203;**  
**ELSE, SKIP TO PROGRAMMING NOTE QA03\_204.**  
**IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also".**

**QA03\_203** You said you {also} have health insurance through some government health plan like AIM or Mister MIP. Is {SPOUSE NAME} also covered by this plan?

- [AI42A] YES .....1
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_203 = 1, SET SPDOTHGOV = 1 AND SET SPINSURE = 1**

**PROGRAMMING NOTE QA03\_204:**  
**IF SPINSURE NE 1, DISPLAY "any."**  
**ELSE DISPLAY "through any other source."**

**QA03\_204** Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?

- [AI46] YES .....1
- NO .....2 **[GO TO QA03\_206]**
- REFUSED .....-7 **[GO TO QA03\_212INTR]**
- DON'T KNOW .....-8 **[GO TO QA03\_212INTR]**

**QA03\_205** What type of health insurance does {he/she} have?

**[CODE ALL THAT APPLY. CTRL-P TO EXIT.]**  
**[PROBE: "Any others?"]**

**[NOTE: 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?"]**

- [AI47] 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
- OTHER GOVERNMENT HEALTH PLAN ..... 91
- OTHER NON-GOVERNMENT HEALTH PLAN ..... 92
- REFUSED ..... 7
- DON'T KNOW ..... 8

IF QA03\_205 = 1, SET SEMPOTH = 1 AND SET SPINSURE = 1  
 IF QA03\_205 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1  
 IF QA03\_205 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1  
 IF QA03\_205 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1  
 IF QA03\_205 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1  
 IF QA03\_205 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1  
 IF QA03\_205 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1  
 IF QA03\_205 = 8, SET SPIHS = 1  
 IF QA03\_205 = 9, SET SPOTHGOV = 1 AND SET SPINSURE = 1  
 IF QA03\_205 = 10, SET SPOTHER = 1 AND SET SPINSURE = 1  
 IF QA03\_205 = [-7, -8], SET SPINSURE = 1

**PROGRAMMING NOTE QA03\_206**  
 IF SPINSURE NE 1, CONTINUE WITH QA03\_206;  
 ELSE SKIP TO PROGRAMMING NOTE QA03\_212INTR.

**QA03\_206** You said that {SPOUSE NAME} has NO health insurance from any source. Is this correct?

- [AI48] YES ..... 1 [GO TO QA03\_208]
- NO ..... 2
- REFUSED ..... -7 [GO TO QA03\_208]
- DON'T KNOW ..... -8 [GO TO QA03\_208]

**QA03\_207** What type of health insurance does {he/she} have?

[CODE ALL THAT APPLY. CTRL-P TO EXIT.]  
[PROBE: "Any others?"]

[NOTE: 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?"]

[AI49]	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
	OTHER GOVERNMENT HEALTH PLAN .....	91
	OTHER NON-GOVERNMENT HEALTH PLAN .....	92
	REFUSED .....	7
	DON'T KNOW .....	8

IF QA03\_207 = 1, SET SEMPOTH = 1 AND SET SPINSURE = 1  
 IF QA03\_207 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1  
 IF QA03\_207 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1  
 IF QA03\_207 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1  
 IF QA03\_207 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1  
 IF QA03\_207 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1  
 IF QA03\_207 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1  
 IF QA03\_207 = 8, SET SPIHS = 1  
 IF QA03\_207 = 9, SET SPOTHGOV = 1 AND SET SPINSURE = 1  
 IF QA03\_207 = 10, SET SPOTHER = 1 AND SET SPINSURE = 1  
 IF QA03\_207 = [-7, -8], SET SPINSURE = 1

PROGRAMMING NOTE QA03\_208:  
 IF SEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), SKIP TO QA03\_207INTR;  
 ELSE IF QA03\_167 = 1 or 2 (EMPLOYED), CONTINUE WITH QA03\_208;  
 ELSE SKIP TO AI21INTR

**QA03\_208** Does your spouse's employer offer health insurance to any of its employees?

[AI43]	YES .....	1
	NO .....	2 [GO TO QA03_212INTR]
	REFUSED .....	-7 [GO TO QA03_212INTR]
	DON'T KNOW .....	-8 [GO TO QA03_212INTR]

**QA03\_209** Is {she/he} eligible to be in this plan?

[AI44]	YES .....	1
	NO .....	2 [GO TO QA03_211]
	REFUSED .....	-7 [GO TO QA03_212INTR]
	DON'T KNOW .....	-8 [GO TO QA03_212INTR]

**QA03\_210** What is the ONE main reason why {she/he} isn't in this plan?

- [AI45] COVERED BY ANOTHER PLAN ..... 1
- TOO EXPENSIVE..... 2
- DOESN'T LIKE PLAN OFFERED..... 3
- DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE ..... 4
- [AI45OS] OTHER (SPECIFY): \_\_\_\_\_ 91
- REFUSED ..... 7
- DON'T KNOW..... 8

**PROGRAMMING NOTE QA03\_211:**  
**IF QA03\_209 = 1 (ELIGIBLE), GO TO PROGRAMMING NOTE QA03\_212INTR;**  
**IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN**  
**IF QA03\_5 = 1 (MALE), DISPLAY "she";**  
**IF QA03\_5 = 2 (FEMALE), DISPLAY "he";**  
**ELSE DISPLAY "he or she";**

**QA03\_211** What is the ONE main reason why {she/he} 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
- [AI45AOS] OTHER (SPECIFY): \_\_\_\_\_ 91
- REFUSED ..... 7
- DON'T KNOW..... 8

**PROGRAMMING NOTE QA03\_212INTR:**  
**IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA03\_207INTR;**  
**ELSE SKIP TO QA03\_228**

**QA03\_212INTR** Next, I have some questions about your own main health plan.

**QA03\_212** Thinking of your own main health plan, did you have to sign up with a primary care doctor, a group of doctors, or a clinic that you must go to for your routine care?

- [AI21] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_213** In this plan, do you have to get approval or a referral to see a specialist such as a skin doctor?  
 {Do not include a gynecologist or an obstetrician (ob-gyn).}

- [AI22] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_214** What is the name of your main health plan?

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

- [AI22A] KAISER ..... 1
- BLUE CROSS..... 2
- PACIFICARE..... 3
- BLUE SHIELD..... 4
- HEALTH NET..... 5
- AETNA/US HEALTHCARE/PRUDENTIAL ..... 6
- CIGNA HEALTHCARE ..... 7
- MEDICARE..... 8
- MEDI-CAL OR MEDICAID ..... 9
- (NAME OF COUNTY MEDI-CAL PLAN) ..... 10
- OTHER..... 91
- REFUSED .....-7
- DON'T KNOW.....-8

**PROGRAMMING NOTE QA03\_215**

**IF QA03\_214 = 1 (KAISER), SET QA03\_215 = 1 AND SKIP TO QA03\_216;**  
**ELSE IF QA03\_212 = 2 AND QA03\_213 = 2, SET QA03\_215 = 2 AND SKIP TO QA03\_216;**  
**ELSE ASK QA03\_215.**  
**IF QA03\_214 = {1-10}, DISPLAY NAME OF PLAN FROM QA03\_214 CODE;**  
**ELSE DISPLAY "main health."**

**QA03\_215** Is your { **QA03\_214** CODE/ main health} plan an HMO (Health Maintenance Organization)?

**[NOTE: IF R ASKS WHAT AN HMO IS, SAY: "With an HMO, you must generally receive care from HMO doctors or the expense is not covered, unless you were referred by the HMO or there was a medical emergency."]**

- [AI22C] YES ..... 1
- NO ..... 2
- REFUSED .....-7
- DON'T KNOW .....-8

**QA03\_216** How long have you been on this plan?

[AI22D] \_\_\_\_\_ MONTHS  
 OR  
 \_\_\_\_\_ YEARS

**QA03\_217** Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

- [AI25] YES ..... 1
- NO ..... 2
- REFUSED .....-7
- DON'T KNOW .....-8

**PROGRAMMING NOTE QA03\_218:**  
**IF ARMCARE = 1 AND QA03\_217 = 1 (YES), CONTINUE WITH QA03\_218;**  
**IF ARMCARE = 1 AND QA03\_217 ≠ 1, GO TO QA03\_219; ELSE GO TO QA03\_220.**

**QA03\_218** Have you gotten a discount on your prescriptions by showing your Medicare card or any other card at a drug store in California?

- [AI25A] YES ..... 1 [GO TO QA03\_220]
- NO ..... 2 [GO TO QA03\_220]
- REFUSED ..... -7 [GO TO QA03\_220]
- DON'T KNOW ..... -8 [GO TO QA03\_220]

**QA03\_219** Do you have a card that gives you discount when you buy prescription drugs?

- [AI25B] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_220** Are you covered for eye exams?

- [AI26] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_221** Are you covered for glasses?

**[NOTE: IF COVERED FOR FRAMES ONLY OR LENSES ONLY, CODE AS YES]**

- [AI26A] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_222**  
**IF QA03\_216 < 12 MONTHS, GO TO QA03\_223;**  
**ELSE, ASK QA03\_222.**

**QA03\_222** Thinking about your current health insurance, did you have this same insurance for ALL 12 of the past 12 months?

- [AI31] YES ..... 1 [GO TO PN QA03\_233]
- NO ..... 2
- REFUSED ..... -7 [GO TO QA03\_225]
- DON'T KNOW ..... -8

**QA03\_223** 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 QA03\_226]
- REFUSED ..... -7 [GO TO QA03\_225]
- DON'T KNOW ..... -8 [GO TO QA03\_225]



**QA03\_224** Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

**[CODE ALL THAT APPLY. CTRL-P TO EXIT.]**  
**[PROBE: "Any others?"]**

<b>[AI33]</b>	MEDI-CAL .....	1
	HEALTHY FAMILIES .....	2
	THROUGH CURRENT OR FORMER EMPLOYER/UNION .....	3
	OTHER HEALTH PLAN .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_225** During the past 12 months, was there any time when you had no health insurance at all?

<b>[AI34]</b>	YES .....	1
	NO .....	2 <b>[GO TO PN QA03_233]</b>
	REFUSED .....	-7 <b>[GO TO PN QA03_233]</b>
	DON'T KNOW .....	-8 <b>[GO TO PN QA03_233]</b>

**QA03\_226** For how many months of the past 12 months did you have no health insurance at all?

<b>[AI35]</b>	_____ NUMBER OF MONTHS [HR: 0-11]	
	REFUSED .....	-7 <b>[GO TO PN QA03_233]</b>
	DON'T KNOW .....	-8 <b>[GO TO PN QA03_233]</b>

**QA03\_227** What is the ONE MAIN reason why you did not have any health insurance during those months?

<b>[AI36]</b>	CHANGED EMPLOYER/LOST JOB .....	1 <b>[GO TO PN QA03_233]</b>
	EMPLOYER DID NOT OFFER.....	2 <b>[GO TO PN QA03_233]</b>
	NOT ELIGIBLE DUE TO WORKING STATUS.....	3 <b>[GO TO PN QA03_233]</b>
	NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS.....	4 <b>[GO TO PN QA03_233]</b>
	NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.....	5 <b>[GO TO PN QA03_233]</b>
	COULDN'T AFFORD/TOO EXPENSIVE.....	6 <b>[GO TO PN QA03_233]</b>
	FAMILY SITUATION CHANGED .....	7 <b>[GO TO PN QA03_233]</b>
	LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC).....	8 <b>[GO TO PN QA03_233]</b>
	DON'T BELIEVE IN INSURANCE.....	9 <b>[GO TO PN QA03_233]</b>
	HEALTHY -- NO NEED .....	10 <b>[GO TO PN QA03_233]</b>
	PAID FOR OWN CARE -- NO NEED .....	11 <b>[GO TO PN QA03_233]</b>
	GOT HEALTH CARE FREE -- NO NEED .....	12 <b>[GO TO PN QA03_233]</b>
	HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST .....	13 <b>[GO TO PN QA03_233]</b>
	DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY NOT.....	14 <b>[GO TO PN QA03_233]</b>
	SPECIFIED	
	DO HAVE COVERAGE BUT DON'T KNOW TYPE .....	15 <b>[GO TO PN QA03_233]</b>
	SWITCHED INSURANCE COMPANIES, DELAY BETWEEN .....	16 <b>[GO TO PN QA03_233]</b>
	DIDN'T LIKE INSURANCED OFFERED/DIDN'T WANT IT .....	17 <b>[GO TO PN QA03_233]</b>
	OTHER (SPECIFY).....	91 <b>[GO TO PN QA03_233]</b>
	REFUSED .....	-7 <b>[GO TO PN QA03_233]</b>
	DON'T KNOW .....	-8 <b>[GO TO PN QA03_233]</b>

**QA03\_228** What is the ONE MAIN reason why you do not have any health insurance?

**[IF R SAYS NO NEED, PROBE WHY]**

<b>[AI24]</b>	CHANGED EMPLOYER/LOST JOB .....	1
	EMPLOYER DOES NOT OFFER.....	2
	NOT ELIGIBLE DUE TO WORKING STATUS.....	3
	NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS.....	4
	NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.....	5
	CAN'T AFFORD/TOO EXPENSIVE .....	6
	FAMILY SITUATION CHANGED .....	7
	LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC).....	8
	DON'T BELIEVE IN INSURANCE .....	9
	HEALTHY -- NO NEED .....	10
	PAYS FOR OWN CARE -- NO NEED .....	11
	GETS HEALTH CARE FREE -- NO NEED .....	12
	HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST .....	13
	DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY NOT .....	14
	SPECIFIED	
	DO HAVE COVERAGE BUT DON'T KNOW TYPE .....	15
	SWITCHED INSURANCE COMPANIES, DELAY BETWEEN .....	16
	DIDN'T LIKE INSURANCE OFFERED/DIDN'T WANT IT.....	17
<b>[AI24OS]</b>	OTHER (SPECIFY): _____ .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_229** Were you covered by health insurance at any time during the past 12 months?

<b>[AI27]</b>	YES .....	1	<b>[GO TO QA03_231]</b>
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QA03\_230** How long has it been since you last had health insurance?

<b>[AI28]</b>	MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS .....	1	<b>[GO TO PN QA03_233]</b>
	AGO		
	MORE THAN 3 YEARS AGO .....	2	<b>[GO TO PN QA03_233]</b>
	NEVER HAD HEALTH INSURANCE .....	3	<b>[GO TO PN QA03_233]</b>
	REFUSED .....	-7	<b>[GO TO PN QA03_233]</b>
	DON'T KNOW .....	-8	<b>[GO TO PN QA03_233]</b>

**QA03\_231** For how many months out of the last 12 months did you have health insurance?

**[IF LESS THAN ONE MONTH, ENTER 0 (ZERO)]**

<b>[AI29]</b>	_____ MONTHS	<b>[HR: 0-12]</b>	
	REFUSED .....		-7
	DON'T KNOW .....		-8

**QA03\_232**

During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

**[CODE ALL THAT APPLY. CTRL-P TO EXIT.]**  
**[PROBE: "Any others?"]**

**[AI30]**

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

## Section MA – Child and Adolescent Health Insurance

### Child

**PROGRAMMING NOTE QA03\_233**  
**IF THERE IS NO SELECTED CHILD, GO TO PN QA03\_265 TO ASK ABOUT SELECTED ADOLESCENT; ELSE CONTINUE WITH QA03\_233.**

**QA03\_233** These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same insurance as {you/ADULT RESPONDENT NAME}?

[CF10A] YES ..... 1 [GO TO PN QA03\_253]  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

IF QA03\_233 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1  
 IF QA03\_233 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1  
 IF QA03\_233 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1  
 IF QA03\_233 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1  
 IF QA03\_233 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1  
 IF QA03\_233 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1  
 IF QA03\_233 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1  
 IF QA03\_233 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1  
 IF QA03\_233 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1  
 IF QA03\_233 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1  
 IF QA03\_233 = 1 AND ARIHS = 1, SET CHIHS = 1

**QA03\_234** Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

[MA1] YES ..... 1 [GO TO PN QA03\_253]  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

IF QA03\_234 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1  
 IF QA03\_234 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1  
 IF QA03\_234 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1  
 IF QA03\_234 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1  
 IF QA03\_234 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1  
 IF QA03\_234 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1  
 IF QA03\_234 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1  
 IF QA03\_234 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1

**QA03\_235** Is {he/she/he or she} currently covered by Medi-CAL?

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

[CF1] YES ..... 1 [GO TO QA03\_239]  
 NO ..... 2  
 REFUSED ..... -7 [GO TO QA03\_237]  
 DON'T KNOW ..... -8 [GO TO QA03\_237]

IF QA03\_235 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

**QA03\_236** 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 ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_237** Is (CHILD) covered by the Healthy Families Program?

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

- [CF2] YES ..... 1 **[GO TO QA03\_239]**
- NO ..... 2
- REFUSED ..... -7 **[GO TO QA03\_239]**
- DON'T KNOW ..... -8 **[GO TO QA03\_239]**

**IF QA03\_237 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1**

**QA03\_238** 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 ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_239** Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

- [CF3] YES ..... 1 **[GO TO QA03\_241]**
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**IF QA03\_239 = 1, SET CHEMP = 1 AND CHINSURE = 1**

**QA03\_240** Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO? 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?

- [CF4] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } **[GO TO PN QA03\_242]**

**IF QA03\_240 = 1, SET CHDIRECT = 1 AND CHINSURE = 1**

**QA03\_241** Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?

**[CIRCLE ALL THAT APPLY.]**

**[PROBE: "Any other person or program?"]**

**[IF NEEDED, SAY: "Co-pays 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 the health plan starts paying." "Premium is the monthly charge for the cost of your health insurance plan."]**

**[IF R SAYS GOVERNMENT, PROBE: "Is this Medi-CAL, Healthy Families, or some other government program, or is it a benefit of being a government employee?"  
IF GOVERNMENT IS EMPLOYER, ENTER: "EMPLOYER OR UNION"]**

- [CF5] FAMILY IN THIS HOUSEHOLD ..... 1
- EMPLOYER OR UNION.....2
- SOMEONE OUTSIDE HOUSEHOLD .....3
- MEDI-CAL (MEDICAID) .....4
- HEALTHY FAMILIES PROGRAM .....5
- OTHER.....91
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_241 = 2, SET CHEMP = 1 AND CHDIRECT = 0**

**IF QA03\_241 = 4, SET CHMCAL = 1 AND CHDIRECT = 0**

**IF QA03\_241 = 5, SET CHHFAM = 1 AND CHDIRECT = 0**

**PROGRAMMING NOTE QA03\_242**

**IF CHINSURE = 1, GO TO QA03\_253; ELSE CONTINUE WITH QA03\_242**

**QA03\_242** Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

- [CF6] YES ..... 1 **[GO TO PN QA03\_246]**
- NO .....2
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_242 = 1, SET CHMILIT = 1 AND CHINSURE = 1**

**QA03\_243** Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

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

- [CF7] AIM ..... 1 **[GO TO PN QA03\_246]**
- "MISTER MIP"/MRMIP .....2 **[GO TO PN QA03\_246]**
- NO OTHER PLAN .....3
- SOMETHING ELSE (SPECIFY): \_\_\_\_\_ .....91 **[GO TO PN QA03\_246]**
- REFUSED .....-7
- DON'T KNOW .....-8

**IF QA03\_243 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1**

**QA03\_244** Does {he/she/he or she} have any health insurance coverage through a plan that I missed?

- [CF8] YES ..... 1
  - NO .....2
  - REFUSED .....-7
  - DON'T KNOW .....-8
- [GO TO PN QA03\_246]**

**QA03\_245** What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

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

- [CF9]
- 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
  - OTHER GOVERNMENT HEALTH PLAN.....91
  - OTHER NON-GOVERNMENT HEALTH PLAN.....92
  - REFUSED .....-7
  - DON'T KNOW .....-8

IF QA03\_245 = 1, SET CHEMP = 1 AND CHINSURE = 1  
 IF QA03\_245 = 2, SET CHEMP = 1 AND CHINSURE = 1  
 IF QA03\_245 = 3, SET CHDIRECT = 1 AND CHINSURE = 1  
 IF QA03\_245 = 4, SET CHMCARE = 1 AND CHINSURE = 1  
 IF QA03\_245 = 5, SET CHMCAL = 1 AND CHINSURE = 1  
 IF QA03\_245 = 6, SET CHHFAM = 1 AND CHINSURE = 1  
 IF QA03\_245 = 7, SET CHMILIT = 1 AND CHINSURE = 1  
 IF QA03\_245 = 8, SET CHIHS = 1  
 IF QA03\_245 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1  
 IF QA03\_245 = 92, SET CHINSURE = 1  
 IF QA03\_245 = -7 OR -8, SET CHINSURE = 1

**PROGRAMMING NOTE QA03\_246**  
 IF CHINSURE = 1, CONTINUE WITH QA03\_246;  
 ELSE GO TO PN QA03\_254.

**QA03\_246** Thinking of (CHILD)'s main health plan, did you have to sign {him/her/him or her} up with a primary care doctor, a group of doctors, or a clinic that you must take {him/her/him or her} to for routine care?

- [CF11]
- YES ..... 1
  - NO .....2
  - REFUSED .....-7
  - DON'T KNOW .....-8

**QA03\_247** In this plan, does (CHILD) have to get approval or a referral to see a specialist such as a dermatologist, or skin doctor?

- [CF12]
- YES ..... 1
  - NO .....2
  - REFUSED .....-7
  - DON'T KNOW .....-8

**QA03\_248** What is the name of (CHILD)'s main health plan?

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

- [MA2] KAISER .....1
- BLUE CROSS .....2
- PACIFICARE.....3
- BLUE SHIELD .....4
- HEALTH NET .....5
- AETNA/US HEALTHCARE/PRUDENTIAL.....6
- CIGNA HEALTHCARE .....7
- MEDI-CAL .....8
- {COUNTY MEDI-CAL PLAN NAME} .....9
- OTHER.....91
- REFUSED .....-7
- DON'T KNOW .....-8

**PROGRAMMING NOTE QA03\_249**  
**IF QA03\_246 = 2 AND QA03\_247 = 2, SKIP TO QA03\_250, ELSE IF QA03\_248 = 1 (KAISER), CODE "1" (YES) FOR QA03\_249, AND GO TO QA03\_250.**

**QA03\_249** Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

**[NOTE: IF R SAYS WHAT AN HMO IS, THEN SAY: "With an HMO, {he/she} must generally receive care from HMO doctors or the expense is not covered, unless {he/she} was referred by the HMO or there was a medical emergency."]**

- [MA3] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_250** Is (CHILD) covered for prescription drugs?

- [CF14] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_251** Is {he/she/he or she} covered for eye exams?

- [CF15] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_252** Is {he/she/he or she} covered for glasses?

- [CF16] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_253** Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your (CHILD)'s health care in the last 12 months?

- [MA4] \_\_\_\_\_ RESPONDENT'S NUMBER FROM 0 (WORST) TO 10 (BEST)
- REFUSED ..... -7
- DON'T KNOW ..... -8



**PROGRAMMING NOTE QA03\_254**  
**IF CHINSURE = 1, GO TO QA03\_259;**  
**ELSE CONTINUE WITH QA03\_254.**

**QA03\_254** What is the **one main** reason (CHILD) does not have any health insurance?

- [CF18]
- CHANGED EMPLOYER/LOST JOB ..... 1
  - EMPLOYER DOES NOT OFFER ..... 2
  - NOT ELIGIBLE DUE TO WORKING STATUS ..... 3
  - NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ..... 4
  - NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ..... 5
  - CAN'T AFFORD/TOO EXPENSIVE ..... 6
  - FAMILY SITUATION CHANGED ..... 7
  - LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) ..... 8
  - DON'T BELIEVE IN INSURANCE ..... 9
  - HEALTHY -- NO NEED ..... 10
  - PAYS FOR OWN CARE -- NO NEED ..... 11
  - GETS HEALTH CARE FREE -- NO NEED ..... 12
  - OTHER (SPECIFY) \_\_\_\_\_ ..... 91
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

**QA03\_255** Was (CHILD) covered by health insurance at any time during the past 12 months?

- [CF20]
- YES ..... 1 **[GO TO QA03\_257]**
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

**QA03\_256** How long has it been since (CHILD) last had health insurance?

- [CF21]
- MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO ..... 1
  - MORE THAN 3 YEARS AGO ..... 2
  - NEVER HAD HEALTH INSURANCE COVERAGE ..... 3 **[GO TO PN QA03\_265]**
  - REFUSED ..... -7
  - DON'T KNOW/NOT SURE ..... -8

**QA03\_257** For how many of the last 12 months did {he/she/he or she} have health insurance?

**[NOTE: IF LESS THAN ONE MONTH, ENTER 1]**

- [CF22]
- \_\_\_\_\_ MONTHS [RANGE: 0-12] ..... 1
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

**QA03\_258** During those months when (CHILD) had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

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

- [CF23]
- MEDI-CAL ..... 1
  - HEALTHY FAMILIES ..... 2
  - THROUGH CURRENT OR FORMER EMPLOYER/UNION ..... 3 **[GO TO PN QA03\_265]**
  - OTHER HEALTH PLAN ..... 91
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

**QA03\_259** Thinking about {his/her/his or her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

- [CF24] YES ..... 1 **[GO TO PN QA03\_265]**
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_260** When {he/she/he or she} wasn't covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?

- [CF25] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- [GO TO QA03\_262]**

**QA03\_261** Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

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

- [CF26] MEDI-CAL ..... 1
- HEALTHY FAMILIES ..... 2
- THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 3
- OTHER HEALTH PLAN ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_262** During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

- [CF27] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- [GO TO PN QA03\_265]**

**QA03\_263** For how many of the past 12 months did {he/she/he or she} have no health insurance?

- [CF28] \_\_\_\_\_ MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_264** What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she/he or she} wasn't covered?

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

- [CF29] CHANGED EMPLOYER/LOST JOB ..... 1
- EMPLOYER DID NOT OFFER..... 2
- NOT ELIGIBLE DUE TO WORKING STATUS..... 3
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS..... 4
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS..... 5
- COULDN'T AFFORD/TOO EXPENSIVE..... 6
- FAMILY SITUATION CHANGED ..... 7
- LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.)..... 8
- DIDN'T BELIEVE IN INSURANCE ..... 9
- HEALTHY -- NO NEED ..... 10
- PAID FOR OWN CARE -- NO NEED ..... 11
- GOT HEALTH CARE FREE -- NO NEED ..... 12
- OTHER (SPECIFY) \_\_\_\_\_ ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

## Teen

**PROGRAMMING NOTE QA03\_265**  
**IF THERE IS NO {CHILD OR TEEN} SELECTED, GO TO QA03\_300;**  
**ELSE CONTINUE WITH QA03\_265.**

**QA03\_265** 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 QA03\_286]  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

IF QA03\_265 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1  
 IF QA03\_265 = 1 AND ARMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1  
 IF QA03\_265 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1  
 IF QA03\_265 = 1 AND AREMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA03\_265 = 1 AND AREMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA03\_265 = 1 AND AREMPPAR= 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA03\_265 = 1 AND AREMPTH= 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA03\_265 = 1 AND ARDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1  
 IF QA03\_265 = 1 AND ARMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1  
 IF QA03\_265 = 1 AND AROTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1  
 IF QA03\_265 = 1 AND ARIHS= 1, SET TEIHS = 1

**QA03\_266** Does (TEEN) have the same insurance as your spouse?

[MA5] YES ..... 1 [GO TO QA03\_286]  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

IF QA03\_266 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1  
 IF QA03\_266 = 1 AND SPMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1  
 IF QA03\_266 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1  
 IF QA03\_266 = 1 AND SPEMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA03\_266 = 1 AND SPEMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA03\_266 = 1 AND SPDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1  
 IF QA03\_266 = 1 AND SPMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1  
 IF QA03\_266 = 1 AND SPOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1

**QA03\_267** Does (TEEN) have the same insurance as (CHILD)?

[MA6] YES ..... 1 [GO TO QA03\_286]  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

IF QA03\_267 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1  
 IF QA03\_267 = 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1  
 IF QA03\_267 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1  
 IF QA03\_267 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1  
 IF QA03\_267 = 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1  
 IF QA03\_267 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1  
 IF QA03\_267 = 1 AND CHOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1  
 IF QA03\_267 = 1 AND CHIHS= 1, SET TEIHS = 1

**QA03\_268** Is {he/she/he or she} currently covered by Medi-CAL?  
**[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]**

- [IA1] YES ..... 1 [GO TO QA03\_272]
- NO ..... 2
- REFUSED ..... -7 [GO TO QA03\_270]
- DON'T KNOW ..... -8 [GO TO QA03\_270]

**IF QA03\_268 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1**

**QA03\_269** 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 ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_270** Is (TEEN) covered by the Healthy Families Program?  
**[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]**

- [IA2] YES ..... 1 [GO TO QA03\_272]
- NO ..... 2
- REFUSED ..... -7 [GO TO QA03\_272]
- DON'T KNOW ..... -8 [GO TO QA03\_272]

**IF QA03\_270 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1**

**QA03\_271** 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 ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_272** Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

- [IA3] YES ..... 1 [GO TO QA03\_274]
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**IF QA03\_272 = 1, SET TEEMP = 1 AND SET TEINSURE = 1**

**QA03\_273** Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO? 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?

- [IA4] YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8
- } [GO TO PN QA03\_275]

**IF QA03\_273 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1**

**QA03\_274** Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?

**[CIRCLE ALL THAT APPLY.]**  
**[PROBE: "Any other person or program?"]**

**[IF NEEDED, SAY: "Co-pays 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 the health plan starts paying." "Premium is the monthly charge for the cost of your health insurance plan."]**

**[IF R SAYS GOVERNMENT, PROBE: "Is this Medi-CAL, Healthy Families, or some other government program, or is it a benefit of being a government employee?" IF GOVERNMENT IS EMPLOYER, ENTER: "EMPLOYER OR UNION"]**

- [IA5] FAMILY IN THIS HOUSEHOLD ..... 1
- EMPLOYER OR UNION ..... 2
- SOMEONE OUTSIDE HOUSEHOLD ..... 3
- MEDI-CAL (MEDICAID) ..... 4
- HEALTHY FAMILIES PROGRAM ..... 5
- OTHER ..... 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

**IF QA03\_274 = 2, SET TEEMP = 1 AND TEDIRECT = 0**  
**IF QA03\_274 = 4, SET TEMCAL = 1 AND TEDIRECT = 0**  
**IF QA03\_274 = 5, SET TEHFAM = 1 AND TEDIRECT = 0**

**PROGRAMMING NOTE QA03\_275**

**IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA03\_279; ELSE CONTINUE WITH QA03\_275**

**QA03\_275** Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

- [IA6] YES ..... 1 [GO TO PN QA03\_279]
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**IF QA03\_275 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1**

**QA03\_276** Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

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

- [IA7] AIM ..... 1 **[GO TO PN QA03\_279]**
- "MISTER MIP"/MRMIP ..... 2 **[GO TO PN QA03\_279]**
- NO OTHER PLAN ..... 3
- SOMETHING ELSE (SPECIFY): \_\_\_\_\_ 91 **[GO TO PN QA03\_279]**
- REFUSED ..... -7
- DON'T KNOW ..... -8

**IF QA03\_276 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1**

**QA03\_277** Does {he/she/he or she} have any health insurance coverage through a plan that I missed?

- [IA8] YES ..... 1
- NO ..... 2
- REFUSED ..... -7 **[GO TO PN QA03\_279]**
- DON'T KNOW ..... -8

**QA03\_278** What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

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

- [IA9] 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
- OTHER GOVERNMENT HEALTH PLAN..... 91
- OTHER NON-GOVERNMENT HEALTH PLAN..... 92
- REFUSED ..... -7
- DON'T KNOW ..... -8

**IF QA03\_278 = 1, SET TEEMP = 1 AND TEINSURE = 1**  
**IF QA03\_278 = 2, SET TEEMP = 1 AND TEINSURE = 1**  
**IF QA03\_278 = 3, SET TEDIRECT = 1 AND TEINSURE = 1**  
**IF QA03\_278 = 4, SET TEMCARE = 1 AND TEINSURE = 1**  
**IF QA03\_278 = 5, SET TEMCAL = 1 AND TEINSURE = 1**  
**IF QA03\_278 = 6, SET TEHFAM = 1 AND TEINSURE = 1**  
**IF QA03\_278 = 7, SET TEMILIT = 1 AND TEINSURE = 1**  
**IF QA03\_278 = 8, SET TEIHS = 1**  
**IF QA03\_278 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1**  
**IF QA03\_278 = 92, SET TEINSURE = 1**  
**IF QA03\_278 = -7 OR -8, SET TEINSURE = 1**

**PROGRAMMING NOTE QA03\_279**  
**IF TEINSURE = 1, CONTINUE WITH QA03\_279;**  
**ELSE GO TO PN QA03\_287.**

**QA03\_279** Thinking of {TEEN NAME /AGE/SEX}'s main health plan, did you have to sign {him/her/him or her} up with a primary care doctor, a group of doctors, or a clinic that you must take {him/her/him or her} to for routine care?

[IA11] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_280** In this plan, does (TEEN) have to get approval or a referral to see a specialist such as a dermatologist, or skin doctor?

[IA12] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_281** What is the name of (TEEN)'s main health plan?

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

[MA7] KAISER ..... 1  
 BLUE CROSS ..... 2  
 PACIFICARE ..... 3  
 BLUE SHIELD ..... 4  
 HEALTH NET ..... 5  
 AETNA/US HEALTHCARE/PRUDENTIAL ..... 6  
 CIGNA HEALTHCARE ..... 7  
 MEDI-CAL ..... 8  
 {COUNTY MEDI-CAL PLAN NAME} ..... 9  
 OTHER ..... 91  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_282:**  
**IF QA03\_279 = 2 AND QA03\_280 = 2, SKIP TO QA03\_283; ELSE IF QA03\_281 = 1 (KAISER), CODE "1"(YES) FOR QA03\_282 AND GO TO QA03\_283**

**QA03\_282** Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

**[NOTE: IF R ASKS WHAT AN HMO IS, THEN SAY: "With an HMO, {he/she} must generally receive care from HMO doctors or the expense is not covered, unless {he/she} was referred by the HMO or there was a medical emergency."]**

[MA8] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_283** Is (TEEN) covered for prescription drugs?

[IA14] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_284** Is {he/she/he or she} covered for eye exams?  
 [IA15] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_285** Is {he/she/he or she} covered for glasses?  
**[NOTE: IF COVERED FOR FRAMES OR LENSES, CODE AS "YES"]**  
 [IA16] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_286** Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your (TEEN)'s health care in the last 12 months?  
 [MA9] \_\_\_\_\_ RESPONDENT'S NUMBER FROM 0 (WORST) TO 10 (BEST)  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_287:**  
 IF TEINSURE = 1, GO TO QA03\_292;  
 ELSE CONTINUE WITH QA03\_287.

**QA03\_287** What is the ONE MAIN reason (TEEN) does not have any health insurance?  
 [IA18] CHANGED EMPLOYER/LOST JOB ..... 1  
 EMPLOYER DID NOT OFFER ..... 2  
 NOT ELIGIBLE DUE TO WORKING STATUS ..... 3  
 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ..... 4  
 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ..... 5  
 COULDN'T AFFORD/TOO EXPENSIVE ..... 6  
 FAMILY SITUATION CHANGED ..... 7  
 LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) ..... 8  
 DIDN'T BELIEVE IN INSURANCE ..... 9  
 HEALTHY -- NO NEED ..... 10  
 PAID FOR OWN CARE -- NO NEED ..... 11  
 GOT HEALTH CARE FREE -- NO NEED ..... 12  
 OTHER (SPECIFY) \_\_\_\_\_ ..... 91  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_288** Was (TEEN) covered by health insurance at any time during the past 12 months?  
 [IA20] YES ..... 1 **[GO TO QA03\_290]**  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_289** How long has it been since (TEEN) last had health insurance?  
 [IA21] MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO ..... 1  
 MORE THAN 3 YEARS AGO ..... 2  
 NEVER HAD HEALTH INSURANCE COVERAGE ..... 3 **[GO TO QA03\_298]**  
 REFUSED ..... -7  
 DON'T KNOW/NOT SURE ..... -8



**QA03\_290** For how many of the last 12 months did {he/she/he or she} have health insurance?  
**[NOTE: IF LESS THAN ONE MONTH, ENTER 1]**

- [IA22] \_\_\_\_\_ MONTHS [RANGE: 0-12]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_291** During those months when (TEEN) had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

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

- [IA23] MEDI-CAL ..... 1  
 HEALTHY FAMILIES ..... 2  
 THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 3 **[GO TO QA03\_298]**  
 OTHER HEALTH PLAN ..... 91  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_292** Thinking about {his/her/his or her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

- [IA24] YES ..... 1 **[GO TO QA03\_298]**  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_293** When {he/she/he or she} wasn't covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?

- [IA25] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8 } **[GO TO QA03\_295]**

**QA03\_294** Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

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

- [IA26] MEDI-CAL ..... 1  
 HEALTHY FAMILIES ..... 2  
 THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 3  
 OTHER HEALTH PLAN ..... 91  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_295** During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

- [IA27] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8 } **[GO TO QA03\_300]**

**QA03\_296** For how many of the past 12 months did {he/she/he or she} have no health insurance?

- [IA28] \_\_\_\_\_ MONTHS [IF < 1 MONTH, ENTER "1"] [RANGE: 1-12]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_297** What is the ONE MAIN reason (TEEN) did not have any health insurance during the time {he/she/he or she} wasn't covered?

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

- [IA29] CHANGED EMPLOYER/LOST JOB ..... 1
- EMPLOYER DID NOT OFFER.....2
- NOT ELIGIBLE DUE TO WORKING STATUS.....3
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS.....4
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.....5
- COULDN'T AFFORD/TOO EXPENSIVE.....6
- FAMILY SITUATION CHANGED .....7
- LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.).....8
- DIDN'T BELIEVE IN INSURANCE .....9
- HEALTHY -- NO NEED .....10
- PAID FOR OWN CARE -- NO NEED .....11
- GOT HEALTH CARE FREE -- NO NEED .....12
- OTHER (SPECIFY) \_\_\_\_\_ .....91
- REFUSED .....-7
- DON'T KNOW .....-8

**QA03\_298** 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

**QA03\_299** Who pays for this dental insurance, not counting co-pays or deductibles you may have?

**[CIRCLE ALL THAT APPLY.]**

- [MA69] SELF OR FAMILY ..... 1
- RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION .....2
- SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION .....3
- SOMEONE OUTSIDE HOUSEHOLD .....4
- MEDICARE .....5
- MEDI-CAL (MEDICAID) .....6
- HEALTHY FAMILIES PROGRAM .....7
- OTHER GOVERNMENT DENTAL PROGRAM  
(E.G., COUNTY PROGRAMS).....8
- OTHER.....9
- REFUSED .....-7
- DON'T KNOW .....-8

## Section J – Health Care Utilization and Access, Dental Health

**QA03\_300** 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            [RANGE: 0-365]  
                                  REFUSED ..... -7  
                                  DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_301:**  
 IF QA03\_300 = 0, -7, OR -8 (HAVE NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA03\_301;  
 ELSE GO TO QA03\_302

**QA03\_301** 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    [GO TO QA03\_306]  
                                  MORE THAN 5 YEARS AGO ..... 3    [GO TO QA03\_306]  
                                  NEVER ..... 4    [GO TO QA03\_306]  
                                  REFUSED ..... -7    [GO TO QA03\_311]  
                                  DON'T KNOW ..... -8    [GO TO QA03\_311]

**PROGRAMMING NOTE QA03\_302:**  
 IF QA03\_301 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA03\_302;  
 ELSE GO TO QA03\_306

**QA03\_302** The last time you saw a doctor, did you have a hard time understanding the doctor?

- [AJ8]                    YES ..... 1  
                                  NO ..... 2  
                                  REFUSED ..... -7  
                                  DON'T KNOW ..... -8    } [GO TO QA03\_306]

**QA03\_303** Was this because you and the doctor spoke different languages?

- [AJ9]                    YES ..... 1  
                                  NO ..... 2  
                                  REFUSED ..... -7  
                                  DON'T KNOW ..... -8    }

**QA03\_304** Did you need someone else to help you understand the doctor?

- [AJ10]                    YES ..... 1  
                                  NO ..... 2  
                                  REFUSED ..... -7  
                                  DON'T KNOW ..... -8    } [GO TO QA03\_306]

**QA03\_305** Who was this person who helped you understand the doctor?  
**[IF R RESPONDS "MY CHILD", PROBE TO SEE IF CHILD IS UNDER AGE 18.  
 IF AGE 18+, CODE AS ADULT FAMILY MEMBER]**

- [AJ11] 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

**QA03\_306** A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist, a nurse practitioner, or a physician assistant. In the last 12 months, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with? Was it...

- [AJ12] A big problem ..... 1
- A small problem ..... 2
- Or not a problem? ..... 3
- DIDN'T NEED TO GET A DOCTOR/NURSE IN PAST 12 MONTHS ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_307:**  
**IF QA03\_301 =2, 3 OR 4 GO TO QA03\_308**  
**ELSE CONTINUE WITH QA03\_307**

**QA03\_307** In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see? Was it...

**[IF NEEDED, SAY: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one are of health care."]**

- [AJ13] A big problem ..... 1
- A small problem ..... 2
- Or not a problem? ..... 3
- DIDN'T NEED TO SEE A SPECIALIST IN PAST 12 MONTHS ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_308** In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary? Was it...

- [AJ14] A big problem ..... 1
- A small problem ..... 2
- Or not a problem? ..... 3
- DIDN'T NEED TEST/TREATMENT IN PAST 12 MONTHS ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_309:**  
**IF AR UNINSURED ALL OF THE PAST 12 MONTHS, GO TO QA03\_310**  
**IF QA03\_301 = 2, 3 OR 4 (HAS NOT SEEN DOCTOR FOR 2 OR MORE YEARS) AND QA03\_306 = 4 AND QA03\_308 = 4,**  
**GO TO QA03\_311;**  
**ELSE CONTINUE WITH QA03\_309**

**QA03\_309** In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan? Was it...

[AJ15] A big problem ..... 1  
 A small problem..... 2  
 Or not a problem? ..... 3  
 DIDN'T NEED APPROVAL IN PAST 12 MONTHS ..... 4  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_310** Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

[AJ16] \_\_\_\_\_ RESPONDENT'S NUMBER FROM 0 (WORST) TO 10 (BEST)

NOT APPLICABLE—NO HEALTH CARE LAST 12 MONTHS ..... -5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_311** Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

[AJ17] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} [GO TO PN QA03\_313]

**QA03\_312** Think about the last time this happened. How long ago was that?

[AJ18] A YEAR AGO OR LESS ..... 1  
 MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO ..... 2  
 MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO ..... 3  
 MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO ..... 4  
 MORE THAN 5 YEARS AGO UP TO 10 YEARS AGO ..... 5  
 MORE THAN 10 YEARS AGO UP TO 20 YEARS AGO ..... 6  
 MORE THAN 20 YEARS AGO ..... 7  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_313:**  
**IF QA03\_300 > 0 (NUMBER OF TIMES SAW DOCTOR WITHIN LAST YEAR) OR QA03\_301 = 0 (ONE YEAR AGO OR LESS) GO TO QA03\_314;**  
**ELSE CONTINUE WITH QA03\_313**

**QA03\_313** During the past 12 months, did you visit a hospital emergency room for your own health?

[AH12] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_314** During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for you?

[AH16] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} [GO TO QA03\_316]

**QA03\_315** 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

**QA03\_316** 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  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} [GO TO QA03\_318]

**QA03\_317** 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  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_318** 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] LESS THAN 6 MONTHS AGO ..... 1  
 6 MONTHS UP TO 1 YEAR AGO ..... 2  
 1 YEAR UP TO 2 YEARS AGO ..... 3  
 2 YEARS UP TO 5 YEARS AGO ..... 4  
 MORE THAN 5 YEARS AGO ..... 5  
 HAS NEVER VISITED ..... 6  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_319** During the past 12 months, was there any time you needed dental care, but could not afford it?

[AJ22] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_320** 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 QA03\_321**  
**IF QA03\_164 = 5 (RETIRED), GO TO PROGRAMMING NOTE QA03\_323;**  
**ELSE CONTINUE WITH QA03\_321**

**QA03\_321** During the past 12 months, did you miss any work because of a dental problem? Do not count time missed for cleaning or a check-up.

- |        |                  |    |   |                         |
|--------|------------------|----|---|-------------------------|
| [AJ25] | YES .....        | 1  | } | <b>[GO PN QA03_323]</b> |
|        | NO .....         | 2  |   |                         |
|        | REFUSED .....    | -7 |   |                         |
|        | DON'T KNOW ..... | -8 |   |                         |

**QA03\_322** How many days of work did you miss?

- |        |                       |    |
|--------|-----------------------|----|
| [AJ26] | _____ LESS THAN A DAY |    |
|        | _____ DAYS            |    |
|        | REFUSED .....         | -7 |
|        | DON'T KNOW .....      | -8 |

## Section K – Employment, Income, Poverty Status

**PROGRAMMING NOTE QA03\_323:**  
 IF QA03\_163 = 3 GO TO QA03\_328;  
 IF QA03\_164 = 1, 4, 5, 6, or 7, GO TO QA03\_328;  
 ELSE CONTINUE WITH QA03\_323

This is about the work you do.

**QA03\_323** How many hours per week do you usually work at all jobs or businesses?

**[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]**

[AK3] \_\_\_\_\_ HOURS [HR: 0-95]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_324**  
 IF QA03\_323 = 0 (NO HOURS WORKED), GO TO QA03\_328;  
 ELSE CONTINUE WITH QA03\_324 AND  
 IF QA03\_166 = 1 (PRIVATE COMPANY), DISPLAY “employed by a private company”,  
 IF QA03\_166 = 2 (GOVERNMENT), DISPLAY “employed by the government”,  
 IF QA03\_166 = 3 (SELF-EMPLOYED), DISPLAY “self-employed”,  
 IF QA03\_166 = 4 (FAMILY BUSINESS OR FARM), DISPLAY “working without pay in a family business or farm”.

**QA03\_324** Earlier, you told me that on your main job, you are {employed by a private company/ employed by the government/ self-employed/ working without pay in a family business or farm}. What kind of business or industry is this?

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

[AK5] \_\_\_\_\_ (BUSINESS OR INDUSTRY)  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_325** What is the main kind of work you do?

**[MAIN JOB = WHERE WORKS MOST HOURS.]**

**[INTERVIEWER: ENTER DESCRIPTION]**

[AK6] \_\_\_\_\_ (OCCUPATION)  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_326** How long have you worked at your main job?

**[IF NEEDED, SAY: “That is, for your current employer?”]**

[AK7] \_\_\_\_\_ MONTHS [HR: 0-12]  
 \_\_\_\_\_ YEARS [HR: 0-50]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8



**PROGRAMMING NOTE QA03\_327:**  
 IF QA03\_166 = 2 (GOVERNMENT EMPLOYEE), GO TO QA03\_329;  
 IF QA03\_166 = 3 (SELF-EMPLOYED), CONTINUE WITH QA03\_327 AND DISPLAY "Including yourself, about";  
 ELSE CONTINUE WITH QA03\_327 AND DISPLAY "About"

**QA03\_327** {Including yourself, about / About} how many people are employed by {your employer/you} at all locations?

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

- |       |                     |    |   |                  |
|-------|---------------------|----|---|------------------|
| [AK8] | FEWER THAN 10.....  | 1  | } | [GO TO QA03_329] |
|       | 10-50 .....         | 2  |   |                  |
|       | 51-99 .....         | 3  |   |                  |
|       | 100-999 .....       | 4  |   |                  |
|       | 1,000 OR MORE ..... | 5  |   |                  |
|       | REFUSED .....       | -7 |   |                  |
|       | DON'T KNOW .....    | -8 |   |                  |

**PROGRAMMING NOTE QA03\_328**  
 IF QA03\_163=3 (LOOKING FOR WORK), CONTINUE WITH QA03\_328  
 IF QA03\_164 = 1, 4, 5, 6, OR 7 (KEEPING HOUSE, STUDENT, RETIRED, DISABLED, OR UNABLE TO WORK), CONTINUE WITH QA03\_328;  
 ELSE GO TO PROGRAMMING NOTE QA03\_330.

**QA03\_328** Did you work at any time in the last month?

- |       |                  |    |   |                     |
|-------|------------------|----|---|---------------------|
| [AK9] | YES .....        | 1  | } | [GO TO PN QA03_330] |
|       | NO .....         | 2  |   |                     |
|       | REFUSED .....    | -7 |   |                     |
|       | DON'T KNOW ..... | -8 |   |                     |

**QA03\_329** 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?

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

- |        |                  |    |
|--------|------------------|----|
| [AK10] | \$ _____ AMOUNT  |    |
|        | REFUSED .....    | -7 |
|        | DON'T KNOW ..... | -8 |

**PROGRAMMING NOTE QA03\_330**  
 IF QA03\_14 NE 1 GO TO QA03\_334  
 IF QA03\_167 = 1 OR 2 (SPOUSE WORKING) GO TO QA03\_331  
 ELSE CONTINUE WITH QA03\_330.

**QA03\_330** Did your {husband/wife/spouse} work at any time in the last month?

- |        |                  |    |   |                  |
|--------|------------------|----|---|------------------|
| [AK19] | YES .....        | 1  | } | [GO TO QA03_334] |
|        | NO .....         | 2  |   |                  |
|        | REFUSED .....    | -7 |   |                  |
|        | DON'T KNOW ..... | -8 |   |                  |

**QA03\_331** How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

- |        |                  |    |
|--------|------------------|----|
| [AK20] | _____ HOURS      |    |
|        | REFUSED .....    | -7 |
|        | DON'T KNOW ..... | -8 |

**PROGRAMMING NOTE QA03\_332:**  
**IF QA03\_331= 0 GO TO QA03\_334;**  
**ELSE CONTINUE WITH QA03\_332 AND**  
**IF QA03\_166 = 1 (PRIVATE COMPANY), DISPLAY “employed by a private company”,**  
**IF QA03\_166 =2 (GOVERNMENT) GO TO QA03\_333**  
**IF QA03\_166 = 3 (SELF-EMPLOYED), DISPLAY “self employed”,**  
**IF QA03\_166 = 4 (FAMILY BUSINESS OF FARM, DISPLAY “working without pay in a family business or farm”.**

**QA03\_332** Earlier, you told me that your spouse is {employed by a private company/ employed by the government/ self-employed/ working without pay in a family business or farm}. Including your spouse, about how many people are employed by your spouse’s employer at all locations? Your best guess is fine.

[AK21]	FEWER THAN 10.....	1
	10-50 .....	2
	51-99 .....	3
	100-999 .....	4
	1,000 OR MORE .....	5
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_333**  
**IF QA03\_331 > 0 CONTINUE WITH QA03\_333;**  
**ELSE GO TO QA03\_334**

**QA03\_333** What is your best estimate of all your spouse’s earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

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

[AK10A]	\$_____ AMOUNT	
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_334** What is your best estimate of your household’s total annual income from all sources before taxes in 2002?

**[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"]**

[AK22]	\$_____ AMOUNT	
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_335** I have entered that your annual household income is (AMOUNT). Is that correct?

[AK22A]	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_336:**  
**IF QA03\_334 = -7 or -8 CONTINUE WITH QA03\_336;**  
**ELSE GO TO PROGRAMMING NOTE QA03\_342**

**QA03\_336** 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 QA03\_338]  
 EQUAL TO \$20K OR LESS ..... 2  
 REFUSED ..... -7 [GO TO PN QA03\_342]  
 DON'T KNOW ..... -8 [GO TO PN QA03\_342]

**QA03\_337** Is it ...

[AK12] \$5,000 or less, or ..... 1  
 \$5,001 to \$10,000, or ..... 2  
 \$10,001 to \$15,000, or ..... 3  
 \$15,001 to 20,000? ..... 4  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} [GO TO PN QA03\_342]

**QA03\_338** Is it more or less than \$70,000 per year?

[AK13] MORE ..... 1 [GO TO QA03\_340]  
 EQUAL TO \$70K OR LESS ..... 2  
 REFUSED ..... -7 [GO TO PN QA03\_342]  
 DON'T KNOW ..... -8 [GO TO PN QA03\_342]

**QA03\_339** Is it ...

[AK14] \$20,001 to \$30,000, ..... 1  
 \$30,001 to \$40,000, ..... 2  
 \$40,001 to \$50,000, ..... 3  
 \$50,001 to \$60,000, or ..... 4  
 \$60,001 to \$70,000? ..... 5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

} [GO TO PN QA03\_342]

**QA03\_340** Is it more or less than \$135,000 per year?

[AK15] MORE ..... 1 [GO TO PN QA03\_342]  
 EQUAL TO \$135K OR LESS ..... 2  
 REFUSED ..... -7 [GO TO PN QA03\_342]  
 DON'T KNOW ..... -8 [GO TO PN QA03\_342]

**QA03\_341** Is it ...

[AK16] \$70,001 to \$80,000, ..... 1  
 \$80,001 to \$90,000, ..... 2  
 \$90,001 to \$100,000, or ..... 3  
 \$100,001 to \$135,000? ..... 4  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_342:**  
**IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA03\_343;**  
**ELSE CONTINUE WITH QA03\_342**

**QA03\_342** 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 QA03\_343:**  
**QA03\_343 MUST BE LESS THAN QA03\_342**  
**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) = QA03\_342,**  
**GO TO PROGRAMMING NOTE QA03\_344;**  
**ELSE CONTINUE WITH QA03\_343**

**QA03\_343** How many of these {INSERT NUMBER FROM AK18} people are children under the age of 18?

[AK18] \_\_\_\_\_ NUMBER OF CHILDREN (UNDER AGE 18)  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_344:**

OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2002 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA03\_342 AND QA03\_343 RESPECTIVELY..POVRT200

BASE.POVRT100  
 BASE.POVRT130  
 BASE.POVRT200  
 SCR.N.RADLCNT  
 SCR.N.KIDCNT

(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2002 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM xxx FOR THE TABLE OF VALUES. THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI VARIABLE POVRT300).

IF EITHER QA03\_342 OR QA03\_343 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA03\_151 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...

- 1) AT OR BELOW 100% FPL,
- 2) ABOVE 100% FPL BUT AT OR BELOW 130% FPL,
- 3) ABOVE 130% FPL BUT AT OR BELOW 200% FPL
- 3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL,
- 4) ABOVE 300% FPL, OR
- 5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA03\_334 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03\_337, QA03\_339, OR QA03\_341 OR QA03\_336 = -7 OR QA03\_338 = -7 OR QA03\_340 = -7, ASK QA03\_344 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA03\_345

**QA03\_344** I need to ask just one last, very specific question about income.  
 Was your total annual household income before taxes less than or more than \${POVRT100}?

- [AK18A] EQUAL TO OR LESS..... 1 [GO TO QA03\_348]
- MORE ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_345:**  
 IF QA03\_334 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03\_337, QA03\_339, OR QA03\_341 OR IF QA03\_336 = -7 OR QA03\_338 = -7 OR QA03\_340 = -7, CONTINUE WITH QA03\_345 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA03\_347

**QA03\_345** {I need to ask just one last, very specific 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 QA03\_348]
- MORE ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_346:**  
 IF QA03\_334 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03\_337, QA03\_339, OR QA03\_341 OR IF QA03\_336 = -7 OR QA03\_338 = -7 OR QA03\_340 = -7, CONTINUE WITH QA03\_347 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO QA03\_348

**QA03\_346** {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT130}?

- [AK18D] EQUAL TO OR LESS..... 1 [GO TO QA03\_348]
- MORE ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_347:**  
 IF QA03\_334 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03\_337, QA03\_339, OR QA03\_341 OR IF QA03\_336 = -7 OR QA03\_338 = -7 OR QA03\_340 = -7, CONTINUE WITH QA03\_347 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO QA03\_348

**QA03\_347** {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT300}?

- [AK18C] EQUAL TO OR LESS..... 1
- MORE ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_348** Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?  
**[IF NEEDED, SAY: "A duplex is a building with 2 units".]**

- [AK23]
- HOUSE .....1
  - DUPLEX.....2
  - BUILDING WITH 3 OR MORE UNITS .....3
  - MOBILE HOME.....4
  - REFUSED .....-7
  - DON'T KNOW .....-8

**QA03\_349** How many rooms are in your home, not counting bathrooms, porches, balconies, or hallways?

- [AK24] \_\_\_\_\_ NUMBER OF ROOMS
- REFUSED .....-7
  - DON'T KNOW .....-8

**QA03\_350** Do you own or rent your home?

- [AK25]
- OWN .....1
  - RENT .....2
  - OTHER ARRANGEMENT .....3
  - REFUSED .....-7
  - DON'T KNOW .....-8

**[GO TO PN QA03\_353]**

**PROGRAMMING NOTE QA03\_351:**  
 IF QA03\_350 = 1 (RENT), CONTINUE WITH QA03\_351  
 IF QA03\_348 = 4 (MOBILE HOME) AND QA03\_350 =2 (OWN), CONTINUE WITH QA03\_351 AND DISPLAY "space payment";  
 ELSE IF QA03\_350 = 2 (OWN), GO TO PROGRAMMING NOTE QA03\_352

**QA03\_351** What is the monthly {rent/space payment}?

- [AK26] \$ \_\_\_\_\_ PER MONTH
- REFUSED .....-7
  - DON'T KNOW .....-8

**PROGRAMMING NOTE QA03\_352:**  
 IF QA03\_350 = 2 (OWN), CONTINUE WITH QA03\_351  
 ELSE GO TO PROGRAMMING NOTE QA03\_353

**QA03\_352** What is your regular monthly mortgage payment?

- [AK27] \$ \_\_\_\_\_ PER MONTH
- REFUSED .....-7
  - DON'T KNOW .....-8

## Section L- Public Program Participation

**PROGRAMMING NOTE QA03\_353:**  
**ASK QA03\_353 ONLY IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5);**  
**ELSE GO TO PROGRAMMING NOTE QA03\_370**

**QA03\_353** Are you now receiving TANF or CalWORKS?  
**[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."]**

**[AL2]** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_354:**  
**IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA03\_354**  
**ELSE GO TO QA03\_355**

**QA03\_354** Is {TEEN} now receiving TANF, or CalWORKS?  
**[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."]**

**[AIP1]** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_355** Are you receiving Food Stamp benefits?  
**[IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."  
 "The EBT card is orange and blue with a picture of the Ocean."  
 "EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card.  
 It is used by some counties in the state."]**

**[AI5]** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_356:**  
**IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA03\_356;**  
**ELSE GO TO PROGRAMMING NOTE QA03\_358**

**QA03\_356** Is {TEEN} receiving Food Stamp benefits?  
**[IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."  
 "The EBT card is orange and blue with a picture of the Ocean."  
 "EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card.  
 It is used by some counties in the state."]**

**[IAP2]** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**QA03\_357** Is {TEEN} receiving free or reduced cost meals at school?

[AL20]

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

**PROGRAMMING NOTE QA03\_358:**  
**IF SAMPLED CHILD AGE > 4 (5 YEARS OR OLDER), CONTINUE WITH QA03\_358;**  
**ELSE GO TO QA03\_359**

**QA03\_358** Is {CHILD} receiving free or reduced cost meals at school?

[AL21]

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

**QA03\_359** Are you receiving public housing subsidies?

[AL3]

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

**QA03\_360** Are you receiving SSI?  
**[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]**

[AL6]

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

**PROGRAMMING NOTE QA03\_361:**  
**IF QA03\_5 = 2 (FEMALE) AND QA03\_125 = 1 (PREGNANT) OR IF CHILD AGE < 7 (6 YEARS OR YOUNGER), CONTINUE WITH QA03\_361;**  
**ELSE GO TO QA03\_362**

**QA03\_361** Are you on WIC?  
**[IF NEEDED, SAY: WIC is the Supplemental Food Program for Women, Infants and Children]**

[AL7]

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

**QA03\_362** 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 cash, savings, investments, and furniture together are worth more than \$5,000?

[AL9]

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



**PROGRAMMING NOTE QA03\_363:**

IF QA03\_147 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";  
 IF QA03\_14 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";  
 ELSE DISPLAY "you"

**QA03\_363** Did {you or your spouse/you or your partner/you} receive any money last month for alimony, child support, or money from a government or veteran program?

- [AL15] YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8
- } [GO TO QA03\_365]

**PROGRAMMING NOTE QA03\_364:**

IF QA03\_363 = 1 (YES), CONTINUE WITH QA03\_364  
 IF QA03\_14 = 1 (MARRIED) AND QA03\_147 = 2 (SPOUSE NOT MEMBER OF HH), DISPLAY "What was the total amount that you received from all these sources?";  
 IF QA03\_14 = 1 (MARRIED) AND QA03\_147 = 1 (SPOUSE IN HH),  
 DISPLAY: "What was the combined total amount that you and your {spouse} received from all these sources?"  
 ELSE GO TO PROGRAMMING NOTE QA03\_365

**QA03\_364** What was the {combined} total amount that you {and your spouse} received from all these sources last month?

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

- [AL16] \$ \_\_\_\_\_ AMOUNT [000001-999995]  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_365:**

IF QA03\_14 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";  
 IF QA03\_147 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";  
 ELSE DISPLAY "you."

**QA03\_365** 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 QA03\_367]  
 REFUSED ..... -7 [GO TO QA03\_367]  
 DON'T KNOW ..... -8 [GO TO QA03\_367]

**QA03\_366** What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?

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

- [AL18] \_\_\_\_\_ AMOUNT  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_367:**  
 IF AGE IS 65 OR OLDER AND QA03\_14 ≠ 1 (MARRIED) CONTINUE WITH QA03\_367 AND DISPLAY "you";  
 IF AGE >= 65 AND QA03\_14 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA03\_367 AND DISPLAY "you or your partner";  
 ELSE GO TO PROGRAMMING NOTE QA03\_369  
 IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA03\_14 =1 (MARRIED) AND QA03\_147 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA03\_367 AND DISPLAY "you or your spouse";

**QA03\_367** Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments last month?

<b>[AL18A]</b>	YES .....	1	}	[GO TO PN QA03_369]
	NO .....	2		
	REFUSED .....	-7		
	DON'T KNOW .....	-8		

**QA03\_368** What was the total amount received last month from Social Security and Pensions?

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

<b>[AL18B]</b>	_____ AMOUNT	
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_369:**  
 IF [QA03\_173 = 1 OR QA03\_178 = 1 OR QA03\_179 = 1 OR QA03\_180 = 1 OR QA03\_183 = 1 OR QA03\_189 = 1 OR QA03\_190 = 1 OR QA03\_192 = 1 (R HAS ANY COVERAGE), GO TO QA03\_370;  
 ELSE CONTINUE WITH QA03\_369

**QA03\_369** What is the one main reason why you are not enrolled in the Medi-Cal program?

<b>[AL19]</b>	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 .....	11
	REFUSED .....	-7
	DON'T KNOW .....	-8

## Section M – Housing and Neighborhood

**QA03\_370** These next questions are about your housing and neighborhood.

About how long have you lived at your current address?

- [AM14] \_\_\_\_\_ (MONTHS/YEARS)
- REFUSED ..... -7
- DON'T KNOW ..... -8

**PROGRAMMING NOTE QA03\_371:**  
**IF QA03\_370 > = 36 MONTHS OR 3 YEARS, GO TO QA03\_372**  
**ELSE CONTINUE WITH QA03\_371**

**QA03\_371** About how long have you lived in your current neighborhood?  
**[IF NEEDED, SAY: "By neighborhood, we mean the area around where you live and do routine things like shopping, going to the park, or visiting with neighbors."]**

- [AM15] \_\_\_\_\_ (MONTHS/YEARS)
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_372** While you have lived in your neighborhood, has your home ever been broken into?

- [AM16] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_373** Does your neighborhood have a crime prevention program or neighborhood watch?

- [AM17] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_374** Is there a park, playground, or open space within walking distance of your home?

- [AM18] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_375** 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.

**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]**  
**[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]**

- [AM19] STRONGLY AGREE ..... 1
- AGREE ..... 2
- DISAGREE ..... 3
- STRONGLY DISAGREE ..... 4
- REFUSED ..... -7
- DON'T KNOW ..... -8

**QA03\_376** People in this neighborhood generally do not get along with each other.  
**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]**  
**[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]**

[AM20] STRONGLY AGREE .....1  
 AGREE.....2  
 DISAGREE.....3  
 STRONGLY DISAGREE .....4  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QA03\_377** People in this neighborhood can be trusted.  
**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]**  
**[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]**

[AM21] STRONGLY AGREE .....1  
 AGREE.....2  
 DISAGREE.....3  
 STRONGLY DISAGREE .....4  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QA03\_378** People in this neighborhood do not share the same values.  
**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]**  
**[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]**

[AM22] STRONGLY AGREE .....1  
 AGREE.....2  
 DISAGREE.....3  
 STRONGLY DISAGREE .....4  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QA03\_379** Many people in this neighborhood are afraid to go out at night.  
**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]**  
**[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]**

[AM23] STRONGLY AGREE .....1  
 AGREE.....2  
 DISAGREE.....3  
 STRONGLY DISAGREE .....4  
 REFUSED .....-7  
 DON'T KNOW .....-8

**QA03\_380** Most people in this neighborhood know each other.  
**[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]**  
**[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]**

[AM24] STRONGLY AGREE .....1  
 AGREE.....2  
 DISAGREE.....3  
 STRONGLY DISAGREE .....4  
 REFUSED .....-7  
 DON'T KNOW .....-8

**PROGRAMMING NOTE QA03\_381**  
**IF QA03\_374 =1 (PARK, PLAYGROUND, OPEN SPACE WITHING WALKING DISTANCE) CONTINUE WITH QA03\_381;**  
**ELSE GO TO PROGRAMMING NOTE QA03\_383**

**QA03\_381**      The park or playground closest to where I live is safe during the day.  
**[IF NEEDED, SAY: “Do you strongly agree, agree, disagree or strongly disagree?”]**  
**[NOTE: DO NOT PROBE A DON’T KNOW RESPONSE]**

[AM25]            STRONGLY AGREE .....1  
                      AGREE.....2  
                      DISAGREE.....3  
                      STRONGLY DISAGREE .....4  
                      REFUSED .....-7  
                      DON'T KNOW .....-8

**QA03\_382**      The park or playground closest to where I live is safe at night.  
**[IF NEEDED, SAY: “Do you strongly agree, agree, disagree or strongly disagree?”]**  
**[NOTE: DO NOT PROBE A DON’T KNOW RESPONSE]**

[AM26]            STRONGLY AGREE .....1  
                      AGREE.....2  
                      DISAGREE.....3  
                      STRONGLY DISAGREE .....4  
                      REFUSED .....-7  
                      DON'T KNOW .....-8

## Section N – Food Insecurity and Hunger

**PROGRAMMING NOTE QA03\_383**  
**IF POVERTY < 3 (HH Income <= 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA03\_383;**  
**ELSE GO TO QA03\_389**

**QA03\_383** These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.  
 I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months.

The first statement is:

"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."  
 Was that often true, sometimes true, or never true for you and your household in the last 12 months?

- [AM1]           OFTEN TRUE ..... 1  
                   SOMETIMES TRUE ..... 2  
                   NEVER TRUE ..... 3  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8

**QA03\_384** 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

**QA03\_385** Please tell me yes or no. In the last 12 months, since {DATE 12 MONTHS AGO}, 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  
                   REFUSED ..... -7  
                   DON'T KNOW ..... -8
- } [GO TO QA03\_387]

**QA03\_386** 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

**QA03\_387** 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

**QA03\_388** In the last 12 months, since {DATE 12 MONTHS AGO}, were you ever hungry but didn't eat because you couldn't afford enough food?

- [AN5] YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

## Section O –Demographic Information Part III and Closing

**QA03\_389**

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
MENOCINO .....	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



**QA03\_389**

**CONTINUED...**

[AH42]	TULARE .....	54
	TUOLUMNE .....	55
	VENTURA .....	56
	YOLO .....	57
	YUBA .....	58
	REFUSED .....	-7
	DON'T KNOW .....	-8

**PROGRAMMING NOTE QA03\_390:**  
**IF ADVANCE LETTER SENT, ASK QA03\_390;**  
**ELSE GO TO QA03\_391**

**QA03\_390**

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.

Is your current address {R's address and street}?

[AO1]	YES .....	1	[GO TO QA03_394]
	NO .....	2	
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

**QA03\_391**

What is your zip code?

[AM7]	_____ (ZIP CODE)	
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_392**

To help us better understand the environment you live in and how it may affect your health, can you tell me your address? Your street address will not be given out to researchers or any other organization and, like your telephone number, will be protected and kept confidential.

[AO2]	_____ (HOUSE ADDRESS NUMBER)	
	_____ (NAME OF STREET, VERIFY SPELLING) [GO TO CLOSE1]	
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

**QA03\_393**

Can you tell me just the name of the street you live on?

[AM8]	_____ (NAME OF STREET)	
	REFUSED .....	-7 [GO TO CLOSE1]
	DON'T KNOW .....	-8 [GO TO CLOSE1]

**QA03\_394**

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

**CLOSE1** Those are my final questions. I really appreciate your patience.

**QA03\_395** 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

**CLOSE2** Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. Thank you and good-bye.