



2001 California Health Interview Survey Adult Questionnaire

(Respondents Age 18 and Older)

Collaborating Agencies:

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

California Health Interview Survey

UCLA Center for Health Policy Research

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CHIS 2001 ADULT SURVEY

Section A

Section A

PROGRAMMING NOTE AA1: SET AADATE = CURRENT DATE (YYYYMMDD)	AADATE
---	---------------

AA1

AA1 What is your date of birth?

**AA1MON AA1DAY
AA1YR**

MONTH _____ DAY _____ YEAR _____ [SKIP TO AA3]
 [HR: 1-12] [HR: 1-31] [HR: 1895-1982]

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 AA2: IF AA1 = -7 OR -8, CONTINUE WITH AA2; ELSE SKIP TO AA3

AA2

AA2 What is your age now, please?

AA2

_____ YEARS OF AGE [HR: 18-105]
 REFUSED.....-7
 DON'T KNOW.....-8

PROGRAMMING NOTE AA2A: IF AA2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH AA2A; ELSE SKIP TO AA3
--

AA2A

AA2A Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49,
 between 50 and 64, or 65 or older?

AA2A

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

CHIS 2001 ADULT SURVEY

Section A

PROGRAMMING NOTE AA3: **AAGE**
ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON AA1 OR AA2 TO USE IN ALL AGE-RELATED QUESTIONS;
IF AA1 AND AA2 = -7 OR -8 (REF/DK), THEN USE AA2A;
ELSE USE ENUM.AGE

AA3

AA3 And are you male or female? **AA3**

MALE.....1

FEMALE.....2

REFUSED.....-7

AA4

AA4 Are you of Latino or Hispanic origin? **AA4**

YES.....1

NO.....2 [SKIP TO AA5A]

REFUSED.....-7 [SKIP TO AA5A]

DON'T KNOW.....-8 [SKIP TO AA5A]

AA5

AA5 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Chicano, Salvadorian **AA5_A - AA5_M**
 -- and if you have more than one, tell me all of them.

[IF NECESSARY, GIVE MORE EXAMPLES]

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

AA5_1 MEXICAN/MEXICANO.....1

AA5_2 MEXICAN AMERICAN.....2

AA5_3 CHICANO.....3

AA5_4 SALVADORIAN.....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

CHIS 2001 ADULT SURVEY

Section A

On March 6, 2001, a soft range was added to this question to ask interviewers to verify entering "Native Hawaiian."

PROGRAMMING NOTE AA5A:

FOR THE PROXY VERSION, PUT THE WORDS "you" AFTER "following" AND AFTER "Would" IN REVERSE VIDEO

AA5A

AA5A Also, please tell me which one OR MORE of the following <you> would use to describe yourself. **AA5A_A - AA5A_G**
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. CTRL-P TO EXIT.]

[SR: 2-6, 91, -7, -8; IF INTERVIEWER ENTERS "1," DISPLAY
"YOU ENTERED 'NATIVE HAWAIIAN.' PRESS ENTER TO
CONFIRM."

AA5A_1	NATIVE HAWAIIAN.....	1 [SKIP TO AB1 if only one race]
AA5A_2	OTHER PACIFIC ISLANDER.....	2 [SKIP TO AA5E1 if only one race]
AA5A_3	AMERICAN INDIAN OR ALASKA NATIVE.....	3 [SKIP TO AA5B if only one race]
AA5A_4	ASIAN.....	4 [SKIP TO AA5E if only one race]
AA5A_5	BLACK OR AFRICAN AMERICAN.....	5 [SKIP TO AB1 if only one race]
AA5A_6	WHITE.....	6 [SKIP TO AB1 if only one race]
AA5A_7 AA5AOS	OTHER (SPECIFY): _____.....	91 [SKIP TO AB1 if only one race]
	REFUSED.....	-7 [SKIP TO AB1]
	DON'T KNOW.....	-8 [SKIP TO AB1]

CHIS 2001 ADULT SURVEY

Section A

PROGRAMMING NOTE AA5B:
IF AA5A_3 = 1 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH AA5B;
ELSE SKIP TO PROGRAMMING NOTE AA5E

FOR PROXY VERSION, PUT THE WORD "You" AT THE BEGINNING OF THE SENTENCE IN REVERSE VIDEO

AA5B

AA5B <You> said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them. **AA5B_A - AA5B_L**

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

AA5B_1	APACHE.....	1
AA5B_2	BLACKFEET.....	2
AA5B_3	CHEROKEE.....	3
AA5B_4	CHICKASAW.....	4
AA5B_5	CHOCTAW.....	5
AA5B_6	CROW.....	6
AA5B_7	HOPI.....	7
AA5B_8	KIOWA.....	8
AA5B_9	LAKOTA/NAKOTA/DAKOTA/SIOUX.....	9
AA5B_10	NAVAJO.....	10
AA5B_11	OJIBWE/ANISHINABE/CHIPPEWA.....	11
AA5B_12	OTHER TRIBE [Ask for spelling] (SPECIFY):.....	91
AA5BOS		
	REFUSED.....	-7
	DON'T KNOW.....	-8

AA5C

AA5C	Are you an enrolled member in a federally or state recognized tribe?	AA5C
	YES.....	1
	NO.....	2 [SKIP TO PROGRAMMING NOTE AA5E]
	REFUSED.....	-7 [SKIP TO PROGRAMMING NOTE AA5E]
	DON'T KNOW.....	-8 [SKIP TO PROGRAMMING NOTE AA5E]

CHIS 2001 ADULT SURVEY**Section A****AA5D**

AA5D

Which tribe are you enrolled in?

AA5D**APACHE**

JICARILLA APACHE, NM.....	1
MESCALERO APACHE, NM.....	2
SAN CARLOS APACHE TRIBE, AZ.....	3

CHEROKEE

CHEROKEE NATION, OK.....	4
EASTERN BAND OF CHEROKEE, NC.....	5

SIOUX

CHEYENNE RIVER SIOUX, SD.....	6
CROW CREEK SIOUX, SD.....	7
OGLALA/PINE RIDGE SIOUX, SD.....	8
ROSEBUD SIOUX TRIBE, SD.....	9
SISSETON-WAHPETON SIOUX TRIBE, LAKE TRAVERSE, SD.....	10
STANDING ROCK SIOUX TRIBE OF ND & SD.....	11

BLACKFEET

BLACKFEET, MT.....	12
--------------------	----

CHICKASAW

CHICKASAW NATION, OK.....	13
---------------------------	----

CHOCTAW

CHOCTAW NATION, OK.....	14
-------------------------	----

CROW

CROW TRIBE, MT.....	15
---------------------	----

HOPI

HOPI TRIBE, AZ.....	16
---------------------	----

KIOWA

KIOWA TRIBE, OK.....	17
----------------------	----

CHIPPEWA

MCT/MINNESOTA CHIPPEWA TRIBE.....	18
TURTLE MOUNTAIN BAND OF CHIPPEWA, ND.....	19

NAVAJO

NAVAJO NATION, AZ, NM, & UT.....	20
----------------------------------	----

OTHER

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

AA5DOS

CHIS 2001 ADULT SURVEY

Section A

PROGRAMMING NOTE AA5E:

IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = -1 (NA), CONTINUE WITH AA5E AND DISPLAY "Chinese, Filipino, Vietnamese";

ELSE IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = "CB," THEN CONTINUE WITH AA5E AND DISPLAY AND "Cambodian, Filipino, Vietnamese";

ELSE IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = "IA," THEN CONTINUE WITH AA5E AND DISPLAY AND "Indian, Filipino, Vietnamese" AND ADDITIONAL RESPONSE CATEGORIES 18-23;

ELSE IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = "JP," THEN CONTINUE WITH AA5E AND DISPLAY AND "Japanese, Filipino, Vietnamese";

ELSE IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = "KR," THEN CONTINUE WITH AA5E AND DISPLAY AND "Korean, Filipino, Vietnamese";

ELSE IF AA5A_4 = 1 (ASIAN) AND BASE.SURNAME = "VT," THEN CONTINUE WITH AA5E AND DISPLAY AND "Vietnamese, Chinese, Filipino";

ELSE SKIP TO PROGRAMMING NOTE AA5E1

FOR PROXY VERSION, PUT THE WORD "You" AT BEGINNING OF QUESTION IN REVERSE VIDEO

AA5E

AA5E <You> said Asian, and what specific ethnic group are you, such as {Chinese, Filipino, Vietnamese/Cambodian, Filipino, Vietnamese/Indian, Filipino, Vietnamese/Japanese, Filipino, Vietnamese/Korean, Filipino, Vietnamese/Vietnamese, Chinese/Filipino}? If you are more than one, tell me all of them.

AA5E_A - AA5E_R

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

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_19	BHARAT.....	19
AA5E_20	BHUTANESE.....	20
AA5E_21	DRAVIDIAN.....	21
AA5E_22	GOANESE.....	22
AA5E_23	NEPALESE.....	23
AA5E_24	SIKKIM.....	24
AA5E_18 AA5EOS	OTHER ASIAN (SPECIFY):	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

CHIS 2001 ADULT SURVEY

Section A

**PROGRAMMING NOTE AA5E1:
 IF AA5A_2 = 1 (OTHER PACIFIC ISLANDER), CONTINUE WITH AA5E1;
 ELSE SKIP TO PROGRAMMING NOTE AA5F**

FOR PROXY VERSION, PUT THE WORD "You" AT BEGINNING OF QUESTION IN REVERSE VIDEO

AA5E1

AA5E1 <You> said you are Other Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

AA5E1_A - AA5E_E

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

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

CHIS 2001 ADULT SURVEY

Section A

PROGRAMMING NOTE AA5F:

IF AA4 = YES (LATINO) AND [AA5A_1 = 1 (NATIVE HAWAIIAN) OR AA5A_2 = 1 (OTHER PACIFIC ISLANDER) OR AA5A_3 = 1 (AMERICAN INDIAN OR ALASKA NATIVE) OR AA5A_4 = 1 (ASIAN) OR AA5A_5 = 1 (BLACK OR AFRICAN AMERICAN) OR AA5A_6 = 1 (WHITE) OR AA5A_7 = 1 (OTHER)], CONTINUE WITH AA5F;
 ELSE IF MULTIPLE RESPONSES TO AA5A OR AA5E OR AA5E1 [NOT COUNTING -7 OR -8 (REF/DK)]
 CONTINUE WITH AA5F;
 ELSE SKIP TO AB1

[NOTE: FOR AA5 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); if AA5 = -7 (REFUSE), INSERT "Latino"]

IF AA4 = 1 (YES, LATINO) AND ANY OF AA5_1 THROUGH AA5_13 = 1 (YES), DO NOT DISPLAY AA5F = 14 (LATINO).

IF AA5A_2 = 1 (OTHER PACIFIC ISLANDER) AND ANY OF AA5E1_1 THROUGH AA5E1_5 = 1 (YES), DO NOT DISPLAY AA5F = 17 (OTHER PACIFIC ISLANDER).

IF AA5A_4 = 1 AND ANY OF AA5E_1 THROUGH AA5E_18 = 1 (YES), DO NOT DISPLAY AA5F = 19 (ASIAN

FOR PROXY VERSION, PUT THE WORD "You" AT BEGINNING OF QUESTION IN REVERSE VIDEO

AA5F

AA5F <You> said that you are : [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1]. Of these, which do you MOST identify with? AA5F

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

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

CHIS 2001 ADULT SURVEY

Section A

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
BHARAT.....	60
BHUTANESE.....	61
DRAVIDIAN.....	62
GOANESE.....	63
NEPALESE.....	64
SIKKIM.....	65
BOTH/ALL/MULTIRACIAL.....	90
NONE OF THESE.....	95
REFUSED.....	-7
DON'T KNOW.....	-8

PROGRAMMING NOTE AA5F1:

IF BASE.SURNAME = "CB" AND [AA5E <> 3 (CAMBODIAN) AND AA5F <> 32 (CAMBODIAN)], THEN GO TO SCTHANK;

ELSE IF BASE.SURNAME = "IA" AND (AA5E <> [1 (BANGLADESHI) OR 7 (INDIAN) OR 13 (PAKISTANI) OR 14 (SRI LANKAN) OR 18 (BHARAT) OR 19 (BHUTANESE) OR 20 (DRAVIDIAN) OR 21 (GOANESE) OR 22 (NEPALESE) OR 23 (SIKKIM)]) AND AA5F <> [30 (BANGLADESHI) OR 36 (INDIAN) OR 42 (PAKISTANI) OR 43 (SRI LANKAN) OR 60 (BHARAT) OR 61 (BHUTANESE) OR 62 (DRAVIDIAN) OR 63 (GOANESE) OR 64 (NEPALESE) OR 65 (SIKKIM) OR 90 (BOTH/ALL/MULTIRACIAL)], THEN GO TO SCTHANK;

ELSE IF BASE.SURNAME = "JP" AND [AA5E <> 9 (JAPANESE) AND AA5F <> 38 (JAPANESE)], THEN GO TO SCTHANK;

ELSE IF BASE.SURNAME = "KR" AND [AA5E <> 10 (KOREAN) AND AA5F <> 39 (KOREAN)], THEN GO TO SCTHANK;

ELSE IF BASE.SURNAME = "VT" AND [AA5E <> 17 (VIETNAMESE) AND AA5F <> 46 (VIETNAMESE)], THEN GO TO SCTHANK;

ELSE IF BASE.SURNAME = AI AND RESPONDENT IS NOT ELIGIBLE, THEN GO TO SCTHANK [RESPONDENT IS ELIGIBLE IF AA5C = 1 (ENROLLED IN TRIBE) OR AA5F = 18 (MOST IDENTIFIES WITH AIAN) OR IF ONLY ONE RACE GIVEN AT AA5A AND AA5A_3 = 1 (AIAN)];

ELSE CONTINUE WITH AA5F2

SET INELIGIBLE RESULT CODE "IN" BEFORE GOING TO SCTHANK.

AA5F1

CHIS 2001 ADULT SURVEY

Section B

Section B

**PROGRAMMING NOTE AB1:
FOR THE PROXY VERSION, PUT THE WORD "you" AFTER "would" IN REVERSE VIDEO**

AB1

AB1 These next questions are about your physical and emotional health and daily activities. In general, would <you> say 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

**PROGRAMMING NOTE AB2:
DISPLAY "Would you say" UNLESS PROXY INTERVIEW. IF PROXY, DISPLAY IN REVERSE VIDEO "What do you think (he/she) would say if (he/she) were able to answer--that (his/her) health..."**

AB2

AB2 Does your health limit you a lot, a little or not at all in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? ({Would you say/<What do you think (he/she) would say if (he/she) were able to answer--that (his/her) health>})... **AB2**

Limited a lot,1
 Limited a little, or.....2
 Not limited at all?3
 REFUSED.....-7
 DON'T KNOW.....-8

**PROGRAMMING NOTE AB3:
DISPLAY "Would you say" UNLESS PROXY INTERVIEW. IF PROXY, DISPLAY IN REVERSE VIDEO "What do you think (he/she) would say if (he/she) were able to answer--that (his/her) health..."**

AB3

AB3 And how much does your health limit you when climbing several flights of stairs? ({Would you say/<What do you think (he/she) would say if (he/she) were able to answer--that (his/her) health>}, limited a lot, limited a little or not limited at all?) **AB3**

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

CHIS 2001 ADULT SURVEY

Section B

AB4

AB4 During the past 4 weeks, did you do LESS than you wanted to do because of your physical health? **AB4**

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

AB5

AB5 During the past 4 weeks, did your physical health limit the kind of work or other activities you do? **AB5**

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

PROGRAMMING NOTE AB6:
DISPLAY "Would you say" UNLESS PROXY INTERVIEW. IF PROXY, DISPLAY IN REVERSE VIDEO "What do you think (he/she) would say if (he/she) were able to answer..."

AB6

AB6 During THE PAST 4 WEEKS, how much did pain interfere with your normal work including both work outside the home and housework? {Would you say/<What do you think (he/she) would say if (he/she) were able to answer>...} **AB6**

- Not at all,1
- A little bit,2
- Moderately,3
- Quite a lot, or.....4
- Extremely?5
- REFUSED.....-7
- DON'T KNOW.....-8

AB7

AB7 During the past 4 weeks, did you do LESS than you would have liked because of any kind of emotional problems? **AB7**

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

AB8

AB8 During the past 4 weeks, did you NOT do your work or other activities as well as usual because of emotional problems such as feeling depressed or anxious? **AB8**

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

CHIS 2001 ADULT SURVEY

Section B

On April 11, 2001, the response category "ALL OF THE TIME" was added to this question. Cases completing this section prior to that date were later recoded to correspond to the new data.

PROGRAMMING NOTE AB9:**AB9FLAG**

SET AB9FLAG TO "1" TO INDICATE THAT AB9-AB12 WERE ASKED WITH 5 RESPONSE CATEGORIES. ALL CASES COMPLETING THIS SECTION PRIOR TO 4/11/01 CARRY A VALUE OF -1 FOR AB9FLAG, INDICATING THIS SERIES WAS ASKED WITH ONLY 4 RESPONSE CATEGORIES.

DISPLAY "would you say you have" UNLESS PROXY. IF PROXY VERSION, DISPLAY IN REVERSE VIDEO
"What do you think (he/she) would say if (he/she) were able to answer -- that (he/she) has"

AB9

AB9 During the past 4 weeks, {would you say you have/<what do you think (he/she) would say if (he/she) were able to answer -- that (he/she) has>} felt calm and peaceful all of the time, most of the time, some of the time, a little of the time or not at all? **AB9**

ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NOT AT ALL.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

On April 11, 2001, the response category "ALL OF THE TIME" was added to this question. Cases completing this section prior to that date were later recoded to correspond to the new data.

AB10

AB10 Did you have a lot of energy all of the time, most of the time, some of the time, a little of the time or not at all? **AB10**

ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NOT AT ALL.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

On April 11, 2001, the response category "ALL OF THE TIME" was added to this question. Cases completing this section prior to that date were later recoded to correspond to the new data.

AB11

AB11 Did you feel downhearted and sad (all of the time, most of the time, some of the time, a little of the time or not at all)? **AB11**

ALL OF THE TIME.....	1
MOST OF THE TIME.....	2
SOME OF THE TIME.....	3
A LITTLE OF THE TIME.....	4
NOT AT ALL.....	5
REFUSED.....	-7
DON'T KNOW.....	-8

CHIS 2001 ADULT SURVEY

Section B

On April 11, 2001, the response category "ALL OF THE TIME" was added to this question. Cases completing this section prior to that date were later recoded to correspond to the new data.

PROGRAMMING NOTE AB12:

DISPLAY "Would you say" UNLESS PROXY INTERVIEW. IF PROXY, DISPLAY IN REVERSE VIDEO "What do you think (he/she) would say if (he/she) were able to answer--"

AB12

AB12 During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities like visiting with friends, relatives, etc.? (Would you say/What do you think (he/she) would say if (he/she) were able to answer -->) all of the time, most of the time, some of the time, a little of the time, or not at all? **AB12**

ALL OF THE TIME.....1
 MOST OF THE TIME.....2
 SOME OF THE TIME.....3
 A LITTLE OF THE TIME.....4
 NOT AT ALL.....5
 REFUSED.....-7
 DON'T KNOW.....-8

AB13

AB13 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **AB13**

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

AB14

AB14 Has a doctor ever told you that you had any type of arthritis? **AB14**

YES.....1
 NO.....2 [SKIP TO AB17]
 REFUSED.....-7 [SKIP TO AB17]
 DON'T KNOW.....-8 [SKIP TO AB17]

AB15

AB15 During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint on most days for at least a month? **AB15**

YES.....1
 NO.....2 [SKIP TO AB17]
 REFUSED.....-7 [SKIP TO AB17]
 DON'T KNOW.....-8 [SKIP TO AB17]

AB16

AB16 How much are you limited in your activities by these problems? Would you say ... **AB16**

Not at all,.....1
 A little bit,.....2
 Moderately,.....3
 Quite a lot, or.....4
 Extremely?5
 REFUSED.....-7
 DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section B

AB17

AB17 Has a doctor ever told you that you have asthma? **AB17**

YES.....1
 NO.....2 [SKIP TO AB22]
 REFUSED.....-7 [SKIP TO AB22]
 DON'T KNOW.....-8 [SKIP TO AB22]

AB18

AB18 Are you currently taking any medications to control your asthma, including an inhaler? **AB18**

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

AB19

AB19 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness or phlegm? **AB19**

No symptoms in the past 12 months, 1
 Less than once a month, 2
 1 or 2 times a month, 3
 More than 2 times a month but not every week, 4
 Every week, but not every day, or 5
 Every day or almost every day? 6
 REFUSED.....-7
 DON'T KNOW.....-8

AB20

AB20 Did your doctor ever give you information on how to avoid the things that make your asthma worse? **AB20**

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

AB21

AB21 Did your doctor ever explain how to recognize early signs of an asthma attack and tell you what you should do? **AB21**

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

PROGRAMMING NOTE AB22:
IF AA3 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

AB22

AB22 {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes? **AB22**

YES.....1
 NO.....2 [SKIP TO AB29]
 REFUSED.....-7 [SKIP TO AB29]
 DON'T KNOW.....-8 [SKIP TO AB29]

CHIS 2001 ADULT SURVEY

Section B

AB23

AB23

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

AB24

AB24

Are you currently taking insulin?

AB24

YES.....1

NO.....2

REFUSED.....-7

DON'T KNOW.....-8

AB25

AB25

Do you currently take diabetic pills to lower your blood sugar?

AB25

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

YES.....1

NO.....2

REFUSED.....-7

DON'T KNOW.....-8

AB26

AB26

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

AB26 AB26UNT

[FILL IN TIME FRAME ANSWERED]

____ TIMES

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

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

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

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

REFUSED.....-7

DON'T KNOW.....-8

AB27

AB27

About how many times in the last year has a doctor checked you for hemoglobin "A one C"?

AB27

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

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

REFUSED.....-7

DON'T KNOW.....-8

AB28

AB28

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

AB28

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

REFUSED.....-7

DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section B

AB29

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

YES.....1
 NO.....2 [SKIP TO AB34]
 REFUSED.....-7 [SKIP TO AB34]
 DON'T KNOW.....-8 [SKIP TO AB34]

AB30

AB30 Are you currently taking any medications to control your high blood pressure? **AB30**

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

AB31

AB31 Do you take aspirin at least every other day? **AB31**

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

AB32

AB32 About how long ago did you have your blood cholesterol checked? **AB32**

[IF NEEDED, SAY: "Blood cholesterol is a fatty substance found in the blood."]

1 TO 12 MONTHS AGO.....1
 13 MONTHS TO 2 YEARS AGO.....2
 25 MONTHS TO 5 YEARS AGO.....3
 MORE THAN 5 YEARS AGO.....4
 NEVER.....5 [SKIP TO AB34]
 REFUSED.....-7
 DON'T KNOW.....-8

AB33

AB33 The last time your cholesterol was checked, did a doctor tell you your blood cholesterol was high? **AB33**

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

AB34

AB34 Has a doctor ever told you that you have any kind of heart disease? **AB34**

YES.....1
 NO.....2 [SKIP TO AC1]
 REFUSED.....-7
 DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section B

**PROGRAMMING NOTE AB35:
IF PREVIOUSLY ASKED AB32 (FOR HIGH BLOOD PRESSURE), SKIP TO AB37;
ELSE CONTINUE WITH AB35**

AB35

AB35 About how long ago did you have your blood cholesterol checked?

AB35

[IF NEEDED, SAY: "Blood cholesterol is a fatty substance found in the blood."]

1 TO 12 MONTHS AGO.....1
 13 MONTHS TO 2 YEARS AGO.....2
 25 MONTHS TO 5 YEARS AGO.....3
 MORE THAN 5 YEARS AGO.....4
 NEVER.....5 [SKIP TO AB37]
 REFUSED.....-7
 DON'T KNOW.....-8

AB36

AB36 The last time your cholesterol was checked, did a doctor tell you your blood cholesterol was high?

AB36

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

**PROGRAMMING NOTE AB37:
IF AB34 = -7 OR -8 (REF/DK), SKIP TO AC1;
ELSE CONTINUE WITH AB37.**

AB37

AB37 Are you currently taking any medications to control your heart disease?

AB37

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

**PROGRAMMING NOTE AB38:
IF PREVIOUSLY ASKED AB31 (FOR HIGH BLOOD PRESSURE), SKIP TO AC1;
ELSE CONTINUE WITH AB38.**

AB38

AB38 Do you take aspirin at least every other day?

AB38

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

CHIS 2001 ADULT SURVEY

Section C

Section C

**PROGRAMMING NOTE AC1:
FOR PROXY VERSION, PUT THE WORD "Your" AFTER "Again, all" IN REVERSE VIDEO**

- AC1**
- AC1 These next questions are about safety and firearms. Again, all <your> answers will be confidential. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicles. When I say firearms or guns I mean rifles, shotguns, pistols, revolvers, or other firearms. Do NOT include BB guns, air guns, or toy guns. **AC1**
- YES.....1
NO.....2 [SKIP TO AC5]
REFUSED.....-7 [SKIP TO AC5]
DON'T KNOW.....-8 [SKIP TO AC5]
- AC2**
- AC2 Are any of the firearms in or around your home handguns, such as pistols or revolvers? **AC2**
- YES.....1
NO.....2 [SKIP TO AC5]
REFUSED.....-7 [SKIP TO AC5]
DON'T KNOW.....-8 [SKIP TO AC5]
- AC3**
- AC3 How many of these guns are handguns? **AC3**
- ENTER NUMBER: _____ [HR: 0-999; SR: 0-99]
REFUSED.....-7
DON'T KNOW.....-8
- AC4**
- AC4 Have you ever attended a firearm safety workshop, class, or clinic? **AC4**
- YES.....1
NO.....2
REFUSED.....-7
DON'T KNOW.....-8
- AC5**
- AC5 During the past 12 months have you been the victim of a crime in which a gun was used? **AC5**
- YES.....1
NO.....2
REFUSED.....-7
DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section D

Section D

PROGRAMMING NOTE AD1:
IF AA3 = 1 (MALE), SKIP TO AE1;
ELSE IF AA3 = 2 (FEMALE) AND PROXY INTERVIEW, SKIP TO AD2;
ELSE CONTINUE WITH AD1 AND IF AA5A = 3, DISPLAY "or moon"

AD1

AD1 These next questions are about women's health.

AD1

How old were you when your periods or menstrual cycles {or moon} started?

_____ AGE [HR: 6-27]
 NEVER STARTED MENSTRUAL CYCLE.....96
 REFUSED.....-7
 DON'T KNOW/REMEMBER.....-8

PROGRAMMING NOTE AD2:
IF PROXY INTERVIEW, DISPLAY: "These next questions are about women's health."

AD2

AD2 {These next questions are about women's health.}

AD2

How many children have you given birth to?

[IF NEEDED, SAY, "Count only those that were born alive."]
 _____ NUMBER OF LIVE BIRTHS [HR: 0-19; SR: 0-10]
 REFUSED.....-7 [SKIP TO AD4]
 DON'T KNOW.....-8

PROGRAMMING NOTE AD3:
IF AD2 = 0, THEN SKIP TO AD4;
ELSE CONTINUE WITH AD3

ADD EDIT: AD3 <= AAGE**AD3**

AD3 How old were you when your (first) child was born?

AD3

_____ AGE [HR: 9-55; SR: 13-49]
 REFUSED.....-7
 DON'T KNOW/REMEMBER.....-8

AD4

AD4 Have you ever had a Pap smear test to check for cervical cancer?

AD4

[IF NEEDED, SAY: "A pap smear is a routine cancer test for women in which the doctor examines the cervix during a gynecological exam, and 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 detecting sexually transmitted diseases."]

YES.....1
 NO.....2 [SKIP TO AD10]
 REFUSED.....-7 [SKIP TO AD12]
 DON'T KNOW.....-8 [SKIP TO AD12]

CHIS 2001 ADULT SURVEY

Section D

AD5

AD5

How many Pap smear tests have you had in the last 6 years?

AD5

- _____ PAP SMEARS [HR: 0-99]
- REFUSED.....-7
- DON'T KNOW.....-8

AD6

AD6

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

AD7

AD7

Did you have this test...

AD7

- As part of a routine exam, 1
- Because of a specific medical problem, or..... 2
- As a follow-up to a previous medical exam? 3
- REFUSED.....-7
- DON'T KNOW.....-8

AD8

AD8

Have you ever had a Pap smear test where the results were NOT normal?

AD8

- YES -- RESULTS NOT NORMAL..... 1
- NO..... 2 [SKIP TO PROGRAMMING NOTE AD10]
- REFUSED.....-7 [SKIP TO PROGRAMMING NOTE AD10]
- DON'T KNOW.....-8 [SKIP TO PROGRAMMING NOTE AD10]

AD9

AD9

Because of these results, did you have additional tests and/or treatments?

AD9

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

CHIS 2001 ADULT SURVEY

Section D

PROGRAMMING NOTE AD10:
IF AD4 = 2 (NO), CONTINUE WITH AD10 AND DISPLAY "Never had a Pap smear";
ELSE IF AD6 = 4, 5 (MORE THAN 3 YEARS AGO), CONTINUE WITH AD10 AND DISPLAY "NOT had a Pap smear in the last 3 years";
ELSE SKIP TO AD11

AD10

AD10 What is the ONE most important reason why you have {NEVER had a Pap smear/NOT had a Pap smear in the last 3 years}? **AD10**

- NO REASON/NEVER THOUGHT ABOUT IT.....1
- DIDN'T KNOW I NEEDED THIS TYPE OF TEST.....2
- DOCTOR DIDN'T TELL ME I NEEDED IT.....3 [SKIP TO PROGRAMMING NOTE AD12]
- HAVEN'T HAD ANY PROBLEMS.....4
- PUT IT OFF/LAZINESS.....5
- TOO EXPENSIVE/NO INSURANCE/COST.....6
- TOO PAINFUL, UNPLEASANT, OR EMBARRASSING.....7
- HYSTERECTOMY.....8
- DON'T HAVE A DOCTOR.....9
- OTHER.....91
- REFUSED.....-7
- DON'T KNOW.....-8

AD11

AD11 In the past year, has a doctor or other health professional recommended that you have a Pap smear? **AD11**

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

PROGRAMMING NOTE AD12:
IF AD10 = 8, SET AD12 = 1 AND SKIP TO PROGRAMMING NOTE AD12A;
ELSE CONTINUE WITH AD12

AD12

AD12 Have you had a hysterectomy? **AD12**

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

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

CHIS 2001 ADULT SURVEY

Section D

PROGRAMMING NOTE AD12A:
IF AD10 = 8 (HYSTERECTOMY), DISPLAY "You said that you had a hysterectomy. Were your ovaries removed?";
ELSE IF AD12 = 1 (YES, HAD A HYSTERECTOMY), DISPLAY "Were your ovaries removed?";
ELSE DISPLAY "Have you had an operation to have your ovaries removed?"

AD12A

AD12A {You said that you had a hysterectomy. Were your ovaries removed?/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 AD13:
IF [AAGE < 45 OR (AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39) OR 3 (BETWEEN 40 AND 44)) OR ENUM.AGE < 45 OR IF AGE IS UNKNOWN] AND [AD12 = 2, -7, OR -8 (HAVE NOT HAD A HYSTERECTOMY OR REF/DK)], CONTINUE WITH AD13;
ELSE SKIP TO AD14

AD13

AD13 To your knowledge, are you now pregnant? **AD13**

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

PROGRAMMING NOTE AD14:
IF AAGE < 30 OR AA2A = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, SKIP TO AE2;
ELSE CONTINUE WITH AD14

As of March 6, 2001, women whose age were unknown, who had been previously skipped out, received the mammography questions.

AD14

AD14 Have you EVER had a mammogram? **AD14**

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

- YES.....1
- NO.....2 [READ DEFINITION, IF STILL NO, SKIP TO AD25]
- REFUSED.....-7 [SKIP TO AD28]
- DON'T KNOW.....-8[SKIP TO AD28]

AD16

AD16 How many mammograms have you had in the last 6 years? Your best estimate is fine. **AD16**

- _____ MAMMOGRAMS [HR: 0-99]
- REFUSED.....-7
- DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section D

AD17

AD17 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

AD18

AD18 Did you have this mammogram...

AD18

**[IF RESPONDENT SAID IT WAS BECAUSE THE 'DOCTOR TOLD ME TO GET IT', PROBE FOR
 A MORE SPECIFIC REASON]**

- As part of a routine physical exam or screening.....1
 Because of a specific breast problem.....2
 As a follow-up to a previously identified breast problem, or.....3
 As a result of a baseline or initial mammogram?.....4
 Other.....5
 REFUSED.....-7
 DON'T KNOW.....-8

AD19

AD19 Have you ever had a mammogram where the results were NOT normal?

AD19

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

AD20

AD20 Have you ever had an operation to remove a lump from your breast?

AD20

- YES.....1
 NO.....2 [SKIP TO AD23]
 REFUSED.....-7 [SKIP TO AD23]
 DON'T KNOW.....-8 [SKIP TO AD23]

AD21

AD21 Did the lump turn out to be cancer?

AD21

- YES.....1 [SKIP TO AD23]
 NO.....2
 REFUSED.....-7
 DON'T KNOW.....-8

AD22

AD22 How many breast operations have you had to remove a lump that WASN'T cancer?

AD22

[NOTE: THE CONCERN IS WITH LUMPS THAT ARE NOT CANCEROUS.]

- ____ NUMBER OF OPERATIONS [HR: 0-20; SR: 0-5]
 REFUSED.....-7
 DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section D

PROGRAMMING NOTE AD23:
IF AD19 = 1 (YES, MAMMOGRAM RESULTS NOT NORMAL), CONTINUE WITH AD23;
ELSE SKIP TO PROGRAMMING NOTE AD25

AD23

AD23 Did you have any other tests and/or surgery when your mammogram was NOT normal? **AD23**

YES.....1
 NO.....2 [SKIP TO AD25]
 REFUSED.....-7 [SKIP TO AD25]
 DON'T KNOW.....-8 [SKIP TO AD25]

AD24

AD24 What additional tests and/or surgery did you have? **AD24_A - AD24_G**

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

AD24_1 NO TESTS/NO SURGERY.....1
AD24_2 MASTECTOMY (SURGERY TO REMOVE BREAST).....2
AD24_3 LUMPECTOMY (SURGERY TO REMOVE LUMP).....3
AD24_4 NEEDLE BIOPSY.....4
AD24_5 ULTRASOUND TEST.....5
AD24_6 ANOTHER MAMMOGRAM.....6
AD24_7 CLINICAL BREAST EXAM.....7
 REFUSED.....-7
 DON'T KNOW.....-8

PROGRAMMING NOTE AD25:
IF AD14 = 2 (NEVER HAD A MAMMOGRAM), CONTINUE WITH AD25 AND DISPLAY "NEVER had a mammogram";
ELSE IF AD17 = 3, 4, 5, -8 (MOST RECENT MAMMOGRAM MORE THAN 2 YEARS AGO OR DK), CONTINUE WITH AD25 AND DISPLAY "NOT had a mammogram in the past 2 years";
ELSE SKIP TO AD27

AD25

AD25 What is the ONE most important reason why you have {NEVER had a mammogram/NOT had a mammogram in the past 2 years}? **AD25**

NO REASON/NEVER THOUGHT ABOUT IT.....1
 DIDN'T KNOW I NEEDED THIS TYPE OF TEST.....2
 DOCTOR DIDN'T TELL ME I NEEDED IT.....3 [SKIP TO PROGRAMMING NOTE AD28]
 HAVEN'T HAD ANY PROBLEMS.....4
 PUT IT OFF/LAZINESS.....5
 TOO EXPENSIVE/NO INSURANCE/COST.....6
 TOO PAINFUL, UNPLEASANT, EMBARRASSING.....7
 TOO YOUNG.....8
 DON'T HAVE A DOCTOR.....9
 OTHER.....91
 REFUSED.....-7
 DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section D

AD26

AD26 In the past 12 months, has a doctor or other health professional recommended that you have a mammogram? **AD26**

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

PROGRAMMING NOTE AD28:

IF AD13 = 1 (PREGNANT) OR AAGE < 40 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40, SKIP TO PROGRAMMING NOTE AD30; ELSE CONTINUE WITH AD28

As of March 6, 2001, women whose age were unknown, who had previously been skipped out, received AD28.

AD28

AD28 Are you currently taking any hormone replacement supplements prescribed by a medical doctor to control the symptoms of menopause? **AD28**

[IF NEEDED, SAY: "This is a supplement, pill or treatment that gives women more of the female hormone, estrogen."]

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

PROGRAMMING NOTE AD30:

IF AAGE > 49 OR [AA2A = 5 (BETWEEN 50 AND 64) OR 6 (65 OR OLDER)] OR ENUM.AGE > 49 OR IF AGE IS UNKNOWN, CONTINUE WITH AD30; ELSE SKIP TO AE2.

As of March 6, 2001, women whose age were unknown, who had previously been skipped out, received the bone density questions.

AD30

AD30 Have you ever had a bone density test? **AD30**

[IF NEEDED, SAY: "A test to determine bone loss."]

- YES.....1
- NO.....2 [SKIP TO AE2]
- REFUSED.....-7 [SKIP TO AE2]
- DON'T KNOW.....-8 [SKIP TO AE2]

AD31

AD31 Have you ever been told by a doctor that you had bone loss, osteopenia, or osteoporosis? **AD31**

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

CHIS 2001 ADULT SURVEY

Section E

Section E

**PROGRAMMING NOTE AE2:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "ask" IN REVERSE VIDEO**

AE2
AE2 These next questions are about foods you ate over the past month. When I ask <you> how often you ate something, please tell me how many times per day or per week or per month you ate or drank it. **AE2 AE2UNT**

Not counting any juices, how often did you eat any fresh, frozen or canned fruit?

_____ TIMES
_____ PER DAY [HR: 0-20; SR: 0-9]
_____ PER WEEK [HR: 0-70; SR: 0-29]
_____ PER MONTH [HR: 0-210; SR: 0-149]
REFUSED.....-7
DON'T KNOW.....-8

AE3
AE3 (Over the past month,) How often did you have French fries, home fries, fried potatoes, or hash browns? **AE3 AE3UNT**

_____ TIMES
_____ PER DAY [HR: 0-20; SR: 0-5]
_____ PER WEEK [HR: 0-35; SR: 0-11]
_____ PER MONTH [HR: 0-90; SR: 0-30]
REFUSED.....-7
DON'T KNOW.....-8

AE4
AE4 (Over the past month,) How about other white potatoes, such as baked potatoes, boiled potatoes, mashed potatoes or potato salad? **AE4 AE4UNT**

_____ TIMES
_____ PER DAY [HR: 0-10; SR: 0-5]
_____ PER WEEK [HR: 0-25; SR: 0-11]
_____ PER MONTH [HR: 0-60; SR: 0-30]
REFUSED.....-7
DON'T KNOW.....-8

AE5
AE5 (Over the past month,) How often did you have cooked or canned dried beans, such as refried beans, baked beans, bean soup, lentils, or pork and beans? **AE5 AESUNT**

_____ TIMES
_____ PER DAY [HR: 0-10; SR: 0-5]
_____ PER WEEK [HR: 0-25; SR: 0-11]
_____ PER MONTH [HR: 0-60; SR: 0-30]
REFUSED.....-7
DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section E

AE6
 AE6 This question is ONLY about salads made with lettuce, with or without other vegetables in them. **AE6 AE6UNT**

(Over the past month,) How often did you have lettuce salads?

_____ TIMES

_____ PER DAY [HR: 0-10; SR: 0-7]

_____ PER WEEK [HR: 0-10; SR: 0-7]

_____ PER MONTH [HR: 0-60; SR: 0-30]

REFUSED.....-7

DON'T KNOW.....-8

**PROGRAMMING NOTE AE7:
 FOR PROXY VERSION, PUT THE WORD "You" AFTER "beans" IN REVERSE VIDEO**

AE7
 AE7 (Over the past month,) Not counting the lettuce salads, potatoes or beans <you> told me about, and not counting rice, how often did you have any other kind of raw, cooked, canned or frozen vegetables? **AE7 AE7UNT**

_____ TIMES

_____ PER DAY [HR: 0-10; SR: 0-4]

_____ PER WEEK [HR: 0-25; SR: 0-11]

_____ PER MONTH [HR: 0-60; SR: 0-30]

REFUSED.....-7

DON'T KNOW.....-8

AE8
 AE8 (Over the past month,) How often did you have salsa made with tomatoes or sauces made with tomatoes such as spaghetti sauce or pizza with tomato sauce? **AE8 AE8UNT**

_____ TIMES

_____ PER DAY [HR: 0-10; SR: 0-4]

_____ PER WEEK [HR: 0-25; SR: 0-11]

_____ PER MONTH [HR: 0-60; SR: 0-30]

REFUSED.....-7

DON'T KNOW.....-8

On Dec. 22, 2000, the phrase "Over the past month" was dropped from question AE1.

AE1
 AE1 This question is about 100% fruit juices. 100% fruit juices do NOT include fruit drinks like Kool-Aid or lemonade, cranberry juice cocktail, Hi-C, Tang, Tampico, Sunny Delight, or Twister. **AE1 AE1UNT**

How often did you drink 100% fruit juices, like orange juice, mango juice, apple or grape juice?

_____ TIMES

_____ PER DAY [HR: 0-20; SR: 0-9]

_____ PER WEEK [HR: 0-70; SR: 0-29]

_____ PER MONTH [HR: 0-210; SR: 0-149]

REFUSED.....-7

DON'T KNOW.....-8

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AE9

AE9 Over the PAST MONTH, have you taken any vitamin, mineral, herbal, botanical, or other dietary supplements? AE9

YES.....1
 NO.....2 [SKIP TO AE11]
 REFUSED.....-7 [SKIP TO AE11]
 DON'T KNOW.....-8 [SKIP TO AE11]

AE11

AE11 During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor? AE11

YES.....1
 NO.....2 [SKIP TO AE15]
 REFUSED.....-7 [SKIP TO AE15]
 DON'T KNOW.....-8 [SKIP TO AE15]

AE12

AE12 During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? AE12 AE12UNT

____ DAYS
 ____ PER WEEK [HR: 0-7]
 ____ PER MONTH [HR: 0-31]
 REFUSED.....-7 [SKIP TO AE14]
 DON'T KNOW.....-8 [SKIP TO AE14]

AE13

AE13 On the days when you drank, about how many drinks did you drink on the average? 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 [HR: 0-20; SR: 0-15]
 REFUSED.....-7
 DON'T KNOW.....-8

AE14

AE14 Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? AE14

____ NUMBER OF TIMES [HR: 0-31; SR: 0-20]
 REFUSED.....-7
 DON'T KNOW.....-8

AE15

AE15 These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your ENTIRE LIFE? AE15

YES.....1
 NO.....2 [SKIP TO AE17]
 REFUSED.....-7
 DON'T KNOW.....-8

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AE15A

AE15A Do you now smoke cigarettes every day, some days, or not at all? **AE15A**

EVERY DAY.....1
 SOME DAYS.....2
 NOT AT ALL.....3 [SKIP TO AE17]
 REFUSED.....-7 [SKIP TO AE17]

AE16

AE16 In the past 30 days, when you smoked, how many cigarettes did you smoke per day {on the days you smoked}? **AE16**

_____ NUMBER OF CIGARETTES [HR: 0-120]
 REFUSED.....-7
 DON'T KNOW.....-8

AE17

AE17 These next questions are about your height and weight. How tall are you without shoes?

AE17F AE17I _____ FEET _____ INCHES [FT HR: 3-7, IN HR: 0-11]
AE17M AE17C _____ METERS _____ CENTIMETERS
AE17FMT [M HR: 1-2, CM HR: 0-99]
 REFUSED.....-7
 DON'T KNOW.....-8

PROGRAMMING NOTE AE18:
 IF AD13 = 1 (YES, NOW PREGNANT), DISPLAY "When not pregnant, how";
 ELSE DISPLAY "How".

AE18

AE18 {When not pregnant, how/How} much do you weigh without shoes?

AE18P _____ POUNDS [HR: 50-450]
AE18K _____ KILOGRAMS [HR: 20-220]
AE18FMT REFUSED.....-7
 DON'T KNOW.....-8

PROGRAMMING NOTE AE19:
 IF PROXY INTERVIEW, SKIP TO AE20;
 ELSE CONTINUE WITH AE19

AE19

AE19 How much did you weigh at age 18?

AE19P _____ POUNDS [HR: 50-450]
AE19K _____ KILOGRAMS [HR: 20-220]
AE19FMT REFUSED.....-7
 DON'T KNOW.....-8

AE20

AE20 These next questions are about your physical activity over the past 30 days. Over the past 30 days, have you walked or bicycled to or from work, school, or to do errands? **AE20**

YES.....1
 NO.....2 [SKIP TO AE22]
 REFUSED.....-7 [SKIP TO AE22]
 DON'T KNOW.....-8 [SKIP TO AE22]

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AE21
 AE21 How many times per day, per week or per month did you do this? **AE21 AE21UNT**

[IF NEEDED, SAY: "that is, over the past 30 days -- walk or bicycle to or from work or school or to do errands."]

- _____ TIMES
- _____ PER DAY [HR: 0-10; SR: 0-3]
- _____ PER WEEK [HR: 0-35; SR: 0-21]
- _____ PER MONTH [HR: 0-70; SR: 0-31]
- REFUSED..... -7
- DON'T KNOW..... -8

AE21A
 AE21A And on average, about how many minutes did you walk or ride your bike each time? **AE21A**

- _____ MINUTES [HR: 0-480; SR: 0-120]
- REFUSED..... -7
- DON'T KNOW..... -8

**PROGRAMMING NOTE AE22:
 FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Would" IN REVERSE VIDEO**

AE22
 AE22 Thinking about what you normally do during a typical day, not counting your free time, which best describes your activity: Would <you> say that you sit most of the day, stand most of the day, or walk around a lot? **AE22**

- SIT.....1
- STAND.....2
- WALK AROUND.....3
- DOES A COMBINATION OF 2 OR MORE OF THE ITEMS LISTED EQUALLY.....4
- LAYS DOWN MOST OF THE TIME.....5
- REFUSED.....-7
- DON'T KNOW.....-8

AE23
 AE23 Again not counting what you do in your free time, in a typical day do you usually lift or carry light loads, moderate loads or heavy loads, or do you usually not lift or carry things? **AE23**

[IF NEEDED, SAY: "Which do you do most often?"]

- LIGHT..... 1
- MODERATE.....2
- HEAVY.....3
- DO NOT LIFT/CARRY.....4
- REFUSED.....-7
- DON'T KNOW.....-8

AE24
 AE24 These next questions are about physical activities that you may do in your FREE time, including exercise, sports and physically active hobbies. Please do not include any walking or biking that you reported previously. I'll move from hard or vigorous activities to more moderate activities. **AE24**

Over the past 30 days, did you do any hard or vigorous activities in your free time for at least 10 minutes that caused HEAVY SWEATING OR LARGE INCREASES IN YOUR BREATHING OR HEART RATE?

- YES..... 1
- NO.....2 [SKIP TO AE26]
- REFUSED..... -7 [SKIP TO AE26]
- DON'T KNOW..... -8 [SKIP TO AE26]

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AE25
 AE25 How many times per day, per week or per month did you do this HARD or VIGOROUS activity over the past 30 days? **AE25 AE25UNT**

[IF NEEDED, SAY: "that is, for at least 10 minutes that caused heavy sweating or large increases in breathing or heart rate"]

____ TIMES
 ____ PER DAY [HR: 0-10; SR: 0-5]
 ____ PER WEEK [HR: 0-70; SR: 0-35]
 ____ PER MONTH [HR: 0-150; SR: 0-120]
 REFUSED.....-7
 DON'T KNOW.....-8

AE25A
 AE25A On average, about how long did you do these HARD OR VIGOROUS activities each time? **AE25A**

____ MINUTES [HR: 0-480; SR: 0-120]
 REFUSED.....-7
 DON'T KNOW.....-8

AE26
 AE26 Over the past 30 days, did you do any moderate activities in your free time for at least 10 minutes that caused only LIGHT SWEATING OR A SLIGHT TO MODERATE INCREASE IN BREATHING OR HEART RATE? **AE26**

YES.....1
 NO.....2 [SKIP TO AE28]
 REFUSED.....-7 [SKIP TO AE28]
 DON'T KNOW.....-8 [SKIP TO AE28]

AE27
 AE27 How many times per day, per week or per month did you do this over the past 30 days? **AE27 AE27UNT**

[IF NEEDED, SAY: "that is, moderate activities for at least 10 minutes that caused only light sweating or a slight to moderate increase in breathing or heart rate."]

____ TIMES
 ____ PER DAY [HR: 0-10; SR: 0-5]
 ____ PER WEEK [HR: 0-70; SR: 0-35]
 ____ PER MONTH [HR: 0-150; SR: 0-120]
 REFUSED.....-7
 DON'T KNOW.....-8

AE27A
 AE27A On average, about how long did you do these MODERATE activities each time? **AE27A**

____ MINUTES [HR: 0-480; SR: 0-120]
 REFUSED.....-7
 DON'T KNOW.....-8

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**PROGRAMMING NOTE AE28:
FOR PROXY VERSION, PUT THE WORD "you've" FOLLOWING "things" IN REVERSE VIDEO**

AE28
 AE28 Including things <you've> already mentioned, did you do any physical activities specifically designed as exercises to STRENGTHEN your muscles such as lifting weights or other strength-building exercises over the past 30 days? **AE28**

YES.....1
 NO.....2 [IF AAGE > 64 SKIP TO AE30;
 ELSE SKIP TO AF1]
 REFUSED.....-7 [IF AAGE > 64 SKIP TO AE30;
 ELSE SKIP TO AF1]
 DON'T KNOW.....-8 [IF AAGE > 64 SKIP TO AE30;
 ELSE SKIP TO AF1]

AE29
 AE29 How many times per day, per week or per month did you do these exercises over the past 30 days? **AE29 AE29UNT**

_____ TIMES

_____ PER DAY [HR: 0-10; SR: 0-5]
 _____ PER WEEK [HR: 0-70; SR: 0-35]
 _____ PER MONTH [HR: 0-150; SR: 0-120]
 REFUSED.....-7
 DON'T KNOW.....-8

**PROGRAMMING NOTE AE30:
IF AAGE > 64 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE < 45 OR AGE IS UNKNOWN, CONTINUE WITH AE30; ELSE SKIP TO AF1**

AE30
 AE30 During the past 12 months, have you had a flu shot? **AE30**

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

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PROGRAMMING NOTE AF1:
IF AD21 NE 1, USE FIRST OPTION FOR DISPLAY;
ELSE IF AD21 = 1 (YES), USE SECOND OPTION FOR DISPLAY.

FOR PROXY VERSION, DISPLAY THE SECOND OPTION IN REVERSE VIDEO

AF1

AF1 These next questions are about you and your family's history of cancer.

AF1

{Has/<Other than the breast cancer you mentioned, has>} a doctor EVER told you that you had
 {a cancer of any kind/any OTHER kind of cancer?}

YES.....1
 NO.....2 [SKIP TO AF4]
 REFUSED.....-7 [SKIP TO AF4]
 DON'T KNOW.....-8 [SKIP TO AF4]

PROGRAMMING NOTE AF2:
ACCEPT ONLY FIRST SIX RESPONSES

AF2

AF2 What kind of cancer was it?

AF2_A - AF2_F

[CODE ALL THAT APPLY. CTRL-P TO EXIT]
[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_30	OTHER.....	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

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PROGRAMMING NOTE AF2A:
IF AF2_21 = 1 (YES), CONTINUE WITH AF2A;
ELSE SKIP TO AF3

FOR PROXY VERSION, PUT THE WORD "You" AFTER "skin cancer" IN REVERSE VIDEO

AF2A
 AF2A Was the skin cancer <you> mentioned non-melanoma, melanoma, or an unknown type? **AF2A_A - AF2A_C**

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

[PROBE: "Any others?"]

AF2A_1	NON-MELANOMA.....	1
AF2A_2	MELANOMA.....	2
AF2A_3	UNKNOWN TYPE.....	3
	REFUSED.....	-7
	DON'T KNOW.....	-8

AF3
 AF3 How old were you when cancer was first diagnosed? **AF3**

_____ AGE IN YEARS

[HR: 1 THRU AAGE OR (105 IF AAGE = -7)]

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

AF4
 AF4 What about your family? By family we mean only your blood relatives. Did your biological father or mother, full brothers or sisters, or biological sons or daughters ever have cancer of any kind? **AF4**

[IF NEEDED, SAY: "Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted."]

YES.....	1
NO.....	2 [SKIP TO AF9]
REFUSED.....	-7 [SKIP TO AF9]
DON'T KNOW.....	-8 [SKIP TO AF9]

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PROGRAMMING NOTE AF5: ACCEPT ONLY FIRST SIX RESPONSES
--

AF5

AF5 What kind of cancer or cancers were these?

AF5_A - AF5_F

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

AF5_1	BLADDER.....	1
AF5_2	BLOOD.....	2
AF5_3	BONE.....	3
AF5_4	BRAIN.....	4
AF5_5	BREAST.....	5
AF5_6	CERVIX.....	6
AF5_7	COLON.....	7
AF5_8	ESOPHAGUS.....	8
AF5_9	GALLBLADDER.....	9
AF5_10	KIDNEY.....	10
AF5_11	LARYNX-WINDPIPE.....	11
AF5_12	LEUKEMIA.....	12
AF5_13	LIVER.....	13
AF5_14	LUNG.....	14
AF5_15	LYMPHOMA.....	15
AF5_16	MOUTH/TONGUE/LIP.....	16
AF5_17	OVARY.....	17
AF5_18	PANCREAS.....	18
AF5_19	PROSTATE.....	19
AF5_20	RECTUM.....	20
AF5_21	SKIN.....	21
AF5_24	SOFT TISSUE (MUSCLE OR FAT).....	22
AF5_25	STOMACH.....	23
AF5_26	TESTIS.....	24
AF5_27	THROAT-PHARYNX.....	25
AF5_28	THYROID.....	26
AF5_29	UTERUS.....	27
AF5_30	OTHER.....	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

PROGRAMMING NOTE AF5A: IF AF5_21 = 1 (YES), CONTINUE WITH AF5A; ELSE SKIP TO AF6

AF5A

AF5A Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?

AF5A_A - AF5A_C

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

AF5A_1	NON-MELANOMA.....	1
AF5A_2	MELANOMA.....	2
AF5A_3	UNKNOWN TYPE.....	3
	REFUSED.....	-7
	DON'T KNOW.....	-8

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**PROGRAMMING NOTE AF6:
IF AA3 = 2 AND AF5 = 5 CONTINUE WITH AF6;
ELSE SKIP TO AF9**

AF6
AF6 Was your mother ever diagnosed with breast cancer? **AF6**

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

AF7
AF7 Do you have any sisters who have ever been diagnosed with breast cancer? **AF7**

YES.....1
NO.....2 [SKIP TO AF9]
REFUSED.....-7 [SKIP TO AF9]
DON'T KNOW.....-8 [SKIP TO AF9]

AF8
AF8 How many? **AF8**

_____ NUMBER OF SISTERS WITH BREAST CANCER [HR: 1-9]
REFUSED.....-7
DON'T KNOW.....-8

**PROGRAMMING NOTE AF9:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Would" IN REVERSE VIDEO**

AF9
AF9 These next questions are about the time you spend in the sun. When you go outside on a very sunny day for MORE than one hour, how often do you wear any kind of hat that shades your face, ears and neck from the sun. Would <you> say always, sometimes or never? **AF9**

ALWAYS.....1
SOMETIMES.....2
NEVER.....3
NEVER GO OUT IN THE SUN FOR MORE THAN 1 HOUR/NEVER GO OUT IN THE SUN.....4
REFUSED.....-7
DON'T KNOW.....-8

**PROGRAMMING NOTE AF10:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Would" IN REVERSE VIDEO**

AF10
AF10 And when you go outside on a very sunny day for more than an hour, how often do you wear a long sleeved shirt? Would <you> say always, sometimes, or never? **AF10**

ALWAYS.....1
SOMETIMES.....2
NEVER.....3
NEVER GO OUT IN THE SUN FOR MORE THAN 1 HOUR/NEVER GO OUT IN THE SUN.....4
REFUSED.....-7
DON'T KNOW.....-8

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**PROGRAMMING NOTE AF11:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Would" IN REVERSE VIDEO**

AF11

AF11 And how often do you stay in the shade? (Would <you> say always, sometimes, or never?) **AF11**

 ALWAYS..... 1

 SOMETIMES.....2

 NEVER.....3

 NEVER GO OUT IN THE SUN FOR MORE THAN 1 HOUR/NEVER
 GO OUT IN THE SUN.....4

 REFUSED.....-7

 DON'T KNOW.....-8

**PROGRAMMING NOTE AF12:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Would" IN REVERSE VIDEO**

AF12

AF12 And how often do you use sunscreen of SPF 15 or greater? (Would <you> say always, sometimes, or never?) **AF12**

 ALWAYS..... 1

 SOMETIMES.....2

 NEVER.....3

 NEVER GO OUT IN THE SUN FOR MORE THAN 1 HOUR/NEVER
 GO OUT IN THE SUN.....4

 REFUSED.....-7

 DON'T KNOW.....-8

AF13

AF13 How many times in the past year have you had a sunburn? **AF13**

 ENTER TIMES: _____ [HR: 0-365]

 REFUSED.....-7

 DON'T KNOW.....-8

**PROGRAMMING NOTE:
IF AAGE < 40 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR AGE IS UNKNOWN, SKIP TO AG1;
ELSE CONTINUE WITH AF14**

AF14

AF14 Have you EVER HAD a Sigmoidoscopy, Colonoscopy, or a Proctoscopy to look for signs of cancer or other problems in your colon? **AF14**

[IF NEEDED, SAY: "A SIGMOIDOSCOPY is an exam in which a health care professional inserts a flexible tube into the rectum and the lower part of the colon to look for signs of cancer or other problems.

A COLONOSCOPY is a SIMILAR exam but uses a longer tube to examine the entire colon. Before a colonoscopy is done, you are usually given medication through a needle in your arm to make you sleepy. A PROCTOSCOPY is an exam that uses a rigid tube."]

 YES.....1

 NO..... 2 [SKIP TO AF20]

 REFUSED.....-7 [SKIP TO AF22]

 DON'T KNOW.....-8 [SKIP TO AF22]

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AF16

AF16 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

AF17

AF17 Did you have this exam...

AF17

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

PROGRAMMING NOTE AF15:
IF AF16 = 6 (OVER 10 YEARS AGO) SKIP TO AF18;
ELSE CONTINUE WITH AF15.

FOR PROXY VERSION, PUT THE WORD "Your" AFTER "10 years?" IN REVERSE VIDEO

AF15

AF15 How many of these (sigmoidoscopy, colonoscopy, or proctoscopy) exams have you had in the last 10 years? (<Your> best estimate is fine.)

AF15

- ____ EXAMS [HR: 0-120; SR: 0-20]
- REFUSED..... -7
- DON'T KNOW.....-8

AF18

AF18 Have you ever had a sigmoidoscopy, colonoscopy or proctoscopy where the results were not normal?

AF18

- YES.....1
- NO.....2 [SKIP TO AF20]
- REFUSED.....-7 [SKIP TO AF20]
- DON'T KNOW.....-8 [SKIP TO AF20]

AF19

AF19 Because of these results, did you have additional tests and/or treatment?

AF19

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

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PROGRAMMING NOTE AF20:
IF [AF14 = 2 (NEVER HAD SIGMOIDOSCOPY, COLONOSCOPY, OR PROCTOSCOPY)], CONTINUE WITH AF20 AND DISPLAY "NEVER had";
ELSE IF AF15 = 0 (NONE IN LAST 10 YEARS) OR AF16 = 6 (MOST RECENT OVER 10 YEARS AGO), CONTINUE WITH AF20 AND DISPLAY "NOT had" AND "in the last 10 years";
ELSE SKIP TO AF22

AF20

AF20 What is the ONE most important reason why you have {NEVER had/NOT had} one of these exams {in the last 10 years}? **AF20**

- NO REASON/NEVER THOUGHT ABOUT IT.....1
- DIDN'T KNOW I NEEDED THIS TYPE OF TEST.....2
- DOCTOR DIDN'T TELL ME I NEEDED IT.....3 [SKIP TO AF22]
- HAVEN'T HAD ANY PROBLEMS.....4
- PUT IT OFF/LAZINESS.....5
- TOO EXPENSIVE/NO INSURANCE/COST.....6
- TOO PAINFUL, UNPLEASANT, OR EMBARRASSING.....7
- HAD ANOTHER TYPE OF COLORECTAL EXAM.....8
- DON'T HAVE A DOCTOR.....9
- OTHER.....91
- REFUSED.....-7
- DON'T KNOW.....-8

AF21

AF21 During the past 12 months has a doctor or other health professional recommended that you have a sigmoidoscopy, colonoscopy or proctoscopy? **AF21**

- YES.....1
- NO.....2
- DID NOT GO TO DOCTOR IN PAST 12 MONTHS.....92
- REFUSED.....-7
- DON'T KNOW.....-8

AF22

AF22 The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab. **AF22**

Have you ever done a blood stool test, using a HOME test kit?

- YES.....1
- NO.....2 [SKIP TO AF28]
- REFUSED.....-7 [SKIP TO AF30]
- DON'T KNOW.....-8 [SKIP TO AF30]

AF24

AF24 How long ago did you do 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

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AF25

AF25 Did you take this test... **AF25**

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

PROGRAMMING NOTE AF23:
IF AF24 = 4 OR 5 (MORE THAN 3 YEARS AGO), SKIP TO AF26;
ELSE CONTINUE WITH AF23

FOR PROXY VERSION, PUT THE WORD "Your" FOLLOWING "years?" IN REVERSE VIDEO

AF23

AF23 How many HOME blood stool tests have you done in the last 3 years? (<Your> best estimate is fine.) **AF23**

_____ TESTS [HR: 0-72; SR: 1-12]

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

AF26

AF26 Have you EVER had a HOME blood stool test where the results were NOT normal? **AF26**

- YES..... 1
- NO.....2 [SKIP TO PROGRAMMING NOTE AF28]
- REFUSED..... -7 [SKIP TO PROGRAMMING NOTE AF28]
- DON'T KNOW.....-8 [SKIP TO PROGRAMMING NOTE AF28]

AF27

AF27 Because of these results, what additional tests or surgery did you have? **AF27_A - AF27_G**

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

- AF27_1 NONE..... 1
- AF27_2 ANOTHER FECAL OCCULT BLOOD TEST..... 2
- AF27_3 SIGMOIDOSCOPY.....3
- AF27_4 COLONOSCOPY..... 4
- AF27_5 BARIUM ENEMA.....5
- AF27_6 SURGERY.....6
- AF27_7 OTHER.....91
- REFUSED.....-7
- DON'T KNOW.....-8

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PROGRAMMING NOTE AF28:

**IF AF22 = 2 (NEVER HAD HOME STOOL TEST), CONTINUE WITH AF28 AND DISPLAY "NEVER had";
ELSE IF AF24 > 1 (NONE IN PAST YEAR), CONTINUE WITH AF28 AND DISPLAY "NOT had" and "in the past
year";
ELSE SKIP TO AF30**

AF28

AF28 What is the most important reason you have {NEVER had /NOT had} a HOME blood stool test {in the past year}? **AF28**

NO REASON/NEVER THOUGHT ABOUT IT.....	1	
DIDN'T NEED/DIDN'T KNOW I NEEDED THIS TYPE OF TEST.....	2	
DOCTOR DIDN'T TELL ME I NEEDED IT.....	3	[SKIP TO AF30]
HAVEN'T HAD ANY PROBLEMS.....	4	
PUT IT OFF/LAZINESS.....	5	
TOO EXPENSIVE/NO INSURANCE/COST.....	6	
TOO PAINFUL, UNPLEASANT, EMBARRASSING.....	7	
HAD ANOTHER TYPE OF COLORECTAL EXAM.....	8	
DON'T HAVE A DOCTOR.....	9	
OTHER.....	91	
REFUSED.....	-7	
DON'T KNOW.....	-8	

AF29

AF29 In the past 12 months, has a doctor or other health professional recommended that you have a home blood stool test? **AF29**

YES.....	1
NO.....	2
DID NOT GO TO DOCTOR IN PAST 12 MONTHS.....	92
REFUSED.....	-7
DON'T KNOW.....	-8

PROGRAMMING NOTE AF30:

**IF AA3 = 2 (FEMALE) OR (AA3 = 1 (MALE) AND [AAGE < 40 OR (AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)) OR ENUM.AGE < 45 OR IF AGE IS UNKNOWN]), SKIP TO AG1;
ELSE CONTINUE WITH AF30**

FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "Have" IN REVERSE VIDEO

AF30

AF30 Have <you> ever HEARD OF a PSA or "prostate-specific antigen" test to detect prostate cancer? **AF30**
A PSA test is a blood test to detect prostate cancer.

YES.....	1
NO.....	2 [SKIP TO AG1]
REFUSED.....	-7 [SKIP TO AG1]
DON'T KNOW.....	-8 [SKIP TO AG1]

AF31

AF31 Have you ever HAD a PSA test? **AF31**

YES.....	1
NO.....	2 [SKIP TO AG1]
REFUSED.....	-7 [SKIP TO AG1]
DON'T KNOW.....	-8 [SKIP TO AG1]

CHIS 2001 ADULT SURVEY

Section F

AF33

AF33 How long ago 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

AF34

AF34 Did you have this PSA test... **AF34**

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

PROGRAMMING NOTE AF32:
IF AF33 = 5 (OVER 5 YEARS AGO), SKIP TO AF35;
ELSE CONTINUE WITH AF32

AF32

AF32 How many PSA tests have you had in the last 5 years? (Your best estimate is fine) **AF32**

- _____ PSA TESTS [HR: 0-25; SR: 0-10]
- REFUSED.....-7
- DON'T KNOW.....-8

AF35

AF35 Have you ever had a PSA test where the results were not normal? **AF35**

- YES.....1
- NO..... 2 [SKIP TO AG1]
- REFUSED.....-7 [SKIP TO AG1]
- DON'T KNOW..... -8 [SKIP TO AG1]

AF36

AF36 Because of these results, did you have additional tests and/or treatment? **AF36**

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

CHIS 2001 ADULT SURVEY**Section G****Section G****AG1**

AG1

These next questions are about dental health.

AG1

How long has it been since you last visited a dentist, hygienist or orthodontist?

HAVE NEVER VISITED.....	1	[SKIP TO AG3]
1 TO 6 MONTHS AGO.....	2	
7-12 MONTHS AGO.....	3	
MORE THAN 1 YEAR UP TO 2 YEARS AGO.....	4	
MORE THAN 2 YEARS UP TO 5 YEARS AGO.....	5	
MORE THAN 5 YEARS AGO.....	6	[SKIP TO AG3]
REFUSED.....	-7	[SKIP TO AG3]
DON'T KNOW.....	-8	[SKIP TO AG3]

AG2

AG2

Did you go for a routine check-up or cleaning or was it for a specific problem?

AG2

ROUTINE CHECK-UP/CLEANING.....	1
HAD A DENTAL PROBLEM.....	2
BOTH A ROUTINE CHECK-UP/CLEANING AND A PROBLEM.....	3
OTHER.....	91
REFUSED.....	-7
DON'T KNOW.....	-8

AG3

AG3

Do you currently have any kind of dental insurance?

AG3

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

CHIS 2001 ADULT SURVEY

Section H

Section H

AH1

AH1

The next topic is about where you go and who you see when you want health care FOR YOURSELF, not for someone else.

AH1

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

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

YES.....	1	[SKIP TO PROGRAMMING NOTE AH3]
NO.....	2	
DOCTOR/MY DOCTOR.....	3	[SKIP TO PROGRAMMING NOTE AH3]
KAISER.....	4	[SKIP TO PROGRAMMING NOTE AH3]
MORE THAN ONE PLACE.....	5	[SKIP TO PROGRAMMING NOTE AH3]
REFUSED.....	-7	[SKIP TO PROGRAMMING NOTE AH3]
DON'T KNOW.....	-8	[SKIP TO PROGRAMMING NOTE AH3]

AH2

AH2

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

AH2

SELDOM OR NEVER GET SICK.....	1	[SKIP TO AH5]
RECENTLY MOVED INTO THE AREA.....	2	[SKIP TO AH5]
DON'T KNOW WHERE TO GO FOR CARE.....	3	[SKIP TO AH5]
USUAL PLACE IN THIS AREA NO LONGER AVAILABLE.....	4	[SKIP TO AH5]
CAN'T FIND PROVIDER WHO SPEAKS MY LANGUAGE.....	5	[SKIP TO AH5]
LIKE DIFFERENT PLACES FOR HEALTH CARE NEEDS.....	6	[SKIP TO AH5]
NO INSURANCE OR LOST INSURANCE.....	7	[SKIP TO AH5]
DON'T USE DOCTORS/TREAT MYSELF.....	8	[SKIP TO AH5]
COST OF MEDICAL CARE.....	9	[SKIP TO AH5]
OTHER REASON.....	91	[SKIP TO AH5]
REFUSED.....	-7	[SKIP TO AH5]
DON'T KNOW.....	-8	[SKIP TO AH5]

CHIS 2001 ADULT SURVEY

Section H

PROGRAMMING NOTE AH3:

IF AH1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), DISPLAY "What kind of place do you go to most often—a medical";

ELSE IF AH1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";

ELSE IF AH1 = 4 (KAISER), CATI FILL IN AH3 = 1 AND SKIP TO AH5

AH3

AH3 {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 [SKIP TO AH5]
 CLINIC/HEALTH CENTER/HOSPITAL CLINIC.....2
 EMERGENCY ROOM..... 3 [SKIP TO AH5]
 AH3OS SOME OTHER PLACE (SPECIFY):.....91 [SKIP TO AH5]
 NO ONE PLACE.....94 [SKIP TO AH5]
 REFUSED.....-7 [SKIP TO AH5]
 DON'T KNOW.....-8 [SKIP TO AH5]

AH4

AH4 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? **AH4**

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

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

AH5

AH5 During the past 12 months, how many times have you seen a medical doctor? **AH5**

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

CHIS 2001 ADULT SURVEY

Section H

PROGRAMMING NOTE AH6:

IF AH5 = 0, -7, OR -8 (HAVE NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH AH6; ELSE SKIP TO AH7

AH6

AH6 About how long has it been since you last saw a medical doctor about your own health? **AH6**

ONE YEAR AGO OR LESS.....0
 MORE THAN 1 UP TO 2 YEARS AGO.....1
 MORE THAN 2 UP TO 5 YEARS AGO.....2
 MORE THAN 5 YEARS AGO.....3
 NEVER.....4 [SKIP TO AH9]
 REFUSED.....-7 [SKIP TO AH9]
 DON'T KNOW.....-8 [SKIP TO AH9]

AH7

AH7 The LAST time you visited a doctor, what kind of place was it—a MEDICAL doctor's office, a clinic or hospital clinic, an emergency room, or some other place? **AH7**

[IF R GIVES SPECIFIC NAME OF PLACE, PROBE ONCE FOR CATEGORIES; IF R CONTINUES TO GIVE SPECIFIC NAME, CODE AS "SOME OTHER PLACE (SPECIFY)."]

AH7OS DOCTOR'S OFFICE/KAISER/OTHER HMO..... 1 [SKIP TO AH9]
 CLINIC/HEALTH CENTER/HOSPITAL CLINIC.....2
 EMERGENCY ROOM..... 3 [SKIP TO AH9]
 SOME OTHER PLACE (SPECIFY): _____.....91 [SKIP TO AH9]
 REFUSED.....-7 [SKIP TO AH9]
 DON'T KNOW.....-8 [SKIP TO AH9]

On Dec. 20, 2000, the end of the question was changed from "some other kind of place" to "other clinic or office."

AH8

AH8 Was it an HMO clinic, a county or government clinic, a community clinic, a hospital clinic or emergency room, a chiropractic clinic, or some other clinic or office? **AH8**

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

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

CHIS 2001 ADULT SURVEY

Section H

AH9

AH9 Other than a medical doctor, did you see or talk to any OTHER kind of health person during the PAST 12 MONTHS about your own health? **AH9**

[IF NEEDED, SAY: "A health person such as an acupuncturist, a nurse practitioner, a physician assistant, a chiropractor, an herbalist, a pharmacist, a healer, a botanica or some other type?"]

- YES.....1
- NO.....2 [SKIP TO PROGRAMMING NOTE AH12]
- REFUSED.....-7 [SKIP TO PROGRAMMING NOTE AH12]
- DON'T KNOW.....-8 [SKIP TO PROGRAMMING NOTE AH12]

AH11

AH11 What OTHER kinds of health persons did you see or talk to? **AH11_A - AH11_L**

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

[IF NEEDED, PROBE FOR TYPE OF PERSON OR PROFESSIONAL.]

- AH11_1 ACUPUNCTURIST.....1
- AH11_2 CHIROPRACTOR.....2
- AH11_3 HERBALIST, HERBAL HEALER, BOTANICA.....3
- AH11_4 NATUROPATH, HOMEOPATH.....4
- AH11_5 SPIRITUALIST.....5
- AH11_6 NURSE, NURSE PRACTITIONER, NURSE MIDWIFE.....6
- AH11_7 MIDWIFE NON-NURSE.....7
- AH11_8 PHYSICIAN ASSISTANT.....8
- AH11_9 PHARMACIST.....9
- AH11_10 DENTAL HEALTH PROVIDER.....10
- AH11_11 MENTAL HEALTH PROVIDER.....11
- AH11_12 MEDICAL DOCTOR.....12
- AH11_13 OTHER.....91
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE AH12:
IF [AH5 > 0 (NUMBER OF TIMES SAW DOCTOR WITHIN LAST YEAR) OR AH6 = 0 (ONE YEAR AGO OR LESS)]
AND AH7 = 3 (IN A HOSPITAL EMERGENCY ROOM), SKIP TO AH13;
ELSE CONTINUE WITH AH12

AH12

AH12 During the past 12 months, did you visit a hospital emergency room for your own health? **AH12**

- YES.....1
- NO.....2 [SKIP TO AH14]
- REFUSED.....-7 [SKIP TO AH14]
- DON'T KNOW.....-8 [SKIP TO AH14]

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Section H

PROGRAMMING NOTE AH13:

IF AB14 = 1 (ARTHRITIS) OR AB17 = 1 (ASTHMA) OR AB22 = 1 (DIABETES) OR AB29 = 1 (HIGH BLOOD PRESSURE) OR AB34 = 1 (HEART DISEASE), CONTINUE WITH AH13 AND AH13PAGE A-D, DISPLAYING QUESTION TEXT AND RESPONSE OPTIONS ONLY FOR REPORTED CONDITIONS; ELSE SKIP TO AH14

AH13

AH13	Were any of the visits to a hospital emergency room because of your arthritis?	AH13ART
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH13A

AH13A	(Were any of the visits to a hospital emergency room) ...because of your asthma?	AH13AST
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH13B

AH13B	(Were any of the visits to a hospital emergency room) ...because of your diabetes?	AH13DIA
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH13C

AH13C	(Were any of the visits to a hospital emergency room) ...because of your high blood pressure?	AH13HBP
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH13D

AH13D	(Were any of the visits to a hospital emergency room) ...because of your heart disease?	AH13HEA
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH14

AH14	During the past 12 months, were you a patient in a hospital overnight or longer?	AH14
	YES.....	1
	NO.....	2 [SKIP TO AH16]
	REFUSED.....	-7 [SKIP TO AH16]
	DON'T KNOW.....	-8 [SKIP TO AH16]

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Section H

PROGRAMMING NOTE AH15:

IF AB14 = 1 (ARTHRITIS) OR AB17 = 1 (ASTHMA) OR AB22 = 1 (DIABETES) OR AB29 = 1 (HIGH BLOOD PRESSURE) OR AB34 = 1 (HEART DISEASE), CONTINUE WITH AH15 AND AH15PAGE A-D, DISPLAYING QUESTION TEXT AND RESPONSE OPTIONS ONLY FOR REPORTED CONDITIONS; ELSE SKIP TO AH16

AH15

AH15	Were you hospitalized for your arthritis?	AH15ART
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH15A

AH15A	(Were you hospitalized) ...for your asthma?	AH15AST
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH15B

AH15B	(Were you hospitalized) ...for your diabetes?	AH15DIA
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH15C

AH15C	(Were you hospitalized) ...for your high blood pressure?	AH15HBP
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH15D

AH15D	(Were you hospitalized) ...for your heart disease?	AH15HEA
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH16

AH16	During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for you?	AH16
	YES.....	1 [IF NO arthritis, asthma, diabetes, high blood pressure, heart disease, SKIP TO AH18]
	NO.....	2 [SKIP TO AH19]
	REFUSED.....	-7 [SKIP TO AH19]
	DON'T KNOW.....	-8 [SKIP TO AH19]

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Section H

PROGRAMMING NOTE AH17:

IF AB14 = 1 (ARTHRITIS) OR AB17 = 1 (ASTHMA) OR AB22 = 1 (DIABETES) OR AB29 = 1 (HIGH BLOOD PRESSURE) OR AB34 =1 (HEART DISEASE), CONTINUE WITH AH17 AND AH17PAGE A-D AND DISPLAY ONLY REPORTED CONDITIONS IN QUESTION TEXT AND RESPONSE OPTIONS; ELSE SKIP TO AH18

AH17

AH17	When that happened, was the prescription for your arthritis?	AH17ART
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH17A

AH17A	(When that happened, was the prescription) ...for your asthma?	AH17AST
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH17B

AH17B	(When that happened, was the prescription) ...for your diabetes?	AH17DIA
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH17C

AH17C	(When that happened, was the prescription) ...for your high blood pressure?	AH17HBP
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH17D

AH17D	(When that happened, was the prescription) ...for your heart disease?	AH17HEA
	YES.....	1
	NO.....	2
	REFUSED.....	-7
	DON'T KNOW.....	-8

CHIS 2001 ADULT SURVEY

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AH18

AH18 Why did you delay or not get the prescription?

AH18_A - AH18_L

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

AH18_1	COULDN'T AFFORD/COST TOO MUCH.....	1
AH18_2	NO INSURANCE.....	2
AH18_3	PHARMACY WOULDN'T TAKE/ACCEPT MY INSURANCE.....	3
AH18_4	INSURANCE COMPANY WOULDN' T APPROVE, COVER, OR PAY FOR CARE	4
AH18_5	TOOK MY FRIEND/FAMILY'S MEDICINE OR MEDICINE I ALREADY HAD.....	5
AH18_6	LANGUAGE PROBLEMS.....	6
AH18_7	TRANSPORTATION PROBLEMS.....	7
AH18_8	HOURS NOT CONVENIENT.....	8
AH18_9	NO CHILD CARE FOR CHILDREN AT HOME.....	9
AH18_10	PROCRASTINATION/LAZY.....	10
AH18_11	FORGOT, OR LOST PRESCRIPTION.....	11
AH18_12	OTHER.....	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH19

AH19 During the past 12 months, did you delay or not get a test or treatment that a doctor ordered?

AH19

YES.....	1	[IF NO arthritis, asthma, diabetes, high blood pressure, heart disease, SKIP TO AH21
NO.....	2	[SKIP TO AH22]
REFUSED.....	-7	[SKIP TO AH22]
DON'T KNOW.....	-8	[SKIP TO AH22]

PROGRAMMING NOTE AH20:

**IF AB14 = 1 (ARTHRITIS) OR AB17 = 1 (ASTHMA) OR AB22 = 1 (DIABETES) OR AB29 = 1 (HIGH BLOOD PRESSURE) OR AB34 = 1 (HEART DISEASE), CONTINUE WITH AH20 AND AH20PAGE A-D AND DISPLAY ONLY REPORTED CONDITIONS IN QUESTION TEXT AND RESPONSE OPTIONS;
ELSE SKIP TO AH21**

AH20

AH20 When that happened, was the test or treatment for your arthritis?

AH20ART

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

AH20A

AH20A (When that happened, was the test or treatment) ...for your asthma?

AH20AST

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

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Section H

AH20B

AH20B (When that happened, was the test or treatment) ...for your diabetes?

AH20DIA

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

AH20C

AH20C (When that happened, was the test or treatment) ...for your high blood pressure?

AH20HBP

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

AH20D

AH20D (When that happened, was the test or treatment) ...for your heart disease?

AH20HEA

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

AH21

AH21 Why did you delay or not get the test or treatment?

AH21_A - AH21_K

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

AH21_1 COULDN'T AFFORD/COST TOO MUCH..... 1
 AH21_2 NO INSURANCE.....2
 AH21_3 THEY WOULDN'T TAKE/ACCEPT MY INSURANCE..... 3
 INSURANCE COMPANY WOULDN'T APPROVE, COVER,
 OR PAY FOR CARE.....4
 AH21_4 LANGUAGE PROBLEMS..... 5
 AH21_5 TRANSPORTATION PROBLEMS..... 6
 AH21_6 HOURS NOT CONVENIENT..... 7
 AH21_7 NO CHILD CARE FOR CHILDREN AT HOME..... 8
 AH21_8 PROCRASTINATION/LAZY..... 9
 AH21_9 FORGOT, OR LOST REFERRAL..... 10
 AH21_10 OTHER.....91
 AH21_11 REFUSED.....-7
 DON'T KNOW.....-8

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Section H

**PROGRAMMING NOTE AH22:
IF PROXY INTERVIEW, SKIP TO AH25;
ELSE CONTINUE WITH AH22**

AH22
 AH22 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 [IF NO arthritis, asthma, diabetes, high blood pressure, heart disease, SKIP TO AH24]

NO.....2 [SKIP TO AH25]

REFUSED.....-7 [SKIP TO AH25]

DON'T KNOW.....-8 [SKIP TO AH25]

**PROGRAMMING NOTE AH23:
IF AB14 = 1 (ARTHRITIS) OR AB17 = 1 (ASTHMA) OR AB22 = 1 (DIABETES) OR AB29 = 1 (HIGH BLOOD PRESSURE) OR AB34 = 1 (HEART DISEASE), CONTINUE WITH AH23 AND AH23 PAGE A-D AND DISPLAY ONLY REPORTED CONDITIONS IN QUESTION TEXT AND RESPONSE OPTIONS;
ELSE SKIP TO AH24**

AH23
 AH23 When this happened, was this care related to your arthritis? **AH23ART**

YES.....1

NO.....2

REFUSED.....-7

DON'T KNOW.....-8

AH23A
 AH23A (When that happened, was this care related) ...to your asthma? **AH23AST**

YES.....1

NO.....2

REFUSED.....-7

DON'T KNOW.....-8

AH23B
 AH23B (When that happened, was this care related) ...to your diabetes? **AH23DIA**

YES..... 1

NO.....2

REFUSED..... -7

DON'T KNOW.....-8

AH23C
 AH23C (When that happened, was this care related) ...to your high blood pressure? **AH23HBP**

YES.....1

NO.....2

REFUSED..... -7

DON'T KNOW.....-8

AH23D
 AH23D (When that happened, was this care related) ...to your heart disease? **AH23HEA**

YES.....1

NO..... 2

REFUSED.....-7

DON'T KNOW.....-8

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Section H

AH24
 AH24 Why did you delay or not get the care you felt you needed? **AH24_A - AH24_K**

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

- AH24_1 COULDN'T AFFORD/COST TOO MUCH..... 1
- AH24_2 NO INSURANCE.....2
- AH24_3 THEY WOULDN'T TAKE/ACCEPT MY INSURANCE..... 3
- AH24_4 INSURANCE COMPANY WOULDN'T APPROVE, COVER,
OR PAY FOR CARE.....4
- AH24_5 LANGUAGE PROBLEMS..... 5
- AH24_6 TRANSPORTATION PROBLEMS..... 6
- AH24_7 HOURS NOT CONVENIENT..... 7
- AH24_8 NO CHILD CARE FOR CHILDREN AT HOME..... 8
- AH24_9 PROCRASTINATION/LAZY..... 9
- AH24_10 FORGOT, OR LOST REFERRAL.....10
- AH24_11 OTHER.....91
- REFUSED..... -7
- DON'T KNOW.....-8

AH25
 AH25 During the past 12 months, did you go to another country, such as Mexico or any other country, **AH25**
 for either medical or dental care?

- YES.....1
- NO.....2 [SKIP TO AH30]
- REFUSED.....-7 [SKIP TO AH30]
- DON'T KNOW.....-8 [SKIP TO AH30]

AH26
 AH26 Was this for medical care or dental care or both? **AH26**

- MEDICAL..... 1
- DENTAL.....2 [SKIP TO AH29]
- BOTH..... 3
- REFUSED.....-7 [SKIP TO AH30]
- DON'T KNOW.....-8 [SKIP TO AH30]

AH28
 AH28 And what country did you go to for medical care? **AH28**

- MEXICO..... 1
- ANOTHER COUNTRY..... 2
- BOTH MEXICO AND ANOTHER COUNTRY.....3
- REFUSED.....-7
- DON'T KNOW.....-8

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**PROGRAMMING NOTE AH29:
IF AH26 = 2 (DENTAL) OR 3 (BOTH), CONTINUE WITH AH29;
ELSE SKIP TO AH30**

AH29
 AH29 And what country did you go to for dental care? **AH29**

MEXICO..... 1
 ANOTHER COUNTRY..... 2
 BOTH MEXICO AND ANOTHER COUNTRY..... 3
 REFUSED.....-7
 DON'T KNOW.....-8

AH30
 AH30 During the past 12 months, did you or someone else go to another country, such as Mexico or **AH30**
 any other country, to buy any prescription medicine for yourself?

YES.....1
 NO.....2 [SKIP TO AH31]
 REFUSED.....-7 [SKIP TO AH31]
 DON'T KNOW.....-8 [SKIP TO AH31]

AH30A
 AH30A And what country was that? **AH30A**

MEXICO..... 1
 ANOTHER COUNTRY..... 2
 BOTH MEXICO AND ANOTHER COUNTRY..... 3
 REFUSED..... -7
 DON'T KNOW.....-8

**PROGRAMMING NOTE AH31:
IF PROXY INTERVIEW, SKIP TO AH33**

AH31
 AH31 Thinking of your experiences with receiving health care in the past 12 months, have you felt you **AH31**
 were discriminated against for any reason?

YES.....1
 NO.....2 [SKIP TO AH33]
 REFUSED.....-7 [SKIP TO AH33]
 DON'T KNOW.....-8 [SKIP TO AH33]

CHIS 2001 ADULT SURVEY

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**PROGRAMMING NOTE AH32:
FOR THE PROXY VERSION, PUT THE WORD "you" AFTER "do" IN REVERSE VIDEO**

AH32
 AH32 What do <you> think was the reason that you were discriminated against? **AH32_A - AH32_G**

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

AH32_1	AGE.....	1
AH32_2	RACE OR ETHNIC GROUP.....	2
AH32_3	LANGUAGE/ACCENT.....	3
AH32_4	HEALTH OR DISABILITY.....	4
AH32_5	BODY WEIGHT.....	5
AH32_6	INSURANCE TYPE (MEDI-CAL, OTHER)	6
AH32_7	INCOME LEVEL.....	7
AH32_8	RELIGION.....	8
AH32_9	SEXUAL ORIENTATION.....	9
AH32_10	GENDER/SEX.....	10
AH32_11 AH32OS	SOME OTHER REASON (SPECIFY):.....	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

AH33
 AH33 Now there are a few more questions about you. In what country were you born? **AH33**

[INTERVIEWER: SELECT FROM MOST LIKELY COUNTRIES]

	UNITED STATES.....	1
	AMERICAN SAMOA.....	2
	CAMBODIA.....	3
	CANADA.....	4
	CHINA.....	5
	CUBA.....	6
	EL SALVADOR.....	7
	ENGLAND.....	8
	GERMANY.....	9
	GUAM.....	10
	GUATEMALA.....	11
	HONG KONG.....	12
	INDIA.....	13
	IRAN.....	14
	JAPAN.....	15
	KOREA.....	16
	MEXICO.....	17
	NICARAGUA.....	18
	PAKISTAN.....	19
	PERU.....	20
	PHILIPPINES.....	21
	RUSSIA.....	22
	TAIWAN.....	23
	VIETNAM.....	24
	VIRGIN ISLANDS.....	25
AH33OS	OTHER (SPECIFY):.....	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

CHIS 2001 ADULT SURVEY

Section H

AH34

AH34

In what country was your mother born?

AH34

[INTERVIEWER: SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES.....	1
AMERICAN SAMOA.....	2
CAMBODIA.....	3
CANADA.....	4
CHINA.....	5
CUBA.....	6
EL SALVADOR.....	7
ENGLAND.....	8
GERMANY.....	9
GUAM.....	10
GUATEMALA.....	11
HONG KONG.....	12
INDIA.....	13
IRAN.....	14
JAPAN.....	15
KOREA.....	16
MEXICO.....	17
NICARAGUA.....	18
PAKISTAN.....	19
PERU.....	20
PHILIPPINES.....	21
RUSSIA.....	22
TAIWAN.....	23
VIETNAM.....	24
VIRGIN ISLANDS.....	25
OTHER (SPECIFY):.....	91
REFUSED.....	-7
DON'T KNOW.....	-8

AH34OS

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Section H

AH35

AH35 In what country was your father born?

AH35

[INTERVIEWER: SELECT FROM MOST LIKELY COUNTRIES]

UNITED STATES.....	1
AMERICAN SAMOA.....	2
CAMBODIA.....	3
CANADA.....	4
CHINA.....	5
CUBA.....	6
EL SALVADOR.....	7
ENGLAND.....	8
GERMANY.....	9
GUAM.....	10
GUATEMALA.....	11
HONG KONG.....	12
INDIA.....	13
IRAN.....	14
JAPAN.....	15
KOREA.....	16
MEXICO.....	17
NICARAGUA.....	18
PAKISTAN.....	19
PERU.....	20
PHILIPPINES.....	21
RUSSIA.....	22
TAIWAN.....	23
VIETNAM.....	24
VIRGIN ISLANDS.....	25
OTHER (SPECIFY):.....	91
REFUSED.....	-7
DON'T KNOW.....	-8

AH35OS

AH36

AH36 What languages do you speak at home?

AH36_A - AH36_K

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

[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_10 AH36OS1	OTHER1 (SPECIFY):.....	91
AH36_11 AH36OS2	OTHER2 (SPECIFY):.....	92
	REFUSED.....	-7

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PROGRAMMING NOTE AH37:
IF AH36 = ONLY ENGLISH (1), SKIP TO PROGRAMMING NOTE AH39; ELSE CONTINUE WITH AH37
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "would" IN REVERSE VIDEO

AH37
 AH37 Would <you> say you speak English... **AH37**

very well,..... 1
 well, or.....2
 not well?..... 3
 REFUSED.....-7
 DON'T KNOW.....-8

General Note: If interview is conducted in a language other than English, use the following response categories: very well, well, not well, not at all.

PROGRAMMING NOTE AH38:
FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "would" IN REVERSE VIDEO

AH38
 AH38 If you have to speak in English on the telephone, would <you> say you can speak in English... **AH38**

very well,.....1
 well, or.....2
 not well?..... 3
 REFUSED..... -7
 DON'T KNOW.....-8

General Note: If interview is conducted in a language other than English, use the following response categories: very well, well, not well, not at all.

PROGRAMMING NOTE AH39:
IF AH33 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 10 (GUAM) OR 25 (VIRGIN ISLANDS), SKIP TO AH43; ELSE CONTINUE WITH AH39
FOR PROXY VERSION, PUT THE WORD "Your" FOLLOWING "status." IN REVERSE VIDEO

AH39
 AH39 The next questions are about citizenship and immigration status. <Your> answers are **AH39**
 confidential, will not be reported to the INS, and will only be used for statistical purposes. Are
 you a citizen of the United States?

YES.....1 [SKIP TO AH41]
 NO.....2
 APPLICATION PENDING..... 3
 REFUSED..... -7
 DON'T KNOW..... -8

AH40
 AH40 Are you a permanent resident with a green card? **AH40**

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

CHIS 2001 ADULT SURVEY

Section H

AH41

AH41 About how many years have you lived in the United States?

AH41 AH41YR
AH41FMT**[NOTE: FOR LESS THAN A YEAR, ENTER 1 YEAR]**

____ (NUMBER OF YEARS) [HR: 1-105]
 ____ YEAR (FIRST CAME TO LIVE IN U.S.) [HR: 1895-2000]
 REFUSED.....-7
 DON'T KNOW.....-8

AH43

AH43 Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

AH43

[NOTE: If respondent mentions more than one, code the lowest number that applies.]

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

PROGRAMMING NOTE AH43A:

**IF AAGE < 22 OR AA2A = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 22 OR IF AGE IS UNKNOWN, CONTINUE WITH AH43A;
 ELSE SKIP TO AH44**

AH43A

AH43A Are you now living with either of your parents?

AH43A

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

PROGRAMMING NOTE AH44:

**IF AH43 = 1 (MARRIED), CONTINUE WITH AH44;
 IF PROXY INTERVIEW AND SPOUSE IS PROXY, CODE "1" AND SKIP TO SC11;
 ELSE IF AA3 = 1 (MALE) DISPLAY "wife";
 ELSE IF AA3 = 2 (FEMALE) DISPLAY "husband";
 ELSE DISPLAY "wife or husband";
 ELSE SKIP TO PROGRAMMING NOTESC11**

AH44

AH44 Is your {wife/husband/wife or husband} also living in your household?

AH44

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

CHIS 2001 ADULT SURVEY

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PROGRAMMING NOTE AH44A:

**IF ANY CHILD FROM THE ROSTERS IN SC14A AND SC14B < 12, CONTINUE WITH AH44A;
ELSE SKIP TO AH45**

FOR PROXY VERSION, PUT THE WORD "You" AFTER "need to ask" IN REVERSE VIDEO

AH44A

AH44A Next, I need to ask <you> about paid child care you use regularly for {CHILD NAME /AGE/SEX//children under 12 in your household} while {you/you or your spouse/partner} worked, were in school, or looked for work. This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements. **AH44A**

In the last month, did you use any such paid child care?

- YES.....1
- NO..... 2 [SKIP TO AH45]
- REFUSED.....-7[SKIP TO AH45]
- DON'T KNOW..... -8 [SKIP TO AH45]

AH44B

AH44B How much did you pay for all child care arrangements and programs used in the last month? **AH44B AH44BUNT**

[IF NEEDED, ASK: "If it is easier for you, you can tell us what you paid in a typical week last month?"

- \$_____ AMOUNT LAST MONTH [HR: 0-8,000]
- \$_____ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]
- NO PAYMENT IN LAST MONTH OR WEEK
- REFUSED.....-7
- DON'T KNOW..... -8

CHIS 2001 ADULT SURVEY

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PROGRAMMING NOTE AH45:
IF AAGE > 65 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE > 65 OR IF AGE IS UNKNOWN, SKIP TO AH47;
ELSE CONTINUE WITH AH45 AND IF AA3 = 2 (FEMALE), ADD "lesbian" TO DISPLAY.

AH45

AH45 This next question is about your sexual orientation and I want to remind you again that your answers are completely confidential. **AH45**

Are you gay, {lesbian,} or bisexual?

[IF R SAYS "gay," "lesbian," OR "bisexual," CODE AH45 "1" (YES) AND CODE AH45A ACCORDINGLY WITHOUT ASKING]

YES.....1
 NO..... 2 [SKIP TO AH47]
 REFUSED.....-7[SKIP TO AH47]
 DON'T KNOW..... -8 [SKIP TO AH47]

PROGRAMMING NOTE AH45A:
IF AA3 = 1 (MALE) DISPLAY "gay";
IF AA3 = 2 (FEMALE) DISPLAY "lesbian."

ADD EDIT SO THAT "1" IS NOT A VALID CHOICE FOR A FEMALE AND "2" IS NOT A VALID CHOICE FOR A MALE.

AH45A

AH45A Is that {gay/lesbian} or bisexual? **AH45A**

GAY MALE.....1
 LESBIAN FEMALE.....2
 BISEXUAL.....3
 OTHER.....4
 REFUSED..... -7
 DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY**Section H****AH47**

AH47

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

AH47**GRADE SCHOOL**

1ST GRADE.....	1
2ND GRADE.....	2
3RD GRADE.....	3
4TH GRADE.....	4
5TH GRADE.....	5
6TH GRADE.....	6
7TH GRADE.....	7
8TH GRADE.....	8

HIGH SCHOOL OR EQUIVALENT

9TH GRADE.....	9
10TH GRADE.....	10
11TH GRADE.....	11
12TH GRADE.....	12

4-YEAR COLLEGE OR UNIVERSITY

1ST YEAR (FRESHMAN)	13
2ND YEAR (SOPHOMORE)	14
3RD YEAR (JUNIOR)	15
4TH YEAR (SENIOR) (BA/BS)	16
5TH YEAR.....	17

GRADUATE OR PROFESSIONAL SCHOOL

1ST YEAR GRAD OR PROF SCHOOL.....	18
2ND YEAR GRAD OR PROF SCHOOL (MA/MS)	19
3RD YEAR GRAD OR PROF SCHOOL.....	20
MORE THAN 3 YEARS GRAD OR PROF SCHOOL (Ph.D)	21

2-YEAR JUNIOR OR COMMUNITY COLLEGE

1ST YEAR.....	22
2ND YEAR (AA/AS)	23

VOCATIONAL, BUSINESS, OR TRADE SCHOOL

1ST YEAR.....	24
2ND YEAR.....	25
MORE THAN 2 YEARS.....	26

HAD NO FORMAL EDUCATION.....30

REFUSED..... -7

DON'T KNOW (OUT OF RANGE) -8

CHIS 2001 ADULT SURVEY

Section H

AH48

AH48

Are you currently working for an employer for wages?

AH48

**[CODE "1" (YES) IF R IS A CONTRACTOR OR TEMP WORKER;
CODE "2" (NO) IF SELF-EMPLOYED.**

CODE "3" (CALWORKS) ONLY IF R MENTIONS IT; DO NOT PROBE.]

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

CHIS 2001 ADULT SURVEY

Section I

Section I

AI1
 AI1 These next questions are about the type of health insurance you may have. Are you covered by Medicare? **AI1**

[IF NEEDED, SAY: "The health insurance program for people 65 years old and older or persons with certain disabilities under 65 years of age."]

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

YES.....1 [SKIP TO AI4]
 NO.....2
 REFUSED.....-7 [SKIP TO AI6]
 DON'T KNOW.....-8

PROGRAMMING NOTE AI2:

**IF [AAGE > 64 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [AI1 = 2, OR -8 (NO, NOT COVERED BY MEDICARE OR DK)], CONTINUE WITH AI2;
 ELSE SKIP TO PROGRAMMING NOTE AI4**

AI2
 AI2 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 [SKIP TO AI6]
 NOT CORRECT, R IS COVERED BY MEDICARE.....2 [SKIP BACK TO AI1]
 AGE IS INCORRECT.....93
 REFUSED.....-7 [SKIP TO AI6]
 DON'T KNOW.....-8 [SKIP TO AI6]

PROGRAMMING NOTE AI3:

**SET AIDATE = CURRENT DATE (YYYYMMDD);
 SET AAGE = AI3;
 IF AAGE < 18, CODE AS IA AND TERMINATE**

AIDATE

AI3
 AI3 What is your age, please? **AI3**

____ YEARS OF AGE [HR: 18-105] [SKIP TO AI6]
 REFUSED.....-7 [SKIP TO AI6]
 DON'T KNOW.....-8 [SKIP TO AI6]

PROGRAMMING NOTE AI4:

**IF AI1 = 1 (YES), CONTINUE WITH AI4;
 ELSE SKIP TO AI6**

AI4
 AI4 Are you ALSO covered by a MediCARE supplemental policy? **AI4**

[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).]

YES.....1
 NO.....2 [SKIP TO AI6]
 REFUSED.....-7 [SKIP TO AI6]
 DON'T KNOW.....-8 [SKIP TO AI6]

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PROGRAMMING NOTE AI5:
IF AI4 = 1 (YES, MEDICARE SUPPLEMENTAL POLICY), CONTINUE WITH AI5;
ELSE SKIP TO AI6

AI5
 AI5 Who PAYS the monthly premium cost for your Medicare supplemental policy, not counting any co-pays or deductibles you may have? **AI5_A - AI5_G**

[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

PROGRAMMING NOTE AI6:
IF AI5 = 6 (MEDI-CAL), DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

AI6
 AI6 {Is it correct that you are/Are you} covered by Medi-CAL? **AI6**

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

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

YES.....	1 [SKIP TO AI8]
NO.....	2
REFUSED.....	-7
DON'T KNOW.....	-8

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PROGRAMMING NOTE AI7:

**IF AAGE > 18 OR [AA2A <> -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, SKIP TO AI8;
 ELSE IF [AAGE = 18 OR AA2A = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND AI5 = 7 (HEALTHY
 FAMILIES), CONTINUE WITH AI7 AND ASK: "Is it correct, then, that you are";
 ELSE IF [AAGE = 18 OR AA2A = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND AI4 <> 7, CONTINUE WITH
 AI7 AND ASK: "Are you"**

AI7
 AI7 {Is it correct, then, that you are/Are you} covered by the Healthy Families Program? **AI7**
**[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance
 for children up to age 19."]**

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

AI8
 AI8 Are you covered by a health insurance plan or HMO through a current or former employer or **AI8**
 union?
[IF NEEDED, SAY: "...either through your own or someone else's employment?"]

YES.....1
 NO..... 2 [SKIP TO AI10]
 REFUSED..... -7 [SKIP TO AI10]
 DON'T KNOW..... -8 [SKIP TO AI10]

AI9
 AI9 Was this plan obtained in your own name or in the name of someone else? **AI9**
[PROBE: "Even someone who does not live in this household?"]

IN OWN NAME.....1 [SKIP TO AI12]
 IN SOMEONE ELSE'S NAME..... 2 [SKIP TO AI12]
 REFUSED..... -7 [SKIP TO AI12]
 DON'T KNOW..... -8 [SKIP TO AI12]

PROGRAMMING NOTE AI10:

**IF AH43 = 1 (MARRIED) AND AI8 <> 1 (NO EMPLOYER-BASED COVERAGE OR REF/DK), CONTINUE WITH
 AI10;
 ELSE SKIP TO PROGRAMMING NOTE AI11**

AI10
 AI10 Is your spouse covered by a health insurance plan or HMO from a current or former employer or **AI10**
 union?

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

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Section I

PROGRAMMING NOTE AI11:
IF AI1 <> 1 AND AI6 <> 1 AND AI7 <> 1 AND AI8 <> 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES AND EMPLOYER), CONTINUE WITH AI11;
ELSE SKIP TO AI13

AI11

AI11 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO? 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

PROGRAMMING NOTE AI12:
IF AI8 = 1 (YES, EMPLOYER-BASED COVERAGE) OR AI11 = 1 (YES, PURCHASED OWN COVERAGE), CONTINUE WITH AI12;
ELSE SKIP TO AI13

AI12

AI12 Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have? **AI12_A - AI12_G**

[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_1	SELF OR FAMILY	1
AI12_2	RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION.....	2
AI12_3	SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION.....	3
AI12_4	SOMEONE OUTSIDE HOUSEHOLD.....	4
AI12_5	MEDICARE.....	5
AI12_6	MEDI-CAL (MEDICAID).....	6
AI12_7	HEALTHY FAMILIES PROGRAM.....	7
AI12_8	OTHER.....	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

CHIS 2001 ADULT SURVEY

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PROGRAMMING NOTE AI13:
IF AH48 = 1 (EMPLOYED) AND AI9 <> 1 NO EMPLOYER-BASED COVERAGE OR REF/DK), CONTINUE WITH AI13;
ELSE SKIP TO AI16

AI13

AI13 Does your employer offer health insurance to any of its employees? **AI13**

YES.....1
 NO..... 2 [SKIP TO AI16]
 REFUSED.....-7[SKIP TO AI16]
 DON'T KNOW..... -8 [SKIP TO AI16]

AI14

AI14 Could you be in this plan if you wanted to? **AI14**

YES.....1
 NO..... 2
 REFUSED.....-7[SKIP TO AI16]
 DON'T KNOW.....-8

PROGRAMMING NOTE AI15:
IF AI14 = 1 (YES), DISPLAY "Why aren't you in this plan?";
ELSE IF AI14 = 2 OR -8 (NO OR DON'T KNOW), DISPLAY "Why aren't you eligible for this plan?"

AI15

AI15 {Why aren't you in this plan?/Why aren't you eligible for this plan?} **AI15**

COVERED BY ANOTHER PLAN..... 1
 TRADED HEALTH INSURANCE FOR HIGHER PAY..... 2
 TOO EXPENSIVE.....3
 DON'T NEED HEALTH INSURANCE.....4
 HAVE A PRE-EXISTING CONDITION..... 5
 HAVEN'T YET WORKED FOR THIS EMPLOYER
 LONG ENOUGH TO BE COVERED.....6
 CONTRACT OR TEMPORARY EMPLOYEES
 NOT ALLOWED IN PLAN..... 7
 DON'T WORK ENOUGH HOURS PER WEEK
 OR WEEKS PER YEAR.....8
 DON'T BELIEVE IN HEALTH INSURANCE..... 9
 COVERED UNDER SAME PLAN SPOUSE/SAME COMPANY..... 10
 DOESN'T LIKE/WANT COMPANY INSURANCE..... 11
AI15OS OTHER (SPECIFY): 91
 REFUSED.....-7
 DON'T KNOW..... -8

PROGRAMMING NOTE AI16:
IF AI1 <> 1 AND AI6 <> 1 AND AI7 <> 1 AND AI8 <>1 AND AI11 <> 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH AI16;
ELSE SKIP TO AI17

AI16

AI16 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

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PROGRAMMING NOTE AI17:

**IF AI1 <> 1 AND AI6 <> 1 AND AI7 <> 1 AND AI8 <> 1 AND AI11 <> 1 AND AI16 <> 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH AI17;
ELSE SKIP TO AI20**

AI17

AI17 Are you covered by some other government health plan, such as AIM, "Mister MIP," the Family PACT program, or something else? **AI17**

[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."]

YES..... 1
NO..... 2 [SKIP TO PROGRAMMING NOTE AI18]
REFUSED..... -7 [SKIP TO PROGRAMMING NOTE AI18]
DON'T KNOW..... -8 [SKIP TO PROGRAMMING NOTE AI18]

AI17A

AI17A ASK IF NECESSARY: "What is the name of this plan?" **AI17A**

AIM..... 1 [SKIP TO PROGRAMMING NOTE AI20]
MRMIP ("Mister Mip")..... 2 [SKIP TO PROGRAMMING NOTE AI20]
FAMILY PACT..... 3 [SKIP TO PROGRAMMING NOTE AI20]
AI17AOS OTHER (SPECIFY): 91 [SKIP TO PROGRAMMING NOTE AI20]
REFUSED..... -7 [SKIP TO PROGRAMMING NOTE AI20]
DON'T KNOW..... -8 [SKIP TO PROGRAMMING NOTE AI20]

PROGRAMMING NOTE AI18:

**IF AI1 <> 1 AND AI6 <> 1 AND AI7 <> 1 AND AI8 <> 1 AND AI11 <> 1 AND AI16 <> 1 AND AI17 <> 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH AI18;
ELSE SKIP TO AI20**

AI18

AI18 Do you have any health insurance coverage through a plan that I missed? **AI18**

YES..... 1
NO..... 2 [SKIP TO PROGRAMMING NOTE AI20]
REFUSED..... -7 [SKIP TO PROGRAMMING NOTE AI20]
DON'T KNOW..... -8 [SKIP TO PROGRAMMING NOTE AI20]

CHIS 2001 ADULT SURVEY

Section I

AI19
 AI19 What type of health insurance do you have? **AI19_A - AI19_I**

[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_1	THROUGH CURRENT OR FORMER EMPLOYER/UNION.....	1
AI19_2	THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION.....	2
AI19_3	PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)	3
AI19_4	MEDICARE.....	4
AI19_5	MEDI-CAL.....	5
AI19_6	HEALTHY FAMILIES.....	6
AI19_7	CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE.....	7
AI19_8	INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC.....	8
AI19_9	OTHER GOVERNMENT HEALTH PLAN.....	91
AI19_10	OTHER NON-GOVERNMENT HEALTH PLAN.....	92
	REFUSED.....	-7
	DON'T KNOW.....	-8

PROGRAMMING NOTE AI20:
IF AA5A_3 = 1 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH AI20;
ELSE SKIP TO AI21

AI20
 AI20 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

PROGRAMMING NOTE AI21:
IF AI1 = 1 OR AI6 = 1 OR AI7 = 1 OR AI8 = 1 OR AI11 = 1 OR AI16 = 1 OR AI17 = 1 OR (AI19 = 1-7, 9, OR 10) (R HAS ANY COVERAGE), CONTINUE WITH AI21;
ELSE SKIP TO AI24

AI21
 AI21 Thinking of your 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

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PROGRAMMING NOTE AI22:

IF AA3 = 2 (FEMALE) OR -7 (REF), DISPLAY "Do not include a gynecologist or an obstetrician (ob-gyn)."

AI22
AI22 In this plan, do you have to get approval or a referral to see a specialist such as a skin doctor? **AI22**
{Do not include a gynecologist or an obstetrician (ob-gyn).}

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

AI23
AI23 Will this plan pay for any of the costs of visits to doctors who are NOT part of the plan, excluding emergencies and referrals? **AI23**

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

AI25
AI25 Are you covered for your prescription drugs? **AI25**

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

AI26
AI26 At this time, are you covered for eye exams? **AI26**

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

AI26A
AI26A Are you covered for glasses? **AI26A**

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

AI31
AI31 Thinking about your current health insurance, did you have this same insurance for ALL 12 of the past 12 months? **AI31**

YES.....1 [SKIP TO AJ1]
NO..... 2
REFUSED..... -7 [SKIP TO AI34]
DON'T KNOW..... -8

CHIS 2001 ADULT SURVEY

Section I

- AI32**
AI32 When you were not covered by your current health insurance, did you have any other health insurance? **AI32**
- YES.....1
NO..... 2 [SKIP TO AI35]
REFUSED.....-7[SKIP TO AI34]
DON'T KNOW..... -8 [SKIP TO AI34]
- AI33**
AI33 Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan? **AI33_A - AI33_D**
- [CODE ALL THAT APPLY. CTRL-P TO EXIT.]**
[PROBE: "Any others?"]
- AI33_1** MEDI-CAL.....1
AI33_2 HEALTHY FAMILIES.....2
AI33_3 THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 3
AI33_4 OTHER HEALTH PLAN.....91
REFUSED..... -7
DON'T KNOW..... -8
- AI34**
AI34 During the past 12 months, was there any time when you had no health insurance at all? **AI34**
- YES.....1
NO..... 2 [SKIP TO AJ1]
REFUSED.....-7[SKIP TO AJ1]
DON'T KNOW..... -8 [SKIP TO AJ1]
- AI35**
AI35 For how many months of the past 12 months did you have no health insurance at all? **AI35**
- ____ NUMBER OF MONTHS [HR: 0-11]
REFUSED.....-7[SKIP TO AJ1]
DON'T KNOW..... -8 [SKIP TO AJ1]

CHIS 2001 ADULT SURVEY**Section I****AI36**AI36 What is the ONE MAIN reason why you did not have any health insurance during those months? **AI36**

- CHANGED EMPLOYER/LOST JOB..... 1 [SKIP TO NOTE AJ1]
 EMPLOYER DID NOT OFFER.....2 [SKIP TO NOTE AJ1]
 NOT ELIGIBLE DUE TO WORKING STATUS..... 3 [SKIP TO NOTE AJ1]
 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS..... 4 [SKIP TO NOTE AJ1]
 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS..... 5 [SKIP TO NOTE AJ1]
 COULDN'T AFFORD/TOO EXPENSIVE..... 6 [SKIP TO NOTE AJ1]
 FAMILY SITUATION CHANGED 7 [SKIP TO NOTE AJ1]
 LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC) 8 [SKIP TO NOTE AJ1]
 DON'T BELIEVE IN INSURANCE.....9 [SKIP TO NOTE AJ1]
 HEALTHY -- NO NEED..... 10 [SKIP TO NOTE AJ1]
 PAID FOR OWN CARE -- NO NEED..... 11 [SKIP TO NOTE AJ1]
 GOT HEALTH CARE FREE -- NO NEED..... 12 [SKIP TO NOTE AJ1]
 HAD INSURANCE ALL 12 MONTHS, JUST NOW LOST..... 13 [SKIP TO NOTE AJ1]
 DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY NOT 14 [SKIP TO PROGRAMMING
 SPECIFIED NOTE AJ1]
 DO HAVE COVERAGE BUT DON'T KNOW TYPE..... 15 [SKIP TO NOTE AJ1]
 SWITCHED INSURANCE COMPANIES, DELAY BETWEEN..... 16 [SKIP TO NOTE AJ1]
 DIDN'T LIKE INSURANCE OFFERED/DIDN'T WANT IT..... 17 [SKIP TO NOTE AJ1]
 OTHER (SPECIFY) 91 [SKIP TO NOTE AJ1]
 REFUSED..... -7 [SKIP TO NOTE AJ1]
 DON'T KNOW..... -8 [SKIP TO NOTE AJ1]

AI36OS**AI24**AI24 What is the ONE MAIN reason why you do not have any health insurance? **AI24****[IF R SAYS NO NEED, PROBE WHY]**

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

AI24OS

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Section I

AI27
 AI27 Were you covered by health insurance at any time during the past 12 months? **AI27**

YES..... 1 [SKIP TO AI29]
 NO..... 2
 REFUSED.....-7
 DON'T KNOW.....-8

AI28
 AI28 How long has it been since you last had health insurance? **AI28**

MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS 1 [SKIP TO AJ1]
 AGO
 MORE THAN 3 YEARS AGO..... 2 [SKIP TO AJ1]
 NEVER HAD HEALTH INSURANCE..... 3 [SKIP TO AJ1]
 REFUSED.....-7 [SKIP TO AJ1]
 DON'T KNOW..... -8 [SKIP TO AJ1]

AI29
 AI29 For how many months out of the last 12 months did you have health insurance? **AI29**

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

____ MONTHS [HR: 0-12]
 REFUSED..... -7
 DON'T KNOW..... -8

AI30
 AI30 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? **AI30_A - AI30_D**

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

AI30_1 MEDI-CAL..... 1
AI30_2 HEALTHY FAMILIES..... 2
AI30_3 THROUGH CURRENT OR FORMER EMPLOYER OR UNION..... 3
AI30_4 OTHER HEALTH PLAN..... 91
 REFUSED..... -7
 DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section J

Section J

PROGRAMMING NOTE AJ1:

**IF AI1 = 2 AND AI6 = 2 AND AI7 = [2 OR -1] AND AI8 = 2 AND AI11 = 2 AND AI16 = 2 AND AI17 = 2 AND [AI18 = 2, -7, -8] (NOT CURRENTLY INSURED OR REF/DK TO ANY MISSED PROGRAMS), SKIP TO AJ2;
ELSE CONTINUE WITH AJ1**

AJ1

AJ1 Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist? **AJ1**

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

AJ2

AJ2 During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, blue, anxious or nervous? **AJ2**

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

AJ3

AJ3 Not counting overnight stays, emergency room visits, or visits for drug or alcohol problems, in the past 12 months, have you seen a psychiatrist, psychologist, social worker, or counselor for emotional or mental health problems? **AJ3**

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

PROGRAMMING NOTE AJ4:

**IF AJ2 = 1 (YES) OR AJ3 = 1 (YES), CONTINUE WITH AJ4;
ELSE SKIP TO AK1**

AJ4

AJ4 In the past 12 months, did a doctor or family physician, nurse, chiropractor or other health clinic staff, talk to you about emotional or mental health problems? **AJ4**

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

AJ5

AJ5 During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem? **AJ5**

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

CHIS 2001 ADULT SURVEY

Section J

AJ6

AJ6 During the past 12 months, did you have difficulties or delays in getting mental health **AJ6**

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

AJ7

AJ7 In the past 12 months, did you receive care in an emergency room for emotional or mental health problems? **AJ7**

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

CHIS 2001 ADULT SURVEY

Section K

Section K

AK1
 AK1 These next questions are about the work you do. Which of the following were you doing last week? **AK1**

Working at a job/business, 1 [SKIP TO AK3]
 With a job/business but not at work, 2
 Looking for work, or..... 3 [SKIP TO AK3]
 Not working at a job/business..... 4
 REFUSED.....-7 [SKIP TO AK3]
 DON'T KNOW.....-8 [SKIP TO AK3]

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

KEEPING HOUSE/CARING FOR CHILDREN OR OTHERS..... 1 [SKIP TO AK9]
 VACATION OR LEAVE..... 2
 COULDN'T FIND A JOB..... 3
 GOING TO SCHOOL/STUDENT..... 4 [SKIP TO AK9]
 RETIRED..... 5 [SKIP TO AK9]
 PHYSICAL DISABILITY..... 6 [SKIP TO AK9]
 UNABLE TO WORK..... 7 [SKIP TO AK9]
 ON LAYOFF OR STRIKE..... 8
 OTHER.....91
 REFUSED.....-7
 DON'T KNOW.....-8

AK3
 AK3 How many hours per week do you USUALLY work at ALL jobs or businesses? **AK3**

[IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

_____ HOURS [HR: 0-95].....-7
 REFUSED.....-7
 DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section K

On February 16, 2001, programming was changed so that AK1 = 3 and AK2 = 3 skip to AK9; also AK3 = 0 no longer skips to AK10A but to AK9 instead.

PROGRAMMING NOTE AK4:

**IF AK1 = 3 (LOOKING FOR WORK) OR AK2 = 3 (CAN'T FIND WORK) OR AK3 = 0 (NO HOURS WORKED), SKIP TO AK9;
ELSE CONTINUE WITH AK4**

AK4 On your MAIN job, are you employed by: a private company, a federal, state, or local government, OR are you self-employed, OR are you working without pay in a family business or farm? **AK4**

[NOTE: MAIN JOB = WHERE WORKS MOST HOURS.]

- PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION.....1
- FEDERAL GOVERNMENT.....2 [SKIP TO AK6]
- STATE GOVERNMENT.....3 [SKIP TO AK6]
- LOCAL GOVERNMENT.....4 [SKIP TO AK6]
- SELF-EMPLOYED.....5
- FAMILY BUSINESS OR FARM.....6
- REFUSED.....-7
- DON'T KNOW.....-8

AK5 What kind of business or industry is this? **AK5**

[IF NEEDED,SAY: "What do they make or do at this business?"]

[INTERVIEWER: ENTER DESCRIPTION]

- _____ (BUSINESS OR INDUSTRY)
- REFUSED.....-7
- DON'T KNOW.....-8

AK6 What is the MAIN kind of work YOU do? **AK6**

[NOTE: MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

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

AK7 How long have you worked at your MAIN job? **AK7 AK7UNT**

- _____ MONTHS [HR: 0-12]
- _____ YEARS [HR: 0-50]
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE AK8:

**IF AK4 = 2, 3, OR 4 (GOVERNMENT EMPLOYEE), SKIP TO AK10;
ELSE IF AK4 = 5 (SELF-EMPLOYED), CONTINUE WITH AK8 AND DISPLAY "Including yourself, about";
ELSE CONTINUE WITH AK8 AND DISPLAY "About"**

FOR PROXY VERSION, PUT THE WORD "your" FOLLOWING "locations?" IN REVERSE VIDEO

AK8 {Including yourself, about/About} how many people are employed by {your employer/you} at all locations? <Your> best guess is fine. **AK8**

- FEWER THAN 10.....1 [SKIP TO AK10]
- 10-50.....2 [SKIP TO AK10]
- 51-99.....3 [SKIP TO AK10]
- 100-999.....4 [SKIP TO AK10]
- 1,000 OR MORE.....5 [SKIP TO AK10]
- REFUSED.....-7 [SKIP TO AK10]
- DON'T KNOW.....-8 [SKIP TO AK10]

CHIS 2001 ADULT SURVEY

Section K

On February 16, 2001 programming was changed so that AK1 = 3 and AK2 = 3 skip to AK9; also AK3 = 0 no longer skips to AK10A but to AK9 instead.

AK9

AK9	Did you work at any time in the last month?	AK9
	YES.....	1
	NO.....	2 [SKIP TO PROGRAMMING NOTE AK10A]
	REFUSED.....	-7 [SKIP TO PROGRAMMING NOTE AK10A]
	DON'T KNOW.....	-8 [SKIP TO PROGRAMMING NOTE AK10A]

**PROGRAMMING NOTE AK10:
FOR PROXY VERSION, PUT THE WORD "your" FOLLOWING "What is" IN REVERSE VIDEO**

AK10

AK10	What is <your> best estimate of all your earnings LAST MONTH before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?	AK10
	[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]	
	\$ _____ AMOUNT [HR: 0-999995]	
	REFUSED.....	-7
	DON'T KNOW.....	-8

**PROGRAMMING NOTE AK10A:
IF AH44 = 1 (MARRIED LIVING WITH SPOUSE) CONTINUE WITH AK10A AND DISPLAY "spouse's";
ELSIE IF AH43 = 2 (LIVING WITH A PARTNER IN A MARRIAGE-LIKE RELATIONSHIP), CONTINUE WITH AK10A
AND DISPLAY "partner's";
ELSE SKIP TO AK11**

FOR PROXY VERSION, PUT THE WORD "your" FOLLOWING "What is" IN REVERSE VIDEO

AK10A

AK10A	What is <your> best estimate of all your {spouse's/partner's} earnings LAST MONTH before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?	AK10A
	[IF AMOUNT GREATER THAN \$999,995, ENTER "999,995"]	
	\$ _____ AMOUNT [HR: 0-999995]	
	REFUSED.....	-7
	DON'T KNOW.....	-8

CHIS 2001 ADULT SURVEY

Section K

PROGRAMMING NOTE AK11: FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "could" IN REVERSE VIDEO
--

AK11

AK11 We don't need to know exactly, but could <you> tell me if your HOUSEHOLD'S ANNUAL income **AK11**
from all sources BEFORE TAXES is more than \$20,000 per year or is it less?

MORE..... 1 [SKIP TO AK13]
EQUAL TO \$20K OR LESS.....2
REFUSED.....-7 [SKIP TO AK17]
DON'T KNOW.....-8 [SKIP TO AK17]

AK12

AK12 Is it ... **AK12**

\$5,000 or less, or..... 1 [SKIP TO AK17]
\$5,001 to \$10,000, or.....2 [SKIP TO AK17]
\$10,001 to \$15,000, or.....3 [SKIP TO AK17]
\$15,001 to 20,000..... 4 [SKIP TO AK17]
REFUSED.....-7[SKIP TO AK17]
DON'T KNOW.....-8 [SKIP TO AK17]

AK13

AK13 Is it more or less than \$70,000 per year? **AK13**

MORE..... 1 [SKIP TO AK15]
EQUAL TO \$70K OR LESS.....2
REFUSED.....-7 [SKIP TO AK17]
DON'T KNOW.....-8 [SKIP TO AK17]

AK14

AK14 Is it ... **AK14**

\$20,001 to \$30,000, 1 [SKIP TO AK17]
\$30,001 to \$40,000, 2 [SKIP TO AK17]
\$40,001 to \$50,000, 3 [SKIP TO AK17]
\$50,001 to \$60,000, OR..... 4 [SKIP TO AK17]
\$60,001 to \$70,000?5 [SKIP TO AK17]
REFUSED.....-7 [SKIP TO AK17]
DON'T KNOW.....-8 [SKIP TO AK17]

AK15

AK15 Is it more or less than \$135,000 per year? **AK15**

MORE..... 1 [SKIP TO AK17]
EQUAL TO \$135K OR LESS..... 2
REFUSED.....-7 [SKIP TO AK17]
DON'T KNOW.....-8 [SKIP TO AK17]

AK16

AK16 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

CHIS 2001 ADULT SURVEY

Section K

PROGRAMMING NOTE AK17:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE K18A;
ELSE CONTINUE WITH AK17

AK17

AK17 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 AK18:
EDIT: AK18 MUST BE LESS THAN AK17
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) = AK17, THEN SKIP TO PROGRAMMING NOTE AK18A;
ELSE, CONTINUE WITH AK18

AK18

AK18 How many of these {INSERT NUMBER FROM K17} people are children under the age of 18?

AK18

_____ NUMBER OF CHILDREN [HR: 0-20]
REFUSED.....-7
DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section K

PROGRAMMING NOTE AK18A:

OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 1999 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM AK17 AND AK18, RESPECTIVELY.

**BASE.POVRT100
BASE.POVRT200
BASE.POVRT300
SCRN.RADLTCNT
SCRN.KIDCNT**

(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 1999 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 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 AK17 OR AK18 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT SC13A IN SECTION H 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 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 THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM AK12, AK14, OR AK16 OR IF AK11 = -7 OR AK12 = -7 OR AK13 = -7 OR AK14 = -7, ASK AK18A USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);

ELSE SKIP TO AK18B

AK18A

AK18A I need to ask just one last, very specific question about income and then we're almost finished. **AK18A**

Was your total annual household income before taxes less than or more than \${POVRT100}?

- EQUAL TO OR LESS.....1 [SKIP TO PROGRAMMING NOTE AL2]
- MORE.....2
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE AK18B:

IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM AK12, AK14, OR AK16 OR IF AK11 = -7 OR AK13 = -7 OR AK14 = -7, CONTINUE WITH AK18B USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE SKIP TO AK18C

AK18B

AK18B (I need to ask just one last, very specific question about income and then we're almost finished.) **AK18B**

Was your total annual household income before taxes less than or more than \${POVRT200}?

- EQUAL TO OR LESS.....1 [SKIP TO PROGRAMMING NOTE AL2]
- MORE.....2
- REFUSED.....-7
- DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section K

PROGRAMMING NOTE AK18C:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM AK12, AK14, OR AK16 OR
IF AK11 = -7 OR AK13 = -7 OR AK14= -7, CONTINUE WITH AK18C USING POVRT300 (300% POVERTY
CUTOFF DISPLAY AMOUNT);
ELSE SKIP TO PROGRAMMING NOTE AL2

AK18C

AK18C (I need to ask just one last, very specific question about income and then we're almost finished.)

AK18C

Was your total annual household income before taxes less than or more than \${POVRT300}?

- EQUAL TO OR LESS.....1
- MORE.....2
- REFUSED.....-7
- DON'T KNOW.....-8

CHIS 2001 ADULT SURVEY

Section L

Section L

PROGRAMMING NOTE AL2: **BASE.POVERTY**
CATI VARIABLE POVERTY WILL BE DERIVED BASED ON THE AK12, AK14, AK16, AND/OR AK18A RESPONSES AS FOLLOWS:
SET POVERTY TO 1 IF HOUSEHOLD INCOME <= 100% FPL;
SET POVERTY TO 2 IF HOUSEHOLD INCOME > 100% FPL AND <= 200% FPL;
SET POVERTY TO 3 IF HOUSEHOLD INCOME > 200% FPL AND <= 300% FPL;
SET POVERTY TO 4 IF HOUSEHOLD INCOME > 300% FPL;
SET POVERTY TO 5 IF HOUSEHOLD INCOME IS NOT KNOWN.

ASK AL2 ONLY IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5);
ELSE SKIP TO PROGRAMMING NOTE AM1

AL2 **AL2**
AL2 Are you currently receiving AFDC, TANF or CalWORKS?
[IF NEEDED, SAY: AFDC is Aid to Families with Dependent Children; TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids]

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

AL3 **AL3**
AL3 Are you currently receiving public housing subsidies?

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

AL4 **AL4**
AL4 Are you currently receiving General Assistance or General Relief?

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

AL5 **AL5**
AL5 Are you currently receiving Food Stamps?

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

CHIS 2001 ADULT SURVEY

Section L

AL6
 AL6 Are you currently receiving SSI or Social Security Disability? **AL6**
[IF NEEDED, SAY: "SSI means Supplemental Security Income; Social Security Disability is also known as SSDI"]

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

PROGRAMMING NOTE AL7: IF AA3 = 2 (FEMALE), CONTINUE WITH AL7; ELSE SKIP TO AL8

AL7
 AL7 Are you currently on WIC? **AL7**
[IF NEEDED, SAY:
WIC Supplemental Food Program for Women, Infants and Children]

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

AL8
 AL8 Are you legally blind? **AL8**

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

AL8A
 AL8A Do you have a physical or mental impairment that has kept you from working for at least a year? **AL8A**

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

**PROGRAMMING NOTE AL9:
 FOR PROXY VERSION, PUT THE WORD "you" FOLLOWING "would" IN REVERSE VIDEO**

AL9
 AL9 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

CHIS 2001 ADULT SURVEY

Section L

PROGRAMMING NOTE AL15:
IF AH44 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
ELSE IF AH43 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPLAY "you"

AL15

AL15 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

PROGRAMMING NOTE AL16:
IF AL15 = 1 (YES), CONTINUE WITH AL16
IF AH43 = 1 (MARRIED) AND AH44 = 2 (SPOUSE NOT MEMBER OF HH),
ASK: "What was the total amount that you received from all these sources?"
ELSE IF AH43 = 1 (MARRIED) AND AH44 = 1 (SPOUSE IN HH),
ASK: "What was the combined total amount that you and your
(wife/husband) received from all these sources?"
ELSE SKIP TO AL17

AL16

AL16 What was the {combined} total amount that you {and your} {wife/husband} received from all these sources LAST MONTH? **AL16**

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

\$ _____ AMOUNT [000001-999995]
 REFUSED.....-7
 DON'T KNOW.....-8

PROGRAMMING NOTE AL17:
IF AH43 = 2 (LIVES WITH PARTNER) DISPLAY "you or your partner or both of you";
ELSE IF AH44 = 1 (SPOUSE LIVES IN HH) DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you."

AL17

AL17 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 [SKIP TO AL18A]
 REFUSED.....-7 [SKIP TO AL18A]
 DON'T KNOW.....-8 [SKIP TO AL18A]

AL18

AL18 What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month? **AL18**

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

_____ AMOUNT [HR: 000001-999995]
 REFUSED.....-7
 DON'T KNOW.....-8

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PROGRAMMING NOTE AL18A:

ENUM.AGE

IF [(AAGE >= 65 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE >= 65) AND AH43 <> 1 (MARRIED)] OR [AAGE >= 65 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE >= 65) AND AH43 = 1 (MARRIED) AND SPOUSE AGE < 65], CONTINUE WITH AL18A AND DISPLAY "you";
 ELSE IF (AAGE < 65 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39) OR 3 (BETWEEN 40 AND 44) OR 4 (BETWEEN 45 AND 49) OR 5 (BETWEEN 50 AND 64)] OR ENUM.AGE < 65) AND AH43 = 1 (MARRIED) AND SPOUSE AGE >= 65, CONTINUE WITH AL18A AND DISPLAY "your spouse";
 ELSE IF [(AAGE >= 65 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE >= 65)] AND AH43 = 1 (MARRIED) AND SPOUSE AGE >= 65, CONTINUE WITH AL18A AND DISPLAY "you or your spouse";
 ELSE SKIP TO AL19

AL18A

AL18A Did {you/your spouse/you or your spouse} receive any Social Security or Pension payments last month? **AL18A**

YES..... 1
 NO..... 2 [SKIP TO AL19]
 REFUSED..... -7 [SKIP TO AL19]
 DON'T KNOW..... -8 [SKIP TO AL19]

PROGRAMMING NOTE AL18B:

IF [(AAGE >= 65 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE >= 65) AND AH43 <> 1 (MARRIED)] OR [AAGE >= 65 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE >= 65) AND AH43 = 1 (MARRIED) AND SPOUSE AGE < 65], CONTINUE WITH AL18B AND DISPLAY "you";
 ELSE IF (AAGE < 65 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39) OR 3 (BETWEEN 40 AND 44) OR 4 (BETWEEN 45 AND 49) OR 5 (BETWEEN 50 AND 64)] OR ENUM.AGE < 65) AND AH43 = 1 (MARRIED) AND SPOUSE AGE >= 65, CONTINUE WITH AL18B AND DISPLAY "your spouse";
 ELSE IF [(AAGE >= 65 OR AA2A = 6 (65 OR OLDER) OR ENUM.AGE >= 65)] AND AH43 = 1 (MARRIED) AND SPOUSE AGE >= 65, CONTINUE WITH AL18B AND DISPLAY "you and/or your spouse"

AL18B

AL18B What was the total amount {you/your spouse/you and-or your spouse} received last month from Social Security and Pensions? **AL18B**

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

_____ AMOUNT [HR: 000001-999995]
 REFUSED.....-7
 DON'T KNOW.....-8

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Section L

PROGRAMMING NOTE AL19:

**IF AI1 = 1 OR AI6 = 1 OR AI7 = 1 OR AI8 = 1 OR AI11 = 1 OR AI16 = 1 OR AI17 = 1 OR (AI19 = 1-7, 9, OR 10) (R HAS ANY COVERAGE), SKIP TO AM1;
ELSE CONTINUE WITH AL19**

AL19

AL19

What is the ONE main reason why you aren't enrolled in the Medi-CAL program?

AL19

PAPERWORK TOO DIFFICULT.....	1
DIDN'T KNOW IF ELIGIBLE.....	2
INCOME TOO HIGH, NOT ELIGIBLE.....	3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.....	4
OTHER NOT ELIGIBLE.....	5
DON'T BELIEVE IN HEALTH INSURANCE.....	6
DON'T NEED IT BECAUSE HEALTHY.....	7
ALREADY HAVE INSURANCE.....	8
DIDN'T KNOW IT EXISTED.....	9
DON'T LIKE/WANT WELFARE.....	10
OTHER.....	11
REFUSED.....	-7
DON'T KNOW.....	-8

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Section M

Section M

PROGRAMMING NOTE AM1:
IF POVERTY = 1 (<= 100% FPL) OR 2 (> 100% BUT <= 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH AM1;
ELSE SKIP TO AM6

AM1

AM1 These are my final few questions and they are about the food eaten in your household in the last 12 months and whether you were able to afford food. **AM1**

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

The first statement is:

"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."
 Was that often true, sometimes true, or never true for you and your household in the last 12 months?

- OFTEN TRUE..... 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

AM2

AM2 The second statement is: **AM2**
 "(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?

- OFTEN TRUE..... 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... -7
- DON'T KNOW..... -8

AM3

AM3 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 [SKIP TO AM4]
- REFUSED..... -7 [SKIP TO AM4]
- DON'T KNOW..... -8 [SKIP TO AM4]

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Section M

AM3A

AM3A 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

AM4

AM4 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

AM5

AM5 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? **AM5**

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

On Jan. 12, 2001, this question was replaced with the combination of AM12 and AM13. All cases completed after that date have a value of "-1" for AM6, indicating that it was no longer being asked.

AM6

AM6 Just a few more questions and then we're all done. What was the total number of months, if any, that you were without telephone service during the past 12 months? That is since {{DATE 12 MONTHS AGO}}? **AM6**

[ENTER NUMBER OF MONTHS 0 - 12]

- ____ MONTHS [HR: 0-12]
- REFUSED.....-7
- DON'T KNOW.....-8

On Jan. 12, 2001, this question was added in combination with AM13 to replace AM6. Cases completed before that date have a value of "-9" for AM12, indicating that AM6 was asked instead.

AM12

AM12 During the past 12 months, has your household ever been without telephone service for more than 24 hours? **AM12**

[DO NOT INCLUDE TEMPORARY LOSS OF SERVICE DUE TO STORMS, DAMAGED WIRES, OR PHONE COMPANY MAINTENANCE.]

- YES.....1
- NO..... 2 [SKIP TO AM7]
- REFUSED.....-7 [SKIP TO AM7]
- DON'T KNOW.....-8 [SKIP TO AM7]

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On Jan. 12, 2001, this question was added in combination with AM12 to replace AM6.

AM13

AM13 What was the total amount of time your household was without telephone service for more than 24 hours? **AM13 AM13UNT**

[DO NOT INCLUDE TEMPORARY LOSS OF SERVICE DUE TO STORMS, DAMAGED WIRES, OR PHONE COMPANY MAINTENANCE.]

_____ NUMBER [HR: 1-31 DAYS; 1-52 WEEKS; 1-12 MONTHS]

DAYS..... 1
 WEEKS..... 2
 MONTHS..... 3

AM7

AM7 What is your zip code? **AM7**

_____ (ZIP CODE) [RANGE TESTED]
 REFUSED..... -7
 DON'T KNOW..... -8

CHIS 2001 ADULT SURVEY

Section M

AH42

AH42

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

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SUTTER..... 51
 TEHAMA..... 52
 TRINITY..... 53
 TULARE..... 54
 TUOLUMNE..... 55
 VENTURA..... 56
 YOLO..... 57
 YUBA..... 58
 REFUSED..... -7
 DON'T KNOW..... -8

**PROGRAMMING NOTE AM8:
 FOR PILOT, IF AH42 = 19 (LOS ANGELES COUNTY), CONTINUE WITH AM8;
 ELSE SKIP TO AM10;
 FOR MAIN STUDY, IF AH42 = 19 (LOS ANGELES COUNTY) OR 37 (SAN DIEGO) COUNTY, CONTINUE WITH
 AM8;
 ELSE SKIP TO AM10**

AM8
 AM8 We don't need to know your house address, just the name of the street you live on – what is the name of your street? **AM8**

_____ (NAME OF STREET)
 REFUSED..... -7 [SKIP TO AM10]
 DON'T KNOW..... -8 [SKIP TO AM10]

AM9
 AM9 And what is the name of the street down the corner from you that crosses your street? **AM9**

_____ (NAME OF CROSS-STREET)
 REFUSED..... -7
 DON'T KNOW..... -8

**PROGRAMMING NOTE AM10:
 FOR PROXY VERSION, PUT BOTH WORDS "you" IN REVERSE VIDEO**

AM10
 AM10 Finally, do <you> think <you> might be interested in doing a follow-up to this survey some time in the future? **AM10**

YES..... 1
 MAYBE/PROBABLY YES..... 2
 DEFINITELY NOT..... 3
 REFUSED..... -7
 DON'T KNOW..... -8

**PROGRAMMING NOTE CLOSE2:
 FOR PROXY VERSION, PUT THE WORDS "You" (ALL THREE TIMES) AND "Your" IN REVERSE VIDEO**

CLOSE2
 CLOSE2 Thank <you>, those were my final questions. I really appreciate <your> time and cooperation. <You> have helped with a very important health survey for California. Thank <you>, again and good-bye.