



CHIS 2003 Adult Questionnaire

(Respondents Age 18 and Older)

Version 11 February 12, 2004

Collaborating Agencies:

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

Contact:

California Health Interview Survey
UCLA Center for Health Policy Research
10911 Weyburn Avenue, Suite 300
Los Angeles, CA 90024-2887
Email: chis@ucla.edu
Phone: (866) 275.2447
Fax: (310) 794.2686

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

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Section A – Demographic Information, Part I

PROGRAMMING NOTE QA03_1: **AADATE**
SET AADATE = CURRENT DATE (YYYYMMDD)

QA03_1 What is your date of birth?

[AA1] MONTH _____ DAY _____ YEAR _____ [GO TO QA03_5]
 [RANGE: 1-12] [RANGE: 1-31] [RANGE: 1898-1985]

REFUSED -7
 DON'T KNOW -8

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

PROGRAMMING NOTE QA03_2:
IF QA03_1 = -7 OR -8 (REF/DK), CONTINUE WITH QA03_2;
ELSE GO TO QA03_5

QA03_2 What month and year were you born?

[AA1A] MONTH _____ YEAR _____ [GO TO QA03_5]
 [RANGE: 1-12] [RANGE: 1898-1985]

REFUSED -7
 DON'T KNOW -8

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

PROGRAMMING NOTE QA03_3:
IF QA03_1 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA03_3;
ELSE GO TO QA03_5

QA03_3 What is your age, please?

[AA2] _____ YEARS OF AGE [GO TO QA03_5]
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_4:
IF QA03_2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA03_4;
ELSE GO TO QA03_5

QA03_4 Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

[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

PROGRAMMING NOTE QA03_5: **AAGE ENUM.AGE**
CALCULATE VALUE OF AAGE BASED ON QA03_1, QA03_2, OR QA03_3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA03_1, QA03_2, OR QA03_3 = -7 OR -8 (REF/DK), THEN USE QA03_4;
ELSE USE ENUM.AGE

QA03_5 Are you male or female?

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

QA03_5 Are you Latino or Hispanic?

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

QA03_6 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran -- and if you have more than one, tell me all of them.

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY.]

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

PROGRAMMING NOTE QA03_7:

IF QA03_5 = 1 (YES), DISPLAY "You said you are Latino or Hispanic. Also..."

IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QA03_7, CONTINUE WITH PROGRAMMING NOTE QA03_8;

ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QA03_7 {You said you are Latino or Hispanic. Also} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

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

[CODE ALL THAT APPLY.]

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

PROGRAMMING NOTE QA03_8:
 IF QA03_7 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) AND [QA03_7 = 2 (NATIVE HAWAIIAN) OR QA03_7 = 5 (OTHER PACIFIC ISLANDER) OR QA03_7 = 3 (ASIAN) OR QA03_7= 2 (BLACK OR AFRICAN AMERICAN) OR QA03_7= 1 (WHITE) OR QA03_7= 91 (OTHER (Specify))], CONTINUE WITH QA03_8;
 ELSE GO TO PROGRAMMING NOTE QA03_11

QA03_8 You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

[CODE ALL THAT APPLY.]

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

QA03_9 Are you an enrolled member in a federally or state recognized tribe?

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

QA03_10 Which tribe are you enrolled in?

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

PROGRAMMING NOTE QA03_11:
 IF QA03_7= 3 (ASIAN) AND [QA03_7= 6 (NATIVE HAWAIIAN) OR QA03_7= 5 (OTHER PACIFIC ISLANDER)
 OR QA03_7=4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA03_7 = 2 (BLACK OR AFRICAN AMERICAN)
 OR QA03_7= 1 (WHITE) OR QA03_ = 91 (OTHER (Specify))], CONTINUE WITH QA03_11;
 ELSE GO TO PROGRAMMING NOTE QA03_12

QA03_11 You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

[CODE ALL THAT APPLY.]

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

PROGRAMMING NOTE QA03_12:
 IF QA03_7= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA03_12;
 ELSE GO TO PROGRAMMING NOTE QA03_13

QA03_12 You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

[CODE ALL THAT APPLY.]

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

PROGRAMMING NOTE QA03_13:

IF QA03_5 = YES (LATINO) AND [QA03_7= 6 (NATIVE HAWAIIAN) OR QA03_7= 5 (OTHER PACIFIC ISLANDER) OR QA03_7= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA03_7= 3 (ASIAN) OR QA03_7= 2 (BLACK OR AFRICAN AMERICAN) OR QA03_7= 1 (WHITE) OR QA03_7 = 91 (OTHER)], CONTINUE WITH QA03_13; ELSE IF MULTIPLE RESPONSES TO QA03_7 OR QA03_11 OR QA03_11 [NOT COUNTING -7 OR -8 (REF/DK)] CONTINUE WITH QA03_13; ELSE GO TO QA03_14

[NOTE: FOR QA03_13 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); if QA03_6 = -7 (REFUSE), INSERT "Latino"]

IF QA03_5 = 1 (YES, LATINO) AND ANY OF QA03_6 = 1 THRU 12, DO NOT DISPLAY QA03_13 = 14 (LATINO). IF QA03_7 = 5 (OTHER PACIFIC ISLANDER) AND QA03_12 = 1 THRU 4, DO NOT DISPLAY QA03_13 = 17 (OTHER PACIFIC ISLANDER).

IF QA03_7= 3 AND ANY OF QA03_11 = 1 THRU 17, DO NOT SAY QA03_13 = 19 (ASIAN)

QA03_13 You said that you are: [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1]. Of these, which do you most identify with?

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

[AA5F]	MEXICAN/MEXICANO	1
	MEXICAN AMERICAN	2
	CHICANO	3
	SALVADORAN	4
	GUATEMALAN	5
	COSTA RICAN	6
	HONDURAN	7
	NICARAGUAN	8
	PANAMANIAN	9
	PUERTO RICAN	10
	CUBAN	11
	SPANISH-AMERICAN (FROM SPAIN)	12
	LATINO, OTHER SPECIFY	13
	LATINO	14
	NATIVE HAWAIIAN	16
	OTHER PACIFIC ISLANDER	17
	AMERICAN INDIAN OR ALASKA NATIVE	18
	ASIAN	19
	BLACK OR AFRICAN AMERICAN	20
	WHITE	21
	RACE, OTHER SPECIFY	22
	BANGLADESHI	30
	BURMESE	31
	CAMBODIAN	32
	CHINESE	33
	FILIPINO	34
	HMONG	35
	INDIAN (INDIA)	36
	INDONESIAN	37
	JAPANESE	38
	KOREAN	39
	LAOTIAN	40
	MALAYSIAN	41
	PAKISTANI	42
	SRI LANKAN	43
	TAIWANESE	44
	THAI	45
	VIETNAMESE	46
	ASIAN, OTHER SPECIFY	49
	SAMOAN/AMERICAN SAMOAN	50
	GUAMANIAN	51

TONGAN	52
FIJIAN	53
PACIFIC ISLANDER, OTHER SPECIFY	55
BOTH/ALL/MULTIRACIAL	90
NONE OF THESE	95
REFUSED	-7
DON'T KNOW	-8

QA03_14

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

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

[AH43]

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

Section B – General Health and Health Conditions

These next questions are about your health.

QA03_15 Would you say that in general your health is excellent, very good, good, fair or poor?

- [AB1] EXCELLENT 1
 VERY GOOD..... 2
 GOOD 3
 FAIR 4
 POOR..... 5
 REFUSED -7
 DON'T KNOW -8

QA03_16 Has a doctor ever told you that you have asthma?

- [AB17] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8
- } [GO TO QA03_25]

QA03_17 How old were you when you or your parents were first told by a doctor that you had asthma?

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

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

QA03_18 Do you still have asthma?

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

QA03_19 During the past 12 months, have you had an episode of asthma or an asthma attack?

- [AB41] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_20:
 IF QA03_18 = 2, -7, or -8 (NO, REFUSED, DON'T KNOW) AND QA03_19 = 2, -7, or -8 (NO, REFUSED, DON'T KNOW),
 GO TO QA03_24;
 ELSE CONTINUE WITH QA03_20

QA03_20 During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest lightness or phlegm? Would you say ...

- [AB19] Not at all 1
 Less than every month 2
 Every month 3
 Every week, or 4
 Every day? 5
 REFUSED -7
 DON'T KNOW -8

QA03_21 During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?

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

QA03_22 Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?
[IF NEEDED, SAY: "This includes both oral medicine and inhalers. This is different from inhalers used for quick relief."]

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

PROGRAMMING NOTE QA03_23:
IF AAGE > 69 SKIP TO QA03_24;
ELSE CONTINUE WITH QA03_23

QA03_23 During the past 12 months, how many days of work did you miss due to asthma?

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

QA03_24 Has a doctor or other health professional ever given you an asthma management plan?
[IF NEEDED, SAY: "An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room"]
[INCLUDE NURSES AND ASTHMA EDUCATORS]

- [AB43] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } **[GO TO QA03_29]**

QA03_25 During the past 12 months, have you ever had a wheezing or whistling sound in your chest?

- [AB44] YES 1
- NO 2 **[GO TO QA03_29]**
- [AB44A] BRONCHITIS/EMPHYSEMA/
 CHRONIC OBSTRUCTIVE PULMONARY DISORDER (COPD) 3 **[GO TO QA03_29]**
- REFUSED -7 **[GO TO QA03_29]**
- DON'T KNOW -8 **[GO TO QA03_29]**

QA03_26 During the past 12 months, how many attacks of wheezing or whistling have you had in your chest?

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

QA03_27 During the past 12 months, how many times have you sought any medical help for this breathing problem?

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

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

PROGRAMMING NOTE QA03_28:
IF AAGE > 69 SKIP TO QA03_29;
ELSE CONTINUE WITH QA03_28

QA03_28 During the past 12 months, how many days of work did you miss due to this breathing problem?

[ENTER 0 IF NOT WORKING]

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

QA03_29 Do you have any dogs that you allow inside your home?

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

QA03_30 Do you have any cats that you allow inside your home?

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

QA03_31 In the past 12 months, have you seen cockroaches inside your home?

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

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

PROGRAMMING NOTE QA03_32
IF QA03_5 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA03_32 {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

[AB22] YES 1
 NO 2
 BORDERLINE OR PRE-DIABETES 3
 REFUSED -7
 DON'T KNOW -8

} **[GO TO QA03_37]**

QA03_33 How old were you when a doctor first told you that you have diabetes?
 [AB23] _____ AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]
 REFUSED -7
 DON'T KNOW -8

QA03_34 Were you told that you had Type 1 or Type 2 diabetes?
[IF NEEDED, SAY: “Type 1 diabetes results from the body’s failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes.”]
 [AB51] TYPE 1 1
 TYPE 2 2
 REFUSED -7
 DON'T KNOW -8

QA03_35 Are you now taking insulin?
 [AB24] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_36 Do you now take diabetic pills to lower your blood sugar?
[IF NEEDED, SAY: “These are sometimes called oral agents or oral hypoglycemic agents.”]
 [AB25] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_37 Has a doctor ever told you that you have high blood pressure?
 [AB29] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8 } **[GO TO QA03_39]**

QA03_38 Are you now taking any medications to control your high blood pressure?
 [AB30] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_39 Has a doctor ever told you that you have any kind of heart disease?
 [AB34] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8 } **[GO TO PN QA03_41]**

PROGRAMMING NOTE QA03_40:
IF AAGE < 65 YEARS, GO TO QA03_41;
ELSE ASK QA03_40

QA03_40 Has a doctor ever told you that you have heart failure or congestive heart failure?

- [AB52] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_41 Are you legally blind?

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

QA03_42 Do you have a physical or mental impairment that has kept you from working for at least a year?

[IF NEEDED, SAY "Current condition"]

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

QA03_43 Has a doctor ever told you that you have seizure disorder or epilepsy?

- [AB53] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8
- } **GO TO PN QA03_47]**

QA03_44 Are you now taking any medicine to control your seizure disorder or epilepsy?

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

QA03_45 "How many seizures of any type have you had in the last three months?"

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

- [AB55] NO SEIZURES 0
 ONE SEIZURE 1
 MORE THAN ONE SEIZURE 2
 NO LONGER HAVE EPILEPSY OR SEIZURE DISORDER 3
 REFUSED -7
 DON'T KNOW/ NOT SURE -8
- } **GO TO PN QA03_47]**

QA03_46 During the past month, to what extent has your epilepsy or its treatment interfered with normal activities like working, school, or getting together with family or friends? Would you say

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

PROGRAMMING NOTE QA03_47:
IF AAGE < 50, GO TO QA03_51;
ELSE CONTINUE WITH QA03_47

QA03_47 During the past 12 months, have you had a flu shot?

- [AE30] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8
- } [GO TO QA03_49]

QA03_48 At what kind of place did you get your last flu shot?

- [AB57] A DOCTOR'S OFFICE OR HMO 1
 A COMMUNITY HEALTH CENTER, HEALTH DEPT.,
 HEALTH DEPT. CLINIC, OR OTHER TYPE OF CLINIC 2
 A STORE (FOR EXAMPLE MARKET, DRUGSTORE, OR PHARMACY) 3
 WORKPLACE 4
 A SENIOR, RECREATION, OR COMMUNITY CENTER 5
 A HOSPITAL OR EMERGENCY ROOM 6
 OTHER, (SPECIFY): _____ 91
 REFUSED -7
 DON'T KNOW/ NOT SURE -8
- } [GO TO QA03_50]

QA03_49 What is the main reason you did not get a flu shot in the last 12 months?

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

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

QA03_50 Have you ever had a pneumonia shot? This shot is given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine (new-ma-COCK-all).

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

QA03_51 Has a doctor ever told you that you had a cancer of any kind?

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

PROGRAMMING NOTE QA03_52:
IF QA03_51 = 1 CONTINUE WITH QA03_52; ELSE GO TO PROGRAMMING NOTE QA03_56
ACCEPT ONLY FIRST SIX RESPONSES

QA03_52 What kind of cancer was it?

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

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

PROGRAMMING NOTE QA03_53:
IF QA03_52 = 5 (YES HAD BREAST CANCER), CONTINUE WITH QA03_53;
ELSE GO TO PROGRAMMING NOTE QA03_54

QA03_53 Tell me how you first found out about your breast cancer. Was it by...

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

PROGRAMMING NOTE QA03_54:
IF QA03_52= 21 (YES HAD SKIN CANCER), CONTINUE WITH QA03_54;
ELSE GO TO PROGRAMMING NOTE QA03_56

QA03_54 Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?

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

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

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

QA03_55 How old were you when cancer was first diagnosed?

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

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

PROGRAMMING NOTE QA03_56:
IF AAGE < 40 OR [AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)] OR ENUM.AGE < 40 OR AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA03_63;
ELSE CONTINUE WITH QA03_56

QA03_56 Have you ever had a Sigmoidoscopy, Colonoscopy, or a Proctoscopy? These are exams in which a health care professional inserts a tube into the rectum to look for signs of cancer or other problems.

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

- [AF14]
- YES..... 1
 - NO..... 2
 - REFUSED..... -7
 - DON'T KNOW..... -8
- } [GO TO QA03_60]

QA03_57 How long ago did you have your most recent exam?

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

QA03_58 Was your most recent exam a sigmoidoscopy, colonoscopy, proctoscopy or something else?

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

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

QA03_59 Tell me the main reason you had this exam. Was it

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

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

QA03_60 The following questions are about the blood stool test to determine if you have blood in your stool. The test can be done with a home kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.

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

- [AF22] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } **[GO TO PN QA03_63]**

QA03_61 When did you have your most recent home blood stool test?

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

QA03_62 Tell me the main reason you had this exam. Was it

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

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

PROGRAMMING NOTE QA03_63:
IF QA03_5 = 2 (FEMALE) OR QA03_ = 1 (MALE) AND [AAGE < 40 OR (AA2A = 1 (BETWEEN 18 AND 29) OR 2 (BETWEEN 30 AND 39)) OR ENUM.AGE < 40 OR IF AGE IS UNKNOWN], GO TO PROGRAMMING NOTE QA03_67;
ELSE CONTINUE WITH QA03_63

QA03_63 A PSA test is a blood test to detect prostate cancer. Have you ever heard of a PSA test?
[IF NEEDED, SAY: "A PSA test is a prostate-specific antigen test."]

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

QA03_64 Have you ever had a PSA test?

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

QA03_65 When did you have your most recent PSA test?

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

QA03_66 Tell me the main reason you had this PSA test. Was it

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

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

Section C – Elder Health

PROGRAMMING NOTE QA03_67:
IF AAGE < 65 YEARS, GO TO QA03_70;
ELSE CONTINUE WITH QA03_67

QA03_67 Has a doctor ever told you that you had a stroke?

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

QA03_68 During the past 12 months, have you fallen to the ground more than once?

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

QA03_69 I'd like to ask about a health problem that is more common than people think.
 In the past 30 days, have you been incontinent, that is unable to hold or control your urine more than once?

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

Section D – Health Behaviors

QA03_70

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

- [AE15] YES 1
- NO 2 [GO TO QA03_74]
- REFUSED -7
- DON'T KNOW -8

QA03_71

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

- [AE15A] EVERY DAY 1
- SOME DAYS 2 [GO TO QA03_73]
- NOT AT ALL 3 [GO TO QA03_74]
- REFUSED -7 [GO TO QA03_74]
- DON'T KNOW -8 [GO TO QA03_74]

QA03_72

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

- [AD32] _____ NUMBER OF CIGARETTES [GO TO QA03_74]
- REFUSED -7 [GO TO QA03_74]
- DON'T KNOW -8 [GO TO QA03_74]

QA03_73

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

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

- [AE16] _____ NUMBER OF CIGARETTES [HR: 0 – 120] 1
- REFUSED -7
- DON'T KNOW -8

QA03_74

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

- [AD33] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } [GO TO QA03_76]

QA03_75

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

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

QA03_76

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

Smoking is...

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

QA03_77 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

[AE11] YES 1
 NO 2 } [GO TO QA03_81]
 REFUSED -7
 DON'T KNOW -8

QA03_78 During the past 30 days, how many days per week or per month did you drink any alcoholic beverages, on the average?

[AE12] _____ DAYS PER WEEK
 _____ DAYS PER MONTH

QA03_79 On the days when you drank, about how many drinks did you drink on the average?

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

[AE13] _____ NUMBER OF DRINKS
 REFUSED -7
 DON'T KNOW -8

QA03_80 Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 5 or more drinks on an occasion?

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

QA03_81 The next questions are about walking for transportation. I will ask you separately about walking for other reasons like relaxation or exercise.

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

[AD37] YES 1
 NO 2 [GO TO QA03_84]
 UNABLE TO WALK 3 [GO TO QA03_87]
 REFUSED -7 [GO TO QA03_84]
 DON'T KNOW -8 [GO TO QA03_84]

QA03_82 In the past 7 days, how many times did you do that?

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

[AD38] _____ TIMES PER WEEK
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_83:
 IF QA03_82 = 1 TIME (ONE WALK TAKEN), DISPLAY "How long did that walk?";
 ELSE IF QA03_82 > 1 (MORE THAN ONE WALK), DISPLAY "On average, how long did those walks take?"

QA03_83 {How long did that walk take?/On average, how long did those walks take?}

[AD39] _____ MINUTES
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_84
IF QA03_81 = 1 (WALKED FOR TRANSPORTATION), DISPLAY "Please do not include walking for transportation"
ELSE CONTINUE WITHOUT DISPLAY

QA03_84 Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days, did you walk for at least 10 minutes for any of these reasons? {Please do not include walking for transportation.}

[AD40] YES 1
 NO 2 } [GO TO QA03_87]
 REFUSED -7
 DON'T KNOW -8

QA03_85 In the past 7 days, how many times did you do that?

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

[AD41] _____ TIMES PER WEEK
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_86:
IF QA03_85= 1 TIME (ONE WALK TAKEN), DISPLAY "How long did that walk take?";
ELSE IF QA03_85>1 (MORE THAN ONE WALK TAKEN), DISPLAY "On average, how long did those walks take?"

QA03_86 {How long did that walk take?/On average, how long did those walk take}?

[AD42] _____ MINUTES
 REFUSED -7
 DON'T KNOW -8

These next questions are about your height and weight.

QA03_87 How tall are you without shoes?

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

[AE17] _____ FEET _____ INCHES [FT HR: 3-7, IN HR: 0-11]
 _____ METERS _____ CENTIMETERS [M HR: 1-2, CM HR: 0-99]
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_88:
IF QA03_5 = 2 (FEMALE) and AAGE<50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA03_88 {When not pregnant, how/How} much do you weigh without shoes?

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

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

PROGRAMMING NOTE QA03_89:
IF AAGE = 18, SKIP TO QA03_90;

QA03_89 How much did you weigh at age 18?

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

[AE19] _____ POUNDS [HR: 50-450]
 _____ KILOGRAMS [HR: 20-220]
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_90:
IF AAGE > 70 OR QA03_4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN,
GO TO PROGRAMMING NOTE QA03_93;
ELSE CONTINUE WITH QA03_90

QA03_90 We are asking a few questions about people's sexual experiences. All answers will be kept private.
 In the past 12 months, how many sexual partners have you had?

[AD43] _____ NUMBER OF SEXUAL PARTNERS [GO TO PN QA03_92]
 REFUSED -7 [GO TO PN QA03_92]
 DON'T KNOW -8

QA03_91 Can you give me your best guess?

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

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

PROGRAMMING NOTE QA03_92:
IF QA03_90 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), GO TO PROGRAMMING NOTE QA03_93;
ELSE CONTINUE WITH QA03_92
IF QA03_90 OR QA03_91 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner male or female?"

QA03_92 {Is that partner male or female?} In the past 12 months, have your sexual partners been male, female, or both male and female?

[AD45] MALE 1
 FEMALE 2
 BOTH MALE AND FEMALE 3
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_93:

**IF QA03_5 =1 (MALE), DISPLAY “Gay” in question and “Gay” in Help Screen,
ELSE IF QA03_5 =2 (FEMALE), DISPLAY “Gay, Lesbian” in question and “Gay and Lesbian” in Help Screen**

**IF AAGE > 70 OR QA03_4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN,
Read “The next question is about sexual orientation. All answers will be kept private.” and continue with QA03_93**

QA03_93 Do you think of yourself as straight or heterosexual, as gay {, lesbian} or homosexual, or bisexual?
[IF NEEDED, SAY: “Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay {and Lesbian} people have sex with or are primarily attracted to people of the same sex, and Bisexuals have sex with or are attracted to people of both sexes”.]

- [AD46] STRAIGHT OR HETEROSEXUAL..... 1
- GAY, LESBIAN, OR HOMOSEXUAL.....2
- BISEXUAL.....3
- NOT SEXUAL/ CELIBATE/ NONE.....4
- OTHER (SPECIFY):.....5
- REFUSED.....-7
- DON'T KNOW.....-8

PROGRAMMING NOTE QA03_94:

**IF QA03_90=0 OR QA03_91=0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO QA03_96;
IF AAGE > 35 YEARS AND (QA03_90 < 2 OR QA03_91<2) (ONE OR LESS SEXUAL PARTNERS), GO TO QA03_96
ELSE CONTINUE WITH QA03_94.**

QA03_94 In the past 12 months, have you been tested for a sexually transmitted disease?

- [AD47] YES..... 1
 - NO.....2
 - REFUSED.....-7
 - DON'T KNOW.....-8
- } [GO TO QA03_96]

QA03_95 What were you tested for?

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

- [AD48_1] CHLAMYDIA..... 1
- [AD48_2] GONORRHEA/CLAP.....2
- [AD48_3] SYPHILIS/SYPH.....3
- [AD48_4] HIV/AIDS.....4
- [AD48_5] TRICH (Trichomonas, Trichomoniasis).....5
- [AD48_OS] OTHER.....6
- REFUSED.....-7
- DON'T KNOW.....-8

Section E – General Health, Disabilities, and Social Support

QA03_96

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

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

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

[AE31]

NUMBER OF DAYS _____
 NONE 0
 REFUSED -7
 DON'T KNOW -8

QA03_97

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

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

[AE32]

NUMBER OF DAYS _____
 NONE 0
 REFUSED -7
 DON'T KNOW -8

QA03_98

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

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

[AE33]

NUMBER OF DAYS _____
 NONE 0
 REFUSED -7
 DON'T KNOW -8

These next questions are about your daily activities.

QA03_99

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

[AE34]

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

[GO TO AQ03_106]

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

QA03_100

Walking or getting around inside the home?

[AE35]

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

QA03_101

Getting in or out of bed or chairs?

[AE36]

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

QA03_102 Bathing or showering?

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

QA03_103 Dressing?

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

QA03_104 Eating?

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

QA03_105 Using the toilet?

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

QA03_106 For household chores, such as cooking, shopping, managing money, or cleaning, do you need special equipment or someone to help you because of a health problem or condition?

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

QA03_107 Do you now have any health problem that requires you to use special equipment, such a cane, a wheelchair, a special bed, or a special telephone?

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

How often is someone available...

QA03_108 To help with daily chores if you are sick? Would you say...

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

QA03_109 [IF NEEDED, SAY: "How often is someone available..."]

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

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

QA03_110 [IF NEEDED, SAY: "How often is someone available..."]

To understand you problems? Would you say...

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

QA03_111 [IF NEEDED, SAY: "How often is someone available..."]

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

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

QA03_112 During the past 7 days, did you go to church, temple, or another place of worship for services or other activities?

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

Section F – Women’s Health

PROGRAMMING NOTE QA03_113:
IF QA03_5 = 1 (MALE), GO TO QA03_137

QA03_113 These next questions are about women's health.
 Have you ever had a Pap smear?
[IF NEEDED, SAY: “A pap smear is a routine cancer test in which the doctor takes a cell sample from the cervix with a small stick or brush and sends it to the lab. This is not a test for sexually transmitted diseases.”]

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

QA03_114 How long ago did you have your most recent Pap smear test?

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

PROGRAMMING NOTE QA03_115:
IF AAGE < 30 OR QA03_4 = 1 (BETWEEN 18 AND 29), GO TO QA03_118;
ELSE CONTINUE WITH QA03_115

QA03_115 Have you ever had a mammogram?
[IF NEEDED, SAY: “A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast.”]

- | | | |
|--------|---|---------------------|
| [AD14] | YES | 1 |
| | NO | 2 |
| | [READ DEFINITION, IF STILL NO, GO TO QA03_118] | |
| | REFUSED | -7 [GO TO QA03_118] |
| | DON'T KNOW | -8 [GO TO QA03_118] |

QA03_116 How long ago did you have your most recent mammogram?

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

QA03_117 Tell me the main reason you had a mammogram. Was it
[IF NEEDED, SAY: “The main reason is the most important reason.”]

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

QA03_118 In the past 12 months, has a doctor examined your breasts for lumps?
[IF NEEDED, SAY: "This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth."]

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

QA03_119 Do you examine your own breasts for lumps?
[IF NEEDED, SAY: "This is when you touch your breasts to check for bumps, cysts, or abnormal growth."]

- [AF38] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } **[GO TO PN QA03_121]**

QA03_120 About how often do you examine your own breasts for lumps?

[ENTER NUMBER OF TIMES FOR R SPECIFIED PERIOD]

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

PROGRAMMING NOTE QA03_121:
IF AAGE > 65 YEARS, GO TO PROGRAMMING NOTE QA03_130.
IF QA03_5 =2 (FEMALE) AND IF QA03_93 = 3 (LESBIAN), GO TO QA03_122;
IF QA03_90 = 0 (R HAS ZERO PARTNERS), GO TO QA03_122;
ELSE CONTINUE WITH QA03_121

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

QA03_121 Are you or your male sex partner using a birth control method to prevent pregnancy? This includes male or female sterilization.

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

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

QA03_122 Have you ever heard of RU486, also known as the "abortion pill"?

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

QA03_123 Have you ever heard of emergency contraception or the "morning after pill"?

- [AF42] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } **GO TO PN QA03_125**

QA03_124 Is the following statement true or false?

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

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

PROGRAMMING NOTE QA03_125:
 IF AGE<50, CONTINUE WITH QA03_125;
 ELSE IF AGE = 50 OR IF AGE>50, GO TO PROGRAMMING NOTE QA03_130

QA03_125 To your knowledge, are you now pregnant?

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

PROGRAMMING NOTE QA03_126:
 IF QA03_123 =2 OR -7 OR -8 (NO, REF, DK ABOUT HAVING HEARD OF EC OR MORNING AFTER PILL), GO TO QA03_127;
 ELSE CONTINUE WITH QA03_121.

QA03_126 In the past 12 months, have you used emergency contraception pills or the “morning after pill”?

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

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

QA03_127 In the past 12 months, have you terminated a pregnancy? This does not include miscarriages.

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

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

PROGRAMMIN NOTE QA03_128:
 IF QA03_125 = 1 (YES, PREGNANT), GO TO QA03_137.
 IF AGE = 40 or IF AGE > 40, CONTINUE WITH QA03_128;
 ELSE GO TO QA03_137.

QA03_128 Have you had a hysterectomy?

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

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

PROGRAMMING NOTE QA03_129
IF QA03_128 = 1 DISPLAY "Were your ovaries removed?"
ELSE DISPLAY "Have you had an operation to have your ovaries removed?"

QA03_129 {Were your ovaries removed?} Have you had an operation to have your ovaries removed?

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

PROGRAMMING NOTE QA03_130:
IF QA03_128 = 1 GO TO PROGRAMMING NOTE QA03_131
ELSE CONTINUE WITH QA03_130

QA03_130 Have your periods become irregular or stopped because of menopause?
[IF NEEDED, SAY: "Menopause occurs when women get older, their menstrual periods stop, and they can no longer have children."]

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

PROGRAMMING NOTE QA03_131:
IF QA03_128 =1 DO NOT DISPLAY "for menopause"

QA03_131 Are you currently taking hormone replacement supplements or HRT {for menopause}?
[IF NEEDED, SAY: "This is a supplement, pill, patch, or treatment that gives women more of the female hormone, estrogen. It is also known as hormone replacement therapy or HRT."]

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

PROGRAMMING NOTE QA03_132:
IF QA03_128 =1 DO NOT DISPLAY "for menopause"

QA03_132 Have you ever taken hormone replacement supplements {for menopause}?
[IF NEEDED, SAY, "or HRT?"]

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

QA03_133 About how long ago did you stop using hormone replacement supplements– was it less than 1 year ago, 1 to 3 years ago, 3 to 5 years ago, or more than 5 years ago?

[IF NEEDED, SAY, “or HRT?”]

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

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

QA03_134 Did your doctor advise you to stop?

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

QA03_135 Were news reports or health warnings about long-term use of hormone replacement supplements one of the reasons you decided to stop using them?

[IF NEEDED, SAY, “or HRT?”]

- [AF50] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } **[GO TO QA03_137]**

QA03_136 Were news reports or health warnings about long-term use of hormone supplements one of the reasons you decided not to take them?

[IF NEEDED, SAY, “or HRT?”]

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

Section G – Demographic Information, Part II

QA03_137

Now a few more questions about you.

In what country were you born?

[SELECT FROM MOST LIKELY COUNTRIES]

[AH33]	UNITED STATES.....	1
	AMERICAN SAMOA.....	2
	CANADA.....	3
	CHINA.....	4
	EL SALVADOR.....	5
	ENGLAND.....	6
	FRANCE.....	7
	GERMANY.....	8
	GUAM.....	9
	GUATEMALA.....	10
	HUNGARY.....	11
	INDIA.....	12
	IRAN.....	13
	IRELAND.....	14
	ITALY.....	15
	JAPAN.....	16
	KOREA.....	17
	MEXICO.....	18
	PHILIPPINES.....	19
	POLAND.....	20
	PORTUGAL.....	21
	PUERTO RICO.....	22
	RUSSIA.....	23
	TAIWAN.....	24
	VIETNAM.....	25
	VIRGIN ISLANDS.....	26
[AH330S]	OTHER (SPECIFY):_____	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

PROGRAMMING NOTE QA03_138:
IF QA03_137 NE 1 (NOT BORN IN US), GO TO QA03_139
ELSE IF QA03_137 = 1 (BORN IN US) CONTINUE WITH QA03_138

QA03_138 In what country was your mother born?

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

[AH34]	UNITED STATES.....	1
	AMERICAN SAMOA.....	2
	CANADA.....	3
	CHINA.....	4
	EL SALVADOR.....	5
	ENGLAND.....	6
	FRANCE.....	7
	GERMANY.....	8
	GUAM.....	9
	GUATEMALA.....	10
	HUNGARY.....	11
	INDIA.....	12
	IRAN.....	13
	IRELAND.....	14
	ITALY.....	15
	JAPAN.....	16
	KOREA.....	17
	MEXICO.....	18
	PHILIPPINES.....	19
	POLAND.....	20
	PORTUGAL.....	21
	PUERTO RICO.....	22
	RUSSIA.....	23
	TAIWAN.....	24
	VIETNAM.....	25
	VIRGIN ISLANDS.....	26
[AH340S]	OTHER (SPECIFY):.....	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

QA03_139

In what country was your father born?

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

[AH35]	UNITED STATES.....	1
	AMERICAN SAMOA.....	2
	CANADA.....	3
	CHINA.....	4
	EL SALVADOR.....	5
	ENGLAND.....	6
	FRANCE.....	7
	GERMANY.....	8
	GUAM.....	9
	GUATEMALA.....	10
	HUNGARY.....	11
	INDIA.....	12
	IRAN.....	13
	IRELAND.....	14
	ITALY.....	15
	JAPAN.....	16
	KOREA.....	17
	MEXICO.....	18
	PHILIPPINES.....	19
	POLAND.....	20
	PORTUGAL.....	21
	PUERTO RICO.....	22
	RUSSIA.....	23
	TAIWAN.....	24
	VIETNAM.....	25
	VIRGIN ISLANDS.....	26
[AH350S]	OTHER (SPECIFY):_____.....	91
	REFUSED.....	-7
	DON'T KNOW.....	-8

QA03_140

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

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

QA03_141 What languages do you speak at home?

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

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

PROGRAMMING NOTE QA03_142:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA03_142
IF INTERVIEW CONDUCTED IN ENGLISH AND QA03_141 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA03_142 AND DISPLAY: "Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English..." AND DROP RESPONSE CATEGORY "NOT AT ALL";
ELSE IF QA03_141 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PN QA03_143

QA03_142 {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English} Would you say you speak English ...

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

PROGRAMMING NOTE QA03_143:
IF QA03_137 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO QA03_146;
ELSE CONTINUE WITH QA03_143

QA03_143 The next questions are about citizenship and immigration. Your answers are confidential and will not be reported to the INS.

Are you a citizen of the United States?

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

QA03_144 Are you a permanent resident with a green card?

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

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

QA03_145 About how many years have you lived in the United States?
[FOR LESS THAN A YEAR, ENTER 1 YEAR]

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

PROGRAMMING NOTE QA03_146:
 IF QA03_137 = 1 (USA) OR R CAME TO U.S. PRIOR TO 18TH BIRTHDAY (USE AAGE AND QA03_145), CONTINUE WITH QA03_146;
 ELSE GO TO PROGRAMMING NOTE QA03_147

QA03_146 Thinking back to your childhood, that is, before your 18th birthday, were you ever removed from your home by the state, county, or court, and went to live with people other than your mother or father?

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

PROGRAMMING NOTE QA03_147:
 IF QA03_14 = 1 (MARRIED) CONTINUE WITH QA03_147
 ELSE GO TO PROGRAMMING NOTE QA03_149

QA03_147 Is your spouse also living in your household?

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

QA03_148 May I have your {spouse/partner}'s first name and age?
[ENTER SPOUSE'S/PARTNER'S NAME, AGE, AND SEX]

[SC11A] SPOUSE/PARTNER NAME _____
 SPOUSE/PARTNER AGE _____
 SPOUSE/PARTNER SEX _____

PROGRAMMING NOTE QA03_149:
 IF AAGE<30 OR QA03_4 = 1 (AGE 18-29) AND QA03_14 = 1 (MARRIED) AND QA03_147 = 1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA03_149;
 IF AAGE<30 OR QA03_4 = 1 (AGE 18-29) AND QA03_14 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA03_149;
 IF AAGE<30 OR QA03_4 = 1 (AGE 18-29) AND QA03_14 = 3, 4, 5, 6, OR -7, -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA03_149;
 ELSE GO TO QA03_150.

QA03_149 Are you now living with either of your parents?

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

QA03_150 Are there any children under the age of 18 living in the household, including babies?

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

} GO TO PN QA03_159

QA03_151 Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.

[PROBE: "Is there anyone else?"]

[SC13]

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

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

QA03_152 Is (CHILD) ...

[SC15A]

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

QA03_153 I have recorded {number} {child/children} under 18 in the household. Have I missed any children under 18 who usually live here but are temporarily away?

[SC13]

- NO ONE MISSED -- ROSTER IS CORRECT 1
- RETURN TO ROSTER 2 [GO BACK TO QA03_151]

PROGRAMMING NOTE QA03_154:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA03_154 ABOUT EACH PERSON UNDER 18

QA03_154 Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?

[SC14A]

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

PROGRAMMING NOTE QA03_155:
IF ANY PEOPLE IN HH UNDER AGE 22 AND [QA03_14 = 1 (MARRIED) AND QA03_147 = 1 (SPOUSE LIVING IN HH) OR QA03_14 = 2 (LIVING WITH PARTNER)], ASK QA03_155 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 22

QA03_155 Is {NAME/AGE/SEX} the parent or legal guardian of {PERSON NAME/AGE/SEX}?

[SC14B]

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

QA03_156 Are you {selected child's/selected teen's} biological, step, adoptive, or foster (mother/father)?

[SC30] BIOLOGICAL MOTHER/FATHER..... 1 **[GO TO PN QA03_159]**
 STEP MOTHER/FATHER..... 2
 ADOPTIVE MOTHER/FATHER..... 3
 FOSTER MOTHER/FATHER..... 4
 PARTNER/GIRL-BOYFRIEND of CHILD/TEEN'S MOTHER/FATHER..... 5
 GRANDPARENT..... 6
 OTHER..... 7
 REFUSED..... -7
 DON'T KNOW..... -8

QA03_157 How long has {selected child/selected teen} lived with you?

[SC31] _____ years
 SINCE BIRTH..... -1
 REFUSED..... -7
 DON'T KNOW..... -8

PROGRAMMING NOTE QA03_158
IF QA03_156 = 4 (FOSTER MOTHER/FATHER), CONTINUE WITH QA03_158;
ELSE GO TO PROGRAMMING NOTE QA03_159

QA03_158 Does anyone in the household currently receive a foster care payment to help care for {selected child/selected teen}?

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

PROGRAMMING NOTE QA03_159:
IF ANY CHILD FROM THE ROSTERS IN QA03_150 AND QA03_151 < 12, CONTINUE WITH QA03_159;
ELSE GO TO QA03_161
IF QA03_14 = 1 (MARRIED) AND QA03_147 =1 (SPOUSE LIVING IN HH), DISPLAY "you or your spouse",
IF QA03_14 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner",
ELSE DISPLAY "you".

QA03_159 In the past month, did you use any paid childcare for {CHILD NAME} while {you or your spouse/partner/ you} worked, were in school, or looked for work?

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

[AH44A] YES..... 1
 NO..... 2
 REFUSED..... -7
 DON'T KNOW..... -8 } **[GO TO QA03_161]**

QA03_160 In the past month, how much did you pay for all child care arrangements and programs?

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

[AH44B] \$_____ AMOUNT LAST MONTH [HR: 0-8,000]
 \$_____ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]
 NO PAYMENT IN LAST MONTH OR WEEK..... 3
 REFUSED..... -7
 DON'T KNOW..... -8

QA03_161

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

[AH47]

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

QA03_162

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

AG7

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

- QA03_163** Which of the following were you doing last week?
- [AK1]
- Working at a job or business 1 [GO TO QA03_166]
 - With a job or business but not at work 2
 - Looking for work or 3 [GO TO PN QA03_167]
 - Not working at a job or business? 4
 - REFUSED -7 [GO TO QA03_166]
 - DON'T KNOW -8 [GO TO QA03_166]

- QA03_164** What is the main reason you did not work last week?
- [IF NEEDED, SAY: "Main reason is the most important reason."]**
- [AK2]
- KEEPING HOUSE/CARING FOR CHILDREN OR OTHERS 1 [GO TO PN QA03_167]
 - VACATION OR LEAVE 2
 - COULDN'T FIND A JOB 3
 - GOING TO SCHOOL/STUDENT 4
 - RETIRED 5
 - PHYSICAL DISABILITY 6
 - UNABLE TO WORK 7
 - ON LAYOFF OR STRIKE 8
 - OTHER 91
 - REFUSED -7 [GO TO PN QA03_167]
 - DON'T KNOW -8

PROGRAMMING NOTE QA03_165
 IF (QA03_164 = 1, 3, 4, 5, 6, 7, or 91) AND ((AAGE = -7 OR -8) OR AAGE <= 64) CONTINUE WITH QA03_165;
 ELSE GO TO QA03_166

- QA03_165** Are you receiving Social Security Disability Insurance (SSDI)?
- [AL22]
- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8

- QA03_166** On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?
- [IF NEEDED, SAY: "Where did you work most hours?"]**
- [AK4]
- PRIVATE COMPANY, NON-PROFIT ORGANIZATION, FOUNDATION 1
 - GOVERNMENT 2
 - SELF-EMPLOYED 3
 - FAMILY BUSINESS OR FARM 4
 - REFUSED -7
 - DON'T KNOW -8

PROGRAMMING NOTE QA03_167:
IF QA03_14 = 1 (R HAS A SPOUSE), CONTINUE WITH QA03_167,
ELSE GO TO QA03_169

- QA03_167** Which of the following was your spouse doing last week?
- [AG8]
- Working at a job/ business 1
 - With a job/business but not at work..... 2
 - Looking for work, or..... 3 [GO TO QA03_169]
 - Not working at a job/business?..... 4 [GO TO QA03_169]
 - REFUSED -7 [GO TO QA03_169]
 - DON'T KNOW -8 [GO TO QA03_169]

QA03_168 On your spouse's main job, is he/she employed by a private company, the government, or is he/she self-employed, or is he/she working without pay in a family business or farm?

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

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

Section I – Health Insurance

QA03_169 The next topics are about health insurance and health care.

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

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

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

QA03_170 What is the ONE main reason you do not have a usual source of health care?

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

PROGRAMMING NOTE QA03_171:
 IF QA03_169 = 1 (YES) OR 5 (MORE THAN ONE PLACE) OR -7 (REF) OR -8 (DK), SAY "What kind of place do you go to most often--a medical";
 ELSE IF QA03_169 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";
 ELSE IF QA03_169 = 4 (KAISER) CIRCLE "1" FOR QA03_171 AND GO TO QA03_173

QA03_171 {What kind of place do you go to most often—a medical/Is your doctor in a private} doctor's office, a clinic or hospital clinic, an emergency room, or some other place?

- | | | | |
|-------|--|----|--------------------|
| [AH3] | DOCTOR'S OFFICE/KAISER/OTHER HMO | 1 | [GO TO QA03_173] |
| | CLINIC/HEALTH CENTER/HOSPITAL CLINIC | 2 | |
| | EMERGENCY ROOM | 3 | |
| | SOME OTHER PLACE (SPECIFY): _____ | 91 | } [GO TO QA03_173] |
| | NO ONE PLACE | 94 | |
| | REFUSED | -7 | |
| | DON'T KNOW | -8 | |

QA03_172 Is it an HMO clinic, a county or government clinic, a community clinic, a hospital clinic or emergency room, a chiropractic clinic, or some other kind of clinic or office?

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

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

QA03_173 Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by Medicare?

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

- [AI1] YES 1 [GO TO QA03_176]
- NO 2
- REFUSED -7 [GO TO QA03_178]
- DON'T KNOW -8

IF QA03_173 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA03_174AI2:

IF [AAGE > 64 OR QA03_4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA03_173= 2, OR -8 (NO, NOT COVERED BY MEDICARE OR DK)], CONTINUE WITH QA03_174;
ELSE SKIP TO PROGRAMMING NOTE QA03_176

QA03_174 Is it correct that you are NOT covered by MediCARE even though you told me earlier that you are 65 or older?

- [AI2] CORRECT, NOT COVERED BY MEDICARE..... 1 [GO TO QA03_178]
- NOT CORRECT, R IS COVERED BY MEDICARE..... 2 [GO TO QA03_176]
- AGE IS INCORRECT 93
- REFUSED -7 [GO TO QA03_178]
- DON'T KNOW -8 [GO TO QA03_178]

IF QA03_174 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA03_175: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA03_175;
IF AAGE < 18, CODE AS IA AND TERMINATE

QA03_175 What is your age, please?

[AI3] _____ YEARS OF AGE [HR: 18-105] [GO TO QA03_178]
REFUSED-7 [GO TO QA03_178]
DON'T KNOW-8 [GO TO QA03_178]

PROGRAMMING NOTE QA03_176:
IF ARMCARE = 1, CONTINUE WITH QA03_176;
ELSE SKIP TO QA03_178

QA03_176 Are you ALSO covered by a MediCARE supplemental policy?

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

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

[AI4] YES 1
NO 2 [GO TO QA03_178]
REFUSED-7 [GO TO QA03_178]
DON'T KNOW-8 [GO TO QA03_178]

IF QA03_176 = 1, SET ARSUPP = 1.

PROGRAMMING NOTE QA03_177:
 IF QA03_176 = 1 (YES, MEDICARE SUPPLEMENTAL POLICY), CONTINUE WITH QA03_177;
 ELSE SKIP TO QA03_178

QA03_177 Who PAYS the monthly premium cost for your Medicare supplemental policy, not counting any co-pays or deductibles you may have?

[IF NEEDED, SAY:

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

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

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

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

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

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

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

- [AI5_1] SELF OR FAMILY 1
- [AI5_2] RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION 2
- [AI5_3] SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION 3
- [AI5_4] SOMEONE OUTSIDE HOUSEHOLD 4
- [AI5_5] MEDICARE 5
- [AI5_6] MEDI-CAL (MEDICAID) 6
- [AI5_7] HEALTHY FAMILIES PROGRAM 7
- [AI5_8] OTHER..... 91
- REFUSED-7
- DON'T KNOW-8

IF QA03_177 = 6, SET ARMCAL = 1
 IF QA03_177 = 7, SET ARHFAM = 1

PROGRAMMING NOTE QA03_178:
 IF ARMCAL = 1, DISPLAY "Is it correct that you are";
 ELSE DISPLAY "Are you"

QA03_178 {Is it correct that you are/Are you} covered by Medi-CAL?

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

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

- [AI6] YES 1 [GO TO QA03_180]
- NO 2
- REFUSED-7
- DON'T KNOW-8

IF QA03_178 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1
 IF ARMCAL = 1 AND QA03_178 = 2, SET ARMCAL = 0

QA03_182 Is the plan in your (husband's/wife's) (or) (parent's) name?

- [AI9A] IN HUSBAND'S/WIFE'S NAME..... 1 [GO TO QA03_184]
- IN PARENT'S NAME..... 2 [GO TO QA03_184]
- IN SOMEONE ELSE'S NAME 3 [GO TO QA03_184]
- REFUSED -7 [GO TO QA03_184]
- DON'T KNOW -8 [GO TO QA03_184]

IF QA03_182 = 1, SET SPEMPOWN=1
 IF QA03_182 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
 IF QA03_182 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA03_183:
 IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY
 FAMILIES AND EMPLOYER), CONTINUE WITH QA03_183;
 ELSE SKIP TO QA03_185

QA03_183 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO?
 IF NEEDED SAY "Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you
 "extra cash" if you are in a hospital."

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

IF QA03_183 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA03_184:
 IF QA03_180 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA03_183 = 1 (YES, PURCHASED OWN COVERAGE),
 CONTINUE WITH QA03_184;
 ELSE SKIP TO QA03_185

QA03_184 Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?

[IF NEEDED, SAY:

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

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

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

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

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

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

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

IF QA03_184 = 2, SET AREMPOWN = 1
 IF QA03_184 = 3, SET AREMPSP = 1
 IF QA03_184 = 5, SET ARMCARE = 1 AND SET ARDIRECT = 0
 IF QA03_184 = 6, SET ARMCAL = 1 AND SET ARDIRECT = 0
 IF QA03_184 = 7, SET, ARHFAM = 1 AND SET ARDIRECT = 0

PROGRAMMING NOTE QA03_185:
 IF QA03_163 NE 3 AND QA03_164 NE 1, 3, 4, 5, 6, 7 AND QA03_166 NE 3 AND AREMPOWN NE 1, CONTINUE WITH QA03_185;
 ELSE SKIP TO PROGRAMMING NOTE QA03_189

QA03_185 Does your employer offer health insurance to any of its employees?

- [AI13]
- YES 1
 - NO 2 [SKIP TO QA03_189]
 - REFUSED -7 [SKIP TO QA03_189]
 - DON'T KNOW -8 [SKIP TO QA03_189]

QA03_186 Are you eligible to be in this plan?

- [AI14] YES 1
- NO 2 [GO TO QA03_188]
- REFUSED -7 [GO TO PN QA03_189]
- DON'T KNOW -8

QA03_187 What is the one main reason why you aren't in this plan?/

- [AI15] COVERED BY ANOTHER PLAN 1 [GO TO PN QA03_189]
- TOO EXPENSIVE 2 [GO TO PN QA03_189]
- DIDN'T LIKE PLAN OFFERED 3 [GO TO PN QA03_189]
- DON'T NEED OR BELIEVE IN HEALTH INSURANCE..... 4 [GO TO PN QA03_189]
- [AI15OS] OTHER (SPECIFY): 91 [GO TO PN QA03_189]
- REFUSED -7 [GO TO PN QA03_189]
- DON'T KNOW -8 [GO TO PN QA03_189]

QA03_188 What is the ONE main reason why you are not eligible for this plan?

- [AI15A] HAVEN'T YET WORKED FOR THIS EMPLOYER LONG
ENOUGH TO BE COVERED 1
- CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN . 2
- DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR... 3
- [AI15AOS] OTHER (SPECIFY): 91
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA03_189:
IF ARINSURE NE 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA03_189;
ELSE SKIP TO PROGRAMMING NOTE QA03_190

QA03_189 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

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

IF QA03_189 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA03_190:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH QA03_190;
ELSE SKIP TO QA03_194

QA03_190 Are you covered by some other government health plan, such as AIM, "Mister MIP," the Family PACT program, or something else?

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

- [AI17] YES 1
- NO 2 [GO TO QA03_192]
- REFUSED -7 [GO TO QA03_192]
- DON'T KNOW -8 [GO TO QA03_192]

IF QA03_190 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA03_191 ASK IF NECESSARY: "What is the name of this plan?"

- [AI17A] AIM 1 [GO TO QA03_194]
- MRMIP ("Mister Mip") 2 [GO TO QA03_194]
- FAMILY PACT 3 [GO TO QA03_194]
- [AI17AOS] OTHER (SPECIFY): _____ 91 [GO TO QA03_194]
- REFUSED -7 [GO TO QA03_194]
- DON'T KNOW -8 [GO TO QA03_194]

PROGRAMMING NOTE QA03_192:

IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA03_192; ELSE SKIP TO QA03_194

QA03_192 Do you have any health insurance coverage through a plan that I missed?

- [AI18] YES 1
- NO 2 [GO TO QA03_194]
- REFUSED -7 [GO TO QA03_194]
- DON'T KNOW -8 [GO TO QA03_194]

QA03_193 What type of health insurance do you have?

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

[PROBE: "Any others?"]

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

[AI19]	THROUGH CURRENT OR FORMER EMPLOYER/UNION	1
	THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION	2
	PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)	3
	MEDICARE	4
	MEDI-CAL	5
	HEALTHY FAMILIES	6
	CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE	7
	INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC.....	8
	OTHER GOVERNMENT HEALTH PLAN.....	91
	OTHER NON-GOVERNMENT HEALTH PLAN.....	92
	REFUSED	-7
	DON'T KNOW	-8

IF QA03_193 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
 IF QA03_193 = 2, SET AROTHER = 1 AND SET ARINSURE = 1
 IF QA03_193 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1
 IF QA03_193 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1
 IF QA03_193 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1
 IF QA03_193 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1
 IF QA03_193 = 7, SET ARMILIT = 1
 IF QA03_193 = 8, SET ARIHS = 1 AND SET ARINSURE = 1
 IF QA03_193 = 9, SET AROTHGOV = 1 AND SET ARINSURE = 1
 IF QA03_193 = 10 OR QA03_193 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA03_194:
 IF QA03_7 = 3 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA03_194;
 ELSE SKIP TO PROGRAMMING NOTE QA03_195 INTRO.

QA03_194 Are you covered by the Indian Health Service, Tribal Health Program or Urban Indian Clinic?

[AI20]	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

IF QA03_194 = 1, SET ARIHS = 1

PROGRAMMING NOTE QA03_195 INTRO:
IF (QA03_14 = 1 [MARRIED] AND QA03_147 = 1 [LIVING WITH SPOUSE]), CONTINUE WITH QA03_195 INTRO; ELSE SKIP TO QA03_212 INTRO

QA03_195 INTRO These next questions are about the type of health insurance your spouse may have.

PROGRAMMING NOTE QA03_195:
IF ARMCARE = 1 AND/OR SPOUSE 65 OR OLDER, CONTINUE WITH QA03_195;
ELSE SKIP TO QA03_197.
DISPLAY "You said that you are covered by Medicare." AND "also" IF ARMCARE = 1.

QA03_195 (You said that you are covered by Medicare.) Is {SPOUSE NAME} (also) covered by Medicare?

- [AI37] YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA03_195 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_196
IF QA03_195 = 1 AND ARSUPP NE 1 CONTINUE WITH QA03_196 WITHOUT DISPLAY;
ELSE IF QA03_195 = 1 AND ARSUPP = 1 CONTINUE WITH QA03_197 AND DISPLAY "You said that you have a Medicare Supplement plan." AND "also";
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE
IF QA03_5 = 1 (MALE) DISPLAY "wife"; IF QA03_5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY "spouse";
ELSE SKIP TO QA03_197

QA03_196 [You said that you have a Medicare Supplement plan.] Does your {husband/wife/spouse}[also] have a Medicare supplemental policy?

- [AI37A] YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA03_197:
IF ARMCAL = 1 , CONTINUE WITH QA03_197;
ELSE SKIP TO PROGRAMMING NOTE QA03_198.
IF ARMCARE = 1, THEN ASK "also".

QA03_197 You said you {also} have Medi-Cal. Is {SPOUSE NAME} also covered by Medi-Cal?

- [AI38] YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA03_197 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_198:
IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA03_198;
ELSE SKIP TO PROGRAMMING NOTE QA03_199.
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY “also”.

QA03_198 You said you {also} have Healthy Families. Is {SPOUSE NAME} also covered by Healthy Families?

- [AI39] YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA03_198 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_199:
IF AREMPOWN =1, CONTINUE WITH QA03_199;
IF ARMCARE = 1 OR AMRCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN
IF QA03_5 = 1 (MALE), DISPLAY “wife”
IF QA03_5 = 2 (FEMALE), DISPLAY “husband”
ELSE DISPLAY “spouse”.
ELSE SKIP TO PROGRAMMING NOTE QA03_200
IF SPINSURE = 1 OR SPEMPOWN = 1 DISPLAY “also”.

QA03_199 You said you {also} have insurance from YOUR current or former employer or union. Is {SPOUSE NAME} also covered by the insurance from YOUR employer?

- [AI40] YES1
- NO2
- MEDI-CAL OR MEDICAID3
- MEDICARE4
- OTHER5
- REFUSED-7
- DON'T KNOW-8

IF QA03_199 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_200:
IF QA03_167 =1 OR 2 (EMPLOYED), CONTINUE WITH QA03_200;
IF QA03_182 = 1, DISPLAY “You said you have insurance from your {XXX}'s employer or union.”;
IF SPINSURE = 1, THEN DISPLAY “also”;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN
IF QA03_5 = 1(MALE), DISPLAY “wife,” “she” and “her”;
IF QA03_5 =2 (FEMALE), DISPLAY “husband” “he” and “his”
ELSE DISPLAY “spouse,” “he or she” and “his or her”;
ELSE SKIP TO PROGRAMMING NOTE QA03_201

QA03_200 {You said you have insurance from your spouse’s employer or union.} Does {SPOUSE NAME} (also) have coverage through {his/her} OWN employer?

- [AI40A] YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA03_200 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_201:
IF ARDIRECT = 1, CONTINUE WITH QA03_201;
ELSE SKIP TO PROGRAMMING NOTE QA03_202.
IF QA03_173 = 1 OR QA03_178 = 1 OR QA03_179 = 1 OR QA03_180 = 1, DISPLAY "also."

QA03_201 You said you {also} have a plan you purchased directly from the insurer. Is {SPOUSE NAME} also covered by this plan?

- [AI41] YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA03_201 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_202:
IF ARMILIT = 1, CONTINUE WITH QA03_202;
ELSE, SKIP TO PROGRAMMING NOTE QA03_203.
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY "also".

QA03_202 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is {SPOUSE NAME} also covered by this plan?

- [AI42] YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA03_202 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_203:
IF AROTHGOV = 1, CONTINUE WITH QA03_203;
ELSE, SKIP TO PROGRAMMING NOTE QA03_204.
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY "also".

QA03_203 You said you {also} have health insurance through some government health plan like AIM or Mister MIP. Is {SPOUSE NAME} also covered by this plan?

- [AI42A] YES1
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA03_203 = 1, SET SPDOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA03_204:
IF SPINSURE NE 1, DISPLAY "any."
ELSE DISPLAY "through any other source."

QA03_204 Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?

- [AI46] YES1
- NO2 **[GO TO QA03_206]**
- REFUSED-7 **[GO TO QA03_212INTR]**
- DON'T KNOW-8 **[GO TO QA03_212INTR]**

QA03_205 What type of health insurance does {he/she} have?

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

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

- [AI47] THROUGH CURRENT OR FORMER EMPLOYER/UNION 1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION 2
- PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) 3
- MEDICARE 4
- MEDI-CAL 5
- HEALTHY FAMILIES 6
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE 7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC 8
- OTHER GOVERNMENT HEALTH PLAN 91
- OTHER NON-GOVERNMENT HEALTH PLAN 92
- REFUSED 7
- DON'T KNOW 8

IF QA03_205 = 1, SET SPENPOTH = 1 AND SET SPINSURE = 1
 IF QA03_205 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
 IF QA03_205 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
 IF QA03_205 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
 IF QA03_205 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
 IF QA03_205 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
 IF QA03_205 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
 IF QA03_205 = 8, SET SPIHS = 1
 IF QA03_205 = 9, SET SPOTHGOV = 1 AND SET SPINSURE = 1
 IF QA03_205 = 10, SET SPOTHER = 1 AND SET SPINSURE = 1
 IF QA03_205 = [-7, -8], SET SPINSURE = 1

PROGRAMMING NOTE QA03_206
 IF SPINSURE NE 1, CONTINUE WITH QA03_206;
 ELSE SKIP TO PROGRAMMING NOTE QA03_212INTR.

QA03_206 You said that {SPOUSE NAME} has NO health insurance from any source. Is this correct?

- [AI48] YES 1 [GO TO QA03_208]
- NO 2
- REFUSED -7 [GO TO QA03_208]
- DON'T KNOW -8 [GO TO QA03_208]

QA03_207 What type of health insurance does {he/she} have?
 [CODE ALL THAT APPLY. CTRL-P TO EXIT.]
 [PROBE: "Any others?"]

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

- [AI49] THROUGH CURRENT OR FORMER EMPLOYER/UNION 1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP,
 OR OTHER ORGANIZATION 2
- PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE).... 3
- MEDICARE 4
- MEDI-CAL 5
- HEALTHY FAMILIES 6
- CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY
 HEALTH CARE 7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR
 URBAN INDIAN CLINIC 8
- OTHER GOVERNMENT HEALTH PLAN 91
- OTHER NON-GOVERNMENT HEALTH PLAN 92
- REFUSED 7
- DON'T KNOW 8

IF QA03_207 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1
 IF QA03_207 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
 IF QA03_207 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
 IF QA03_207 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
 IF QA03_207 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
 IF QA03_207 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1
 IF QA03_207 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
 IF QA03_207 = 8, SET SPIHS = 1
 IF QA03_207 = 9, SET SPOTHGOV = 1 AND SET SPINSURE = 1
 IF QA03_207 = 10, SET SPOTHER = 1 AND SET SPINSURE = 1
 IF QA03_207 = [-7, -8], SET SPINSURE = 1

PROGRAMMING NOTE QA03_208:
 IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), SKIP TO QA03_207INTR;
 ELSE IF QA03_167 = 1 or 2 (EMPLOYED), CONTINUE WITH QA03_208;
 ELSE SKIP TO AI21INTR

QA03_208 Does your spouse's employer offer health insurance to any of its employees?
 [AI43] YES 1
 NO 2 [GO TO QA03_212INTR]
 REFUSED -7 [GO TO QA03_212INTR]
 DON'T KNOW -8 [GO TO QA03_212INTR]

QA03_209 Is {she/he} eligible to be in this plan?
 [AI44] YES 1
 NO 2 [GO TO QA03_211]
 REFUSED -7 [GO TO QA03_212INTR]
 DON'T KNOW -8 [GO TO QA03_212INTR]

QA03_210 What is the ONE main reason why {she/he} isn't in this plan?

[AI45]	COVERED BY ANOTHER PLAN	1
	TOO EXPENSIVE.....	2
	DOESN'T LIKE PLAN OFFERED.....	3
	DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE	4
[A145os]	OTHER (SPECIFY): _____.....	91
	REFUSED	7
	DON'T KNOW.....	8

PROGRAMMING NOTE QA03_211:
IF QA03_209 = 1 (ELIGIBLE), GO TO PROGRAMMING NOTE QA03_212INTR;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER NE SP GENDER THEN
IF QA03_5 = 1 (MALE), DISPLAY "she";
IF QA03_5 = 2 (FEMALE), DISPLAY "he";
ELSE DISPLAY "he or she";

QA03_211 What is the ONE main reason why {she/he} is not eligible for this plan?

[AI45A]	HASN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED	1
	CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN	2
	DOESN'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR.....	3
[AI45AOS]	OTHER (SPECIFY): _____.....	91
	REFUSED	7
	DON'T KNOW.....	8

PROGRAMMING NOTE QA03_212INTR:
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA03_207INTR;
ELSE SKIP TO QA03_228

QA03_212INTR Next, I have some questions about your own main health plan.

QA03_212 Thinking of your own main health plan, did you have to sign up with a primary care doctor, a group of doctors, or a clinic that you must go to for your routine care?

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

QA03_213 In this plan, do you have to get approval or a referral to see a specialist such as a skin doctor?
 {Do not include a gynecologist or an obstetrician (ob-gyn).}

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

QA03_214 What is the name of your main health plan?

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

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

PROGRAMMING NOTE QA03_215

**IF QA03_214 = 1 (KAISER), SET QA03_215 = 1 AND SKIP TO QA03_216;
 ELSE IF QA03_212 = 2 AND QA03_213 = 2, SET QA03_215 = 2 AND SKIP TO QA03_216;
 ELSE ASK QA03_215.
 IF QA03_214 = {1-10}, DISPLAY NAME OF PLAN FROM QA03_214 CODE;
 ELSE DISPLAY "main health."**

QA03_215 Is your { QA03_214 CODE/ main health} plan an HMO (Health Maintenance Organization)?

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

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

QA03_216 How long have you been on this plan?

- [AI22D] _____ MONTHS
- OR
- _____ YEARS

QA03_217 Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?

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

PROGRAMMING NOTE QA03_218:
IF ARMCARE = 1 AND QA03_217 = 1 (YES), CONTINUE WITH QA03_218;
IF ARMCARE = 1 AND QA03_217 ≠ 1, GO TO QA03_219; ELSE GO TO QA03_220.

QA03_218 Have you gotten a discount on your prescriptions by showing your Medicare card or any other card at a drug store in California?

- [AI25A] YES 1 [GO TO QA03_220]
- NO 2 [GO TO QA03_220]
- REFUSED -7 [GO TO QA03_220]
- DON'T KNOW -8 [GO TO QA03_220]

QA03_219 Do you have a card that gives you discount when you buy prescription drugs?

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

QA03_220 Are you covered for eye exams?

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

QA03_221 Are you covered for glasses?

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

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

PROGRAMMING NOTE QA03_222
IF QA03_216 < 12 MONTHS, GO TO QA03_223;
ELSE, ASK QA03_222.

QA03_222 Thinking about your current health insurance, did you have this same insurance for ALL 12 of the past 12 months?

- [AI31] YES 1 [GO TO PN QA03_233]
- NO 2
- REFUSED -7 [GO TO QA03_225]
- DON'T KNOW -8

QA03_223 During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?

- [AI32] YES 1
- NO 2 [GO TO QA03_226]
- REFUSED -7 [GO TO QA03_225]
- DON'T KNOW -8 [GO TO QA03_225]

QA03_224 Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

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

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

QA03_225 During the past 12 months, was there any time when you had no health insurance at all?

[AI34] YES 1
 NO 2 [GO TO PN QA03_233]
 REFUSED -7 [GO TO PN QA03_233]
 DON'T KNOW -8 [GO TO PN QA03_233]

QA03_226 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 [GO TO PN QA03_233]
 DON'T KNOW -8 [GO TO PN QA03_233]

QA03_227 What is the ONE MAIN reason why you did not have any health insurance during those months?

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

QA03_228 What is the ONE MAIN reason why you do not have any health insurance?

[IF R SAYS NO NEED, PROBE WHY]

[AI24]	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
[AI24OS]	OTHER (SPECIFY): _____	91
	REFUSED	-7
	DON'T KNOW	-8

QA03_229 Were you covered by health insurance at any time during the past 12 months?

[AI27]	YES	1	[GO TO QA03_231]
	NO	2	
	REFUSED	-7	
	DON'T KNOW	-8	

QA03_230 How long has it been since you last had health insurance?

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

QA03_231 For how many months out of the last 12 months did you have health insurance?

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

[AI29]	_____ MONTHS	[HR: 0-12]	
	REFUSED		-7
	DON'T KNOW		-8

QA03_232 During those months when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

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

[AI30]	MEDI-CAL	1
	HEALTHY FAMILIES	2
	THROUGH CURRENT OR FORMER EMPLOYER OR UNION	3
	OTHER HEALTH PLAN	91
	REFUSED	-7
	DON'T KNOW	-8

Section MA – Child and Adolescent Health Insurance

Child

PROGRAMMING NOTE QA03_233
IF THERE IS NO SELECTED CHILD, GO TO PN QA03_265 TO ASK ABOUT SELECTED ADOLESCENT; ELSE CONTINUE WITH QA03_233.

QA03_233 These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same insurance as {you/ADULT RESPONDENT NAME}?

[CF10A] YES 1 [GO TO PN QA03_253]
 NO 2
 REFUSED -7
 DON'T KNOW -8

IF QA03_233 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
 IF QA03_233 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
 IF QA03_233 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
 IF QA03_233 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA03_233 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA03_233 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA03_233 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA03_233 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
 IF QA03_233 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1
 IF QA03_233 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1
 IF QA03_233 = 1 AND ARIHS = 1, SET CHIHS = 1

QA03_234 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

[MA1] YES 1 [GO TO PN QA03_253]
 NO 2
 REFUSED -7
 DON'T KNOW -8

IF QA03_234 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
 IF QA03_234 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
 IF QA03_234 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
 IF QA03_234 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA03_234 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1
 IF QA03_234 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1
 IF QA03_234 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1
 IF QA03_234 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1

QA03_235 Is {he/she/he or she} currently covered by Medi-CAL?

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

[CF1] YES 1 [GO TO QA03_239]
 NO 2
 REFUSED -7 [GO TO QA03_237]
 DON'T KNOW -8 [GO TO QA03_237]

IF QA03_235 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA03_236 What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?

- [CF1A] PAPERWORK TOO DIFFICULT 1
- DIDN'T KNOW IF ELIGIBLE 2
- INCOME TOO HIGH, NOT ELIGIBLE 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS 4
- OTHER NOT ELIGIBLE 5
- DON'T BELIEVE IN HEALTH INSURANCE 6
- DON'T NEED IT BECAUSE HEALTHY 7
- ALREADY HAVE INSURANCE 8
- DIDN'T KNOW IT EXISTED 9
- DON'T LIKE / WANT WELFARE 10
- OTHER 91
- REFUSED -7
- DON'T KNOW -8

QA03_237 Is (CHILD) covered by the Healthy Families Program?

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

- [CF2] YES 1 **[GO TO QA03_239]**
- NO 2
- REFUSED -7 **[GO TO QA03_239]**
- DON'T KNOW -8 **[GO TO QA03_239]**

IF QA03_237 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1

QA03_238 What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program?

- [CF2A] PAPERWORK TOO DIFFICULT 1
- DIDN'T KNOW IF ELIGIBLE 2
- INCOME TOO HIGH, NOT ELIGIBLE 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS 4
- OTHER NOT ELIGIBLE 5
- DON'T BELIEVE IN HEALTH INSURANCE 6
- DON'T NEED IT BECAUSE HEALTHY 7
- ALREADY HAVE INSURANCE 8
- DIDN'T KNOW IT EXISTED 9
- DON'T LIKE / WANT WELFARE 10
- OTHER 91
- REFUSED -7
- DON'T KNOW -8

QA03_239 Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?

- [CF3] YES 1 **[GO TO QA03_241]**
- NO 2
- REFUSED -7
- DON'T KNOW -8

IF QA03_239 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA03_240 Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital?

- [CF4] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } **[GO TO PN QA03_242]**

IF QA03_240 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

QA03_241 Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?

[CIRCLE ALL THAT APPLY.]

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

[IF NEEDED, SAY: "Co-pays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage." A deductible is the amount you pay for medical care before the health plan starts paying." "Premium is the monthly charge for the cost of your health insurance plan."]

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

- [CF5] FAMILY IN THIS HOUSEHOLD 1
- EMPLOYER OR UNION.....2
- SOMEONE OUTSIDE HOUSEHOLD3
- MEDI-CAL (MEDICAID)4
- HEALTHY FAMILIES PROGRAM5
- OTHER.....91
- REFUSED-7
- DON'T KNOW-8

IF QA03_241 = 2, SET CHEMP = 1 AND CHDIRECT = 0

IF QA03_241 = 4, SET CHMCAL = 1 AND CHDIRECT = 0

IF QA03_241 = 5, SET CHHFAM = 1 AND CHDIRECT = 0

PROGRAMMING NOTE QA03_242

IF CHINSURE = 1, GO TO QA03_253; ELSE CONTINUE WITH QA03_242

QA03_242 Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

- [CF6] YES 1 **[GO TO PN QA03_246]**
- NO2
- REFUSED-7
- DON'T KNOW-8

IF QA03_242 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA03_243 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

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

- [CF7] AIM 1 **[GO TO PN QA03_246]**
- "MISTER MIP"/MRMIP2 **[GO TO PN QA03_246]**
- NO OTHER PLAN3
- SOMETHING ELSE (SPECIFY): _____91 **[GO TO PN QA03_246]**
- REFUSED-7
- DON'T KNOW-8

IF QA03_243 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA03_244 Does {he/she/he or she} have any health insurance coverage through a plan that I missed?

- [CF8] YES 1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8
- [GO TO PN QA03_246]**

QA03_245 What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

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

- [CF9]
- THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 1
 - THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP
OR OTHER ORGANIZATION2
 - PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
.....3
 - MEDICARE4
 - MEDI-CAL5
 - HEALTHY FAMILIES6
 - CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY
HEALTH CARE7
 - INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN
INDIAN CLINIC8
 - OTHER GOVERNMENT HEALTH PLAN.....91
 - OTHER NON-GOVERNMENT HEALTH PLAN.....92
 - REFUSED-7
 - DON'T KNOW-8

IF QA03_245 = 1, SET CHEMP = 1 AND CHINSURE = 1
 IF QA03_245 = 2, SET CHEMP = 1 AND CHINSURE = 1
 IF QA03_245 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
 IF QA03_245 = 4, SET CHMCARE = 1 AND CHINSURE = 1
 IF QA03_245 = 5, SET CHMCAL = 1 AND CHINSURE = 1
 IF QA03_245 = 6, SET CHHFAM = 1 AND CHINSURE = 1
 IF QA03_245 = 7, SET CHMILIT = 1 AND CHINSURE = 1
 IF QA03_245 = 8, SET CHIHS = 1
 IF QA03_245 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
 IF QA03_245 = 92, SET CHINSURE = 1
 IF QA03_245 = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE QA03_246
 IF CHINSURE = 1, CONTINUE WITH QA03_246;
 ELSE GO TO PN QA03_254.

QA03_246 Thinking of (CHILD)'s main health plan, did you have to sign {him/her/him or her} up with a primary care doctor, a group of doctors, or a clinic that you must take {him/her/him or her} to for routine care?

- [CF11]
- YES 1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8

QA03_247 In this plan, does (CHILD) have to get approval or a referral to see a specialist such as a dermatologist, or skin doctor?

- [CF12]
- YES 1
 - NO2
 - REFUSED-7
 - DON'T KNOW-8

QA03_248 What is the name of (CHILD)'s main health plan?

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

- [MA2] KAISER1
- BLUE CROSS2
- PACIFICARE3
- BLUE SHIELD4
- HEALTH NET5
- AETNA/US HEALTHCARE/PRUDENTIAL6
- CIGNA HEALTHCARE7
- MEDI-CAL8
- {COUNTY MEDI-CAL PLAN NAME}9
- OTHER91
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE QA03_249

IF QA03_246 = 2 AND QA03_247 = 2, SKIP TO QA03_250, ELSE IF QA03_248 = 1 (KAISER), CODE "1" (YES) FOR QA03_249, AND GO TO QA03_250.

QA03_249 Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

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

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

QA03_250 Is (CHILD) covered for prescription drugs?

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

QA03_251 Is {he/she/he or she} covered for eye exams?

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

QA03_252 Is {he/she/he or she} covered for glasses?

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

QA03_253 Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your (CHILD)'s health care in the last 12 months?

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

PROGRAMMING NOTE QA03_254
IF CHINSURE = 1, GO TO QA03_259;
ELSE CONTINUE WITH QA03_254.

QA03_254 What is the **one main** reason (CHILD) does not have any health insurance?

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

QA03_255 Was (CHILD) covered by health insurance at any time during the past 12 months?

- [CF20]
- YES 1 **[GO TO QA03_257]**
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8

QA03_256 How long has it been since (CHILD) last had health insurance?

- [CF21]
- MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO 1
 - MORE THAN 3 YEARS AGO 2
 - NEVER HAD HEALTH INSURANCE COVERAGE 3 **[GO TO PN QA03_265]**
 - REFUSED -7
 - DON'T KNOW/NOT SURE -8

QA03_257 For how many of the last 12 months did {he/she/he or she} have health insurance?

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

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

QA03_258 During those months when (CHILD) had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

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

- [CF23]
- MEDI-CAL 1
 - HEALTHY FAMILIES 2
 - THROUGH CURRENT OR FORMER EMPLOYER/UNION 3 **[GO TO PN QA03_265]**
 - OTHER HEALTH PLAN 91
 - REFUSED -7
 - DON'T KNOW -8

QA03_259 Thinking about {his/her/his or her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

- [CF24] YES 1 **[GO TO PN QA03_265]**
- NO 2
- REFUSED -7
- DON'T KNOW -8

QA03_260 When {he/she/he or she} wasn't covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?

- [CF25] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO QA03_262]**

QA03_261 Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

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

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

QA03_262 During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

- [CF27] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- [GO TO PN QA03_265]**

QA03_263 For how many of the past 12 months did {he/she/he or she} have no health insurance?

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

QA03_264 What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she/he or she} wasn't covered?

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

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

Teen

PROGRAMMING NOTE QA03_265
IF THERE IS NO {CHILD OR TEEN} SELECTED, GO TO QA03_300;
ELSE CONTINUE WITH QA03_265.

QA03_265 These next questions are about health insurance (TEEN) may have.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?

[IA10A] YES 1 [GO TO QA03_286]
 NO 2
 REFUSED -7
 DON'T KNOW -8

IF QA03_265 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
 IF QA03_265 = 1 AND ARMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
 IF QA03_265 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
 IF QA03_265 = 1 AND AREMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
 IF QA03_265 = 1 AND AREMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1
 IF QA03_265 = 1 AND AREMPPAR= 1, SET TEEMP = 1 AND SET TEINSURE = 1
 IF QA03_265 = 1 AND AREMPTH= 1, SET TEEMP = 1 AND SET TEINSURE = 1
 IF QA03_265 = 1 AND ARDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
 IF QA03_265 = 1 AND ARMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
 IF QA03_265 = 1 AND AROTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
 IF QA03_265 = 1 AND ARIHS= 1, SET TEIHS = 1

QA03_266 Does (TEEN) have the same insurance as your spouse?

[MA5] YES 1 [GO TO QA03_286]
 NO 2
 REFUSED -7
 DON'T KNOW -8

IF QA03_266 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
 IF QA03_266 = 1 AND SPMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
 IF QA03_266 = 1 AND SPHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
 IF QA03_266 = 1 AND SPEMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1
 IF QA03_266 = 1 AND SPEMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1
 IF QA03_266 = 1 AND SPDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
 IF QA03_266 = 1 AND SPMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
 IF QA03_266 = 1 AND SPOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA03_267 Does (TEEN) have the same insurance as (CHILD)?

[MA6] YES 1 [GO TO QA03_286]
 NO 2
 REFUSED -7
 DON'T KNOW -8

IF QA03_267 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
 IF QA03_267 = 1 AND CHMCAL= 1, SET TEMCAL = 1 AND SET TEINSURE = 1
 IF QA03_267 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
 IF QA03_267 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
 IF QA03_267 = 1 AND CHDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
 IF QA03_267 = 1 AND CHMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1
 IF QA03_267 = 1 AND CHOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
 IF QA03_267 = 1 AND CHIHS= 1, SET TEIHS = 1

QA03_268 Is {he/she/he or she} currently covered by Medi-CAL?
[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

- [IA1] YES 1 [GO TO QA03_272]
- NO 2
- REFUSED -7 [GO TO QA03_270]
- DON'T KNOW -8 [GO TO QA03_270]

IF QA03_268 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA03_269 What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?

- [IA1A] PAPERWORK TOO DIFFICULT 1
- DIDN'T KNOW IF ELIGIBLE 2
- INCOME TOO HIGH, NOT ELIGIBLE 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS 4
- OTHER NOT ELIGIBLE 5
- DON'T BELIEVE IN HEALTH INSURANCE 6
- DON'T NEED IT BECAUSE HEALTHY 7
- ALREADY HAVE INSURANCE 8
- DIDN'T KNOW IT EXISTED 9
- DON'T LIKE / WANT WELFARE 10
- OTHER 91
- REFUSED -7
- DON'T KNOW -8

QA03_270 Is (TEEN) covered by the Healthy Families Program?
[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

- [IA2] YES 1 [GO TO QA03_272]
- NO 2
- REFUSED -7 [GO TO QA03_272]
- DON'T KNOW -8 [GO TO QA03_272]

IF QA03_270 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

QA03_271 What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?

- [IA2A] PAPERWORK TOO DIFFICULT 1
- DIDN'T KNOW IF ELIGIBLE 2
- INCOME TOO HIGH, NOT ELIGIBLE 3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS 4
- OTHER NOT ELIGIBLE 5
- DON'T BELIEVE IN HEALTH INSURANCE 6
- DON'T NEED IT BECAUSE HEALTHY 7
- ALREADY HAVE INSURANCE 8
- DIDN'T KNOW IT EXISTED 9
- DON'T LIKE / WANT WELFARE 10
- OTHER 91
- REFUSED -7
- DON'T KNOW -8

QA03_272 Is (TEEN) covered by a health insurance plan or HMO through your own or someone else's employment or union?

- [IA3] YES 1 [GO TO QA03_274]
- NO 2
- REFUSED -7
- DON'T KNOW -8

IF QA03_272 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA03_273 Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO? Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital?

- [IA4] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } [GO TO PN QA03_275]

IF QA03_273 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

QA03_274 Who pays the monthly premium cost for this health plan, not counting any co-pays or deductibles you may have?

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

[IF NEEDED, SAY: "Co-pays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage." "A deductible is the amount you pay for medical care before the health plan starts paying." "Premium is the monthly charge for the cost of your health insurance plan."]

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

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

IF QA03_274 = 2, SET TEEMP = 1 AND TEDIRECT = 0
IF QA03_274 = 4, SET TEMCAL = 1 AND TEDIRECT = 0
IF QA03_274 = 5, SET TEHFAM = 1 AND TEDIRECT = 0

PROGRAMMING NOTE QA03_275

IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA03_279; ELSE CONTINUE WITH QA03_275

QA03_275 Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

- [IA6] YES 1 [GO TO PN QA03_279]
- NO 2
- REFUSED -7
- DON'T KNOW -8

IF QA03_275 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA03_276 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

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

- [IA7] AIM 1 **[GO TO PN QA03_279]**
- "MISTER MIP"/MRMIP 2 **[GO TO PN QA03_279]**
- NO OTHER PLAN 3
- SOMETHING ELSE (SPECIFY): _____ 91 **[GO TO PN QA03_279]**
- REFUSED -7
- DON'T KNOW -8

IF QA03_276 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA03_277 Does {he/she/he or she} have any health insurance coverage through a plan that I missed?

- [IA8] YES 1
- NO 2
- REFUSED -7 **[GO TO PN QA03_279]**
- DON'T KNOW -8

QA03_278 What type of health insurance does {he/she/he or she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?

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

- [IA9] THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP
OR OTHER ORGANIZATION 2
- PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)
..... 3
- MEDICARE 4 (VERIFY)
- MEDI-CAL 5
- HEALTHY FAMILIES 6
- CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY
HEALTH CARE 7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN
INDIAN CLINIC 8
- OTHER GOVERNMENT HEALTH PLAN..... 91
- OTHER NON-GOVERNMENT HEALTH PLAN..... 92
- REFUSED -7
- DON'T KNOW -8

IF QA03_278 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA03_278 = 2, SET TEEMP = 1 AND TEINSURE = 1
IF QA03_278 = 3, SET TEDIRECT = 1 AND TEINSURE = 1
IF QA03_278 = 4, SET TEMCARE = 1 AND TEINSURE = 1
IF QA03_278 = 5, SET TEMCAL = 1 AND TEINSURE = 1
IF QA03_278 = 6, SET TEHFAM = 1 AND TEINSURE = 1
IF QA03_278 = 7, SET TEMILIT = 1 AND TEINSURE = 1
IF QA03_278 = 8, SET TEIHS = 1
IF QA03_278 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1
IF QA03_278 = 92, SET TEINSURE = 1
IF QA03_278 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA03_279
IF TEINSURE = 1, CONTINUE WITH QA03_279;
ELSE GO TO PN QA03_287.

QA03_279 Thinking of {TEEN NAME /AGE/SEX}'s main health plan, did you have to sign {him/her/him or her} up with a primary care doctor, a group of doctors, or a clinic that you must take {him/her/him or her} to for routine care?

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

QA03_280 In this plan, does (TEEN) have to get approval or a referral to see a specialist such as a dermatologist, or skin doctor?

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

QA03_281 What is the name of (TEEN)'s main health plan?

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

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

PROGRAMMING NOTE QA03_282:
IF QA03_279 = 2 AND QA03_280 = 2, SKIP TO QA03_283; ELSE IF QA03_281 = 1 (KAISER), CODE "1"(YES) FOR QA03_282 AND GO TO QA03_283

QA03_282 Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?

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

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

QA03_283 Is (TEEN) covered for prescription drugs?

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

QA03_284 Is {he/she/he or she} covered for eye exams?
 [IA15] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_285 Is {he/she/he or she} covered for glasses?
[NOTE: IF COVERED FOR FRAMES OR LENSES, CODE AS "YES"]
 [IA16] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_286 Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your (TEEN)'s health care in the last 12 months?
 [MA9] _____ RESPONDENT'S NUMBER FROM 0 (WORST) TO 10 (BEST)
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_287:
 IF TEINSURE = 1, GO TO QA03_292;
 ELSE CONTINUE WITH QA03_287.

QA03_287 What is the ONE MAIN reason (TEEN) does not have any health insurance?
 [IA18] CHANGED EMPLOYER/LOST JOB 1
 EMPLOYER DID NOT OFFER 2
 NOT ELIGIBLE DUE TO WORKING STATUS 3
 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS 4
 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS 5
 COULDN'T AFFORD/TOO EXPENSIVE 6
 FAMILY SITUATION CHANGED 7
 LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.) 8
 DIDN'T BELIEVE IN INSURANCE 9
 HEALTHY -- NO NEED 10
 PAID FOR OWN CARE -- NO NEED 11
 GOT HEALTH CARE FREE -- NO NEED 12
 OTHER (SPECIFY) _____ 91
 REFUSED -7
 DON'T KNOW -8

QA03_288 Was (TEEN) covered by health insurance at any time during the past 12 months?
 [IA20] YES 1 **[GO TO QA03_290]**
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_289 How long has it been since (TEEN) last had health insurance?
 [IA21] MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO 1
 MORE THAN 3 YEARS AGO 2
 NEVER HAD HEALTH INSURANCE COVERAGE 3 **[GO TO QA03_298]**
 REFUSED -7
 DON'T KNOW/NOT SURE -8

QA03_290 For how many of the last 12 months did {he/she/he or she} have health insurance?
[NOTE: IF LESS THAN ONE MONTH, ENTER 1]

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

QA03_291 During those months when (TEEN) had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

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

- [IA23] MEDI-CAL 1
 HEALTHY FAMILIES 2
 THROUGH CURRENT OR FORMER EMPLOYER/UNION..... 3 **[GO TO QA03_298]**
 OTHER HEALTH PLAN 91
 REFUSED -7
 DON'T KNOW -8

QA03_292 Thinking about {his/her/his or her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

- [IA24] YES 1 **[GO TO QA03_298]**
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_293 When {he/she/he or she} wasn't covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance?

- [IA25] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8 } **[GO TO QA03_295]**

QA03_294 Was this other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan?

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

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

QA03_295 During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

- [IA27] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8 } **[GO TO QA03_300]**

QA03_296 For how many of the past 12 months did {he/she/he or she} have no health insurance?

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

QA03_297 What is the ONE MAIN reason (TEEN) did not have any health insurance during the time {he/she/he or she} wasn't covered?

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

- [IA29] CHANGED EMPLOYER/LOST JOB 1
- EMPLOYER DID NOT OFFER.....2
- NOT ELIGIBLE DUE TO WORKING STATUS.....3
- NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS.....4
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.....5
- COULDN'T AFFORD/TOO EXPENSIVE.....6
- FAMILY SITUATION CHANGED7
- LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.).....8
- DIDN'T BELIEVE IN INSURANCE9
- HEALTHY -- NO NEED10
- PAID FOR OWN CARE -- NO NEED11
- GOT HEALTH CARE FREE -- NO NEED12
- OTHER (SPECIFY) _____91
- REFUSED-7
- DON'T KNOW-8

QA03_298 Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

- [MA10] YES 1
- NO 2
- REFUSED -7
- DON'T KNOW -8

QA03_299 Who pays for this dental insurance, not counting co-pays or deductibles you may have?

[CIRCLE ALL THAT APPLY.]

- [MA69] SELF OR FAMILY 1
- RESPONDENT'S CURRENT OR FORMER EMPLOYER OR UNION2
- SPOUSE'S CURRENT OR FORMER EMPLOYER OR UNION3
- SOMEONE OUTSIDE HOUSEHOLD4
- MEDICARE5
- MEDI-CAL (MEDICAID)6
- HEALTHY FAMILIES PROGRAM7
- OTHER GOVERNMENT DENTAL PROGRAM
(E.G., COUNTY PROGRAMS).....8
- OTHER.....9
- REFUSED-7
- DON'T KNOW-8

Section J – Health Care Utilization and Access, Dental Health

QA03_300 Now, I'd like to ask about the health care you receive.
 During the past 12 months, how many times have you seen a medical doctor?

- [AH5] _____ TIMES [RANGE: 0-365]
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_301:
 IF QA03_300 = 0, -7, OR -8 (HAVE NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA03_301;
 ELSE GO TO QA03_302

QA03_301 About how long has it been since you last saw a doctor about your own health?

- [AH6] ONE YEAR AGO OR LESS 0
 MORE THAN 1 UP TO 2 YEARS AGO 1
 MORE THAN 2 UP TO 5 YEARS AGO 2 [GO TO QA03_306]
 MORE THAN 5 YEARS AGO 3 [GO TO QA03_306]
 NEVER 4 [GO TO QA03_306]
 REFUSED -7 [GO TO QA03_311]
 DON'T KNOW -8 [GO TO QA03_311]

PROGRAMMING NOTE QA03_302:
 IF QA03_301 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA03_302;
 ELSE GO TO QA03_306

QA03_302 The last time you saw a doctor, did you have a hard time understanding the doctor?

- [AJ8] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8 } [GO TO QA03_306]

QA03_303 Was this because you and the doctor spoke different languages?

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

QA03_304 Did you need someone else to help you understand the doctor?

- [AJ10] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8 } [GO TO QA03_306]

QA03_305 Who was this person who helped you understand the doctor?
**[IF R RESPONDS "MY CHILD", PROBE TO SEE IF CHILD IS UNDER AGE 18.
 IF AGE 18+, CODE AS ADULT FAMILY MEMBER]**

- [AJ11] MINOR CHILD (UNDER AGE 18) 1
- AN ADULT FAMILY MEMBER OR FRIEND OF MINE 2
- NON-MEDICAL OFFICE STAFF 3
- MEDICAL STAFF INCLUDING NURSES/DOCTORS 4
- PROFESSIONAL INTERPRETER (BOTH IN PERSON AND ON THE TELEPHONE) 5
- OTHER (PATIENTS, SOMEONE ELSE) 6
- DID NOT HAVE SOMEONE TO HELP 7
- REFUSED -7
- DON'T KNOW -8

QA03_306 A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist, a nurse practitioner, or a physician assistant. In the last 12 months, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with? Was it...

- [AJ12] A big problem 1
- A small problem 2
- Or not a problem? 3
- DIDN'T NEED TO GET A DOCTOR/NURSE IN PAST 12 MONTHS 4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA03_307:
IF QA03_301 =2, 3 OR 4 GO TO QA03_308
ELSE CONTINUE WITH QA03_307

QA03_307 In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see? Was it...
[IF NEEDED, SAY: "Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one are of health care."]

- [AJ13] A big problem 1
- A small problem 2
- Or not a problem? 3
- DIDN'T NEED TO SEE A SPECIALIST IN PAST 12 MONTHS 4
- REFUSED -7
- DON'T KNOW -8

QA03_308 In the last 12 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary? Was it...

- [AJ14] A big problem 1
- A small problem 2
- Or not a problem? 3
- DIDN'T NEED TEST/TREATMENT IN PAST 12 MONTHS 4
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA03_309:
IF AR UNINSURED ALL OF THE PAST 12 MONTHS, GO TO QA03_310
IF QA03_301 = 2, 3 OR 4 (HAS NOT SEEN DOCTOR FOR 2 OR MORE YEARS) AND QA03_306 = 4 AND QA03_308 = 4,
GO TO QA03_311;
ELSE CONTINUE WITH QA03_309

QA03_309 In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan? Was it...

- [AJ15] A big problem 1
- A small problem..... 2
- Or not a problem? 3
- DIDN'T NEED APPROVAL IN PAST 12 MONTHS 4
- REFUSED -7
- DON'T KNOW -8

QA03_310 Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

- [AJ16] _____ RESPONDENT'S NUMBER FROM 0 (WORST) TO 10 (BEST)
- NOT APPLICABLE—NO HEALTH CARE LAST 12 MONTHS -5
- REFUSED -7
- DON'T KNOW -8

QA03_311 Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

- [AJ17] YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8
- } [GO TO PN QA03_313]

QA03_312 Think about the last time this happened. How long ago was that?

- [AJ18] A YEAR AGO OR LESS 1
- MORE THAN 1 YEAR AGO UP TO 2 YEARS AGO 2
- MORE THAN 2 YEARS AGO UP TO 3 YEARS AGO 3
- MORE THAN 3 YEARS AGO UP TO 5 YEARS AGO 4
- MORE THAN 5 YEARS AGO UP TO 10 YEARS AGO 5
- MORE THAN 10 YEARS AGO UP TO 20 YEARS AGO 6
- MORE THAN 20 YEARS AGO 7
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA03_313:
IF QA03_300 > 0 (NUMBER OF TIMES SAW DOCTOR WITHIN LAST YEAR) OR QA03_301 = 0 (ONE YEAR AGO OR LESS) GO TO QA03_314;
ELSE CONTINUE WITH QA03_313

QA03_313 During the past 12 months, did you visit a hospital emergency room for your own health?

- [AH12] YES 1
- NO 2
- REFUSED -7
- DON'T KNOW -8

QA03_314 During the past 12 months, did you either delay or not get a medicine that a doctor prescribed for you?

[AH16] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

} [GO TO QA03_316]

QA03_315 Was cost or lack of insurance a reason why you delayed or did not get the prescription?

[AJ19] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_316 During the past 12 months, did you delay or not get any other medical care you felt you needed – such as seeing a doctor, a specialist or other health professional?

[AH22] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

} [GO TO QA03_318]

QA03_317 Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

[AJ20] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_318 These next questions are about dental health.
 About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

[AG1] LESS THAN 6 MONTHS AGO 1
 6 MONTHS UP TO 1 YEAR AGO 2
 1 YEAR UP TO 2 YEARS AGO 3
 2 YEARS UP TO 5 YEARS AGO 4
 MORE THAN 5 YEARS AGO 5
 HAS NEVER VISITED 6
 REFUSED -7
 DON'T KNOW -8

QA03_319 During the past 12 months, was there any time you needed dental care, but could not afford it?

[AJ22] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_320 Do you now have any type of insurance that pays for part or all of your dental care?

[AG3] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_321
IF QA03_164 = 5 (RETIRED), GO TO PROGRAMMING NOTE QA03_323;
ELSE CONTINUE WITH QA03_321

QA03_321 During the past 12 months, did you miss any work because of a dental problem? Do not count time missed for cleaning or a check-up.

- | | | | | |
|--------|------------------|----|---|------------------|
| [AJ25] | YES | 1 | } | [GO PN QA03_323] |
| | NO | 2 | | |
| | REFUSED | -7 | | |
| | DON'T KNOW | -8 | | |

QA03_322 How many days of work did you miss?

- | | | |
|--------|-----------------------|----|
| [AJ26] | _____ LESS THAN A DAY | |
| | _____ DAYS | |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

Section K – Employment, Income, Poverty Status

PROGRAMMING NOTE QA03_323:
 IF QA03_163 = 3 GO TO QA03_328;
 IF QA03_164 = 1, 4, 5, 6, or 7, GO TO QA03_328;
 ELSE CONTINUE WITH QA03_323

This is about the work you do.

QA03_323 How many hours per week do you usually work at all jobs or businesses?

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

[AK3] _____ HOURS [HR: 0-95]
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_324
 IF QA03_323 = 0 (NO HOURS WORKED), GO TO QA03_328;
 ELSE CONTINUE WITH QA03_324 AND
 IF QA03_166 = 1 (PRIVATE COMPANY), DISPLAY “employed by a private company”,
 IF QA03_166 = 2 (GOVERNMENT), DISPLAY “employed by the government”,
 IF QA03_166 = 3 (SELF-EMPLOYED), DISPLAY “self-employed”,
 IF QA03_166 = 4 (FAMILY BUSINESS OR FARM), DISPLAY “working without pay in a family business or farm”.

QA03_324 Earlier, you told me that on your main job, you are {employed by a private company/ employed by the government/ self-employed/ working without pay in a family business or farm}. What kind of business or industry is this?

**[IF NEEDED, SAY: “What do they make or do at this business?”]
 [INTERVIEWER: ENTER DESCRIPTION]**

[AK5] _____ (BUSINESS OR INDUSTRY)
 REFUSED -7
 DON'T KNOW -8

QA03_325 What is the main kind of work you do?

[MAIN JOB = WHERE WORKS MOST HOURS.]

[INTERVIEWER: ENTER DESCRIPTION]

[AK6] _____ (OCCUPATION)
 REFUSED -7
 DON'T KNOW -8

QA03_326 How long have you worked at your main job?

[IF NEEDED, SAY: “That is, for your current employer?”]

[AK7] _____ MONTHS [HR: 0-12]
 _____ YEARS [HR: 0-50]
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_327:
 IF QA03_166 = 2 (GOVERNMENT EMPLOYEE), GO TO QA03_329;
 IF QA03_166 = 3 (SELF-EMPLOYED), CONTINUE WITH QA03_327 AND DISPLAY "Including yourself, about";
 ELSE CONTINUE WITH QA03_327 AND DISPLAY "About"

QA03_327 {Including yourself, about / About} how many people are employed by {your employer/you} at all locations?
 [IF NEEDED SAY: "Your best guess is fine."]

- | | | | | |
|-------|---------------------|----|---|------------------|
| [AK8] | FEWER THAN 10..... | 1 | } | [GO TO QA03_329] |
| | 10-50 | 2 | | |
| | 51-99 | 3 | | |
| | 100-999 | 4 | | |
| | 1,000 OR MORE | 5 | | |
| | REFUSED | -7 | | |
| | DON'T KNOW | -8 | | |

PROGRAMMING NOTE QA03_328
 IF QA03_163=3 (LOOKING FOR WORK), CONTINUE WITH QA03_328
 IF QA03_164 = 1, 4, 5, 6, OR 7 (KEEPING HOUSE, STUDENT, RETIRED, DISABLED, OR UNABLE TO WORK), CONTINUE WITH QA03_328;
 ELSE GO TO PROGRAMMING NOTE QA03_330.

QA03_328 Did you work at any time in the last month?

- | | | | | |
|-------|------------------|----|---|---------------------|
| [AK9] | YES | 1 | } | [GO TO PN QA03_330] |
| | NO | 2 | | |
| | REFUSED | -7 | | |
| | DON'T KNOW | -8 | | |

QA03_329 What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

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

- | | | |
|--------|------------------|----|
| [AK10] | \$ _____ AMOUNT | |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

PROGRAMMING NOTE QA03_330
 IF QA03_14 NE 1 GO TO QA03_334
 IF QA03_167 = 1 OR 2 (SPOUSE WORKING) GO TO QA03_331
 ELSE CONTINUE WITH QA03_330.

QA03_330 Did your {husband/wife/spouse} work at any time in the last month?

- | | | | | |
|--------|------------------|----|---|------------------|
| [AK19] | YES | 1 | } | [GO TO QA03_334] |
| | NO | 2 | | |
| | REFUSED | -7 | | |
| | DON'T KNOW | -8 | | |

QA03_331 How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?
 [IF WORKS > 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]

- | | | |
|--------|------------------|----|
| [AK20] | _____ HOURS | |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

PROGRAMMING NOTE QA03_332:
IF QA03_331= 0 GO TO QA03_334;
ELSE CONTINUE WITH QA03_332 AND
IF QA03_166 = 1 (PRIVATE COMPANY), DISPLAY "employed by a private company",
IF QA03_166 =2 (GOVERNMENT) GO TO QA03_333
IF QA03_166 = 3 (SELF-EMPLOYED), DISPLAY "self employed",
IF QA03_166 = 4 (FAMILY BUSINESS OF FARM, DISPLAY "working without pay in a family business or farm".

QA03_332 Earlier, you told me that your spouse is {employed by a private company/ employed by the government/ self-employed/ working without pay in a family business or farm}. Including your spouse, about how many people are employed by your spouse's employer at all locations? Your best guess is fine.

[AK21]	FEWER THAN 10.....	1
	10-50	2
	51-99	3
	100-999	4
	1,000 OR MORE	5
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_333
IF QA03_331 > 0 CONTINUE WITH QA03_333;
ELSE GO TO QA03_334

QA03_333 What is your best estimate of all your spouse's earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

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

[AK10A]	\$_____ AMOUNT	
	REFUSED	-7
	DON'T KNOW	-8

QA03_334 What is your best estimate of your household's total annual income from all sources before taxes in 2002?

[IF NEEDED SAY, "Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income."]

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

[AK22]	\$_____ AMOUNT	
	REFUSED	-7
	DON'T KNOW	-8

QA03_335 I have entered that your annual household income is (AMOUNT). Is that correct?

[AK22A]	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_336:
IF QA03_334 = -7 or -8 CONTINUE WITH QA03_336;
ELSE GO TO PROGRAMMING NOTE QA03_342

QA03_336 We don't need to know exactly, but could you tell me if your household's annual income from all sources before taxes is more than \$20,000 per year or is it less?

[AK11] MORE 1 [GO TO QA03_338]
 EQUAL TO \$20K OR LESS 2
 REFUSED -7 [GO TO PN QA03_342]
 DON'T KNOW -8 [GO TO PN QA03_342]

QA03_337 Is it ...

[AK12] \$5,000 or less, or 1
 \$5,001 to \$10,000, or 2
 \$10,001 to \$15,000, or 3 } [GO TO PN QA03_342]
 \$15,001 to 20,000? 4
 REFUSED -7
 DON'T KNOW -8

QA03_338 Is it more or less than \$70,000 per year?

[AK13] MORE 1 [GO TO QA03_340]
 EQUAL TO \$70K OR LESS 2
 REFUSED -7 [GO TO PN QA03_342]
 DON'T KNOW -8 [GO TO PN QA03_342]

QA03_339 Is it ...

[AK14] \$20,001 to \$30,000, 1
 \$30,001 to \$40,000, 2
 \$40,001 to \$50,000, 3
 \$50,001 to \$60,000, or 4 } [GO TO PN QA03_342]
 \$60,001 to \$70,000? 5
 REFUSED -7
 DON'T KNOW -8

QA03_340 Is it more or less than \$135,000 per year?

[AK15] MORE 1 [GO TO PN QA03_342]
 EQUAL TO \$135K OR LESS 2
 REFUSED -7 [GO TO PN QA03_342]
 DON'T KNOW -8 [GO TO PN QA03_342]

QA03_341 Is it ...

[AK16] \$70,001 to \$80,000, 1
 \$80,001 to \$90,000, 2
 \$90,001 to \$100,000, or 3
 \$100,001 to \$135,000? 4
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_342:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA03_343;
ELSE CONTINUE WITH QA03_342

QA03_342 Including yourself, how many people living in your household are supported by your total household income?

[AK17] _____ NUMBER OF PEOPLE [HR: 1-20]
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_343:
QA03_343 MUST BE LESS THAN QA03_342
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL
NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA03_342,
GO TO PROGRAMMING NOTE QA03_344;
ELSE CONTINUE WITH QA03_343

QA03_343 How many of these {INSERT NUMBER FROM AK18} people are children under the age of 18?

[AK18] _____ NUMBER OF CHILDREN (UNDER AGE 18)
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_344:

OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2002 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA03_342 AND QA03_343 RESPECTIVELY..POVRT200

BASE.POVRT100
 BASE.POVRT130
 BASE.POVRT200
 SCR.N.RADLCNT
 SCR.N.KIDCNT

(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2002 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 2 AND 3, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM xxx FOR THE TABLE OF VALUES. THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200 AND THE 300% VALUE IN CATI VARIABLE POVRT300).

IF EITHER QA03_342 OR QA03_343 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA03_151 OF THE ADULT INTERVIEW (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...

- 1) AT OR BELOW 100% FPL,
- 2) ABOVE 100% FPL BUT AT OR BELOW 130% FPL,
- 3) ABOVE 130% FPL BUT AT OR BELOW 200% FPL
- 3) ABOVE 200% FPL BUT AT OR BELOW 300% FPL,
- 4) ABOVE 300% FPL, OR
- 5) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA03_334 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03_337, QA03_339, OR QA03_341 OR QA03_336 = -7 OR QA03_338 = -7 OR QA03_340 = -7, ASK QA03_344 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA03_345

QA03_344 I need to ask just one last, very specific question about income.
 Was your total annual household income before taxes less than or more than \${POVRT100}?

- [AK18A] EQUAL TO OR LESS..... 1 [GO TO QA03_348]
- MORE 2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA03_345:
 IF QA03_334 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03_337, QA03_339, OR QA03_341 OR IF QA03_336 = -7 OR QA03_338 = -7 OR QA03_340 = -7, CONTINUE WITH QA03_345 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA03_347

QA03_345 {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT200}?

- [AK18B] EQUAL TO OR LESS..... 1 [GO TO QA03_348]
- MORE 2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA03_346:
 IF QA03_334 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03_337, QA03_339, OR QA03_341 OR IF QA03_336 = -7 OR QA03_338 = -7 OR QA03_340 = -7, CONTINUE WITH QA03_347 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO QA03_348

QA03_346 {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT130}?

- [AK18D] EQUAL TO OR LESS..... 1 [GO TO QA03_348]
- MORE 2
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA03_347:
 IF QA03_334 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA03_337, QA03_339, OR QA03_341 OR IF QA03_336 = -7 OR QA03_338 = -7 OR QA03_340 = -7, CONTINUE WITH QA03_347 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT); ELSE GO TO QA03_348

QA03_347 {I need to ask just one last, very specific question about income.} Was your total annual household income before taxes less than or more than \${POVRT300}?

- [AK18C] EQUAL TO OR LESS..... 1
- MORE 2
- REFUSED -7
- DON'T KNOW -8

QA03_348 Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
[IF NEEDED, SAY: "A duplex is a building with 2 units".]

- [AK23]
- HOUSE1
 - DUPLEX.....2
 - BUILDING WITH 3 OR MORE UNITS3
 - MOBILE HOME.....4
 - REFUSED-7
 - DON'T KNOW-8

QA03_349 How many rooms are in your home, not counting bathrooms, porches, balconies, or hallways?

- [AK24] _____ NUMBER OF ROOMS
- REFUSED-7
 - DON'T KNOW-8

QA03_350 Do you own or rent your home?

- [AK25]
- OWN1
 - RENT2
 - OTHER ARRANGEMENT3
 - REFUSED-7
 - DON'T KNOW-8

[GO TO PN QA03_353]

PROGRAMMING NOTE QA03_351:
 IF QA03_350 = 1 (RENT), CONTINUE WITH QA03_351
 IF QA03_348 = 4 (MOBILE HOME) AND QA03_350 =2 (OWN), CONTINUE WITH QA03_351 AND DISPLAY "space payment";
 ELSE IF QA03_350 = 2 (OWN), GO TO PROGRAMMING NOTE QA03_352

QA03_351 What is the monthly {rent/space payment}?

- [AK26] \$ _____ PER MONTH
- REFUSED-7
 - DON'T KNOW-8

PROGRAMMING NOTE QA03_352:
 IF QA03_350 = 2 (OWN), CONTINUE WITH QA03_351
 ELSE GO TO PROGRAMMING NOTE QA03_353

QA03_352 What is your regular monthly mortgage payment?

- [AK27] \$ _____ PER MONTH
- REFUSED-7
 - DON'T KNOW-8

Section L- Public Program Participation

PROGRAMMING NOTE QA03_353:
ASK QA03_353 ONLY IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5);
ELSE GO TO PROGRAMMING NOTE QA03_370

QA03_353 Are you now receiving TANF or CalWORKS?
[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[AL2] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_354:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA03_354
ELSE GO TO QA03_355

QA03_354 Is {TEEN} now receiving TANF, or CalWORKS?
[IF NEEDED, SAY: "TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program."]

[AIP1] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_355 Are you receiving Food Stamp benefits?
**[IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."
 "The EBT card is orange and blue with a picture of the Ocean."
 "EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card.
 It is used by some counties in the state."]**

[AI5] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_356:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA03_356;
ELSE GO TO PROGRAMMING NOTE QA03_358

QA03_356 Is {TEEN} receiving Food Stamp benefits?
**[IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."
 "The EBT card is orange and blue with a picture of the Ocean."
 "EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card.
 It is used by some counties in the state."]**

[IAP2] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

QA03_357 Is {TEEN} receiving free or reduced cost meals at school?

[AL20]

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

PROGRAMMING NOTE QA03_358:
IF SAMPLED CHILD AGE > 4 (5 YEARS OR OLDER), CONTINUE WITH QA03_358;
ELSE GO TO QA03_359

QA03_358 Is {CHILD} receiving free or reduced cost meals at school?

[AL21]

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

QA03_359 Are you receiving public housing subsidies?

[AL3]

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

QA03_360 Are you receiving SSI?
[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security".]

[AL6]

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

PROGRAMMING NOTE QA03_361:
IF QA03_5 = 2 (FEMALE) AND QA03_125 = 1 (PREGNANT) OR IF CHILD AGE < 7 (6 YEARS OR YOUNGER), CONTINUE WITH QA03_361;
ELSE GO TO QA03_362

QA03_361 Are you on WIC?
[IF NEEDED, SAY: WIC is the Supplemental Food Program for Women, Infants and Children]

[AL7]

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

QA03_362 Not counting the value of any house or car you may own, would you say that {your/your family's} assets, that is, all your cash, savings, investments, and furniture together are worth more than \$5,000?

[AL9]

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

PROGRAMMING NOTE QA03_363:

IF QA03_147 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
 IF QA03_14 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
 ELSE DISPLAY "you"

QA03_363 Did {you or your spouse/you or your partner/you} receive any money last month for alimony, child support, or money from a government or veteran program?

- [AL15] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8
- } [GO TO QA03_365]

PROGRAMMING NOTE QA03_364:

IF QA03_363 = 1 (YES), CONTINUE WITH QA03_364
 IF QA03_14 = 1 (MARRIED) AND QA03_147 = 2 (SPOUSE NOT MEMBER OF HH), DISPLAY "What was the total amount that you received from all these sources?";
 IF QA03_14 = 1 (MARRIED) AND QA03_147 = 1 (SPOUSE IN HH),
 DISPLAY: "What was the combined total amount that you and your {spouse} received from all these sources?"
 ELSE GO TO PROGRAMMING NOTE QA03_365

QA03_364 What was the {combined} total amount that you {and your spouse} received from all these sources last month?

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

- [AL16] \$ _____ AMOUNT [000001-999995]
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_365:

IF QA03_14 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";
 IF QA03_147 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";
 ELSE DISPLAY "you."

QA03_365 Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or child support last month?

- [AL17] YES, RESPONDENT PAID 1
 YES, SPOUSE/PARTNER PAID 2
 YES, BOTH PAID 3
 NO 4 [GO TO QA03_367]
 REFUSED -7 [GO TO QA03_367]
 DON'T KNOW -8 [GO TO QA03_367]

QA03_366 What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?

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

- [AL18] _____ AMOUNT
 REFUSED -7
 DON'T KNOW -8

PROGRAMMING NOTE QA03_367:
 IF AGE IS 65 OR OLDER AND QA03_14 ≠ 1 (MARRIED) CONTINUE WITH QA03_367 AND DISPLAY "you";
 IF AGE >= 65 AND QA03_14 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA03_367 AND DISPLAY "you or your partner";
 ELSE GO TO PROGRAMMING NOTE QA03_369
 IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA03_14 =1 (MARRIED) AND QA03_147 = 1 (SPOUSE LIVING IN SAME HH) CONTINUE WITH QA03_367 AND DISPLAY "you or your spouse";

QA03_367 Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments last month?

[AL18A]	YES	1	}	[GO TO PN QA03_369]
	NO	2		
	REFUSED	-7		
	DON'T KNOW	-8		

QA03_368 What was the total amount received last month from Social Security and Pensions?

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

[AL18B]	_____ AMOUNT	
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_369:
 IF [QA03_173 = 1 OR QA03_178 = 1 OR QA03_179 = 1 OR QA03_180 = 1 OR QA03_183 = 1 OR QA03_189 = 1 OR QA03_190 = 1 OR QA03_192 = 1 (R HAS ANY COVERAGE), GO TO QA03_370;
 ELSE CONTINUE WITH QA03_369

QA03_369 What is the one main reason why you are not enrolled in the Medi-Cal program?

[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

Section M – Housing and Neighborhood

QA03_370 These next questions are about your housing and neighborhood.

About how long have you lived at your current address?

- [AM14] _____ (MONTHS/YEARS)
- REFUSED -7
- DON'T KNOW -8

PROGRAMMING NOTE QA03_371:
IF QA03_370 > = 36 MONTHS OR 3 YEARS, GO TO QA03_372
ELSE CONTINUE WITH QA03_371

QA03_371 About how long have you lived in your current neighborhood?
[IF NEEDED, SAY: “By neighborhood, we mean the area around where you live and do routine things like shopping, going to the park, or visiting with neighbors.”]

- [AM15] _____ (MONTHS/YEARS)
- REFUSED -7
- DON'T KNOW -8

QA03_372 While you have lived in your neighborhood, has your home ever been broken into?

- [AM16] YES 1
- NO 2
- REFUSED -7
- DON'T KNOW -8

QA03_373 Does your neighborhood have a crime prevention program or neighborhood watch?

- [AM17] YES 1
- NO 2
- REFUSED -7
- DON'T KNOW -8

QA03_374 Is there a park, playground, or open space within walking distance of your home?

- [AM18] YES 1
- NO 2
- REFUSED -7
- DON'T KNOW -8

QA03_375 Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:
 People in my neighborhood are willing to help each other.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree or strongly disagree?”]
[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]

- [AM19] STRONGLY AGREE 1
- AGREE 2
- DISAGREE 3
- STRONGLY DISAGREE 4
- REFUSED -7
- DON'T KNOW -8

QA03_376 People in this neighborhood generally do not get along with each other.
[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]

[AM20] STRONGLY AGREE1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE4
 REFUSED-7
 DON'T KNOW-8

QA03_377 People in this neighborhood can be trusted.
[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]

[AM21] STRONGLY AGREE1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE4
 REFUSED-7
 DON'T KNOW-8

QA03_378 People in this neighborhood do not share the same values.
[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]

[AM22] STRONGLY AGREE1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE4
 REFUSED-7
 DON'T KNOW-8

QA03_379 Many people in this neighborhood are afraid to go out at night.
[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]

[AM23] STRONGLY AGREE1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE4
 REFUSED-7
 DON'T KNOW-8

QA03_380 Most people in this neighborhood know each other.
[IF NEEDED, SAY: "Do you strongly agree, agree, disagree or strongly disagree?"]
[NOTE: DO NOT PROBE A DON'T KNOW RESPONSE]

[AM24] STRONGLY AGREE1
 AGREE.....2
 DISAGREE.....3
 STRONGLY DISAGREE4
 REFUSED-7
 DON'T KNOW-8

PROGRAMMING NOTE QA03_381
IF QA03_374 =1 (PARK, PLAYGROUND, OPEN SPACE WITHING WALKING DISTANCE) CONTINUE WITH QA03_381;
ELSE GO TO PROGRAMMING NOTE QA03_383

QA03_381 The park or playground closest to where I live is safe during the day.
[IF NEEDED, SAY: “Do you strongly agree, agree, disagree or strongly disagree?”]
[NOTE: DO NOT PROBE A DON’T KNOW RESPONSE]

- [AM25]
- STRONGLY AGREE1
 - AGREE.....2
 - DISAGREE.....3
 - STRONGLY DISAGREE4
 - REFUSED-7
 - DON'T KNOW-8

QA03_382 The park or playground closest to where I live is safe at night.
[IF NEEDED, SAY: “Do you strongly agree, agree, disagree or strongly disagree?”]
[NOTE: DO NOT PROBE A DON’T KNOW RESPONSE]

- [AM26]
- STRONGLY AGREE1
 - AGREE.....2
 - DISAGREE.....3
 - STRONGLY DISAGREE4
 - REFUSED-7
 - DON'T KNOW-8

Section N – Food Insecurity and Hunger

PROGRAMMING NOTE QA03_383
IF POVERTY < 3 (HH Income <= 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA03_383;
ELSE GO TO QA03_389

QA03_383 These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.
 I'm going to read two statements that people have made about their food situation. For each, please tell me whether the statement describes something that was often true, sometimes true, or never true for you and your household in the last 12 months.

The first statement is:

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

- [AM1] OFTEN TRUE 1
 SOMETIMES TRUE 2
 NEVER TRUE 3
 REFUSED -7
 DON'T KNOW -8

QA03_384 The second statement is:

"(I/We) couldn't afford to eat balanced meals."
 Was that often true, sometimes true, or never true for you and your household in the last 12 months?

- [AM2] OFTEN TRUE 1
 SOMETIMES TRUE 2
 NEVER TRUE 3
 REFUSED -7
 DON'T KNOW -8

QA03_385 Please tell me yes or no. In the last 12 months, since {DATE 12 MONTHS AGO}, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- [AM3] YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8
- } [GO TO QA03_387]

QA03_386 How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

- [AM3A] ALMOST EVERY MONTH 1
 SOME MONTHS BUT NOT EVERY MONTH 2
 ONLY IN 1 OR 2 MONTHS 3
 REFUSED -7
 DON'T KNOW -8

QA03_387 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- [AM4] YES 1
- NO 2
- REFUSED -7
- DON'T KNOW -8

QA03_388 In the last 12 months, since {DATE 12 MONTHS AGO}, were you ever hungry but didn't eat because you couldn't afford enough food?

- [AN5] YES 1
- NO 2
- REFUSED -7
- DON'T KNOW -8

Section O –Demographic Information Part III and Closing

QA03_389

Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

[AH42]

ALAMEDA	1
ALPINE	2
AMADOR	3
BUTTE	4
CALAVERAS	5
COLUSA	6
CONTRA COSTA	7
DEL NORTE	8
EL DORADO	9
FRESNO	10
GLENN	11
HUMBOLDT	12
IMPERIAL	13
INYO	14
KERN	15
KINGS	16
LAKE	17
LASSEN	18
LOS ANGELES	19
MADERA	20
MARIN	21
MARIPOSA	22
MENOCINO	23
MERCED	24
MODOC	25
MONO	26
MONTEREY	27
NAPA	28
NEVADA	29
ORANGE	30
PLACER	31
PLUMAS	32
RIVERSIDE	33
SACRAMENTO	34
SAN BENITO	35
SAN BERNARDINO	36
SAN DIEGO	37
SAN FRANCISCO	38
SAN JOAQUIN	39
SAN LUIS OBISPO	40
SAN MATEO	41
SANTA BARBARA	42
SANTA CLARA	43
SANTA CRUZ	44
SHASTA	45
SIERRA	46
SISKIYOU	47
SOLANO	48
SONOMA	49
STANISLAUS	50
SUTTER	51
TEHAMA	52
TRINITY	53

QA03_389 CONTINUED...

[AH42]	TULARE	54
	TUOLUMNE	55
	VENTURA	56
	YOLO	57
	YUBA	58
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE QA03_390:
IF ADVANCE LETTER SENT, ASK QA03_390;
ELSE GO TO QA03_391

QA03_390 Your phone number was randomly selected for this study by a computer. We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study.

Is your current address {R's address and street}?

[AO1]	YES	1	[GO TO QA03_394]
	NO	2	
	REFUSED	-7	
	DON'T KNOW	-8	

QA03_391 What is your zip code?

[AM7]	_____ (ZIP CODE)	
	REFUSED	-7
	DON'T KNOW	-8

QA03_392 To help us better understand the environment you live in and how it may affect your health, can you tell me your address? Your street address will not be given out to researchers or any other organization and, like your telephone number, will be protected and kept confidential.

[AO2]	_____ (HOUSE ADDRESS NUMBER)	
	_____ (NAME OF STREET, VERIFY SPELLING) [GO TO CLOSE1]	
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

QA03_393 Can you tell me just the name of the street you live on?

[AM8]	_____ (NAME OF STREET)	
	REFUSED	-7 [GO TO CLOSE1]
	DON'T KNOW	-8 [GO TO CLOSE1]

QA03_394 And what is the name of the street down the corner from you that crosses your street?

[AM9]	_____ (NAME OF CROSS-STREET)	
	REFUSED	-7
	DON'T KNOW	-8

CLOSE1 Those are my final questions. I really appreciate your patience.

QA03_395 Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

- [AM10]
- YES 1
 - MAYBE/PROBABLY YES 2
 - DEFINITELY NOT 3
 - REFUSED -7
 - DON'T KNOW -8

CLOSE2 Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. Thank you and good-bye.