CHIS 2005
Adult Questionnaire

Version 6.5
July 24, 2012

(Adult Respondents Age 18 and older)

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
10960 Wilshire Blvd, Suite 1550
Los Angeles, CA 90024
Telephone: (866) 275-2447
Fax: (310) 794-2686
Web: www.chis.ucla.edu

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# Table of Contents

## SECTION A – DEMOGRAPHIC INFORMATION, PART I

AGE ...................................................................................................................................................... 1  
GENDER................................................................................................................................................ 2  
ETHNICITY ............................................................................................................................................. 2  
RACE .................................................................................................................................................... 3  
MARITAL STATUS ................................................................................................................................. 8  

## SECTION B – HEALTH CONDITIONS

ASTHMA ................................................................................................................................................ 9  
DIABETES ............................................................................................................................................. 11  
HIGH BLOOD PRESSURE ....................................................................................................................... 13  
CHOLESTEROL ..................................................................................................................................... 13  
HEART DISEASE ................................................................................................................................... 13  
STROKE .............................................................................................................................................. 14  
ARTHritis ........................................................................................................................................... 14  
EPILEPSY ............................................................................................................................................ 14  
FLU SHOT ............................................................................................................................................ 15  

## SECTION C – HEALTH BEHAVIORS

WALKING FOR TRANSPORTATION AND LEISURE ...................................................................................... 16  
MODERATE AND VIGOROUS PHYSICAL ACTIVITY ...................................................................................... 17  
TOBACCO USE, SECOND HAND SMOKE ................................................................................................... 22  
ALCOHOL USE...................................................................................................................................... 23  

## SECTION D – GENERAL HEALTH, DISABILITY, AND SEXUAL HEALTH

GENERAL HEALTH ................................................................................................................................ 25  
HEIGHT AND WEIGHT ........................................................................................................................... 25  
DISABILITY........................................................................................................................................... 26  
SEXUAL PARTNERS, ORIENTATION ......................................................................................................... 28  
HIV TESTING, TESTING FOR OTHER SEXUALLY TRANSMITTED DISEASES ................................................... 29  

## SECTION E – WOMEN’S HEALTH

PREGNANCY AND BIRTHS ...................................................................................................................... 31  
PAP SMEAR TEST .................................................................................................................................... 31  
MAMMOGRAPHY .................................................................................................................................. 32  

## SECTION F – CANCER HISTORY AND PREVENTION

CANCER HISTORY ................................................................................................................................ 37  
FAMILY HISTORY OF CANCER .................................................................................................................. 39  
COLON CANCER SCREENING ................................................................................................................... 60  
PROSTATE CANCER SCREENING ............................................................................................................. 63  

## SECTION G – DEMOGRAPHIC INFORMATION, PART II

COUNTRY OF BIRTH (SELF, PARENTS) ..................................................................................................... 64  
RACIAL/ETHNIC DISCRIMINATION (GENERAL) ...................................................................................... 66  
LANGUAGES SPOKEN AT HOME, CITIZENSHIP, IMMIGRATION STATUS ................................................... 67  

A-i
WIC .................................................................................................................................................. 132
ASSETS ............................................................................................................................................. 132
ALIMONY/CHILD SUPPORT ................................................................................................................... 133
SOCIAL SECURITY/PENSION PAYMENTS ............................................................................................... 134
REASONS FOR NON-PARTICIPATION IN MEDI-CAL ................................................................................. 134

SECTION M – FOOD INSECURITY AND HUNGER ........................................................................ 135
AVAILABILITY OF FOOD IN HOUSEHOLD ........................................................................................... 135
HUNGER ........................................................................................................................................ 136

SECTION N – DEMOGRAPHIC INFORMATION PART III AND CLOSING ........................................ 137
COUNTY OF RESIDENCE ..................................................................................................................... 137
ADDRESS CONFIRMATION, CROSS STREETS, ZIP CODE ....................................................................... 138
FOLLOW-UP SURVEY PERMISSION ....................................................................................................... 139

NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2005 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.
Section A – Demographic Information, Part I

PROGRAMMING NOTE QA05_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA05_A1 What is your date of birth?

AA1 MONTH ____          DAY ____          YEAR ____ [GO TO QA05_A5]
[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 QA05_A2:
IF QA05_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA05_A2;
ELSE GO TO QA05_A5

QA05_A2 What month and year were you born?

AA1A MONTH ____          YEAR ____ [GO TO QA05_A5]
[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 QA05_A3:
IF QA05_A1 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A3;
ELSE GO TO QA05_A5

QA05_A3 What is your age, please?

AA2 _____YEARS OF AGE [GO TO QA05_A5]
REFUSED ................................................................. -7
DON'T KNOW .......................................................... -8
PROGRAMMING NOTE QA05_A4:
IF QA05_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA05_A4;
ELSE GO TO QA05_A5

QA05_A4  Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49, between 50 and 64, or 65 or older?

AA2A

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

PROGRAMMING NOTE QA05_A5: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA05_A1, QA05_A2, OR QA05_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA05_A1, QA05_A2, OR QA05_A3 = -7 OR -8 (REF/DK), THEN USE QA05_A4;
ELSE USE ENUM.AGE

QA05_A5  Are you male or female?

AA3

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

QA05_A6  Are you Latino or Hispanic?

AA4

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

[GO TO PN QA05_A8]
QA05_A7  And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.

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

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

PROGRAMMING NOTE QA05_A8:
IF QA05_A6 = 1 (YES, LATINO/HISPANIC), DISPLAY “You said you are Latino or Hispanic. Also…”
IF MORE THAN ONE RACE GIVEN, AFTER ENTERING RESPONSES FOR QA05_A8, CONTINUE WITH 
PROGRAMMING NOTE QA05_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QA05_A8  {You said you are Latino or Hispanic. Also} please tell me which one or more of the following you 
would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific 
Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

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

[CODE ALL THAT APPLY]

- WHITE ...................................................................... 1
- BLACK OR AFRICAN AMERICAN ........................... 2
- ASIAN ....................................................................... 3
- AMERICAN INDIAN OR ALASKA NATIVE .............. 4
- OTHER PACIFIC ISLANDER .................................... 5
- NATIVE HAWAIIAN .................................................. 6
- OTHER (SPECIFY): ______________________________ .91
- REFUSED ............................................................... -7
- DON'T KNOW ........................................................... -8

[GO TO PN QA05_A14 IF ONLY ONE RACE]
[GO TO QA05_A14]
PROGRAMMING NOTE QA05_A9:
IF QA05_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_A9;
ELSE GO TO PROGRAMMING NOTE QA05_A12

QA05_A9 You said, American Indian or Alaska Native, and what is your tribal heritage? If you have more than one tribe, tell me all of them.

AA5B [CODE ALL THAT APPLY]

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

QA05_A10 Are you an enrolled member in a federally or state recognized tribe?

AA5C

YES ............................................................................ 1
NO ............................................................................. 2
REFUSED ...................................................................... -7 [GO TO PN QA05_A12]
DON'T KNOW ........................................................... -8
<table>
<thead>
<tr>
<th>Tribe</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>APACHE</td>
<td>AA5D</td>
<td>MESCALERO APACHE, NM ..................................1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>APACHE (NOT SPECIFIED) ................................2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER APACHE [Ask for spelling] (SPECIFY): ......91</td>
</tr>
<tr>
<td>BLACKFEET</td>
<td></td>
<td>BLACKFOOT/BLACKFEET ..................................3</td>
</tr>
<tr>
<td>CHEROKEE</td>
<td></td>
<td>WESTERN CHEROKEE ..................................4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHEROKEE (NOT SPECIFIED) ................................5</td>
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<tr>
<td></td>
<td></td>
<td>OTHER CHEROKEE [Ask for spelling] (SPECIFY): ..92</td>
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<tr>
<td>CHOCTAW</td>
<td></td>
<td>CHOCTAW OKLAHOMA ........................................6</td>
</tr>
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<td></td>
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<td>CHOCTAW (NOT SPECIFIED) ................................7</td>
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<td></td>
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<tr>
<td>NAVAJO</td>
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<td>NAVAJO (NOT SPECIFIED) ................................8</td>
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<td>POMO</td>
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<td>HOPLAND BAND, HOPLAND RANCHERIA .............9</td>
</tr>
<tr>
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<td></td>
<td>SHERWOOD VALLEY RANCHERIA .............................10</td>
</tr>
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<td></td>
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<td>POMO (NOT SPECIFIED) ..................................11</td>
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<td></td>
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<td>OTHER POMO [Ask for spelling] (SPECIFY): ..........94</td>
</tr>
<tr>
<td>PUEBLO</td>
<td></td>
<td>HOPI ..................................................12</td>
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<tr>
<td></td>
<td></td>
<td>YSLETA DEL SUR PUEBLO OF TEXAS ..................13</td>
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<td>PUEBLO (NOT SPECIFIED) ................................14</td>
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<td>OTHER PUEBLO [Ask for spelling] (SPECIFY): ......95</td>
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<td>SIOUX</td>
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<td>OGLALAPINE RIDGE SIOUX ................................15</td>
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<td>SIOUX (NOT SPECIFIED) ................................16</td>
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<tr>
<td></td>
<td></td>
<td>OTHER SIOUX [Ask for spelling] (SPECIFY): ..........96</td>
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<tr>
<td>YAQUI</td>
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<td>PASCUA YAQUI TRIBE OF ARIZONA ....................17</td>
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<td></td>
<td>YAQUI (NOT SPECIFIED) ................................18</td>
</tr>
<tr>
<td></td>
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<td>OTHER YAQUI [Ask for spelling] (SPECIFY): ..........97</td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td>OTHER [Ask for spelling] (SPECIFY): __________ 98</td>
</tr>
<tr>
<td></td>
<td></td>
<td>REFUSED .................................................-7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW ..............................................-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_A12: IF QA05_A8= 3 (ASIAN) CONTINUE WITH QA05_A12; ELSE GO TO PROGRAMMING NOTE QA05_A13

QA05_A12  You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

AA5E

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA05_A13:
IF QA05_A8= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA05_A13; ELSE GO TO PROGRAMMING NOTE QA05_A14

QA05_A13  You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

AA5E1

[CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN ........................................... 1
GUAMANIAN ................................................................... 2
TONGAN ........................................................................ 3
FIJIAN .......................................................................... 4
OTHER PACIFIC ISLANDER (SPECIFY): _______________ 91
REFUSED ................................................................. -7
DON'T KNOW ........................................................... -8
PROGRAMMING NOTE QA05_A14:
IF QA05_A6 = 1 (LATINO) AND [QA05_A8= 6 (NATIVE HAWAIIAN) OR QA05_A8= 5 (OTHER PACIFIC ISLANDER) OR QA05_A8= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA05_A8= 3 (ASIAN) OR QA05_A8= 2 (BLACK/AFRICAN AMERICAN) OR QA05_A8= 1 (WHITE) OR QA05_A8 = 91 (OTHER)], CONTINUE WITH QA05_A14;
ELSE IF MULTIPLE RESPONSES TO QA05_A8, QA05_A12, OR QA05_A13 [NOT COUNTING -7 OR -8 (REF/DK)] CONTINUE WITH QA05_A14;
ELSE GO TO QA05_A15

[NOTE: FOR QA05_A14 RESPONSES, INCLUDE "Specify" RESPONSE FOR 91 (OTHER LATINO); IF QA05_A7 = -7 (REFUSE), INSERT "Latino"]

IF QA05_A6 = 1 (YES, LATINO) AND ANY OF QA05_A7 = 1 THRU 12, DO NOT DISPLAY QA05_A14 = 14 (LATINO).
IF QA05_A8 = 5 (OTHER PACIFIC ISLANDER) AND QA05_A13 = 1 THRU 4, DO NOT DISPLAY QA05_A14 = 17 (OTHER PACIFIC ISLANDER).
IF QA05_A8= 3 (ASIAN) AND ANY OF QA05_A12 = 1 THRU 17, DO NOT SAY QA05_A14 = 19 (ASIAN)

QA05_A14 You said that you are: [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1]. Of these, which do you most identify with?

AA5F

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

MEXICAN/MEXICANO.................................1
MEXICAN AMERICAN...............................2
CHICANO ..................................................3
SALVADORAN ..........................................4
GUATEMALAN .........................................5
COSTA RICAN ..........................................6
HONDURAN ............................................7
NICARAGUAN .........................................8
PANAMANIAN .........................................9
PUERTO RICAN .......................................10
CUBAN ..................................................11
SPANISH-AMERICAN (FROM SPAIN)............12
LATINO, OTHER SPECIFY.......................13
LATINO ..................................................14
NATIVE HAWAIIAN .................................16
OTHER PACIFIC ISLANDER ......................17
AMERICAN INDIAN OR ALASKA NATIVE ......18
ASIAN ..................................................19
BLACK OR AFRICAN AMERICAN ...............20
WHITE ................................................21
RACE, OTHER SPECIFY .........................22
BANGLADESH ........................................30
BURMESE ............................................31
CAMBODIAN .........................................32
CHINESE .............................................33
FILIPINO .............................................34
HMONG ...............................................35
INDIAN (INDIA) ....................................36
INDONESIAN ..........................................37
JAPANESE ............................................38
KOREAN ..............................................39
LAOTIAN .............................................40
QA05_A14 CONTINUED…

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

QA05_A15 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]

MARRIED ............................................................. 1
LIVING WITH PARTNER ...................................... 2
WIDOWED .......................................................... 3
DIVORCED ........................................................... 4
SEPARATED .......................................................... 5
NEVER MARRIED ............................................... 6
REFUSED ............................................................. -7
DON’T KNOW ........................................................ -8
Section B – Health Conditions

QA05_B1  These next questions are about your health. Would you say that in general your health is excellent, very good, good, fair or poor?

AB1

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

QA05_B2  Has a doctor ever told you that you have asthma?

AB17

YES ............................................................................ 1
NO .............................................................................. 2
[GO TO QA05_B12]
REFUSED ............................................................... -7
[GO TO QA05_B12]
DON’T KNOW ........................................................... - 8
[GO TO QA05_B12]

QA05_B3  Do you still have asthma?

AB40

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

QA05_B4  During the past 12 months, have you had an episode of asthma or an asthma attack?

AB41

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

PROGRAMMING NOTE QA05_B5:
IF QA05_B3 = 2, -7, or –8 (NO, REFUSED, DON’T KNOW) AND QA05_B4 = 2, -7, or –8 (NO, REFUSED, DON’T KNOW), GO TO QA05_B7;
ELSE CONTINUE WITH QA05_B5

QA05_B5  During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness or phlegm? Would you say …

AB19

Not at all ........................................................................ 1
Less than every month .............................................. 2
Every month ............................................................ 3
Every week, or ........................................................... 4
Every day? ................................................................. 5
REFUSED ............................................................... -7
DON’T KNOW ........................................................... -8
QA05_B6  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

QA05_B7  Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

AB18

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

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

PROGRAMMING NOTE QA05_B8:
IF QA05_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA05_B4 = 1 (YES, EPISODE IN LAST 12 MOS), GO TO PROGRAMMING NOTE QA05_B10
ELSE CONTINUE WITH QA05_B8

QA05_B8  During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness or phlegm? Would you say …

AB66

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

QA05_B9  During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your asthma?

AB67

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

PROGRAMMING NOTE QA05_B10;
IF AAGE > 69 GO TO QA05_B11
ELSE CONTINUE WITH QA05_B10

QA05_B10  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
QA05_B11  Has a doctor or other health professional ever given you an asthma management plan?

AB43

[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]

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

QA05_B12  Has a doctor ever told you that you have a lung disease other than asthma, such as emphysema or COPD?

AB62

[IF NEEDED, SAY: “COPD means Chronic Obstructive Pulmonary Disease and is also known as Chronic Lower Respiratory Disease. Do not include Tuberculosis (TB).”]

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

PROGRAMMING NOTE QA05_B13
IF QA05_A5 = 2 (FEMALE), DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA05_B13  {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 QA05_B22]

QA05_B14  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

QA05_B15  Were you told that you had Type 1 or Type 2 diabetes?

AB51

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

TYPE 1............................................................................ 1
TYPE 2............................................................................ 2
REFUSED ....................................................................... -7
DON'T KNOW ............................................................. -8
Are you now taking insulin?

**AB24**

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

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

**AB25**

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

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

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

**AB26**

[FILL IN TIME FRAME ANSWERED]

____ TIMES
____ PER DAY .............. [HR: 0-24; SR: 0-10]
____ PER WEEK .......... [HR: 0-70; SR: 0-34]
____ PER MONTH ....... [HR: 0-300; SR: 0-149]
____ PER YEAR ........ [HR: 0-3650; SR: 0-599]
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8

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

**AB27**

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

____ NUMBER OF TIMES [HR: 0-52, 995; SR: 0-25, 995]
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8

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

**AB28**

____ NUMBER OF TIMES ... [HR: 0-52; SR: 0-25]
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8
QA05_B21  When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.

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<tr>
<td>AB63</td>
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<tr>
<td>WITHIN THE PAST MONTH</td>
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<td>WITHIN THE PAST YEAR (1-12 MONTHS AGO)</td>
<td>2</td>
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<tr>
<td>WITHIN THE PAST 2 YEARS (1-2 YEARS AGO)</td>
<td>3</td>
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<tr>
<td>2 OR MORE YEARS AGO</td>
<td>4</td>
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<td>NEVER</td>
<td>5</td>
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QA05_B22  Has a doctor ever told you that you have high blood pressure?

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<td>AB29</td>
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<tr>
<td>YES</td>
<td>1</td>
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<td>NO</td>
<td>2</td>
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<td>7</td>
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QA05_B23  Are you now taking any medications to control your high blood pressure?

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<td>AB30</td>
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<td>YES</td>
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<td>NO</td>
<td>2</td>
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<tr>
<td>REFUSED</td>
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<td>DON'T KNOW</td>
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QA05_B24  About how long ago did you have your blood cholesterol checked?

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<tr>
<td>AB35</td>
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<tr>
<td>[IF NEEDED, SAY: &quot;Blood cholesterol is a fatty substance found in the blood.&quot;]</td>
<td></td>
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<tr>
<td>1 TO 12 MONTHS AGO</td>
<td>1</td>
</tr>
<tr>
<td>13 MONTHS TO 2 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>25 MONTHS TO 5 YEARS AGO</td>
<td>3</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS AGO</td>
<td>4</td>
</tr>
<tr>
<td>NEVER</td>
<td>5</td>
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<td>REFUSED</td>
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QA05_B25  The last time your cholesterol was checked, did a doctor tell you your blood cholesterol was high?

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<td>AB36</td>
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<tr>
<td>YES</td>
<td>1</td>
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<tr>
<td>NO</td>
<td>2</td>
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<tr>
<td>REFUSED</td>
<td>7</td>
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<tr>
<td>DON'T KNOW</td>
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</table>
QA05_B26  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 QA05_B28]

QA05_B27  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

QA05_B28  Has a doctor ever told you that you had a stroke?

AC6

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

QA05_B29  Have you EVER been told by a doctor that you have some form of arthritis, gout, lupus or fibromyalgia?

AB64

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

QA05_B30  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 QA05_B35]

QA05_B31  Are you now taking any medicine to control your seizure disorder or epilepsy?

AB54

YES.................................................................1
NO.....................................................................2
REFUSED.......................................................-7
DON'T KNOW.................................................-8
QA05_B32 How many seizures of any type have you had in the last three months?

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

NO SEIZURES..........................................................0
ONE SEIZURE..........................................................1
MORE THAN ONE SEIZURE ................................... 2
NO LONGER HAVE EPILEPSY/SD ......................... 3
REFUSED............................................................... -7
DON'T KNOW/ NOT SURE .................................... -8

Instructions to interviewer: If the respondent mentions and counts "auras" as seizures, accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures.

QA05_B33 In the past 12 months, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

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

QA05_B34 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

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

Flu shot QA05_B35 During the past 12 months, have you had a flu shot?

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
Section C – Health Behaviors

QA05_C1  The next questions are about walking for transportation. Please only include walks that involved an errand or to get some place. I will ask you separately about walking for relaxation or exercise.

AD37  During the past seven days, did you walk for at least ten minutes at a time to get some place such as work, school, a store, or restaurant?

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA05_C4]
UNABLE TO WALK .................................................. 3 [GO TO QA05_C7]
REFUSED ..................................................................... -7 [GO TO QA05_C4]
DON’T KNOW .......................................................... -8 [GO TO QA05_C4]

QA05_C2  On how many days did you do this?

AD38  ______ DAYS PER WEEK [IF 0, GO TO QA05_C5]

REFUSED ..................................................................... -7 [GO TO QA05_C4]
DON’T KNOW .......................................................... -8 [GO TO QA05_C4]

PROGRAMMING NOTE QA05_C3
IF QA05_C2 = 1 DO NOT DISPLAY “usually” and display “that day”
IF QA05_C2 > 1 OR QA05_C2=-7 OR -8 DISPLAY “usually” and “one of those days”

QA05_C3  How much time did you (usually) spend walking on {one of those days/that day}?

AD39  ______ HOURS PER DAY
______ MINUTES PER DAY

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

PROGRAMMING NOTE QA05_C4
IF QA05_C1 = 1 [WALK FOR TRANS, DISPLAY “Please do not include any walking that you already told me about”]

QA05_C4  Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past seven days did you walk for at least ten minutes at a time for any of these reasons? Please do not include any walking that you already told me about.

AD40  YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA05_C7]
REFUSED ..................................................................... -7 [GO TO QA05_C7]
DON’T KNOW .......................................................... -8 [GO TO QA05_C7]

QA05_C5  On how many days did you do this?

AD41  ______ DAYS PER WEEK [IF 0, GO TO QA05_C7]

REFUSED ..................................................................... -7 [GO TO QA05_C7]
DON’T KNOW .......................................................... -8 [GO TO QA05_C7]
A-17

PROGRAMMING NOTE QA05_C6
IF QA05_C5 = 1 DO NOT DISPLAY “usually” and display “that day”
IF QA05_C5 > 1 OR QA05_C5 = -7 OR -8 DISPLAY “usually” and “one of those days”

QA05_C6
How much time did you (usually) spend walking on (one of those days/on that day)?

AD42

[IF NEEDED SAY: “For fun, relaxation, exercise or to walk the dog?”]

______ HOURS PER DAY
______ MINUTES PER DAY
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QA05_C7
The next questions are about physical activities or exercise you may do in your free time for at least 10 minutes, other than walking. First, think about activities that take moderate physical effort, such as bicycling, swimming, dancing, and gardening.

AE26
During the last 7 days, did you do any moderate physical activities in your free time for at least 10 minutes, other than walking?

[IF NEEDED SAY: Moderate physical activities make you breathe somewhat harder than normal.]
[IF NEEDED SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]

YES ........................................................................... 1
NO ............................................................................. 2 [GO TO QA05_C10]
REFUSED ....................................................................... -7 [GO TO QA05_C10]
DON’T KNOW ............................................................. -8 [GO TO QA05_C10]

QA05_C8
On how many days did you do this?

AE27

______ DAYS PER WEEK [IF 0, GO TO QA05_C10]
REFUSED ....................................................................... -7 [GO TO QA05_C10]
DON’T KNOW ............................................................. -8 [GO TO QA05_C10]

PROGRAMMING NOTE QA05_C9
IF QA05_C8 = 1 DO NOT DISPLAY “usually” AND DISPLAY “that day”
IF QA05_C8 > 1 DISPLAY “usually” and “one of those days”

QA05_C9
How much time did you (usually) spend on (one of those days/that day) doing moderate physical activities in your free time?

AE27A

[IF NEEDED SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]

______ HOURS PER DAY
______ MINUTES PER DAY
REFUSED ....................................................................... -7
DON’T KNOW ............................................................. -8
Now think about **vigorous activities you did in your free time that** take hard physical effort, such as aerobics, running, soccer, fast bicycling, or fast swimming. Again, do not include walking.

During the last 7 days, did you do any vigorous physical activities in your free time?

**[IF NEEDED SAY: “Vigorous activities make you breathe much harder than normal.”]**

**[IF NEEDED SAY: “Think about only those vigorous physical activities that you did for at least 10 minutes at a time.”]**

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

On how many days did you do this?

DAYS PER WEEK  [IF 0, GO TO QA05_C13]
REFUSED ...............................................................-7
DON’T KNOW .............................................................-8

PROGRAMMING NOTE QA05_C12
IF QA05_C11 = 1 DO NOT DISPLAY “usually” and display “that day”
IF QA05_C11 > 1 DISPLAY “usually” and “one of those days”

How much time did you {usually} spend on {one of those days/on that day} doing **vigorous** physical activities in your free time?

**[IF NEEDED SAY: “Think about only those physical activities that you did for at least 10 minutes at a time.”]**

______ HOURS PER DAY
______ MINUTES PER DAY
REFUSED .......................................................................-7
DON’T KNOW .....................................................................-8

Now think about activities specifically designed to **STRENGTHEN** your muscles, such as lifting weights or other strength-building exercises. Include all such activities even if you have mentioned them before.

During the last 7 days, on how many days did you do activities to strengthen your muscles?

DAYS PER WEEK
REFUSED .......................................................................-7
DON’T KNOW .....................................................................-8
QA05_C14  Now think about all the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

AE2  During the past month, how many times per day, week or month did you eat fruit? Do not count juices.

[IF NEEDED, SAY: “Your best guess is fine.” “Include fruit mixed with other food, such as cereal or yogurt”]

If R gives a number without a time frame, ASK: “Was that per day, week or month?”

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QA05_C15  During the past month, how many times per day, week or month did you eat green leafy or lettuce salad?

AE6  [IF NEEDED, SAY: “Include spinach salads.” “Your best guess is fine.” If R gives a number without a time frame, ASK: “Was that per day, week or month?”]

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QA05_C16  During the past month, how many times did you eat French fries, home fries or hash browns?

AE3  [IF NEEDED, SAY: “Exclude potato chips.” If R gives a number without a time frame, ASK: “Was that per day, week or month?”]

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**QA05_C17** During the past month, how many times did you eat other white potatoes?

[IF NEEDED, SAY: “Do not include yams or sweet potatoes. Include red, yellow, purple, or brown-skinned potatoes.”]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY: THIS INCLUDES POTATOES PREPARED IN ANY FASHION SUCH AS MASHED, BAKED, OR BOILED. IT INCLUDES POTATOES PREPARED IN OTHER DISHES, SUCH AS POTATO SALAD. IT INCLUDES DIFFERENT COLORED POTATOES AS LONG AS THE INSIDE OF THE POTATO IS WHITE.]

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

**QA05_C18** During the past month, how many times did you eat cooked dried beans, such as refried beans, baked beans, or bean soup? Do not include green beans.

[IF NEEDED, SAY: “Include red, black, white, pinto, or soy beans or lentils cooked in the same way.”]

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

**QA05_C19** During the past month, how many times did you eat any vegetables other than the foods you already told me about.

[IF NEEDED, SAY: “Such as tomatoes, carrots, onions, bell peppers, zucchini, or broccoli.” IF STRONGLY NEEDED, SAY: “Rice is not a vegetable.”]

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

**QA05_C20** During the past month, how many times did you drink soda such as coke or 7-up? Do not include diet soda.

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

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REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QA05_C21  During the past month, how many times did you drink 100% fruit juice such as orange or apple juice?

[IF NEEDED, SAY: “Only include 100% fruit juices. Your best guess is fine.”]

_________ PER DAY
_________ PER WEEK
_________ PER MONTH
REFUSED............................................................... -7
DON’T KNOW.......................................................... -8

QA05_C22  During the past month, how many times did you drink fruit-flavored drinks such as lemonade, Sunny Delight, or Kool-aid? Do not include diet drinks.

[IF NEEDED, SAY: “Do not include yogurt drinks or mineral water.”]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: TAMPICO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, GATORADE AND OTHER SPORTS DRINKS WITH ADDED SUGAR.]

_________ PER DAY
_________ PER WEEK
_________ PER MONTH
REFUSED............................................................... -7
DON’T KNOW.......................................................... -8

QA05_C23  During the past month, how many times did you eat cake, pie, brownies or cookies? Include low-fat kinds.

[IF NEEDED, SAY: “Include ANY sweet pastries.” “Do not include sugar-free kinds..”]

_________ PER DAY
_________ PER WEEK
_________ PER MONTH
REFUSED............................................................... -7
DON’T KNOW.......................................................... -8

QA05_C24  During the past month, how many times did you eat ice cream or other frozen desserts? Include low-fat kinds.

[IF NEEDED, SAY: “Do not include sugar-free kinds. Your best guess is fine.” ]
[IF STRONGLY NEEDED, SAY: “Other examples are frozen yogurt and popsicles.”]

_________ PER DAY
_________ PER WEEK
_________ PER MONTH
REFUSED............................................................... -7
DON’T KNOW.......................................................... -8
QA05_C25INTRO  Do you now take any of the following types of medications regularly, that is, at least 3 times a week?

AC15

QA05_C25  Aspirin, Bayer, Bufferin, or Excedrin?

AC15A  [NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

QA05_C26  Advil, Ibuprofen, Motrin, or Nuprin.

AC15B  [NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

QA05_C27  Aleve, Naprosyn, Naproxen, or Celebrex?

AC15C  [NOTE TO INTERVIEWER: DO NOT INCLUDE TYLENOL]

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

PROGRAMMING NOTE QA05_C28
IF (QA05_C25 = 1 OR QA05_C26 = 1 OR QA05_C27 =1) CONTINUE WITH QA05_C28;
ELSE GO TO QA05_C29

QA05_C28  Have you taken any of these kinds of medications regularly for the last 3 months?

AC16

QA05_C29  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

[GO TO QA05_C33]
QA05_C30  Do you now smoke cigarettes every day, some days, or not at all?

AE15A

EVERY DAY ............................................................. 1
SOME DAYS ............................................................. 2 [GO TO QA05_C32]
NOT AT ALL ............................................................. 3 [GO TO QA05_C33]
REFUSED ............................................................. -7 [GO TO QA05_C33]
DON'T KNOW ........................................................... -8 [GO TO QA05_C33]

QA05_C31  On the average, how many cigarettes do you now smoke a day?

AD32

[IF R SAYS, A “PACK”, CODE AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES   [GO TO QA05_C33]
REFUSED ............................................................. -7 [GO TO QA05_C33]
DON'T KNOW ........................................................... -8 [GO TO QA05_C33]

QA05_C32  In the past 30 days, when you smoked, how many cigarettes did you smoke per day (on the days you smoked)?

AE16

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

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

QA05_C33  Is smoking ever allowed inside your home?

AC17

YES ........................................................................ 1
NO ........................................................................... 2 [GO TO QA05_C35]
REFUSED ............................................................. -7 [GO TO QA05_C35]
DON'T KNOW ........................................................... -8 [GO TO QA05_C35]

QA05_C34  On average, about how many days per week is there smoking inside your home?

AD34

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

QA05_C35  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 QA05_D1]
REFUSED ............................................................. -7
DON'T KNOW ........................................................... -8
QA05_C36  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
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA05_C37  On the days when you drank, about how many drinks did you drink on the average?

AE13

[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.]

_____ NUMBER OF DRINKS
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_C38
IF QA05_A5 = 1 (MALE) CONTINUE WITH QA05_C38;
ELSE GO TO QA05_C39

QA05_C38  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

GO TO QA05_D1

QA05_C39  Considering all types of alcoholic beverages, during the past 30 days about how many times did you have 4 or more drinks on an occasion?

AE14A

NUMBER OF TIMES
NONE ........................................................................ 0
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
Section D – General Health, Disability, and Sexual Health

QA05_D1  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?”]

NUMBER OF DAYS
NONE.................................................................0
REFUSED.............................................................-7
DON’T KNOW.....................................................-8

QA05_D2  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?”]

NUMBER OF DAYS
NONE.................................................................0
REFUSED.............................................................-7
DON’T KNOW.....................................................-8

QA05_D3  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?”]

NUMBER OF DAYS
NONE.................................................................0
REFUSED.............................................................-7
DON’T KNOW.....................................................-8

QA05_D4  These next questions are about your height and weight. How tall are you without shoes?

[IF NEEDED, SAY: “About how tall”]

_____ FEET    _____ INCHES    [FT HR: 3-7, IN HR: 0-11]
_____ METERS    _____ CENTIMETERS    [M HR: 1-2, CM HR: 0-99]
REFUSED.............................................................-7
DON’T KNOW.....................................................-8
PROGRAMMING NOTE QA05_D5:
IF QA05_5 = 2 (FEMALE) and AAGE<50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA05_D5  {When not pregnant, how/How} much do you weigh without shoes?

AE18
[IF NEEDED, SAY: “About how much”]

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

PROGRAMMING NOTE QA05_D6:
IF AAGE = 18, GO TO QA05_D7;

QA05_D6  How much did you weigh at age 18?

AE19
[IF NEEDED, SAY: “About how much”.

_____ POUNDS
_____ KILOGRAMS
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QA05_D7  Are you blind or deaf, or do you have a severe vision or hearing problem?

AD50
YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

QA05_D8  Are you legally blind?

AL8
YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_D9:
IF QA05_C1 = 3 (UNABLE TO WALK), CODE QA05_D9 = 1 AND GO TO QA05_D10;
ELSE CONTINUE WITH QA05_D9

QA05_D9  Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

AD57
YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

**AD51**

Any difficulty learning, remembering, or concentrating?

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

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

**AD52**

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

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

**AD53**

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

**PROGRAMMING NOTE QA05_D13:**

IF AAGE > 64 GO TO PN QA05_D15;

Any difficulty working at a job or business?

**AD54**

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

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

**AL8A**

[IF NEEDED, SAY “Current condition”]

- YES ................................................................. 1
- NO ................................................................. 2
- REFUSED ....................................................... -7
- DON’T KNOW ............................................... -8
**PROGRAMMING NOTE QA05_D15:**
IF AAGE > 70 OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO
PROGRAMMING NOTE QA05_E1;
ELSE CONTINUE WITH QA05_D15

### QA05_D15
We are asking a few questions about people’s sexual experiences. All answers will be kept private.

**AD43**
In the past 12 months, how many sexual partners have you had?

<table>
<thead>
<tr>
<th>NUMBER OF SEXUAL PARTNERS</th>
<th>[GO TO PN QA05_D17]</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

### QA05_D16
Can you give me your best guess?

**AD44**

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

<table>
<thead>
<tr>
<th>NUMBER OF PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 PARTNER</td>
</tr>
<tr>
<td>2-3 PARTNERS</td>
</tr>
<tr>
<td>4-5 PARTNERS</td>
</tr>
<tr>
<td>6-10 PARTNERS</td>
</tr>
<tr>
<td>MORE THAN 10 PARTNERS</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA05_D17:**
IF QA05_D15 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS), GO TO PROGRAMMING NOTE QA05_D18;
ELSE CONTINUE WITH QA05_D17
IF QA05_D15 OR QA05_D16 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY “Is that partner male or female?”

### QA05_D17
(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 QA05_D18:
IF QA05_A5 = 1 (MALE), DISPLAY “Gay” in question and “Gay” in Help Screen,
ELSE IF QA05_A5 = 2 (FEMALE), DISPLAY “Gay, Lesbian” in question and “Gay and Lesbian” in Help Screen

QA05_D18

{The next question is about sexual orientation. All answers will be kept private.) Do you think of yourself as straight or heterosexual, as gay {, lesbian} or homosexual, or bisexual?

AD46

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

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

QA05_D19

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

AD55

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

PROGRAMMING NOTE QA05_D20:
IF QA05_D15 = 0 OR QA05_D16=0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO PROGRAMMING NOTE QA05_E1;
ELSE CONTINUE WITH QA05_D20

QA05_D20

Now thinking about other sexually transmitted diseases besides HIV—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
Section E – Women’s Health

PROGRAMMING NOTE SECTION E:
IF QA05_A5 = 1 (MALE), GO NEXT SECTION;
ELSE CONTINUE QA05_E1

QA05_E1 These next questions are about women’s health.

AD1 How old were you when your periods or menstrual cycles started?

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

QA05_E2 Have you ever given birth to a live infant?

AD2 YES........................................................................... 1
NO............................................................................. 2
REFUSED............................................................... -7
DON’T KNOW......................................................... -8

QA05_E3 How old were you when your first child was born?

AD3 YEARS OLD ......................................................... [GO TO PN QA05_E5]
REFUSED............................................................... -7
DON’T KNOW......................................................... -8

QA05_E4 In what year was your first child born?

AE55 YEAR
REFUSED............................................................... -7
DON’T KNOW......................................................... -8

PROGRAMMING NOTE QA05_E5
IF AGE<30 GO TO PROGRAMMING NOTE QA05_E7
ELSE CONTINUE WITH QA05_E5

QA05_E5 Have you had a hysterectomy?

AD12 [IF NEEDED, SAY: "A hysterectomy is when the uterus or womb is removed, not just having your tubes tied to prevent pregnancy."]

YES............................................................... 1
NO............................................................... 2
REFUSED............................................................... -7
DON’T KNOW......................................................... -8
QA05_E6  Were your ovaries removed?

AD12A

YES...........................................................................1
NO.............................................................................2
ONE OVARY REMOVED.................................3
REFUSED...............................................................-7
DON'T KNOW.................................................-8

[GO TO PN QA05_E16]

PROGRAMMING NOTE QA05_E7:
IF AGE >49 GO TO QA05_E8

QA05_E7  To your knowledge, are you now pregnant?

AD13

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

QA05_E8  Have you ever had a Pap smear test to check for cervical cancer?

AD4

[IF NEEDED, SAY: "A pap smear is a routine cancer test for women in which the doctor examines the cervix during a gynecological exam, and takes a cell sample from the cervix with a small stick or brush and sends it to the lab. This is not a test for detecting sexually transmitted diseases."]

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

[GO TO PN QA05_E11]  [GO TO PN QA05_E13]  [GO TO PN QA05_E13]

QA05_E9  How many Pap smear tests have you had in the last 6 years?

AD5

_____ PAP SMEARS [HR: 0-99] [IF 0 GO TO PN QA05_E11]
NONE.....................................................................0
REFUSED...............................................................-7
DON'T KNOW.................................................-8

[GO TO PN QA05_E11]  [GO TO PN QA05_E13]  [GO TO PN QA05_E13]

QA05_E10  How long ago did you have your most recent Pap smear test?

AD6

A YEAR AGO OR LESS.................................1  [GO TO PN QA05_E13]
MORE THAN 1 UP TO 2 YEARS AGO...........2  [GO TO PN QA05_E13]
MORE THAN 2 UP TO 3 YEARS AGO...........3  [GO TO PN QA05_E13]
MORE THAN 3 UP TO 5 YEARS AGO...........4  [GO TO PN QA05_E13]
MORE THAN 5 YEARS AGO.........................5  [GO TO PN QA05_E13]
REFUSED...............................................................-7  [GO TO PN QA05_E13]
DON'T KNOW.................................................-8  [GO TO PN QA05_E13]
QA05_E11 In the past 12 months, has a doctor recommended that you have a Pap smear?

AD11

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

PROGRAMMING NOTE QA05_E12:
IF QA05_E11 = 1 (DOCTOR REC PAP SMEAR) AND ((QA05_E10 > 3 (NO PAP SMEAR WITHIN LAST 3 YEARS) OR QA05_E9=0 (NO PAP SMEARS IN LAST 6 YEARS) OR QA05_E8=2 (NEVER HAD PAP SMEAR)) CONTINUE WITH QA05_E12
IF QA05_E8 = 2 (NO, PAP SMEAR EVER), DISPLAY "Never had a Pap smear";
IF QA05_E10 = 4, 5 (MORE THAN 3 YEARS AGO) DISPLAY "NOT had a Pap smear in the last 3 years";
ELSE GO TO PROGRAMMING NOTE QA05_E13

QA05_E12 What is the ONE most important reason why you have {NEVER had a Pap smear/NOT had a Pap smear in the last 3 years}?

AD10

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

PROGRAMMING NOTE QA05_E13:
IF AAGE < 30 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE < 30, GO TO QA05_F1;
ELSE CONTINUE WITH QA05_E13 (INCLUDE WOMEN WITH AGE UNKNOWN)

QA05_E13 In the past 12 months, has a doctor examined your breasts for lumps?

AF37 [IF NEEDED, SAY: “This is when a doctor touches your breasts to check for bumps, cysts, or abnormal growth.”]

YES ................................................................. 1
NO ................................................................. 2
REFUSED ................................................... -7
DON'T KNOW ........................................... -8
QA05_E14  Have you ever had a mammogram?

AD14  

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

YES............................................................................................1
NO..............................................................................................2

[READ DEFINITION, IF STILL NO, GO TO PN QA05_E24]

REFUSED......................................................................................-7 [GO TO PN QA05_E27]
DON'T KNOW..............................................................................-8 [GO TO PN QA05_E27]

QA05_E15  How many mammograms have you had in the last 6 years? Your best estimate is fine.

AD16

MAMMOGRAMS [HR: 0-99]
NONE..............................................................................................0 [GO TO QA05_E18]
REFUSED......................................................................................-7 [GO TO QA05_E18]
DON'T KNOW..............................................................................-8 [GO TO QA05_E18]

QA05_E16  How long ago did you have your most recent mammogram?

AD17

A YEAR AGO OR LESS .........................................................1
MORE THAN 1 UP TO 2 YEARS AGO.................................2
MORE THAN 2 UP TO 3 YEARS AGO.................................3 [GO TO QA05_E18]
MORE THAN 3 UP TO 5 YEARS AGO.................................4 [GO TO QA05_E18]
MORE THAN 5 YEARS AGO..................................................5 [GO TO QA05_E18]
REFUSED......................................................................................7 [GO TO PN QA05_E27]
DON'T KNOW..............................................................................8 [GO TO PN QA05_E27]

QA05_E17  Tell me the main reason you had a mammogram. Was it

AD18  

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

Part of a routine exam .........................................................1
Because of a specific breast problem.................................2
A follow up to a previously identified breast problem3
Or due to family history?.......................................................4
REFUSED......................................................................................7
DON'T KNOW..............................................................................8

QA05_E18  Have you ever had a mammogram where the results were not normal?

AD19

YES..........................................................................................1
NO...........................................................................................2
REFUSED......................................................................................-7 [GO TO PN QA05_E24]
DON'T KNOW..............................................................................-8 [GO TO PN QA05_E24]
Have you ever had an operation to remove a lump from your breast?

YES ................................................................. 1
NO ................................................................. 2 [GO TO PN QA05_E22]
REFUSED .......................................................... -7 [GO TO PN QA05_E22]
DON'T KNOW ................................................... -8 [GO TO PN QA05_E22]

Did the lump turn out to be cancer?

YES ................................................................. 1 [GO TO PN QA05_E22]
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8

How many breast operations have you had to remove a lump that wasn't cancer?

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

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

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

YES ................................................................. 1
NO ................................................................. 2 [GO TO PN QA05_E24]
REFUSED .......................................................... -7 [GO TO PN QA05_E24]
DON'T KNOW ................................................... -8 [GO TO PN QA05_E24]

What additional tests and/or surgery did you have?

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

NO TESTS/NO SURGERY ........................................ 1
MASTECTOMY (SURGERY TO REMOVE BREAST) ................. 2
LUMPECTOMY (SURGERY TO REMOVE LUMP) .................. 3
NEEDLE BIOPSY ................................................. 4
ULTRASOUND TEST ............................................ 5
ANOTHER MAMMOGRAM ....................................... 6
CLINICAL BREAST EXAM ...................................... 7
REFUSED .......................................................... -7
DON'T KNOW ................................................... -8
In the past 12 months has a doctor recommended that you have a mammogram?

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

What is the ONE most important reason why you have (NEVER had a mammogram/NOT had a mammogram in the past 2 years)?

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

Was your most recent mammogram recommended by a doctor?

- YES ................................................................... 1
- NO .................................................................... 2
- REFUSED ......................................................... -7
- DON'T KNOW .................................................. -8
PROGRAMMING NOTE QA05_E27_INTRO
IF AGE<34 GO TO PROGRAMMING NOTE QA05_F1
ELSE CONTINUE WITH QA05_E27

QA05_E27_INTRO Are you currently taking any of the following medications?

PROGRAMMING NOTE QA05_E27
IF AGE>44 CONTINUE WITH QA05_E27
ELSE GO TO QA05_E28

QA05_E27 Hormone replacement therapy?

AD28
YES.................................................................1
NO.................................................................2
REFUSED.....................................................-7
DON'T KNOW..............................................-8

QA05_E28 Tamoxifen or Molvadex?

AE51
YES.................................................................1
NO.................................................................2
REFUSED.....................................................-7
DON'T KNOW..............................................-8

PROGRAMMING NOTE QA05_E29
IF AGE>44 CONTINUE WITH QA05_E29
ELSE GO TO QA05_E30

QA05_E29 Raloxifen or Evista?

AE52
YES.................................................................1
NO.................................................................2
REFUSED.....................................................-7
DON'T KNOW..............................................-8

PROGRAMMING NOTE QA05_E30
IF AGE<55 CONTINUE WITH QA05_E30
ELSE GO TO QA05_F1

QA05_E30 Birth control pills, the patch, or birth control shots?

AE53
YES.................................................................1
NO.................................................................2
REFUSED.....................................................-7
DON'T KNOW..............................................-8
Section F – Cancer History and Prevention

PROGRAMMING NOTE QA05_F1
IF QA05_E20 =1 (BREAST CANCER) DISPLAY “Besides the breast cancer you told me about”

QA05_F1  {Besides the breast cancer you told me about,} Has a doctor ever told you that you had a cancer of any kind?

[AF1]
YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ...................................................................... -7       [GO TO PN QA05_F7]
DON’T KNOW .................................................................. -8

QA05_F2  What kind of cancer was it?

[AF2]
[CODE ALL THAT APPLY, ACCEPT ONLY FIRST 6 RESPONSES]
[PROBE: "Any others?"]

BLADDER................................................................. 1
BLOOD ................................................................. 2
BONE ...................................................................... 3
BRAIN .................................................................... 4
BREAST ................................................................. 5
CERVIX .................................................................. 6
COLON ..................................................................... 7
ESOPHAGUS ......................................................... 8
GALLBLADDER ..................................................... 9
KIDNEY ................................................................ 10
LARYNX-WINDPIPE ......................................... 11
LEUKEMIA .......................................................... 12
LIVER .................................................................... 13
LUNG ..................................................................... 14
LYMPHOMA .......................................................... 15
MOUTH/TONGUE/LIP ........................................... 16
OVARY .................................................................. 17
PANCREAS .......................................................... 18
PROSTATE ........................................................... 19
RECTUM ............................................................... 20
SKIN ....................................................................... 21
SOFT TISSUE (MUSCLE OR FAT) ......................... 24
STOMACH ........................................................... 25
TESTIS .................................................................... 26
THROAT-PHARYNX ........................................... 27
THYROID .............................................................. 28
UTERUS ............................................................... 29
OTHER .................................................................... 91
REFUSED .................................................................... -7
DON’T KNOW .................................................................. -8

A-37
PROGRAMMING NOTE QA05_F3:
IF QA05_F2 = 5 (BREAST CANCER) OR QA05_E20 = 1 (BREAST CANCER), CONTINUE WITH QA05_F3;
ELSE GO TO PROGRAMMING NOTE QA05_F5

QA05_F3  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

QA05_F4  Was your breast cancer diagnosed at an early or late stage?

AF52
EARLY STAGE (STAGE 1 OR 2).................................1
LATE STAGE (STAGE 3 OR 4)..............................2
REFUSED ...............................................................-7
DON'T KNOW .........................................................-8

PROGRAMMING NOTE QA05_F5:
IF QA05_F2 = 21 (SKIN CANCER), CONTINUE WITH QA05_F5;
ELSE GO TO QA05_F6

QA05_F5  Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?

AF2A
[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.”]

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

QA05_F6  How old were you when cancer was first diagnosed?

AF3
[IF MORE THAN ONE CANCER, ASK FOR AGE WHEN EARLIEST CANCER WAS DIAGNOSED]

_____ AGE IN YEARS [HR: 1 THRU AAGE OR (105) IF AAGE = -7)]
REFUSED ...............................................................-7
DON'T KNOW .........................................................-8
These next questions ask about your family history of cancer. By family we mean only your blood relatives, including half brothers and sisters.

**QA05_F7**

First, have any of your grandparents ever had cancer of any kind?

*IF NEEDED, SAY: "We want you to include information about both living and deceased blood relatives. Do not include family members related through marriage such as a stepfather or stepsister, or family members who were adopted."*

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

**QA05_F8**

Have any of your parents’ brothers or sisters, that is, your uncles or aunts, ever had cancer of any kind?

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

**QA05_F9**

Has your father or mother, or have any of your {brothers or sisters/brothers, sisters, sons, or daughters} ever had cancer of any kind?

- YES ........................................................................... 1
- NO ............................................................................. 2
- REFUSED ..................................................................... -7
- DON'T KNOW .................................................................. -8
PROGRAMMING NOTE QA05_F10:
IF QA05_F7 AND QA05_F8 AND QA05_F9 NE 1 (NO RELATIVE DIAGNOSED WITH CANCER), GO TO PN QA05_FB1;
IF QA05_F7 = 1 AND QA05_F8 = 2 AND QA05_F9 = 2, GO TO QA05_F11A
IF QA05_F7 = 2 AND QA05_F8 = 1 AND QA05_F9 = 2, GO TO QA05_F11B
ELSE CONTINUE WITH QA05_F10
ALSO, IF QA05_F9 = 2, DISPLAY “grandmothers and aunts.”
ELSE IF QA05_F7 NE 2, DISPLAY “grandmothers”
ELSE IF QA05_F8 NE 2, DISPLAY “aunts”
AND IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY “and sisters.”
ELSE DISPLAY “sisters, and daughters.”

QA05_F10  Now, please think about your female relatives who have had cancer. By female relatives, I mean mother, grandmothers, aunts, (and) sisters, (and daughters).

AP10  Have any of your female relatives been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum?

YES.................................................................1  [GO TO QA05_F40]
NO.................................................................2  [GO TO QA05_F40]
REFUSED.........................................................-7  [GO TO QA05_F40]
DON’T KNOW..................................................-8  [GO TO QA05_F40]

PROGRAMMING NOTE QA05_F11:
IF QA05_F7 NE 2, DISPLAY “grandmother”
IF QA05_F8 NE 2, DISPLAY “aunt”
IF QA05_F9 NE 2, DISPLAY “mother and sister”
IF QA05_F9 NE 2 AND AD2 NE 2, DISPLAY “daughter”

QA05_F11  Which female relatives have been diagnosed with cancer of the breast, ovary, uterus, colon, or rectum? Was it your…

AP11  [CODE ALL THAT APPLY. CTRL-P TO EXIT.]
      [PROBE: "Any others?"]

Grandmother(s)...................................................1
Aunt(s) .............................................................2
Mother...............................................................3
Sister(s)............................................................4
Daughter(s).......................................................5
REFUSED.........................................................-7
DON’T KNOW..................................................-8
PROGRAMMING NOTE QA05_F12:
IF QA05_F11=1 (GRANDMOTHER), CONTINUE WITH QA05_F12;
ELSE GO TO PN QA05_F19

QA05_F12  Is the grandmother on your mother’s or father’s side, or both?

AP12

MOTHER’S MOTHER.............................................1
FATHER’S MOTHER..........................................2
BOTH GRANDMOTHERS.................................3
REFUSED.....................................................-7
DON’T KNOW.............................................-8

PROGRAMMING NOTE QA05_F13
IF QA05_F12 = 3 DISPLAY “First tell me about your mother’s mother.”

QA05_F13  {First tell me about your mother’s mother.} Did she have cancer of the breast, ovary, uterus, colon, or rectum?

AP13

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

BREAST.................................................................1
OVARIAN..............................................................2
UTERINE OR ENDOMETRIAL..............................3
COLON OR RECTAL...............................................4
"FEMALE PROBLEMS"...........................................5
NONE OF THESE CANCER TYPES.......................6 [GO TO PN QA05_F16]
REFUSED.........................................................-7 [GO TO PN QA05_F16]
DON’T KNOW....................................................-8 [GO TO PN QA05_F16]

PROGRAMMING NOTE QA05_F14
IF MORE THAN ONE CANCER REPORTED IN QA05_F13 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F14  {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP14

YES..................................................................1
NO..................................................................2
REFUSED......................................................-7
DON’T KNOW...............................................-8
PROGRAMMING NOTE QA05_F15
IF QA05_F14 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F13 CONTINUE WITH QA05_F15
ELSE GO TO PROGRAMMING NOTE QA05_F16

QA05_F15  Which of these cancers were diagnosed before age 50?

<table>
<thead>
<tr>
<th>AP15</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREAST ............................................. 1</td>
</tr>
<tr>
<td>OVARIAN ............................................ 2</td>
</tr>
<tr>
<td>UTERINE OR ENDOMETRIAL ..................... 3</td>
</tr>
<tr>
<td>COLON OR RECTAL ............................... 4</td>
</tr>
<tr>
<td>&quot;FEMALE PROBLEMS&quot; ............................. 5</td>
</tr>
<tr>
<td>REFUSED ............................................. 7</td>
</tr>
<tr>
<td>DON'T KNOW ........................................ 8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_F16
IF QA05_F12 = 3 (both grandmothers), CONTINUE WITH QA05_F16
ELSE GO TO PROGRAMMING NOTE QA05_F19

QA05_F16  Now, tell me about your father's mother. Did she have cancer of the breast, ovary, uterus, colon, or rectum?

<table>
<thead>
<tr>
<th>AP16</th>
</tr>
</thead>
<tbody>
<tr>
<td>[CODE ALL THAT APPLY. CTRL-P TO EXIT.]</td>
</tr>
<tr>
<td>[PROBE: &quot;Any others?&quot;]</td>
</tr>
<tr>
<td>BREAST ............................................. 1</td>
</tr>
<tr>
<td>OVARIAN ............................................ 2</td>
</tr>
<tr>
<td>UTERINE OR ENDOMETRIAL ..................... 3</td>
</tr>
<tr>
<td>COLON OR RECTAL ............................... 4</td>
</tr>
<tr>
<td>&quot;FEMALE PROBLEMS&quot; ............................. 5</td>
</tr>
<tr>
<td>NONE OF THESE CANCER TYPES ................ 6</td>
</tr>
<tr>
<td>REFUSED ............................................. 7</td>
</tr>
<tr>
<td>DON'T KNOW ........................................ 8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_F17
IF MORE THAN ONE CANCER REPORTED IN QA05_F16 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F17  (Were any of these diagnoses before age 50?) Was her diagnosis before age 50?

<table>
<thead>
<tr>
<th>AP17</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................... 1</td>
</tr>
<tr>
<td>NO ..................................................... 2</td>
</tr>
<tr>
<td>REFUSED ............................................. 7</td>
</tr>
<tr>
<td>DON'T KNOW ......................................... 8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_F18
IF QA05_F17 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_16 CONTINUE WITH QA05_F18
ELSE GO TO PROGRAMMING NOTE QA05_F19

QA05_F18 Which of these cancers were diagnosed before age 50?

AP18

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREAST</td>
<td>1</td>
</tr>
<tr>
<td>OVARIAN</td>
<td>2</td>
</tr>
<tr>
<td>UTERINE OR ENDOMETRIAL</td>
<td>3</td>
</tr>
<tr>
<td>COLON OR RECTAL</td>
<td>4</td>
</tr>
<tr>
<td>&quot;FEMALE PROBLEMS&quot;</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_F19:
IF QA05_F11 = 2, (AUNT/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F19; ELSE GO TO PN QA05_F24

QA05_F19 Is the aunt or aunts you mentioned on your mother’s side, your father’s side, or on both sides?

AP19

<table>
<thead>
<tr>
<th>Side Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTHER’S SIDE</td>
<td>1</td>
</tr>
<tr>
<td>FATHER’S SIDE</td>
<td>2</td>
</tr>
<tr>
<td>BOTH SIDES</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_F20:
IF QA05_F19 = 1 (MOTHER’S SIDE) OR QA05_19 = 3 (BOTH SIDES), CONTINUE WITH QA05_F20; ELSE GO TO PN QA05_F24

QA05_F20 How many of your mother’s sisters had cancer of the breast, ovary, uterus, colon, or rectum?

AP20

<table>
<thead>
<tr>
<th>Number of Aunts</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA05_F21:
IF QA05_F20 = 1 DISPLAY “Did she have cancer of the breast, ovary, uterus, colon, or rectum?”;
IF QA05_F20>1 DISPLAY “Thinking about the (youngest/next youngest) of your mother’s sisters who had
cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?” OR QA05_F19 = 3 (BOTH SIDES),
CONTINUE WITH QA05_F21; ELSE GO TO PN QA05_F24

QA05_F21 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the
(youngest/next youngest) of your mother’s sisters who had cancer, did she have cancer of the breast,
ovary, uterus, colon, or rectum?

AP21

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

BREAST.......................................................... 1
OVARIAN......................................................... 2
UTERINE OR ENDOMETRIAL......................... 3
COLON OR RECTAL........................................... 4
“FEMALE PROBLEMS”................................. 5
NONE OF THESE CANCER TYPES .................. 6 [GO TO PN_X1]
REFUSED...................................................... 7 [GO TO PN_X1]
DON’T KNOW............................................... 8 [GO TO PN_X1]

PROGRAMMING NOTE QA05_F22
IF MORE THAN ONE CANCER REPORTED IN QA05_F21 DISPLAY “Were any of these diagnoses before age
50?”

QA05_F22 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP22

YES................................................................. 1
NO................................................................. 2
REFUSED...................................................... 7 [GO TO PN_X1]
DON’T KNOW............................................... 8 [GO TO PN_X1]

PROGRAMMING NOTE QA05_F23
IF QA05_F22 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F21 CONTINUE WITH QA05_F23
ELSE GO TO PROGRAMMING NOTE QA05_F24

QA05_F23 Which of these cancers were diagnosed before age 50?

AP23

BREAST.......................................................... 1
OVARIAN......................................................... 2
UTERINE OR ENDOMETRIAL......................... 3
COLON OR RECTAL........................................... 4
“FEMALE PROBLEMS”................................. 5
REFUSED...................................................... 7 [GO TO PN_X1]
DON’T KNOW............................................... 8 [GO TO PN_X1]
PROGRAMMING NOTE X1
IF QA05_F20>1, REPEAT SERIES QA05_F21 THRU QA05_F23 FOR EACH MOTHER’S SISTER DIAGNOSED
WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F24

PROGRAMMING NOTE QA05_F24
IF QA05_F19 = 2 or QA05_F19 = 3 CONTINUE WITH QA05_F20
ELSE GO TO PROGRAMMING NOTE QA05_F24

QA05_F24  How many of your father’s sisters had cancer of the breast, ovary, uterus, colon, or rectum?

AP24

NUMBER OF AUNTS
REFUSED............................................................... -7
DON'T KNOW....................................................... -8

PROGRAMMING NOTE QA05_F25:
IF QA05_F24 = 1 DISPLAY “Did she have cancer of the breast, ovary, uterus, colon, or rectum?”;
IF QA05_F24 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your father’s sisters who had
cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?” OR QA05_F19 = 3 (BOTH SIDES) ,
CONTINUE WITH QA05_F25;
ELSE GO TO PN QA05_F28

QA05_F25  {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the
(youngest/next youngest) of your father’s sisters who had cancer, did she have cancer of the breast,
ovid, uterus, colon, or rectum?

AP25

BREAST.................................................................1
OVARIAN..............................................................2
UTERINE OR ENDOMETRIAL...............................3
COLON OR RECTAL...............................................4
“FEMALE PROBLEMS”.........................................5
NONE OF THESE CANCER TYPES .....................6 [GO TO PN X2]
REFUSED............................................................7 [GO TO PN X2]
DON’T KNOW.......................................................8 [GO TO PN X2]

PROGRAMMING NOTE QA05_F26
IF MORE THAN ONE CANCER REPORTED IN QA05_F25 DISPLAY “Were any of these diagnoses before age
50?”

QA05_F26  {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP26

YES.................................................................1
NO.................................................................2
REFUSED..........................................................7
DON’T KNOW....................................................8
PROGRAMMING NOTE QA05_F27

IF QA05_F26 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F25 CONTINUE WITH QA05_F27
ELSE GO TO PROGRAMMING NOTE QA05_F28

QA05_F27  Which of these cancers were diagnosed before age 50?

AP27

BREAST ................................................................. 1  
OVARIAN ............................................................ 2  
UTERINE OR ENDOMETRIAL ............................... 3  
COLON OR RECTAL ............................................... 4  
"FEMALE PROBLEMS" ............................................ 5  
REFUSED .......................................................... -7  
DON'T KNOW .................................................. -8

PROGRAMMING NOTE X2

IF QA05_F24 > 1, REPEAT SERIES QA05_F25 THRU QA05_F27 FOR EACH FATHER’S SISTER DIAGNOSED  
WITH SPECIFIED CANCER/S (MAX = 3)  
ELSE GO TO PROGRAMMING NOTE QA05_F28

PROGRAMMING NOTE QA05_F28

IF QA05_F11 = 3 (MOTHER) CONTINUE WITH QA05_28  
ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F28  Did your mother have cancer of the breast, ovary, uterus, colon, or rectum?

AP28

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

BREAST ................................................................. 1  
OVARIAN ............................................................ 2  
UTERINE OR ENDOMETRIAL ............................... 3  
COLON OR RECTAL ............................................... 4  
"FEMALE PROBLEMS" ............................................ 5  
NONE OF THESE CANCER TYPES .......................... 6  
[GO TO PN QA05_F31]  
REFUSED .......................................................... -7  
[GO TO PN QA05_F31]  
DON'T KNOW .................................................. -8  
[GO TO PN QA05_F31]

PROGRAMMING NOTE QA05_F29

IF MORE THAN ONE CANCER REPORTED IN QA05_F28 DISPLAY “Were any of these diagnoses before age  
50?”

QA05_F29  (Were any of these diagnoses before age 50?) Was her diagnosis before age 50?

AP29

YES ................................................................. 1  
NO ................................................................. 2  
REFUSED .......................................................... -7  
DON'T KNOW .................................................. -8
PROGRAMMING NOTE QA05_F30
IF QA05_F29=1 AND MORE THAN ONE CANCER REPORTED IN QA05_F28 CONTINUE WITH QA05_F30
ELSE GO TO PROGRAMMING NOTE QA05_F31

QA05_F30  Which of these cancers were diagnosed before age 50?

AP30

BREAST .................................................................1
OVARIAN .........................................................2
UTERINE OR ENDOMETRIAL .......................3
COLON OR RECTAL ........................................4
“FEMALE PROBLEMS” ......................................5
REFUSED ......................................................-7
DON’T KNOW ................................................-8

PROGRAMMING NOTE QA05_F31
IF QA05_F11 = 4 (SISTER) CONTINUE WITH QA05_F31;
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F31  How many of your sisters had cancer of the breast, ovary, uterus, colon, or rectum?

AP31

NUMBER OF SISTERS
REFUSED ..........................................................-7
DON’T KNOW ..................................................-8

PROGRAMMING NOTE QA05_F32:
IF QA05_F31 = 1 DISPLAY “Did she have cancer of the breast, ovary, uterus, colon, or rectum?”;
IF QA05_31 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?”
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F32  {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the (youngest/next youngest) of your sisters who had cancer, did she have cancer of the breast, ovary, uterus, colon, or rectum?

AP32

BREAST ..................................................................................1
OVARIAN .........................................................................2
UTERINE OR ENDOMETRIAL ..........................3
COLON OR RECTAL ..............................................4
“FEMALE PROBLEMS” .........................................5
NONE OF THESE CANCER TYPES ......................6  [GO TO X3]
REFUSED ..............................................................-7  [GO TO X3]
DON’T KNOW ...........................................................-8  [GO TO X3]
PROGRAMMING NOTE QA05_F33
IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F33  (Were any of these diagnoses before age 50?) Was her diagnosis before age 50?

AP33

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

PROGRAMMING NOTE QA05_F34
IF QA05_F33 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F32 CONTINUE WITH QA05_F34
ELSE GO TO PROGRAMMING NOTE QA05_F36

QA05_F34  Which of these cancers were diagnosed before age 50?

AP34

BREAST .................................................................... 1
OVARIAN ............................................................... 2
UTERINE OR ENDOMETRIAL ................................. 3
COLON OR RECTAL ................................................ 4
“FEMALE PROBLEMS” ............................................ 5
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8

PROGRAMMING NOTE QA05_F35
ASK QA05_F35 A SINGLE TIME FOR EACH SISTER, DISPLAYING THE QUESTION AFTER SERIES QA05_F34 THRU QA05_F34 IS COMPETED FOR THE SISTER.

QA05_F35  Was this sister a full sister, a half-sister on your father’s side, or a half-sister on your mother’s side?

AP35

FULL ......................................................................... 1
HALF ON FATHER’S SIDE ...................................... 2
HALF ON MOTHER’S SIDE ..................................... 3
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8

PROGRAMMING NOTE X3
IF QA05_F31 > 1, REPEAT SERIES QA05_32 THRU QA05_F35 FOR EACH SISTER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F36
A-49

PROGRAMMING NOTE QA05_F36
IF QA05_F11 = 5 (DAUGHTER) CONTINUE WITH QA05_F36;
ELSE GO TO QA05_F40

QA05_F36 How many of your daughters had cancer of the breast, ovary, uterus, colon, or rectum?

AP36

_____ NUMBER OF DAUGHTERS
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_F37:
IF QA05_F36 = 1 DISPLAY “Did she have cancer of the breast, ovary, uterus, colon, or rectum?”;
IF QA05_F36 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your daughters who had cancer,
did she have cancer of the breast, ovary, uterus, colon, or rectum?”
ELSE GO TO PROGRAMMING NOTE QA05_F40

QA05_F37 {Did she have cancer of the breast, ovary, uterus, colon, or rectum?} Thinking about the
(youngest/next youngest) of your daughters who had cancer, did she have cancer of the breast, ovary,
uterus, colon, or rectum?

AP37

BREAST ............................................................... 1
OVARIAN ............................................................. 2
UTERINE OR ENDOMETRIAL ............................ 3
COLON OR RECTAL .......................................... 4
"FEMALE PROBLEMS" ........................................ 5
NONE OF THESE CANCER TYPES ...................... 6 [GO TO PN X4]
REFUSED ........................................................... -7 [GO TO PN X4]
DON'T KNOW ...................................................... -8 [GO TO PN X4]

PROGRAMMING NOTE QA05_F38
IF MORE THAN ONE CANCER REPORTED IN QA05_F32 DISPLAY “Were any of these diagnoses before age
50?”

QA05_F38 {Were any of these diagnoses before age 50?} Was her diagnosis before age 50?

AP38

YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW ..................................................... -8
PROGRAMMING NOTE QA05_F39
IF QA05_F38 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F37 CONTINUE WITH QA05_F39
ELSE GO TO PROGRAMMING NOTE QA05_F40

QA05_F39 Which of these cancers were diagnosed before age 50?

AP39
BREAST.................................................................1
OVARIAN.............................................................2
UTERINE OR ENDOMETRIAL...............................3
COLON OR RECTAL..............................................4
“FEMALE PROBLEMS”............................................5
REFUSED.............................................................-7
DON’T KNOW....................................................-8

PROGRAMMING NOTE QA05_F40:
IF QA05_F7 AND QA05_F8 AND QA05_F9 NE 1 (NO RELATIVE DIAGNOSED WITH CANCER), GO TO PN QA05_FB1;
IF QA05_F7 = 1 AND QA05_F8 = 2 AND QA05_F9 = 2, GO TO QA05_F41A
IF QA05_F7 = 2 AND QA05_F8 = 1 AND QA05_F9 = 2, GO TO QA05_F41B
ELSE CONTINUE WITH QA05_F40
ALSO, IF QA05_F9 = 2, DISPLAY “grandfathers and uncles.”
ELSE IF QA05_F7 NE 2, DISPLAY “grandfathers”
ELSE IF QA05_F8 NE 2, DISPLAY “uncles”
AND IF QA05_E2 = 2 (FEMALE R, NEVER GIVEN BIRTH), DISPLAY “and brothers.”
ELSE DISPLAY “brothers, and sons.”

QA05_F40 Now, I’ll ask about your male relatives. By male relatives, I mean father, grandfathers, uncles, {and} brothers, {and sons}.

AP40
Have any of your male relatives been diagnosed with cancer of the prostate, colon, rectum, or breast?

YES.................................................................1
NO.................................................................2
REFUSED..........................................................-7
DON’T KNOW...................................................-8
Which male relatives have been diagnosed with cancer of the prostate, colon, rectum, or breast? Was it your…

**AP41**

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

- Grandfather(s)..............................1
- Uncle(s)........................................2
- Father...........................................3
- Brother(s).................................4
- Son(s)......................................5
- REFUSED.............................-7
- DON’T KNOW.............................-8

**PROGRAMMING NOTE QA05_F42:**

**QA05_F42**  Is the grandfather on your mother’s or father’s side, or both?

**AP42**

- MOTHER’S FATHER..........................1
- FATHER’S FATHER..........................2
- BOTH GRANDFATHERS....................3
- REFUSED.............................-7
- DON’T KNOW.............................-8

**PROGRAMMING NOTE QA05_F43**

**QA05_F43**  {First tell me about your mother’s father.} Did he have cancer of the prostate, colon, rectum, or breast?

**AP43**

- PROSTATE.................................1
- COLON OR RECTAL.......................2
- BREAST.....................................3
- NONE OF THESE CANCER TYPES.........4  [GO TO PN QA05_F46]
- REFUSED.............................-7
- DON’T KNOW.............................-8
PROGRAMMING NOTE QA05_F44
IF MORE THAN ONE CANCER REPORTED IN QA05_F43 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F44  {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP44

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

PROGRAMMING NOTE QA05_F45
IF QA05_F44 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F43 CONTINUE WITH QA05_F45
ELSE GO TO PROGRAMMING NOTE QA05_F46

QA05_F45  Which of these cancers were diagnosed before age 50?

AP45

PROSTATE ............................................................... 1
COLON OR RECTAL ............................................... 2
BREAST .................................................................... 3
REFUSED ...................................................................... -7
DON'T KNOW ............................................................. -8
PROGRAMMING NOTE QA05_F46
IF QA05_F43 = 3 (BOTH GRANDFATHERS), CONTINUE WITH QA05_F46
ELSE GO TO PROGRAMMING NOTE QA05_F48

QA05_F46     Now tell me about your father’s father. Did he have cancer of the prostate, colon, rectum, or breast?

AP46       [CODE ALL THAT APPLY. CTRL-P TO EXIT.]
            [PROBE: “Any others?”]

  PROSTATE............................................................... 1
  COLON OR RECTAL................................................ 2
  BREAST................................................................. 3
  NONE OF THESE CANCER TYPES ....................... 4 [GO TO PN QA05_F49]
  REFUSED............................................................... -7 [GO TO PN QA05_F49]
  DON'T KNOW......................................................... -8 [GO TO PN QA05_F49]

PROGRAMMING NOTE QA05_F47
IF MORE THAN ONE CANCER REPORTED IN QA05_F46 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F47                 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP47

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

PROGRAMMING NOTE QA05_F48
IF QA05_F47 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F46 CONTINUE WITH QA05_F48
ELSE GO TO PROGRAMMING NOTE QA05_F49

QA05_F48     Which of these cancers were diagnosed before age 50?

AP48

  PROSTATE............................................................... 1
  COLON OR RECTAL................................................ 2
  BREAST................................................................. 3
  REFUSED............................................................... -7
  DON'T KNOW........................................................... -8
PROGRAMMING NOTE QA05_F49
IF QA05_F41 = 2, (UNCLE/S DIAGNOSED WITH CANCER) CONTINUE WITH QA05_F49;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F49  Is the uncle or uncles you mentioned on your mother’s side, your father’s side, or on both sides?

AP49

MOTHER’S SIDE ...................................................... 1
FATHER’S SIDE ....................................................... 2
BOTH SIDES ............................................................ 3
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8

PROGRAMMING NOTE QA05_F50
IF QA05_F49 = 1 (MOTHER’S SIDE) OR QA05_F49 = 3 (BOTH SIDES), CONTINUE WITH QA05_F50;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F50  How many of your mother’s brothers had cancer of the prostate, colon, rectum, or breast?

AP50

_____ NUMBER OF UNÇLES

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

PROGRAMMING NOTE QA05_F51
IF QA05_F50 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”;
IF QA05_F50 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your mother’s brothers who had
cancer, did he have cancer of the prostate, colon, rectum, or breast?” OR QA05_F42 = 3 (BOTH SIDES),
CONTINUE WITH QA05_F51;
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F51  {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next
youngest) of your mother’s brothers who had cancer, did he have cancer of the prostate, colon,
rectum, or breast?

AP51

PROSTATE ............................................................... 1
COLON OR RECTAL ................................................ 2
BREAST ................................................................. 3
NONE OF THESE CANCER TYPES ....................... 4 [GO TO PN X5]
REFUSED ............................................................... -7 [GO TO PN X5]
DON’T KNOW .......................................................... -8 [GO TO PN X5]

PROGRAMMING NOTE QA05_F52
IF MORE THAN ONE CANCER REPORTED IN QA05_F51 DISPLAY “Were any of these diagnoses before age
50?”

QA05_F52  {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP52

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8
PROGRAMMING NOTE QA05_F53
IF QA05_F52 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F51 CONTINUE WITH QA05_F53
ELSE GO TO PROGRAMMING NOTE QA05_F54

QA05_F53 Which of these cancers were diagnosed before age 50?

AP53

PROSTATE...............................................................1
COLON OR RECTAL................................................2
BREAST...............................................................3
REFUSED..............................................................-7
DON'T KNOW........................................................-8

PROGRAMMING NOTE X5
IF QA05_F50 > 1, REPEAT SERIES QA05_F51 THRU QA05_F53 FOR EACH MOTHER’S BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F54

PROGRAMMING NOTE QA05_F54
IF QA05_F49 = 2 (FATHER’S SIDE) or QA05_F49 = 3 (BOTH SIDES) CONTINUE WITH QA05_F54
ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F54 How many of your father’s brothers had cancer of the prostate, colon, rectum, or breast?

AP54

____ NUMBER OF UNCLE
REFUSED..............................................................-7
DON'T KNOW........................................................-8

PROGRAMMING NOTE QA05_F55
IF QA05_F54 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”;
IF QA05_F54 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your father’s brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?”;
ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F55 {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your father’s brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?

AP55

PROSTATE...............................................................1
COLON OR RECTAL................................................2
BREAST...............................................................3
NONE OF THESE CANCER TYPES .......................4 [GO TO PN X6]
REFUSED..............................................................-7 [GO TO PN X6]
DON'T KNOW........................................................-8 [GO TO PN X6]
PROGRAMMING NOTE QA05_F56
IF MORE THAN ONE CANCER REPORTED IN QA05_F55 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F56  {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP56

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

PROGRAMMING NOTE QA05_F57
IF QA05_F56 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F55 CONTINUE WITH QA05_F57
ELSE GO TO PROGRAMMING NOTE QA05_F58

QA05_F57  Which of these cancers were diagnosed before age 50?

AP57

PROSTATE ...................................................... 1
COLON OR RECTAL ........................................ 2
BREAST ......................................................... 3
REFUSED ....................................................... -7
DON’T KNOW ................................................ -8

PROGRAMMING NOTE X6
IF QA05_F54 > 1, REPEAT SERIES QA05_F55 THRU QA05_F57 FOR EACH FATHER’S BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F58

PROGRAMMING NOTE QA05_F58
IF QA05_F42 = 3 (FATHER) CONTINUE WITH QA05_F58
ELSE GO TO QA05_F61

QA05_F58  Did your father have cancer of the prostate, colon, rectum, or breast?

AP58

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

PROSTATE ...................................................... 1
COLON OR RECTAL ........................................ 2
BREAST ......................................................... 3
NONE OF THESE CANCER TYPES ..................... 4
REFUSED ....................................................... -7
DON’T KNOW ................................................ -8

[GO TO PN QA05_F61]
[GO TO PN QA05_F61]
[GO TO PN QA05_F61]
PROGRAMMING NOTE QA05_F59
IF MORE THAN ONE CANCER REPORTED IN QA05_F58 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F59  {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP59

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

PROGRAMMING NOTE QA05_F60
IF QA05_F59 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F58 CONTINUE WITH QA05_F60
ELSE GO TO PROGRAMMING NOTE QA05_F61

QA05_F60  Which of these cancers were diagnosed before age 50?

AP60

PROSTATE ............................................................... 1
COLON OR RECTAL ............................................. 2
BREAST .................................................................... 3
REFUSED .................................................................. -7
DON’T KNOW .................................................................-8

PROGRAMMING NOTE QA05_F61
IF QA05_F41 = 4 (BROTHER/S DIAGNOSED) CONTINUE WITH QA05_F61;
ELSE GO TO QA05_F66

QA05_F61  How many of your brothers had cancer of the prostate, colon, rectum, or breast?

AP61

_____ NUMBER OF BROTHERS
REFUSED .................................................................. -7
DON’T KNOW .................................................................-8

PROGRAMMING NOTE QA05_F62:
IF QA05_F61 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”;
IF QA05_F61 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?”
ELSE GO TO PROGRAMMING NOTE QA05_F66

QA05_F62  {Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your brothers who had cancer, did he have cancer of the prostate, colon, rectum, or breast?

AP62

PROSTATE ............................................................... 1
COLON OR RECTAL ............................................. 2
BREAST .................................................................... 3
NONE OF THESE CANCER TYPES ....................... 4 [GO TO PN X7]
REFUSED .................................................................. -7 [GO TO PN X7]
DON’T KNOW .................................................................-8 [GO TO PN X7]
PROGRAMMING NOTE QA05_F63
IF MORE THAN ONE CANCER REPORTED IN QA05_F62 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F63 {Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

AP63

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

PROGRAMMING NOTE QA05_F64
IF QA05_F63 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F62 CONTINUE WITH QA05_F64
ELSE GO TO PROGRAMMING NOTE QA05_F65

QA05_F64 Which of these cancers were diagnosed before age 50?

AP64

PROSTATE ............................................................... 1
COLON OR RECTAL ................................................ 2
BREAST .................................................................... 3
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8

PROGRAMMING NOTE QA05_F65
ASK QA05_F65 A SINGLE TIME FOR EACH BROTHER, DISPLAYING THE QUESTION AFTER SERIES QA05_F62 THRU QA05_F64 IS COMPETED FOR THE BROTHER.

QA05_F65 Was this brother a full brother, a half-brother on your father’s side, or a half-brother on your mother’s side?

AP65

FULL ................................................................. 1
HALF ON FATHER’S SIDE ...................................... 2
HALF ON MOTHER’S SIDE ..................................... 3
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8

PROGRAMMING NOTE X7
IF QA05_F54 > 1, REPEAT SERIES QA05_F55 THRU QA05_F57 FOR EACH BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO PROGRAMMING NOTE QA05_F66

PROGRAMMING NOTE QA05_F66
IF QA05_F41 = 5 (SON/S DIAGNOSED) CONTINUE WITH QA05_F66;
ELSE GO TO QA05_FB1

QA05_F66 How many of your sons had cancer of the prostate, colon, rectum, or breast?

AP66

NUMBER OF SONS
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8
PROGRAMMING NOTE QA05_F67
IF QA05_F66 = 1 DISPLAY “Did he have cancer of the prostate, colon, rectum, or breast?”;
IF QA05_F66 > 1 DISPLAY “Thinking about the (youngest/next youngest) of your sons who had cancer, did he have cancer of the prostate, colon, rectum, or breast?”

QA05_F67
{Did he have cancer of the prostate, colon, rectum, or breast?} Thinking about the (youngest/next youngest) of your sons who had cancer, did he have cancer of the prostate, colon, rectum, or breast?

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<th>Answer</th>
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<tr>
<td></td>
<td>COLON OR RECTAL ..................... 2</td>
</tr>
<tr>
<td></td>
<td>BREAST .................................. 3</td>
</tr>
<tr>
<td></td>
<td>NONE OF THESE CANCER TYPES .......... 4 [GO TO X8]</td>
</tr>
<tr>
<td></td>
<td>REFUSED .................................... -7 [GO TO X8]</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW ................................. -8 [GO TO X8]</td>
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PROGRAMMING NOTE QA05_F68
IF MORE THAN ONE CANCER REPORTED IN QA05_F67 DISPLAY “Were any of these diagnoses before age 50?”

QA05_F68
{Were any of these diagnoses before age 50?} Was his diagnosis before age 50?

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<tr>
<td>AP68</td>
<td>YES ........................................ 1</td>
</tr>
<tr>
<td></td>
<td>NO ........................................... 2</td>
</tr>
<tr>
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<td>REFUSED ...................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW .................................. -8</td>
</tr>
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</table>

PROGRAMMING NOTE QA05_F69
IF QA05_F68 = 1 AND MORE THAN ONE CANCER REPORTED IN QA05_F67 CONTINUE WITH QA05_F69
ELSE GO TO QA05_FB1

QA05_F69
Which of these cancers were diagnosed before age 50?

<table>
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<th>Answer</th>
</tr>
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<tbody>
<tr>
<td>AP69</td>
<td>PROSTATE .......................... 1</td>
</tr>
<tr>
<td></td>
<td>COLON OR RECTAL ..................... 2</td>
</tr>
<tr>
<td></td>
<td>BREAST .................................. 3</td>
</tr>
<tr>
<td></td>
<td>REFUSED .................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON’T KNOW ................................. -8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE X8
IF QA05_F66 > 1, REPEAT SERIES QA05_F67 THRU QA05_F69 FOR EACH BROTHER DIAGNOSED WITH SPECIFIED CANCER/S (MAX = 3)
ELSE GO TO QA05_FB1
PROGRAMMING NOTE QA05_FB1:
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 QA05_FB9;
ELSE CONTINUE WITH QA05_FB1

QA05_FB1 Have you ever had a Sigmoidoscopy or Colonoscopy? 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.”]

YES ................................................................. 1
NO ................................................................. 2 [GO TO PN QA05_FB4]
REFUSED ....................................................... -7 [GO TO PN QA05_FB6]
DON’T KNOW ................................................... -8 [GO TO PN QA05_FB6]

QA05_FB2 How long ago did you have your most recent exam?

A YEAR AGO OR LESS ......................................... 1
MORE THAN 1 UP TO 2 YEARS AGO .................... 2
MORE THAN 2 UP TO 3 YEARS AGO .................. 3
MORE THAN 3 UP TO 5 YEARS AGO .................. 4
MORE THAN 5 UP TO 10 YEARS AGO .............. 5
MORE THAN 10 YEARS AGO .............................. 6 [GO TO PN QA05_FB4]
REFUSED ....................................................... -7
DON’T KNOW ................................................... -8

QA05_FB3 Was your most recent exam a sigmoidoscopy a colonoscopy 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.”]

SIGMOIDOSCOPY .............................................. 1
COLONOSCOPY ............................................... 2
SOMETHING ELSE ........................................... 4
REFUSED ....................................................... -7
DON’T KNOW ................................................... -8
QA05_FB4  
During the past 12 months has a doctor recommended that you have a sigmoidoscopy or colonoscopy?

**AF21**

- YES ........................................................................... 1
- NO ............................................................................. 2 [GO TO QA05_FB6]
- DID NOT GO TO DOCTOR IN PAST 12 MONTHS ......................... 92 [GO TO QA05_FB6]
- REFUSED ........................................................................ -7 [GO TO QA05_FB6]
- DON'T KNOW .................................................................... -8 [GO TO QA05_FB6]

**PROGRAMMING NOTE QA05_FB4**
IF QA05_FB1 = 2 (NEVER HAD) OR QA05_FB2 = 6 (NO EXAM IN LAST 10 YEARS), CONTINUE WITH QA05_FB4 ELSE GO TO QA05_FB5

QA05_FB5  
What is the ONE most important reason why you have {NEVER had/NOT had} one of these exams {in the last 10 years}?

**AF20**

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

**PROGRAMMING NOTE QA05_FB5**
IF QA05_FB1 = 2 (NEVER HAD SIGMOIDOSCOPY OR COLONOSCOPY), DISPLAY "NEVER had";
IF QA05_FB2 = 6 (NO EXAM LAST 10 YEARS), DISPLAY "NOT had"

QA05_FB6  
The following questions are about the blood stool or occult blood test, a test to determine whether you have blood in your stool or bowel movement. The blood stool test can be done at home using a kit. You smear a small amount of stool on cards at home and send the cards back to the doctor or lab.

**AF22**

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

- YES ........................................................................... 1
- NO ............................................................................. 2 [GO TO QA05_FB8]
- REFUSED ........................................................................ -7 [GO TO QA05_FB10]
- DON'T KNOW .................................................................... -8 [GO TO QA05_FB10]
QA05_FB7  How long ago did you do your most recent HOME blood stool test?

AF24

A YEAR AGO OR LESS ........................................... 1 [GO TO QA05_FB10]
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 [GO TO QA05_FB10]
DON'T KNOW ...................................................... -8 [GO TO QA05_FB10]

PROGRAMMING NOTE QA05_FB8
IF QA05_FB6 = 2 (NEVER HAD) OR QA05_FB7 > 1 (NO EXAM IN LAST YEAR), CONTINUE WITH QA05_FB8
ELSE GO TO PROGRAMMING NOTE QA05_FB10

QA05_FB8  In the past 12 months, has a doctor recommended that you have a home blood stool test?

AF29

YES ........................................................................ 1 [GO TO QA05_FB10]
NO ........................................................................ 2 [GO TO QA05_FB10]
DID NOT GO TO DOCTOR
IN PAST 12 MONTHS ............................................ 92 [GO TO QA05_FB10]
REFUSED ........................................................... -7 [GO TO QA05_FB10]
DON'T KNOW ...................................................... -8 [GO TO QA05_FB10]

PROGRAMMING NOTE QA05_FB9:
IF QA05_FB6 = 2 (NEVER HAD HOME STOOL TEST), CONTINUE WITH QA05_FB9 AND DISPLAY "NEVER had"
ELSE IF QA05_FB7 > 1 (NONE IN PAST 12 months ), CONTINUE WITH QA05_FB9 AND DISPLAY "NOT had"
and "in the past 12 months ";
ELSE GO TO QA05_FB10

QA05_FB9  What is the most important reason you have {NEVER had /NOT had} a HOME blood stool test {in the past 12 months }?

AF28

NO REASON/NEVER THOUGHT ABOUT IT .......... 1
DIDN'T NEED/DIDN'T KNOW I NEEDED
THIS TYPE OF TEST ................................................ 2
DOCTOR DIDN'T TELL ME I NEEDED IT ............... 3
HAVEN'T HAD ANY PROBLEMS ......................... 4
PUT IT OFF/LAZINESS ........................................ 5
TOO EXPENSIVE/NO INSURANCE/COST ............. 6
TOO PAINFUL, UNPLEASANT, EMBARRASSING .7
HAD ANOTHER TYPE OF COLORECTAL EXAM .. 8
DON'T HAVE A DOCTOR ..................................... 9
OTHER ........................................................... 91
REFUSED .......................................................... -7
DON'T KNOW .................................................... -8
PROGRAMMING NOTE QA05_FB10:
IF FEMALE, GO TO QA05_G1;
IF MALE AND [AGE < 40 OR BETWEEN 18 AND 29 OR BETWEEN 30 AND 39 OR ENUM.AGE < 45 OR IF AGE IS UNKNOWN], GO TO QA05_G1;
ELSE CONTINUE WITH QA05_FB10

QA05_FB10 Have you ever HEARD OF a PSA or "prostate-specific antigen" test to detect prostate cancer? A PSA test is a blood test to detect prostate cancer.

- AF30

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

QA05_FB11 Have you ever HAD a PSA test?

- AF31

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

QA05_FB12 How long ago did you have your most recent PSA test?

- AF33

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
Section G – Demographic Information, Part II

QA05_G1  Now a few more questions about you.

AH33  In what country were you born?

[SELECT FROM MOST LIKELY COUNTRIES]

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

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

UNITED STATES .................................................. 1
AMERICAN SAMOA ................................................. 2
CANADA ............................................................... 3
CHINA ................................................................. 4
EL SALVADOR ......................................................... 5
ENGLAND ............................................................... 6
FRANCE ................................................................. 7
GERMANY .............................................................. 8
GUAM ................................................................. 9
GUATEMALA .......................................................... 10
HUNGARY ............................................................. 11
INDIA ................................................................. 12
IRAN ................................................................. 13
IRELAND ............................................................. 14
ITALY ................................................................. 15
JAPAN ................................................................. 16
KOREA ................................................................. 17
MEXICO .............................................................. 18
PHILIPPINES ....................................................... 19
POLAND .............................................................. 20
PORTUGAL .......................................................... 21
PUERTO RICO ........................................................ 22
RUSSIA .............................................................. 23
TAIWAN ............................................................. 24
VIETNAM ........................................................... 25
VIRGIN ISLANDS .................................................. 26
OTHER (SPECIFY):_____________________________ 91
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8
### QA05_G3
In what country was your father born?

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<td>AMERICAN SAMOA</td>
<td>2</td>
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<tr>
<td>CANADA</td>
<td>3</td>
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<tr>
<td>CHINA</td>
<td>4</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>5</td>
</tr>
<tr>
<td>ENGLAND</td>
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<tr>
<td>FRANCE</td>
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<td>GERMANY</td>
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</tr>
<tr>
<td>GUAM</td>
<td>9</td>
</tr>
<tr>
<td>GUATEMALA</td>
<td>10</td>
</tr>
<tr>
<td>HUNGARY</td>
<td>11</td>
</tr>
<tr>
<td>INDIA</td>
<td>12</td>
</tr>
<tr>
<td>IRAN</td>
<td>13</td>
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<td>IRELAND</td>
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<td>ITALY</td>
<td>15</td>
</tr>
<tr>
<td>JAPAN</td>
<td>16</td>
</tr>
<tr>
<td>KOREA</td>
<td>17</td>
</tr>
<tr>
<td>MEXICO</td>
<td>18</td>
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<tr>
<td>PHILIPPINES</td>
<td>19</td>
</tr>
<tr>
<td>POLAND</td>
<td>20</td>
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<tr>
<td>PORTUGAL</td>
<td>21</td>
</tr>
<tr>
<td>PUERTO RICO</td>
<td>22</td>
</tr>
<tr>
<td>RUSSIA</td>
<td>23</td>
</tr>
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<td>TAIWAN</td>
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</tr>
<tr>
<td>VIETNAM</td>
<td>25</td>
</tr>
<tr>
<td>VIRGIN ISLANDS</td>
<td>26</td>
</tr>
<tr>
<td>OTHER (SPECIFY):________</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

### QA05_G4
Thinking about your race or ethnicity, how often have you felt treated badly or unfairly because of your race or ethnicity? Would you say …

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Rarely</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
</tr>
<tr>
<td>Often</td>
<td>4</td>
</tr>
<tr>
<td>Or all the time?</td>
<td>5</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
</tbody>
</table>
QA05_G5  What languages do you speak at home?

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

ENGLISH .............................................................. 1
SPANISH .............................................................. 2
CANTONESE ....................................................... 3
VIETNAMESE ......................................................... 4
TAGALOG .............................................................. 5
MANDARIN ............................................................. 6
KOREAN ................................................................. 7
ASIAN INDIAN LANGUAGES ..................................... 8
RUSSIAN ................................................................. 9
OTHER1 (SPECIFY): _________________________________ 91
OTHER2 (SPECIFY): _________________________________ 92
REFUSED ................................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA05_G6:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA05_G6
IF INTERVIEW CONDUCTED IN ENGLISH AND QA05_G5 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA05_G6 AND DISPLAY: “Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English…” AND DROP RESPONSE CATEGORY “NOT AT ALL”;
ELSE IF QA05_G5 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PN QA05_G7

QA05_G6  {Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English} Would you say you speak English …

AH37

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

PROGRAMMING NOTE QA05_G7:
IF QA05_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PN QA05_G10;
ELSE CONTINUE WITH QA05_G7

QA05_G7  The next questions are about citizenship and immigration.
Are you a citizen of the United States?

AH39

YES ................................................................. 1  [GO TO QA05_G9]
NO ........................................................................ 2
APPLICATION PENDING ......................................... 3
REFUSED ................................................................... -7
DON’T KNOW ......................................................... -8
QA05_G8 Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

AH40 IF NEEDED, SAY: "People usually call this a 'Green Card' but the color can also be pink, blue, or white."

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

QA05_G9 About how many years have you lived in the United States?

AH41 [FOR LESS THAN A YEAR, ENTER 1 YEAR]

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

PROGRAMMING NOTE QA05_G10:
IF QA05_G1 = 1 (USA) OR (AAGE – QA05_G9) < 18 (R CAME TO U.S. PRIOR TO 18TH BIRTHDAY), CONTINUE WITH QA05_G10;
ELSE GO TO PROGRAMMING NOTE QA05_G11

QA05_G10 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 QA05_G11:
IF QA05_A15 = 1 (MARRIED) CONTINUE WITH QA05_G11
IF A15 = 2 (LIVING WITH PARTNER, GO TO G12)
ELSE GO TO PROGRAMMING NOTE QA05_G13

QA05_G11 Is your spouse also living in your household?

AH44 YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ......................................................................... -7
DON'T KNOW ............................................................. -8
May I have your (spouse/partner)’s first name and age?

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

- SPOUSE/PARTNER NAME ________________________________
- SPOUSE/PARTNER AGE __________________________________
- SPOUSE/PARTNER SEX __________________________________

PROGRAMMING NOTE QA05_G13:
- IF AAGE<30 OR QA05_A4 = 1 (AGE 18-29) AND QA05_A15 = 1 (MARRIED) AND QA05_G11 = 1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA05_G13;
- IF AAGE<30 OR QA05_A4 = 1 (AGE 18-29) AND QA05_A15 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA05_G13;
- IF AAGE<30 OR QA05_A4 = 1 (AGE 18-29) AND QA05_A15 = 3, 4, 5, 6, OR –7, -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA05_G13;
- ELSE GO TO QA05_G14

Are you now living with either of your parents?

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

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

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7 [GO TO PN QA05_G21]
DON’T KNOW ......................................................... -8

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?”]

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

<table>
<thead>
<tr>
<th>CHILD</th>
<th>FIRST NAME</th>
<th>AGE</th>
<th>M/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td>3</td>
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<td>4</td>
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<tr>
<td>5</td>
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</tbody>
</table>
QA05_G16  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]

QA05_G17  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 QA05_G15]

PROGRAMMING NOTE QA05_G18:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA05_G18A ABOUT EACH PERSON UNDER 18

QA05_G18  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 QA05_G18A:
IF ANY PEOPLE IN HH UNDER AGE 18 AND [AH44=1 OR AH43=2], ASK QA05_G18A ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18

QA05_G18A  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

PROGRAMMING NOTE QA05_G19:
IF QA05_G13 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA05_G14 ARE AGE 13 OR LESS, CONTINUE WITH QA05_G19; ELSE GO TO QA05_G21
IF ANY CHILD IN ROSTER QA05_G13 < 14 AND >= 14 display “for any children under age 13”
IF QA05_A15 = 1 (MARRIED) AND QA05_G10 =1 (SPOUSE LIVING IN HH), DISPLAY “you or your spouse”,
IF QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY “you or your partner”, ELSE DISPLAY “you”.

QA05_G19  In the past month, did you use any paid childcare {for any children under age 13} while (you or your spouse/partner/ you) worked, were in school, or looked for work?

AH44A

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

YES ................................................................. 1
NO ................................................................. 2
REFUSED .......................................................... -7
DON'T KNOW ...................................................... -8  [GO TO QA05_G21]
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."

$_______________ 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

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

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 GRADE...........................................................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
Which of the following were you doing last week?

[AK1]

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

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

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

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

Do you usually work?

[AG10]

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

Are you receiving Social Security Disability Insurance or SSDI?

[AL22]

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

PRIVATE COMPANY, non-profit organization, foundation .......................... 1
GOVERNMENT .................................................................................. 2
SELF-EMPLOYED ........................................................................... 3
FAMILY BUSINESS OR FARM ......................................................... 4
REFUSED ......................................................................................... 7
DON’T KNOW ................................................................................. 8

Thinking about what you normally do at work, not counting your free time, would you say that you sit most of the day, stand most of the day, or walk around a lot?

SIT .................................................................................................. 1
STAND ........................................................................................... 2
WALK AROUND ........................................................................... 3
DOES NOT WORK ........................................................................... 4
SIT/STAND EQUALLY ...................................................................... 5
SIT/WALK EQUALLY ....................................................................... 6
STAND/WALK EQUALLY ............................................................... 7
REFUSED ......................................................................................... 7
DON’T KNOW ................................................................................. 8

Thinking about what you normally do during a typical day, which best describes your activity: Would you say that you sit most of the day, stand most of the day, or walk around a lot?

SIT .................................................................................................. 1
STAND ........................................................................................... 2
WALK AROUND ........................................................................... 3
LIE DOWN ....................................................................................... 4
SIT/STAND EQUALLY ...................................................................... 5
SIT/WALK EQUALLY ....................................................................... 6
STAND/WALK EQUALLY ............................................................... 7
REFUSED ......................................................................................... 7
DON’T KNOW ................................................................................. 8
PROGRAMMING NOTE QA05_G29:
IF QA05_A15 = 1 (MARRIED), CONTINUE WITH QA05_G29;
ELSE GO TO QA05_H1

QA05_G29 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
Not working at a job/business? ............................... 4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

[GO TO QA05_G31]

QA05_G30 Does your spouse usually work?

AG11

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

[GO TO QA05_H1]

QA05_G31 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?

AG9

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

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

QA05_H1  The next topics are about health insurance and health care.

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

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

YES ........................................................................... 1 [GO TO PN QA05_H3]
NO ............................................................................. 2
DOCTOR/MY DOCTOR ........................................... 3
KAISER ..................................................................... 4
MORE THAN ONE PLACE ....................................... 5
REFUSED .................................................................... 7
DON'T KNOW ......................................................... 8

QA05_H2  What is the ONE main reason you do not have a usual source of health care?

PROVIDER DIDN'T ACCEPT INSURANCE
OR INSURANCE PROBLEM ..................................... 1 [GO TO QA05_H4]
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 QA05_H3:
IF QA05_H1 = 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 QA05_H1 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";
ELSE IF QA05_H1 = 4 (KAISER) CIRCLE “1” FOR QA05_H3 AND GO TO QA05_H5

QA05_H3  {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?

DOCTOR'S OFFICE/KAISER/OTHER HMO ............. 1 [GO TO QA05_H5]
CLINIC/HEALTH CENTER/HOSPITAL CLINIC ....... 2 [GO TO QA05_H5]
EMERGENCY ROOM .............................................. 3 [GO TO QA05_H5]
SOME OTHER PLACE (SPECIFY):_________________ 91 [GO TO QA05_H5]
NO ONE PLACE .................................................... 94 [GO TO QA05_H5]
REFUSED .................................................................... 7
DON'T KNOW ......................................................... 8 [GO TO QA05_H5]

QA05_H4  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.]

YES ........................................................................... 1 [GO TO QA05_H7]
NO ............................................................................. 2
REFUSED .................................................................... 7 [GO TO QA05_H14]
DON'T KNOW ......................................................... 8
IF QA05_H4 = 1, SET ARMHCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H5:
IF [AAGE > 64 OR QA05_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND [QA05_H4= 2, OR -8 (NO, NOT COVERED BY MEDICARE OR DK)], CONTINUE WITH QA05_H5;
ELSE GO TO PROGRAMMING NOTE QA05_H7

QA05_H5 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 QA05_H14]
NOT CORRECT, R IS COVERED BY MEDICARE...2 [GO TO QA05_H7]
AGE IS INCORRECT........................................93
REFUSED......................................................-7 [GO TO QA05_H14]
DON'T KNOW................................................-8 [GO TO QA05_H14]

IF QA05_H5 =2, SET ARMHCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H6: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA05_H6;
IF AAGE < 18, CODE AS IA AND TERMINATE

QA05_H6 What is your age, please?

AI3

_____ YEARS OF AGE [HR: 18-105] .......... [GO TO QA05_H14]
REFUSED......................................................-7 [GO TO QA05_H14]
DON'T KNOW................................................-8 [GO TO QA05_H14]

PROGRAMMING NOTE QA05_H7:
IF ARMHCARE = 1, CONTINUE WITH QA05_H7;
ELSE GO TO QA05_H14

QA05_H7 Is your MediCARE coverage provided through an HMO?

AH49

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

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

YES.................................................................1 [GO TO QA05_H9]
NO...............................................................2 [GO TO QA05_H9]
REFUSED......................................................-7 [GO TO QA05_H9]
DON'T KNOW................................................-8 [GO TO QA05_H9]

IF QA05_H7 = 1, SET ARMHMO = 1
What is the name of your MediCARE HMO plan?

KAISER ................................................................. 1
BLUE CROSS/CALIFORNIA CARE ............................ 2
PACIFICARE .......................................................... 3
BLUE SHIELD/CARE AMERICA ............................... 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 .................................................................. 9
DON’T KNOW ......................................................... -7

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

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

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED .................................................................. 9
DON’T KNOW ......................................................... -8

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

DIRECTLY ................................................................. 1
CURRENT EMPLOYER ............................................ 2
FORMER EMPLOYER ............................................. 3
UNION ....................................................................... 4
FAMILY BUSINESS .................................................... 5
AARP ......................................................................... 6
SPOUSE’S EMPLOYER ............................................. 7
SPOUSE’S UNION ....................................................... 8
PROFESSIONAL/FRATERNAL ORGANIZATION ....... 9
OTHER ..................................................................... 91
REFUSED .................................................................. 9
DON’T KNOW ......................................................... -8
QA05_H11  Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

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

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

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

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

QA05_H12  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

[GO TO PN QA05_H14]

QA05_H13  Who is that?

[IF NEEDED, SAY “WHO BESIDES YOURSELF PAYS ANY PORTION OF THAT COST FOR THAT PLAN, SUCH AS YOUR EMPLOYER, A UNION, OR PROFESSIONAL ORGANIZATION?"]

CURRENT EMPLOYER ........................................... 1
FORMER EMPLOYER ........................................... 2
UNION ...................................................................... 3
SPOUSE’S CURRENT EMPLOYER ................. 4
SPOUSE’S FORMER EMPLOYER .................. 5
PROFESSIONAL/FRATERNAL ORGANIZATION ... 6
MEDICAID/MEDI-CAL ASSISTANCE ........... 7
HEALTHY FAMILIES ......................................... 8
HEALTHY KIDS .................................................. 9
OTHER ................................................................... 91
REFUSED ............................................................... -7
DON’T KNOW ............................................................... -8

IF QA05_H13 = 7, SET ARMCAL = 1
IF QA05_H13 =8, SET ARHFAM = 1
PROGRAMMING NOTE QA05_H14:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA05_H14 {Is it correct that you are/Are you} covered by Medi-Cal?

A-6

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant
women, and disabled or elderly people."]
[NOTE: Include HMO or managed care plans, as well as the traditional Medi-Cal]

YES ................................................................. 1 [GO TO QA05_H16]
NO ................................................................. 2
REFUSED ........................................................... -7
DON'T KNOW .................................................. -8

IF QA05_H14 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1
IF ARMCAL = 1 AND QA05_H15 = 2, SET ARMCAL = 0

PROGRAMMING NOTE QA05_H15:
IF AAGE > 18 OR [QA05_4 <> -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO
QA05_H16;
ELSE IF [AAGE = 18 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1,
CONTINUE WITH QA05_H15 AND DISPLAY: "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA05_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH
QA05_H15 AND DISPLAY: "Are you"

QA05_H15 {Is it correct, then, that you are/Are you} covered by the Healthy Families Program?

A-7

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

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

IF QA05_H15 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1
IF ARHFAM = 1 AND QA05_H15 = 2, SET ARHFAM = 0

PROGRAMMING NOTE QA05_H16

IF ARSUPP = 1, DISPLAY "Besides the Medicare supplemental plan you told me about" and "any other"
IF ARMHMO = 1, DISPLAY "Besides the Medicare HMO plan you told me about"

QA05_H16 {Besides the Medicare supplemental plan you told me about,} Are you covered by {any other / a}
health insurance plan or HMO through a current or former employer or union?

A-8

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

YES ................................................................. 1 [GO TO QA05_H19]
NO ................................................................. 2 [GO TO QA05_H19]
REFUSED ........................................................... -7 [GO TO QA05_H19]
DON'T KNOW .................................................. -8 [GO TO QA05_H19]
QA05_H17  Was this plan obtained in your own name or in the name of someone else?

[A19]

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

IN OWN NAME ......................................................... 1 [GO TO QA05_H20]
IN SOMEONE ELSE’S NAME .................................. 2 [GO TO QA05_H20]
REFUSED .................................................................... -7 [GO TO QA05_H20]
DON’T KNOW ............................................................. -8 [GO TO QA05_H20]

IF QA05_H17 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H17 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H18:
**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H18;
ELSE GO TO QA05_H20;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY “wife’s;
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY “husband’s;
IF QA05_G12 = 1, DISPLAY “parent’s”; IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY “or”

QA05_H18  Is the plan in your (husband’s/wife’s) (or) (parent’s) name?

[A19A]

IN husband’s/wife’s NAME ........................................ 1 [GO TO QA05_H20]
IN PARENT’S NAME .................................................... 2 [GO TO QA05_H20]
IN SOMEONE ELSE’S NAME ...................................... 3 [GO TO QA05_H20]
REFUSED .................................................................... -7 [GO TO QA05_H20]
DON’T KNOW ............................................................. -8 [GO TO QA05_H20]

IF QA05_H18 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
IF QA05_H18 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H19:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES AND EMPLOYER), CONTINUE WITH QA05_H19;
ELSE GO TO QA05_H22

QA05_H19  Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO?

[A11]

IF NEEDED SAY “Don’t include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you “extra cash” if you are in a hospital.”

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

IF QA05_H19 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA05_H20:
 IF QA05_H16 = 1 (YES, EMPLOYER-BASED COVERAGE) OR QA05_H19 = 1 (YES, PURCHASED OWN COVERAGE), CONTINUE WITH QA05_H20; ELSE GO TO QA05_H22

QA05_H20
Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any copays or deductibles you or your family may have had to pay.

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

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

QA05_H21
Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?

[GO TO PN QA05_H23]

QA05_H22
Who is that?

[IF NEEDED, SAY “WHO BESIDES YOURSELF PAYS ANY PORTION OF THAT COST FOR THAT PLAN, SUCH AS YOUR EMPLOYER, A UNION, OR PROFESSIONAL ORGANIZATION?]的扩展信息]

CURRENT EMPLOYER .................................................. 1
FORMER EMPLOYER .................................................. 2
UNION ...................................................................... 3
SPOUSE’S CURRENT EMPLOYER .......................... 4
SPOUSE’S FORMER EMPLOYER ............................. 5
PROFESSIONAL/FRATERNAL ORGANIZATION ... 6
MEDICAID/MEDI-CAL ASSISTANCE ................. 7
HEALTHY FAMILIES ............................................... 8
MEDICARE ............................................................... 9
HEALTHY KIDS ........................................................ 10
OTHER ................................................................... 101
REFUSED ..................................................................... -7
DON'T KNOW .................................................................. -8

IF QA05_H22 = 1, SET AREMPOWN = 1
IF QA05_H22= 4, SET AREMPSP = 1
IF QA05_H22 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0
IF QA05_H22 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0
IF QA05_H22 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0
**PROGRAMMING NOTE QA05_H23:**

IF [QA05_G22 = 1 (R WORKED LAST WEEK) OR QA05_G23 = 1 (R USUALLY WORKS)] AND AREMPOWN NE 1, CONTINUE WITH QA05_H23; ELSE GO TO PROGRAMMING NOTE QA05_H27

---

**QA05_H23**  
Does your employer offer health insurance to any of its employees?

- **AI13**
  - YES ......................................................... 1
  - NO ......................................................... 2
  - REFUSED ............................................... -7
  - DON'T KNOW ......................................... -8

**QA05_H24**  
Are you eligible to be in this plan?

- **AI14**
  - YES ......................................................... 1
  - NO ......................................................... 2
  - REFUSED ............................................... -7
  - DON'T KNOW ......................................... -8

**QA05_H25**  
What is the one main reason why you aren't in this plan?

- **AI15**
  - COVERED BY ANOTHER PLAN .................. 1
  - TOO EXPENSIVE ..................................... 2
  - DIDN'T LIKE PLAN OFFERED .................. 3
  - DON'T NEED OR BELIEVE IN HEALTH INSURANCE .............................................. 4
  - OTHER (SPECIFY): ______________________ 91
  - REFUSED ............................................... -7
  - DON'T KNOW ......................................... -8

**QA05_H26**  
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
  - OTHER (SPECIFY): ______________________ 91
  - REFUSED ............................................... -7
  - DON'T KNOW ......................................... -8
PROGRAMMING NOTE QA05_H27:
IF ARINSURE NE 1, (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA05_H27;
ELSE GO TO PROGRAMMING NOTE QA05_H28

QA05_H27 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

IF QA05_H27 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H28:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN), CONTINUE WITH QA05_H28;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H28 Are you covered by some other government health plan, such as AIM, “Mister MIP,” the Family PACT program, or something else?

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>[GO TO PN QA05_H30]</td>
<td></td>
</tr>
</tbody>
</table>

[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.”]

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

IF QA05_H28 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA05_H29 ASK IF NECESSARY: "What is the name of this plan?"

<table>
<thead>
<tr>
<th>Name</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIM</td>
<td>1</td>
</tr>
<tr>
<td>MRMIP (&quot;Mister Mip&quot;)</td>
<td>2</td>
</tr>
<tr>
<td>FAMILY PACT</td>
<td>3</td>
</tr>
<tr>
<td>OTHER (SPECIFY):</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QA05_H34]
PROGRAMMING NOTE QA05_H30:
IF ARINSURE NE 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA05_H30;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H30 Do you have any health insurance coverage through a plan that I missed?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO PN QA05_H34]

QA05_H31 What type of health insurance do you have?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGH CURRENT OR FORMER EMPLOYER/UNION</td>
<td>1</td>
</tr>
<tr>
<td>THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION</td>
<td>2</td>
</tr>
<tr>
<td>PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)</td>
<td>3</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>4</td>
</tr>
<tr>
<td>MEDI-CAL</td>
<td>5</td>
</tr>
<tr>
<td>HEALTHY FAMILIES</td>
<td>6</td>
</tr>
<tr>
<td>CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE ....</td>
<td>7</td>
</tr>
<tr>
<td>INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC</td>
<td>8</td>
</tr>
<tr>
<td>HEALTHY KIDS</td>
<td>9</td>
</tr>
<tr>
<td>OTHER GOVERNMENT HEALTH PLAN</td>
<td>91</td>
</tr>
<tr>
<td>OTHER NON-GOVERNMENT HEALTH PLAN</td>
<td>92</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[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?"

THROUGH CURRENT OR FORMER EMPLOYER/UNION                              | 1    |
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION | 2    |
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE)             | 3    |
MEDICARE                                                              | 4    |
MEDI-CAL                                                              | 5    |
HEALTHY FAMILIES                                                     | 6    |
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE .... | 7    |
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC  | 8    |
HEALTHY KIDS                                                         | 9    |
OTHER GOVERNMENT HEALTH PLAN                                         | 91   |
OTHER NON-GOVERNMENT HEALTH PLAN                                      | 92   |
REFUSED                                                               | -7   |
DON'T KNOW                                                            | -8   |

IF QA05_H31= 1, SET AREMPOTH = 1 AND SET ARINSURE = 1
IF QA05_H31 = 2, SET AROTHER = 1 AND SET ARINSURE = 1
IF QA05_H31 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 4, SET ARMPCARE = 1 AND SET ARINSURE = 1
IF QA05_H31 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1
IF QA05_H31 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1
IF QA05_H31 = 7, SET ARMLIT = 1 AND SET ARINSURE = 1
IF QA05_H31 = 8, SET ARIHS = 1
IF QA05_H31 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1
IF QA05_H31 = 92 OR QA05_H29 = [-7,-8], SET AROTHER = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA05_H32
IF QA05_H31 = 1 CONTINUE WITH QA05_H32;
ELSE GO TO PROGRAMMING NOTE QA05_H34

QA05_H32  Was this plan obtained in your own name or in the name of someone else?

AH59

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

IN OWN NAME ......................................................... 1  [GO TO PN QA05_H34]
IN SOMEONE ELSE’S NAME ................................... 2  [GO TO PN QA05_H34]
REFUSED ............................................................................... -7  [GO TO PN QA05_H34]
DON’T KNOW ............................................................... -8  [GO TO PN QA05_H34]

IF QA05_H32 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H32 = [2, -7, -8], AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA05_H33:
**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H33;
ELSE GO TO PROGRAMMING NOTE QA05_H34;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY “wife’s;”
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY “husband’s;”
IF QA05_G12 = 1, DISPLAY “parent’s;” IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY “or”

QA05_H33  Is the plan in your (husband’s/wife’s) (or) (parent’s) name?

AH60

IN husband’s/wife’s NAME ........................................ 1
IN PARENT’S NAME .................................................... 2
IN SOMEONE ELSE’S NAME ....................................... 3
REFUSED ............................................................................... -7
DON’T KNOW ............................................................... -8

IF QA05_H33 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
IF QA05_H33 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H34:
IF ARIHS = 0 AND QA05_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA05_H34;
ELSE GO TO PROGRAMMING NOTE QA05_H35

QA05_H34  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 QA05_H34 = 1, SET ARIHS = 1
PROGRAMMING NOTE QA05_H35_INTRO
IF QA05_A15 = 1 (MARRIED) CONTINUE WITH QA05_H35_INTRO;
ELSE GO TO PROGRAMMING NOTE QA05_H55

QA05_H35_INTRO
These next questions are about the type of health insurance your spouse may have.

AI37intro

PROGRAMMING NOTE QA05_H35:
IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 1 AND/OR SPOUSE AGE 65 OR OLDER, CONTINUE WITH
QA05_H35 AND DISPLAY “You said that you are covered by Medicare.” And “also”; ELSE IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 0 AND SPOUSE AGE 65 OR OLDER, CONTINUE WITH
QA05_H35 AND DISPLAY “Is {SPOUSE NAME} covered by Medicare?”
IF (QA05_A15 = 1 (MARRIED) AND ARMCARE = 0 AND/OR SPOUSE LESS THAN AGE 65, GO TO QA05_H38

QA05_H35
You said that you are covered by Medicare. Is {SPOUSE NAME} (also) covered by Medicare?

AI37

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

IF QA05_H35 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE H36
IF QA05_H35 = 1 AND ARMHMO = 1 CONTINUE WITH QA05_H36;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE
IF QA05_A5 = 1 (MALE) DISPLAY “wife”; IF QA05_A5 = 2 (FEMALE) DISPLAY “husband”; ELSE DISPLAY
“spouse”;
ELSE GO TO PROGRAMMING NOTE QA05_H37

QA05_H36
You said that your Medicare coverage is provided through an HMO. Is your
{husband’s/wife’s/spouse’s} Medicare also provided through an HMO?

AH61

YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON’T KNOW ...................................................-8
PROGRAMMING NOTE H37
IF QA05_H35 = 1 AND ARMSUPP = 1 CONTINUE WITH QA05_H37;
IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOW AND AR GENDER NE SP GENDER THE
IF QA05_A5 = 1 (MALE) DISPLAY "wife"; IF QA05_A5 = 2 (FEMALE) DISPLAY "husband"; ELSE DISPLAY
"spouse";
ELSE GO TO PROGRAMMING NOTE QA05_H38

QA05_H37 You said that you have a Medicare Supplement plan. Does your (husband/wife/spouse) [also] have a
Medicare supplemental policy?

A137A
YES ................................................................. 1
NO ................................................................. 2
REFUSED ......................................................... -7
DON'T KNOW .................................................. -8

PROGRAMMING NOTE QA05_H38:
IF ARMCAL = 1, CONTINUE WITH QA05_H38;
ELSE GO TO PROGRAMMING NOTE QA05_H39.
IF ARMCARE = 1, THEN DISPLAY "also".

QA05_H38 You said you [also] have Medi-Cal. Is (SPOUSE NAME) also covered by Medi-Cal?

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

IF QA05_H38 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H39:
IF ARHFAM = 1 AND SPOUSE AGE ≤ 18, CONTINUE WITH QA05_H39;
ELSE GO TO PROGRAMMING NOTE QA05_H40.
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY "also".

QA05_H39 You said you [also] have Healthy Families. Is (SPOUSE NAME) also covered by Healthy Families?

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

IF QA05_H39 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA05_H40:
IF AREMPOWN =1, CONTINUE WITH QA05_H40;
IF ARMCARE = 1 OR AMRCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”
ELSE GO TO PROGRAMMING NOTE QA05_H41

QA05_H40  You said you have insurance from YOUR current or former employer or union. Is (SPOUSE NAME) also covered by the insurance from YOUR employer?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>OTHER</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>5</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

IF QA05_H40 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H41:
IF QA05_G29 =1 OR 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H41;
IF QA05_H18 = 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 QA05_A5 = 1(MALE), DISPLAY “wife,” “she” and “her”;
  IF QA05_A5 =2 (FEMALE), DISPLAY “husband” “he” and “his”
ELSE DISPLAY “spouse,” “he or she” and “his or her”;
ELSE GO TO PROGRAMMING NOTE QA05_H42

QA05_H41  {You said you have insurance from your spouse’s employer or union.} Does (SPOUSE NAME) (also) have coverage through (his/her) OWN employer?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

IF QA05_H41 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H42:
IF ARDIRECT = 1, CONTINUE WITH QA05_H42;
ELSE GO TO PROGRAMMING NOTE QA05_H43.
IF QA05_H4 = 1 (MEDICARE) OR QA05_H14 = 1 (MEDI-CAL) OR QA05_H15 = 1 (HEALTHY FAMILIES) OR QA05_H16 = 1 (EMPLOYER BASED), DISPLAY “also.”

QA05_H42  You said you (also) have a plan you purchased directly from the insurer. Is (SPOUSE NAME) also covered by this plan?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

IF QA05_H42 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA05_H43:
IF ARMILIT = 1, CONTINUE WITH QA05_H43;
ELSE, GO TO PROGRAMMING NOTE QA05_H44.
IF ARMHCARE = 1 OR ARMHCAL = 1 OR ARHFCBM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY “also”.

QA05_H43 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is {SPOUSE NAME} also covered by this plan?

AI42
YES .......................................................................... 1
NO ............................................................................ 2
REFUSED .............................................................. -7
DON’T KNOW ....................................................... -8

IF QA05_H43 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H44:
IF AROTHGOV = 1, CONTINUE WITH QA05_H44;
ELSE, GO TO PROGRAMMING NOTE QA05_H45.
IF ARMHCARE = 1 OR ARMHCAL = 1 OR ARHFCBM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY “also”.

QA05_H44 You said you {also} have health insurance through some government health plan like AIM or Mister MIP. Is {SPOUSE NAME} also covered by this plan?

AI42A
YES .......................................................................... 1
NO ............................................................................ 2
REFUSED .............................................................. -7
DON’T KNOW ....................................................... -8

IF QA05_H44 = 1, SET SPDOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA05_H45:
IF SPINSURE NE 1, DISPLAY “any.”
ELSE DISPLAY “through any other source.”

QA05_H45 Does {SPOUSE NAME} have {any} health insurance coverage {through any other source}?

AI46
YES .......................................................................... 1
NO ............................................................................ 2 [GO TO QA05_H47]
REFUSED .............................................................. -7 [GO TO QA05_H51]
DON’T KNOW ....................................................... -8 [GO TO QA05_H51]
QA05_H46  What type of health insurance does (he/she) have?

AI47

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

[PROBE: “Any others?”]

[IF NEEDED, SAY: “Such as from a current or former employer, or that they purchased directly from a health plan.”]

[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?”]

THROUGH CURRENT OR FORMER EMPLOYER/UNION .............................................. 1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.............................................. 2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) ......................... 3
MEDICARE .................................................................................. 4
MEDI-CAL ................................................................................... 5
HEALTHY FAMILIES ..................................................................... 6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE ....... 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC ........ 8
HEALTHY KIDS ........................................................................... 9
OTHER GOVERNMENT HEALTH PLAN ............... 91
OTHER NON-GOVERNMENT HEALTH PLAN .... 92
REFUSED ................................................................................... 7
DON'T KNOW ............................................................................ 8

IF QA05_H46 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1
IF QA05_H46 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H46 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H46 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1
IF QA05_H46 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA05_H46 = 6, SET SPMFAM = 1 AND SET SPINSURE = 1
IF QA05_H46 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
IF QA05_H46 = 8, SET SPIHS = 1
IF QA05_H46 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA05_H46 = 92, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H46 = [-7, -8], SET SPINSURE = 1

PROGRAMMING NOTE QA05_H47
IF SPINSURE NE 1, CONTINUE WITH QA05_H47
ELSE GO TO PROGRAMMING NOTE QA05_H51

QA05_H47  You said that (SPOUSE NAME) has NO health insurance from any source. Is this correct?

AI48

YES ......................................................................................... 1
NO ......................................................................................... 2
REFUSED .................................................................................. 7
DON'T KNOW ............................................................................ 8
QA05_H48  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?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION .............................................. 1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION .............................................. 2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) .............................................. 3
MEDICARE ...................................................................... 4
MEDI-CAL ...................................................................... 5
HEALTHY FAMILIES ...................................................................... 6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE............ 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC ............ 8
HEALTHY KIDS ...................................................................... 9
OTHER GOVERNMENT HEALTH PLAN ......... 91
OTHER NON-GOVERNMENT HEALTH PLAN .......... 92
REFUSED ...................................................................... 7
DON'T KNOW ...................................................................... 8

IF QA05_H48 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1
IF QA05_H48 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1
IF QA05_H48 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 4, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1
IF QA05_H48 = 6, SET SPDIRECT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1
IF QA05_H48 = 8, SET SPIHS = 1
IF QA05_H48 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1
IF QA05_H48 = 92, SET SPOTHOTHER = 1 AND SET SPINSURE = 1
IF QA05_H48 = [-7, -8], SET SPINSURE = 1

QA05_H49  Was this plan obtained in your spouse's name or in the name of someone else?

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

IN SPOUSE'S NAME ...................................................................... 1
IN SOMEONE ELSE'S NAME ...................................................................... 2
REFUSED ...................................................................... 7
DON'T KNOW ...................................................................... 8

IF QA05_H49 = 1, AREMPOWN = 1 AND SET ARINSURE = 1
IF QA05_H49 = 2, AREMPOTH = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA05_H50:
**IF QA05_A15 = 1 (R HAS SPOUSE) OR IF QA05_G12 = 1 (LIVING WITH PARENTS), CONTINUE WITH QA05_H50;
ELSE GO TO PROGRAMMING NOTE QA05_H51;
IF QA05_A15 = 1 AND R IS MALE, DISPLAY “wife’s;”
IF QA05_A15 = 1 AND R IS FEMALE, DISPLAY “husband’s;”
IF QA05_G12 = 1, DISPLAY “parent’s;” IF QA05_A15 = 1 AND QA05_G12 = 1, DISPLAY “or”

QA05_H50 Is the plan in your or your parent’s name or someone else’s name?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AH63</td>
<td></td>
</tr>
<tr>
<td>IN ADULT RESPONDENT’S NAME</td>
<td>1</td>
</tr>
<tr>
<td>IN ADULT RESPONDENT’S PARENT’S NAME</td>
<td>2</td>
</tr>
<tr>
<td>IN SOMEONE ELSE’S NAME</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

IF QA05_H50 = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0
IF QA05_H50 = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE QA05_H51:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA05_H55;
ELSE IF QA05_G29 = 1 or 2 (SPOUSE EMPLOYED) OR QA05_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA05_H51;
ELSE GO TO QA05_H55

QA05_H51 Does your spouse’s employer offer health insurance to any of its employees?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AI43</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO PN QA05_H55]

QA05_H52 Is {she/he} eligible to be in this plan?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AI44</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QA05_H54]

[GO TO PN QA05_H55]

QA05_H53 What is the ONE main reason why {she/he} isn’t in this plan?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AI45</td>
<td></td>
</tr>
<tr>
<td>COVERED BY ANOTHER PLAN</td>
<td>1</td>
</tr>
<tr>
<td>TOO EXPENSIVE</td>
<td>2</td>
</tr>
<tr>
<td>DOESN’T LIKE PLAN OFFERED</td>
<td>3</td>
</tr>
<tr>
<td>DOESN’T NEED OR BELIEVE IN HEALTH INSURANCE</td>
<td>4</td>
</tr>
<tr>
<td>OTHER (SPECIFY):</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO PN QA05_H55]
What is the ONE main reason why {she/he} is not eligible for this plan?

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

PROGRAMMING NOTE QA05_H55:
IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA05_H55;
IF QA05_H7=1 (R HAS MEDICARE HMO), GO TO QA05_H57;
ELSE GO TO PROGRAMMING NOTE QA05_H65
IF QA05_A15 = 1 (MARRIED), DISPLAY “Next, I have some questions about your own main health plan.”

What is the name of your main health plan?

KAISER ..................................................... 1
BLUE CROSS/CALIFORNIA CARE .............. 2
PACIFICARE .............................................. 3
BLUE SHIELD/CAREAMERICA .................... 4
HEALTH NET ............................................. 5
AETNA/ US HEALTHCARE ......................... 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

Is your {QA05_H55 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 there was a medical emergency.”]
[IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO”]

YES .............................................................. 1
NO ............................................................. 2
REFUSED .................................................. -7
DON'T KNOW .......................................... -8
PROGRAMMING NOTE QA05_H57
IF QA05_H7=1 (R HAS MEDI-CAREHMO) DISPLAY “Next I have some questions about your own main health plan”

QA05_H57 {Next, I have some questions about your own main health plan.} How long have you been on this plan?

AI22D

____________ MONTHS
OR
____________ YEARS

QA05_H58 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 QA05_H59
IF QA05_H57 < 12 MONTHS, GO TO QA05_H60; ELSE, CONTINUE WITH QA05_H59

QA05_H59 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 QA05_I1]
NO ............................................................................. 2 [GO TO QA05_H62]
REFUSED ............................................................... -7 [GO TO QA05_H62]
DON'T KNOW ......................................................... -8

QA05_H60 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 [GO TO QA05_H63]
NO ............................................................................. 2 [GO TO QA05_H62]
REFUSED ............................................................... -7 [GO TO QA05_H62]
DON'T KNOW ......................................................... -8 [GO TO QA05_H62]

QA05_H61 Was your other health insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan?

AI33 [CODE ALL THAT APPLY. CTRL-P TO EXIT.]
[PROBE: "Any others?"]

MEDI-CAL ........................................................................... 1
HEALTHY FAMILIES .................................................. 2
THROUGH CURRENT OR FORMER EMPLOYER/UNION ......... 3
HEALTHY KIDS ............................................................. 4
OTHER HEALTH PLAN .............................................. 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA05_H62  During the past 12 months, was there any time when you had no health insurance at all?

A134

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

[GO TO PN QA05_I1]

QA05_H63  For how many months of the past 12 months did you have no health insurance at all?

A135

NUMBER OF MONTHS [HR: 0-11]

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

[GO TO PN QA05_I1]

[GO TO PN QA05_I1]

QA05_H64  What is the ONE MAIN reason why you did not have any health insurance during those months?

A136

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
DON'T BELIEVE IN INSURANCE..................................9
HEALTHY -- NO NEED............................................10
PAID FOR OWN CARE -- NO NEED............................11
GOT HEALTH CARE FREE -- NO NEED.....................12
HAD INSURANCE ALL 12 MONTHS, JUST LOST13
DENIED COVERAGE, NOT SPECIFIED/DOESN'T QUALIFY NOT SPECIFIED........14
DO HAVE COVERAGE BUT DON'T KNOW TYPE15
SWITCHED INSURANCE COMPANIES, DELAY BETWEEN.................................16
DIDN'T LIKE INSURANCED OFFERED/DIDN'T WANT IT.................................17
OTHER (SPECIFY)..................................................91
REFUSED...................................................................-7
DON'T KNOW.......................................................-8

[GO TO PN QA05_I1]
### QA05_H65
What is the ONE MAIN reason why you do not have any health insurance?

[IF R SAYS NO NEED, PROBE WHY]

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

### QA05_H66
Were you covered by health insurance at any time during the past 12 months?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
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<tbody>
<tr>
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</tr>
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<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QA05_H68]

### QA05_H67
How long has it been since you last had health insurance?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS AGO</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS AGO</td>
<td>2</td>
</tr>
<tr>
<td>NEVER HAD HEALTH INSURANCE</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO PN QA05_I1]
QA05_H68 For how many months out of the last 12 months did you have health insurance?

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

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

QA05_H69 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?"]

MEDI-CAL ................................................................. 1
HEALTHY FAMILIES ................................................ 2
THROUGH CURRENT OR FORMER EMPLOYER OR UNION ........................................ 3
HEALTHY KIDS ........................................................ 4
OTHER HEALTH PLAN .......................................... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
Section I – Child and Adolescent Health Insurance

Child

PROGRAMMING NOTE QA05_I1
IF NO SELECTED CHILD, GO TO PN QA05_I30 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE = 0, GO TO PN QA05_I2
ELSE CONTINUE WITH QA05_I1

QA05_I1 These next questions are about health insurance (CHILD) may have. Does (CHILD) have the same insurance as {you/ADULT RESPONDENT NAME}?

IF QA05_I1 = 1 AND ARMCCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARHFCARE = 1, SET CHHCARE = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMPCARE = 1, SET CHMPCARE = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMPPAR = 1, SET CHMPPAR = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMPOWN = 1, SET CHMPOWN = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMPOSP = 1, SET CHMPOSP = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMPPS = 1, SET CHMPPS = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMOTH = 1, SET CHMOTH = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARMOTHG = 1, SET CHMOTHG = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1
IF QA05_I1 = 1 AND ARHIS = 1, SET CHIHS = 1

PROGRAMMING NOTE QA05_I2
IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I2
ELSE GO TO QA05_I3

QA05_I2 Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

IF QA05_I2 = 1 AND SPMCCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPHFCARE = 1, SET CHHCARE = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMPCARE = 1, SET CHMPCARE = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMPPAR = 1, SET CHMPPAR = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMPOWN = 1, SET CHMPOWN = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMPOSP = 1, SET CHMPOSP = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMPPS = 1, SET CHMPPS = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMOTH = 1, SET CHMOTH = 1 AND SET CHINSURE = 1
IF QA05_I2 = 1 AND SPMOTHG = 1, SET CHMOTHG = 1 AND SET CHINSURE = 1
QA05_I3  Is {he/she/he or she} currently covered by Medi-CAL?

CF1  [IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]

YES.................................................................1 [GO TO QA05_I7]

NO...............................................................2

REFUSED....................................................-7 [GO TO QA05_I5]

DON’T KNOW.............................................-8 [GO TO QA05_I5]

IF QA05_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

QA05_I4  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

QA05_I5  Is (CHILD) covered by the Healthy Families Program?

CF2  [IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]

YES.................................................................1 [GO TO QA05_I7]

NO...............................................................2

REFUSED....................................................-7 [GO TO QA05_I7]

DON’T KNOW.............................................-8 [GO TO QA05_I7]

IF QA05_I5 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1
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

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 QA05_I9]
- NO ...................................................................... 2
- REFUSED .......................................................... -7
- DON’T KNOW .................................................... -8

IF QA05_I7 = 1, SET CHEMP = 1 AND CHINSURE = 1

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  [GO TO PN QA05_I12]
- NO ..................................................................... 2
- REFUSED .......................................................... -7
- DON’T KNOW .................................................... -8

IF QA05_I8 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

Do you pay any or all of the premium or cost for (CHILD’s) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AI54

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

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

"Premium is the monthly charge for the cost of your health insurance plan."]
QA05_I10  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD’s) health plan?

   AI50

   YES ................................. 1
   NO ..................................... 2
   REFUSED ............................ -7
   DON'T KNOW ........................ -8  [GO TO PN QA05_I12]

QA05_I11  Who else pays all or some portion of the cost for (CHILD’s) health plan?

   AI51

   CURRENT EMPLOYER .................. 1
   FORMER EMPLOYER .................. 2
   UNION .................................. 3
   SPOUSE’S CURRENT EMPLOYER .... 4
   SPOUSE’S FORMER EMPLOYER ...... 5
   PROFESSIONAL/FRATERNAL ORGANIZATION.. 6
   MEDICAID/MEDI-CAL ASSISTANCE .... 7
   HEALTHY FAMILIES .................. 8
   HEALTHY KIDS ........................ 9
   OTHER .............................. 91
   REFUSED ............................ -7
   DON'T KNOW ........................ -8

IF QA05_I11 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0
IF QA05_I11 = 8, SET CHHFAM = 1
IF QA05_I11 = 7, SET CHMCAL = 1

PROGRAMMING NOTE QA05_I12
IF CHINSURE = 1, GO TO PN QA05_I16;
ELSE CONTINUE WITH QA05_I12

QA05_I12  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 QA05_I16]
   NO ....................................... 2
   REFUSED .............................. -7
   DON'T KNOW ........................ -8

IF QA05_I12 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA05_I13  Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", or something else?

   CF7

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

   AIM .................. 1  [GO TO PN QA05_I16]
   "MISTER MIP"/MRMIP .................. 2  [GO TO PN QA05_I16]
   NO OTHER PLAN .................. 3
   SOMETHING ELSE (SPECIFY): .......... 91  [GO TO PN QA05_I16]
   REFUSED .......................... -7
   DON'T KNOW ........................ -8

IF QA05_I13 = 1 OR 2 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1
QA05_I14  Does {he/she/he or she} have any health insurance coverage through a plan that I missed?

CF8

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

[GO TO PN QA05_I16]

QA05_I15  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?

CF9

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

THROUGH CURRENT OR FORMER EMPLOYER/UNION ........................................... 1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION .................................. 2
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE) ................. 3
MEDICARE ............................................................................. 4
MEDI-CAL ............................................................................ 5
HEALTHY FAMILIES ......................................................... 6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE .... 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC .... 8
HEALTHY KIDS .................................................................. 9
OTHER GOVERNMENT HEALTH PLAN ................................ 91
OTHER NON-GOVERNMENT HEALTH PLAN ................................ 92
REFUSED ........................................................................... 7
DON'T KNOW ................................................................... -8

IF QA05_I15 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA05_I15 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA05_I15 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA05_I15 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA05_I15 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA05_I15 = 6, SET CHHFAM = 1 AND CHINSURE = 1
IF QA05_I15 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA05_I15 = 8, SET CHIHS = 1
IF QA05_I15 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA05_I15 = 92, SET CHINSURE = 1 AND CHOTHER = 1
IF QA05_I15 = -7 OR -8, SET CHINSURE = 1
Programming Note QA05_I16
If CHINSURE = 1 (Child has any coverage), continue with QA05_I16, else go to PN QA05_I19.

QA05_I16 What is the name of (Child)'s main health plan?

MA2

[Note: If R has difficulty recalling name, then probe: “Does (Child) have an insurance card or something else with the plan name on it?”]

Kaiser ................................................................. 1
Blue Cross/CaliforniaCare ............................... 2
Pacifica.re ............................................................ 3
Blue Shield/CareAmerica .................................... 4
Health Net ......................................................... 5
Medicare ............................................................ 6
Medi-Cal or Medicaid ............................................ 7
(Name of County Medi-Cal Plan) ......................... 8
Other ................................................................. 91
Refused ............................................................. -7
Don’t know ......................................................... -8

Programming Note QA05_I17
If QA05_I16 = 1 (Kaiser), code QA05_I17 = 1 (Yes) and go to QA05_I18.

QA05_I17 Is (Child)'s main health plan an HMO, that is, a Health Maintenance Organization?

MA3

Yes ........................................................................... 1
No ............................................................................. 2
Refused ................................................................. -7
Don’t know ............................................................. -8

QA05_I18 Is (Child) covered for prescription drugs?

CF14

Yes ........................................................................... 1
No ............................................................................. 2
Refused ................................................................. -7
Don’t know ............................................................. -8
A-104

PROGRAMMING NOTE QA05_I19
IF CHINSURE = 1, GO TO QA05_I24;
ELSE CONTINUE WITH QA05_I19.

QA05_I19  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

QA05_I20  Was (CHILD) covered by health insurance at any time during the past 12 months?

[CF20]

YES ................................................................. 1 [GO TO QA05_I22]
NO ............................................................... 2
REFUSED ...................................................... 7
DON'T KNOW ................................................. 8

QA05_I21  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
REFUSED ................................................... 7
DON'T KNOW/NOT SURE ............................. 8 [GO TO PN QA05_I30]

QA05_I22  For how many of the last 12 months did {he/she/he or she} have health insurance?

[CF22]

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

MONTHS [RANGE: 0-12]
REFUSED ................................................... 7
DON'T KNOW .............................................. 8
QA05_I23  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?"]

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

[GO TO PN QA05_I30]

QA05_I24  Thinking about {his/her/his or her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

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

[GO TO PN QA05_I30]

QA05_I25  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?

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

[GO TO QA05_I27]

QA05_I26  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?"]

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

QA05_I27  During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

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

[GO TO PN QA05_I30]
QA05_I28 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

QA05_I29 What is the ONE MAIN reason (CHILD) did not have any health insurance during the time (he/she/he or she) wasn’t covered?

[CF29]

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

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 QA05_I30**

IF NO TEEN SELECTED, GO TO QA05_J1;
IF ARINSURE = 1, CONTINUE WITH QA05_I30
IF ARINSURE = 0, GO TO PN QA05_I31
ELSE CONTINUE WITH QA05_I30

**QA05_I30**

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

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**IA10A**

YES .................................................................1  [GO TO QA05_I54]
NO .................................................................2
REFUSED .............................................................-7
DON’T KNOW ....................................................-8

**IF QA05_I30 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1**
**IF QA05_I30 = 1 AND ARMCAL= 1, SET TEHCAL = 1 AND SET TEINSURE = 1**
**IF QA05_I30 = 1 AND AREMPOWN= 1, SET TEEMP = 1 AND SET TEINSURE = 1**
**IF QA05_I30 = 1 AND AREMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1**
**IF QA05_I30 = 1 AND AREMPOTH= 1, SET TEEMP = 1 AND SET TEINSURE = 1**
**IF QA05_I30 = 1 AND ARDIRECT= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1**
**IF QA05_I30 = 1 AND ARMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1**
**IF QA05_I30 = 1 AND AROTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1**

**PROGRAMMING NOTE QA05_I31**

IF QA05_A15 = 1 (MARRIED) AND SPINSURE = 1, CONTINUE WITH QA05_I31
ELSE GO TO PN QA05_I32

**QA05_I31**

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**MA5**

YES .................................................................1  [GO TO QA05_I46]
NO .................................................................2
REFUSED .............................................................-7
DON’T KNOW ....................................................-8

**IF QA05_I31 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1**
**IF QA05_I31 = 1 AND SPMCAL= 1, SET TEHCAL = 1 AND SET TEINSURE = 1**
**IF QA05_I31 = 1 AND SPEMPOWN= 1, SET TETEMP = 1 AND SET TEINSURE = 1**
**IF QA05_I31 = 1 AND SPEMPSP= 1, SET TEEMP = 1 AND SET TEINSURE = 1**
**IF QA05_I31 = 1 AND SPMOTH= 1, SET TEDIRECT = 1 AND SET TEINSURE = 1**
**IF QA05_I31 = 1 AND SPMILIT= 1, SET TEMILIT = 1 AND SET TEINSURE = 1**
**IF QA05_I31 = 1 AND SPOTHGOV= 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1**
PROGRAMMING NOTE QA05_I32
IF CHINSURE = 1, CONTINUE WITH QA05_I32
ELSE GO TO QA05_I33

QA05_I32  Does (TEEN) have the same insurance as (CHILD)?

MA6

YES.................................................................1  [GO TO PN QA05_I54]
NO........................................................................2
REFUSED..........................................................-7
DON’T KNOW....................................................-8

IF QA05_I32 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1
IF QA05_I32 = 1 AND CHIHS = 1, SET TEIHS = 1

QA05_I33  Is {he/she/he or she} currently covered by Medi-CAL?

IA1

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

YES.................................................................1  [GO TO QA05_I37]
NO........................................................................2
REFUSED..........................................................-7  [GO TO QA05_I35]
DON’T KNOW....................................................-8  [GO TO QA05_I35]

IF QA05_I33 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

QA05_I34  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
QA05_I35 Is (TEEN) covered by the Healthy Families Program?

IA2

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

YES .............................................................. 1 [GO TO QA05_I37]
NO ............................................................... 2
REFUSED ...................................................... -7 [GO TO QA05_I37]
DON'T KNOW ............................................... -8 [GO TO QA05_I37]

IF QA05_I35 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1

QA05_I36 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

QA05_I37 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 QA05_I39]
NO ............................................................... 2
REFUSED ...................................................... -7
DON'T KNOW ............................................... -8

IF QA05_I37 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA05_I38 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}

IF QA05_I38 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1
QA05_I39  Do you pay any or all of the premium or cost for (TEEN’s) health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

AI55  

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

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

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

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

QA05_I40  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN’s) health plan?

AI52  

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

QA05_I41  Who else pays all or some portion of the cost for (TEEN’s) health plan?

AI53  

CURRENT EMPLOYER ........................................... 1
FORMER EMPLOYER ............................................. 2
UNION ...................................................................... 3
SPOUSE’S CURRENT EMPLOYER ........................ 4
SPOUSE’S FORMER EMPLOYER .......................... 5
PROFESSIONAL/FRATERNAL ORGANIZATION ... 6
MEDICAID/MEDI-CAL ASSISTANCE ...................... 7
HEALTHY FAMILIES ................................................ 8
HEALTHY KIDS ........................................................ 9
OTHER ................................................................... 91
REFUSED ....................................................................... -7
DON’T KNOW ............................................................... -8

IF QA05_I41 = 1-6, SET TEEMP = 1
IF QA05_I41 = 7, SET TEMCAL = 1
IF QA05_I41 =8, SET TEHFAM = 1

PROGRAMMING NOTE QA05_I42
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA05_I46; ELSE CONTINUE WITH QA05_I42

QA05_I42  Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

IA6  

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

IF QA05_I42 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
QA05_I43 Is (he/she/he or she) covered by some other government health plan such as AIM, "Mister MIP", or something else?

IA7

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

AIM ............................................................... 1
"MISTER MIP"/MRMIP ......................................... 2
NO OTHER PLAN ........................................... 3
SOMETHING ELSE (SPECIFY): _______________ 91
REFUSED ..................................................................-7
DON'T KNOW ..................................................-8

IF QA05_I43 = 1 OR 2 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1

QA05_I44 Does (he/she/he or she) have any health insurance coverage through a plan that I missed?

IA8

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

IF QA05_I44 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA05_I44 = 2, SET TEEMP = 1 AND TEINSURE = 1

QA05_I45 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?

IA9

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

THROUGH CURRENT OR FORMER
EMPLOYER/UNION ........................................... 1
THROUGH SCHOOL, PROFESSIONAL
ASSOCIATION, TRADE GROUP OR OTHER
ORGANIZATION ................................................... 2
PURCHASED DIRECTLY FROM A HEALTH
PLAN (BY R OR ANYONE ELSE) ......................... 3
MEDICARE ........................................................ 4 (VERIFY)
MEDI-CAL ............................................................. 5
HEALTHY FAMILIES ........................................... 6
CHAMPUS/CHAMP-VA, TRICARE, VA,
OR SOME OTHER MILITARY HEALTH CARE .... 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM, URBAN INDIAN CLINIC ................. 8
HEALTHY KIDS ...................................................... 9
OTHER GOVERNMENT HEALTH PLAN .......... 91
OTHER NON-GOVERNMENT HEALTH PLAN .... 92
REFUSED ..........................................................-7
DON'T KNOW ..................................................-8

IF QA05_I45 = 1, SET TEEMP = 1 AND TEINSURE = 1
IF QA05_I45 = 2, SET TEEMP = 1 AND TEINSURE = 1
IF QA05_I45 = 3, SET TEDIRECT = 1 AND TEINSURE = 1
IF QA05_I45 = 4, SET TEMCARE = 1 AND TEINSURE = 1
IF QA05_I45 = 5, SET TEMCAL = 1 AND TEINSURE = 1
IF QA05_I45 = 6, SET TEHFAM = 1 AND TEINSURE = 1
IF QA05_I45 = 7, SET TEMILIT = 1 AND TEINSURE = 1
IF QA05_I45 = 8, SET TEIHS = 1
IF QA05_I45 = 91, SET TEOTHGOV = 1 AND TEINSURE = 1
IF QA05_I45 = 92, SET TEINSURE = 1 AND TEOTHER = 1
IF QA05_I45=-7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA05_I46
IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA05_I46,
ELSE GO TO PN QA05_I49

QA05_I46  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?”]

KAISER.................................................................1
BLUE CROSS/CALIFORNIA CARE ..................2
PACIFICARE .......................................................3
BLUE SHIELD/CAREAMERICA .........................4
HEALTH NET .......................................................5
MEDICARE ..........................................................6
MEDI-CAL OR MEDICAID ..................................7
(NAME OF COUNTY MEDI-CAL PLAN) ..............8
OTHER ....................................................................91
REFUSED ...................................................................-7
DON'T KNOW ......................................................-8

PROGRAMMING NOTE QA05_I47:
IF QA05_I46 = 1 (KAISER), CODE QA05_I47 = 1 (YES) AND GO TO QA05_I48

QA05_I47  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.”]

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

QA05_I48  Is (TEEN) covered for prescription drugs?

[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.”]

YES .......................................................................1
NO .........................................................................2
REFUSED ..............................................................-7
DON'T KNOW ......................................................-8
PROGRAMMING NOTE QA05_I49:
IF TEINSURE = 1, GO TO QA05_I54;
ELSE CONTINUE WITH QA05_I49.

QA05_I49  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

QA05_I50  Was (TEEN) covered by health insurance at any time during the past 12 months?

   IA20
   
   YES ...................................................................1 [GO TO QA05_I52]
   NO ....................................................................2
   REFUSED ............................................................2
   DON'T KNOW ....................................................-8

QA05_I51  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
   REFUSED ..........................................................-7
   DON'T KNOW/NOT SURE ....................................-8 [GO TO QA05_I60]

QA05_I52  For how many of the last 12 months did {he/she/he or she} have health insurance?

   IA22
   
   [NOTE: IF LESS THAN ONE MONTH, ENTER 1]
   
   __ MONTHS [RANGE: 0-12]
   REFUSED .....................................................-7
   DON'T KNOW ..................................................-8
QA05_I53  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?

IA23  

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"

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

[GO TO QA05_I60]

QA05_I54  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 QA05_I60]
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

QA05_I55  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 [GO TO QA05_I57]
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

QA05_I56  Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

IA26  

[CIRCLE ALL THAT APPLY.]

[PROBE: "Any others?"

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

QA05_I57  During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all?

IA27  

YES ........................................................................... 1 [GO TO QA05_I60]
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
QA05_I58  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

QA05_I59  What is the ONE MAIN reason (TEEN) did not have any health insurance during the time {he/she/he or she} wasn’t covered?

   IA29   
   [IF R SAYS, "No need," PROBE WHY]
   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

QA05_I60  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
PROGRAMMING NOTE QA05_I61:
IF QA05_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA05_I61  In what country was {TEEN’S} {mother/father} born?

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

[GO TO QA05_J1]

PROGRAMMING NOTE QA05_I62:
IF QA05_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA05_I62  Does {TEEN’S} {mother/father} now live in the U.S.?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO QA05_J1]
PROGRAMMING NOTE QA05_I63:
IF QA05_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA05_I63  Is {TEEN’S} {mother/father} a citizen of the United States?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>APPLICATION PENDING</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

[GO TO PN QA05_I65]

PROGRAMMING NOTE QA05_I64:
IF QA05_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA05_I64  Is {TEEN’S} {mother/father} a permanent resident with a green card?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>APPLICATION PENDING</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_I65:
IF QA05_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA05_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA05_I65  About how many years has {TEEN’S} {mother/father} lived in the United States?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ NUMBER OF YEARS</td>
<td></td>
</tr>
<tr>
<td>[IF &lt; 1 YEAR, ENTER &quot;1&quot;]</td>
<td></td>
</tr>
<tr>
<td>OR YEAR TO FIRST COME AND LIVE IN U.S.</td>
<td></td>
</tr>
<tr>
<td>MOTHER/FATHER DECEASED</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Section J – Health Care Utilization and Access, Mental Health

QA05_J1  Now, I’d like to ask about the health care you receive.
During the past 12 months, how many times have you seen a medical doctor?

<table>
<thead>
<tr>
<th>AH5</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIMES</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_J2:
IF QA05_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA05_J2;
ELSE GO TO PROGRAMMING NOTE QA05_J3

QA05_J2  About how long has it been since you last saw a doctor about your own health?

<table>
<thead>
<tr>
<th>AH6</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE YEAR AGO OR LESS</td>
</tr>
<tr>
<td>MORE THAN 1 UP TO 2 YEARS AGO</td>
</tr>
<tr>
<td>MORE THAN 2 UP TO 5 YEARS AGO</td>
</tr>
<tr>
<td>MORE THAN 5 YEARS AGO</td>
</tr>
<tr>
<td>NEVER</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA05_J3:
IF QA05_J1 > 0 OR QA05_J2 = 0 or 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA05_J3;
ELSE GO TO QA05_J7

QA05_J3  The last time you saw a doctor, did you have a hard time understanding the doctor?

<table>
<thead>
<tr>
<th>AJ8</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

QA05_J4  Was this because you and the doctor spoke different languages?

<table>
<thead>
<tr>
<th>AJ9</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

QA05_J5  Did you need someone else to help you understand the doctor?

<table>
<thead>
<tr>
<th>AJ10</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
<tr>
<td>REFUSED</td>
</tr>
<tr>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
QA05_J6  Who was this person who helped you understand the doctor?

AJ11

[IF R RESPONDS “MY CHILD”, PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18+, CODE AS ADULT FAMILY MEMBER]

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

QA05_J7  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 QA05_J9]

QA05_J8  Think about the last time this happened. How long ago was that?

AJ18

A YEAR AGO OR LESS ..................................... 1
MORE THAN 1 UP TO 2 YEARS AGO ................. 2
MORE THAN 2 UP TO 3 YEARS AGO ................. 3
MORE THAN 3 UP TO 5 YEARS AGO ................. 4
MORE THAN 5 UP TO 10 YEARS AGO .............. 5
MORE THAN 10 UP TO 20 YEARS AGO ............ 6
MORE THAN 20 YEARS AGO ............................. 7
REFUSED ....................................................... 7
DON’T KNOW ............................................... 8

PROGRAMMING NOTE QA05_J9
IF QA05_B6 = 1 OR QA05_B9  = 1 (YES, R VISITED ER FOR ASTHMA) CODE QA05_J9 = -1 AND GO TO QA05_J10;
ELSE, CONTINUE WITH QA05_J9

QA05_J9  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
The next questions are about how you have been feeling during the past 30 days. About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

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

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

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

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

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

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

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

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

ALL .............................................................. 1
MOST ........................................................... 2
SOME ........................................................... 3
A LITTLE ......................................................... 4
NONE ............................................................ 5
REFUSED ....................................................... -7
DON’T KNOW ................................................ -8
QA05_J14  During the past 30 days, about how often did you feel that everything was an effort?

AJ33  

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

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

QA05_J15  During the past 30 days, about how often did you feel worthless?

AJ34  

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

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

QA05_J16  During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?

AJ2  

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

QA05_J17  Not counting overnight stays, emergency room visits, or visits for drug or alcohol problems, in the past 12 months, have you seen a psychiatrist, psychologist, social worker, or counselor for emotional or mental health problems?

AJ3  

YES.................................................................1
NO.......................................................................2
REFUSED.......................................................-7
DON'T KNOW.............................................-8
PROGRAMMING NOTE QA05_J18:
(If QA05_J16 = 1 or QA05_J17=1) AND ARINSURE = 1, CONTINUE WITH QA05_J18;
(IF QA05_J16 = 1 OR QA05_J17 = 1) AND ARINSURE NE 1, GO TO QA05_J19;
ELSE GO TO QA05_J22;

QA05_J18  Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

AJ1

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

QA05_J19  During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?

AJ5

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

QA05_J20  During the past 12 months, did you have difficulties or delays in getting mental health treatment?

AJ6

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

PROGRAMMING NOTE QA05_J21;
IF QA05_J9 =2 (NO ER VISIT PAST 12 MONTHS, GO TO PN QA05_J22
ELSE, CONTINUE WITH QA05_J21

QA05_J21  In the past 12 months, did you receive care in an emergency room for emotional or mental health problems?

AJ7

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

PROGRAMMING NOTE QA05_J23
IF QA05_J1 > 0 OR QA05_J2 = 0 (R HAS SEEN DOCTOR IN LAST 12 MONTHS) CONTINUE WITH QA05_J23
ELSE GO TO QA05_K1

QA05_J22  Doctors, nurses, or other health providers sometimes talk with patients about low-fat, low-salt, or reduced calorie diets.
In the last 12 months, did your health provider talk with you or give you information about how much or what kinds of food you eat?

AJ27

YES........................................................................... 1
NO............................................................................ 2
REFUSED....................................................................-7
DON'T KNOW............................................................-8
In the last 12 months, did your health provider talk with you or give you information about how much or what kind of exercise you get?

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -7
Section K – Employment, Income, Poverty Status

PROGRAMMING NOTE QA05_K1:
IF QA05_G22 = 1 (R WORKED LAST WEEK) OR QA05_G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA05_K1;
ELSE GO TO PROGRAMMING NOTE QA05_K7

QA05_K1
This is about the work you do. 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).]

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

PROGRAMMING NOTE QA05_K2
IF QA05_K1 = 0 (NO HOURS WORKED), GO TO PROGRAMMING NOTE QA05_K7;
ELSE CONTINUE WITH QA05_K2 AND
IF QA05_G26 = 1 (PRIVATE COMPANY), DISPLAY “employed by a private company”,
IF QA05_G26 = 2 (GOVERNMENT), CODE QA05_K2 AS “GOVERNMENT” AND GO TO QA05_K3
IF QA05_G26 = 3 (SELF-EMPLOYED), DISPLAY “self-employed”,
IF QA05_G26 = 4 (FAMILY BUSINESS OR FARM), DISPLAY “working without pay in a family business or farm”.

QA05_K2
Earlier, you told me that on your main job, you are {employed by a private company/ / 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]

_________________________ (BUSINESS OR INDUSTRY)
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8

QA05_K3
What is the main kind of work you do?

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

_________________________ (OCCUPATION)
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8

QA05_K4
How long have you worked at your main job?

[IF NEEDED, SAY: “That is, for your current employer?”]

_____ MONTHS [HR: 0-12]
_____ YEARS [HR: 0-50]
REFUSED ............................................................... -7
DON’T KNOW .......................................................... -8
PROGRAMMING NOTE QA05_K5:
IF QA05_G26 = 2 (GOVERNMENT EMPLOYEE), CODE QA05_K5 = 5 AND GO TO QA05_K7;
IF QA05_G26 = 3 (SELF-EMPLOYED), CONTINUE WITH QA05_K5 AND DISPLAY “Including yourself, about”;
ELSE CONTINUE WITH QA05_K5 AND DISPLAY “About”

QA05_K5  {Including yourself, about / About} how many people are employed by {your employer/you} at all locations?

[IF NEEDED SAY: “Your best guess is fine.”]

FEWER THAN 10 ..................................................... 1
10-50 ......................................................................... 2
51-99 ......................................................................... 3
100-999 ...................................................................... 4
1,000 OR MORE ....................................................... 5
REFUSED ..................................................................... -7
DON’T KNOW .......................................................... -8

QA05_K6  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”]

$ ____________________________ AMOUNT
REFUSED ..................................................................... -7
DON’T KNOW .......................................................... -8

PROGRAMMING NOTE QA05_K7
IF QA05_G29 = 1 or 2 (SPOUSE WORKS) OR QA05_G30 = 1 (SPOUSE USUALLY WORKS), CONTINUE WITH QA05_K7;
ELSE GO TO QA05_K9

QA05_K7  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).]

_____ HOURS
REFUSED ..................................................................... -7
DON’T KNOW .......................................................... -8

PROGRAMMING NOTE QA05_K8
IF QA05_K7 > 0 CONTINUE WITH QA05_K8;
ELSE GO TO QA05_K9

QA05_K8  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”]

$ ____________________________ AMOUNT
REFUSED ..................................................................... -7
DON’T KNOW .......................................................... -8
QA05_K9  What is your best estimate of your household’s total annual income from all sources before taxes in 2004?

AK22  

[IF NEEDED SAY, “Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.”]

[IF AMOUNT GREATER THAN $999,995, ENTER “999,995”]

$_______________ AMOUNT
REFUSED...............................................................-7
DON’T KNOW..........................................................-8  [GO TO PN QA05_K11]

QA05_K10  I have entered that your annual household income is (AMOUNT). Is that correct?

AK22A

YES.................................................................1  [GO TO PN QA05_K17]
NO.................................................................2  [GO BACK TO QA05_K9]
REFUSED...........................................................-7  [GO TO PN QA05_K17]
DON’T KNOW....................................................-8  [GO TO PN QA05_K17]

PROGRAMMING NOTE QA05_K11:
IF QA05_K9 = -7 or -8 CONTINUE WITH QA05_K11;
ELSE GO TO PROGRAMMING NOTE QA05_K17

QA05_K11  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 QA05_K13]
EQUAL TO $20K OR LESS..................................2  [GO TO PN QA05_K17]
REFUSED........................................................-7  [GO TO PN QA05_K17]
DON’T KNOW...................................................-8  [GO TO PN QA05_K17]

QA05_K12  Is it …

AK12

$5,000 or less, or ....................................................1
$5,001 to $10,000, or ..........................................2
$10,001 to $15,000, or .......................................3
$15,001 to 20,000? ...............................................4  [GO TO PN QA05_K17]
REFUSED........................................................-7
DON’T KNOW...................................................-8

QA05_K13  Is it more or less than $70,000 per year?

AK13

MORE ...........................................................1  [GO TO QA05_K15]
EQUAL TO $70K OR LESS...................................2  [GO TO PN QA05_K17]
REFUSED........................................................-7  [GO TO PN QA05_K17]
DON’T KNOW...................................................-8  [GO TO PN QA05_K17]
QA05_K14  Is it …

AK14

$20,001 to $30,000, .................................................. 1
$30,001 to $40,000, .................................................. 2
$40,001 to $50,000, .................................................. 3
$50,001 to $60,000, or .............................................. 4
$60,001 to $70,000? ................................................. 5
REFUSED .................................................................... 7
DON'T KNOW ........................................................... 8

[GO TO PN QA05_K17]

QA05_K15  Is it more or less than $135,000 per year?

AK15

MORE ....................................................................... 1
EQUAL TO $135K OR LESS .................................... 2
REFUSED ............................................................... 7
DON'T KNOW ......................................................... 8

[GO TO PN QA05_K17]

QA05_K16  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 QA05_K17:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA05_K18;
ELSE CONTINUE WITH QA05_K17

QA05_K17  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 QA05_K18:
QA05_K18 MUST BE LESS THAN QA05_K17
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) = QA05_K20,
GO TO PROGRAMMING NOTE QA05_K19;
ELSE CONTINUE WITH QA05_K18

QA05_K18  How many of these {INSERT NUMBER FROM QA05_K17} people are children under the age of 18?

AK18

NUMBER OF CHILDREN (UNDER AGE 18)
REFUSED .................................................................... 7
DON'T KNOW ........................................................... 8
PROGRAMMING NOTE QA05_K19: [BASE.POVRT100, BASE.POVRT130, BASEPOVRT200]

OBTAIN THE FEDERAL POVERTY 100%, 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2005 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA05_K17 AND QA05_K18 RESPECTIVELY.

 prosper_radlcnt
 prosper_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 QA05_K17 OR QA05_K18 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED AT QA05_G14 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 QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD’S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, ASK QA05_K19 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA05_K20

QA05_K19

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}?

[GO TO QA05_K23]

AK18A

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

PROGRAMMING NOTE QA05_K20:

IF QA05_K9 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD’S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13 = -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K20 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);

ELSE GO TO PROGRAMMING NOTE QA05_K22

QA05_K20

{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}?

[GO TO QA05_K23]

AK18B

EQUAL TO OR LESS ...............................................1
MORE ........................................................................2
REFUSED ..................................................................-7
DON'T KNOW .........................................................-8
PROGRAMMING NOTE QA05_K21:
IF QA05_K9 = -7 OR –8 (REF/DK) AND IF THE HOUSEHOLD’S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13= -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K21 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO QA05_K23

QA05_K21
{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 \(\text{POVRT130}\)?

   AK18D
   
   EQUAL TO OR LESS ............................................... 1  [GO TO QA05_K23]
   MORE ....................................................................... 2
   REFUSED ............................................................... -7
   DON'T KNOW ........................................................ -8

PROGRAMMING NOTE QA05_K22:
IF QA05_K9 = -7 OR –8 (REF/DK) AND IF THE HOUSEHOLD’S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA05_K12, QA05_K14, OR QA05_K16 OR IF QA05_K11 = -7 OR QA05_K13= -7 OR QA05_K15 = -7, CONTINUE WITH QA05_K22 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO QA05_K23

QA05_K22
{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 \(\text{POVRT300}\)?

   AK18C
   
   EQUAL TO OR LESS ............................................... 1
   MORE ....................................................................... 2
   REFUSED ............................................................... -7
   DON'T KNOW ........................................................ -8

QA05_K23
Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

   AK23
   
   [IF NEEDED, SAY: “A duplex is a building with 2 units”.

   HOUSE ................................................................. 1
   DUPLEX ............................................................... 2
   BUILDING WITH 3 OR MORE UNITS ......................... 3
   MOBILE HOME ................................................... 4
   REFUSED ............................................................ -7
   DON'T KNOW ...................................................... -8

QA05_K24
Do you own or rent your home?

   AK25
   
   OWN ........................................................................ 1
   RENT ................................................................. 2
   OTHER ARRANGEMENT ........................................... 3
   REFUSED ............................................................ -7
   DON'T KNOW ...................................................... -8  [GO TO PN QA05_L1]
QA05_K25  About how long have you lived at your current address?

AM14

____________ ............................ (MONTHS/YEARS)
REFUSED ......................................................... -7
DON'T KNOW ................................................... -8

QA05_K26  Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?

AK28

ALL OF THE TIME ................................................. 1
MOST OF THE TIME ............................................. 2
SOME OF THE TIME ............................................. 3
NONE OF THE TIME ............................................. 4
REFUSED ......................................................... -7
DON'T KNOW ................................................... -8
Section L- Public Program Participation

PROGRAMMING NOTE QA05_L1:
IF HOUSEHOLD INCOME IS <= 300% FPL (POVERTY = 1 OR 2 OR 3) OR IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 5) CONTINUE WITH SECTION L;
ELSE GO TO PROGRAMMING NOTE QA05_M1

QA05_L1 Are you now receiving TANF or CalWORKS?

AL2

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.”]

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

PROGRAMMING NOTE QA05_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L2
ELSE GO TO QA05_L3

QA05_L2 Is {TEEN} now receiving TANF, or CalWORKS?

IAP1

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKS means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California's old welfare entitlement program.”]

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

QA05_L3 Are you receiving Food Stamp benefits?

AL5

[IF NEEDED, SAY “You may receive benefits as stamps or through an EBT card.” “EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card”]

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ..................................................................... -7
DON'T KNOW .......................................................... -8
PROGRAMMING NOTE QA05_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA05_L4;
ELSE GO TO PROGRAMMING NOTE QA05_L5

QA05_L4  Is (TEEN) receiving Food Stamp benefits?

   [IF NEEDED, SAY "You may receive benefits as stamps or through an EBT card."
    "EBT stands for Electronic Benefit Transfer card and is also known as the Golden State
    Advantage Card"]

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

QA05_L5  Are you receiving SSI?

   [IF NEEDED, SAY:  "SSI means Supplemental Security Income. This is different from Social
    Security"]

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

PROGRAMMING NOTE QA05_L6:
IF QA05_A5 = 2 (FEMALE) AND QA05_E12 = 1 (PREGNANT) OR IF CHILD AGE < 7 (6 YEARS OR YOUNGER),
CONTINUE WITH QA05_L6;
ELSE GO TO QA05_L7

QA05_L6  Are you on WIC?

   [IF NEEDED, SAY:  WIC is the Supplemental Food Program for Women, Infants and Children]

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

QA05_L7  Not counting the value of any house or car you may own, would you say that (your/your
family's)assets, that is, all your cash, savings, investments, and furniture together are worth more than
$5,000?

   [AL9]
Programming Note QA05_L8:
If QA05_G10 = 1 (MARRIED TO SOMEONE IN HH), DISPLAY "you or your spouse";
If QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA05_L8 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 QA05_L10]

Programming Note QA05_L9:
If QA05_L8 = 1 (YES), CONTINUE WITH QA05_L9
If QA05_A15 = 1 (MARRIED) AND QA05_G10 = 2 (SPOUSE NOT MEMBER OF HH), DISPLAY "What was the total amount that you received from all these sources?";
If QA05_A15 = 1 (MARRIED) AND QA05_G10 = 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 QA05_L10

QA05_L9 What was the {combined} total amount that you {and your spouse} received from all these sources last month?

AL16

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

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

Programming Note QA05_L10:
If QA05_A15 = 2 (LIVING WITH PARTNER), DISPLAY "you or your partner or both of you";
If QA05_G10 = 1 (SPOUSE LIVES IN HH), DISPLAY "you or your spouse or both of you";
ELSE DISPLAY "you."

QA05_L10 Did {you or your partner or both of you/you or your spouse or both of you/you} pay any alimony or child support last month?

AL17

YES, RESPONDENT PAID ......................................... 1
YES, SPOUSE/PARTNER PAID .................................. 2
YES, BOTH PAID ..................................................... 3
NO ........................................................................... 4
REFUSED ................................................................ -4
DON'T KNOW ................................................................ -7

[GO TO QA05_L12]

QA05_L11 What was the total amount {you/your spouse/your partner/you both} paid in alimony or support last month?

AL18

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

________________ AMOUNT
REFUSED ................................................................ -7
DON'T KNOW ................................................................ -8
PROGRAMMING NOTE QA05_L12:
IF AGE IS 65 OR OLDER AND QA05_A15 ≠ 1 (MARRIED) CONTINUE WITH QA05_L12 AND DISPLAY "you";
IF AGE >= 65 AND QA05_A15 = 2 (LIVING W/ PARTNER) CONTINUE WITH QA05_L12 AND DISPLAY "you or your partner";
ELSE GO TO PROGRAMMING NOTE QA05_L14
IF AGE > 50 OR AGE RANGE IS BETWEEN 50 AND 64 AND QA05_14 =1 (MARRIED) AND QA05_G10 = 1
(SPOUSE LIVING IN SAME HH) CONTINUE WITH QA05_L12 AND DISPLAY "you or your spouse";

QA05_L12 Did {you/you or your spouse/you or your partner} receive any Social Security or Pension payments last month?

AL18A

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

[GO TO PN QA05_L14]

QA05_L13 What was the total amount received last month from Social Security and Pensions?

AL18B

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

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

PROGRAMMING NOTE QA05_L14:
IF ARMCAL = 1, GO TO QA05_M1 ELSE CONTINUE WITH QA05_L14

QA05_L14 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 – Food Insecurity and Hunger

PROGRAMMING NOTE QA05_M1
IF POVERTY < 3 (HH Income <= 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA05_M1;
ELSE GO TO QA05_N1

QA05_M1 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.

AM1 The first statement is:
"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."
Was that often true, sometimes true, or never true for you and your household in the last 12 months?

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

QA05_M2 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

QA05_M3 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

QA05_M4 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
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

In the last 12 months, since {DATE 12 MONTHS AGO}, were you ever hungry but didn't eat because you couldn't afford enough food?

AM5

- YES ................................................................. 1
- NO ................................................................. 2
- REFUSED ......................................................... -7
- DON'T KNOW ............................................... -8
Section N –Demographic Information Part III and Closing

QA05_N1 Just a few final questions and then we are done.

AH42 To be sure we are covering the entire state, what county do you live in?

ALAMEDA ................................................................. 1
ALPINE ..................................................................... 2
AMADOR ................................................................. 3
BUTTE ................................................................. 4
CALAVERAS ............................................................ 5
COLUSA ................................................................. 6
CONTRA COSTA ..................................................... 7
DEL NORTE ............................................................. 8
EL DORADO ............................................................ 9
FRESNO ................................................................ 10
GLEN .................................................................... 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
MOnto ................................................................. 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
QA05_N1  CONTINUED…

SONOMA.................................................................49
STANISLAUS.....................................................50
SUTTER...............................................................51
TEHAMA...............................................................52
TRINITY...............................................................53
TULARE...............................................................54
TUOLUMNE..........................................................55
VENTURA............................................................56
YOLO .................................................................57
YUBA .................................................................58
REFUSED ............................................................-7
DON'T KNOW .....................................................-8

PROGRAMMING NOTE QA05_N2:
IF ADVANCE LETTER SENT, ASK QA05_N2;
IF R'S ADDRESS IS A P.O. BOX, GO TO QA05_N3
ELSE GO TO QA05_N3

QA05_N2  Your phone number was randomly selected for this study by a computer. We were able to match
an address to your phone number to send a letter to your home explaining the purpose of this
study.

 AO1  Do you now live at {R's address and street}?  

YES...........................................................................1  [GO TO QA05_N6]
NO ...........................................................................2
REFUSED ..................................................................-7
DON'T KNOW .....................................................-8

QA05_N3  What is your zip code?

 AM7  (ZIP CODE)

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

QA05_N4  To help us better understand the environment you live in and how it may affect your health, please
tell me the address where you live. This information will be kept confidential.

 AO2  ___________ (HOUSE ADDRESS NUMBER)  

__________ (NAME OF STREET, VERIFY SPELLING)  [GO TO QA05_N6]

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

QA05_N5  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]
And what is the name of the street down the corner from you that crosses your street?

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Those are my final questions. I really appreciate your patience.

Finally, do you think you would be willing to do a follow-up to this survey some time in the future?

In case we do call you back for another study, would you give me your full name so that we will know who to ask for?

Is there another number where we might be able to reach you if this one doesn't work?

Thank you, I really appreciate your time and cooperation. You have helped with a very important health survey. Thank you and good-bye.