# Attachment 1

# CHIS 2009 Cancer Control Module (CCM) and Demographic Core Questionnaire Items

# CALIFORNIA HEALTH INTERVIEW SURVEY 2009

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**ADULT QUESTIONNAIRE**

# MODULE A – CANCER SCREENING

> **PROGRAMMING NOTE QA09_A1**
> **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 NEXT SECTION;**
> **ELSE CONTINUE WITH QA09_A1**

**QA09_A1**     A stool or fecal blood test is done at home to check for colon cancer. You send your stool sample to the doctor's office or lab for testing. Have you ever done a stool or fecal blood test?

[INTERVIEWER NOTE: IF NEEDED, SAY: "Do not include over-the-counter test kits from a drugstore or pharmacy."]

    YES........................................................................1
    NO .........................................................................2 **[GO TO QA09_A4]**
    REFUSED ............................................................. -7 **[GO TO QA09_A4]**
    DON'T KNOW ...................................................... -8 **[GO TO QA09_A4]**

**QA09_A2**     When did you do your most recent blood test using a home kit to check for colon cancer?

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

**QA09_A3**     What was the main reason you had your most recent stool blood test using a home kit? Was it…

    Part of a routine physical exam, ...............................1
    Because of a problem, OR ........................................2
    Some other reason?....................................................3
    REFUSED ............................................................... -7
    DON'T KNOW ...................................................... -8

**QA09_A4**     A sigmoidoscopy and a colonoscopy are both tests that examine the bowel by inserting a tube in the rectum. The difference is that during a sigmoidoscopy, you are awake and can drive yourself home after the test; however, during a colonoscopy, you may feel sleepy and you need someone to drive you home. Have you ever had a colonoscopy?

    YES........................................................................1
    NO .........................................................................2 **[GO TO QA09_A7]**
    REFUSED ............................................................. -7 **[GO TO QA09_A7]**
    DON'T KNOW ...................................................... -8 **[GO TO QA09_A7]**

**QA09_A5**      When did you have your most recent colonoscopy to check for colon cancer?

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

**QA09_A6**      What was the main reason you had your most recent colonoscopy? Was it…

        Part of a routine physical exam, ...............................1
        Because of a problem, OR ......................................2
        Some other reason?...................................................3
        REFUSED ........................................................... -7
        DON'T KNOW .................................................... -8

**QA09_A7**      Have you ever had a sigmoidoscopy?

        YES..........................................................................1
        NO .........................................................................2 **[GO TO QA09_A11]**
        REFUSED ........................................................... -7 **[GO TO QA09_A11]**
        DON'T KNOW .................................................... -8 **[GO TO QA09_A11]**

**QA09_A8**      When did you have your most recent sigmoidoscopy to check for colon cancer?

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

**QA09_A9**      What was the main reason you had your most recent sigmoidoscopy? Was it…

        Part of a routine physical exam, ...............................1
        Because of a problem, OR ......................................2
        Some other reason?...................................................3
        REFUSED ........................................................... -7
        DON'T KNOW .................................................... -8

**QA09_A11**        During the past 5 years, has a doctor recommended that you have a sigmoidoscopy, colonoscopy, or blood stool test?

> YES......................................................................1
> NO .......................................................................2
> DID NOT GO TO A DOCTOR
> IN PAST 5 YEARS ..............................................92
> REFUSED ........................................................... -7
> DON'T KNOW ..................................................... -8

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**PROGRAMMING NOTE QA09_A12:**
IF QA09_A4 = 2 (NEVER HAD COLONOSCOPY) AND QA09_A7 = 2 (NEVER HAD SIGMOIDOSCOPY), CONTINUE WITH QA09_A12 AND DISPLAY "never had";
ELSE IF QA09_A5 = 4 (MOST RECENT COLONOSCOPY OVER 10 YEARS AGO) OR QA09_A8 = 6 (MOST RECENT SIGMOIDOSCOPY OVER 10 YEARS AGO), CONTINUE WITH QA09_D8 AND DISPLAY "not had" AND "in the last 10 years";
ELSE GO TO NEXT SECTION

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**QA09_A12**        What is the ONE most important reason why you have {never had/not had} one of these exams {in the last 10 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, OR
> EMBARRASSING...................................................7
> HAD ANOTHER TYPE OF
> COLORECTAL EXAM ...........................................8
> DON'T HAVE A DOCTOR ...................................9
> OTHER...................................................................91
> REFUSED ........................................................... -7
> DON'T KNOW ..................................................... -8

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**PROGRAMMING NOTE QA09_A13:**
IF FEMALE GO TO QA09_A22;
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 QA09_A22;
ELSE CONTINUE WITH QA09_A13

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**QA09_A13**        Have you ever <u>heard of</u> a PSA or "prostate-specific antigen" test to detect prostate cancer?  A PSA test is a blood test to detect prostate cancer.

> YES......................................................................1
> NO .......................................................................2 **[GO TO QA09_A22]**
> REFUSED ........................................................... -7 **[GO TO QA09_A22]**
> DON'T KNOW ..................................................... -8 **[GO TO QA09_A22]**

**QA09_A14**      Have you ever had a PSA test?

[INTERVIEWER NOTE: IF NEEDED, SAY: "A PSA test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test."]

YES .................................................................. 1
NO ..................................................................... 2 **[GO TO QA09_A19]**
REFUSED ........................................................ -7 **[GO TO QA09_A19]**
DON'T KNOW ................................................. -8 **[GO TO QA09_A19]**

**QA09_A15**      When did you have your most recent PSA test?

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

**QA09_A16**      What was the main reason you had this PSA test – was it part of a routine exam, because of a problem, or some other reason?

Part of a routine physical exam, ............................... 1
Because of a problem, OR ........................................ 2
Some other reason? ................................................... 3
REFUSED ............................................................ -7
DON'T KNOW .................................................... -8

**QA09_A19**      [{Before you had the PSA test}], did a doctor ever talk with you about the advantages and disadvantages of [{it}/the PSA test]?

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

**QA09_A20**      [{Before you had the PSA test}], did a doctor ever tell you that some doctors recommend [{it}/the PSA test] and others do not?

YES .................................................................. 1
NO ..................................................................... 2 **[GO TO QA09_A22]**
REFUSED ............................................................ -7 **[GO TO QA09_A22]**
DON'T KNOW .................................................... -8 **[GO TO QA09_A22]**

QA09_A21        Did a doctor or other health professional ever recommend that **you** have a PSA test?

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

PROGRAMMING NOTE QA09_A28:
IF MALE GO TO NEXT SECTION;
ELSE IF 18≤AAGE < 30, GO TO NEXT SECTION;
ELSE CONTINUE WITH QA09_A28 (INCLUDING WOMEN WITH AGE UNKNOWN)

QA09_A28    In the past 12 months, has a doctor examined your breasts for lumps?

[INTERVIEWER NOTE: 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

QA09_A29    Have you ever had a mammogram?

[INTERVIEWER NOTE: IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast." IF DEFINITION WAS NOT READ AND RESPONDENT ANSWERS "NO", READ DEFINITION BEFORE CODING]

YES.........................................................................1
NO ..........................................................................2 **[GO TO QA09_A39]**
REFUSED ............................................................. -7 **[GO TO NEXT SECT]**
DON'T KNOW ...................................................... -8 **[GO TO NEXT SECT]**

QA09_A30    How many mammograms have you had in the last 6 years? Your best estimate is fine.

_____ MAMMOGRAMS
NO ..........................................................................0  **[GO TO QA09_A39]**
REFUSED ............................................................. -7
DON'T KNOW ...................................................... -8

QA09_A31    How long ago did you have your most recent mammogram?

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 ................3
MORE THAN 5 YEARS AGO ...............................3
REFUSED ...............................................................7  **[GO TO NEXT SECT]**
DON'T KNOW ...................................................... -8  **[GO TO NEXT SECT]**

QA09_A32    Was your most recent mammogram recommended by a doctor?

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

**QA09_A33**    Tell me the main reason you had a mammogram. Was it…

[INTERVIEWER NOTE: 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 problem, ........................................................3
Or due to family history?.........................................4
REFUSED ................................................................7
DON'T KNOW ......................................................-8

**QA09_A34**    Have you ever had a mammogram where the results were not normal?

YES...........................................................................1
NO .............................................................................2 **[GO TO QA09_A41]**
REFUSED ................................................................ -7 **[GO TO QA09_A41]**
DON'T KNOW ........................................................ -8 **[GO TO QA09_A41]**

**QA09_A35**    Have you ever had an operation to remove a lump from your breast?

YES...........................................................................1
NO .............................................................................2 **[GO TO QA09_A39]**
DON'T KNOW ........................................................ -7 **[GO TO QA09_A39]**
REFUSED ................................................................ -8 **[GO TO QA09_A39]**

**QA09_A36**    Did the lump turn out to be cancer?

YES...........................................................................1   **[GO TO QA09_A38]**
NO .............................................................................2
REFUSED ................................................................ -7
DON'T KNOW ........................................................ -8

**QA09_A37**    How many operations have you had to remove a lump that wasn't cancer?

_____ NUMBER OF OPERATIONS            **[GO TO QA09_A39]**

REFUSED ................................................................ -7 **[GO TO QA09_A39]**
DON'T KNOW ........................................................ -8 **[GO TO QA09_A39]**

**QA09_A38**    Tell me how you first found out about your breast cancer.  Was it by…

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):_____ ........ 6
DON'T KNOW ..............................................................-7
REFUSED ......................................................................-8

**QA09_A39**     Did you have any other tests and/or surgery when your mammogram was not normal?

                    YES....................................................................1
                    NO ...............................................................2 **[GO TO QA09_A41]**
                    DON'T KNOW .................................................... -7 **[GO TO QA09_A41]**
                    REFUSED ........................................................... -8 **[GO TO QA09_A41]**

**QA09_A40**     What additional tests and/or surgery did you have?

                    [INTERVIEWER NOTE: CODE ALL THAT APPLY. IF NEEDED, SAY: "Any others?"]

                    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

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**PROGRAMMING NOTE QA09_A41:**
IF QA09_A29=2 OR QA09_A30 = 0 OR QA09_A31 > 2 years, CONTINUE WITH QA09_A41;
ELSE GO TO PROGRAMMING NOTE QA09_A42;

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**QA09_A41**      In the past 2 years, has a doctor recommended that you have a mammogram?

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

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**PROGRAMMING NOTE QA09_A42:**
IF QA09_A41 = 1 (YES, DOCTOR RECOMMENDED A MAMMOGRAM) AND (QA09_A29=2 OR
QA09_A30 = 0 OR QA09_A31 > 2 years), CONTINUE WITH QA09_A42;
IF QA09_A31 = 3, 4, 5, -8 (MOST RECENT MAMMOGRAM > 2 YEARS or DK), DISPLAY
"NOT had a mammogram in the past 2 years"; IF QA09_A29 = 2 (NEVER HAD MAMMOGRAM), DISPLAY
"NEVER had a mammogram";
ELSE GO TO NEXT SECTION;

---

**QA09_A42**      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

# MODULE D – WOMEN'S HEALTH

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**PROGRAMMING NOTE QA09_D1:**
IF MALE, GO NEXT SECTION; ELSE CONTINUE QA09_D1;

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**QA09_D1**      These next questions are about women's health.

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

*[INTERVIEWER NOTE: IF NEVER STARTED MENSTRUAL CYCLE, ENTER 96]*

_____ AGE
NEVER STARTED MENSTRUAL CYCLE.........96
REFUSED ............................................................. -7
DON'T KNOW ...................................................... -8

**QA09_D2**      Do you still have periods or menstrual cycles?

YES.........................................................................1      **[GO TO QA09_D4]**
NO ..........................................................................2
REFUSED ............................................................. -7      **[GO TO QA09_D4]**
DON'T KNOW ...................................................... -8      **[GO TO QA09_D4]**

**QA09_D3**      When did you have your last period or menstrual cycle?

_____ AGE

_____ MONTHS
_____ YEARS

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

**QA09_D4**      Have you ever given birth to a live born infant?

[INTERVIEWER NOTE: IF NEEDED, SAY: "A live born infant is an infnt born alive."]

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

**QA09_D5**      How old were you when your first child was born?

_____ YEARS OLD.............................................2      **[GO TO QA09_D7]**
REFUSED ............................................................. -7      **[GO TO QA09_D7]**
DON'T KNOW ...................................................... -8

**QA09_D6**       In what year was your first child born?

     \_\_\_\_\_ YEAR
     REFUSED .............................................................. -7
     DON'T KNOW ....................................................... -8

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**PROGRAMMING NOTE QA09_D2**
IF AGE>44 CONTINUE WITH QA09_D2;
ELSE GO TO QA09_D3;

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**QA09_D10 INTRO**       Are you taking any of the following medications?

**QA09_D10**       Hormone replacement therapy?

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

**QA09_D11**       Tamoxifen or Molvadex?

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

**QA09_D12**    Raloxifen or Evista?

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

**QA09_D13**    Birth control pills, the patch, or birth control shots?

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

**QA09_D14**    Have you ever taken HRT?

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

**QA09_D15**    About how long ago did you stop using Hormone Replacement Therapy – was it 2 years ago or less, more than 2 years ago, up to 5 years ago, or more than 5 years ago?

> LESS THAN 2 YEARS AGO ...................................1
> MORE THAN 2 YEARS UP TO 5 YEARS AGO ..2
> MORE THAN 5 YEARS AGO................................2
> REFUSED ............................................................ -7
> DON'T KNOW ...................................................... -8

**QA09_D16**    Some women go on and off hormone replacement therapy.  Altogether, how long have you taken HRT?

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

# MODULE F – HEALTH BEHAVIORS (CANCER PREVENTION)

**QA09_F7**     The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.

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

| | | |
|---|---|---|
| YES............................................................1 | | |
| NO ............................................................2 | **[GO TO QA09_F10]** |
| UNABLE TO WALK.................................3 | **[GO TO QA09_F10]** |
| REFUSED ............................................. -7 | **[GO TO QA09_F10]** |
| DON'T KNOW ...................................... -8 | **[GO TO QA09_F10]** |

**QA09_F8**    In the past 7 days, how many times did you do that?

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

_____ TIMES PER WEEK

REFUSED ...............................................................-7 **[GO TO QA09_F10]**
DON'T KNOW .......................................................-8 **[GO TO QA09_F10]**

**QA09_F9**    {How long did that walk take? / On average, how long did those walks take?}

_____ MINUTES

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

**QA09_F10**    Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? {Please do not include walking for transportation.}

YES........................................................................1
NO .........................................................................2 **[GO TO QA09_F13]**
REFUSED ............................................................. -7 **[GO TO QA09_F13]**
DON'T KNOW ....................................................... -8 **[GO TO QA09_F13]**

**QA09_F11**    In the past 7 days, how many times did you do that?

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

_____ TIMES PER WEEK          **[IF 0, GO TO QA09_F13]**

REFUSED ...............................................................-7 **[GO TO QA09_F13]**
DON'T KNOW .......................................................-8 **[GO TO QA09_F13]**

**QA09_F12**    {How long did that walk take? / On average, how long did those walks take}?

_____ MINUTES

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

**QA09_F13**    Now, I am going to ask about various health behaviors.
Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

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

**QA09_F14**  Do you now smoke cigarettes every day, some days, or not at all?

> EVERY DAY ...........................................................1
> SOME DAYS .........................................................2  **[GO TO QA09_F16]**
> NOT AT ALL..........................................................3
> REFUSED ............................................................ -7  **[GO TO NEXT SECTION]**
> DON'T KNOW ..................................................... -8  **[GO TO NEXT SECTION]**

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**PROGRAMMING NOTE QA09_F13**
IF QA09_F14 = 1 DISPLAY "On the average" and "do" and "now";
IF QA09_F14 = 3 DISPLAY "Thinking back over the years you have smoked regularly, about" and "did" and "usually";

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**QA09_F15**  (On the average/Thinking back over the years you have smoked regularly, about) how many cigarettes (do/did) you (now/usually) smoke a day?

*[INTERVIEWER NOTE: IF R SAYS, A "PACK", CODE AS 20 CIGARETTES]*

> _____ NUMBER OF CIGARETTES.........................  **[GO TO QA09_F17]**

> REFUSED .............................................................. -7  **[GO TO QA09_F17]**
> DON'T KNOW ....................................................... -8  **[GO TO QA09_F17]**

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**PROGRAMMING NOTE QA09_F16**
IF QA09_F14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA09_F16;
ELSE CONTINUE WITH QA09_F17;

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**QA09_F16**  In the past 30 days, when you smoked, how many cigarettes did you smoke per day?

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

> _____ NUMBER OF CIGARETTES

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

**QA09_F17**  About how many years [have you/did you] smoke[d/] cigarettes regularly?

> _____ NUMBER OF YEARS

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

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**PROGRAMMING NOTE QA09_F27**
IF AGE ≥ 12, CONTINUE WITH QA09_F27;

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**QA09_F27**     During the past 12 months, how many times have you had a sunburn?

*[INTERVIEWER NOTE:IF NECESSARY SAY, "By 'sunburn' we mean even a small part of your skin turning red or hurting for 12 hours or more]*

_____NUMBER OF SUNBURNS

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

**A09_F29**     During the past 12 months, how many times have you used any of the following indoor tanning devices – a sunlamp, sunbed or tanning booth? Do NOT include times you have gotten a spray-on tan.

_____NUMBER OF TIMES

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

QA09_F40    During the past month, how often did {you/SP} drink regular soda or pop that contains sugar?  Do not include diet soda.  (You can tell me per day, per week or per month).

*[INTERVIEWER NOTE: IF NEEDED SAY, "Do not include canned or bottled juices or teas.  Your best guess is fine."]*

     _____TIMES
PER DAY ............................................................1
PER WEEK ..........................................................2
PER MONTH ........................................................3
REFUSED .......................................................... - 7
DON'T KNOW .................................................... - 8

QA09_F42    (During the past month), how often did you drink coffee or tea that had sugar or honey added to it?  Include coffee and tea you sweetened yourself and presweetened tea and coffee such as Arizona Iced Tea or Frappuccino.  Do not include artificially sweetened or diet coffee and diet tea.  (You can tell me per day, per week or per month.)

     _____TIMES
PER DAY ............................................................1
PER WEEK ..........................................................2
PER MONTH ........................................................3
REFUSED .......................................................... - 7
DON'T KNOW .................................................... - 8

QA09_F37    (During the past month), how often did you drink sweetened fruit drinks, sports or energy drinks, such as Kool-aid, lemonade, Hi-C, cranberry drink, Gatorade, and Red Bull, or vitamin water?  Include fruit juices you made at home and added sugar to.  Do not include diet drinks or artificially sweetened drinks.  (You can tell me per day, per week or per month.)

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

     _____TIMES

PER DAY ............................................................1
PER WEEK ..........................................................2
PER MONTH ........................................................3
REFUSED .......................................................... - 7
DON'T KNOW .................................................... - 8

QA09_F38    (During the past month), how often did {you/SP} eat cookies, cake, pie or brownies?  Do not include sugar-free kinds.  (You can tell me per day, per week or per month.)

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

     _____TIMES

```
               PER DAY ............................................................. 1
               PER WEEK .......................................................... 2
               PER MONTH ........................................................ 3
               REFUSED ......................................................... - 7
               DON'T KNOW ................................................ - 8
```

**QA09_F39**    (During the past month), how often did {you/SP} eat ice cream or other frozen desserts?  Do
                not include sugar-free kinds.  (You can tell me per day, per week or per month.)

                *[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."]*

```
               _____TIMES
               PER DAY .............................................................1
               PER WEEK ..........................................................2
               PER MONTH ........................................................3
               REFUSED ......................................................... - 7
               DON'T KNOW ................................................ - 8
```

**QA09_F41**    Now think about the <u>past week</u>.  In the past 7 days, how many times did you eat fast food?  Include
                fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.

                *[INTERVIEWER NOTE:  IF NEEDED SAY, "Such as food you get at McDonald's, KFC, Panda
                Express or Taco Bell."]*

```
               _____# OF TIMES IN PAST 7 DAYS
               REFUSED ............................................................ -7
               DON'T KNOW ...................................................... -8
```

## MODULE G – FAMILY HISTORY OF CANCER

**QA09_G1**   What about your family? By family we mean only your blood relatives. Did your biological father or mother, full brother or sisters, or biological sons or daughters ever have cancer of any kind?

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

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

**QA09_G2**   What kind of cancer or cancers were these?

[**CODE ALL THAT APPLY**]
[**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
```

**QA09_G3**     Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?

### [**CODE ALL THAT APPLY**]

Non-melanoma ....................................................1
Melanoma ...........................................................2
Unknown type......................................................3
REFUSED ........................................................ -7
DON'T KNOW ................................................. -8

**QA09_G4**     Was your mother ever diagnosed with breast cancer?

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

**QA09_G5**     Do you have any sisters who have ever been diagnosed with breast cancer?

YES.....................................................................1
NO .....................................................................2  **[GO TO PN QA09_G7]**
REFUSED ........................................................ -7  **[GO TO PN QA09_G7]**
DON'T KNOW ................................................. -8  **[GO TO PN QA09_G7]**

**QA09_G6**     How many?

_____ NUMBER OF SISTERS WITH BREAST CANCER

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

**QA09_G7**     Who was diagnosed with colon or rectal cancer?

### [**CODE ALL THAT APPLY**]

```
Mother ................................................................1
Father.................................................................2
Full brother ........................................................3
Full sister ..........................................................4
Biological son ....................................................5
Biological daughter.............................................6
REFUSED ....................................................... -7
DON'T KNOW ................................................ -8
```

**QA09_G8**     How many?

_____ NUMBER OF FAMILY MEMBER WITH COLON OR RECTAL CANCER

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

# MODULE I – VA TOPICS

**QA09_I1**    Did you ever serve on active duty in the Armed Forces of the United States?

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

**QA09_I2**    When did you serve?

       FROM _____ TO _____

       OR

       **[CHECK ALL THAT APPLY]**

       World War II (Sept 1940 to July 1947).............. 1
       Korean War (June 1950 to Jan 1955) ................ 2
       Vietnam War (Aug 1964 to April 1975)............ 3
       Gulf War/Operation
       Desert Storm (1990 to 1991) ............................ 4
       Afghanistan/Operation
       Enduring Freedom (2001 to present)................. 5
       Iraq War/Operation
       Iraqi Freedom (2003 to present) ........................ 6
       REFUSED .......................................................-7
       DON'T KNOW .................................................-8

**QA09_I3**    Are you eligible to receive care at Veterans Health Administration hospitals or clinics?

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

**QA09_I4**    Have you ever received care from a Veterans Health Administration hospital or clinic?

       YES.................................................................. 1
       NO ................................................................... 2 **[GO TO QA09_I7]**
       REFUSED .......................................................-7 **[GO TO QA09_I7]**
       DON'T KNOW .................................................-8 **[GO TO QA09_I7]**

**QA09_I5**    Is the Veterans Health Administration your main source for your health care needs?

       YES.................................................................. 1
       NO ................................................................... 2 **[GO TO QA09_I7]**
       REFUSED .......................................................-7 **[GO TO QA09_I7]**
       DON'T KNOW .................................................-8 **[GO TO QA09_I7]**

**QA09_I6**    In the past 2 years, have you also received health care from a non-Veterans Health Administration facility?

> YES ................................................................. 1  **[GO TO QA09_I8]**
> NO .................................................................. 2  **[GO TO NEXT SECTION]**
> REFUSED ...................................................... -7  **[GO TO NEXT SECTION]**
> DON'T KNOW ................................................ -8  **[GO TO NEXT SECTION]**

---

**PROGRAMMING NOTE QA09_I7:**
IF QA09_I4 = 2, DISPLAY "you have never used the Veterans Health Administration";
IF QA09_I5 = 2, DISPLAY "the Veterans Health Administration is not your main source of health care";

---

**QA09_I7**    What is the one main reason that {you have never used the Veterans Health Administration}/{the Veterans Health Administration is not your main source of health care}?

> Use other sources for health care ...................... 1
> Did not need any health care ............................ 2
> Not aware of VA benefits ................................. 3
> Not entitled or eligible for
> VA health care benefits .................................... 4
> VA care is inconvenient .................................... 5
> Other Specify_____ ............................. 6
> REFUSED ...................................................... -7
> DON'T KNOW ................................................ -8

---

**PROGRAMMING NOTE QA09_I8:**
ASK if QA09_I4 = 1 AND QA09_I6 = 1;
ELSE SKIP TO NEXT SECTION;

---

**QA09_I8**    Please tell me which one of the following statements best describes how you get your medical care:

> You get all your medical care through the VA .. 1
> You get most of your medical care through
> the VA, but sometimes get health care out-
> side the VA ...................................................... 2
> You only use the VA as a back-up ................... 3
> You use the VA for disability or
> specific services only ........................................ 4
> You no longer use the VA for medical care ...... 5
> Other Specify _____ ...................... 6
> REFUSED ...................................................... -7
> DON'T KNOW ................................................ -8

## MODULE J – DISCRIMINATION

**PROGRAMMING NOTE QA09_J1 INTRO:**
**IF CASE NOT SELECTED, SKIP TO NEXT SECTION;**

**QA09_J1 INTRO**

These next questions ask about situations where you were treated unfairly in your day-to-day life. You can skip any of these questions. The information you provide is confidential.

**PROGRAMMING NOTE QA09_J1:**
**ASK ITEMS QA09_J2 TO QA09_J8 IN RANDOM ORDER**

**QA09_J1**     In the past 12 months, how often have you been treated with less respect than other people?  Would you say…

Never ........................................................................................1
Rarely.......................................................................................2
Sometimes ................................................................................3
Often? ......................................................................................4
DON'T KNOW ......................................................................-7
REFUSED ...............................................................................-8

**QA09_J2**     In the past 12 months, how often have you been treated unfairly at restaurants or stores? Would you say…

Never ........................................................................................1
Rarely.......................................................................................2
Sometimes ................................................................................3
Often? ......................................................................................4
DON'T KNOW ......................................................................-7
REFUSED ...............................................................................-8

**QA09_J3**     In the past 12 months, how often have people criticized your accent or the way you speak? Would you say…

Never ........................................................................................1
Rarely.......................................................................................2
Sometimes ................................................................................3
Often? ......................................................................................4
DON'T KNOW ......................................................................-7
REFUSED ...............................................................................-8

**QA09_J4**    [In the past 12 months,]

…how often have people acted as if they think you are not smart?

**[IF NEEDED, READ "Would you say…" AND THE RESPONSES CATEGORIES:]**

NEVER ....................................................................................... 1
RARELY ...................................................................................... 2
SOMETIMES ............................................................................... 3
OFTEN ........................................................................................ 4
DON'T KNOW ............................................................................ -7
REFUSED .................................................................................... -8

**QA09_J5**    [In the past 12 months,]

…how often have people acted as if they are afraid of you?

**[IF NEEDED, READ "Would you say…" AND THE RESPONSES CATEGORIES:]**

NEVER ....................................................................................... 1
RARELY ...................................................................................... 2
SOMETIMES ............................................................................... 3
OFTEN ........................................................................................ 4
DON'T KNOW ............................................................................ -7
REFUSED .................................................................................... -8

**QA09_J6**    [In the past 12 months,]

…how often have people acted as if they think you are dishonest?

**[IF NEEDED, READ "Would you say…" AND THE RESPONSES CATEGORIES:]**

NEVER ....................................................................................... 1
RARELY ...................................................................................... 2
SOMETIMES ............................................................................... 3
OFTEN ........................................................................................ 4
DON'T KNOW ............................................................................ -7
REFUSED .................................................................................... -8

**QA09_J7**    [In the past 12 months,]

…how often have people acted as if they're better than you are?

**[IF NEEDED, READ "Would you say…" AND THE RESPONSES CATEGORIES:]**

NEVER ....................................................................................... 1
RARELY ...................................................................................... 2
SOMETIMES ............................................................................... 3
OFTEN ........................................................................................ 4
DON'T KNOW ............................................................................ -7
REFUSED .................................................................................... -8

**QA09_J8**     [In the past 12 months,]

…how often have you been threatened or harassed?

**[IF NEEDED, READ "Would you say…" AND THE RESPONSES CATEGORIES:]**

NEVER ...................................................................................1
RARELY ................................................................................2
SOMETIMES .........................................................................3
OFTEN ..................................................................................4
DON'T KNOW .....................................................................-7
REFUSED .............................................................................-8

---

**PROGRAMMING NOTE QA09_J9A:**
**IF ALL RESPONSES TO QA09_J1 - QA09_J8 =1 (NEVER), THEN SKIP TO PN QA09_J11;**
**ELSE CONTINUE WITH QA09_ J9A;**

---

**QA09_J9A**  Now, I'm going to ask you why you may have been treated unfairly.

|  | YES | NO | REF | DK |
|---|---|---|---|---|
| 1. In the past 12 months, were you treated unfairly because of your ancestry or national origin? | [ ] | [ ] | [ ] | [ ] |
| 2. In the past 12 months, were you treated unfairly because of your gender or sex? | [ ] | [ ] | [ ] | [ ] |
| 3. [In the past 12 months, were you treated unfairly] ..Because of your race or skin color? | [ ] | [ ] | [ ] | [ ] |
| 4. [In the past 12 months, were you treated unfairly] ..Because of your age? | [ ] | [ ] | [ ] | [ ] |
| 5. [In the past 12 months, were you treated unfairly] ..Because of the way you speak English? | [ ] | [ ] | [ ] | [ ] |
| 6. [In the past 12 months, were you treated unfairly] ...Because of some other reason? | [ ] | [ ] | [ ] | [ ] |

---

**PROGRAMMING NOTE QA09_J9A_OV:**
**IF QA09_J9A = 1 (YES TO SOME OTHER REASON), THEN CONTINUE;**
**ELSE GO TO PN QA09_ J9B;**

---

**QA09_J9A_OV**

**[If YES TO "some other reason", ASK:]**

What was that reason?

OTHER (SPECIFY) _____

**QA09_J9B**

Which of these do you think is the main reason why you were treated unfairly? Was it because of...

**[IF NEEDED, "In the past 12 months…"]**

{Your ancestry or national origin} ............................................1
{{or because of} Your gender or sex} .......................................2
{{or because of } Your race or skin color} ...............................3
{{or because of } Your age} .......................................................4
{{or because of } The way you speak English} .........................5
{or because of } Some other reason (Specified): {_____} 6
DON'T KNOW .......................................................................-7
REFUSED ...............................................................................-8

**QA09_J10**  In the past 12 months, how stressful have these experiences of unfair treatment usually been for you?  Would you say...

Not at all stressful ....................................................................1
A little stressful.........................................................................2
Somewhat stressful ...................................................................3
Extremely stressful ...................................................................4
DON'T KNOW .......................................................................-7
REFUSED ...............................................................................-8

**QA09_J11**  Now, think about your entire lifetime.

Over your entire lifetime, how often have you been treated unfairly at school?  Would you say…

Never ..........................................................................................1
Rarely.........................................................................................2
Sometimes .................................................................................3
Often ..........................................................................................4
DON'T KNOW .......................................................................-7
REFUSED ...............................................................................-8

**QA09_J12**  Over your entire lifetime, how often have you been treated unfairly at work? Would you say…

Never ..........................................................................................1
Rarely.........................................................................................2
Sometimes .................................................................................3
Often ..........................................................................................4
DON'T KNOW .......................................................................-7
REFUSED ...............................................................................-8

**QA09_J13**    [Over your entire lifetime,]

…how often have you been treated unfairly when getting medical care?

**[IF NEEDED, READ "Would you say…" AND THE RESPONSES CATEGORIES:]**

NEVER ........................................................................................ 1
RARELY ..................................................................................... 2
SOMETIMES .............................................................................. 3
OFTEN ....................................................................................... 4
DON'T KNOW ........................................................................... -7
REFUSED ................................................................................... -8

**QA09_J14**    [Over your entire lifetime,]

…how often would you say you have been treated unfairly or been discriminated against by the police and the courts?

**[IF NEEDED, READ "Would you say…" AND THE RESPONSES CATEGORIES:]**

NEVER ........................................................................................ 1
RARELY ..................................................................................... 2
SOMETIMES .............................................................................. 3
OFTEN ....................................................................................... 4
DON'T KNOW ........................................................................... -7
REFUSED ................................................................................... -8

**QA09_J15**    [Over your entire lifetime,]

…how often would you say you have been treated unfairly or been discriminated against in other situations?

**[IF NEEDED, READ "Would you say…" AND THE RESPONSES CATEGORIES:]**

NEVER ........................................................................................ 1
RARELY ..................................................................................... 2
SOMETIMES .............................................................................. 3
OFTEN ....................................................................................... 4
DON'T KNOW ........................................................................... -7
REFUSED ................................................................................... -8

---

**PROGRAMMING NOTE QA09_J15_OV:**
**IF QA09_J15 = 3 OR 4 (SOMETIMES OR OFTEN), THEN CONTINUE WITH QA09_J15_OV;**
**ELSE GO TO QA09_ J16A;**

---

**QA09_J15_OV** And where did that happen?

OTHER (SPECIFY): _____

**QA09_ J16A**    Now, I'm going to ask you why you may have been treated unfairly.

| | YES | NO | REF | DK |
|---|---|---|---|---|
| 1. Over your entire lifetime, were you treated unfairly because of your ancestry or national origin | [ ] | [ ] | [ ] | [ ] |
| 2. Over your entire lifetime, were you treated unfairly because of your gender or sex | [ ] | [ ] | [ ] | [ ] |
| 3. [Over your entire lifetime, were you treated unfairly] …Because of your race or skin color | [ ] | [ ] | [ ] | [ ] |
| 4. [Over your entire lifetime, were you treated unfairly] …Because of your age | [ ] | [ ] | [ ] | [ ] |
| 5. [Over your entire lifetime, were you treated unfairly] …Because of the way you speak English | [ ] | [ ] | [ ] | [ ] |
| 6. [Over your entire lifetime, were you treated unfairly] …Because of some other reason | [ ] | [ ] | [ ] | [ ] |

**QA09_J16A_OV**

What was that reason?

OTHER (SPECIFY) _____

QA09_J16B    Which of these do you think is the main reason why you were treated unfairly, over your entire
lifetime? Was it because of...

**[IF NEEDED, "Over your entire lifetime…"]**

{Your ancestry or national origin} ............................................. 1
{{or because of} Your gender or sex} ....................................... 2
{{or because of} Your race or skin color} ................................. 3
{{or because of} Your age} ........................................................ 4
{{or because of} The way you speak English} .......................... 5
{or because of} OTHER REASON (Specified): {_____}  6
DON'T KNOW ........................................................................ -7
REFUSED ................................................................................ -8

QA09_J17    Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for
you?  Would you say…

Not at all stressful, .................................................................. 1
A little stressful, ...................................................................... 2
Somewhat stressful, or ............................................................. 3
Extremely stressful .................................................................. 4
DON'T KNOW ........................................................................ -7
REFUSED ................................................................................ -8

**QA09_JINTRO2**

The next questions ask about how you have usually responded when you were treated unfairly over
your entire lifetime.

QA09_J18    Did you work harder to prove them wrong?

**[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you
were treated unfairly?"]**

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

**QA09_J19**    Did you get angry or get into an argument or physical fight?

[**IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you were treated unfairly?"**]

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

**QA09_J20**    Did you talk to someone about how you were feeling?

[**IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you were treated unfairly?"**]

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

**QA09_J21**    Did you pray or meditate about the situation?

[**IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you were treated unfairly?"**]

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

**QA09_J22**    Did you take drastic steps, such as filling a grievance or a lawsuit, quitting your job, moving away?

[**IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you were treated unfairly?"**]

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

**QA09_J23**    Did you accept it as a fact of life?

[**IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you were treated unfairly?"**]

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

**QA09_J24**    Did you do something else about it?

[IF NEEDED, SAY: "Over your entire lifetime, have you usually reacted that way when you were treated unfairly?"]

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

PROGRAMMING NOTE QA09_J24_OV;
IF QA09_J24 = 1 (YES), THEN CONTINUE WITH QA09_J24_OV;
ELSE SKIP TO PN QA09_J25INTRO;

**QA09_J4_OV**

And what was that?:_____

**QA09_J25INTRO**

Finally, I would like to ask about your background—that is, your race or ethnicity—to find out how you think of yourself.

PROGRAMMING NOTE QA09_J25:

IF QA09_K6 = 1 (LATINO/HISPANIC) AND [QA09_K8 = 1 (WHITE), 91 (OTHER) -7/-8 (REF/DK)]
    IF QA09_K5 = 1 OR -7 (MALE OR REFUSED), DISPLAY "Latino";
    IF QA09_K5 = 2 (FEMALE), DISPLAY "Latina";

IF QA09_K6 = 1 (LATINO/HISPANIC) AND [QA09_K8 =2 (BLACK/AFRICAN AMERICAN), 3 (ASIAN), 4 (OTHER PACIFIC ISLANDER), OR 6 (NATIVE HAWAIIN)], DISPLAY "Multiracial"

ELSE IF QA09_K6 = 1 (LATINO/HISPANIC) AND QA09_K8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), DISPLAY "American Indian";

IF QA09_K6 = 2 (NOT LATINO/HISPANIC),
    AND IF QA09_K8 = 1 (WHITE), DISPLAY "White";
    AND IF QA09_K8 = 2 (BLACK/AFRICAN AMERICAN, DISPLAY "African American";
    AND IF QA09_K8 = 3 (ASIAN), DISPLAY "Asian";
    AND IF QA09_K8 = 4 (AMER INDIAN/ALASKA NATIVE), DISPLAY "American Indian";
    AND IF QA09_K8 = 5 (OTHER PACIFIC ISLANDER), DISPLAY "Pacific Islander";
    AND IF QA09_K8 = 6 (NATIVE HAWAIIAN), DISPLAY "Native Hawaiian";
    AND IF QA09_K8 IS MORE THAN ONE RACE (EXCLUDING NATIVE AMERICAN), DISPLAY "Multiracial"

**QA09_J25**    Do you think of yourself as {FILL FROM PREVIOUS RACE/ETHNICITY ITEMS}, or is there some other term that you think better describes you?

WHITE ......................................................................................1
LATINO ...................................................................................2
HISPANIC................................................................................3
BLACK.....................................................................................4
AFRICAN AMERICAN .........................................................5
AMERICAN INDIAN..............................................................6
ASIAN ......................................................................................7
NATIVE HAWAIIAN...............................................................8
PACIFIC ISLANDER ..............................................................9
MULTIRACIAL.................................................................. 10
OTHER (SPECIFY):_____ ........................... 91

---

**PROGRAMMING NOTE DMRESRC1:**
**IF AT LEAST ONE RESPONSE TO QA09_J1-QA09_J8 OR QA09_J11 – QA09_J15 ≠ 1 (NEVER),**
**CONTINUE WITH DMRESRC1;**
**ELSE SKIP TO NEXT SECTION;**

---

**DMRESRC1**    **[IF THE RESPONDENT IS UPSET ABOUT DISCUSSION OF DISCRIMINATION, THEN ASK:]**

We have a toll-free hotline if you'd like to talk to someone about your experiences of unfair treatment. Would you like the toll-free number?

**[IF YES:  800-784-2433]**

**[IF RESPONDENT ASKS ABOUT REPORTING DISCRIMINATION:]**

We have a toll-free number you can call to learn more about reporting acts of discrimination.

**[IF YES:  866-442-2529]**

## MODULE K – DEMOGRAPHICS, PART I

**QA09_K1**      What is your date of birth?

        MONTH _____

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

        DAY _____     YEAR _____

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

---

**PROGRAMMING NOTE FOR QA09_K2:**
IF QA09_K1 = -7 OR –8 THEN CONTINUE WITH QA09_K2;
ELSE GO TO QA09_K5

---

**QA09_K2**      What month and year were you born?

        MONTH _____

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

        YEAR _____

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

---

**PROGRAMMING NOTE FOR QA09_K3:**
IF QA09_K2 = -7 OR -8 THEN CONTINUE WITH QA09_K3;
ELSE GO TO QA09_K5

---

**QA09_K3**      What is your age, please?

        _____YEARS OF AGE

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

**QA09_K4**    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?

            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

**QA09_K5**    Are you male or female?

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

**QA09_K6**    Are you Latino or Hispanic?

            YES........................................................................1
            NO .......................................................................2
            REFUSED ........................................................... -7    **[GO TO QA09_K8]**
            DON'T KNOW ...................................................... -8

**QA09_K7**     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.
*[INTERVIEWER NOTE: CODE ALL THAT APPLY. IF NECESSARY, GIVE MORE EXAMPLES.]*

              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 FOR QA09_K8:**
IF QA09_K6 = 1 (YES, LATINO/HISPANIC), DISPLAY "You said you are Latino or Hispanic. Also…"

---

**QA09_K8**     {You said you are Latino or Hispanic. Also} please tell me which one <u>or more</u> 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?

              *[INTERVIEWER NOTE: IF R GIVES ANOTHER RESPONSE, SPECIFY. 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

**PROGRAMMING NOTE FOR QA09_K9:**
IF QA09_K8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA09_K9;
ELSE GO TO PROGRAMMING NOTE QA09_K12;

**QA09_K9**     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.

*[INTERVIEWER NOTE: CODE ALL THAT APPLY]*

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

**QA09_K10**     Are you an enrolled member in a federally or state recognized tribe?

> YES..............................................................1
> NO ...............................................................2     **[GO TO QA09_K12]**
> REFUSED .....................................................-7     **[GO TO QA09_K12]**
> DON'T KNOW ...............................................-8     **[GO TO QA09_K12]**

**QA09_K11**     Which tribe are you enrolled in?

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

PROGRAMMING NOTE FOR QA09_K12:
IF QA09_K8= 3 (ASIAN) CONTINUE WITH QA09_K12;
ELSE GO TO PROGRAMMING NOTE QA09_K13;

**QA09_K12**   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.

*[INTERVIEWER NOTE: 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 FOR QA09_K13:
IF QA09_K8= 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA09_K13;
ELSE GO TO PROGRAMMING NOTE QA09_K15;

**QA09_K13**   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.

*[INTERVIEWER NOTE: 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 FOR QA09_K14:
IF QA09_K6 = 1 (LATINO) AND [QA09_K8 = 6 (NATIVE HAWAIIAN) OR QA09_K8= 5 (OTHER PACIFIC ISLANDER) OR QA09_K8= 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA09_K8= 3 (ASIAN) OR QA09_K8= 2 (BLACK/AFRICAN AMERICAN) OR QA09_K8= 1 (WHITE) OR QA09_K8 = 91 (OTHER)], CONTINUE WITH QA09_K14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA09_K8, QA09_K12, OR QA09_K13 (NOT COUNTING -7 OR -8) CONTINUE WITH QA09_K14;
ELSE SKIP TO QA09_K15;

**QA09_K14**    You said that you are:  [INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1].

Do you identify with any one race in particular?

YES................................................................1
NO ...............................................................2    **[GO TO QA09_K16]**
REFUSED ...............................................-7    **[GO TO QA09_K16]**
DON'T KNOW .........................................- 8    **[GO TO QA09_K16]**

PROGRAMMING NOTE FOR QA09_K15: IF QA09_K6 = 1 (YES, LATINO) AND QA09_K7 ≠ -7 or -8, DO
NOT DISPLAY QA09_K15 = 14 (LATINO); IF QA09_K8 = 1 (YES, OTHER PACIFIC ISLANDER) AND
QA09_K12 = 1 to 5, DO NOT DISPLAY QA09_K15 = 17 (OTHER PACIFIC ISLANDER);
IF QA09_K8 = 3 AND QA09_K12 = 1 to 18ANY OF AA5E1 THROUGH AA5E18 = 1, DO NOT DISPLAY
QA09_K15 = 19 (ASIAN);

**QA09_K15**    Which do you <u>most</u> identify with?

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

MEXICAN/MEXICANO ........................................................1
MEXICAN AMERICAN..................................................2
CHICANO ...........................................................................3
SALVADORAN...................................................................4
GUATEMALAN ................................................................5
COSTA RICAN..................................................................6
HONDURAN .....................................................................7
NICARAGUAN...................................................................8
PANAMANIAN ................................................................9
PUERTO RICAN .............................................................10
CUBAN .............................................................................11
SPANISH-AMERICAN (FROM SPAIN) ................................12
LATINO, OTHER SPECIFY ................................................13
LATINO ............................................................................14
NATIVE HAWAIIAN.........................................................16
OTHER PACIFIC ISLANDER .............................................17
AMERICAN INDIAN OR ALASKA NATIVE.......................18
ASIAN ...............................................................................19
BLACK OR AFRICAN AMERICAN.....................................20
WHITE ..............................................................................21
RACE, OTHER SPECIFY....................................................22
BANGLADESHI................................................................30
BURMESE .........................................................................31
CAMBODIAN....................................................................32
CHINESE ..........................................................................33
FILIPINO...........................................................................34
HMONG ............................................................................35
INDIAN (INDIA) ...............................................................36
INDONESIAN....................................................................37
JAPANESE.........................................................................38
KOREAN............................................................................39
LAOTIAN..........................................................................40
MALAYSIAN ....................................................................41
PAKISTANI ......................................................................42
SRI LANKAN ...................................................................43
TAIWANESE .....................................................................44
THAI..................................................................................45
VIETNAMESE ..................................................................46
ASIAN, OTHER SPECIFY ..................................................49
SAMOAN/AMERICAN SAMOAN.......................................50
GUAMANIAN ...................................................................51
TONGAN ...........................................................................52
FIJIAN...............................................................................53
PACIFIC ISLANDER, OTHER SPECIFY .............................55
BOTH/ALL/MULTIRACIAL ...............................................90
NONE OF THESE..............................................................95
REFUSED ..........................................................................-7
DON'T KNOW ....................................................................-8

**QA09_K16**    Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

*[INTERVIEWER NOTE: 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

## MODULE L – DEMOGRAPHICS, PART II

**QA09_L1**     Now a few more questions about you.

In what country were you born?

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

```
PROGRAMMING NOTE QA07_G2;
IF QA07_G1 NE 1 (NOT BORN IN US), GO TO QA07_G4;
ELSE IF QA07_G1 = 1, -7, -8 (BORN IN US, DON'T KNOW, REFUSED) CONTINUE WITH QA07_G2;
```

**QA09_L2**     In what country was your mother born?

*[INTERVIEWER NOTE: 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 |

**QA09_L3**     In what country was your father born?

*[INTERVIEWER NOTE: 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

**QA09_L4**     What languages do you speak at home?

*[INTERVIEWER NOTE: CODE ALL THAT APPLY. ALSO PROBE, "Any others?"]*
ENGLISH ..............................................................1
SPANISH...............................................................2
CANTONESE ........................................................3
VIETNAMESE.......................................................4
TAGALOG.............................................................5
MANDARIN ..........................................................6
KOREAN...............................................................7
ASIAN INDIAN LANGUAGES ............................8
RUSSIAN ..............................................................9
OTHER 1 (SPECIFY): _____ .................91
OTHER 2 (SPECIFY) :_____ .................92
REFUSED .......................................................... -7
DON'T KNOW .................................................... -8

**QA09_L5A**    What language do you speak with your friends?

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

**QA09_L5B**    In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen or
read?
> ONLY ENGLISH ...................................................1
> BOTH ENGLISH AND OTHER LANGUAGE(S) .2
> ONLY OTHER LANGUAGE(S).............................3
> REFUSED ............................................................ -7
> DON'T KNOW ..................................................... -8

**QA09_L6**    {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 …

> Very well .................................................................1
> Well .........................................................................2
> Not well ...................................................................3
> Not at all .................................................................4
> REFUSED ............................................................ -7
> DON'T KNOW ..................................................... -8

**QA09_L7**     The next questions are about citizenship and immigration.

Are you a citizen of the United States?

YES.........................................................................1     **[GO TO QA09_L9]**
NO ...........................................................................2
APPLICATION PENDING.....................................3
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8

**QA09_L8**     Are you a permanent resident with a green card? Your answers are confidential and will not be
reported to Immigration Services.

*[INTERVIEWER NOTE: 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

**QA09_L9**     About how many years have you lived in the United States?

*[INTERVIEWER NOTE: 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

**QA09_L11**     Is your spouse also living in your household?

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

**QA09_L12**    May I have your {spouse/partner}'s first name and age?

*[INTERVIEWER NOTE: ENTER SPOUSE'S/PARTNER'S NAME, AGE, AND SEX]*

SPOUSE/PARTNER NAME _____

SPOUSE/PARTNER AGE _____

SPOUSE/PARTNER SEX _____

---

**PROGRAMMING NOTE QA09_L13:**
IF AAGE<30 OR QA09_K4 = 1 (AGE 18-29) AND QA09_K16 = 1 (MARRIED) AND QA09_L11 =1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA09_L13;
IF AAGE<30 OR QA09_K4 =1 (AGE 18-29) AND QA09_K16 =2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA09_L13;
IF AAGE<30 OR QA09_K4 =1 (AGE 18-29) AND QA09_K16 = 3, 4, 5, 6, OR –7, -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA09_L13;
ELSE GO TO QA09_L14;

---

**QA09_L13**    Are you now living with either of your parents?

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

---

**PROGRAMMING NOTE QA09_L14;**
IF COMPLETED CHILD 1ST INTERVIEW, SKIP TO QA09_L15;
ELSE CONTINUE WITH QA09_L14;

---

**QA09_L14**    Are there any children under the age of 18 living in the household, including babies?

YES...........................................................................1
NO .........................................................................2    **[GO TO QA09_L21]**
REFUSED ............................................................. -7    **[GO TO QA09_L21]**
DON'T KNOW ....................................................... -8    **[GO TO QA09_L21]**

**QA09_L15**    Please tell me only the first names and ages of all the children under 18, including babies, who normally live in your household.

*[INTERVIEWER NOTE: PROBE,"Is there anyone else?" ALSO, ENTER AGE OF 0 (ZERO), IF LESS THAN 1 YEAR OLD]*

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

**QA09_L16**     Is (CHILD) …

        0 To 11 years old ......................................................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]**

**QA09_L17**     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?

        NO ONE MISSED -- ROSTER IS CORRECT........1
        RETURN TO ROSTER............................................2   **[BACK TO QA09_L15]**

---

**PROGRAMMING NOTE QA09_L18:** IF ANY PEOPLE IN HH UNDER 18, ASK ABOUT EACH PERSON < 18;

---

**QA09_L18**     Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?

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

---

**PROGRAMMING NOTE QA09_L18A:**
IF ANY PEOPLE IN HH UNDER AGE 18 AND [AH44=1 OR AH43=2], ASK QA09_L18A ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18; ELSE SKIP TO QA09_L19;

---

**QA09_L18A**   Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX}?

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

**QA09_L19**    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?

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

YES.............................................................1
NO ..............................................................2      **[GO TO QA09_L21]**
REFUSED ................................................. -7     **[GO TO QA09_L21]**
DON'T KNOW ......................................... -8      **[GO TO QA09_L21]**

**QA09_L20**    In the past month, how much did you pay for all child care arrangements and programs?

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

$_____ AMOUNT LAST MONTH
$_____ AMOUNT IN TYPICAL WEEK

NO PAYMENT IN LAST MONTH OR WEEK .....3
REFUSED ............................................................ -7
DON'T KNOW ......................................................... -8

**QA09_L21**    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
  7TH GRADE....................................................................7
  8TH GRADE....................................................................8
**HIGH SCHOOL OR EQUIVALENT**
  9TH GRADE....................................................................9
  10TH GRADE................................................................10
  11TH GRADE................................................................11
  12TH GRAD ................................................................12
**4-YEAR COLLEGE OR UNIVERSITY**
  1ST YEAR (FRESHMAN)..............................................13
  2ND YEAR (SOPHOMORE).........................................14
  3RD YEAR (JUNIOR)....................................................15
  4TH YEAR (SENIOR) (BA/BS) ...................................16
  5TH YEAR....................................................................17
**GRADUATE OR PROFESSIONAL SCHOOL**
  1ST YEAR GRAD OR PROF SCHOOL........................18
  2ND YEAR GRAD OR PROF SCHOOL (MA/MS)......19
  3RD YEAR GRAD OR PROF SCHOOL.......................20
  MORE THAN 3 YEARS GRAD OR
  PROF SCHOOL (PhD) .................................................21
**2-YEAR JUNIOR OR COMMUNITY COLLEGE**
  1ST YEAR ....................................................................22
  2ND YEAR (AA/AS)....................................................23
**VOCATIONAL, BUSINESS, OR TRADE SCHOOL**
  1ST YEAR ....................................................................24
  2ND YEAR ...................................................................25
  MORE THAN 2 YEARS ...............................................26
  REFUSED ....................................................................-7
  DON'T KNOW (OUT OF RANGE) ..............................-8

**QA09_L22**    Which of the following were you doing last week?

Working at a job or business .....................................1    **[GO TO QA09_L26]**
With a job or business but not at work ....................2
Looking for work.......................................................3
Not working at a job or business .............................4
REFUSED ............................................................. -7    **[GO TO QA09_L26]**
DON'T KNOW ...................................................... -8    **[GO TO QA09_L26]**

**QA09_L23**    What is the main reason you did not work last week?

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

TAKING CARE OF HOUSE OR FAMILY ............1
ON PLANNED VACATION ..................................2
COULDN'T FIND A JOB .....................................3
GOING TO SCHOOL/STUDENT..........................4
RETIRED ..............................................................5    **[GO TO QA09_L25]**
DISABLED ............................................................6    **[GO TO QA09_L25]**
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

**QA09_L24**    Do you usually work?

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

---

**PROGRAMMING NOTE QA09_L25;**
IF AAGE = -7 OR –8 OR AAGE < 65 AND QA09_L24 = 2 (NO) CONTINUE WITH QA09_L25;
IF AAGE = -7 OR -8 OR AAGE<65 AND QA09_L23 = 5 (RETIRED) or 6 (DISABLED) CONTINUE
WITH QA09_L25;
ELSE GO TO PROGRAMMING NOTE QA09_L27;

---

**QA09_L25**    Are you receiving Social Security Disability Insurance or SSDI?

YES....................................................................1    **[GO TO QA09_L27]**
NO ......................................................................2    **[GO TO QA09_L27]**
REFUSED ........................................................... -7    **[GO TO QA09_L27]**
DON'T KNOW ..................................................... -8    **[GO TO QA09_L27]**

PROGRAMMING NOTE QA09_L26:
ELSE IF QA09_L22 = 1, 2, -7, -8 OR QA09_L24 = 1, CONTINUE WITH QA09_L26;
ELSE GO TO PROGRAMMING NOTE QA09_L27;

**QA09_L26**    On your <u>main</u> job, are you employed by a private company, the government, <u>or</u> are you self-employed, <u>or</u> are you working without pay in a family business or farm?

*[INTERVIEWER NOTE: IF NEEDED SAY, "Where did you work <u>most</u> hours?"]*

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

PROGRAMMING NOTE QA09_L27;
**IF QA09_ K16 = 1 (MARRIED), CONTINUE WITH QA09_L27;**
ELSE GO TO NEXT SECTION;

**QA09_L27**    Which of the following was your spouse doing last week?

Working at a job or business ....................................1    **[GO TO QA09_L29]**
With a job or business but not at work ....................2    **[GO TO QA09_L29]**
Looking for work.......................................................3
Not working at a job/business.................................4
REFUSED ............................................................. -7
DON'T KNOW ..................................................... -8

**QA09_L28**    Does your spouse usually work?

YES.........................................................................1
NO ........................................................................ 2    **[NEXT SECTION]**
LOOKING FOR WORK ...................................... 3    **[NEXT SECTION]**
REFUSED .............................................................-7    **[NEXT SECTION]**
DON'T KNOW .....................................................-8    **[NEXT SECTION]**

**QA09_L29**    On your spouse's <u>main</u> job, is he/she employed by a private company, the government, <u>or</u> is he/she self-employed, <u>or</u> is he/she working without pay in a family business or farm?
*[INTERVIEWER NOTE: IF NEEDED SAY, "Where did he/she work <u>most</u> hours?"]*

PRIVATE COMPANY,
NON-PROFIT ORGANIZATION, FOUNDATION1
GOVERNMENT ......................................................2
SELF-EMPLOYED .................................................3
FAMILY BUSINESS OR FARM ............................4
REFUSED ............................................................. -7
DON'T KNOW ..................................................... -8

## MODULE M – EMPLOYMENT, INCOME AND POVERTY

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**PROGRAMMING NOTE QA09_M1:**
IF QA09_L22 = 1 (WORKING AT JOB OR BUSINESS) OR QA09_L24 = 1 (R USUALLY WORKS)
CONTINUE WITH QA09_M1;
ELSE GO TO PROGRAMMING NOTE QA09_M5;

---

**QA09_M1**     This is about the work you do.

How many hours per week do you <u>usually</u> work at <u>all</u> jobs or businesses?

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

_____ HOURS

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

**QA09_M2**     How long have you worked at your <u>main</u> job?

*[INTERVIEWER NOTE: IF NEEDED SAY, "That is, for your <u>current</u> employer?"]*
_____ AMOUNT OF TIME

_____ MONTHS  .....................................1
_____ YEARS   .....................................2

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

---

**PROGRAMMING NOTE QA09_M3:**
IF QA09_L26 = 2 (GOVERNMENT EMPLOYEE), CODE QA09_M3 = 5 AND GO TO QA09_M4;
IF QA09_L26 = 3 (SELF-EMPLOYED), CONTINUE WITH QA09_M3 AND DISPLAY "Including yourself, about"; ELSE CONTINUE WITH QA09_M3 AND DISPLAY "About";

---

**QA09_M3**     {Including yourself, about / About} how many people are employed by {your employer/you} at all locations?

*[INTERVIEWER NOTE: 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

QA09_M4     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?

*[INTERVIEWER NOTE: IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]*

$_____ AMOUNT

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

QA09_M5     How many hours per week do your {husband/wife/spouse} usually work at all jobs or businesses?

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

_____ HOURS

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

QA09_M6     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?

*[INTERVIEWER NOTE: IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]*

$_____ AMOUNT

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

**QA09_M7**    What is your best estimate of your <u>household's total annual</u> income from all sources <u>before taxes</u> in 2006?

*[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    **[GO TO QA09_M9]**
DON'T KNOW ..................................................... -8    **[GO TO QA09_M9]**

**QA09_M8**    I have entered that your annual household income is (AMOUNT). Is that correct?

YES.............................................................1    **[GO TO QA09_M15]**
NO ..............................................................2    **[GO BACK TO QA09_M7]**
REFUSED ........................................................ -7    **[GO TO QA09_M15]**
DON'T KNOW ..................................................... -8    **[GO TO QA09_M15]**

---

**PROGAMMING NOTE QA09_M15:**
IF QA09_M7 = -7 or -8 CONTINUE WITH QA09_M9;
ELSE GO TO PROGRAMMING NOTE QA09_M15;

---

**QA09_M9**    We don't need to know exactly, but could you tell me if your <u>household's annual</u> income from all sources <u>before taxes</u> is more than $20,000 per year or is it less?

MORE.............................................................1    **[GO TO QA09_M11]**
EQUAL TO $20K OR LESS.....................................2
REFUSED ........................................................ -7    **[GO TO QA09_M15]**
DON'T KNOW ..................................................... -8    **[GO TO QA09_M15]**

**QA09_M10**    Is it …

$5,000 or less, or.............................................1    **[GO TO QA09_M15]**
$5,001 to $10,000, or........................................2    **[GO TO QA09_M15]**
$10,001 to $15,000, or......................................3    **[GO TO QA09_M15]**
$15,001 to 20,000? ..........................................4    **[GO TO QA09_M15]**
REFUSED ........................................................ -7    **[GO TO QA09_M15]**
DON'T KNOW ..................................................... -8    **[GO TO QA09_M15]**

**QA09_M11**    Is it more or less than $70,000 per year?

MORE.............................................................1    **[GO TO QA09_M13]**
EQUAL TO $70K OR LESS.....................................2
REFUSED ........................................................ -7    **[GO TO QA09_M15]**
DON'T KNOW ..................................................... -8    **[GO TO QA09_M15]**

**QA09_M12**  Is it …

$20,001 to $30,000, ...................................................1    **[GO TO QA09_M15]**
$30,001 to $40,000, ...................................................2    **[GO TO QA09_M15]**
$40,001 to $50,000, ...................................................3    **[GO TO QA09_M15]**
$50,001 to $60,000, or.................................................4    **[GO TO QA09_M15]**
$60,001 to $70,000? ....................................................5    **[GO TO QA09_M15]**
REFUSED ....................................................... -7    **[GO TO QA09_M15]**
DON'T KNOW ...................................................... -8    **[GO TO QA09_M15]**

**QA09_M13**  Is it more or less than $135,000 per year?

MORE...........................................................1    **[GO TO QA09_M15]**
EQUAL TO $135K OR LESS..................................2
REFUSED ............................................................. -7    **[GO TO QA09_M15]**
DON'T KNOW ...................................................... -8    **[GO TO QA09_M15]**

**QA09_M14**  Is it …

$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 QA09_M15:**
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA09_M17;
ELSE CONTINUE WITH QA09 N5;

---

**QA09_M15**  Including yourself, how many people living in your household are supported by your total household income?

\_\_\_\_\_ NUMBER OF PEOPLE

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

**PROGRAMMING NOTE QA09_M16:**
QA09_M16 <u>MUST BE LESS</u> THAN QA09_M15
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) = QA09_M16;GO TO PROGRAMMING NOTE QA09_M17;
ELSE CONTINUE WITH QA09_M16;

**QA09_M16**     How many of these {INSERT NUMBER FROM  QA09_M15} people are children under the age
of 18?

_____ NUMBER OF CHILDREN (UNDER AGE 18)

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

**PROGRAMMING NOTE QA09_M17:**

OBTAIN THE FEDERAL POVERTY 100%, 130% 200%, AND 300% LEVEL CUTOFF POINTS FROM THE
2006 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF
CHILDREN FROM QA09_M15 AND QA09_M16 RESPECTIVELY.

(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2006
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 "Poverty Level 2006" DOCUMENT 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 QA09_M15 OR QA09_M16 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 QA09_L15 OF THE ADULT INTERVIEW (GIVEN BY CATI
VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS...
1)  AT OR BELOW 100% FPL
2)  ABOVE 100% FPL BUT AT OR BELOW 200% FPL
3)  ABOVE 200% FPL BUT AT OR BELOW 300% FPL
4)  ABOVE 300% FPL
5)  UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA09_M7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A
RESPONSE FROM QA09_M10, QA09_M12, OR QA09_M14 OR QA09_M9 = -7 OR QA09_M11 = -7 OR
QA09_M13 = -7, ASK QA09_M17 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA09_M20

**QA09_M17**   I need to ask just one or two more questions about income.
Was your total annual household income before taxes less than or more than ${POVRT100}?

> EQUAL TO OR LESS ...........................................1   **[GO TO QA09_M21]**
> MORE.................................................................2
> REFUSED ........................................................ -7   **[GO TO QA09_M21]**
> DON'T KNOW ................................................... -8   **[GO TO QA09_M21]**

---

**PROGRAMMING NOTE QA09_M18:**
IF QA09_M7 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN
A RESPONSE FROM QA09_M10, QA09_M12, OR QA09_M14 OR IF QA09_M9 = -7 OR QA09_M11 = -7
OR QA09_M13= -7, CONTINUE WITH QA09_M18 USING POVRT200 (200% POVERTY CUTOFF
DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA09_M21;

---

**QA09_M18**   {I need to ask just one or two more questions about income} Was your total annual household
income before taxes less than or more than ${POVRT200}?

> EQUAL TO OR LESS ...........................................1
> MORE.................................................................2   **[GO TO QA09_M20]**
> REFUSED ........................................................ -7   **[GO TO QA09_M21]**
> DON'T KNOW ................................................... -8   **[GO TO QA09_M21]**

---

**PROGRAMMING NOTE QA09_M19:**
IF QA09_M18 = 1 (YES), CONTINUE WITH QA09_M19 USING POVRT130 (130% POVERTY CUTOFF
DISPLAY AMOUNT);
ELSE SKIP TO QA09_M20

---

**QA09_M19**   {I need to ask just one or two more questions about income} Was your total annual household
income before taxes less than or more than ${POVRT130}?

> EQUAL TO OR LESS ........................................1   **[GO TO QA09_M21]**
> MORE.................................................................2   **[GO TO QA09_M21]**
> REFUSED ........................................................ -7   **[GO TO QA09_M21]**
> DON'T KNOW ................................................... -8   **[GO TO QA09_M21]**

---

**PROGRAMMING NOTE QA09_M20:**
IF QA09_M7 = -7 OR –8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN
A RESPONSE FROM QA09_M10, QA09_M12, OR QA09_M14 OR IF QA09_M9 = -7 OR QA09_M11= -7 OR
QA09_M13 = -7, CONTINUE WITH QA09_M20 USING POVRT300 (300% POVERTY CUTOFF DISPLAY
AMOUNT) AND IF NEITHER QA09_M17 OR QA09_M18 WAS ASKED, DISPLAY "I need to ask just one or
two more questions about income. Was your total annual household income before taxes"; ELSE DISPLAY "Was
it"; ELSE GO TO QA09_M21;

---

**QA09_M20**   {I need to ask just one or two more questions about income} Was your total annual household
income before taxes less than or more than ${POVRT300}?

> EQUAL TO OR LESS ...........................................1
> MORE.................................................................2   **[GO TO QA09_M21]**
> REFUSED ........................................................ -7   **[GO TO QA09_M21]**
> DON'T KNOW ................................................... -8   **[GO TO QA09_M21]**

**QA09_M21**   These next questions are about the food eaten in your household in the last 12 months and
whether you were able to afford food.

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

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

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

**QA09_M22**   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?

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

**QA09_M23**   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?

YES.........................................................................1
NO .........................................................................2      **[GO TO QA09_M25]**
REFUSED ............................................................ -7      **[GO TO QA09_M25]**
DON'T KNOW ...................................................... -8      **[GO TO QA09_M25]**

**QA09_M24**   How often did this happen -- almost every month, some months but not every month, or only in 1
or 2 months?

ALMOST EVERY MONTH....................................1
SOME MONTHS BUT NOT EVERY MONTH .....2
ONLY IN 1 OR 2 MONTHS...................................3
REFUSED ............................................................ -7
DON'T KNOW ...................................................... -8

**QA09_M25**     In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

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

**QA09_M26**     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?

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

# MODULE N – DEMOGRAPHIC, PART III AND CLOSING

**QA09 _N1**    Just a few final questions and then we are done.

To be sure we are covering the entire state, what county do you live in?

| | |
|---|---:|
| ALAMEDA | 1 |
| ALPINE | 2 |
| AMADOR | 3 |
| BUTTE | 4 |
| CALAVERAS | 5 |
| COLUSA | 6 |
| CONTRA COSTA | 7 |
| DEL NORTE | 8 |
| EL DORADO | 9 |
| FRESNO | 10 |
| GLENN | 11 |
| HUMBOLDT | 12 |
| IMPERIAL | 13 |
| INYO | 14 |
| KERN | 15 |
| KINGS | 16 |
| LAKE | 17 |
| LASSEN | 18 |
| LOS ANGELES | 19 |
| MADERA | 20 |
| MARIN | 21 |
| MARIPOSA | 22 |
| MENDOCINO | 23 |
| MERCED | 24 |
| MODOC | 25 |
| MONO | 26 |
| MONTEREY | 27 |
| NAPA | 28 |
| NEVADA | 29 |
| ORANGE | 30 |
| PLACER | 31 |
| PLUMAS | 32 |
| RIVERSIDE | 33 |
| SACRAMENTO | 34 |
| SAN BENITO | 35 |
| SAN BERNARDINO | 36 |
| SAN DIEGO | 37 |
| SAN FRANCISCO | 38 |
| SAN JOAQUIN | 39 |
| SAN LUIS OBISPO | 40 |
| SAN MATEO | 41 |
| SANTA BARBARA | 42 |
| SANTA CLARA | 43 |
| SANTA CRUZ | 44 |
| SHASTA | 45 |
| SIERRA | 46 |
| SISKIYOU | 47 |
| SOLANO | 48 |
| SONOMA | 49 |
| STANISLAUS | 50 |
| SUTTER | 51 |
| TEHAMA | 52 |
| TRINITY | 53 |
| TULARE | 54 |
| TUOLUMNE | 55 |
| VENTURA | 56 |
| YOLO | 57 |
| YUBA | 58 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

**QA09_N2**     Your phone number was randomly selected for this study by a computer.  We were able to match an address to your phone number to send a letter to your home explaining the purpose of this study.  To help us better understand the environment you live in and how it may affect your health, we would like to confirm your address.  This information will be kept confidential and will be destroyed after the entire survey has been completed.

Do you now live at {R's address and street}?

| | | |
|---|---|---|
| YES | 1 | **[GO TO QA09_N6]** |
| NO | 2 | |
| REFUSED | -7 | |
| DON'T KNOW | -8 | |

**QA09_N3**     What is your zip code?

_____ (ZIP CODE)

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

**QA09_N4**     To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live.  This information will be kept confidential and will be destroyed after the entire survey has been completed.

_____ HOUSE ADDRESS NUMBER

_____ NAME OF STREET          **[GO TO QA09_N6]**

| | |
|---|---|
| NO | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

**QA09_N5**     Can you tell me just the name of the street you live on?

_____ NAME OF STREET

| | | |
|---|---|---|
| REFUSED | -7 | **[GO TO CLOSE1]** |
| DON'T KNOW | -8 | **[GO TO CLOSE1]** |

**QA09_N6**     And what is the name of the street down the corner from you that crosses your street?

_____ NAME OF CROSS STREET

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

**QA09_N6A**     Do you have a working cell phone?

> YES ....................................................................... 1
> NO......................................................................... 2
> SHARES CELL PHONE ......................................... 3
> REFUSED ............................................................ -7
> DON'T KNOW ...................................................... -8

---

**PROGRAMMING NOTE QA09_N6B:**
IF QA09_N6B = 1 (YES) OR 3 (SHARES CELL PHONE, CONTINUE WITH QA09_N6B;
ELSE SKIP TO QA09_N7;

---

**QA09_N6B**      Of all the telephone calls that you receive, are...

> All or almost all calls received on a cell phone ........ 1
> Some on cell phones & some on regular phones.... 2
> Very few or none on cell phones............................. 3
> REFUSED .............................................................. -7
> DON'T KNOW ......................................................... -8

**QA09_N7**     Finally, do you think you would be willing to do a follow-up to this survey some time in the
future?

> YES ....................................................................... 1
> MAYBE/PROBABLY YES...................................... 2
> DEFINITELY NOT................................................. 3
> REFUSED .............................................................. -7
> DON'T KNOW ......................................................... -8

---

**PROGRAMMING NOTE CLOSE1 and CLOSE2:**
IF ALL INTERVIEWS FOR HOUSEHOLD COMPLETE, SKIP TO CLOSE2;
ELSE CONTINUE WITH CLOSE1;

---

**CLOSE1**     Let me check to see if there is anyone else.
*[INTERVIEWER NOTE: GO TO HHSELECT]*

**CLOSE2**     Thank you, I really appreciate your time and cooperation.  You have helped with a very
important health survey.  If you have any questions about the study, please contact Dr. E.
Richard Brown, the Principal Investigator.  Dr. Brown can be reached toll-free at 1-866-275-
2447.  Thank you, and good-bye.

## MODULE O – GENERAL HEALTH, DISABILITY, AND SEXUAL HEALTH

**QA09_O1**      These next questions are about your height and weight.

How tall are you without shoes?

*[INTERVIEWER NOTE: IF NEEDED SAY, "About how tall?"]*

_____ FEET  _____ INCHES

_____ METERS  _____ CENTIMETERS

FEET/INCHES ...........................................................1
METERS/CENTIMETERS ....................................2
REFUSED............................................................. -7
DON'T KNOW.....................................................-8

---

**PROGRAMMING NOTE QA09_O2:**
IF QA09_A5 = 2 (FEMALE) and AAGE<50, DISPLAY "When not pregnant, how";ELSE DISPLAY "How";

---

**QA09_O2**      {When not pregnant, how/How} much do you weigh without shoes?

*[INTERVIEWER NOTE: IF NEEDED SAY, "About how much?"]*

_____ POUNDS

_____ KILOGRAMS

POUNDS ..................................................................1
KILOGRAMS............................................................2
REFUSED............................................................. -7
DON'T KNOW.....................................................-8

---

**PROGRAMMING NOTE QA09_O3:**
IF AAGE = 18, GO TO QA09_O4;

---

**QA09_O3**      How much did you weigh at age 18?

*[INTERVIEWER NOTE: IF NEEDED SAY, "About how much?"]*

_____ POUNDS

_____ KILOGRAMS

POUNDS ..................................................................1
KILOGRAMS............................................................2
REFUSED............................................................. -7
DON'T KNOW...................................... -8

**QA09_O4**     Are you blind or deaf, or do you have a severe vision or hearing problem?

       YES...................................................................1
       NO..................................................... 2 **[GO TO QA09_O6]**
       REFUSED.........................................-7 **[GO TO QA09_O6]**
       DON'T KNOW ...............................................-8 **[GO TO QA09_O6]**

**QA09_O5**     Are you legally blind?

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

**QA09_O6**     Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

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

**QA09_O7**     Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

Any difficulty learning, remembering, or concentrating?

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

**QA09_O8**     Any difficulty dressing, bathing, or getting around inside the home?

*[INTERVIEWER NOTE: IF NEEDED SAY, "Because of a physical, mental, or emotional condition."]*

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

**QA09_O9**     Any difficulty going outside the home alone to shop or visit a doctor's office?

*[INTERVIEWER NOTE: IF NEEDED SAY, "Because of a physical, mental, or emotional condition."]*

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

**QA09_O10**    Any difficulty working at a job or business?

*[INTERVIEWER NOTE: IF NEEDED SAY, "Because of a physical, mental, or emotional condition."]*

YES........................................................................1
NO...................................................................... 2    **[GO TO QA09_O12]**
REFUSED.............................................................-7    **[GO TO QA09_O12]**
DON'T KNOW .....................................................-8    **[GO TO QA09_O12]**

**QA09_O11**    Do you have a physical or mental condition that has kept you from working for at least a year?

*[INTERVIEWER NOTE: IF NEEDED SAY, "Current condition"]*

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

**QA09_O12**    We are asking a few questions about people's sexual experiences.  All answers will be kept private.

In the <u>past 12 months</u>, how many sexual partners have you had?

_____ NUMBER OF SEXUAL PARTNERS          **[GO TO QA09_O14]**

REFUSED.............................................................. -7    **[GO TO QA09_O14]**
DON'T KNOW .......................................................-8

**QA09_O13**   Can you give me your best guess?

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

___ NUMBER OF PARTNERS

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

---

**PROGRAMMING NOTE QA09_O14:**
IF QA09_O12 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA09_O13=0, GO TO
PROGRAMMING NOTE QA09_O15; ELSE CONTINUE WITH QA09_O14;
IF QA09_O12 OR QA09_O13 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY "Is that partner
male or female?"

---

**QA09_O14**   {Is that partner male or female?} In the past 12 months, have your sexual partners been male, female, or both male and female?

MALE .......................................................................1
FEMALE ..................................................................2
BOTH MALE AND FEMALE...............................3
REFUSED............................................................. -7
DON'T KNOW......................................................-8

---

**PROGRAMMING NOTE QA09_O15:**
IF QA09_A5 = 1 (MALE), DISPLAY "Gay" in question and "Gay" in Help Screen,
ELSE IF QA09_A5 =2 (FEMALE), DISPLAY "Gay, Lesbian" in question and "Gay and Lesbian" in Help
Screen

---

**QA09_O15**   Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?

*[INTERVIEWER NOTE: 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

**QA09_O16**     Have you ever been tested for HIV, the virus that causes AIDS?

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

---

**PROGRAMMING NOTE QA09_O17:**
IF QA09_O12 =0 OR QA09_O13=0 (NO SEXUAL PARTNERS LAST 12 MONTHS) GO TO
PROGRAMMING NOTE QA09_E1;
ELSE CONTINUE WITH QA09_O17;

---

**QA09_O17**     Now thinking about other sexually transmitted diseases besides HIV—In the past 12 months,
have you been tested for a sexually transmitted disease?

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

---

**PROGRAMMING NOTE QA09_O18:**
IF FEMALE OR AAGE>50, GO TO QA09_E1;
ELSE CONTINUE WITH QA09_O18;

---

**QA09_O18**     Have you and a partner ever tried for more than 12 months to get pregnant but were not able
to?

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

## MODULE P: Medical Home

ASKED OF ALL RESPONDENTS

**QA09_P1**    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?

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

YES........................................................................1
NO..........................................................................2    **[SKIP NEXT QUESTION]**
DOCTOR/MY DOCTOR .........................................3
KAISER...................................................................4
MORE THAN ONE PLACE ....................................5
REFUSED................................................................-7    **[SKIP NEXT QUESTION]**
DON'T KNOW........................................................-8    **[SKIP NEXT QUESTION]**

PROGRAMMING NOTE Question QA09_P2:
ASKED OF RESPONDENTS WHO HAVE A PLACE TO GO WHEN SICK OR NEED ADVICE;
IF QUESTION QA09_P1 = 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 QA09_P1 = 3 (DOCTOR/MY DOCTOR), SAY "Is your doctor in a private";
ELSE IF QA09_P1 = 4 (KAISER) SELECT ANSER CHOICE "1" FOR QUESTION QA09_P2;

**QA09_P2**    {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
CLINIC/HEALTH CENTER/HOSPITAL CLINIC .2
EMERGENCY ROOM..............................................3
VETERANS HEALTH CARE SYSTEM (VA).......4
SOME OTHER PLACE (SPECIFY):_____....91
NO ONE PLACE.....................................................92
REFUSED................................................................-7
DON'T KNOW........................................................-8

ASK OF RESPONDENTS WHO HAVE A PLACE THEY USUALLY GO WHEN SICK OR NEED
ADVICE ABOUT THEIR HEALTH. [QUESTION QA09_P1 = 1, 3, 4, 5]

**QA09_P3**    Do you have a personal doctor or medical provider you see or talk to where you get your care?  This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.

YES........................................................................1
NO..........................................................................2    **[SKIP NEXT QUESTION]**
REFUSED................................................................-7    **[SKIP NEXT QUESTION]**
DON'T KNOW........................................................-8    **[SKIP NEXT QUESTION]**

**QA09_P4** In the last 12 months, how often did this medical provider seem to know the important information about your medical history?

NEVER .....................................................................1
SOMETIMES ............................................................2
OFTEN ....................................................................3
ALWAYS .................................................................4
REFUSED.................................................................-7
DON'T KNOW..........................................................8

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**PROGRAMMING NOTE QA09_P5 TO QA09_P6:**
ASKED OF RESPONDENTS WHO HAVE A USUAL SOURCE OF CARE AND QA09_P3 = 1

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**QA09_P5** How often did your doctor seem informed and up-to-date about care you got from other specialists? Would you say Always, Almost Always, Usually, Sometimes, Almost Never, or Never?

NEVER .....................................................................1
ALMOST NEVER.....................................................2
SOMETIMES ............................................................3
USUALLY.................................................................4
ALMOST ALWAYS.................................................5
ALWAYS .................................................................6
NO OTHER SPECIALIST/DOES NOT APPLY.....7 **[SKIP NEXT QUESTION]**
REFUSED.................................................................-7 **[SKIP NEXT QUESTION]**
DON'T KNOW..........................................................-8 **[SKIP NEXT QUESTION]**

**QA09_P6** Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors and other health services such as tests or treatments?

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

---

**PROGRAMMING NOTE QA09_P7 TO QA09_P13:**
ASKED OF RESPONDENTS WHO HAVE ASTHMA, DIABETES, HEART DISEASE, OR CANCER
**AND** HAD A DOCTOR VISIT IN THE PAST 12 MONTHS

---

**QA09_P7** In the last 12 months, did you phone or e-mail the doctor's office with a medical question?

YES..........................................................................1
NO............................................................................2 **[SKIP NEXT QUESTION]**
REFUSED.................................................................-7 **[SKIP NEXT QUESTION]**
DON'T KNOW..........................................................-8 **[SKIP NEXT QUESTION]**

**QA09_P8**    If yes, when you phoned or e-mailed the doctor's office, how often did you get an answer to your medical question as soon as you needed it? Would you say Always, Almost Always, Usually, Sometimes, Almost Never, or Never?

NEVER ...................................................................1
ALMOST NEVER....................................................2
SOMETIMES .........................................................3
USUALLY...............................................................4
ALMOST ALWAYS...............................................5
ALWAYS ...............................................................6
REFUSED..............................................................-7
DON'T KNOW......................................................-8

**QA09_P9**    In the past 12 months, how often were you able to get a referral to a specialist that you needed to see for your {asthma/diabetes/heart disease/cancer}?

[Interviewer Note: Read all health conditions that apply to Respondent]

NEVER ...................................................................1
ALMOST NEVER....................................................2
SOMETIMES .........................................................3
USUALLY...............................................................4
ALMOST ALWAYS...............................................5
ALWAYS ...............................................................6
REFUSED..............................................................-7
DON'T KNOW......................................................-8

**QA09_P10**   In the past 12 months, how often did you get the care you, your doctor or other health provider believed necessary for your {asthma/diabetes/heart disease/cancer}?

[Interviewer Note: Read all health conditions that apply to Respondent]

NEVER ...................................................................1
ALMOST NEVER....................................................2
SOMETIMES .........................................................3
USUALLY...............................................................4
ALMOST ALWAYS...............................................5
ALWAYS ...............................................................6
REFUSED..............................................................-7
DON'T KNOW......................................................-8

**QA09_P11**    In the past 12 months, how often did you get each person involved in your care to communicate with each other about care for your [asthma/diabetes/heart disease/cancer]?

[Interviewer Note: Read all health conditions that apply to Respondent]

NEVER ...................................................................1
ALMOST NEVER....................................................2
SOMETIMES ..........................................................3
USUALLY................................................................4
ALMOST ALWAYS.................................................5
ALWAYS .................................................................6
REFUSED..............................................................-7
DON'T KNOW.......................................................-8

**QA09_P12**    In the past 12 months, how often did you get your doctor, nurse, or other health professionals to discuss with you choices or options for your treatment?

NEVER ...................................................................1
ALMOST NEVER....................................................2
SOMETIMES ..........................................................3
USUALLY................................................................4
ALMOST ALWAYS.................................................5
ALWAYS .................................................................6
REFUSED..............................................................-7
DON'T KNOW.......................................................-8

**QA09_P13**    In the past 12 months, how often did you get your doctor, nurse, or other health professionals to give you complete and accurate information about your medical tests?

NEVER ...................................................................1
ALMOST NEVER....................................................2
SOMETIMES ..........................................................3
USUALLY................................................................4
ALMOST ALWAYS.................................................5
ALWAYS .................................................................6
REFUSED..............................................................-7
DON'T KNOW.......................................................-8

**QA09_P14**   Have your doctors or nurses worked with you to develop a plan so that you know how to take
care of your [asthma/diabetes/heart disease/cancer]?

[Interviewer Note: Read all health conditions that apply to Respondent]

YES.......................................................................1
NO........................................................................2   **[SKIP NEXT QUESTION]**
REFUSED............................................................ -7   **[SKIP NEXT QUESTION]**
DON'T KNOW..................................................... -8   **[SKIP NEXT QUESTION]**

**QA09_P15**   Do you have a copy of this plan in writing?

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

**QA09_P16**   Have your doctors or nurses worked with you to set personal goals for your
[asthma/diabetes/heart disease/cancer] treatment?

[Interviewer Note: Read all health conditions that apply to Respondent]

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

**QA09_P17**   During the past 12 months, have you had to visit a hospital emergency room or urgent care
clinic because of your asthma?

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

**QA09_P18**   During the past 12 months, were you admitted to the hospital overnight or longer for your
asthma?

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

**QA09_P19**     During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your diabetes?

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

**QA09_P20**     During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?

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

**QA09_P21**     During the past 12 months, have you had to visit a hospital emergency room or urgent care clinic because of your heart disease?

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

**QA09_P22**     During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?

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

**QA09_P23**     When you visited the hospital ER or urgent care clinic for your asthma, was it also for your [diabetes/heart disease/diabetes and heart disease]?

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

**QA09_P24**     When you stayed overnight or longer in the hospital for your asthma, was it also for your
               {(diabetes),(heart disease),(diabetes and heart disease)}?

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

**QA09_P25**     Did you visit a hospital emergency room for your [asthma/diabetes/heart disease] because you
               were unable to see your doctor?

               [Interviewer Note: Read all health conditions that apply to Respondent]

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

**QA09_P26**     During the past 12 months, did you either delay or not get a medicine that a doctor prescribed
               for you

                        YES.......................................................................1
                        NO........................................................................2      **[SKIP TO QA09_P30]**
                        REFUSED...........................................................-7      **[SKIP TO QA09_P30]**
                        DON'T KNOW....................................................-8      **[SKIP TO QA09_P30]**

**QA09_P27**     Was this prescription for your [asthma/diabetes/heart disease/cancer]?

               [Interviewer Note: Read all health conditions that apply to Respondent]

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

**QA09_P28**    Was the cost of the prescription or the payment you had to make a reason why you delayed or did not get the prescription?

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

**QA09_P29**    Were problems with your insurance plan or lack of insurance coverage a reason why you delayed or did not get the prescription?

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

**QA09_P30**    During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist or other health professional?

> YES..........................................................................1
> NO............................................................................2    **[SKIP TO QA09_P34]**
> REFUSED................................................................-7    **[SKIP TO QA09_P34]**
> DON'T KNOW.........................................................-8    **[SKIP TO QA09_P34]**

**QA09_P31**    Was this medical care for your [asthma/diabetes/heart disease/cancer]?

[Interviewer Note: Read all health conditions that apply to Respondent]

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

**QA09_P32**   Was the cost of the care or the payment you had to make a reason why you delayed or did not get the medical care you felt you needed?

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

**QA09_P33**   Was lack of insurance coverage or problems with your insurance plan a reason why you delayed or did not get the medical care you felt you needed?

```
YES...................................................................1
NO....................................................................2
REFUSED.........................................................-7
DON'T KNOW.................................................-8
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**PROGRAMMING NOTE QA09_P34:**
ASK IF R REPORTED ASTHMA OR DIABETES OR HEART DISEASE OR CANCER AND HAS A
USUAL SOURCE OF CARE

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**QA09_P34**   In the last 12 months, how often did your doctor listen carefully to you? Was it never, sometimes, usually, or always?

```
NEVER ............................................................1
SOMETIMES ...................................................2
OFTEN .............................................................3
ALWAYS ..........................................................4
REFUSED.........................................................-7
DON'T KNOW...................................................8
```

**QA09_P35**   Do you feel comfortable asking your doctor questions?

```
YES...................................................................1
NO....................................................................2
NO REGULAR DOCTOR AT PLACE OF CARE..3
OTHER SPECIFY_____ .................4
REFUSED.........................................................-7
DON'T KNOW...................................................8
```

**QA09_P35**   How confident are you that you can control and manage your health problems?  Would you say you are very confident, somewhat confident, not too confident, or not at all confident?

```
VERY CONFIDENT.................................................1
SOMEWHAT CONFIDENT....................................2
NOT TOO CONFIDENT .......................................3
NOT AT ALL CONFIDENT ..................................4
REFUSED.........................................................-7
DON'T KNOW...................................................8
```