**Attachment 1**

**CHIS 2011 Cancer Control Module (CCM) and Demographic Core Questionnaire Items**

CALIFORNIA HEALTH INTERVIEW SURVEY 2011

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**TABLE OF CONTENTS**

[MODULE A – CANCER SCREENING 3](#_Toc281833269)

[MODULE B – WOMEN’S HEALTH 15](#_Toc281833270)

[MODULE C – HUMAN PAPILOMAVIRUS 17](#_Toc281833271)

[MODULE E – FAMILY HISTORY OF CANCER 20](#_Toc281833272)

[MODULE G – DEMOGRAPHICS, PART I 23](#_Toc281833273)

[MODULE H – DEMOGRAPHICS, PART II 31](#_Toc281833274)

[MODULE I – EMPLOYMENT, INCOME AND POVERTY 43](#_Toc281833275)

[MODULE J – DEMOGRAPHICS, PART III AND CLOSING 53](#_Toc281833276)

[MODULE K – GENERAL HEALTH, HEALTH-RELATED QUALITY OF LIFE,](#_Toc281833277)

 [AND SEXUAL HEALTH 57](#_Toc281833277)

[MODULE L – EPILEPSY 62](#_Toc281833278)

[MODULE M – MEDICAL HOME 63](#_Toc281833279)

MODULE A – CANCER SCREENING

**PROGRAMMING NOTE QA11\_A1:**

**IF (AGE < 40 OR AGE IS UNKNOWN), GO TO PROGRAMMING NOTE QA11\_A19;**

**ELSE CONTINUE WITH QA11\_A1**

**QA11\_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?

 **[IF NEEDED, SAY: “Do not include over-the-counter test kits from a drugstore or pharmacy.”]**

 **[IF NEEDED, SAY: “Do not include tests done at the doctor’s office.”]**

 YES 1

 NO 2 **[GO TO QA11\_A4]**

 REFUSED -7 **[GO TO QA11\_A4]**

 DON'T KNOW -8 **[GO TO QA11\_A4]**

**QA11\_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

**QA11\_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

**PROGRAMMING NOTE QA11\_A4:**

**IF QA11\_A2 = 1 (MOST RECENT FOBT A YEAR AGO OR LESS), THEN CONTINUE WITH QA11\_A4;**

**ELSE CONTINUE WITH QA11\_A6**

**QA11\_A4** How much did you pay for your most recent stool blood test using a home kit—was it none, some or all of the cost?

 NONE OF THE COST 1 **[GO TO QA11\_A5]**

 SOME OF THE COST 2 **[GO TO QA11\_A5]**

 ALL OF THE COST 3

 REFUSED -7

 DON'T KNOW -8

**QA11\_A5** Was the test provided through a special low-cost program?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_A6** 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 QA11\_A11]**

 REFUSED -7 **[GO TO QA11\_A11]**

 DON'T KNOW -8 **[GO TO QA11\_A11]**

**QA11\_A7** 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

**QA11\_A8** 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

**PROGRAMMING NOTE QA11\_A10:**

**IF QA11\_A7= 1 (MOST RECENT COLONOSCOPY A YEAR AGO OR LESS), THEN CONTINUE WITH QA11\_A9;**

**ELSE CONTINUE WITH QA11\_A11**

**QA11\_A9** How much did you pay for your most recent colonoscopy—was it none, some or all of the cost?

 NONE OF THE COST 1 **[GO TO QA11\_A10]**

 SOME OF THE COST 2 **[GO TO QA11\_A10]**

 ALL OF THE COST 3

 REFUSED -7

 DON'T KNOW -8

**QA11\_A10** Was the colonoscopy provided through a special low-cost program?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_A11** Have you ever had a sigmoidoscopy?

 YES 1

 NO 2 **[GO TO QA11\_A16]**

 REFUSED -7 **[GO TO QA11\_A16]**

 DON'T KNOW -8 **[GO TO QA11\_A16]**

**QA11\_A12** 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

**QA11\_A13** 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

**PROGRAMMING NOTE QA11\_A14:**

**IF QA11\_A12 = 1 (MOST RECENT SIGMOIDOSCOPY A YEAR AGO OR LESS), THEN CONTINUE WITH QA11\_A14;**

**ELSE CONTINUE WITH QA11\_A16**

**QA11\_A14** How much did you pay for your most recent sigmoidoscopy—was it none, some or all of the cost?

 NONE OF THE COST 1 **[GO TO QA11\_A15]**

 SOME OF THE COST 2 **[GO TO QA11\_A15]**

 ALL OF THE COST 3

 REFUSED -7

 DON'T KNOW -8

**QA11\_A15** Was the sigmoidoscopy provided through a special low-cost program?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_A16** In the past 5 years, has a doctor recommended that you have a sigmoidoscopy,

 colonoscopy, or stool blood test?

 YES 1

 NO 2

 DID NOT GO TO A DOCTOR

 IN PAST 5 YEARS 92

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_A17:**

**IF QA11\_A1 = 2 (NEVER HAD FOBT) AND QA11\_A6 = 2 (NEVER HAD COLONOSCOPY) AND QA11\_A11 = 2 (NEVER HAD SIGMOIDOSCOPY) CONTINUE WITH QA11\_A17 AND DISPLAY "never had";**

**ELSE IF QA11\_A1 ≠ 1 (MOST RECENT FOBT OVER 1 YEAR AGO) AND QA11\_A7 ≠ 1, 2, OR 3 (MOST RECENT COLONOSCOPY OVER 10 YEARS AGO) AND QA11\_A812 ≠ 1 OR 2 (MOST RECENT SIGMOIDOSCOPY OVER 5 YEARS AGO) CONTINUE WITH QA11\_A17 AND DISPLAY "not had" AND "recently";**

**ELSE GO TO PROGRAMMING NOTE QA11\_A18**

**QA11\_A17** What is the ONE most important reason why you have {never had/not had} one of these exams {recently}?

 NO REASON/NEVER THOUGHT ABOUT IT 1

 DIDN'T KNOW I NEEDED

 THIS TYPE OF TEST 2

 DOCTOR DIDN'T TELL ME I NEEDED IT 3

 HAVEN'T HAD ANY PROBLEMS 4

 PUT IT OFF/LAZINESS 5

 TOO EXPENSIVE/NO INSURANCE/COST 6

 TOO PAINFUL, UNPLEASANT, OR

 EMBARRASSING 7

 HAD ANOTHER TYPE OF

 COLORECTAL EXAM 8

 DON'T HAVE A DOCTOR 9

 OTHER 91

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_A18:**

**IF FEMALE GO TO QA11\_A20;**

**ELSE CONTINUE WITH QA11\_A18**

**QA11\_A18** Have you ever heard of a PSA or "prostate-specific antigen" test to detect prostate cancer? A PSA test is a blood test to detect prostate cancer.

 YES 1

 NO 2 **[GO TO PN QA11\_A44]**

 REFUSED -7 **[GO TO PN QA11\_A44]**

 DON'T KNOW -8 **[GO TO PN QA11\_A44]**

**QA11\_A19** Have you ever had a PSA test?

 **[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 QA11\_A24]**

 REFUSED -7 **[GO TO QA11\_A24]**

 DON'T KNOW -8 **[GO TO QA11\_A24]**

**QA11\_A20** When did you have your most recent PSA test?

 A YEAR AGO OR LESS 1

 MORE THAN 1 UP TO 2 YEARS AGO 2

 MORE THAN 2 UP TO 3 YEARS AGO 3

 MORE THAN 3 UP TO 5 YEARS AGO 4

 MORE THAN 5 YEARS AGO 5

 REFUSED -7

 DON'T KNOW -8

**QA11\_A21** What was the main reason you had this PSA test – was it part of a routine physical 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

**PROGRAMMING NOTE QA11\_A22:**

**IF QA11\_A20 = 1 (MOST RECENT PSA TEST A YEAR AGO OR LESS), THEN CONTINUE WITH QA11\_A22;**

**ELSE CONTINUE WITH QA11\_A24**

**QA11\_A22** How much did you pay for your most recent PSA test—was it none, some or all of the cost?

 NONE OF THE COST 1 **[GO TO QA11\_A23]**

 SOME OF THE COST 2 **[GO TO QA11\_A23]**

 ALL OF THE COST 3

 REFUSED -7

 DON'T KNOW -8

**QA11\_A23** Was the PSA test provided through a special low-cost program?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_A24:**

**IF QA11\_A19 = 1 DISPLAY “before you had the PSA test, did” AND “it”;**

**ELSE DISPLAY “Did” AND “the PSA test”**

**QA11\_A24** {Before you had the PSA test, did/Did} a doctor ever talk with you about the advantages and disadvantages of having {it/the PSA test}?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_A25:**

**IF QA11\_A19 = 1 DISPLAY “before you had the PSA test” AND “it”;**

**ELSE DISPLAY “Did” AND “the PSA test”**

**QA11\_A25** {Before you had the PSA test, did/Did} a doctor ever tell you that some doctors recommend having {it/the PSA test} and others do not?

 YES 1

 NO 2

 REFUSED -7

 DON’T KNOW -8

**QA11\_A26** 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 QA11\_A27:**

**IF MALE OR AGE < 30, GO TO PROGRAMMING NOTE QA11\_A44;**

**ELSE CONTINUE WITH QA11\_A27 (INCLUDING WOMEN WITH AGE UNKNOWN)**

**QA11\_A27**  In the past 12 months, has a doctor examined your breasts for lumps?

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

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_A28** Have you ever had a mammogram?

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

 YES 1

 NO 2 **[READ DEFINITION, IF STILL**

 **NO, GO TO QA11\_A42]**

 REFUSED -7 **[GO TO PN QA11\_A44]**

 DON'T KNOW -8 **[GO TO PN QA11\_A44]**

**QA11\_A29** How many mammograms have you had in the last 6 years? Your best estimate is fine.

 \_\_\_\_\_ MAMMOGRAMS

 NONE 0 **[GO TO QA11\_A42]**

 REFUSED -7

 DON'T KNOW -8

**QA11\_A30** 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 4

 MORE THAN 5 YEARS AGO 5

 REFUSED -7 **[GO TO PN QA11\_A44]**

 DON'T KNOW -8 **[GO TO PN QA11\_A44]**

**QA11\_A31** Was your most recent mammogram recommended by a doctor?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_A32:**

**IF QA11\_A30 = 3, 4, OR 5 (MAMMOGRAM MORE THAN 2 YEARS AGO), THEN GO TO QA11\_A35;**

**ELSE CONTINUE WITH QA11\_A32**

**QA11\_A32** Tell me the main reason you had a mammogram. Was it…

[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, or 3

 Due to family history? 4

 REFUSED -7

DON'T KNOW -8

**PROGRAMMING NOTE QA11\_A33:**

**IF QA11\_A30 = 1 (MOST RECENT MAMMOGRAM A YEAR AGO OR LESS), THEN CONTINUE WITH QA11\_A33;**

**ELSE CONTINUE WITH QA11\_A35**

**QA11\_A33** How much did you pay for your most recent mammogram—was it none, some or all of the cost?

 NONE OF THE COST 1 **[GO TO QA11\_A34]**

 SOME OF THE COST 2 **[GO TO QA11\_A34]**

 ALL OF THE COST 3

 REFUSED -7

 DON'T KNOW -8

**QA11\_A34** Was the mammogram provided through a special low-cost program?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_A35** Have you ever had a mammogram where the results were not normal?

 YES 1

 NO 2 **[GO TO QA11\_A42]**

 REFUSED -7 **[GO TO QA11\_A42]**

 DON'T KNOW -8 **[GO TO QA11\_A42]**

**QA11\_A36** Have you ever had an operation to remove a lump from your breast?

 YES 1

 NO 2 **[GO TO QA11\_A40]**

 DON’T KNOW -7 **[GO TO QA11\_A40]**

 REFUSED -8 **[GO TO QA11\_A40]**

**QA11\_A37** Did the lump turn out to be cancer?

 YES 1 **[GO TO QA11\_A39]**

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_A38** How many operations have you had to remove a lump that wasn’t cancer?

 \_\_\_\_\_\_ NUMBER OF OPERATIONS **[GO TO QA11\_A40]**

 REFUSED -7 **[GO TO QA11\_A40]**

 DON'T KNOW -8 **[GO TO QA11\_A40]**

**QA11\_A39** 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, or 5

 Some other way? (SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_) 6

 DON’T KNOW -7

 REFUSED -8

**QA11\_A40** Did you have any other tests and/or surgery when your mammogram was not normal?

 YES 1

 NO 2 **[GO TO QA11\_A42]**

 DON’T KNOW -7 **[GO TO QA11\_A42]**

 REFUSED -8 **[GO TO QA11\_A42]**

**QA11\_A41** What additional tests and/or surgery did you have?

 **[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

**PROGRAMMING NOTE QA11\_A42:**

**IF QA11\_A28 = 2 OR QA11\_A29 = 0 OR QA11\_A30 = 3, 4, OR 5, CONTINUE WITH QA11\_A42;**

**ELSE GO TO PROGRAMMING NOTE QA11\_A43;**

**QA11\_A42**  In the past 2 years, has a doctor recommended that you have a mammogram?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_A43:**

**IF QA11\_A42 = 1 (YES, DOCTOR RECOMMENDED A MAMMOGRAM) AND (QA11\_A28 = 2 OR QA11\_A29 = 0 OR QA11\_A30 = 3, 4, OR 5), CONTINUE WITH QA11\_A43;**

**IF QA11\_A30 = 3, 4, 5, OR -8 (MOST RECENT MAMMOGRAM > 2 YEARS AGO or DK),**

**DISPLAY “NOT had a mammogram in the past 2 years”;**

**IF QA11\_A28 = 2 (NEVER HAD MAMMOGRAM), DISPLAY “NEVER had a mammogram”;**

**ELSE GO TO PROGRAMMING NOTE QA11\_A44;**

**QA11\_A43** 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

**PROGRAMMING NOTE QA11\_A44:**

**IF AGE < 40, THEN GO TO NEXT SECTION;**

**ELSE CONTINUE WITH QA11\_A44**

**QA11\_A44** In the last 12 months, did you have a CAT scan or CT scan? During this test, you are lying down and moved through a donut shaped x-ray machine while holding your breath.

 YES 1

 NO 2 [GO TO NEXT SECTION]

 REFUSED -7 [GO TO NEXT SECTION]

 DON'T KNOW -8 [GO TO NEXT SECTION]

QA11\_A45 Were any of the CAT scans you had in the last 12 months done of your chest area?

 YES 1

 NO 2 [GO TO NEXT SECTION]

 SEVERAL AREAS OF UPPER BODY REGION....3

 REFUSED -7 [GO TO NEXT SECTION]

 DON'T KNOW -8 [GO TO NEXT SECTION]

QA11\_A46 Were any of the CAT scans of your chest area done to check for lung cancer, rather than for some other reason?

 YES, TO CHECK FOR LUNG CANCER 1

 NO, FOR SOME OTHER REASON 2

 REFUSED -7

 DON'T KNOW -8

MODULE B – WOMEN’S HEALTH

**PROGRAMMING NOTE QA11\_B1:**

**IF MALE OR AGE < 18, GO NEXT SECTION;**

**IF AGE > 39 THEN CONTINUE WITH QA11\_B1;**

**ELSE GO TO PROGRAMMING NOTE QA11\_B5**

**QA11\_B1** Have you ever taken hormone replacement therapy or HRT for menopausal symptoms?

 YES 1

 NO 2 **[GO TO PN QA11\_B5]**

 REFUSED -7 **[GO TO PN QA11\_B5]**

 DON’T KNOW -8 **[GO TO PN QA11\_B5]**

**QA11\_B2** Are you currently taking hormone replacement therapy?

 **[IF NEEDED, SAY: “This is a pill, patch or treatment that gives women more of the female hormone, estrogen.”]**

 YES 1 **[GO TO QA11\_B4]**

 NO 2

 REFUSED -7 **[GO TO QA11\_B4]**

 DON'T KNOW -8 **[GO TO QA11\_B4]**

**QA11\_B3** About how long ago did you stop using Hormone Replacement Therapy – was it…

 2 years ago or less, 1

 More than 2 years up to 5 years ago, or 2

 More than 5 years ago? 3

 REFUSED -7

 DON’T KNOW -8

**QA11\_B4** Some women go on and off hormone replacement therapy. Altogether, how long have you taken HRT?

 A YEAR 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

**PROGRAMMING NOTE QA11\_B5:**

**IF AGE > 44 CONTINUE WITH QA11\_B5;**

**ELSE GO TO NEXT SECTION**

**QA11\_B5 INTRO** Are you taking any of the following medications?

**QA11\_B5** Tamoxifen or Nolvadex?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_B6** Raloxifene or Evista?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

MODULE C – HUMAN PAPILOMAVIRUS

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**PROGRAMMING NOTE QA11\_C1:**

**IF AGE < 18 GO TO NEXT SECTION;**

**ELSE IF AGE < 65, THEN CONTINUE WITH QA11\_C1;**

**ELSE GO TO QA11\_C5**

**QA11\_C1** Have you ever heard of HPV? HPV stands for human papillomavirus (pap-uh-LOW-muh-vi-rus).

 YES 1

 NO 2 **[GO TO QA11\_C4]**

 REFUSED -7 **[GO TO QA11\_C4]**

 DON’T KNOW -8 **[GO TO QA11\_C4]**

**QA11\_C2** These next questions are about HPV. Your best guess is fine.

Do you think HPV can cause cervical cancer?

 YES 1

 NO 2

 REFUSED -7

 DON’T KNOW -8

**QA11\_C3** Do you think HPV can go away on its own without treatment?

 YES 1

 NO 2

 REFUSED -7

 DON’T KNOW -8

**QA11\_C4** A vaccine to prevent HPV infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®, or Cervarix®. Before this survey, have you ever heard of the HPV shot or cervical cancer vaccine?

 YES 1

 NO 2

 REFUSED -7

 DON’T KNOW -8

**PROGRAMMING NOTE QA11\_C5:**

**IF FEMALE AND AGE < 36 THEN CONTINUE WITH QA11\_C5;**

**ELSE GO TO NEXT SECTION**

**QA11\_C5** Have you ever received the HPV shot or cervical cancer vaccine?

 YES 1

 NO 2 **[GO TO QA11\_C7]**

 REFUSED -7 **[GO TO QA11\_C7]**

 DON’T KNOW -8 **[GO TO QA11\_C7]**

**QA11\_C6** How many HPV shots did you receive?

 1-2 SHOTS 1

 3-50 SHOTS 2 **[GO TO NEXT SECTION]**

 “ALL SHOTS” 3 **[GO TO NEXT SECTION]**

 REFUSED -7 **[GO TO NEXT SECTION]**

 DON’T KNOW -8 **[GO TO NEXT SECTION]**

**QA11\_C7** Do you plan to receive HPV shots in the next 12 months?

 YES 1 **[GO TO NEXT SECTION]**

 NO 2

 REFUSED -7

 DON’T KNOW -8

**PROGRAMMING NOTE QA11\_C8:**

**IF QA11\_C6 = 1 (RECEIVED 1-2 DOSES OF HPV VACCINE) AND QA11\_C7 = 2, -7, OR -8 (DO NOT PLAN TO RECEIVE ANY MORE SHOTS, REF, OR DK), THEN CONTINUE WITH QA11\_C8;**

**ELSE GO QA11\_C9**

**QA11\_C8** What is the main reason you do not plan to receive more HPV shots in the next 12 months?

 DON’T NEED ANOTHER DOSE/

 HAVE COMPLETED THE SERIES 1 **[GO TO QA11\_C10]**

 DOCTOR DIDN’T RECOMMEND IT 2 **[GO TO NEXT SECTION]**

 TOO EXPENSIVE/

 INSURANCE DOESN’T COVER 3 **[GO TO QA11\_C11]**

 TOO TIME-CONSUMING TO GO TO

 AN APPOINTMENT TO GET ANOTHER DOSE 4 **[GO TO QA11\_C10]**

 HAD SIDE EFFECTS FROM AN EARLIER DOSE/

 WORRIED ABOUT SAFETY 5 **[GO TO QA11\_C10]**

 OTHER 6 **[GO TO QA11\_C10]**

**QA11\_C9** What is the main reason you will not receive HPV shots in the next 12 months?

 DOES NOT NEED VACCINE 1

 NOT SEXUALLY ACTIVE 2

 TOO EXPENSIVE 3 **[GO TO QA11\_C11]**

 TOO OLD FOR VACCINE 4

 DOCTOR DIDN’T RECOMMEND IT 5 **[GO TO NEXT SECTION]**

 WORRIED ABOUT SAFETY OF VACCINE 6

 DON’T KNOW WHERE TO GET VACCINE 7

 MY SPOUSE/FAMILY MEMBER IS

 AGAINST IT 8

 DON’T KNOW ENOUGH ABOUT VACCINE 9

 HAVE HPV/CERVICAL DYSPLASIA/

 CERVICAL CANCER 10

 VACCINE WAS NOT AVAILABLE AT

 MY DOCTOR/CLINIC 11

 OTHER 91

 REFUSED -7

 DON’T KNOW -8

**QA11\_C10** Is cost a reason that you do not plan to receive HPV shots in the next 12 months?

 YES 1

 NO 2

 REFUSED -7

 DON’T KNOW -8

**QA11\_C11** Has a doctor or other health care professional ever recommended that you receive HPV shots?

 YES 1

 NO 2

 REFUSED -7

 DON’T KNOW -8

MODULE E – FAMILY HISTORY OF CANCER

**PROGRAMMING NOTE QA11\_E1:**

**IF AGE < 18, THEN GO TO NEXT SECTION;**

**ELSE CONTINUE WITH QA11\_E1**

**QA11\_E1** Now I’m going to ask about your family’s history of cancer. By family we mean only your blood relatives. Did your biological father or mother, full brothers or sisters, or biological sons or daughters ever have cancer of any kind?

**[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 **[GO TO NEXT SECTION]**

 REFUSED -7 **[GO TO NEXT SECTION]**

 DON’T KNOW -8 **[GO TO NEXT SECTION]**

**QA11\_E2** 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

**PROGRAMMING NOTE QA11\_E3:**

**IF QA11\_E2 = 21 (SKIN CANCER) THEN CONTINUE WITH QA11\_E3;**

**ELSE SKIP TO PROGRAMMING NOTE QA11\_E4**

**QA11\_E3** Was the skin cancer you mentioned non-melanoma, melanoma, or an unknown type?

**[CODE ALL THAT APPLY]**

**[PROBE: “Any others?”]**

 Non-melanoma 1

 Melanoma 2

 Unknown type 3

 REFUSED -7

 DON’T KNOW -8

**PROGRAMMING NOTE QA11\_E4:**

**IF FEMALE AND QA11\_E2 = 5 (BREAST CANCER), THEN CONTINUE WITH QA11\_E4;**

**ELSE SKIP TO PROGRAMMING NOTE QA11\_E7**

**QA11\_E4** Was your mother ever diagnosed with breast cancer?

 YES 1

 NO 2

 REFUSED -7

 DON’T KNOW -8

**QA11\_E5** Do you have any sisters who have ever been diagnosed with breast cancer?

 YES 1

 NO 2 **[GO TO PN QA11\_E7]**

 REFUSED -7 **[GO TO PN QA11\_E7]**

 DON’T KNOW -8 **[GO TO PN QA11\_E7]**

**QA11\_E6** How many sisters have been diagnosed with breast cancer?

 \_\_\_\_\_\_\_\_ NUMBER OF SISTERS WITH BREAST CANCER

 REFUSED -7

 DON’T KNOW -8

**PROGRAMMING NOTE QA11\_E7:**

**IF QA11\_E2 = 7 (COLON CANCER) OR 20 (RECTAL CANCER), THEN CONTINUE WITH QA11\_E7;**

**ELSE SKIP TO NEXT SECTION**

**QA11\_E7** Who was diagnosed with colon or rectal cancer?

**[IF NEEDED, SAY: “Do NOT include STEP or HALF brothers and sisters.”]**

**[CODE ALL THAT APPLY]**

**[PROBE: “Any others?”]**

 Mother 1

 Father 2

 Full brother 3

 Full sister 4

 Biological son 5

 Biological daughter 6

 REFUSED -7

 DON’T KNOW -8

**PROGRAMMING NOTE QA11\_E8:**

**IF QA11\_E7 = (3, 4, 5, OR 6) THEN CONTINUE WITH QA11\_E8**

 **IF QA11\_E7 = 3, THEN DISPLAY “brothers”;**

 **IF QA11\_E7 = 4, THEN DISPLAY “sisters”;**

 **IF QA11\_E7 = 5, THEN DISPLAY “sons”;**

 **IF QA11\_E7= 6, THEN DISPLAY “daughters”;**

**ELSE SKIP TO NEXT SECTION**

**QA11\_E8** How many {brothers/sisters/sons/daughters} were diagnosed with colon or rectal cancer?

 \_\_\_\_\_\_\_\_ NUMBER OF FAMILY MEMBERS WITH COLON OR RECTAL CANCER

 REFUSED -7

 DON’T KNOW -8

MODULE G – DEMOGRAPHICS, PART I

**QA11\_G1** 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 QA11\_G2:**

**IF QA11\_G1 = -7 OR -8, CONTINUE WITH QA11\_G2;**

**ELSE GO TO QA11\_G5**

**QA11\_G2** 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 QA11\_G3:**

**IF QA11\_G2 = -7 OR -8 THEN CONTINUE WITH QA11\_G3;**

**ELSE GO TO QA11\_G5**

**QA11\_G3** What is your age, please?

 \_\_\_\_\_YEARS OF AGE **[GO TO QA11\_G5]**

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE FOR QA11\_G4:**

**IF QA11\_G3 = -7 OR -8 THEN CONTINUE WITH QA11\_G4;**

**ELSE GO TO QA11\_G5**

**QA11\_G4** 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

**QA11\_G5** Are you male or female?

 MALE 1

 FEMALE 2

 REFUSED -7

 DON'T KNOW -8

# Ethnicity

**QA11\_G6** Are you Latino or Hispanic?

YES 1

 NO 2 **[GO TO QA11\_G8]**

 REFUSED -7 **[GO TO QA11\_G8]**

 DON'T KNOW -8 **[GO TO QA11\_G8]**

**QA11\_G7** And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran -- and if you have more than one, tell me all of them.

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

**[CODE ALL THAT APPLY]**

 MEXICAN/MEXICAN AMERICAN/CHICANO 1

 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 QA11\_G8:**

**IF QA11\_G6 = 1 (YES, LATINO/HISPANIC) DISPLAY “You said you are Latino or Hispanic. Also,”;**

**IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA11\_G8 CONTINUE WITH PROGRAMMING NOTE QA11\_G9;**

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

# Race

**QA11\_G8** {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White?

**[IF R SAYS “NATIVE AMERICAN” CODE AS “4”]**

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

**[CODE ALL THAT APPLY]**

 WHITE 1 **[GO TO PN QA11\_G16]**

 BLACK OR AFRICAN AMERICAN 2 **[GO TO PN QA11\_G16]**

 ASIAN 3 **[GO TO PN QA11\_G12]**

 AMERICAN INDIAN OR ALASKA NATIVE 4 **[GO TO PN QA11\_G9]**

 OTHER PACIFIC ISLANDER 5 **[GO TO PN QA11\_G13]**

 NATIVE HAWAIIAN 6 **[GO TO PN QA11\_G16]**

 OTHER (SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 91

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE FOR QA11\_G9:**

**IF QA11\_G8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA11\_G9;**

**ELSE GO TO PROGRAMMING NOTE QA11\_G12;**

**QA11\_G9** You said American Indian or Alaska Native - and what is your tribal heritage? If you have more than one tribe, tell me all of them.

**[CODE ALL THAT APPLY]**

 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

**QA11\_G10** Are you an enrolled member in a federally or state recognized tribe?

 YES 1

 NO 2 **[GO TO QA11\_G12]**

 REFUSED -7 **[GO TO QA11\_G12]**

 DON'T KNOW -8 **[GO TO QA11\_G12]**

**QA11\_G11** Which tribe are you enrolled in?

**APACHE**

 MESCALERO APACHE, NM 1

 APACHE (NOT SPECIFIED) 2

 OTHER APACHE [Ask for spelling] (SPECIFY): 3

 **BLACKFEET**

 BLACKFOOT/BLACKFEET 4

 **CHEROKEE**

 WESTERN CHEROKEE 5

 CHEROKEE (NOT SPECIFIED) 6

 OTHER CHEROKEE [Ask for spelling] (SPECIFY) 7

 **CHOCTAW**

 CHOCTAW OKLAHOMA 8

 CHOCTAW (NOT SPECIFIED) 9

 OTHER CHOCTAW [Ask for spelling] (SPECIFY): 10

 **NAVAJO**

 NAVAJO (NOT SPECIFIED) 11

 **POMO**

 HOPLAND BAND, HOPLAND RANCHERIA 12

 SHERWOOD VALLEY RANCHERIA 13

 POMO (NOT SPECIFIED) 14

 OTHER POMO [Ask for spelling] (SPECIFY): 15

 **PUEBLO**

 HOPI 16

 YSLETA DEL SUR PUEBLO OF TEXAS 17

 PUEBLO (NOT SPECIFIED) 18

 OTHER PUEBLO [Ask for spelling] (SPECIFY): 19

 **SIOUX**

 OGLALA/PINE RIDGE SIOUX 20

 SIOUX (NOT SPECIFIED) 21

 OTHER SIOUX [Ask for spelling] (SPECIFY): 22

**YAQUI**

 PASCUA YAQUI TRIBE OF ARIZONA 23

 YAQUI (NOT SPECIFIED) 24

 OTHER YAQUI [Ask for spelling] (SPECIFY): 25

 **OTHER**

 OTHER [Ask for spelling] (SPECIFY: \_\_\_\_\_\_\_) 91

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_G12:**

**IF QA11\_G8 = 3 (ASIAN) CONTINUE WITH QA11\_G12;**

**ELSE GO TO PROGRAMMING NOTE QA11\_G13;**

**QA11\_G12** You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

**[CODE ALL THAT APPLY]**

 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 QA11\_G13:**

**IF QA11\_G8 = 5 (OTHER PACIFIC ISLANDER), CONTINUE WITH QA11\_G13;**

**ELSE GO TO PROGRAMMING NOTE QA11\_G14;**

**QA11\_G13** You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

**[CODE ALL THAT APPLY]**

 SAMOAN/AMERICAN SAMOAN 1

 GUAMANIAN 2

 TONGAN 3

 FIJIAN 4

 OTHER PACIFIC ISLANDER (SPECIFY): \_\_\_\_\_\_\_ 91

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE FOR QA11\_G14:**

**IF QA11\_G6 = 1 (LATINO) AND [QA11\_G8 = 6 (NATIVE HAWAIIAN) OR QA11\_G8 = 5 (OTHER PACIFIC ISLANDER) OR QA11\_G8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA11\_G8 = 3 (ASIAN) OR QA11\_G8 = 2 (BLACK/AFRICAN AMERICAN) OR QA11\_G8 = 1 (WHITE) OR QA11\_G8 = 91 (OTHER)], CONTINUE WITH QA11\_G14;**

**ELSE IF THERE WERE MULTIPLE RESPONSES TO QA11\_G8, QA11\_G12, OR QA11\_G13 (NOT COUNTING -7 OR -8), CONTINUE WITH QA11\_G14;**

**ELSE SKIP TO QA11\_G16;**

**QA11\_G14** You said that you are: {INSERT MULTIPLE RESPONSES QA11\_G7, QA11\_G8, QA11\_G12 AND QA11\_G13}.

 Do you identify with any one race in particular?

 YES 1

 NO 2 **[GO TO QA11\_G16]**

 REFUSED -7 **[GO TO QA11\_G16]**

 DON'T KNOW - 8 **[GO TO QA11\_G16]**

**PROGRAMMING NOTE FOR QA11\_G15:**

**IF QA11\_G6 = 1 (YES, LATINO) AND QA11\_G7 ≠ -7 or -8, DO NOT DISPLAY QA11\_G15 = 14 (LATINO);**

**IF QA11\_G8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA11\_G13 = 1 to 4 OR 91, DO NOT DISPLAY QA11\_G15 = 17 (OTHER PACIFIC ISLANDER);**

**IF QA11\_G8 = 3 AND QA11\_G12 = 1 TO 17 OR 91, DO NOT DISPLAY QA11\_G15 = 19 (ASIAN);**

**QA11\_G15** Which do you most identify with?

**[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

**PROGRAMMING NOTE FOR QA11\_G16:**

**IF AGE < 18, THEN GO TO NEXT SECTION;**

**ELSE CONTINUE WITH QA11\_G16;**

**QA11\_G16** Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

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

 MARRIED 1

 LIVING WITH PARTNER 2

 WIDOWED 3

 DIVORCED 4

 SEPARATED 5

 NEVER MARRIED 6

 REFUSED -7

 DON'T KNOW -8

MODULE H – DEMOGRAPHICS, PART II

**PROGRAMMING NOTE FOR QA11\_H1:**

**IF AGE < 18, GO TO QA11\_H4;**

**ELSE CONTINUE WITH QA11\_H1**

**QA11\_H1** Now a few more questions about you.

 In what country were you born?

 **[SELECT FROM MOST LIKELY COUNTRIES]**

 UNITED STATES… 1

 AMERICAN SAMOA 2

 CANADA 3

 CHINA 4

 EL SALVADOR 5

 ENGLAND 6

 FRANCE 7

 GERMANY 8

 GUAM 9

 GUATEMALA 10

 HUNGARY 11

 INDIA 12

 IRAN 13

 IRELAND 14

 ITALY 15

 JAPAN 16

 KOREA 17

 MEXICO 18

 PHILIPPINES 19

 POLAND 20

 PORTUGAL 21

 PUERTO RICO 22

 RUSSIA 23

 TAIWAN 24

 VIETNAM 25

 VIRGIN ISLANDS 26

 OTHER (SPECIFY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 91

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_H2;**

**IF QA11\_H1 NE 1 (NOT BORN IN US), GO TO QA11\_H4;**

**ELSE IF QA11\_H1 = 1, -7, OR -8 (BORN IN US, REFUSED, OR DON’T KNOW), CONTINUE WITH QA11\_H2;**

**QA11\_H2** In what country was your mother born?

**[SELECT FROM MOST LIKELY COUNTRIES]**

 **[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS**

 **TO ADOPTIVE PARENTS]**

 UNITED STATES… 1

 AMERICAN SAMOA 2

 CANADA 3

 CHINA 4

 EL SALVADOR 5

 ENGLAND 6

 FRANCE 7

 GERMANY 8

 GUAM 9

 GUATEMALA 10

 HUNGARY 11

 INDIA 12

 IRAN 13

 IRELAND 14

 ITALY 15

 JAPAN 16

 KOREA 17

 MEXICO 18

 PHILIPPINES 19

 POLAND 20

 PORTUGAL 21

 PUERTO RICO 22

 RUSSIA 23

 TAIWAN 24

 VIETNAM 25

 VIRGIN ISLANDS 26

 OTHER (SPECIFY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 91

 REFUSED -7

 DON'T KNOW -8

**QA11\_H3** In what country was your father born?

**[SELECT FROM MOST LIKELY COUNTRIES]**

 **[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS**

 **TO ADOPTIVE PARENTS]**

 UNITED STATES… 1

 AMERICAN SAMOA 2

 CANADA 3

 CHINA 4

 EL SALVADOR 5

 ENGLAND 6

 FRANCE 7

 GERMANY 8

 GUAM 9

 GUATEMALA 10

 HUNGARY 11

 INDIA 12

 IRAN 13

 IRELAND 14

 ITALY 15

 JAPAN 16

 KOREA 17

 MEXICO 18

 PHILIPPINES 19

 POLAND 20

 PORTUGAL 21

 PUERTO RICO 22

 RUSSIA 23

 TAIWAN 24

 VIETNAM 25

 VIRGIN ISLANDS 26

 OTHER (SPECIFY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 91

 REFUSED -7

 DON'T KNOW -8

# Language Spoken at Home

**QA11\_H4** What languages do you speak at home?

**[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

**PROGRAMMING NOTE QA11\_H5 AND QA11\_H6:**

**IF AGE < 18, GO TO QA11\_H32;**

**ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA11\_H5;**

**ELSE IF INTERVIEW CONDUCTED IN ENGLISH AND QA11\_H4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA11\_H5 AND DISPLAY: “Since you speak a language other than English at home, we are interested in the languages you use in other situations”;**

**ELSE IF QA11\_H4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA11\_H8**

**QA11\_H5** {Since you speak a language other than English at home, we are interested in the languages you use in other situations.} 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

**QA11\_H6** 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

**PROGRAMMING NOTE QA11\_H7:**

**IF INTERVIEW CONDUCTED IN ENGLISH AND QA11\_H4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA11\_H7 AND DISPLAY: “Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English” AND DROP RESPONSE CATEGORY “Not at all?”;**

**ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA11\_H7;**

**ELSE GO TO PROGRAMMING NOTE QA11\_H8**

**QA11\_H7** {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, or 3

 Not at all? 4

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_H8:**

**IF QA11\_H1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO QA11\_H11;**

**ELSE CONTINUE WITH QA11\_H8;**

# Citizenship and Immigration

**QA11\_H8** The next questions are about citizenship and immigration.

 Are you a citizen of the United States?

 YES 1 **[GO TO QA11\_H10]**

 NO 2

 APPLICATION PENDING 3

 REFUSED -7

 DON'T KNOW -8

**QA11\_H9** Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

 **[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

**QA11\_H10** About how many years have you lived in the United States?

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

 \_\_\_\_\_ NUMBER OF YEARS

 \_\_\_\_\_ YEAR (FIRST CAME TO LIVE IN U.S.)

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_H11:**

**IF QA11\_G16 =1 (MARRIED) CONTINUE WITH QA11\_H11;**

**IF QA11\_G16 = 2 (LIVING WITH PARTNER), GO TO QA11\_H12;**

**ELSE GO TO PROGRAMMING NOTE QA11\_H13;**

**QA11\_H11** Is your spouse also living in your household?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_H12** May I have your {spouse/partner}’s first name and age?

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

 SPOUSE/PARTNER NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SPOUSE/PARTNER AGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SPOUSE/PARTNER SEX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAMMING NOTE QA11\_H13:**

**IF AGE < 30 OR QA11\_G4 = 1 (AGE 18-29) AND QA11\_G16 = 1 (MARRIED) AND QA11\_H11 =1 (SPOUSE LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA11\_H13;**

**IF AGE < 30 OR QA11\_G4 =1 (AGE 18-29) AND QA11\_G16 = 2 (LIVING WITH PARTNER) AND 3 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA11\_H13;**

**IF AGE < 30 OR QA11\_G4 =1 (AGE 18-29) AND QA11\_G16 = 3, 4, 5, 6, –7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, OR DK) AND 2 OR MORE ADULTS LIVING IN HH, CONTINUE WITH QA11\_H13;**

**ELSE GO TO QA11\_H14;**

**QA11\_H13** Are you now living with either of your parents?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_H14;**

**IF COMPLETED CHILD 1ST INTERVIEW, SKIP TO QA11\_H20;**

**ELSE CONTINUE WITH QA11\_H14;**

# Child and Teen Selection

**QA11\_H14** Are there any children under the age of 18 living in the household, including babies?

 YES 1

 NO 2 **[GO TO QA11\_H22]**

 REFUSED -7 **[GO TO QA11\_H22]**

 DON'T KNOW -8 **[GO TO QA11\_H22]**

**QA11\_H15** 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 |  |  |  |

**QA11\_H16** 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]**

**QA11\_H17** 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 QA11\_H15]**

**PROGRAMMING NOTE QA11\_H18:**

**IF ANY PEOPLE IN HH UNDER 18, ASK ABOUT EACH PERSON UNDER 18**

**QA11\_H18** Are you the parent or legal guardian of {PERSON NAME/AGE/SEX}?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_H19:**

**IF ANY PEOPLE IN HH UNDER AGE 18 AND [QA11\_H11 = 1 OR QA11\_G16 = 2], ASK QA11\_H19 ABOUT THE SPOUSE/PARTNER AND EACH PERSON UNDER 18;**

**ELSE SKIP TO QA11\_H20;**

**QA11\_H19** Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX}?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_H20:**

**IF QA11\_H14 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA11\_H15 ARE AGE 13 OR LESS, CONTINUE WITH QA11\_H20;**

**ELSE GO TO QA11\_H22;**

**IF ANY CHILD IN ROSTER QA11\_H15 < 14 AND ≥ 14 DISPLAY “for any children under age 14”;**

**IF QA11\_G16 = 1 (MARRIED) AND QA11\_G11 =1 (SPOUSE LIVING IN HH), DISPLAY “you or your spouse”;**

**IF QA11\_G16 = 2 (LIVING WITH PARTNER), DISPLAY “you or your partner”;**

**ELSE DISPLAY “you”**

#

**QA11\_H20** In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/partner/you} worked, were in school, or looked for work?

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

 YES 1

 NO 2 **[GO TO QA11\_H22]**

 REFUSED -7 **[GO TO QA11\_H22]**

 DON'T KNOW -8 **[GO TO QA11\_H22]**

**QA11\_H21** In the past month, how much did you pay for all child care arrangements and programs?

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

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT LAST MONTH [HR: 0-8,000]

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT IN TYPICAL WEEK [HR: 0-3,000]

 NO PAYMENT IN LAST MONTH OR WEEK 3

 REFUSED -7

 DON'T KNOW -8

**QA11\_H22** 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

**QA11\_H23** Which of the following were you doing last week?

 Working at a job or business 1 **[GO TO QA11\_H27]**

 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 QA11\_H27]**

 DON'T KNOW -8 **[GO TO QA11\_H27]**

**QA11\_H24** What is the main reason you did not work last week?

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

TAKING CARE OF HOUSE OR FAMILY 1

 ON PLANNED VACATION 2

 COULDN'T FIND A JOB 3

 GOING TO SCHOOL/STUDENT 4

 RETIRED 5 **[GO TO PN QA11\_H26]**

 DISABLED 6 **[GO TO PN QA11\_H26]**

 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

**QA11\_H25** Do you usually work?

 YES 1

 NO 2

 LOOKING FOR WORK 3

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_H26;**

**IF AGE = -7 OR -8 OR AGE < 65 AND QA11\_H25 = 2 (NO) CONTINUE WITH QA11\_H26;**

**IF AGE = -7 OR -8 OR AGE < 65 AND QA11\_H24 = 5 (RETIRED) or 6 (DISABLED) CONTINUE**

**WITH QA11\_H26;**

**ELSE GO TO PROGRAMMING NOTE QA11\_H27;**

**QA11\_H26** Are you receiving Social Security Disability Insurance or SSDI?

 YES 1 **[GO TO PN QA11\_H28]**

 NO 2 **[GO TO PN QA11\_H28]**

 REFUSED -7 **[GO TO PN QA11\_H28]**

 DON'T KNOW -8 **[GO TO PN QA11\_H28]**

**PROGRAMMING NOTE QA11\_H27:**

**ELSE IF (QA11\_H23 = 1, 2, -7, OR -8) OR (QA11\_H25 = 1), CONTINUE WITH QA11\_H27;**

**ELSE GO TO PROGRAMMING NOTE QA11\_H28;**

**QA11\_H27** On your main job, are you employed by a private company, the government, or are you self-employed, or are you working without pay in a family business or farm?

 **[IF NEEDED SAY, “Where did you work most hours?”]**

PRIVATE COMPANY,
NON-PROFIT ORGANIZATION, FOUNDATION 1

 GOVERNMENT 2

 SELF-EMPLOYED 3

 FAMILY BUSINESS OR FARM 4

 REFUSED -7

 DON'T KNOW -8

PROGRAMMING NOTE QA11\_H28;

IF QA11\_ G16 = 1 (MARRIED), CONTINUE WITH QA11\_H28;

**ELSE GO TO NEXT SECTION;**

**QA11\_H28** Which of the following was your spouse doing last week?

 Working at a job or business 1 **[GO TO QA11\_H30]**

 With a job or business but not at work 2 **[GO TO QA11\_H30]**

 Looking for work 3

 Not working at a job/business 4

 REFUSED -7

 DON'T KNOW -8

**QA11\_H29** Does your spouse usually work?

 YES 1

 NO 2 **[GO TO NEXT SECTION]**

 LOOKING FOR WORK 3 **[GO TO NEXT SECTION]**

 REFUSED -7 **[GO TO NEXT SECTION]**

 DON'T KNOW -8 **[GO TO NEXT SECTION]**

**QA11\_H30** On your spouse’s main job, is he/she employed by a private company, the government, or is he/she self-employed, or is he/she working without pay in a family business or farm?

  **[IF NEEDED SAY, “Where did he/she work most hours?”]**

PRIVATE COMPANY,
NON-PROFIT ORGANIZATION, FOUNDATION 1

 GOVERNMENT 2

 SELF-EMPLOYED 3

 FAMILY BUSINESS OR FARM 4

 REFUSED -7

 DON'T KNOW -8

**QA11\_H31** Do you own or rent your home?

 OWN 1

 RENT 2

 OTHER ARRANGEMENT 3

 REFUSED -7

 DON’T KNOW -8

**QT11\_H32** Did you attend school last week?

 YES 1 **[GO TO QT11\_H34]**

 NO 2

 ON VACATION 3

 HOME SCHOOLED 4 **[GO TO NEXT SECTION]**

 REFUSED -7

 DON’T KNOW -8

**QT11\_H33** Did you attend school during the last school year?

 YES 1

 NO 2 **[GO TO NEXT SECTION]**

 HOME SCHOOLED LAST YEAR 3 **[GO TO NEXT SECTION]**

 REFUSED -7 **[GO TO NEXT SECTION]**

 DON’T KNOW -8 **[GO TO NEXT SECTION]**

###  of School

**QT11\_H34** What is the name of the school you go to or last attended?

**[IF NEEDED, ASK: “Is that an elementary, middle, junior high, or high school?”]**

**[RECORD VERBATIM]**

NAME OF SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 REFUSED -7

 DON’T KNOW -8

 \_\_\_\_TYPE OF SCHOOL

 TEEN NOT IN SCHOOL 0

 ELEMENTARY 1

 INTERMEDIATE 2

 JUNIOR HIGH 3

 MIDDLE SCHOOL 4

 HIGH SCHOOL 5

 SENIOR HIGH SCHOOL 6

 CONTINUATION 7

 CHARTER SCHOOL 8

 OTHER (SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_) 91

 REFUSED -7

 DON’T KNOW -8

MODULE I – EMPLOYMENT, INCOME AND POVERTY

**PROGRAMMING NOTE QA11\_I1:**

**IF AGE < 18, GO TO NEXT SECTION;**

**ELSE IF QA11\_H23 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUISNESS BUT NOT AT WORK) OR QA11\_H25 = 1 (R USUALLY WORKS) CONTINUE WITH QA11\_I1;**

**ELSE GO TO PROGRAMMING NOTE QA11\_I5**

**QA11\_I1** The next questions are about your employment.

 How many hours per week do you usually work at all jobs or businesses?

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

 \_\_\_\_\_ HOURS [HR: 0-95]

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_I2**

**IF QA11\_I1 = 0 (NO HOURS WORKED), GO TO PROGRAMMING NOTE QA11\_I5;**

**ELSE CONTINUE WITH QA11\_I2 AND**

**IF QA11\_H27 = 1 (PRIVATE COMPANY), DISPLAY “employed by a private company”;**

**IF QA11\_H27 = 2 (GOVERNMENT), CODE QA11\_I2 AS “GOVERNMENT” AND GO TO QA11\_I3;**

**IF QA1\_H27 = 3 (SELF-EMPLOYED), DISPLAY “self-employed”;**

**IF QA11\_H27 = 4 (FAMILY BUSINESS OR FARM), DISPLAY “working without pay in a family business or farm”**

**QA11\_I2** Earlier, you told me that on your main job, you are {employed by a private company/self-employed/ working without pay in a family business or farm}. What kind of business or industry is this?

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

**[ENTER DESCRIPTION]**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BUSINESS OR INDUSTRY)

 REFUSED -7

 DON'T KNOW -8

**QA11\_I3** How long have you worked at your main job?

 **[IF NEEDED, SAY: “That is, for your current employer.”]**

 \_\_\_\_\_ MONTHS [HR: 0-12]

 \_\_\_\_\_ YEARS [HR: 0-50]

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_I4:**

**IF QA11\_H27 = 2 (GOVERNMENT EMPLOYEE), CODE QA11\_I4 = 5 AND GO TO QA11\_I5;**

**IF QA11\_H27 = 3 (SELF-EMPLOYED), CONTINUE WITH QA11\_I4 AND DISPLAY "Including yourself, about" AND “you”;**

**ELSE CONTINUE WITH QA11\_I4 AND DISPLAY "About" AND “your employer”;**

**QA11\_I4** {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

 **[IF NEEDED SAY, “Your best guess is fine.”]**

 1-2 1

 3-9 2

 10-24 3

 25-50 4

 51-100 5

 101-200 6

 201-999 7

 1,000 OR MORE 8

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_I5:**

**QA11\_H23 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA11\_H25 = 1 (USUALLY WORKS), CONTINUE WITH QA11\_I5;**

**ELSE SKIP TO PROGRAMMING NOTE QA11\_I6**

# Income Last Month

**QA11\_I5** What is your best estimate of all your earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

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

 $\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_I6;**

**IF QA11\_H28 = [1 (SPOUSE WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA11\_H29 = 1 (SPOUSE USUALLY WORKS), CONTINUE WITH QA11\_I6 AND:**

**IF QA11\_H23 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK,**

**AND DOES NOT HAVE A JOB) AND QA11\_H25 ≠ 1 (R DOES NOT USUALLY WORK),**

**DISPLAY “The next question is about your spouse’s employment.”**

**IF AR GENDER AND SPOUSE GENDER ARE BOTH KNOWN AND AR GENDER ≠ SP**

**GENDER THEN:**

 **IF QA11\_G5 = 1 (MALE) DISPLAY “wife”;**

**ELSE IF QA11\_G5 = 2 (FEMALE) DISPLAY “husband”;**

 **ELSE DISPLAY “spouse”;**

**ELSE SKIP TO QA11\_I8**

**QA11\_I6** {The next question is about your spouse’s employment.}

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

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

 \_\_\_\_\_ HOURS [HR: 0-95]

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_I7;**

**IF QA11\_I6 > 0 CONTINUE WITH QA11\_I7;**

**ELSE GO TO QA11\_I8;**

**QA11\_I7** What is your best estimate of all your spouse’s earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips and commissions?

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

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT

 REFUSED -7

 DON'T KNOW -8

# Income

**QA11\_I8** What is your best estimate of your household’s total annual income from all sources before taxes in 2010?

 **[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 QA11\_I10]**

 DON'T KNOW -8 **[GO TO QA11\_I10]**

**QA11\_I9** I have entered that your annual household income is (AMOUNT). Is that correct?

 YES 1 **[GO TO QA11\_I16]**

 NO 2 **[GO BACK TO QA11\_I8]**

**PROGAMMING NOTE QA11\_I10:**

**IF QA11\_I8 = -7 OR -8, CONTINUE WITH QA11\_I10;**

**ELSE GO TO PROGRAMMING NOTE QA11\_I16**

**QA11\_I10** We don’t need to know exactly, but could you tell me if your household’s annual income from all sources before taxes is more than $20,000 per year or is it less?

 MORE 1 **[GO TO QA11\_I12]**

 EQUAL TO $20K OR LESS 2

 REFUSED -7 **[GO TO QA11\_I16]**

 DON'T KNOW -8 **[GO TO QA11\_I16]**

**QA11\_I11** Is it …

 $5,000 or less, or 1 **[GO TO QA11\_I16]**

 $5,001 to $10,000, or 2 **[GO TO QA11\_I16]**

 $10,001 to $15,000, or 3 **[GO TO QA11\_I16]**

 $15,001 to 20,000? 4 **[GO TO QA11\_I16]**

 REFUSED -7 **[GO TO QA11\_I16]**

 DON'T KNOW -8 **[GO TO QA11\_I16]**

**QA11\_I12** Is it more or less than $70,000 per year?

 MORE 1 **[GO TO QA11\_I14]**

 EQUAL TO $70K OR LESS 2

 REFUSED -7 **[GO TO QA11\_I16]**

 DON'T KNOW -8 **[GO TO QA11\_I16]**

**QA11\_I13** Is it …

 $20,001 to $30,000, 1 **[GO TO QA11\_I16]**

 $30,001 to $40,000, 2 **[GO TO QA11\_I16]**

 $40,001 to $50,000, 3 **[GO TO QA11\_I16]**

 $50,001 to $60,000, or 4 **[GO TO QA11\_I16]**

 $60,001 to $70,000? 5 **[GO TO QA11\_I16]**

 REFUSED -7 **[GO TO QA11\_I16]**

 DON'T KNOW -8 **[GO TO QA11\_I16]**

**QA11\_I14** Is it more or less than $135,000 per year?

 MORE 1 **[GO TO QA11\_I16]**

 EQUAL TO $135K OR LESS 2

 REFUSED -7 **[GO TO QA11\_I16]**

 DON'T KNOW -8 **[GO TO QA11\_I16]**

**QA11\_I15** 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 QA11\_I16:**

**IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA11\_I18;**

**ELSE CONTINUE WITH QA11\_I16;**

#

# Number of persons supported

**QA11\_I16** 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 QA11\_I17:**

**QA11\_I17 MUST BE LESS THAN QA11\_I16**

**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) = QA11\_****I16, GO TO PROGRAMMING NOTE QA11\_I18;**

**ELSE CONTINUE WITH QA11\_I17**

**QA11\_I17** How many of these {INSERT NUMBER FROM QA11\_I16} people are children under the age of 18?

 \_\_\_\_\_ NUMBER OF CHILDREN (UNDER AGE 18)

 REFUSED -7

 DON'T KNOW -8

# Poverty level test

|  |
| --- |
| **PROGRAMMING NOTE QA11\_I18:** **OBTAIN THE FEDERAL POVERTY 100%, 130% 200%, AND 300% LEVEL CUTOFF POINTS FROM THE 2008 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA11\_I16 AND QA11\_I17 RESPECTIVELY.** **(THE 200% AND 300% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2008 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 2008” 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 QA11\_I16 OR QA11\_I17 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 QA11\_H15 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 QA11\_I8= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11\_I11, QA11\_I13, OR QA11\_I15 OR QA11\_I10 = -7 OR QA11\_I12 = -7 OR QA11\_I14 = -7, ASK QA11\_I18 USING POVRT100 (THE 100% FPL CUTOFF DISPLAY AMOUNT);****ELSE GO TO PROGRAMMING NOTE QA11\_I19** |

**QA11\_I18** 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 QA11\_I22]**

 MORE 2

 REFUSED -7 **[GO TO QA11\_I22]**

 DON'T KNOW -8 **[GO TO QA11\_I22]**

|  |
| --- |
| **PROGRAMMING NOTE QA11\_I19:****IF QA11\_I8 = -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11\_I11, QA11\_I13, OR QA11\_I15 OR IF QA11\_I10 = -7 OR QA11\_I12 = -7 OR QA11\_I14= -7, CONTINUE WITH QA11\_I19 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);** **ELSE GO TO PROGRAMMING NOTE QA11\_I21** |

**QA11\_I19** {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 QA11\_I21]**

 REFUSED -7 **[GO TO QA11\_I22]**

 DON'T KNOW -8 **[GO TO QA11\_I22]**

|  |
| --- |
| **PROGRAMMING NOTE QA11\_I20:****IF QA11\_I19 = 1 (≤ 200% FPL), CONTINUE WITH QA11\_I20 USING POVRT130 (130% POVERTY CUTOFF DISPLAY AMOUNT);****ELSE SKIP TO QA11\_I21** |

**QA11\_I20** {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 QA11\_I22]**

 MORE 2 **[GO TO QA11\_I22]**

 REFUSED -7 **[GO TO QA11\_I22]**

 DON'T KNOW -8 **[GO TO QA11\_I22]**

|  |
| --- |
| **PROGRAMMING NOTE QA11\_I21:****IF QA11\_I8 = -7 OR –8 (REF/DK) AND IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA11\_I11, QA11\_I13, OR QA11\_I15 OR IF QA11\_I10 = -7 OR QA11\_I12= -7 OR QA11\_I14 = -7, CONTINUE WITH QA11\_I21 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);** **IF NEITHER QA11\_I18 OR QA11\_I19 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 QA11\_I22;** |

**QA11\_I21** {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

 REFUSED -7

 DON'T KNOW -8

|  |
| --- |
| **PROGRAMMING NOTE QA11\_I22;****IF POVERTY < 3 (HH Income ≤ 200% FPL) OR 5 (HH INCOME NOT KNOWN), CONTINUE WITH QA11\_I22;****ELSE GO TO NEXT SECTION** |

**QA11\_I22** 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

**QA11\_I23** 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

**QA11\_I24** Please tell me yes or no. In the last 12 months, 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 QA11\_I26]**

 REFUSED -7 **[GO TO QA11\_I26]**

 DON'T KNOW -8 **[GO TO QA11\_I26]**

**QA11\_I25** 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

**QA11\_I26** 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

**QA11\_I27** In the last 12 months, 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 J – DEMOGRAPHICS, PART III AND CLOSING

# County of Residence

|  |
| --- |
| **PROGRAMMING NOTE QA11\_J1;****IF AGE < 18, GO TO NEXT SECTION;****ELSE CONTINUE WITH QA11\_J1** |

**QA11 \_J1** 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

# Address confirmation, cross streets, zip code

**PROGRAMMING NOTE QA11\_J2:**

**IF ADVANCE LETTER SENT, CONTINUE WITH QA11\_J2;**

**IF R’S ADDRESS IS A P.O. BOX, GO TO QA11\_J3**

**ELSE GO TO QA11\_J3;**

**QA11\_J2** 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 QA11\_J6]**

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_J3** What is your zip code?

 \_\_\_\_\_\_\_\_\_ (ZIP CODE)

 REFUSED -7

 DON'T KNOW -8

**QA11\_J4** 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 (VERIFY SPELLING) **[GO TO QA11\_J6]**

 \_\_\_\_\_\_\_\_ STREET TYPE

 \_\_\_\_\_\_\_\_ APT. NO

 REFUSED -7

 DON'T KNOW -8

**QA11\_J5** 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]**

**QA11\_J6** 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**l phone use**

**QA11\_J7** Do you have a working cell phone?

[IF NEEDED, SAY: “I’m not going to ask you for the number.”]

 YES 1

 NO 2

 SHARES CELL PHONE 3

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_J8:**

**IF QA11\_J7 = 1 (YES) OR 3 (SHARES CELL PHONE), CONTINUE WITH QA11\_J8;**

**ELSE SKIP TO QA11\_J9;**

**QA11\_J8** 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

# Follow-up Survey Permission

**QA11\_J9** 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.

**[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 K – GENERAL HEALTH, HEALTH-RELATED QUALITY OF LIFE, AND SEXUAL HEALTH

# Height and Weight

**QA11\_K1** These next questions are about your health.

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

 EXCELLENT 1

 VERY GOOD 2

 GOOD 3

 FAIR 4

 POOR 5

 REFUSED -7

 DON’T KNOW -8

**PROGRAMMING NOTE QA11\_K2:**

**IF AGE < 18, CONTINUE WITH QA11\_K2;**

**ELSE GO TO QA11\_K4;**

**QA11\_K2** Now, thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

 \_\_\_\_\_\_ NUMBER OF DAYS

 REFUSED -7

 DON’T KNOW -8

**QA11\_K3** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

 \_\_\_\_\_\_ NUMBER OF DAYS

 REFUSED -7

 DON’T KNOW -8

**QA11\_K4** These next questions are about your height and weight.

 How tall are you without shoes?

 **[IF NEEDED SAY, “About how tall?”]**

 \_\_\_\_\_ FEET \_\_\_\_\_ INCHES

 \_\_\_\_\_ METERS \_\_\_\_\_ CENTIMETERS

 FEET/INCHES 1

 METERS/CENTIMETERS 2

 REFUSED -7

 DON’T KNOW -8

**PROGRAMMING NOTE QA11\_K5:**

**IF AGE < 18, GO TO QA11\_K11;**

**ELSE IF QA11\_G5 = 2 (FEMALE) and AGE < 50, DISPLAY "When not pregnant, how";**

**ELSE DISPLAY "How";**

**QA11\_K5** {When not pregnant, how/How} much do you weigh without shoes?

 **[IF NEEDED SAY, “About how much?”]**

 \_\_\_\_\_ POUNDS

 \_\_\_\_\_ KILOGRAMS

 REFUSED -7

 DON’T KNOW -8

**PROGRAMMING NOTE QA11\_K6:**

**IF AGE > 70 OR QA11\_G4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO QA11\_K11;**

**ELSE CONTINUE WITH QA11\_K6;**

# Sexual Partners, Sexual Orientation

**QA11\_K6** We are asking a few questions about people’s sexual experiences. All answers will be kept private.

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

\_\_\_\_\_\_\_ NUMBER OF SEXUAL PARTNERS **[GO TO QA11\_K8]**

 REFUSED -7 **[GO TO QA11\_K8]**

 DON'T KNOW -8

**QA11\_K7** Can you give me your best guess?

**[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 QA11\_K8:**

**IF QA11\_K6 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA11\_K7=0, GO TO PROGRAMMING NOTE QA11\_K9;**

**ELSE CONTINUE WITH QA11\_K8;**

**IF QA11\_K6 OR QA11\_K7 = 1 (ONE PARTNER IN LAST 12 MONTHS), DISPLAY “Is that partner male or female”’**

**ELSE DISPLAY “In the past 12 months, have your sexual partners been male, female, or both male and female”**

**QA11\_K8** {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 QA11\_K9:**

**IF QA11\_G5 = 1 (MALE), DISPLAY “Gay” in question and “Gay” IN HELP SCREEN;**

**ELSE IF QA11\_G5 =2 (FEMALE), DISPLAY “Gay, Lesbian” in question and “Gay and Lesbian” IN HELP SCREEN**

**QA11\_K9** Do you think of yourself as straight or heterosexual, as gay {lesbian} or homosexual, or bisexual?

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

 STRAIGHT OR HETEROSEXUAL 1

 GAY, LESBIAN, OR HOMOSEXUAL 2

 BISEXUAL 3

 NOT SEXUAL/ CELIBATE/ NONE 4

 OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5

 REFUSED -7

 DON’T KNOW -8

**PROGRAMMING NOTE QA11\_K10:**

**IF [QA11\_H5 = 1 (MALE) AND QA11\_K8 = 1 (MALE)] OR [QA11\_G5 = 2 (FEMALE) AND QA11\_K8 = 2 (FEMALE)] OR [QA11\_K8 = 3, -7, OR -8] OR [IF QA11\_K9 ≠ 1] CONTINUE WITH QA11\_K10;**

ELSE GO TO QA11\_K11

**QA11\_K10** Are you legally registered as a domestic partner or legally married in California with someone of the same sex?

**[ONLY INCLUDE SAME SEX MARRAIGES PERFORMED IN CALIFORNIA.]**

**[IF NEEDED, SAY: “Which one of these applies to you?”]**

 YES (DOMESTIC PARTNER) 4

 YES (MARRIED IN CALIFORNIA) 5

 NO 6

 REFUSED -7

 DON'T KNOW -8

**QA11\_K11** Is there a place that you usually go to when you are sick or need advice about your health?

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

 YES 1

 NO 2 **[GO TO QA11\_K13]**

 DOCTOR/MY DOCTOR 3

 KAISER 4

 MORE THAN ONE PLACE 5

 REFUSED -7 **[GO TO QA11\_K13]**

 DON'T KNOW -8 **[GO TO QA11\_K13]**

**PROGRAMMING NOTE QA11\_K12:**

**IF QA11\_K11 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often--a medical";**

**ELSE IF QA11\_K11 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";**

**ELSE IF QA11\_K11 = 4 (KAISER) CIRCLE “1” FOR QA11\_K12 AND GO TO QA11\_K13**

**QA11\_K12** {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

 SOME OTHER PLACE (SPECIFY:\_\_\_\_\_\_\_\_\_) 91

 NO ONE PLACE 92

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_K13:**

**IF CHILD OR TEEN SELECTED OR SPOUSE IN HH, DISPLAY “Now, I’d like to ask about the health care YOU receive”;**

**ELSE BEGIN QUESTION WITH “During the past 12 months, how many times have you seen a medical doctor”**

**QA11\_K13** {Now, I’d like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor}?

 \_\_\_\_\_ TIMES [HR: 0-365]

 REFUSED -7

 DON'T KNOW -8

MODULE L – EPILEPSY

**PROGRAMMING NOTE QA11\_L1:**

**IF AGE < 18, CONTINUE WITH QA11\_L1;**

**ELSE GO TO NEXT SECTION;**

**QA11\_L1** Has a doctor ever told you that you have seizure disorder or epilepsy?

 **[INTERVIEWER NOTE: IF R REPORTS THEIR MOTHER/FATHER/GUARDIAN TOLD THEM THEY HAVE SEIZURES OR EPILEPSY, CODE AS 1]**

                                            YES........................................................................ 1

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

                                            REFUSED............................................................. -7

                                            DON’T KNOW..................................................... -8

**QA11\_L2** Are you now taking any medicine to control your seizure disorder or epilepsy?

                                            YES........................................................................ 1

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

                                            REFUSED............................................................. -7

                                            DON'T KNOW..................................................... -8

**QA11\_L3** How many seizures of any type have you had in the last three months?

 **[INTERVIEWER NOTE: IF R REPORTS ONLY HAVING “AURAS” AND NO SEIZURES, INSTRUCT R TO DISREGARD AURAS. IF R NORMALLY COUNTS “AURAS” AS SEIZURES, ACCEPT THE RESPONSE]**

                                            NO SEIZURE....................................................... 1

                                            ONE SEISURE..................................................... 2

                                            MORE THAN ONE SEISURE............................ 3

                                            REFUSED........................................................... -7

                                            DON'T KNOW.................................................... -8

MODULE M – MEDICAL HOME

**PROGRAMMING NOTE QA11\_M1:**

**IF R HAS ASTHMA THEN CONTINUE WITH QA11\_M1;**

**ELSE GO TO PROGRAMMING NOTE QA11\_M3**

**QA11\_M1** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your asthma?

 YES 1

 NO 2 **[GO TO PN QA11\_M3]**

 REFUSED -7 **[GO TO PN QA11\_M3]**

 DON'T KNOW -8 **[GO TO PN QA11\_M3]**

**QA11\_M2** Do you have a written or printed copy of this plan?

**[IF NEEDED, SAY: “This can be an electronic or hard copy.”]**

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_M3:**

**IF AGE < 18 GO TO QA11\_M7;**

**ELSE IF R HAS DIABETES THEN CONTINUE WITH QA11\_M3;**

**ELSE GO TO PROGRAMMING NOTE QA11\_M5**

**QA11\_M3** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your diabetes?

 YES 1

 NO 2 **[GO TO PN QA11\_M5]**

 REFUSED -7 **[GO TO PN QA11\_M5]**

 DON'T KNOW -8 **[GO TO PN QA11\_M5]**

**QA11\_M4** Do you have a written or printed copy of this plan?

**[IF NEEDED, SAY: “This can be an electronic or hard copy.”]**

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_M5:**

**IF R HAS HEART DISEASE THEN CONTINUE WITH QA11\_M5;**

**ELSE GO TO QA11\_M7**

**QA11\_M5** Have your doctors or other medical providers worked with you to develop a plan so that you know how to take care of your heart disease?

 YES 1

 NO 2 **[GO TO QA11\_M7]**

 REFUSED -7 **[GO TO QA11\_M7]**

 DON'T KNOW -8 **[GO TO QA11\_M7]**

**QA11\_M6** Do you have a written or printed copy of this plan?

**[IF NEEDED, SAY: “This can be an electronic or hard copy.”]**

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_M7** 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?

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

 YES 1

 NO 2 **[GO TO NEXT SECTION]**

 DOCTOR/MY DOCTOR 3

 KAISER 4

 MORE THAN ONE PLACE 5

 REFUSED -7 **[GO TO NEXT SECTION]**

 DON'T KNOW -8 **[GO TO NEXT SECTION]**

**PROGRAMMING NOTE QA11\_M8:**

**IF QA11\_M7 = 1 OR 5 (HAS A USUAL SOURCE OF CARE) THEN DISPLAY "What kind of place do you go to most often--a medical";**

**ELSE IF QA11\_M7 = 3 (DOCTOR/MY DOCTOR), THEN DISPLAY "Is your doctor in a private";**

**ELSE IF QA11\_M7 = 4 (KAISER), THEN CODE “1” FOR QA11\_M8 AND GO TO QA11\_M9**

**QA11\_M8** {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

 SOME OTHER PLACE (SPECIFY:\_\_\_\_\_\_\_\_\_) 91

 NO ONE PLACE 92

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_M9:**

**IF QA11\_M7 = 1, 3, 4, OR 5 (HAVE A USUAL SOURCE OF CARE) AND ASTHMA, DIABETES, OR HEART DISEASE, THEN CONTINUE WITH QA11\_M9;**

**ELSE GO TO QA11\_M10**

**QA11\_M9** Do you have a personal doctor or medical provider who is your main provider?

**[IF NEEDED, SAY: “This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.”]**

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**PROGRAMMING NOTE QA11\_M10:**

**IF R HAS ASTHMA, DIABETES, OR HEART DISEASE AND SAW A DOCTOR IN THE PAST 12 MONTHS, THEN CONTINUE WITH QA11\_M10;**

**ELSE GO TO PROGRAMMING NOTE QA11\_M12**

**QA11\_M10** During the past 12 months, did you phone or e-mail the doctor’s office with a medical question?

 YES 1

 NO 2 **[GO TO PN QA11\_M12]**

 REFUSED -7 **[GO TO PN QA11\_M12]**

 DON'T KNOW -8 **[GO TO PN QA11\_M12]**

**QA11\_M11** How often did you get an answer as soon as you needed it? Would you say…

 Never, 1

 Sometimes, 2

 Usually, or 3

 Always? 4

 REFUSED -7

 DON’T KNOW -8

**PROGRAMMING NOTE QA11\_M12:**

**IF QA11\_M7 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA11\_M9 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND HAS ASTHMA, DIABETES OR HAS HEART DISEASE, THEN CONTINUE WITH QA11\_M12;**

**ELSE GO TO NEXT SECTION**

**QA11\_M12** Is there anyone at your doctor’s office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?

 YES 1

 NO 2

 REFUSED -7

 DON'T KNOW -8

**QA11\_M13** How often does your medical provider listen carefully to you? Would you say…

 Never, 1

 Sometimes, 2

 Usually, or 3

 Always? 4

 REFUSED -7

 DON’T KNOW -8

**QA11\_M14** How often does your medical provider make sure you understand how to take care of your health? Would you say…

 Never, 1

 Sometimes, 2

 Usually, or 3

 Always? 4

 REFUSED -7

 DON’T KNOW -8

**QA11\_M15** When you need care right away, how often can you to get an appointment to see your medical provider within two days? Would you say…

 Never, 1

 Sometimes, 2

 Usually, or 3

 Always? 4

 DIDN’T NEED CARE RIGHT AWAY 5

 REFUSED -7

 DON’T KNOW -8