



2001 California Health Interview Survey Adolescent Insurance Questionnaire

(Adolescents Age 12-17 Answered by Adult Proxy Respondent)

Collaborating Agencies:

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

California Health Interview Survey

UCLA Center for Health Policy Research

10911 Weyburn Avenue, Suite 300

Los Angeles, CA 90024

Email: chis@ucla.edu

www.chis.ucla.edu

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CHIS 2001 ADOLESCENT INSURANCE SURVEY

Section A

Section A

IAX2

IAX2 What is your relationship to {ADOLESCENT /AGE/SEX}?

IAX2

- MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER).....1
- FATHER (BIRTH/ADOPTIVE/STEP/FOSTER).....2
- SISTERS, INCLUDING STEP, ADOPTED, AND FOSTER3
- BROTHERS, INCLUDING STEP, ADOPTED, AND FOSTER.....4
- GRANDMOTHER5
- GRANDFATHER6
- AUNT7
- UNCLE8
- COUSIN9
- OTHER RELATIVE10
- NON-RELATIVE11
- REFUSED-7
- DON'T KNOW-8

IAP1

IAP1 First, is {ADOLESCENT /AGE/SEX} currently on AFDC, TANF or CalWORKS?

IAP1

[IF NEEDED, SAY: "AFDC is 'Aid to Families with Dependent Children', TANF is 'Temporary Assistance to Needy Families,' and CalWORKS is 'California Work Opportunities and Responsibilities to Kids.' CalWORKS is the TANF program aimed at getting people back to work. Both TANF and CalWORKS replaced AFDC, California's old welfare entitlement program.

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

**PROGRAMMING NOTE IAP2:
IF ADULT R = TIA AND AL5 = 1 (YES), SKIP TO IA1;
ELSE CONTINUE WITH IAP2**

IAP2

IAP2 Is {ADOLESCENT /AGE/SEX} currently getting Food Stamps?

IAP2

- YES1
- NO.....2
- REFUSED-7
- DON'T KNOW-8

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Section A

IA1
 IA1 Is {ADOLESCENT /AGE/SEX} covered by Medi-CAL? **IA1**

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

[NOTE: INCLUDE HMO OR MANAGED CARE PLANS, AS WELL AS ORIGINAL MEDI-CAL.]

- YES1 [SKIP TO IA3]
- NO.....2
- REFUSED.....-7 [SKIP TO [IA2]
- DON'T KNOW-8 [SKIP TO [IA2]

PROGRAMMING NOTE IA1A: **BASE.POVERTY**
IF [POVERTY = 1 (<= 100%) OR 2 (> 100% BUT <= 200% FPL) OR 3 (> 200% BUT <= 300% FPL) OR 5 (UNKNOWN)] AND IA1 = 2 (NO), CONTINUE WITH IA1A;
ELSE IF POVERTY = 4 (> 300% FPL), SKIP TO IA3;
ELSE CONTINUE WITH IA1A

IA1A
 IA1A What is the ONE main reason why {ADOLESCENT /AGE/SEX} is not enrolled in the Medi-CAL program? **IA1A**

- PAPERWORK TOO DIFFICULT1
- DIDN'T KNOW IF ELIGIBLE2
- INCOME TOO HIGH, NOT ELIGIBLE3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.....4
- OTHER NOT ELIGIBLE5
- DON'T BELIEVE IN HEALTH INSURANCE6
- DON'T NEED IT BECAUSE HEALTHY7
- ALREADY HAVE INSURANCE8
- DIDN'T KNOW IT EXISTED9
- DON'T LIKE/WANT WELFARE.....10
- OTHER91
- REFUSED.....-7
- DON'T KNOW-8

IA2
 IA2 Is {ADOLESCENT /AGE/SEX} covered by the Healthy Families Program? **IA2**

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

- YES1 [SKIP TO IA3]
- NO.....2
- REFUSED.....-7 [SKIP TO IA3]
- DON'T KNOW-8 [SKIP TO IA3]

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Section A

IA2A

IA2A What is the ONE main reason why {ADOLESCENT /AGE/SEX} is not enrolled in the Healthy Families Program?

IA2A

- PAPERWORK TOO DIFFICULT1
- DIDN'T KNOW IF ELIGIBLE2
- INCOME TOO HIGH, NOT ELIGIBLE3
- NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.....4
- OTHER NOT ELIGIBLE5
- DON'T BELIEVE IN HEALTH INSURANCE6
- DON'T NEED IT BECAUSE HEALTHY7
- ALREADY HAVE INSURANCE8
- DIDN'T KNOW IT EXISTED9
- DON'T LIKE/WANT WELFARE..... 10
- OTHER91
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE IA3:
IF IA1 = 1 (YES) OR IA2 = 1 (YES), SKIP TO PROGRAMMING NOTE IA10;
ELSE CONTINUE WITH IA3

IA3

IA3 Is {ADOLESCENT /AGE/SEX} covered by a health insurance plan or HMO through your own or someone else's employment or union?

IA3

- YES1 [SKIP TO IA5]
- NO.....2
- REFUSED.....-7
- DON'T KNOW-8

PROGRAMMING NOTE IA4:
IF IA1 <> 1 AND IA2 <> 1 AND IA3 <> 1 (NO COVERAGE BY MEDI-CAL, HEALTHY FAMILIES, OR EMPLOYER OR UNION-BASED PLAN), CONTINUE WITH IA4;
ELSE SKIP TO IA10

IA4

IA4 Is {ADOLESCENT /AGE/SEX} covered by a health insurance plan that you purchased directly from an insurance company or HMO? Don't include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital.

IA4

- YES1
- NO.....2
- REFUSED.....-7
- DON'T KNOW-8

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Section A

PROGRAMMING NOTE IA5:

IF IA3 = 1 OR IA4 = 1 (COVERAGE BY EMPLOYER, UNION-BASED, OR PRIVATE PLAN), CONTINUE WITH IA5; ELSE SKIP TO IA6

IA5

IA5 Who pays the monthly premium cost for this plan, not counting any co-pays or deductibles you may have? IA5_A - IA5_F

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

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

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

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

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

IF GOVERNMENT IS EMPLOYER, ENTER: "EMPLOYER OR UNION"]

- IA5_1 FAMILY IN THIS HOUSEHOLD1
IA5_2 EMPLOYER OR UNION.....2
IA5_3 SOMEONE OUTSIDE HOUSEHOLD.....3
IA5_4 MEDI-CAL (MEDICAID)4
IA5_5 HEALTHY FAMILIES5
IA5_6 OTHER91
REFUSED-7
DON'T KNOW-8

PROGRAMMING NOTE IA6:

IF IA1 <> 1 AND IA2 <> 1 AND IA3 <> 1 AND IA4 <> 1 (NO COVERAGE BY MEDI-CAL, HEALTHY FAMILIES, EMPLOYER OR UNION-BASED, OR PRIVATE INSURANCE), CONTINUE WITH IA6; ELSE SKIP TO IA7

IA6

IA6 Is {he/she/he or she} covered by CHAMPUS/CHAMP VA, Tricare, or some other military health care? IA6

- YES1
NO.....2
REFUSED-7
DON'T KNOW-8

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Section A

PROGRAMMING NOTE IA7:

**IF IA1 <> 1 AND IA2 <> 1 AND IA3 <> 1 AND IA4 <> 1 AND IA6 <> 1, CONTINUE WITH IA7;
ELSE SKIP TO IA8**

IA7

IA7 Is {he/she/he or she} covered by some other government health plan such as AIM, "Mister MIP", the Family Pact program, or something else? **IA7**

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

- AIM.....1
- "MISTER MIP"/MRMIP2
- FAMILY PACT3
- NO OTHER PLAN.....4
- SOMETHING ELSE (SPECIFY:) 91
- REFUSED -7
- DON'T KNOW -8

IA70S

PROGRAMMING NOTE IA8:

**IF IA1 = 1 OR IA2 = 1 OR IA3 = 1 OR IA4 = 1 OR IA6 = 1 OR IA7 = [1 OR 2 OR 91] (COVERAGE BY MEDICAL, HEALTHY FAMILIES, EMPLOYER OR UNION-BASED, PRIVATE, AIM OR MR MIP), SKIP TO IA10;
ELSE CONTINUE WITH IA8**

IA8

IA8 Does {he/she/he or she} have any health insurance coverage through a plan that I missed? **IA8**

- YES1
- NO.....2 [SKIP TO IA10]
- REFUSED -7 [SKIP TO IA10]
- DON'T KNOW -8 [SKIP TO IA10]

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Section A

On Dec. 22, 2000, a probe beginning "IF R GIVES NAME..." was added to question IA9.

PROGRAMMING NOTE IA10:

IF "4" SELECTED, DISPLAY "Just to verify, you said that {ADOLESCENT /AGE/SEX} gets health insurance through MEDICARE?"

IA9

IA9 What type of health insurance does {he/she/he or she} have? **IA9_A - IA9_G**

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

[PROBE: "Any others?"]

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

- IA9_1 THROUGH CURRENT OR FORMER EMPLOYER/UNION1
- IA9_2 THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE
GROUP OR OTHER ORGANIZATION2
- IA9_3 PURCHASED DIRECTLY FROM A HEALTH PLAN
(BY R OR ANYONE ELSE)3
- IA9_4 MEDICARE4
- IA9_5 MEDI-CAL5
- IA9_6 HEALTHY FAMILIES6
- IA9_7 CHAMPUS/CHAMP-VA, TRICARE, OTHER MILITARY
HEALTH CARE7
- IA9_8 INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM,
URBAN INDIAN CLINIC8
- IA9_9 OTHER GOVERNMENT HEALTH PLAN91
- IA9_10 OTHER NON-GOVERNMENT HEALTH PLAN92
- REFUSED-7
- DON'T KNOW-8

IA10

IA10 Is {ADOLESCENT /AGE/SEX} covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic? **IA10**

- YES1
- NO.....2
- REFUSED.....3
- DON'T KNOW4

PROGRAMMING NOTE IA10A:

IF IA1 <> 1 AND IA2 <> 1 AND IA3 <> 1 AND IA4 <> 1 AND IA6 <>1 AND [IA7 <> 1 OR 2 OR 91] AND [IA9 <> 1-7, 91, OR 92] (NO COVERAGE), SKIP TO IA18;
 ELSE IF [IA1 = 1 OR IA2 = 1 OR IA3 = 1 OR IA4 = 1 OR IA6 = 1 OR IA7 = (1 OR 2 OR 91) OR IA9 = (1-7, 91, OR 92) (ANY COVERAGE)] AND [AR IS INSURED (AI1 = 1 OR AI6 = 1 OR AI7 = 1 OR AI8 = 1 OR AI11 = 1 OR AI16 = 1 OR AI17 = 1 OR AI19 = [1-7, 91, OR 92])], CONTINUE WITH IA10A;
 ELSE IF [IA1 = 1 OR IA2 = 1 OR IA3 = 1 OR IA4 = 1 OR IA6 = 1 OR IA7 = (1 OR 2 OR 91) OR IA9 = (1-7, 91, OR 92) (ANY COVERAGE)] AND [AR IS NOT INSURED (AI1 <> 1 AND AI6 <> 1 AND AI7 <> 1 AND AI8 <> 1 AND AI11 <> 1 AND AI16 <> 1 AND AI17 <> 1 AND AI19 <> [1-7, 91, OR 92])], SKIP TO IA11

IA10A

IA10A Does {ADOLESCENT /AGE/SEX} have the same insurance as {ADULT RESPONDENT}? **IA10A**

- YES1 [SKIP TO IA14]
- NO.....2
- REFUSED.....-7
- DON'T KNOW-8

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Section A

IA11

IA11 Thinking about {his/her/his or her} main health plan, did {he/she/he or she} have to sign up with a primary care doctor, a group of doctors, or a clinic that {he/she/he or she} must go to for routine care? IA11

- YES1
NO.....2
REFUSED -7
DON'T KNOW -8

PROGRAMMING NOTE IA12: IF ADOLESCENT IS FEMALE, DISPLAY "Do not include a gynecologist or an obstetrician (OB/GYN)."

IA12

IA12 In this plan, does {ADOLESCENT/ AGE/SEX} have to get approval or a referral to see a specialist, such as a skin doctor? {Do not include a gynecologist or an obstetrician (OB/GYN).} IA12

- YES1
NO.....2
REFUSED -7
DON'T KNOW -8

IA13

IA13 Will this plan pay for any of the costs of visits to doctors who are NOT part of the plan, excluding emergencies and referrals? IA13

- YES1
NO.....2
REFUSED -7
DON'T KNOW -8

IA14

IA14 Is {ADOLESCENT /AGE/SEX} covered for prescription drugs? IA14

- YES1
NO.....2
REFUSED -7
DON'T KNOW -8

IA15

IA15 Is {he/she/he or she} covered for eye exams? IA15

- YES1
NO.....2
REFUSED -7
DON'T KNOW -8

IA16

IA16 Is {he/she/he or she} covered for glasses? IA16

- YES1 [SKIP TO PROGRAMMING NOTE IA24]
NO.....2 [SKIP TO PROGRAMMING NOTE IA24]
REFUSED -7 [SKIP TO PROGRAMMING NOTE IA24]
DON'T KNOW -8 [SKIP TO PROGRAMMING NOTE IA24]

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Section A

On Dec. 22, 2000, the word "why" was added after "ONE MAIN reason" in question IA18.

IA18

IA18 What is the ONE MAIN reason why {ADOLESCENT /AGE/SEX} does not have any health insurance? IA18

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

- CHANGED EMPLOYER/LOST JOB.....1
EMPLOYER DOES NOT OFFER2
NOT ELIGIBLE DUE TO WORKING STATUS3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS.....4
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.....5
CAN'T AFFORD/TOO EXPENSIVE.....6
FAMILY SITUATION CHANGED.....7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.).....8
DON'T BELIEVE IN INSURANCE.....9
HEALTHY -- NO NEED.....10
PAYS FOR OWN CARE -- NO NEED11
GETS HEALTH CARE FREE -- NO NEED12
OTHER (SPECIFY)91
REFUSED.....-7
DON'T KNOW-8

IA18OS

IA20

IA20 Was {ADOLESCENT /AGE/SEX} covered by health insurance at any time during the past 12 months? IA20

- YES1 [SKIP TO IA22]
NO.....2
REFUSED.....-7
DON'T KNOW-8

IA21

IA21 How long has it been since {ADOLESCENT /AGE/SEX} last had health insurance? IA21

- MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO.....1 [SKIP TO IA30]
MORE THAN 3 YEARS AGO.....2 [SKIP TO IA30]
NEVER HAD HEALTH INSURANCE COVERAGE3 [SKIP TO IA30]
REFUSED.....-7 [SKIP TO IA30]
DON'T KNOW/NOT SURE.....-8 [SKIP TO IA30]

IA22

IA22 For how many of the last 12 months did {he/she/he or she} have health insurance? IA22

- (NUMBER OF MONTHS)
(0-12; NOTE: IF < 1 MONTH, ENTER "1")
REFUSED.....-7
DON'T KNOW-8

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Section A

PROGRAMMING NOTE IA23: VALUE OF "4" DELIBERATELY SKIPPED; CLIENT WANTS THIS USED ONLY FOR MEDICARE, WHICH IS NOT APPLICABLE TO ADOLESCENTS

IA23 During those months when {ADOLESCENT /AGE/SEX} had health insurance, was {his/her/his or her} insurance Medi-CAL, Healthy Families, a plan you obtained through an employer, or some other plan? IA23_A - IA23_D

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

- IA23_1 MEDI-CAL1 [SKIP TO IA30]
IA23_2 HEALTHY FAMILIES2 [SKIP TO IA30]
IA23_3 THROUGH CURRENT OR FORMER EMPLOYER/UNION3 [SKIP TO IA30]
IA23_4 OTHER HEALTH PLAN91 [SKIP TO IA30]
REFUSED-7 [SKIP TO IA30]
DON'T KNOW-8 [SKIP TO IA30]

On Dec. 22, 2000, the words "ALL of the past 12 months" were changed to "ALL 12 of the past 12 months" in question IA24.

IA24 Thinking about {ADOLESCENT /AGE/SEX}'s current health insurance, did {he/she/he or she} have this same insurance for ALL 12 of the past 12 months? IA24

- YES1 [SKIP TO IA30]
NO.....2
REFUSED-7
DON'T KNOW-8

IA25 When {he/she/he or she} was not covered by {his/her/his or her} current health insurance, did {he/she/he or she} have any other health insurance? IA25

- YES1
NO.....2 [SKIP TO IA28]
REFUSED-7 [SKIP TO IA28]
DON'T KNOW-8 [SKIP TO IA28]

IA26 Was {his/her/his or her} other health insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, or some other plan? IA26_A - IA26_D

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

- IA26_1 MEDI-CAL1
IA26_2 HEALTHY FAMILIES2
IA26_3 THROUGH CURRENT OR FORMER EMPLOYER/UNION3
IA26_4 OTHER HEALTH PLAN91
REFUSED-7
DON'T KNOW-8

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Section A

IA27

IA27 During the past 12 months, was there any time when {he/she/he or she} had no health insurance at all? IA27

- YES1
NO.....2 [SKIP TO IA30]
REFUSED -7 [SKIP TO IA30]
DON'T KNOW -8 [SKIP TO IA30]

IA28

IA28 For how many of the past 12 months did {he/she/he or she} have no health insurance at all? IA28

- _____ NUMBER OF MONTHS [HR: 0-11]
REFUSED -7
DON'T KNOW -8

On Jan. 8, 2001, the words "during the time he/she wasn't covered" were changed to "during those months" in question IA29.

IA29

IA29 What is the ONE MAIN reason why {ADOLESCENT /AGE/SEX} did not have any health insurance during those months? IA29

- CHANGED EMPLOYER/LOST JOB1
EMPLOYER DID NOT OFFER2
NOT ELIGIBLE DUE TO WORKING STATUS3
NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS.....4
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS.....5
COULDN'T AFFORD/TOO EXPENSIVE6
FAMILY SITUATION CHANGED7
LOST PUBLIC PROGRAM COVERAGE (MEDI-CAL, ETC.).....8
DIDN'T BELIEVE IN INSURANCE9
HEALTHY -- NO NEED 10
PAID FOR OWN CARE -- NO NEED 11
GOT HEALTH CARE FREE -- NO NEED 12
OTHER (SPECIFY) _____91
REFUSED -7
DON'T KNOW -8

IA29OS

CHIS 2001 ADOLESCENT INSURANCE SURVEY

Section A

PROGRAMMING NOTE IA30:

**IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 1 (TIA IS MOTHER OF ADOLESCENT), THEN IA30 = AH33 AND SKIP TO IA30A;
 ELSE IF TIA <> ADULT R AND IAX2 = 1 (TIA IS MOTHER OF ADOLESCENT), CONTINUE WITH IA30 AND DISPLAY, "were you";
 ELSE CONTINUE WITH IA30 AND DISPLAY, "was {his/her/his or her} mother"**

IA30

IA30	In what country {were you/was {his/her/his or her mother} born?	IA30
	UNITED STATES	1
	AMERICAN SAMOA	2
	CAMBODIA	3
	CANADA	4
	CHINA	5
	CUBA	6
	EL SALVADOR	7
	ENGLAND	8
	GERMANY	9
	GUAM	10
	GUATEMALA	11
	HONG KONG	12
	INDIA	13
	IRAN	14
	JAPAN	15
	KOREA	16
	MEXICO	17
	NICARAGUA	18
	PAKISTAN	19
	PERU	20
	PHILIPPINES	21
	RUSSIA	22
	TAIWAN	23
	VIETNAM	24
	VIRGIN ISLANDS	25
IA300S	OTHER (SPECIFY):	91
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE IA30A:

**IF IA30 = 1, 2, 10 OR 25 (UNITED STATES OR ITS TERRITORIES), SKIP TO IA33;
 ELSE IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 1 (TIA IS MOTHER OF ADOLESCENT), THEN IA30A = AH39 AND IA31 = AH40 AND CONTINUE WITH PROGRAMMING NOTE IA32;
 ELSE IF TIA <> ADULT R AND IAX2 = 1 (TIA IS MOTHER OF ADOLESCENT), CONTINUE WITH IA30A AND IA31 (IF APPLICABLE) AND DISPLAY "Are you" IN BOTH QUESTIONS;
 ELSE, CONTINUE WITH IA30A AND IA31 (IF APPLICABLE) AND DISPLAY "Is {his/her/his or her} mother" IN BOTH QUESTIONS**

IA30A

IA30A	{Are you/Is {his/her/his or her} mother} a citizen of the United States?	IA30A
	YES	1 [SKIP TO PROGRAMMING NOTE IA32]
	NO	2
	APPLICATION PENDING	3
	REFUSED	-7
	DON'T KNOW	-8

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Section A

IA31

IA31 {Are you/Is {his/her/his or her} mother} a permanent resident with a green card?

IA31

- YES1
- NO.....2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE IA32:

IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 1 (TIA IS MOTHER), THEN AI32 = AH41 AND SKIP TO PROGRAMMING NOTE IA33;
 ELSE IF TIA <> ADULT R AND IAX2 = 1 (TIA IS MOTHER OF ADOLESCENT), CONTINUE WITH IA32 AND DISPLAY "have you";
 ELSE, CONTINUE WITH IA32 AND DISPLAY "has {his/her/his or her} mother"

IA32

IA32 About how many years {have you/has {his/her/his or her} mother} lived in the United States?

IA32 IA32YR
IA32FMT

- _____ NUMBER OF YEARS [IF < 1 YEAR, ENTER "1"]
- OR
- _____ YEAR TO FIRST COME AND LIVE IN U.S.
- MOTHER/FATHER DECEASED3
- REFUSED-7
- DON'T KNOW-8

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Section A

PROGRAMMING NOTE IA33:

**IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 2 (TIA IS FATHER OF ADOLESCENT), THEN IA33 = AH33 AND CONTINUE WITH PROGRAMMING NOTE IA33A;
ELSE IF TIA <> ADULT R AND IAX2 = 2 (TIA IS FATHER OF ADOLESCENT), CONTINUE WITH IA33 AND DISPLAY "were you";
ELSE, CONTINUE WITH IA33 AND DISPLAY "was {his/her/his or her} father"**

IA33

IA33	In what country {were you/was {his/her/his or her} father} born?	IA33
	UNITED STATES	1
	AMERICAN SAMOA	2
	CAMBODIA	3
	CANADA	4
	CHINA	5
	CUBA	6
	EL SALVADOR	7
	ENGLAND	8
	GERMANY	9
	GUAM	10
	GUATEMALA	11
	HONG KONG	12
	INDIA	13
	IRAN	14
	JAPAN	15
	KOREA	16
	MEXICO	17
	NICARAGUA	18
	PAKISTAN	19
	PERU	20
	PHILIPPINES	21
	RUSSIA	22
	TAIWAN	23
	VIETNAM	24
	VIRGIN ISLANDS	25
IA330S	OTHER (SPECIFY):	91
	REFUSED	-7
	DON'T KNOW	-8

PROGRAMMING NOTE IA33A:

**IF IA33 = 1, 2, 10, OR 25 (UNITED STATES OR ITS TERRITORIES), SKIP TO END OF SECTION IA;
ELSE IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 2 (TIA IS FATHER OF ADOLESCENT), THEN IA33A = AH39 AND IA34 = AH40 AND CONTINUE WITH PROGRAMMING NOTE IA35;
ELSE IF TIA <> ADULT R AND IAX2 = 2 (TIA IS FATHER OF ADOLESCENT), CONTINUE WITH IA33A AND IA34 (IF APPLICABLE) AND DISPLAY "Are you" IN BOTH QUESTIONS;
ELSE, CONTINUE WITH IA33A AND IA34 (IF APPLICABLE) AND DISPLAY "Is {his/her/his or her} father" IN BOTH QUESTIONS**

IA33A

IA33A	{Are you/Is {his/her/his or her} father} a citizen of the United States?	IA33A
	YES	1 [SKIP TO PROGRAMMING NOTE IA35]
	NO	2
	APPLICATION PENDING	3
	REFUSED	-7
	DON'T KNOW	-8

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Section A

IA34

IA34 {Are you/Is {his/her/his or her} father} a permanent resident with a green card?

IA34

- YES1
- NO.....2
- APPLICATION PENDING3
- REFUSED-7
- DON'T KNOW-8

PROGRAMMING NOTE IA35:

IF TIA = ADULT R AND ADOLESCENT IS LISTED IN SC13A AND IAX2 = 1 (TIA IS FATHER OF ADOLESCENT), THEN IA35 = AH41 AND SKIP TO END OF SECTION IA;
ELSE IF TIA <> ADULT R AND IAX2 = 1 (TIA IS FATHER OF ADOLESCENT), CONTINUE WITH IA35 AND DISPLAY "have you";
ELSE, CONTINUE WITH IA35 AND DISPLAY "has {his/her/his or her} father"

IA35

IA35 About how many years {have you/has {his/her/his or her} father} lived in the United States?

IA35 IA35YR
IA35FMT

- _____ NUMBER OF YEARS [IF < 1 YEAR, ENTER "1"]
- OR
- _____ YEAR TO FIRST COME AND LIVE IN U.S.
- MOTHER/FATHER DECEASED3
- REFUSED-7
- DON'T KNOW-8

END