# Table of Contents

**SECTION A – DEMOGRAPHIC INFORMATION, PART I** ................................................................. 5

- Age ................................................................................................................................. 5
- Gender ............................................................................................................................. 6
- Ethnicity ......................................................................................................................... 7
- Race ............................................................................................................................... 7
- Marital Status ............................................................................................................... 12

**SECTION B – HEALTH CONDITIONS** .................................................................................. 13

- General Health ............................................................................................................ 13
- Asthma ......................................................................................................................... 13
- Diabetes .......................................................................................................................... 17
- Pre-Diabetes/Borderline Diabetes ................................................................................. 18
- Gestational Diabetes .................................................................................................... 22
- Hypertension ............................................................................................................... 23
- Heart Disease ............................................................................................................. 23
- Flu shot ......................................................................................................................... 25

**SECTION C – HEALTH BEHAVIORS** ...................................................................................... 26

- Walking for Transportation and Leisure ........................................................................ 26
- Dietary Intake ............................................................................................................... 28
- Fast Food ....................................................................................................................... 28
- Access to Fresh and Affordable Foods ......................................................................... 28
- Cigarette Use .............................................................................................................. 29

**SECTION D – GENERAL HEALTH, DISABILITY, AND SEXUAL HEALTH** .......................... 43

- Height and Weight ........................................................................................................ 43
- Disability ....................................................................................................................... 43
- Sexual Partners .......................................................................................................... 46
- HIV Testing .................................................................................................................. 49
- Registered Domestic Partner ...................................................................................... 50
- Gender Identity .......................................................................................................... 51

**SECTION E – WOMEN’S HEALTH** ...................................................................................... 53

- Pregnancy Status ........................................................................................................ 53
- Mammography ............................................................................................................ 54

**SECTION F – MENTAL HEALTH** ........................................................................................ 56

- K6 Mental Health Assessment ..................................................................................... 56
- Repeated K6 .................................................................................................................. 57
- Sheehan Scale .............................................................................................................. 60
- Access & Utilization ................................................................................................. 61
- Stigma ......................................................................................................................... 64
- Three-Item Loneliness Scale ...................................................................................... 65

**SECTION G – DEMOGRAPHIC INFORMATION, PART II** ..................................................... 67

- Country of Birth (Self, Parents) .................................................................................. 67
- Japanese-American Generational Status ................................................................. 70
- Language Spoken at Home ....................................................................................... 71
- Additional Language Use ......................................................................................... 71
- Citizenship and Immigration .................................................................................... 72
- Spouse/Partner .......................................................................................................... 74
- Living with Parents ................................................................................................. 75
- Paid Child Care ........................................................................................................ 75
### CHIS 2016 Adult Questionnaire Version 2.8 August 10, 2017

#### SECTION H – HEALTH INSURANCE

- Usual Source of Care ................................................................. 85
- Emergency Room Visits .......................................................... 85
- Medicare Coverage ................................................................. 87
- Medi-Cal Coverage ................................................................. 94
- Employer-Based Coverage ..................................................... 95
- Private Coverage .................................................................. 96
- Employer Offer of Health Insurance ..................................... 101
- CHAMPUS/CHAMP-VA, TRICARE, VA Coverage .................. 102
- AIM, MRMIP, Family PACT, HEALTHY KIDSHealthy Kids, Other Government Coverage .................. 102
- Other Coverage .................................................................. 103
- Indian Health Service Participation .................................... 106
- Spouse's Insurance Coverage Type & Eligibility ............... 106
- Managed-Care Plan Characteristics .................................... 118
- High Deductible Health Plans ............................................ 123
- Reasons for Lack of Coverage ........................................... 126
- Hospitalizations ................................................................ 134
- Partial Scope Medi-Cal ......................................................... 134

#### SECTION I – CHILD AND ADOLESCENT HEALTH INSURANCE

- Child’s Health Insurance ....................................................... 136
- Medi-Cal Coverage (Child) ..................................................... 137
- Employer-Based Coverage (Child) ...................................... 138
- Private Coverage (Child) ...................................................... 139
- CHAMPUS/CHAMP-VA, TRICARE, VA Coverage (Child) .... 142
- AIM, MRMIP, FAMILY PACT, HEALTHY KIDSHealthy Kids, Other Government Coverage (Child) .... 142
- Other Coverage (Child) ....................................................... 142
- Managed-Care Plan Characteristics (Child) ......................... 144
- High Deductible Health Plans (Child) ................................. 148
- Reasons for Lack of Coverage (Child) ............................... 150
- Coverage over Past 12 Months (Child) ............................... 150
- Teen’s Health Insurance ....................................................... 155
- Medi-Cal Coverage (Teen) .................................................... 157
- Employer-Based Coverage (Teen) ...................................... 158
- Private Coverage (Teen) ...................................................... 159
- CHAMPUS/CHAMP-VA, TRICARE, VA Coverage (Teen) .... 161
- AIM, MRMIP, FAMILY PACT, Healthy Kids, Other Government Coverage (Teen) .................. 162
- Other Coverage (Teen) ....................................................... 163
- Managed-Care Plan Characteristics (Teen) .......................... 165
- High Deductible Health Plans (Teen) ................................. 169
- Reasons for Lack of Coverage (Teen) ............................... 171
- Coverage over Past 12 months (Teen) ............................... 172
- Country of Birth (Parents) ................................................... 181
- Citizenship and Immigration (Parents) .............................. 182

#### SECTION J – HEALTH CARE UTILIZATION AND ACCESS

- Visits to medical doctor ........................................................ 184
- Personal Doctor .................................................................. 185
- Patient-Centered Care ......................................................... 185
- Timely Appointments .......................................................... 186
- Tele-Medical Care ............................................................... 187
Communication Problems with a Doctor ................................................................. 188
Change of Usual Source of Care ............................................................................. 190
Delays in Care ........................................................................................................ 191
Internet Use ............................................................................................................. 195
Family Planning ....................................................................................................... 195
Dental Health .......................................................................................................... 199

SECTION DM – DISCRIMINATION ............................................................................ 205

SECTION K – EMPLOYMENT, INCOME, POVERTY STATUS, FOOD SECURITY .......... 207

Hours Worked ........................................................................................................ 207
Income Last Month .................................................................................................. 207
Annual Household Income ..................................................................................... 209
Number of Persons Supported .............................................................................. 212
Poverty Level Test .................................................................................................. 214
Availability of Food in Household .......................................................................... 217
Hunger ...................................................................................................................... 218

SECTION L – PUBLIC PROGRAM PARTICIPATION .................................................. 220

Food Stamps ........................................................................................................... 221
Supplemental Security Income ............................................................................... 222
WIC ........................................................................................................................... 222
Assets ....................................................................................................................... 223
Child Support ......................................................................................................... 227
Worker’s Compensation ......................................................................................... 228
Social Security/Pension Payments ....................................................................... 229
Reasons for Non-Participation in Medi-Cal ............................................................ 230

SECTION M – HOUSING AND SOCIAL COHESION ............................................. 231

Housing .................................................................................................................. 231
Social Cohesion ...................................................................................................... 233
Safety ....................................................................................................................... 234
Civic Engagement ................................................................................................ 235

SECTION S – SUICIDE IDEATION AND ATTEMPTS ............................................. 237

Suicide Ideation and Attempts ............................................................................... 237

SECTION N – DEMOGRAPHIC INFORMATION PART III AND CLOSING .............. 239

County of Residence ............................................................................................ 239
Address Confirmation, Cross Streets, Zip Code ..................................................... 241
The California Endowment: Building Healthy Communities ................................ 243
Cell Phone Use ...................................................................................................... 244
Follow-Up Survey Permission ............................................................................. 245

NOTE: Each question in the CHIS questionnaires (adult, child, and adolescent) has a unique, sequential question number by section that follows the administration of the survey. In addition, the variable name (in the CHIS data file) associated with a question, appears in a box beneath the question number. Please consult the CHIS 2016 Data Dictionaries for additional information on variables, the population universe answering a specific question, and data file content.
Section A – Demographic Information, Part I

PROGRAMMING NOTE QA15_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

QA15_A1 What is your date of birth?
Anong petsa kayo ipinanganak?

AA1MON

MONTH _____ [RANGE: 1-12]
1. JANUARY  7. JULY
2. FEBRUARY  8. AUGUST
3. MARCH  9. SEPTEMBER
4. APRIL  10. OCTOBER
5. MAY  11. NOVEMBER
6. JUNE  12. DECEMBER

AA1DAY

DAY _____ [RANGE: 1-31]

A1YR

YEAR _____ [RANGE: 1904-1997]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_A2:
IF QA15_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA15_A2;
ELSE GO TO QA15_A5

QA15_A2 What month and year were you born?
Anong buwan at taon kayo ipinanganak?

AA1AMON

MONTH _____ [RANGE: 1-12]
1. JANUARY  7. JULY
2. FEBRUARY  8. AUGUST
3. MARCH  9. SEPTEMBER
4. APRIL  10. OCTOBER
5. MAY  11. NOVEMBER
6. JUNE  12. DECEMBER

AA1AYR

YEAR _____ [RANGE: 1904-1997]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_A3:
IF QA15_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA15_A3;
ELSE GO TO QA15_A5

QA15_A3  What is your age, please?
Kung puede po sanang matanong, ano ang edad ninyo?

AA2

_____YEARS OF AGE  [RANGE: 0-120]  [GO TO QA15_A5]

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

PROGRAMMING NOTE QA15_A4:
IF QA15_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA15_A4;
ELSE GO TO QA15_A5

QA15_A4  Are you between 18 and 29, between 30 and 39, between 40 and 44, between 45 and 49,
between 50 and 64, or 65 or older?
Nasa pagitan ba kayo ng 18 at 29, 30 at 39, 40 at 44, 45 at 49, 50 at 64, o 65 o mas matanda pa?

AA2A

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

POST NOTE QA15_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA15_A1, QA15_A2, OR QA15_A3 TO USE IN ALL AGE-RELATED QUESTIONS;
IF QA15_A1, QA15_A2, OR QA15_A3 = -7 OR -8 (REF/DK), THEN USE QA15_A4;
ELSE USE ENUM.AGE

QA15_A5  Are you male or female?
Lalaki o babae ba kayo?

AA3

MALE .................................................................1
FEMALE ...............................................................2
REFUSED ...............................................................7
QA15_A6 Are you Latino or Hispanic? 
Latino o Hispanic ba kayo?

AA4

YES ................................................................. 1
NO ................................................................. 2 [GO TO PN QA15_A8]
REFUSED ...................................................... -7 [GO TO PN QA15_A8]
DON'T KNOW ................................................. -8 [GO TO PN QA15_A8]

A15_A7 And what is your Latino or Hispanic ancestry or origin? Such as Mexican, Salvadoran, Cuban, Honduran-- and if you have more than one, tell me all of them.
At ano ang inyong mga ninuno o angkang pinanggalingan na Latino o Hispanic? Gaya ng Mexican, Salvadoran, Cuban, Honduran - at kung higit sa isa, sabihin ninyo ang lahat sa akin.

AA5

[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 QA15_A8:
IF QA15_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY “You said you are Latino or Hispanic. Also,”; 
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA15_A8, CONTINUE WITH 
PROGRAMMING NOTE QA15_A9; 
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

QA15_A8 {You said you are Latino or Hispanic. Also,} please tell me which one or more of the following 
you would use to describe yourself. Would you describe yourself as Native Hawaiian, Other 
Pacific Islander, American Indian, Alaska Native, Asian, Black, African American, or White? 
{Sinabi ninyo na Latino o Hispanic kayo.} Pakisabi rin sa akin kung aling isa o mahigit pa sa 
sumusunod ang gagamitin ninyo sa paglalarawan sa sarili ninyo. Masasabi ba ninyo na kayo ay 
Native Hawaiian, other Pacific Islander, American Indian, Alaska Native, Asian, Black, African 
American, o White?

AA5A

[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 QA15_A14]
BLACK OR AFRICAN AMERICAN ......................2  [GO TO PN QA15_A14]
ASIAN ..................................................................3  [GO TO PN QA15_A14]
AMERICAN INDIAN OR ALASKA NATIVE ..........4  [GO TO PN QA15_A9]
OTHER PACIFIC ISLANDER ................................5  [GO TO PN QA15_A13]
NATIVE HAWAIIAN ...........................................6  [GO TO PN QA15_A16]
OTHER (SPECIFY: _____________) ................... 91
REFUSED ............................................................-7
DON'T KNOW .....................................................-8

PROGRAMMING NOTE QA15_A9:
IF QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_A9;
ELSE GO TO PROGRAMMING NOTE QA15_A12

QA15_A9  You said, American Indian or Alaska Native, and what is your tribal heritage?  If you have more than one tribe, tell me all of them.

[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

QA15_A10  Are you an enrolled member in a federally or state recognized tribe?
Kayo ba ay nakatalang miyembro ng isang tribong kinikilala ng pamahalaang pederal o pang-estado?

[CODE ALL THAT APPLY]

YES ....................................................................1
NO ...................................................................2  [GO TO PN QA15_A12]
REFUSED ...........................................................-7  [GO TO PN QA15_A12]
DON'T KNOW .....................................................-8  [GO TO PN QA15_A12]
### Which tribe are you enrolled in?
Sa aling tribo kayo nakatala?

<table>
<thead>
<tr>
<th>Tribe</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APACHE</strong></td>
<td></td>
</tr>
<tr>
<td>Mescalero Apache, NM</td>
<td>1</td>
</tr>
<tr>
<td>Apache (Not Specified)</td>
<td>2</td>
</tr>
<tr>
<td>Other Apache (Specify: ________)</td>
<td>3</td>
</tr>
<tr>
<td><strong>BLACKFEET</strong></td>
<td></td>
</tr>
<tr>
<td>Blackfoot/Blackfeet</td>
<td>4</td>
</tr>
<tr>
<td><strong>CHEROKEE</strong></td>
<td></td>
</tr>
<tr>
<td>Western Cherokee</td>
<td>5</td>
</tr>
<tr>
<td>Cherokee (Not Specified)</td>
<td>6</td>
</tr>
<tr>
<td>Other Cherokee (Specify: ________)</td>
<td>7</td>
</tr>
<tr>
<td><strong>CHOCTAW</strong></td>
<td></td>
</tr>
<tr>
<td>Choctaw Oklahoma</td>
<td>8</td>
</tr>
<tr>
<td>Choctaw (Not Specified)</td>
<td>9</td>
</tr>
<tr>
<td>Other Choctaw (Specify: ________)</td>
<td>10</td>
</tr>
<tr>
<td><strong>NAVAJO</strong></td>
<td></td>
</tr>
<tr>
<td>Navajo (Not Specified)</td>
<td>11</td>
</tr>
<tr>
<td><strong>POMO</strong></td>
<td></td>
</tr>
<tr>
<td>Hopland Band, Hopland Rancheria</td>
<td>12</td>
</tr>
<tr>
<td>Sherwood Valley Rancheria</td>
<td>13</td>
</tr>
<tr>
<td>Pomo (Not Specified)</td>
<td>14</td>
</tr>
<tr>
<td>Other Pomo (Specify: ________)</td>
<td>15</td>
</tr>
<tr>
<td><strong>PUEBLO</strong></td>
<td></td>
</tr>
<tr>
<td>Hopi</td>
<td>16</td>
</tr>
<tr>
<td>Ysleta del Sur Pueblo of Texas</td>
<td>17</td>
</tr>
<tr>
<td>Pueblo (Not Specified)</td>
<td>18</td>
</tr>
<tr>
<td>Other Pueblo (Specify: ________)</td>
<td>19</td>
</tr>
<tr>
<td><strong>SIOUX</strong></td>
<td></td>
</tr>
<tr>
<td>Oglala/Pine Ridge Sioux</td>
<td>20</td>
</tr>
<tr>
<td>Sioux (Not Specified)</td>
<td>21</td>
</tr>
<tr>
<td>Other Sioux (Specify: ________)</td>
<td>22</td>
</tr>
<tr>
<td><strong>YAQUI</strong></td>
<td></td>
</tr>
<tr>
<td>Pascua Yaqui Tribe of Arizona</td>
<td>23</td>
</tr>
<tr>
<td>Yaqui (Not Specified)</td>
<td>24</td>
</tr>
<tr>
<td>Other Yaqui (Specify: ________)</td>
<td>25</td>
</tr>
<tr>
<td><strong>OTHER</strong></td>
<td></td>
</tr>
<tr>
<td>Other (Specify: ________)</td>
<td>91</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't Know</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_A12:
IF QA15_A8 = 3 (ASIAN) CONTINUE WITH QA15_A12;
ELSE GO TO PROGRAMMING NOTE QA15_A13

QA15_A12  You said Asian, and what specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

AA5E  

[CODE ALL THAT APPLY]

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

PROGRAMMING NOTE QA15_A13:
IF QA15_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA15_A13;
ELSE GO TO PROGRAMMING NOTE QA15_A14

QA15_A13  You said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them.

AA5E1  

[CODE ALL THAT APPLY]

SAMOAN/AMERICAN SAMOAN ............................................. 1
GUAMANIAN ........................................................................ 2
TONGAN ............................................................................... 3
FIJIAN .................................................................................... 4
OTHER PACIFIC ISLANDER (SPECIFY: ________) .............................. 91
REFUSED ................................................................................. -7
DON’T KNOW ........................................................................... -8
PROGRAMMING NOTE QA15_A14:
IF QA15_A6 = 1 (LATINO) AND [QA15_A8 = 6 (NATIVE HAWAIIAN) OR QA15_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA15_A8 = 3 (ASIAN) OR QA15_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA15_A8 = 1 (WHITE) OR QA15_A8 = 91 (OTHER)], CONTINUE WITH QA15_A14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA15_A8, QA15_A12, OR QA15_A13 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QA15_A14;
ELSE SKIP TO QA15_A16

QA15_A14
You said that you are: {INSERT MULTIPLE RESPONSES FROM QA15_A7, QA15_A8, QA15_A12 AND QA15_A13};
Sinabi ninyo na kayo ay: {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_A13};

Do you identify with any one race in particular?
Iniuugnay ba ninyo ang sarili ninyo sa alinmang isang partikular na lahi?

AA5G

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_A16]
REFUSED ..................................................................-7 [GO TO QA15_A16]
DON'T KNOW .........................................................-8 [GO TO QA15_A16]

PROGRAMMING NOTE FOR QA15_A15:
IF QA15_A6 = 1 (YES, LATINO) AND QA15_A7 ≠ -7 OR -8, DO NOT DISPLAY QA15_A15 = 14 (LATINO);
IF QA15_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA15_A13 = 1 TO 4 OR 91, DO NOT DISPLAY QA15_A15 = 17 (OTHER PACIFIC ISLANDER);
IF QA15_A8 = 3 AND QA15_A12 = 1 TO 17 OR 91, DO NOT DISPLAY QA15_A15 = 19 (ASIAN)

QA15_A15
Which do you most identify with?
Sa aling lahi ninyo higit na iniuugnay ang inyong sarili?

AA5F

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

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
LATINO, OTHER SPECIFY .................................13
LATINO ..............................................................14
NATIVE HAWAIIAN ............................................16
OTHER PACIFIC ISLANDER ...............................17
AMERICAN INDIAN OR ALASKA NATIVE .... 18
ASIAN .............................................................19
<table>
<thead>
<tr>
<th>Race/Multi-racial Identity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLACK OR AFRICAN AMERICAN</td>
<td>20</td>
</tr>
<tr>
<td>WHITE</td>
<td>21</td>
</tr>
<tr>
<td>RACE, OTHER SPECIFY</td>
<td>22</td>
</tr>
<tr>
<td>BANGLADESHI</td>
<td>30</td>
</tr>
<tr>
<td>BURMESE</td>
<td>31</td>
</tr>
<tr>
<td>CAMBODIAN</td>
<td>32</td>
</tr>
<tr>
<td>CHINESE</td>
<td>33</td>
</tr>
<tr>
<td>FILIPINO</td>
<td>34</td>
</tr>
<tr>
<td>HMONG</td>
<td>35</td>
</tr>
<tr>
<td>INDIAN (INDIA)</td>
<td>36</td>
</tr>
<tr>
<td>INDONESIAN</td>
<td>37</td>
</tr>
<tr>
<td>JAPANESE</td>
<td>38</td>
</tr>
<tr>
<td>KOREAN</td>
<td>39</td>
</tr>
<tr>
<td>LAOTIAN</td>
<td>40</td>
</tr>
<tr>
<td>MALAYSIAN</td>
<td>41</td>
</tr>
<tr>
<td>PAKISTANI</td>
<td>42</td>
</tr>
<tr>
<td>SRI LANKAN</td>
<td>43</td>
</tr>
<tr>
<td>TAIWANESE</td>
<td>44</td>
</tr>
<tr>
<td>THAI</td>
<td>45</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>46</td>
</tr>
<tr>
<td>ASIAN, OTHER SPECIFY</td>
<td>49</td>
</tr>
<tr>
<td>SAMOAN/AMERICAN SAMOAN</td>
<td>50</td>
</tr>
<tr>
<td>GUAMANIAN</td>
<td>51</td>
</tr>
<tr>
<td>TONGAN</td>
<td>52</td>
</tr>
<tr>
<td>FIJIAN</td>
<td>53</td>
</tr>
<tr>
<td>PACIFIC ISLANDER, OTHER SPECIFY</td>
<td>55</td>
</tr>
<tr>
<td>BOTH/ALL/MULTIRACIAL</td>
<td>90</td>
</tr>
<tr>
<td>NONE OF THESE</td>
<td>95</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA15_A16** Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?
Sa ngayon, kayo ba ay kasal, may kinakasamang partner sa kaugnayang parang mag-asawa, biyudo/a, diborsyado/a, hiwalay, o hindi kinasal kailanman?

**AH43**

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

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARRIED</td>
<td>1</td>
</tr>
<tr>
<td>LIVING WITH PARTNER</td>
<td>2</td>
</tr>
<tr>
<td>WIDOWED</td>
<td>3</td>
</tr>
<tr>
<td>DIVORCED</td>
<td>4</td>
</tr>
<tr>
<td>SEPARATED</td>
<td>5</td>
</tr>
<tr>
<td>NEVER MARRIED</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Section B – Health Conditions

QA15_B1 These next questions are about your health.
Tungkol sa inyong kalusugan ang sumusunod na mga katanungan.

Would you say that in general your health is excellent, very good, good, fair, or poor?
Masasabi ba ninyo na sa pangkalahatan ang kalusugan ninyo ay mabuting-mabuti, napakabuti, mabuti, mabuti-buti o mahina?

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

QA15_B2 Has a doctor ever told you that you have asthma?
Nasabihan na ba kayo ng doktor kailanman na may asthma kayo?

   AB17
   YES ..........................................................1
   NO .............................................................2
   REFUSED ..................................................7
   DON'T KNOW ........................................8

QA15_B3 Do you still have asthma?
Mayroon pa ba kayong asthma?

   AB40
   YES ..........................................................1
   NO .............................................................2
   REFUSED ..................................................7
   DON'T KNOW ........................................8

QA15_B4 During the past 12 months, have you had an episode of asthma or an asthma attack?
Nitong nakaraang 12 buwan, nakaranas ba kayo ng pagsumpong ng asthma o ng atake ng asthma?

   AB41
   YES ..........................................................1
   NO .............................................................2
   REFUSED ..................................................7
   DON'T KNOW ........................................8
PROGRAMMING NOTE QA15_B5:
IF [QA15_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA15_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA15_B9;
ELSE CONTINUE WITH QA15_B5

QA15_B5  During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...
Nitong nakaraang 12 buwan, gaano kadalas kayo nakaranas ng mga sintomas ng asthma gaya ng pag-ubo, paghuni, kahirapang huminga, paninikip ng dibdib o plema? Masasabi ba ninyo na...

AB19
Not at all, .................................................................1
Hindi kailanman, ...........................................................1
Less than every month, ..............................................2
Mas bihira sa bawat buwan, .......................................2
Every month, .............................................................3
Bawat buwan, ...........................................................3
Every week, or ..........................................................4
Bawat linggo, o ..........................................................4
Araw-araw? .............................................................5
Not at all, .................................................................5
REFUSED ..................................................................7
DON'T KNOW .....................................................-7

QA15_B6  During the past 12 months, have you had to visit a hospital emergency room because of your asthma?
Nitong nakaraang 12 buwan, kinailangan ba ninyong magpatingin sa emergency room ng ospital dahil sa inyong asthma?

AH13A
YES .......................................................................1
NO .......................................................................2  [GO TO QA15_B8]
REFUSED ..............................................................-7  [GO TO QA15_B8]
DON'T KNOW .....................................................-8  [GO TO QA15_B8]

QA15_B7  Did you visit a hospital emergency room for your asthma because you were unable to see your doctor?
Nagpatingin ba kayo sa emergency room ng ospital para sa inyong asthma dahil hindi kayo nakapagpatingin sa doktor ninyo?

AB106  [INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]
YES .......................................................................1
NO .......................................................................2
DOESN'T HAVE A DOCTOR .....................................3
REFUSED ..............................................................-7
DON'T KNOW .....................................................-8
QA15_B9  Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

Umiinom ba kayo ngayon ng pang-araw-araw na inireseta o ibinigay sa inyo ng doktor na gamot para kontrolin ang asthma ninyo?

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

[IF NEEDED, SAY: “Kabilang dito ang mga gamot na nilulunok at ang mga inhaler. Iba ito sa mga inhaler na ginagamit para sa pangmadaliang ginhawa.”]

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

PROGRAMMING NOTE QA15_B10:
IF QA15_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA15_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA15_B14;
ELSE CONTINUE WITH QA15_B10

QA15_B10  During the past 12 months, how often have you had asthma symptoms such as coughing, wheezing, shortness of breath, chest tightness, or phlegm? Would you say...

Nitong nakaraang 12 buwan, gaano kadalas kayo nakaranas ng mga sintomas ng asthma gaya ng pag-ubo, paghuni, kahirapang huminga, paninikip ng dibdib o plema? Masasabi ba ninyo na...

Not at all, ...............................................................1
Hindi kailanman, ........................................................1
Less than every month, .............................................2
Mas bihira sa bawat buwan, .....................................2
Every month, ..........................................................3
Bawat buwan, ..........................................................3
Every week, or .......................................................4
Bawat linggo, o .......................................................4
Every day? .............................................................5
Araw-araw? ............................................................5
REFUSED ....................................................................-7
DON’T KNOW ............................................................-8

QA15_B11  During the past 12 months, have you had to visit a hospital emergency room because of your asthma?

Nitong nakaraang 12 buwan, kinailangan ba ninyong magpagamot sa emergency room ng ospital dahil sa inyong asthma?

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

[GO TO QA15_B13]
QA15_B13  During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
Nitong nakaraang 12 buwan, na-ospital ba kayo nang magdamag o mas matagal pa para sa inyong asthma?

AB80

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

PROGRAMMING NOTE QA15_B14:
IF AAGE > 69 GO TO QA15_B15;
ELSE CONTINUE WITH QA15_B14

QA15_B14  During the past 12 months, how many days of work did you miss due to asthma?
Nitong nakaraang 12 buwan, ilang araw kayong hindi nakapasok sa trabaho nang dahil sa asthma?

AB42

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_______ DAYS (0 - 365)

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

QA15_B15  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?
Nakipagtulungan na ba sa inyo ang inyong mga doktor o mga iba pang medical provider na gumawa ng plano para malaman ninyo kung paano pangalagaan ang inyong asthma?

AB43

YES ...........................................................................1
NO .............................................................................2
[GO TO QA15_B17]
REFUSED ............................................................... -7
[GO TO QA15_B17]
DON'T KNOW ......................................................... -8
[GO TO QA15_B17]

QA15_B16  Do you have a written or printed copy of this plan?
Mayroon ba kayong nakasulat o naka-print na kopya nitong plano?

AB98

[IF NEEDED, SAY: “This can be an electronic or hard copy.”]
[IF NEEDED, SAY: “Puedeng electronic o nasa papel ang kopyang ito.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
How confident are you that you can control and manage your asthma? Would you say you are...
Gaano ang tiwala ninyo na kaya ninyong kontrolin at pangalagaan ang inyong asthma?
Masasabi ba ninyo na kayo ay...

Very confident, ..........................................................1
Lubos na may tiwala, ................................................1
Somewhat confident, ................................................2
Medyo may tiwala, ....................................................2
Not too confident, or .................................................3
Walang masyadong tiwala, .........................................3
Not at all confident? .................................................4
Walang tiwala kahit kaunti? ......................................4
REFUSED .................................................................. -7
DON'T KNOW ......................................................... -8

{Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?
{Maliban sa panahon ng pagbubuntis,nasabihan na ba} kayo ng doktor kailanman na mayroon kayong diabetes o sugar diabetes?
{Nasabihan na ba} kayo ng doktor kailanman na mayroon kayong diabetes o sugar diabetes?

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

[GO TO PN QA15_B34]
PROGRAMMING NOTE QA15_B19:
IF QA15_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA15_B19  {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?

{Maliban sa panahon ng pagbubuntis, nasabihan na ba} kayo ng doktor kailanman na mayroon kayong pre-diabetes, o borderline diabetes?
{Nasabihan na ba} kayo ng doktor kailanman na mayroon kayong pre-diabetes, o borderline diabetes?

AB99

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

PROGRAMMING NOTE QA15_B20:
IF QA15_B18 = 1 THEN CONINTUE WITH QA15_B20;
ELSE SKIP TO PROGRAMMING NOTE QA15_B34

QA15_B20  How old were you when a doctor first told you that you have diabetes?
Gaano katanda kayo noong unang sinabi sa inyo ng doktor na may diabetes kayo?

AB23

_____ AGE IN YEARS [HR: 1 THRU AAGE (OR 105 IF AAGE = -7)]

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

QA15_B21  Were you told that you had Type 1 or Type 2 diabetes?
Nasabihan ba kayo na mayroon kayong Type 1 o Type 2 diabetes?

AB51

[IF NEEDED, SAY: “Type 1 diabetes results from the body’s failure to produce insulin and is usually diagnosed in children and young adults. Type 2 diabetes results from insulin resistance and is the most common form of diabetes.”]
[IF NEEDED, SAY: "Ang Type 1 diabetes ang resulta ng di paggawa ng katawan ng insulin at karaniwang nada-diagnose sa mga bata at mga kabataan. Ang Type 2 diabetes ang resulta ng pagkwala ng kakayang gamitin ng katawan ang insulin at ito ang pinakakaraniwang uri ng diabetes.”]

TYPE 1 .................................................................1
TYPE 2 .................................................................2
ANOTHER TYPE (Specify:______) ..................91 91
DOUBLE DIABETES (TYPE 1 AND TYPE 2) ......4
REFUSED ..........................................................-7
DON'T KNOW .....................................................-8
QA15_B22  Are you now taking insulin?  
Gumagamit ba kayo ngayon ng insulin?

AB24

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

QA15_B23  Do you now take diabetic pills to lower your blood sugar?  
Umiinom ba kayo ngayon ng pills na pang-diabetes para pababain ang blood sugar ninyo?

AB25

[IF NEEDED, SAY: “These are sometimes called oral agents or oral hypoglycemic agents.”]
[IF NEEDED, SAY: "Kung minsan tinatawag ang mga ito na oral agents o oral hypoglycemic agents.”]

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

QA15_B24  About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?  
Mga ilang beses sa bawat araw, bawat linggo o bawat buwan ninyo, o ng isang kaanak o kaibigan, sinusuri ang inyong dugo para sa glucose o asukal?

AB26

[FILL IN TIME FRAME ANSWERED]

____ TIMES
_____ PER DAY [HR: 0-24; SR: 0-10]
_____ PER WEEK [HR: 0-70; SR: 0-34]
_____ PER MONTH [HR: 0-300; SR: 0-149]
_____ PER YEAR [HR: 0-3650; SR: 0-599]

REFUSED ......................................................................-7
DON'T KNOW .............................................................-8
About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin "A one C"?
Mga ilang beses nitong nakaraang 12 buwan kaya sinuri para sa hemoglobin "A one C" ng doktor o ng ibang health professional?

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

_____ NUMBER OF TIMES  [HR: 0-52, 995; SR: 0-25, 995]

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

About how many times in the last 12 months has a doctor checked your feet for any sores or irritations?
Mga ilang beses nitong nakaraang 12 buwan sinuri ng doktor ang inyong mga paa para sa anumang mga sugat o pangangali?

_____ NUMBER OF TIMES  [HR: 0-52; SR: 0-25]

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

When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes sensitive to bright light for a short time.
Kailan kayo huling nagpatingin sa mata kung saan na-dilate o pinalaki ang itim ng inyong mata?
Nagkaroon ito ng epekto na nasisilaw sa liwanag ang inyong mata sa loob ng maikling panahon.

WITHIN THE PAST MONTH ......................................1
WITHIN THE PAST YEAR (1-12 MONTHS AGO) ........2
WITHIN THE PAST 2 YEARS (1-2 YEARS AGO) .......3
2 OR MORE YEARS AGO .......................................4
NEVER .....................................................................5
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

During the past 12 months, have you had to visit a hospital emergency room because of your diabetes?
Nitong nakaraang 12 buwan, kinailangan ba ninyong magpagamot sa emergency room ng ospital dahil sa inyong diabetes?

YES ...........................................................................1
NO ...........................................................................2  [GO TO QA15_B30]
REFUSED ............................................................... -7  [GO TO QA15_B30]
DON'T KNOW .......................................................... -8  [GO TO QA15_B30]
QA15_B29  Did you visit a hospital emergency room for your diabetes because you were unable to see your doctor?
Nagpatingin ba kayo sa emergency room ng ospital para sa inyong diabetes dahil hindi kayo nakapagpatingin sa doktor ninyo?

AB110  [INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]

YES .................................................................1
NO .................................................................2
DOESN'T HAVE DOCTOR.............................3
REFUSED .....................................................-7
DON'T KNOW ...............................................-8

QA15_B30  During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?
Nitong nakaraang 12 buwan, na-ospital ba kayo nang magdamag o mas matagal pa para sa inyong diabetes?

AB111

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

QA15_B31  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?
Natulungan na ba kayo ng inyong mga doktor o iba pang medical provider upang makagawa ng plano nang sa ganoon malalaman ninyo kung paano alagaan ang inyong diabetes?

AB112

YES .................................................................1
NO .................................................................2  [GO TO QA15_B33]
REFUSED .....................................................-7  [GO TO QA15_B33]
DON'T KNOW ...............................................-8  [GO TO QA15_B33]
QA15_B32  Do you have a written or printed copy of this plan?
Mayroon ba kayong nakasulat o naka-print na kopya ng planong ito?

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

NEEDED, SAY: "Pwedeng electronic o nasa papel ang kopyang ito.”

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

QA15_B33  How confident are you that you can control and manage your diabetes? Would you say you are...
Gaano ang tiwala ninyo na kaya ninyong kontrolin at pangalagaan ang inyong diabetes? Masasabi ba ninyo na kayo ay...

 Very confident ........................................................1
Lubos na may tiwala, ........................................... 1
Somewhat confident, .............................................. 2
Medyo may tiwala, ................................................. 2
Not too confident, or ............................................. 3
Walang masyadong tiwala, o ................................... 3
Not at all confident? ............................................. 4
Walang tiwala kahit kaunti? .................................. 4
REFUSED .......................................................... -7
DON'T KNOW .................................................. -8

PROGRAMMING NOTE QA15_B34:
IF QA15_A5 = 2 (FEMALE) CONTINUE WITH QA15_B34;
ELSE GO TO QA15_B35

QA15_B34  Has a doctor ever told you that you had diabetes only during pregnancy?
Nasabihan na ba kayo ng doktor kailanman na nagkaroon kayo ng diabetes noong panahon lamang ng pagbubuntis ninyo

[IF NEEDED, SAY: “This is also known as gestational diabetes.”]
[IF NEEDED, SAY: "Kilala rin ito bilang gestational diabetes.”]

YES ................................................................. 1
NO ................................................................. 2
BORDERLINE GESTATIONAL DIABETES ............. 3
REFUSED .......................................................... -7
DON'T KNOW .................................................. -8
**QA15_B35** Has a doctor ever told you that you have high blood pressure?
Nasabihan na ba kayo ng doktor kailanman na mayroon kayong altapresyon?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>NO</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>HIGH NORMAL/BORDERLINE/ PRE-HYPERTENSION</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>REFUSED</strong></td>
<td>7</td>
</tr>
<tr>
<td><strong>DON'T KNOW</strong></td>
<td>8</td>
</tr>
</tbody>
</table>

[GO TO QA15_B37]

**QA15_B36** Are you now taking any medications to control your high blood pressure?
Umiinom ba kayo ngayon ng anumang gamot para kontrolin ang inyong altapresyon?

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

[GO TO QA15_B37]

**QA15_B37** Has a doctor ever told you that you have any kind of heart disease?
Nasabihan na ba kayo ng doktor kailanman na mayroon kayong anumang uri ng sakit sa puso?

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

[GO TO QA15_B45]

**QA15_B38** Has a doctor ever told you that you have heart failure or congestive heart failure?
Nasabihan na ba kayo ng doktor kailanman na mayroon kayong heart failure o congestive heart failure?

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

[GO TO QA15_B45]

**QA15_B39** During the past 12 months, have you had to visit a hospital emergency room because of your heart disease?
Nitong nakaraang 12 buwan, kinailangan ba ninyong magpamot sa emergency room ng ospital dahil sa inyong sakit sa puso?

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

[GO TO QA15_B41]
QA15_B40  Did you visit a hospital emergency room for your heart disease because you were unable to see your doctor?
Nagpatingin ba kayo sa emergency room ng ospital para sa inyong sakit sa puso dahil hindi kayo nakapagpatingin sa doktor ninyo?

[INTERVIEWER NOTE: ENTER 3 ONLY IF R VOLUNTEERS THAT HE/SHE DOESN'T HAVE A DOCTOR. DO NOT PROBE.]

YES .................................................................1
NO ...............................................................2
DOESN'T HAVE DOCTOR ................................3
REFUSED ....................................................-7
DON'T KNOW ............................................-8

QA15_B41  During the past 12 months, were you admitted to the hospital overnight or longer for your heart disease?
 Nitong nakaraang 12 buwan, na-ospital ba kayo nang magdamag o mas matagal pa para sa inyong sakit sa puso?

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

QA15_B42  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?
Natulungan na ba kayo ng inyong mga doktor o iba pang medical provider upang makagawa ng plano nang sa ganoon malalaman ninyo kung paano alagaan ang inyong sakit sa puso?

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

QA15_B43  Do you have a written or printed copy of this plan?
Mayroon ba kayong nakasulat o naka-print na kopya ng planong ito?

[IF NEEDED, SAY: “This can be an electronic or hard copy.”]
[IF NEEDED, SAY: "Pwedeng electronic o nasa papel ang kopyang ito.”]

YES .................................................................1
NO ...............................................................2
REFUSED ....................................................-7
DON'T KNOW ............................................-8
QA15_B44  How confident are you that you can control and manage your heart disease? Would you say you are…
Gaano ang tiwala ninyo na kaya ninyong kontrolin at pangalagaan ang inyong sakit sa puso?
Masasabi ba ninyo na kayo ay…

AB120

Very confident, ..........................................................1
Lubos na may tiwala, ................................................1
Somewhat confident, ...............................................2
Medyo may tiwala, ..................................................2
Not too confident, or.................................................3
Walang masyadong tiwala, o .................................3
Not at all confident? .................................................4
Walang tiwala kahit kaunti? .................................4
REFUSED ....................................................................-7
DON'T KNOW ............................................................-8

QA15_B45  During the past 12 months, did you get a flu shot or the nasal flu vaccine, called Flumist?
Nitong nakaraang 12 buwan, nagpa-flu shot ba kayo, o nagpa-nasal flu vaccine na tinatawag na Flumist?

AE30

[IF NEEDED, SAY: “A flu shot is usually given in the Fall and protects against influenza for the flu season.”]

[IF NEEDED, SAY: "Karaniwang ibinibigay ang flu shot tuwing Fall at nagbibigay-proteksyon ito laban sa trangkaso sa panahon ng trangkaso.”]

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

QA15_C1  The next questions are about walking for transportation. I will ask you separately about walking for relaxation or exercise.
Tungkol sa paglalakad bilang paraan ng transportasyon ang sumusunod na tanong. Tatanungin ko kayo nang hiwalay tungkol sa paglalakad para maglibang o mag-ehersisyo.

During the past 7 days, did you walk to get some place that took you at least 10 minutes? Nitong naraang 7 araw, naglakad ba kayo para marating ang isang lugar, at inabot kayo nang kahit man lamang 10 minuto?

   YES ...........................................................................1
   NO .............................................................................2 [GO TO QA15_C4]
   UNABLE TO WALK ..................................................3 [GO TO QA15_C7]
   REFUSED ..................................................................-7 [GO TO QA15_C4]
   DON'T KNOW ................................................................-8 [GO TO QA15_C4]

QA15_C2  In the past 7 days, how many times did you do that?
Nitong nakaraang 7 araw, ilang beses ninyo ginawa iyon?

   ______ TIMES PER WEEK [IF 0, GO TO QA15_C4]
   REFUSED ..................................................................-7 [GO TO QA15_C4]
   DON'T KNOW ................................................................-8 [GO TO QA15_C4]

PROGRAMMING NOTE QA15_C3:
IF QA15_C2 = 1 DISPLAY “How long did that walk take”;
IF QA15_C2 > 1 DISPLAY “On average, how long did those walks take”

QA15_C3  {How long did that walk take/On average, how long did those walks take}?
Gaano katagal inabot ang paglalakad na iyon?
Sa karaniwan, gaano katagal inabot ang mga paglalakad na iyon?

   ______ MINUTES PER DAY
   ______ HOURS PER DAY
   REFUSED ..................................................................-7
   DON'T KNOW ................................................................-8
PROGRAMMING NOTE QA15_C4:
IF QA15_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY “Please do not include walking for transportation.”

QA15_C4
Sometimes you may walk for fun, relaxation, exercise, or to walk the dog. During the past 7 days did you walk for at least 10 minutes for any of these reasons? Please do not include walking for transportation.
Paminsan-minsan, maaaring naglalakad kayo para sa kasiyahan, libangan, ehersisyo, o upang ilakad ang aso. Nitong nakaraang 7 araw, naglakad ba kayo kahit man lamang 10 minuto para sa anumang dahilan na ganito? {Mangyaring huwag bilangin ang paglalakad bilang paraan ng transportasyon.}

AD40W

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_C7]
REFUSED ....................................................................-7 [GO TO QA15_C7]
DON'T KNOW ................................................................-8 [GO TO QA15_C7]

QA15_C5
In the past 7 days, how many times did you do that?
Nitong nakaraang 7 araw, ilang beses ninyo ginawa iyon?

AD41W

[IF NEEDED, SAY: “Walk for at least 10 minutes for fun, relaxation, exercise, or to walk the dog.”]
[IF NEEDED, SAY: “Naglakad kahit man lamang 10 minuto para sa kasiyahan, libangan, ehersisyo, o upang ilakad ang aso.”]

______ TIMES PER WEEK [IF 0, GO TO QA15_C7]
REFUSED ....................................................................-7 [GO TO QA15_C7]
DON'T KNOW ................................................................-8 [GO TO QA15_C7]

PROGRAMMING NOTE QA15_C6:
IF QA15_C5 = 1 DISPLAY “How long did that walk take”;
IF QA15_C5 > 1 DISPLAY “On average, how long did those walks take”

QA15_C6
{How long did that walk take/On average, how long did those walks take}?
Gaano katagal inabot ang paglalakad na iyon?
Sa karaniwan, gaano katagal inabot ang mga paglalakad na iyon?

AD42W

______ MINUTES PER DAY
______ HOURS PER DAY
REFUSED ....................................................................-7
DON'T KNOW ................................................................-8
QA15_C7  During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda.
[Nitong nakaraang buwan,] gaano kadalas kayo uminom ng regular soda o softdrink na may asukal? Huwag ninyong bilangin ang diet soda.

[IF NEEDED, SAY: “Do not include canned or bottled juices or teas. Your best guess is fine.”]
[IF NEEDED, SAY: “Huwag ninyong bilangin ang mga de-lata o naka-boteng juice o tsaa. Ayos lang ang inyong pinakamagaling na tantya.”]

__________ TIMES

PER DAY .................................................................1  [HR: 0-10; SR: 0-7]
PER WEEK ...........................................................2  [HR: 0-25; SR: 0-11]
PER MONTH .........................................................3  [HR: 0-60; SR: 0-30]
REFUSED ..............................................................-7
DON’T KNOW .......................................................-8

QA15_C10  Now think about the past week. In the past 7 days, how many times did you eat fast food?
Include fast food meals eaten at work, at home, or at fast-food restaurants, carryout or drive through.
Ngayon, isipin ninyo ang nakaraang linggo. Nitong nakaraang 7 araw, ilang beses kayo kumain ng fast food? Bilangin ninyo ang mga fast food meal na kinain sa trabaho, sa bahay o sa mga restaurant ng fast food, sa carryout o sa drive through.

[IF NEEDED, SAY: “Such as food you get at McDonald’s, KFC, Panda Express, or Taco Bell.”]
[IF NEEDED, SAY: “Gaya ng pagkain na binibili ninyo sa McDonald's, KFC, Panda Express o Taco Bell.”]

__________ # OF TIMES IN PAST 7 DAYS

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

QA15_C11  How often can you find fresh fruits and vegetables in your neighborhood? Would you say...
Gaano kadalas kayo nakakahanap ng sariwang mga prutas at mga gulay sa inyong kapitbahayan? Masasabi ba ninyo na...

Never, ........................................................................1
Hindi kailanman ........................................................1
Sometimes, ...............................................................2
Paminsan-minsan ....................................................2
Usually, or ...............................................................3
Karaniwan, o .............................................................3
Always?.....................................................................4
Palagi? ......................................................................4
DOESN’T EAT F & V ................................................5
DOESN’T SHOP FOR F&V ......................................6
DOESN’T SHOP IN HIS/HER NEIGHBORHOOD ....7
REFUSED ............................................................... -7
DON’T KNOW ..........................................................-8

PROGRAMMING NOTE QA15_C12:
IF QA15_C11 = 2, 3, OR 4, THEN CONTINUE WITH QA15_C12;
ELSE GO TO PROGRAMMING NOTE QA15_C13

QA15_C12 How often are they affordable? Would you say…
Gaano kadalas na abot-kaya ang mga iyon? Masasabi ba ninyo na…

AC44 [IF NEEDED, SAY: “How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say…”]
[IF NEEDED, SAY: “Gaano kadalas abot-kaya ang mga sariwang pruta at gulay na makukuha ninyo sa inyong kapitbahayan? Masasabi ba ninyo na…”]

Never .........................................................................1
Hindi kailanman,........................................................1
Sometimes ................................................................2
Paminsan-minsan .....................................................2
Usually, or .................................................................3
Karaniwan, o .............................................................3
Always? .....................................................................4
Palagi? ......................................................................4
REFUSED ....................................................................7
DON’T KNOW ..........................................................-8

QA15_C13 Now, I am going to ask about various health behaviors.
Ngayon, tatanungin ko kayo tungkol sa mga iba't-ibang ugaling pangkalusugan.

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?
Sa buong buhay ninyo, hindi kukulangin sa 100 sigarilyo ba ang nahithit ninyo sa kabuuan?

AE15 YES ...........................................................................1
NO ...............................................................................2 [GO TO QA15_C37C20]

QA15_C14 Do you now smoke cigarettes every day, some days, or not at all?
Naninigarilyo ba kayo ngayon nang araw-araw, ilang araw lamang, o hindi kailanman?

AE15A EVERY DAY..............................................................1
SOME DAYS ................................................................2 [GO TO PN QA15_C18]
NOT AT ALL..............................................................3 [GO TO PN QA15_C16]
REFUSED ....................................................................7 [GO TO PN QA15_C37]
DON’T KNOW ..........................................................-8 [GO TO PN QA15_C37]
QA15_C15  On average, how many cigarettes do you now smoke a day?
Sa karaniwan, nakaka ilang sigarilyo kayo sa isang araw?

AD32  
[INTERVIEWER NOTE: IF R SAYS, A “PACK”, CODE AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES   [HR: 0-120]  [GO TO PN QA15_C18]
REFUSED ................................................... -7  [GO TO PN QA15_C18]
DON'T KNOW ......................................... -8  [GO TO PN QA15_C18]

PROGRAMMING NOTE QA15_C17:
IF QA15_C14 = 3 (NOT AT ALL) CONTINUE WITH QA15_C16;
ELSE GO TO PN QA15_C18

QA15_C16  Did you quit smoking within the last 2 years?

AC101  
YES (QUIT WITHIN THE PAST 2 YEARS) ..............1
NO (QUIT MORE THAN 2 YEARS AGO) ............2  [GO TO PN QA15_C37]
REFUSED ................................................... -7
DON'T KNOW ........................................... -8

QA15_C17  How many months ago did you quit?

AC102  
_____ MONTHS [HR: 0-24] ......................................

DID NOT QUIT ......................................... 999
REFUSED ................................................... -7
DON'T KNOW ........................................... -8

PROGRAMMING NOTE QA15_C18:
IF QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C18;
ELSE GO TO QA15_C19

QA15_C18  In the past 30 days, when you smoked, how many cigarettes did you smoke per day?
Nitong nakaraang 30 araw, noong nanigarilyo kayo, naka-ilang sigarilyo kayo sa bawat araw?

AE16  
[IF NEEDED, SAY: “On the days you smoked.” AND IF R SAYS, A “PACK”, CODE THIS AS 20 CIGARETTES]
[IF NEEDED, SAY: “Noong mga araw na nanigarilyo kayo.” AND IF R SAYS, A “PACK”,
CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES   [HR: 0-120]
REFUSED ................................................... -7
DON'T KNOW ........................................... -8
PROGRAMMING NOTE QA15_C19C18:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C19;
ELSE SKIP TO PN QA15_C20

**QA15_C19** How long has it been since you smoked on a daily basis?

**AC53B**

<table>
<thead>
<tr>
<th>Time Unit</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY(S)</td>
<td>[HR: 0 - 365]</td>
</tr>
<tr>
<td>MONTH(S)</td>
<td>[HR: 0 - 12]</td>
</tr>
<tr>
<td>YEAR(S)</td>
<td>[HR: 0 - 99]</td>
</tr>
</tbody>
</table>

NEVER SMOKED DAILY……………………………. 999 [SKIP TO PN QA15_C26]
REFUSED ............................................................... -7 [SKIP TO PN QA15_C26]

**IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C20C18; ELSE SKIP TO PN QA15_C22;**

**QA15_C20** On days when you smoke, how soon after you awake do you usually smoke your first cigarette? (Sa mga araw na naninigarilyo kayo/ Sa karaniwang) gaano katagal pagkatapos ninyo gumising na humihithit kayo ng unang sigarilyo ninyo?

**AC54B**

[IF R SAYS, “IMMEDIATELY”, CODE 0]
[IF R SAYS, “I DON’T SMOKE AFTER WAKING UP”, CODE 999]

<table>
<thead>
<tr>
<th>Time Unit</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMOUNT OF TIME</td>
<td></td>
</tr>
<tr>
<td>UNIT OF TIME</td>
<td></td>
</tr>
</tbody>
</table>

MINUTES .........................................................1
HOURS .............................................................2
REFUSED ..........................................................-7
DON’T KNOW ......................................................-8

**QA15_C21** Do you usually smoke menthol or non-menthol cigarettes? (Sa karaniwan, menthol o non-menthol ba ang mga sigarilyo na hinihithit ninyo?)

**AC58B**

MENTHOL.........................................................1
NON-MENTHOL ..................................................2
PROGRAMMING NOTE QA15_C22:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA15_C22,C19
ELSE GO TO PN QA15_C37

QA15_C22C18 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? 
Nitong nakaraang 12 buwan, ilang beses na kayo sumubok na huminto ng paninigarilyo nang isang araw man lang o mas matagal?

AC49

YES .................................................................1 [GO TO QA15_C24C19]
NO .................................................................2 [GO TO QA15_C24C19]
REFUSED ..........................................................-7 [GO TO QA15_C24C19]
DON'T KNOW ..................................................-8 [GO TO QA15_C24C19]

QA15_C23 During the past 12 months, how many times have you tried to quit smoking for one day or longer? 
Nitong nakaraang 12 buwan, ilang beses ninyong sinubukang huminto sa paninigarilyo nang isang araw man lang o mas matagal?

AC59

_____ NUMBER OF TIMES

QA15_C24 Are you thinking about quitting smoking in the next six months? 
Iniisip ba ninyong huminto sa paninigarilyo sa susunod na anim na buwan?

AC50

YES .................................................................1 [GO TO QA15_C26]
NO .................................................................2 [GO TO QA15_C26]
REFUSED ..........................................................-7

QA15_C25 Do you plan to quit in the next month? 
May balak ba kayong huminto sa susunod na buwan?

AC103

YES .................................................................1
NO .................................................................2
REFUSED ..........................................................-7
DON'T KNOW ..................................................-8
PROGRAMMING NOTE QA15_C26:
IF QA15_C22 = 1 (TRIED QUITTING IN THE PAST 12 MONTHS) OR QA15_C16 = 1 (QUIT WITHIN THE PAST 2 YEARS), CONTINUE WITH QA15_C26;
ELSE SKIP TO QA15_C35;

DISPLAYS:
IF QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS) DISPLAY “The last time you tried to quit”;
IF QA15_C22 = 1 (CURRENT SMOKERS TRIED QUITTING IN THE PAST 12 MONTHS) DISPLAY “In the past 12 months”

QA15_C26 There are many products called Nicotine Replacement Therapy or NRT that replace nicotine to help people quit smoking. {The last time you tried to quit / In the past 12 months}, did you use a nicotine patch?
May maraming produkto na tinatawag na Nicotine Replacement Therapy o NRT na kapalit ng nicotine para makatulong sa mga tao na huminto sa paninigarilyo. {Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, gumamit ba kayo ng nicotine patch?

AC60B

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

QA15_C27 {The last time you tried to quit / In the past 12 months}, did you use nicotine gum, nicotine lozenges, or a nicotine inhaler?
{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, gumamit ba kayo ng nicotine gum, nicotine lozenges, o nicotine inhaler?

AC104

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

QA15_C28 There are prescription medications to help people quit smoking cigarettes. {The last time you tried to quit / In the past 12 months}, did you use Zyban, Wellbutrin, Bupropion, Prozac, Chantix or Varenicline?
May mga gamot na nirireseta para makatulong sa mga tao na huminto sa paninigarilyo. {Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, gumamit ba kayo ng Zyban, Wellbutrin, Bupropion, Prozac, Chantix, o Varenicline?

AC105

YES .................................................................1
NO .................................................................2
REFUSED ..........................................................-7
DON'T KNOW .......................................................-8
PROGRAMMING NOTE QA15_C29:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY “The last time you tried to quit, did you try”

QA15_C29
(The last time you tried to quit, did you try / In the past 12 months, have you done) any of the following to help you quit smoking? Did you...
(Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo) ang mga sumusunod para matulungan kayong huminto sa paninigarilyo? Sinubukan ba ninyo

AC68B
Switch to smokeless tobacco, such as chewing tobacco, snus or snuff?
Ang pagpapalit sa smokeless tobacco, tulad ng pagpanguya ng tobacco, snus, o snuff?

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

PROGRAMMING NOTE QA15_C30:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS), THEN DISPLAY “The last time you tried to quit”

QA15_C30
([The last time you tried to quit / In the past 12 months]) did you
(Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo), sinubukan ba ninyo

AC69B
Quit completely on your own or “cold turkey”?
Ang lubusan paghinto ganap sa sariling pagsisikap o “cold turkey”?

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
PROGRAMMING NOTE QA15_C31:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 = 1 (QUIT WITHIN PAST 2 YEARS), THEN DISPLAY “The last time you tried to quit”

QA15_C31

[([The last time you tried to quit attempt/ In the past 12 months]) did you
{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, sinubukan ba ninyo]

AC106

Use technology such as an app, texting or quitting website?
Ang paggamit ng teknolohiya tulad ng app, texting, o website para sa paghinto?

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

PROGRAMMING NOTE QA15_C32:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 24 MONTHS), THEN DISPLAY “The last time you tried to quit”

QA15_C32

[([The last time you tried to quit / In the past 12 months]) did you
{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, sinubukan ba ninyo]

AC107

Use social media such as Facebook, Instagram, Twitter, or WhatsApp?
Ang paggamit ng social media tulad ng Facebook, Instagram, Twitter, o WhatsApp?

YES ...........................................................................1
NO .............................................................................2
REFUSED ..........................................................................-7
DON'T KNOW ..................................................................-8
PROGRAMMING NOTE QA15_C33:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY “The last time you tried to quit”

QA15_C33

[(The last time you tried to quit / In the past 12 months)] did you
{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, sinubukan ba ninyo

AC72B

Exercise more to help you quit smoking?
Ang paghehersisyo nang mas matagal para makatulong sa iyo sa paghinto ng paninigarilyo?

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

PROGRAMMING NOTE QA15_C34:
IF QA15_C14 = 3 (NOT AT ALL) AND QA15_C16 (QUIT WITHIN PAST 2 YEARS) THEN DISPLAY “The last time you tried to quit”

QA15_C34

[(The last time you tried to quit / In the past 12 months)] did you
{Noong huli kayong sumubok na huminto, sinubukan ba ninyo/ Nitong nakaraang 12 buwan, nasubukan ba ninyo}, sinubukan ba ninyo

AC75B

Call a telephone quitting helpline?
Ang pagtawag sa telepono ng isang helpline para sa paghinto ng paninigarilyo?

YES .................................................................1
NO .................................................................2
REFUSED ..........................................................-7
DON’T KNOW ....................................................-8
PROGRAMMING NOTE QA15_C35:
IF QA15_C14 = 1 (EVERY DAY) OR QA15_C14 = 2 (SOME DAYS), CONTINUE WITH QA15_C35;
ELSE IF QA15_C14 =3 (NOT AT ALL), SKIP TO PN QA15_C37

QA15_C35  In the past 12 months, did a doctor or other health professional advise you to quit smoking?
Nitong nakaraan 12 buwan, pinayuhan ba kayo ng doktor o ng iba pang health professional na huminto ng paninigarilyo?

AC77

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

QA15_C36  In the past 12 months, did a doctor or other health professional refer you to, or give you information about, a smoking cessation program?
Nitong nakaraang 12 buwan, ipinadala ba kayo ng doktor o ng iba pang health professional sa isang programa, o binigyan ba kayo ng impormasyon tungkol sa programa para sa paghinto ng paninigarilyo?

AC78

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

PROGRAMMING NOTE QA15_C37:
IF AGE <= 65 THEN CONTINUE WITH QA15_C37C20;
ELSE SKIP TO PN QA15_C46C23;

QA15_C37  Have you ever smoked a Hookah pipe?
Nakapaghithit ba kayo kahit kailan ng Hookah pipe?

AC79

[IF NEEDED, SAY: “Hookah is also known as shisha (she-sha), nargila (nar-geela), argila (argeela), or lula. Smoke is passed through water in a glass waterpipe to cool and filter the smoke”]
[IF NEEDED, SAY: “Tinatawag din ang Hookah na shisha (she-sha), nargila (nar-geela), argila (argeela), o lula. Ipinadadaan ang usok sa tubig na nasa glass waterpipe para palamigin at salain ang usok”]

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

[GO TO QA15_C39]
QA15_C38  During the past 30 days how many days did you use a hookah?
Nitong nakaraang 30 araw, mga ilang araw kayo nakagamit ng hookah?

AC108  

_____ ENTER NUMBER OF DAYS [HR: 0 - 30]

REFUSED ............................................................... -7
DONT KNOW ......................................................... -8

QA15_C39  Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?
Humithit na ba kayo kahit kailan ng electronic cigarettes, tinatawag din na e-cigarettes o vaporizer cigarettes?

AC81B  

YES ...........................................................................1
NO ........................................................................... 2
[GO TO QA15_C46]
REFUSED ............................................................... -7
[GO TO QA15_C46]
DONT KNOW ......................................................... -8
[GO TO QA15_C46]

QA15_C40  During the past 30 days, on how many days did you use electronic cigarettes?
Anu-ano ang mga dahilan ninyo sa paggamit ng electronic cigarettes?

AC82B  

_____ NUMBER OF DAYS [RANGE: 0-30]

[IF 0, THEN SKIP]

TO QA15_C46

REFUSED ............................................................... -7
[SKIP TO QA15_C46]
DONT KNOW ......................................................... -8
[SKIP TO QA15_C46]

QA15_C41  What best describes your reasons for using e-cigarettes?
Ano ang pinakamabuting dahilan ninyo sa paggamit ng e-cigarettes?

AC83B  

[CODE ALL THAT APPLY]

QUIT SMOKING .......................................................1
REPLACE SMOKING ................................................2
CUT DOWN OR REDUCE SMOKING ................................. 3
USE IN PLACES WHERE SMOKING NOT IS NOT ALLOWED ......................................................... 4
CURIOSITY, JUST TRY IT ............................................. 5
NO LINGERING ODOR .................................................. 6
HELPS ME CONCENTRATE/STAY ALERT ............. 7
COME IN MANY FLAVORS ........................................... 8
LESS EXPENSIVE ....................................................... 9
HEALTHIER THAN CIGARETTES ................................. 10
OTHER (SPECIFY: ____________) .............................. 91
REFUSED ................................................................... -7
DONT KNOW ............................................................ -8
QA15_C42  How long ago did you start using e-cigarettes regularly?
Gaano katagal na ang nakaraan nang sinimulan mong gamitin ang e-cigarette ng pangkaraniwan?

AC109

_____ MONTHS
_____ YEARS

LESS THAN ONE MONTH .................................................. 00
NEVER USED E-CIGARETTES REGULARLY ...... 99

QA15_C43  Where do you usually buy your e-cigarettes or e-liquid?
Saan kayo karaniwang bumibili ng inyong e-cigarette o e-liquid?

AC110

CONVENIENCE STORES OR GAS STATIONS......1
SUPER MARKETS .................................................................2
PHARMACY OR DRUG STORES.........................3
TOBACCO OR VAPE SHOP ............................................4
ONLINE ...........................................................................5
OTHER DISCOUNT OR WAREHOUSE STORES, SUCH AS WAL-MART OR COSTCO .........6
SOMEBWHERE ELSE? (Other specify:___________) 91
I DON'T BUY E-CIGARETTES OR E-FLUIDS ...... 99

QA15_C44  During the day you last used an electronic nicotine product, how many puffs did you take?
Noong huling araw na gumamit kayo ng produktong electronic nicotine, ilang puffs ang inyong kinuha?

AC111

_____ PUFFS

DID NOT USE A NICOTINE PRODUCT -3 (?)
REFUSED ................................................................. -7
DON'T KNOW ............................................................ -8
QA15_C45  What concentration or strength of nicotine is in the liquid or cartridge you typically use with your e-cigarette? For example, is it zero nicotine, 3, 6, 12, or 24 milligrams per milliliter, or some other concentration?

Anong konsentrasyon o lakas ng nicotine ang nasa likido o cartridge na karaniwang ginagamit mo sa iyong e-cigarette? Kumbaga, ito ba ay may zero na nikotina, 3, 6, 12, o 24 milligrams sa bawat milliliter, o iba pang konsentrasyon?

ZERO .................................................................1
THREE ...............................................................2
SIX .................................................................3
TWELVE ...........................................................4
TWENTY-FOUR ...............................................5
OTHER (Specify:__________) ..............................91
REFUSED .........................................................-7
DON'T KNOW ....................................................-8

PROGRAMMING NOTE QA15_C46:
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) OR QA15_C40 > 0 (USED E-CIGARETTES WITHIN PAST MONTH), CONTINUE WITH QA15_C46;
ELSE SKIP TO QA15_C50

QA15_C46  What are the current rules or restrictions about smoking inside your home? Would you say…

Anu-ano ang mga tuntunin o mga restrikson sa kasalukuyan tungkol sa paninigarilyo sa loob ng inyong tahanan? Masasabi ba ninyo na..

[IF NEEDED, SAY: “This is for regular, tobacco cigarettes”.]
[IF NEEDED, SAY: “Ito ay para sa karaniwang sigarilyo na tobacco”.]

AC84B

Smoking is completely banned for everyone, ........1
Smoking is generally banned for everyone with few exceptions, ...........................................2
Smoking is allowed in some rooms only, or.........3
There are no rules or restrictions on smoking inside your home? ...............................................4
NO SMOKERS/NO NEEDVOLUNTARILY DON'T SMOKE INSIDE HOME 6
OTHER (SPECIFY:______).................................91
REFUSED .........................................................-7
DON'T KNOW ....................................................-8
QA15_C47  What are the current rules or restrictions about using E-CIGARETTES (vaping) inside your home? Would you say...
Anu-ano ang mga tuntunin o mga restriksyon sa kasalukuyan tungkol sa paggamit ng e-cigarette (vaping) sa loob ng inyong tahanan? Masasabi ba ninyo na...

AC113

Vaping is completely banned for everyone ...............1
Vaping is generally banned for everyone with few exceptions, .........................................................2
Vaping is allowed in some rooms only, or ...............3
There are no rules or restrictions on vaping inside your home? ...............................................................4
NO VAPERS/NO NEED............................................5
VOLUNTARILY DON’T VAPE INSIDE HOME .........6
OTHER (SPECIFY:________).................................91
REFUSED ..................................................................-7

QA15_C48  Do you agree or not with the following statement: The use of e-cigarettes should not be allowed in the places where cigarette smoking is not allowed?
Sumasang-ayon ba kayo o hindi sang-ayon sa sumusunod na pahayag: Dapat pagbawalan din ang paggamit ng e-cigarette sa mga lugar na hindi pinahihintuluan ang paninigarilyo ng sigarilyo.

AC114

YES (AGREE)..............................................................1
NO (DO NOT AGREE)...............................................2
REFUSED ...............................................................-7
DON’T KNOW .......................................................-8
PROGRAMMING NOTE QA15_C49
IF QA15_C14 = 1 (SMOKE EVERY DAY) OR QA15_C14 = 2 (SMOKE SOME DAYS) CONTINUE WITH
QA15_C49;
ELSE SKIP TO QA15_C50

QA15_C49  How much additional tax on a pack of cigarettes would you be willing to support if all the money
raised was used to fund programs aimed at preventing smoking among children, and other health
care programs? Would you support a tax increase of...
Magkanong karagdagang buwis sa isang kaha ng sigarilyo ang payag ninyong itaguyod kung
lahat ng perang malipon ay gagamiting pampondo sa mga programang may layunin na pigilin
ang paninigarilyo sa mga bata, at iba pang mga programa para sa pangangalaga sa
kalusugan? Susuportahan ba ninyo ang karagdagang buwis na...

AC92

50 cents a pack, ........................................................1
$1.00, ........................................................................2
$2.00, ........................................................................3
$3.00, ........................................................................4
more than $3.00 a pack, or .......................................5
no tax increase?..........................................................6
REFUSED .....................................................................-7
DON'T KNOW .........................................................-8
Section D – General Health, Disability, and Sexual Health

**QA15_D1**

These next questions are about your height and weight. Tungkol sa inyong tangkad at timbang ang sumusunod na mga tanong.

How tall are you without shoes?
Gaano katangkad kayo kapag walang suot na sapatos?

[IF NEEDED, SAY: “About how tall?”]
[IF NEEDED, SAY: “Humigt-kumulang, gaano katangkad?”]

_____ FEET _____ INCHES  [FT HR: 3-7, IN HR: 0-11]
_____ METERS _____ CENTIMETERS [M HR: 1-2, CM HR: 0-99]

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

**PROGRAMMING NOTE QA15_D2:**
IF QA15_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

**QA15_D2**

{When not pregnant, how/How} much do you weigh without shoes?
{Kapag hindi buntis, gaano} kabigat kayo kapag walang suot na sapatos?
{Gaano} kabigat kayo kapag walang suot na sapatos?

[IF NEEDED, SAY: “About how much?”]
[IF NEEDED, SAY: “Humigt-kumulang, gaano?”]

_____ POUNDS  [HR: 50-450]

_____ KILOGRAMS  [HR: 20-220]

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

**QA15_D3**

Are you blind or deaf, or do you have a severe vision or hearing problem?
Kayo ba ay bulag, o bingi, o may malubhang problema sa paningin o pandinig?

**AD50**

YES ................................................................. 1
NO ............................................................... 2  [GO TO QA15_D5]
REFUSED ........................................................... 7  [GO TO QA15_D5]
DON'T KNOW .................................................... 8  [GO TO QA15_D5]
**QA15_D4**  Are you legally blind?  
Kayo ba ay legally blind?

<table>
<thead>
<tr>
<th>AL8</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ..............................................................1</td>
</tr>
<tr>
<td>NO .............................................................2</td>
</tr>
<tr>
<td>REFUSED ................................. -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................... -8</td>
</tr>
</tbody>
</table>

**QA15_D5**  Do you have a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  
Mayroon ba kayong karamdaman na lubhang naglilimita sa isa o higit pang pangunahing gawaing pisikal gaya ng paglalakad, pag-akyat sa hagdan, pag-aabot, pagbubuhat, o pagbibibit?

<table>
<thead>
<tr>
<th>AD57</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ..............................................................1</td>
</tr>
<tr>
<td>NO .............................................................2</td>
</tr>
<tr>
<td>REFUSED ................................. -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................... -8</td>
</tr>
</tbody>
</table>

**QA15_D6**  Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any of the following:

Dahil sa karamdamang pisikal, mental, o emosyonal na tumagal nang 6 na buwan o mahigit pa, nakakaranas ba kayo ng anuman sa sumusunod:
Any difficulty learning, remembering, or concentrating?
Anumang kahirapan na matuto, na makaalala, o na mag-concentrate?

<table>
<thead>
<tr>
<th>AD51</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ..............................................................1</td>
</tr>
<tr>
<td>NO .............................................................2</td>
</tr>
<tr>
<td>REFUSED ................................. -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................... -8</td>
</tr>
</tbody>
</table>

**QA15_D7**  Any difficulty dressing, bathing, or getting around inside the home?  
Anumang kahirapan sa pagbihis, sa pagligo, o sa pagkilos sa loob ng tahanan?

<table>
<thead>
<tr>
<th>AD52</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NEEDED, SAY: “Because of a physical, mental, or emotional condition lasting 6 months or more.”]</td>
</tr>
<tr>
<td>[IF NEEDED, SAY: &quot;Dahil sa karamdamang pisikal, mental, o emosyonal na nagtagal nang 6 na buwan o mahigit pa.”]</td>
</tr>
<tr>
<td>YES ..............................................................1</td>
</tr>
<tr>
<td>NO .............................................................2</td>
</tr>
<tr>
<td>REFUSED ................................. -7</td>
</tr>
<tr>
<td>DON'T KNOW ........................... -8</td>
</tr>
</tbody>
</table>
QA15_D8  Any difficulty going outside the home alone to shop or visit a doctor’s office?
Anumang kahirapang umalis sa bahay nang mag-isa para mamili o magpatingin sa doktor?

AD53  
[IF NEEDED, SAY: “Because of a physical, mental, or emotional condition lasting 6 months or more.”]
[IF NEEDED, SAY: “Dahil sa karamdamang pisikal, mental, o emosyonal na nagtagal nang 6 na buwan o mahigit pa.”]

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

PROGRAMMING NOTE QA15_D9:
IF AAGE > 64 GO TO PN QA15_D11

QA15_D9  Any difficulty working at a job or business?
Anumang kahirapang mag trabaho sa empleo o sa negosyo?

AD54  
[IF NEEDED, SAY: “Because of a physical, mental, or emotional condition lasting 6 months or more.”]
[IF NEEDED, SAY: “Dahil sa karamdamang pisikal, mental, o emosyonal na nagtagal nang 6 na buwan o mahigit pa.”]

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

QA15_D10  Do you have a physical or mental condition that has kept you from working for at least a year?
Mayroon ba kayong karamdamang pisikal o mental na pumigil sa inyo na mag trabaho nang isang taon man lamang?

AL8A  
[IF NEEDED, SAY “Current condition.”]
[IF NEEDED, SAY: “Kasalukuyang karamdaman.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON’T KNOW ...............................................................-8
PROGRAMMING NOTE QA15_D11:
IF AAGE ≥ 65 GO TO PROGRAMMING NOTE QA15_D12;
ELSE CONTINUE WITH QA15_D11

QA15_D11  Has Social Security or the State Department of Social Services determined that you have a
disability that is expected to last one year or longer?
Natiyak ba ng Social Security o ng Department of Social Services ng Estado na mayroon kayong
kapansanan na sa kanilang palagay ay magtatagal nang isang taon o higit pa?

AD73

[IF NEEDED, SAY: “This does not include short-term disability for illness, injury,
pregnancy, or childbirth.”]
[IF NEEDED, SAY: “Hindi kabilang dito ang short-term disability para sa sakit, kapinsalaan,
pagbubuntis, o panganganak.”]

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

QA15_D12  We are asking a few questions about people’s sexual experiences. All answers will be kept
private.
May ilang tanong kami tungkol sa mga karanasang sexual ng mga tao.
Pananatilihing lihim ang lahat ng mga sagot.

In the past 12 months, how many sexual partners have you had?
Nitong nakaraang 12 buwan, ilan na ang naging katalik ninyo?

AD43

_______ NUMBER OF SEXUAL PARTNERS  [GO TO PN QA15_D14D17]
REFUSED ............................................................... -7  [GO TO PN QA15_D14D17]
DON’T KNOW ........................................................ -8
Can you give me your best guess?
Maaari bang sabihin ninyo sa akin ang inyong pinamagaling na tantya?

[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
Sexual Orientation

PROGRAMMING NOTE QA15_D14D17:
If QA15_D12D15 = 0 (No sexual partners in last 12 months) or QA15_D13D16 = 0, go to PROGRAMMING NOTE QA15_D15; D18; Else continue with QA15_D14D17; If QA15_D12D15 or QA15_D13D16 = 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”

QA15_D14 {Is that partner male or female/In the past 12 months, have your sexual partners been male, female, or both male and female}?

{Lalaki ba o babae ang katalik na iyon}?
{Nitong nakaraang 12 buwan, lalaki ba, babae o kapwa lalaki at babae ang mga naging katalik ninyo}?

AD45

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

PROGRAMMING NOTE QA15_D15D18:
If QA15_A5 = 1 (Male), display “Gay” in question and “Gay” in help screen; Else if QA15_A5 = 2 (Female), display “Gay, Lesbian” in question and “Gay and Lesbian” in help screen

QA15_D15 Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?
Itiinuturing ba ninyo ang sarili ninyo na straight o heterosexual, na gay {,lesbian}, o homosexual, o bisexual?

AD46

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

[IF NEEDED, SAY:”Nakikipagtalik o pangunahing naaakit ang mga taong Straight o Heterosexual sa mga tao sa kabilang kasarian, nakikipagtalik o pangunahing naaakit ang mga taong Gay {at Lesbian} sa mga taong may katulad na kasarian, at nakikipagtalik o naaakit ang mga taong Bisexual sa mga tao sa magkabilang kasarian.”]

STRAIGHT OR HETEROSEXUAL ...........................1
GAY, LESBIAN, OR HOMOSEXUAL .......................2
BISEXUAL .................................................................3
NOT SEXUAL/CELIBATE/NONE ..............................4
OTHER (SPECIFY: ________________) .................. 91
REFUSED ............................................................-7
DON’T KNOW ....................................................-8
PROGRAMMING NOTE QA15_D15D19:
IF [QA15_D12D15 > 1 OR QA15_D13D16 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)] OR [QA15_A5 = 1 (MALE) AND (QA15_D15D18=2 (GAY) OR QA15_D15D18=3 (BISEXUAL)),]] CONTINUE WITH QA15_D16D19;

HIV SAMPLING FOR ALL AMERICAN INDIAN ALASKA NATIVE RESPONDENTS;
IF QA15_A8 = 4 OR QA15_A15 = 18 (AMERICAN INDIAN OR ALASKA NATIVE)],), CONTINUE WITH QA15_D16D19;

CONTROL GROUP: IF RANDOMLY ASSIGNED TO THE CONTROL GROUP, CONTINUE WITH QA15_D16; D19;
CONTROL GROUP: QA15_D12D15 ≤ 1 OR QA15_D13D16 ≤ 1 (1 OR FEWER SEXUAL PARTNERS) AND QA15_D15D18 = 1 (STRAIGHT OR HETEROSEXUAL) AND QA15_A8 ≠ 4 OR QA15_A15 ≠ 18 (NOT AMERICAN INDIAN OR ALASKA NATIVE)];)
(MINIMUM N = 1,200 equally spread across each replicate);) EQUALLY SPREAD ACROSS EACH REPLICATE;
ELSE GO TO PROGRAMMING NOTE QA15_D20D23;

QA15_D16  Have you ever been tested for HIV, the virus that causes AIDS?
Nagpa-test na po ba kayo, kahit kailan, para sa HIV, ang virus na sanhi ng AIDS?

AD55
YES ...........................................................................1
NO. ............................................................................2
REFUSED ....................................................................-7
DON'T KNOW .........................................................-8

PROGRAMMING NOTE QA15_D17D20:
IF QA15_D16D19 = 1 CONTINUE WITH QA15_D17D20;
ELSE GO TO PROGRAMMING NOTE QA15_D20D23;

QA15_D17  In the past year, how many times have you been tested for HIV?
Nitong nakaraang taon, ilang beses na kayo nagpa-test para sa HIV?

AD62
NOT TESTED IN PAST YEAR ......................0
ONE TIME .........................................................1
TWO TIMES ......................................................2
THREE TIMES ..................................................3
FOUR TIMES ....................................................4
FIVE TIMES .....................................................5
SIX OR MORE TIMES ..............................6
REFUSED .........................................................7
DON'T KNOW ..................................................8
QA15_D18  When was your last HIV test?
Kailan ang inyong huling test para sa HIV?

AD63

MONTH ___________  [RANGE: 1-12]
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 ___________  [RANGE: 1985-2016]
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_D19  Was the result of your HIV test positive or negative?
Positibo ba o negatibo ang resulta ng inyong test para sa HIV?

AD64

POSITIVE ..................................................................1
NEGATIVE .................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_D20D23:
ELSE GO TO PROGRAMMING NOTE QA15_D22D25

QA15_D20  Are you legally married to someone of the same sex?
Legal na kasal ba kayo sa taong may kasarian na katulad ng inyo?

AD60  

[INTERVIEWER NOTE: DO NOT INCLUDE LEGAL DOMESTIC PARTNERSHIP. INCLUDE LEGAL SAME SEX MARRIAGES PERFORMED IN CALIFORNIA AND OTHER STATES.]

YES .................................................................1  [GO TO PN QA15_D22D25]
NO .................................................................2
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
QA15_D21  Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?
Kinikilala ba kayo ng State of California bilang legally registered domestic partner ng taong may kasarian na katulad ng inyo?

AD61
YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QA15_D22D25;
IF RANDOMLY ASSIGNED ORIGINAL VERSION, THEN ASK QA15_D22D25;
ELSE SKIP TO QA15_D22AD25A

QA15_D22  What sex were you assigned at birth, on your original birth certificate?
Anong kasarian ang itinala para sa inyo sa inyong orihinal na birth certificate noong ipinanganak kayo?

AD65
MALE ........................................................................1
FEMALE ....................................................................2
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

PROGRAMMING NOTE QA15_D22A:
ALTERNATE TESTING OF QA15_D22;

QA15_D22A  On your original birth certificate, was your sex assigned as male or female?
Sa inyong orihinal na birth certificate, babae o lalaki ba ang kasarian na itinala para sa inyo?

AD65A
MALE ........................................................................1
FEMALE ....................................................................2
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

QA15_D23  Do you currently describe yourself as male, female, or transgender?
Sa kasalukuyan, iniilalarawan ba ninyo ang inyong sarili bilang lalaki, babae, o transgender?

AD66
MALE ........................................................................1 [GO TO PN QA15_D25]
FEMALE .................................................................2 [GO TO PN QA15_D25]
TRANSGENDER ...........................................................3 [GO TO PN QA15_D25]
NONE OF THESE ........................................................4
REFUSED ............................................................... -7 [GO TO SECTION E]
DON'T KNOW ..........................................................-8 [GO TO SECTION E]
### PROGRAMMING NOTE QA15_D24:

IF QA15_D23 = 4 THEN CONTINUE WITH QA15_D24;
ELSE SKIP TO QA15_D25

### QA15_D24

What is your current gender identity?
Ano ang inyong kasalukuyang gender identity, o ang inyong itinuturing na kasarian ninyo?

AD67

<table>
<thead>
<tr>
<th>SPECIFY: (________________________)</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td>............................................................ DON’T KNOW -8</td>
</tr>
</tbody>
</table>

### PROGRAMMING NOTE QA15_D25:

IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 1 (MALE)] OR [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)] THEN SKIP TO SECTION E;
ELSE CONTINUE WITH QA15_D25;

DISPLAYS;
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 2 (FEMALE), THEN DISPLAY {male} and {female};
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D23 = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};
IF [QA15_D22 = 1 OR QA15_D22A = 1 (MALE) AND QA15_D24 = -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {male} and {<QA15_D24>};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 1 OR QA15_D22A = 1 (MALE), THEN DISPLAY {female} and {male};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 3 (TRANSGENDER), THEN DISPLAY {female} and {transgender};
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D24 = -1,-7,-8 (OTHER GENDER IDENTITY), THEN DISPLAY {female} and {<QA15_D24>};

### QA15_D25

Just to confirm, you were assigned {INSERT RESPONSE FROM QA15_D22 OR QA15_D22A} at birth and now describe yourself as {INSERT RESPONSE FROM QA15_D23 OR QA15_D24}. Is that correct?
Upang matiyak lamang, {INSERT RESPONSE FROM QA15_D25} ang itinala para sa inyo noong ipinanganak kayo, subalit sa kasalukuyan inilalarawan ninyo ang sarili na {INSERT RESPONSE FROM QA15_D26 OR QA15_D27}. Tama ba ito?

AD68

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

[GO BACK TO QA15_D23]
Section E – Women’s Health

PROGRAMMING NOTE QA15_E1:
IF QA15_A5 = 1 (MALE), THEN GO TO QA15_F1;
IF AGE > 45, THEN GO TO PROGRAMMING NOTE QA15_E2;
ELSE CONTINUE WITH QA15_E1

DISPLAYS;
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 2 (FEMALE)], DISPLAY “These next questions are about women’s health.”;
IF [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE) AND QA15_D23 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON’T KNOW)], DISPLAY “These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.”

QA15_E1 {These next questions are about women’s health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}
{Tungkol sa kalusugan ng mga babae ang sumusunod na mga katanungan./Tong sumusunod na mga katanungan ay maaaring may-kinalaman sa inyo dahil babae ang kasarian na itinala para sa inyo noong ipinanganak kayo. Kung hindi, mangyaring sabihin sa akin at lalaktawan ko ang mga ito.}

To your knowledge, are you now pregnant?
Sa inyong kaalaman, buntis ba kayo sa kasalukuyan?

AD13

YES ................................................................. 1
NO ................................................................. 2
REFUSED ....................................................... -7
DON’T KNOW ............................................... -8
PROGRAMMING NOTE QA15_E2:
If AAGE < 40 or QA15_A4 = 1 or 2 (BETWEEN 18 AND 29 OR BETWEEN 30 AND 39) OR ENUM.AGE < 40, THEN GO TO QA15_F1;
ELSE CONTINUE WITH QA15_E2;
DISPLAYS;
IF [AAGE > 45 OR UNKNOWN], AND [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE)] AND QA15_D23 = 2 (FEMALE), DISPLAY "These next questions are about women’s health.”;
IF [AAGE > 45 OR UNKNOWN] AND [QA15_D22 = 2 OR QA15_D22A = 2 (FEMALE)] AND QA15_D23 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON’T KNOW)], DISPLAY “These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.”;

QA15_E2
{These next questions are about women’s health. /These next questions may be relevant to you because you were assigned female at birth. If not, let me know and I will skip them.}
{Tungkol sa kalusugan ng mga babae ang sumusunod na mga katanungan./Itong sumusunod na mga katanungan ay maaaring may-kinalaman sa inyo dahil babae ang kasarian na itinala para sa inyo noong ipinanganak kayo. Kung hindi, mangyaring sabihin sa akin at lalaktawan ko ang mga ito.}

Have you ever had a mammogram?
Nagpa-mammogram na ba kayo kahit kailan?

AD14
[IF NEEDED, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]
[IF NEEDED, SAY: "Ang mammogram ay x-ray ng magkabilang suso na magkahiwalay na kinukuha ng isang makinang pumipipi o pumipisa sa bawat suso."]

YES ...........................................................................1
NO .............................................................................2
[READ DEFINITION, GO TO SECTION F]

REFUSED ..................................................................-7
DON'T KNOW ..........................................................-8
[GO TO SECTION F]

QA15_E3
How long has it been since you had your last mammogram?
Gaanong nakatagal na mula noong huli kayong nagpa-mammogram?

AD17
A YEAR AGO OR LESS .........1
MORE THAN 1 UP TO 2 YEARS AGO ..............2
MORE THAN 2 UP TO 3 YEARS AGO ..............3
MORE THAN 3 UP TO 5 YEARS AGO ..............4
MORE THAN 5 YEARS AGO .........................5
REFUSED ......................................................-7
DON'T KNOW ..................................................-8
[GO TO QA15_F1]
How long did your provider advise you to wait until your next mammogram?
Gaano katagal ang ipinayo ng inyong provider na dapat ninyong palipasing panahon bago kayo muling magpa-mammogram?

[INTERVIEWER NOTE: PROMPT ONLY IF RESPONDENT ASKS FOR CLARIFICATION.]

3 MONTHS AGO OR LESS .........................1
MORE THAN 3 AND UP TO 6 MONTHS ............2
MORE THAN 6 MONTHS UP TO 1 YEAR ..........3
MORE THAN 1 UP TO 2 YEARS ....................4
MORE THAN 2 YEARS ..............................5
PROVIDER DIDN'T ADVISE ME/DIDN'T SAY....6
NO LONGER NEEDS MAMMOGRAMS ..........7
REFUSED ..............................................-7
DON'T KNOW .........................................-8
Section F – Mental Health

**QA15_F1**
The next questions are about how you have been feeling during the past 30 days.

About how often during the past 30 days did you feel nervous—Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

Humigit-kumulang, gaano kadalas nitong nakaraang 30 araw kayo nakaramdam ng pagkanerbiyos - Masasabi ba ninyong palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?

AJ29

ALL ............................................................................1
MOST ........................................................................2
SOME ........................................................................3
A LITTLE ..................................................................4
NONE ........................................................................5
REFUSED .............................................................-7
DON'T KNOW ......................................................-8

**QA15_F2**
During the past 30 days, about how often did you feel hopeless—all of the time, most of the time, some of the time, a little of the time, or none of the time?

Nitong nakaraang 30 araw, gaano kadalas kayo nakaramdam na wala na kayong pag-asa - palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?

AJ30

ALL ............................................................................1
MOST ........................................................................2
SOME ........................................................................3
A LITTLE ..................................................................4
NONE ........................................................................5
REFUSED .............................................................-7
DON'T KNOW ......................................................-8

**QA15_F3**
During the past 30 days, about how often did you feel restless or fidgety?

Nitong nakaraang 30 araw, gaano kadalas kayo nakaramdam ng pagkabalisa o ng di-mapalagay?

AJ31

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: “palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?”]

ALL ............................................................................1
MOST ........................................................................2
SOME ........................................................................3
A LITTLE ..................................................................4
NONE ........................................................................5
REFUSED .............................................................-7
DON'T KNOW ......................................................-8
How often did you feel so depressed that nothing could cheer you up?
Gaano kadalas kayo nakaramdam ng matinding kalungkutan na walang anumang makapagpatuwa sa inyo?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: “Palagi, kadalasan, paminsan-minsan, kaunting panahon lamang, o hindi kailanman?”]

During the past 30 days, about how often did you feel that everything was an effort?
Nitong nakaraang 30 araw, gaano kadalas kayo nakaramdam na napakahirap gawin ang lahat?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: “Palagi, kadalasan, paminsan-minsan, kaunting panahon lamang, o hindi kailanman?”]

During the past 30 days, about how often did you feel worthless?
Nitong nakaraang 30 araw, gaano kadalas kayo nakaramdam na bale-wala kayo?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: “Palagi, kadalasan, paminsan-minsan, kaunting panahon lamang, o hindi kailanman?”]

Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?
Mayroon bang buwan nitong nakaraang 12 buwan na mas madalas ninyong naranasan ang mga damdaming ito kay sa nitong nakaraang 30 araw?

YES .................................................................1
NO .................................................................2
REFUSED ..........................................................7
DON'T KNOW ....................................................8
PROGRAMMING NOTE QA15_F8:
IF QA15_F7 = 1 THEN CONTINUE WITH QA15_F8;
ELSE SKIP TO PROGRAMMING NOTE QA15_F14intro

QA15_F8 The next questions are about the one month in the past 12 months when you were at your worst emotionally.
Ang sumusunod na mga tanong ay tungkol sa kaisa-isang buwan nitong nakaraang 12 buwan kung kailan pinakamalala ang kalagayan ng damdamin ninyo.

During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?
Noong buwan na iyon, gaano kadalas kayo nakaramdam ng pagkanerbiyos - palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?

AF63
ALL............................................................................1
MOST........................................................................2
SOME........................................................................3
A LITTLE .................................................................4
NONE.......................................................................5
REFUSED ..................................................................-7
DON'T KNOW..........................................................-8

QA15_F9 During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?
Noong buwan ding na iyon, gaano kadalas kayo nakaramdam ng kawalang pag-aso - palagi, kadalasan, paminsan- minsan, kaunting panahon lang, o hindi kailanman?

AF64
ALL............................................................................1
MOST........................................................................2
SOME........................................................................3
A LITTLE .................................................................4
NONE.......................................................................5
REFUSED ..................................................................-7
DON'T KNOW..........................................................-8

QA15_F10 How often did you feel restless or fidgety?
Gaano kadalas kayo nakaramdam ng pagkabalisa o di-mapalagay?

AF65
[IF NEEDED, SAY: “All of the time, most of the time, some of the time, little of the time, or none of the time?”]
[IF NEEDED, SAY: "Palagi, kadalasan, paminsan-minsan, kaunting panahon lamang, o hindi kailanman?”]

ALL............................................................................1
MOST........................................................................2
SOME........................................................................3
A LITTLE .................................................................4
NONE.......................................................................5
REFUSED ..................................................................-7
DON'T KNOW..........................................................-8
QA15_F11  How often did you feel so depressed that nothing could cheer you up?
Gaano kadalas kayo nakaramdam ng matinding kalungkutan na walang anumang makapagpatuwa sa inyo?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: "Palagi, kadalasan, paminsan-minsan, kaunting panahon lamang, o hindi kailanman?”]

ALL ............................................................................1
MOST ........................................................................2
SOME .......................................................................3
A LITTLE .................................................................4
NONE .......................................................................5
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_F12  How often did you feel that everything was an effort?
Gaano kadalas kayo nakaramdam na napakahirap gawin ang lahat?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: "Palagi, kadalasan, paminsan-minsan, kaunting panahon lamang o hindi kailanman?”]

ALL ............................................................................1
MOST ........................................................................2
SOME .......................................................................3
A LITTLE .................................................................4
NONE .......................................................................5
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_F13  How often did you feel worthless?
Gaano kadalas kayo nakaramdam na bale-wala kayo?

[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]
[IF NEEDED, SAY: "Palagi, kadalasan, paminsan-minsan, kaunting panahon lang o hindi kailanman?”]

ALL ............................................................................1
MOST ........................................................................2
SOME .......................................................................3
A LITTLE .................................................................4
NONE .......................................................................5
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:
PROGRAMMING NOTE QA15_F14intro:
IF (QA15_F1 + QA15_F2 + QA15_F3 + QA15_F4 + QA15_F5 + QA15_F6 > 8) OR
(QA15_F8 + QA15_F9 + QA15_F10 + QA15_F11 + QA15_F12 + QA15_F13 > 8) OR
(IF QA15_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR
(IF QA15_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH
QA15_F14intro;
IF QA15_F7 = 1 THEN DISPLAY “again, please”;
ELSE SKIP TO QA15_F19

QA15_F14intro
Think {again, please} about the month in the past 12 months when you were at your worst emotionally.
{Mangyaring muling} isipin ninyo ang kaisa-isang buwan nitong nakaraang 12 buwan kung kailan pinakamalala ang kalagayan ng emosyon ninyo.

PROGRAMMING NOTE QA15_F14:
IF AGE > 70 GO TO QA15_F15;
ELSE CONTINUE WITH QA15_F14

QA15_F14
Did your emotions interfere a lot, some, or not at all with your performance at work?
Masyado bang nakasagabal ang inyong mga emosyon, paminsan-minsan, o hindi kailanman sa paggawa ninyo ng trabaho?

AF69B
A LOT .................................................................1
SOME ..............................................................2
NOT AT ALL ...................................................3
DOES NOT WORK .......................................4
REFUSED ....................................................7
DON’T KNOW ...........................................8

QA15_F15
Did your emotions interfere a lot, some, or not at all with your household chores?
Sobra bang nakasagabal ba ang inyong mga emosyon, paminsan-minsan, o hindi kailanman sa mga gawaing-bahay?

AF70B
A LOT .................................................................1
SOME ..............................................................2
NOT AT ALL ...................................................3
REFUSED ....................................................7
DON’T KNOW ...........................................8

QA15_F16
Did your emotions interfere a lot, some, or not at all with your social life?
Sobra bang nakasagabal ba ang inyong mga emosyon, paminsan-minsan, o hindi kailanman sa inyong pakikipagsosyalan?

AF71B
A LOT .................................................................1
SOME ..............................................................2
NOT AT ALL ...................................................3
REFUSED ....................................................7
DON’T KNOW ...........................................8
QA15_F17  Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?
Sobra bang nakasagabal ba ang inyong mga emosyon, paminsan-minsan, o hindi kailanman sa pakikipag-kapwa ninyo sa mga kaibigan at kaanak?

AF72B

A LOT .................................................................1
SOME ...............................................................2
NOT AT ALL ......................................................3
REFUSED .........................................................-7
DON'T KNOW ..................................................-8

QA15_F18  Now think about the past 12 months. About how many days out of the past 365 days were you totally unable to work or carry out your normal activities because of your feeling nervous, depressed, or emotionally stressed?
Isipin ang nakaraang 12 buwan. Humigit-kumulang, ilang araw sa nakaraang 365 araw kayo lubusang nawalan ng kakayahan na magtrabaho o gumawa ng mga pangkaraniwang gawain dahil kinakabahan, sobrang nalulungkot, o naguguluhan ang emosyon ninyo?

AF73B

[IF NEEDED, SAY: “You can use any number between 0 and 365 to answer.”]
[IF NEEDED, SAY: Maaari kayong sumagot ng anumang bilang sa pagitan ng 0 at 365.]

_________NUMBER OF DAYS

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

QA15_F19  Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health emotions or nerves or your use of alcohol or drugs?

Nagkaroon ba ng panahon nitong nakaraang 12 buwan na nadama ninyong maaaring kailangan ninyong magpatingin sa propesyonal dahil sa mga problema sa inyong kalusugang pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom ng alak o paggamit ng mga droga?

AF81

YES .................................................................1
NO .................................................................2 [GO TO QA15_F21F21]
REFUSED .........................................................-7 [GO TO QA15_F21F21]
DON'T KNOW ..................................................-8 [GO TO QA15_F21F21]
**QA15_F20**  Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?
Saklaw ba ng inyong insurance ang paggagamot sa mga karamdamang nauugnay sa kalusugang pangkaisipan, gaya ng mga pagpapatingin sa psychologist o psychiatrist?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AJ1</strong></td>
<td>YES .................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO .................................................................2</td>
</tr>
<tr>
<td></td>
<td>DON'T HAVE INSURANCE ....................................3</td>
</tr>
<tr>
<td></td>
<td>REFUSED ........................................................4</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...................................................5</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ................................................... -7</td>
</tr>
<tr>
<td></td>
<td>REFUSED ........................................................... -8</td>
</tr>
</tbody>
</table>

**QA15_F21**  In the past 12 months have you seen your primary care physician or general practitioner for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
Nitong nakaraang 12 buwan, nagpatingin na ba kayo sa inyong primary care doctor o sa general practitioner para sa mga problema sa inyong kalusugang pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom ng alak o paggamit ng mga droga?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AF74</strong></td>
<td>YES .................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO .................................................................2</td>
</tr>
<tr>
<td></td>
<td>REFUSED ........................................................4</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...................................................5</td>
</tr>
<tr>
<td></td>
<td>REFUSED ........................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ................................................... -8</td>
</tr>
</tbody>
</table>

**QA15_F22**  In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?
Nitong nakaraang 12 buwan, nagpatingin na ba kayo sa sinumang iba pang propesyonal, gaya ng counselor, psychiatrist, o social worker para sa mga problema sa inyong kalusugang pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom ng alak o paggamit ng mga droga?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AF75</strong></td>
<td>YES .................................................................1</td>
</tr>
<tr>
<td></td>
<td>NO .................................................................2</td>
</tr>
<tr>
<td></td>
<td>REFUSED ........................................................4</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...................................................5</td>
</tr>
<tr>
<td></td>
<td>REFUSED ........................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ................................................... -8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_F23F23:**
IF QA15_F21F21 = 1 OR QA15_F22F22 = 1 THEN CONTINUE WITH QA15_F23F23;
ELSE SKIP TO QA15_F28F28

**QA15_F23**  Did you seek help for your mental or emotional health or for an alcohol or drug problem?
Humingi ba kayo ng tulong para sa inyong kalusugang pangkaisipan o pang-emosyon, o para sa problema sa pag-inom ng alak o sa paggamit ng droga?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AF76</strong></td>
<td>MENTAL-EMOTIONAL HEALTH .................................1</td>
</tr>
<tr>
<td></td>
<td>ALCOHOL-DRUG PROBLEM ....................................2</td>
</tr>
<tr>
<td></td>
<td>BOTH MENTAL &amp; ALCOHOL-DRUG ............................3</td>
</tr>
<tr>
<td></td>
<td>REFUSED ........................................................4</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ...................................................5</td>
</tr>
<tr>
<td></td>
<td>REFUSED ........................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ................................................... -8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_F24F24:
IF QA15_F23F23 = 1, DISPLAY: “mental or emotional health”;
IF QA15_F23F23 = 2, DISPLAY: “use of alcohol or drugs”;
IF QA15_F23F23 = 3, DISPLAY: “mental or emotional health and your use of alcohol or drugs”;
ELSE SKIP TO QA15_F25F25

QA15_F24  In the past 12 months, how many visits did you make to a professional for problems with your {mental or emotional health/use of alcohol or drugs/mental or emotional health and your use of alcohol or drugs}? Do not count overnight hospital stays.
Nitong nakaraang 12 buwan, ilang beses kayo nagpatingin sa propesyonal para sa mga problema sa inyong {kalusugang pangkaisipan o pang-emosyon/pag-inom ng alak o paggamit ng mga droga/ kalusugang pangkaisipan o pag-emosyon at pag-inom ng alak o paggamit ng mga droga}? Huwag bilangin ang mga magdamag na pagpapa-ospital.

AF77  _________ NUMBER OF VISITS
REFUSED ............................................................... -7
DON'T KNOW ...........................................................-8

QA15_F25  Are you still receiving treatment for these problems from one or more of these providers?
Patuloy pa ba kayong pagpapagamot para sa ganitong mga problema sa isa o higit pang tinukoy na mga provider?

AF78  YES ...........................................................................1 [GO TO QA15_F28F28]
NO .............................................................................2 [GO TO QA15_F28F28]
REFUSED ............................................................... -7 [GO TO QA15_F28F28]
DON'T KNOW ...........................................................-8 [GO TO QA15_F28F28]

QA15_F26  Did you complete the recommended full course of treatment?
Kinumpleto ba ninyo ang buong inirekomendang programa ng paggagamot?

AF79  YES ...........................................................................1 [GO TO QA15_F28F28]
NO .............................................................................2 [GO TO QA15_F28F28]
REFUSED ............................................................... -7 [GO TO QA15_F28F28]
DON'T KNOW ...........................................................-8 [GO TO QA15_F28F28]
What is the MAIN REASON you are no longer receiving treatment?
Ano ang PANGUNAHING DAHILAN kung bakit hindi na kayo ginagamot?

GOT BETTER/NO LONGER NEEDED ....................1
NOT GETTING BETTER ........................................2
WANTED TO HANDLE PROBLEM ON OWN ..........3
HAD BAD EXPERIENCES WITH TREATMENT ......4
LACK OF TIME/TRANSPORTATION .....................5
TOO EXPENSIVE .................................................6
INSURANCE DOES NOT COVER ...........................7
OTHER (SPECIFY: _____________)________) .....8
REFUSED ...........................................................-7
DON'T KNOW ....................................................-8

During the past 12 months, did you take any prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?
Nitong nakaraang 12 buwan, uminom ba kayo ng anumang mga gamot na inireseta, gaya ng antidepressant o sedative, nang halos araw-araw sa loob ng dalawang linggo o higit pa, para sa problemang emotional o personal?

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

Here are some reasons people have for not seeking help even when they think they might need it. Please tell me “yes” or “no” for whether each statement applies to why you did not see a professional.
Narito ang ilang katwiran ng iba kung bakit hindi sila humihingi ng tulong kahit na sa kanilang palagay maaaring kailangan nila ito. Pakisagot ng “oo” o “hindi” kung tugma ang bawat pahayag sa katwiran kung bakit hindi kayo nagpatingin sa isang propesyonal.

You were concerned about the cost of treatment.
Nabahala kayo sa gastos ng paggamot.

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

You did not feel comfortable talking with a professional about your personal problems.
Hindi kayo komportableng nakikipag-usap sa isang propesyonal tungkol sa inyong personal nga mga problema.
AF83

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

QA15_F31 You were concerned about what would happen if someone found out you had a problem.
Nag-alala kayo kung ano ang mangyayari kapag may makaalam na may problema kayo.

AF84

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

QA15_F32 You had a hard time getting an appointment.
Nahirapan kayong makakuha ng appointment.

AF85

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

PROGRAMMING NOTE QA15_F33F48:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH
QA15_F33F48; ELSE GO TO SECTION G;

QA15_F33 The next questions are about how you feel about different aspects of your life. For each one,
please tell me how often you feel that way.
First, how often do you feel that you lack companionship? Is it...

AF107

Hardly ever ..............................................................1
Some of the time, or ..............................................2
Often? .................................................................3
REFUSED ..............................................................7
DON'T KNOW ......................................................8

QA15_F34 How often do you feel left out? Is it...

AF108

Hardly ever ..............................................................1
Some of the time, or ..............................................2
Often? .................................................................3
REFUSED ..............................................................7
DON'T KNOW ......................................................8

QA15_F35 How often do you feel isolated from others? Is it...
<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardly ever</td>
<td>1</td>
</tr>
<tr>
<td>Some of the time, or</td>
<td>2</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
### Section G – Demographic Information, Part II

#### QA15_G1
Now a few more questions about your background.
Ngayon, mayroon akong ilang tanong pa tungkol sa inyong background.

In what country were you born?
Saang bansa kayo ipinanganak?

#### AH33
[SELECT FROM MOST LIKELY COUNTRIES]

<table>
<thead>
<tr>
<th>Country</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES</td>
<td>1</td>
</tr>
<tr>
<td>AMERICAN SAMOA</td>
<td>2</td>
</tr>
<tr>
<td>CANADA</td>
<td>3</td>
</tr>
<tr>
<td>CHINA</td>
<td>4</td>
</tr>
<tr>
<td>EL SALVADOR</td>
<td>5</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>6</td>
</tr>
<tr>
<td>FRANCE</td>
<td>7</td>
</tr>
<tr>
<td>GERMANY</td>
<td>8</td>
</tr>
<tr>
<td>GUAM</td>
<td>9</td>
</tr>
<tr>
<td>GUATEMALA</td>
<td>10</td>
</tr>
<tr>
<td>HUNGARY</td>
<td>11</td>
</tr>
<tr>
<td>INDIA</td>
<td>12</td>
</tr>
<tr>
<td>IRAN</td>
<td>13</td>
</tr>
<tr>
<td>IRELAND</td>
<td>14</td>
</tr>
<tr>
<td>ITALY</td>
<td>15</td>
</tr>
<tr>
<td>JAPAN</td>
<td>16</td>
</tr>
<tr>
<td>KOREA</td>
<td>17</td>
</tr>
<tr>
<td>MEXICO</td>
<td>18</td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>19</td>
</tr>
<tr>
<td>POLAND</td>
<td>20</td>
</tr>
<tr>
<td>PORTUGAL</td>
<td>21</td>
</tr>
<tr>
<td>PUERTO RICO</td>
<td>22</td>
</tr>
<tr>
<td>RUSSIA</td>
<td>23</td>
</tr>
<tr>
<td>TAIWAN</td>
<td>24</td>
</tr>
<tr>
<td>VIETNAM</td>
<td>25</td>
</tr>
<tr>
<td>VIRGIN ISLANDS</td>
<td>26</td>
</tr>
<tr>
<td>OTHER (SPECIFY: _______________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
In what country was your mother born?
Saang bansa ipinanganak ang nanay ninyo?

[SELECTION FROM MOST LIKELY COUNTRIES]

[FOR RESPONDENTS WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]

UNITED STATES
AMERICAN SAMOA
CANADA
CHINA
EL SALVADOR
ENGLAND
FRANCE
GERMANY
GUAM
GUATEMALA
HUNGARY
INDIA
IRAN
IRELAND
ITALY
JAPAN
KOREA
MEXICO
PHILIPPINES
POLAND
PORTUGAL
PUERTO RICO
RUSSIA
TAIWAN
VIETNAM
VIRGIN ISLANDS
OTHER (SPECIFY: ______________)

-7

-8
In what country was your father born?
Saang bansa ipinanganak ang tatay ninyo?

[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
TAWAN ..........................................................24
VIETNAM .......................................................25
VIRGIN ISLANDS .............................................26
OTHER (SPECIFY): .........................................91
REFUSED ........................................................-7
DON'T KNOW ..................................................-8
PROGRAMMING NOTE QA15_G4:
IF QA15_A12 ≠ 9 (NOT JAPANESE) AND OR QA15_A15 ≠ 38 (NOT JAPANESE), THEN SKIP TO QA15_G7; CONTINUE;
ELSE IF QA15_G1 = 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS),
AND AAGE ≤ 70, SKIP TO QA15_G6;
ELSE GO TO QA15_G7

QA15_G4  You said you are of Japanese heritage, did you or your Japanese ancestors immigrate to the US after 1945?
Sinabi ninyo na Hapon ang inyong mga ninuno. Nangibang bayan ba sa US kayo at ang inyong mga Hapon na ninuno pagkatapos ng 1945?

AG25

YES .................................................................1  [SKIP TO QA15_G6]
NO ...............................................................2
REFUSED ....................................................-7
DON'T KNOW .............................................-8

QA15_G5  Which generation of Japanese immigrant are you?
Aling generation ng immigrant (salinlahi ng nangingibang lupain) na Hapon kayo?

AG26

1ST GENERATION (ISSEI) .................................1  [SKIP TO QA15_G7]
2ND GENERATION (NISEI) ...............................2  [SKIP TO QA15_G7]
3RD GENERATION (SANSEI) ............................3  [SKIP TO QA15_G7]
4TH GENERATION (YONSEI) ..............................4  [SKIP TO QA15_G7]
5TH GENERATION (GOSEI) ...............................5  [SKIP TO QA15_G7]
OTHER SPECIFY: (_________________) ........... 91  [SKIP TO QA15_G7]
REFUSED ....................................................-7  [SKIP TO QA15_G7]
DON'T KNOW .............................................-8  [SKIP TO QA15_G7]

PROGRAMMING NOTE QA15_G6:
IF QA15_G1 ≠ 1, 2, 9, OR 22 (USA, AMERICAN SAMOA, GUAM, PUERTO RICO, VIRGIN ISLANDS)
AND AAGE < 70, DISPLAY “You said you were of Japanese heritage”;
ELSE GO TO QA15_G7

QA15_G6  {You said you were of Japanese heritage,} which generation of Japanese immigrant are you?
{Sinabi ninyo na Hapon ang inyong mga ninuno.} Aling generation ng immigrant (salinlahi ng nangingibang lupain) na Hapon kayo?

AG27

1ST GENERATION (SHIN-ISSEI) .........................1
2ND GENERATION (SHIN-NISEI) .......................2
3RD GENERATION (SHIN-SANSEI) .....................3
OTHER SPECIFY: (_________________) ........... 91
REFUSED ....................................................-7
DON'T KNOW .............................................-8
**QA15_G7**  
What languages do you speak at home?  
Aling mga wika ang sinasalita ninyo sa tahanan?

**AH36**  
[CODE ALL THAT APPLY.]

**[PROBE: "Any others?"]**

**[PROBE: "Mayroon pa bang iba?"]**

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 QA15_G8:**

*IF QA15_G7 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE QA15_G9;*

*IF INTERVIEW CONDUCTED IN ENGLISH AND QA15_G7 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA15_G8 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 QA15_G8.*

SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_G8 WAS ASKED

**QA15_G8**  
{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...

{Dahil nagsasalita kayak sa tahanan ng wikang iba sa Ingles, interesado kami sa inyong palagay kung gaano kahusay kayo mag-Ingles.} Masasabi ba ninyo na nag-i-Ingles kayo nang...

**AH37**

Very well, .................................................................1  
Well, .................................................................2  
Not well, or ............................................................3  
Not at all? .............................................................4  
REFUSED ............................................................-7  
DON'T KNOW ........................................................-8
The next questions are about citizenship and immigration.

Are you a citizen of the United States?
Citizen ba kayo ng United States?

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

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

Permanent resident ba kayo na may green card? Kumpidensyal po ang mga sagot ninyo at hindi ito iuulat sa Immigration Services.

Yes ...........................................................................1
No .............................................................................2
APPLICATION PENDING .........................................3
REFUSED .....................................................................-7
DON'T KNOW ...........................................................-8

About how many years have you lived in the United States?
Humigit-kumulang, ilang taon na kayong nakatira sa 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
QA15_G11 In what year did you become naturalized?
Aling taon kayo pinagkalooban ng karapatang maging citizen?

AG30

[IF NEEDED, PROBE: “How long ago did you become naturalized?”]?
[INTERVIEWER: TRY TO GET A SPECIFIC YEAR IF POSSIBLE. “YEARS AGO” AND “MONTHS AGO” SHOULD ONLY BE USED IF R CANNOT GIVE A DATE.]

_____ CALENDAR YEAR [RANGE 1900-2015] [CANNOT BE EARLIER THAN AA1YR]
_____ YEARS AGO
_____ MONTHS AGO

OTHER (SPECIFY:_______) ..................................91
REFUSED ..................................................................-7
DON’T KNOW .....................................................-8

QA15_G11B Tell me if you are currently here on any of the following: a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the U.S. for a limited amount of time?
Sabihin sa akin kung sa kasalukuyan nandito kayo sa anuman sa mga sumusunod: isang tourist visa, isang student visa, isang work visa o permit, o iba pang dokumento na nagpapahintulot sa inyong manatili sa U.S. para sa limitadong panahon?

AG36

[INTERVIEWER: CHECK FIRST MENTION.]
[INTERVIEWER: CIRCLE “4” OR “5” ONLY IF VOLUNTEERED. DO NOT PROBE.]

TOURIST VISA .........................................................1 [GO TO QA15_G11D]
STUDENT VISA ......................................................2 [GO TO QA15_G11D]
WORK VISA OR PERMIT .........................................3
DEFERRED ACTION FOR CHILDHOOD
ARRIVALS OR “DACA” .............................................4 [GO TO QA15_G11D]
DEFERRED ACTION FOR PARENTAL ACCOUNTABILITY OR “DAPA” ...........................................5 [GO TO QA15_G11D]
ANOTHER DOCUMENT WHICH PERMITS STAY FOR LIMITED TIME ..................................6
NONE OF THE ABOVE ............................................ [GO TO QA15_G12]
REFUSED ..................................................................-7 [GO TO QA15_G12]
DON’T KNOW .....................................................-8 [GO TO QA15_G12]
QA15_G11C  Was this visa or permit through Deferred Action for Childhood Arrivals or “DACA” or Deferred Action for Parental Accountability or “DAPA”?
Nakuha ba itong visa o permit sa pamamagitan ng Deferred Action for Childhood Arrivals, o “DACA”, o Deferred Action for Parental Accountability or “DAPA”?

AG43

YES, DACA (DEFINED DEFERRED ACTION FOR CHILDHOOD ARRIVALS) ........................................1
YES, DAPA (DEFERRED ACTION FOR PARENTAL ACCOUNTABILITY) ........................................2
NO .............................................................................3
REFUSED ...................................................................-7
DON'T KNOW .............................................................-8

QA15_G11D Is this visa or document still valid or has it expired?
Balido pa ba itong visa o dokumento o nawalan na ng bisa?

AG37

VALID ...........................................................................1
EXPIRED ..................................................................2
APPLICATION PENDING .........................................3
REFUSED ...................................................................-7
DON'T KNOW .............................................................-8

PROGRAMMING NOTE QA15_G12G13:
IF [QA15_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA15_G12G13;
IF QA15_A16 = 1, THEN DISPLAY “spouse”;
IF QA15_A16 = 2 OR QA15_D20D23 = 1 OR QA15_D21D24 = 1, THEN DISPLAY “partner”;
ELSE GO TO PROGRAMMING NOTE QA15_G14

ELSE GO TO PROGRAMMING NOTE QA15_G14

QA15_G12 Is your {spouse/partner} also living in your household?
Nakatira din ba ang inyong {asawa/partner} sa inyong pamamahay?

AH44

YES .............................................................................1
NO .............................................................................2
REFUSED ...................................................................-7
DON'T KNOW .............................................................-8
QA15_G13  May I have your spouse/partner’s first name, age, and gender?
Maaari ko bang makuha ang pangalan lang na walang apelyido at ang edad ng inyong asawa/partner? 

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

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

PROGRAMMING NOTE QA15_G14:
IF [AAGE < 30 OR QA15_A4 = 1 (AGE 18-29)] AND [QA15_G12 = 1 (SPOUSE/PARTNER LIVING IN HH)
AND 3 OR MORE ADULTS LIVE IN HH OR QA15_A16 = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED,
SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH], CONTINUE WITH
QA15_G14;
ELSE GO TO PROGRAMMING NOTE QA15_G15

QA15_G14  Are you now living with either of your parents?
Nakatira ba kayo ngayon na kasama ang sinuman sa mga magulang ninyo?

[INTERVIEWER NOTE: IF R MENTIONS IN-LAWS, CODE AS YES]

AH43A

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

PROGRAMMING NOTE QA15_G16:
IF SC7 + SC8 > 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN SC13A ARE AGE 13 OR
LESS, CONTINUE WITH QA15_G15G16;
ELSE GO TO QA15_G17G18;
IF ANY CHILD IN ROSTER SC13A < 14 AND ≥ 14 DISPLAY “for any children under age 14”;
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you
or your spouse”;
ELSE IF QA15_G12G13 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your partner”;
ELSE DISPLAY “you”
QA15_G15  In the past month, did you use any paid childcare {for any children under age 14} while {you or your spouse/you or your partner/you} worked, were in school, or looked for work?
Nitong nakaraang buwan, gumamit ba kayo ng anumang binabayarang childcare {para sa sinumang bata na hindi pa 14 taong gulang} habang {kayo o ang asawa ninyo/kayo o ang partner ninyo/kayo} ay nagtatrabaho, nasa eskwelahan, o naghahanap ng trabaho?

AH44A  [IF NEEDED, SAY: “This includes Head Start, day care centers, before- or after-school care programs, and any baby-sitting arrangements.”]
[IF NEEDED, SAY: “Kabilang dito ang Head Start, mga day care center, mga program ng before- o after-school care, at anumang mga kasunduan para sa baby-sitting.”]

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

[GO TO QA15_G17]

QA15_G16  In the past month, how much did you pay for all child care arrangements and programs?
Nitong nakaraang buwan, magkano ang binayad ninyo para sa lahat ng mga kasunduan at mga program para sa child care?

AH44B  [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.”]
[IF NEEDED, SAY: “Kung mas madali sa inyo, maaari ninyong sabihin sa akin kung magkano ang binayad ninyo sa isang karaniwang linggo noong nakaraang buwan.”]

$_____________ 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
**QA15_G17G18** What is the highest grade of education you have completed and received credit for?

> Ano ang pinakamataas na baitang sa pag-aaral ang nakumpleto ninyo at nakatanggap ng credit para sa pagtatapos?

<table>
<thead>
<tr>
<th>NO FORMAL EDUCATION</th>
<th>30</th>
</tr>
</thead>
</table>

**GRADE SCHOOL**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST</td>
<td>1</td>
<td>1ST GRADE</td>
</tr>
<tr>
<td>2ND</td>
<td>2</td>
<td>2ND GRADE</td>
</tr>
<tr>
<td>3RD</td>
<td>3</td>
<td>3RD GRADE</td>
</tr>
<tr>
<td>4TH</td>
<td>4</td>
<td>4TH GRADE</td>
</tr>
<tr>
<td>5TH</td>
<td>5</td>
<td>5TH GRADE</td>
</tr>
<tr>
<td>6TH</td>
<td>6</td>
<td>6TH GRADE</td>
</tr>
<tr>
<td>7TH</td>
<td>7</td>
<td>7TH GRADE</td>
</tr>
<tr>
<td>8TH</td>
<td>8</td>
<td>8TH GRADE</td>
</tr>
</tbody>
</table>

**HIGH SCHOOL OR EQUIVALENT**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>9TH</td>
<td>9</td>
</tr>
<tr>
<td>10TH</td>
<td>10</td>
</tr>
<tr>
<td>11TH</td>
<td>11</td>
</tr>
<tr>
<td>12TH</td>
<td>12</td>
</tr>
</tbody>
</table>

**4-YEAR COLLEGE OR UNIVERSITY**

<table>
<thead>
<tr>
<th>Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST</td>
<td>13</td>
</tr>
<tr>
<td>2ND</td>
<td>14</td>
</tr>
<tr>
<td>3RD</td>
<td>15</td>
</tr>
<tr>
<td>4TH</td>
<td>16</td>
</tr>
<tr>
<td>5TH</td>
<td>17</td>
</tr>
</tbody>
</table>

**GRADUATE OR PROFESSIONAL SCHOOL**

<table>
<thead>
<tr>
<th>Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST</td>
<td>18</td>
</tr>
<tr>
<td>2ND</td>
<td>19</td>
</tr>
<tr>
<td>3RD</td>
<td>20</td>
</tr>
<tr>
<td>4TH</td>
<td>21</td>
</tr>
</tbody>
</table>

**2-YEAR JUNIOR OR COMMUNITY COLLEGE**

<table>
<thead>
<tr>
<th>Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST</td>
<td>22</td>
</tr>
<tr>
<td>2ND</td>
<td>23</td>
</tr>
</tbody>
</table>

**VOCATIONAL, BUSINESS, OR TRADE SCHOOL**

<table>
<thead>
<tr>
<th>Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST</td>
<td>24</td>
</tr>
<tr>
<td>2ND</td>
<td>25</td>
</tr>
<tr>
<td>3RD</td>
<td>26</td>
</tr>
<tr>
<td>4TH</td>
<td>-7</td>
</tr>
<tr>
<td>5TH</td>
<td>-8</td>
</tr>
</tbody>
</table>

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 GRADE 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
NCQ15_G18G19 Did you ever serve on active duty in the Armed Forces of the United States?
Nag-active duty ba kayo kailanman sa Hukbong Sandatahan ng United States?

AG22

YES .................................................................1
NO .................................................................2 [GO TO QA15_G21]
REFUSED .........................................................-7 [GO TO QA15_G21]
DON'T KNOW ..................................................-8 [GO TO QA15_G21]

QA15_G19 When did you serve?
Kailan kayo naglingkod?

AG23

FROM __________ TO__________

OR

[CHECK ALL THAT APPLY]

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

QA15_G20 Altogether, how long did you serve?
Sa kabuuan, gaano katagalan kayong naglingkod?

AG24

_____ YEARS

_____ MONTHS

REFUSED .............................................................-7
DON'T KNOW ....................................................-8
QA15_G21 Which of the following were you doing last week?
Alin sa sumusunod ang ginawa ninyo noong nakaraang linggo?

AK1 Working at a job or business, ....................................1
Nagtrabaho sa pinapasukan o sa negosyo, .............1
With a job or business but not at work, .................2
May pinapasukan o may negosyo ngunit hindi nagtrabaho, ...2
Looking for work, or ...............................................3
Naghanap ng trabaho, o ........................................3
Not working at a job or business? .............................4
Walang pinapasukan na trabaho o negosyo? ..........4
REFUSED ............................................................... -7
[GO TO QA15_G25]
DON'T KNOW ......................................................... -8
[GO TO QA15_G25]

QA15_G22 What is the main reason you did not work last week?
Ano ang pangunahing dahilan na hindi kayo nagtrabaho nitong nakaraang linggo?

AK2 [IF NEEDED, SAY: “Main reason is the most important reason.”]
[IF NEEDED, SAY: "Ang pangunahing dahilan ay ang pinakamahalagang dahilan."]

TAKING CARE OF HOUSE OR FAMILY ..................1
ON PLANNED VACATION .....................................2
COULDN'T FIND A JOB ........................................3
GOING TO SCHOOL/STUDENT ..............................4
RETIRED ..................................................................5
DISABLED ..........................................................6
UNABLE TO WORK TEMPORARILY .......................7
ON LAYOFF OR STRIKE .....................................8
ON FAMILY OR MATERNITY LEAVE ....................9
OFF SEASON .................................................... 10
SICK ....................................................................... 11
OTHER................................................................... 91
REFUSED ..........................................................-7
[GO TO PN QA15_G24]
DON'T KNOW .........................................................-8
[GO TO PN QA15_G24]
**QA15_G23**
Do you usually work?
Karaniwan ba kayong nagtatrabaho?

<table>
<thead>
<tr>
<th>AG10</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>LOOKING FOR WORK</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_G24:**
IF [AAGE = -7 OR -8 OR AAGE < 65] AND [QA15_G23 = 2 (DOES NOT USUALLY WORK) OR QA15_G22 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA15_G24;
ELSE GO TO PROGRAMMING NOTE QA15_G25

**QA15_G24**
Are you receiving Social Security Disability Insurance or SSDI?
Tumatanggap ba kayo ng Social Security Disability Insurance o SSDI?

<table>
<thead>
<tr>
<th>AL22</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1  [GO TO PN QA15_G29]</td>
</tr>
<tr>
<td>NO</td>
<td>2  [GO TO PN QA15_G29]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7  [GO TO PN QA15_G29]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8  [GO TO PN QA15_G29]</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_G25:
IF QA15_G21 = 1, 2, -7, OR -8 (WORKING, WITH JOB, DK, OR RF) OR QA15_G23 = 1 (USUALLY WORKS), CONTINUE WITH QA15_G25;
ELSE GO TO PROGRAMMING NOTE QA15_G28

QA15_G25
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?
Sa inyong pangunahing trabaho, empleado ba kayo ng isang pribadong kompanya, ng gobyerno, o nagtatrabaho para sa inyong sarili, o nagtatrabaho nang walang sahod sa isang negosyo o sakahan ng pamilya?

AK4

[IF NEEDED, SAY: “Where did you work most hours?”]
[IF NEEDED, SAY: “Saan kayo nagtrabaho nang pinakamaraming oras?”]

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 QA15_G26:
IF QA15_G25 = 2 (GOVERNMENT EMPLOYEE), DISPLAY “What kind of agency or department is this?”
and “[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND
THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)”;
ELSE DISPLAY “What kind of business or industry is this?” AND “[IF NEEDED, SAY: “What do they
make or do at this business?”]”

QA15_G26  {What kind of agency or department is this? / What kind of business or industry is this?}
{Anong uri ng ahensya o departamento ito? / Anong uri ng negosyo o industrya ito?}

AK5

{[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE,
LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)} / [IF NEEDED,
SAY: “What do they make or do at this business?”]

[IF NEEDED, SAY: "Anong produkto ang yinayari o anong gawain ang ginagawa sa
negosyong ito?]

[INTERVIEWER: ENTER DESCRIPTION]

_________________________ (GOVERNMENT AGENCY OR
DEPARTMENT/BUSINESS OR INDUSTRY)

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

QA15_G27  What is the main kind of work you do?
Ano ang pangunahing trabaho na inyong ginagawa?

AK6

[MAIN JOB = WHERE WORKS MOST HOURS.] 
[INTERVIEWER: ENTER DESCRIPTION]

______________________________ (OCCUPATION)

REFUSED ............................................................................ -7
DON’T KNOW ...................................................................... -8
PROGRAMMING NOTE QA15_G28:
IF QA15_G25 = 2 (GOVERNMENT EMPLOYEE), CODE QA15_G28 = 8 AND GO TO QA15_G29;
IF QA15_G25 = 3 (SELF-EMPLOYED), CONTINUE WITH QA15_G28 AND DISPLAY "Including yourself, about" and "you";
ELSE CONTINUE WITH QA15_G28 AND DISPLAY "About" and "your employer";

QA15_G28  {Including yourself, about/About} how many people are employed by {your employer/you} at all locations?

{Kabilang ang sarili ninyo, ilan ang employed ninyo sa lahat ng mga sangay?
Kabilang ang sarili ninyo, ilan ang employed ninyo sa lahat ng mga sangay?
ilang ang empleado (ng inyong employer /ninyo) sa lahat ng mga sangay?

AK8

[IF NEEDED, SAY: “Your best guess is fine.”]
[IF NEEDED, SAY: Ayos lang ang inyong pinakamahusay na tantya.]

1 OR 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 QA15_G29:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1, CONTINUE WITH QA15_G29;
IF QA15_A16 = 1, THEN DISPLAY “spouse”;
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY “partner”;
ELSE GO TO QA15_H1

QA15_G29  Which of the following was your {spouse/partner} doing last week?
Alin sa sumusunod ang ginawa ng inyong {asawa/partner} nitong nakaraang linggo?

AG8

Working at a job or business, ..................................................1 [GO TO QA15_G31]
Nagtrabaho sa pinapasukan o sa negosyo, ...............1
With a job or business but not at work, ....................2 [GO TO QA15_G31]
May pinapasukan o may negosyo ngunit
hindi nagtrabaho, .....................................................2
Looking for work, or ....................................................3
Naghanap ng trabaho, o ..............................................3
Not working at a job/business? .................................4
Walang pinapasukan na trabaho o negosyo? ..........4
REFUSED ................................................................-7
DON'T KNOW ......................................................-8
QA15_G30  Does your {spouse/partner} usually work?
Karaniwan bang nagtatrabaho and {asawa/partner} ninyo?

AG11

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_H1]
LOOKING FOR WORK .............................................3 [GO TO QA15_H1]
REFUSED .................................................................-7 [GO TO QA15_H1]
DON'T KNOW ......................................................... -8 [GO TO QA15_H1]

QA15_G31  On your {spouse's/partner'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?
Sa pangunahing katungkulan ng inyong {asawa/partner}, nagtatrabaho ba {siya/siya} sa isang
kompanyang pribado, sa gobyerno, o nagtatrabaho ba {siya/siya} para sa kanyang sarili, o
nagtatrabaho ba {siya/siya} nang walang sahod sa negosyo o sakahan ng pamilya?

AG9

[IF NEEDED, SAY: “Where did {he/she} work MOST hours?”]
[IF NEEDED, SAY: "Saan {siya/siya} nagtrabaho nang PINAKAMARAMING oras?"]

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

QA15_H1  The next topics are about health insurance and health care.
          Tungkol sa health insurance at health care ang sumusunod na mga paksa.

Is there a place that you usually go to when you are sick or need advice about your health?
Mayroon bang lugar na karaniwang pinupuntahan ninyo kapag may sakit kayo o nangangailangan ng payo tungkol sa inyong kalusugan?

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

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_H3]
DOCTOR/MY DOCTOR ...........................................3
KAISER .....................................................................4
MORE THAN ONE PLACE .......................................5
REFUSED ............................................................... -7 [GO TO QA15_H3]
DON'T KNOW ......................................................... -8 [GO TO QA15_H3]

PROGRAMMING NOTE QA15_H2:
IF QA15_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often—a medical";
ELSE IF QA15_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE IF QA15_H1 = 4 (KAISER) CIRCLE “1” FOR QA15_H2 AND GO TO QA15_H3

QA15_H2  {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?
          {Sa anong uri ng lugar kayo pinakamadalas na nagpapatingin - isang medical /Ang doctor ba ninyo ay nasa isang pribadong} office ng doktor isang clinic o sa clinic sa ospital, sa emergency room, o sa iba pang lugar?

[AH3]

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 QA15_H3:
IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA15_H4;
ELSE CONTINUE WITH QA15_H3

85
QA15_H3  During the past 12 months, did you visit a hospital emergency room for your own health?
Nitong nakaraang 12 buwan, nagpatingin ba kayo sa emergency room ng ospital para sa inyong sariling kalusugan?

AH12

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_H5]
REFUSED ............................................................... -7 [GO TO QA15_H5]
DON'T KNOW .......................................................... -8 [GO TO QA15_H5]

PROGRAMMING NOTE QA15_H4:
IF QA15_B6 = 1 OR QA15_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA15_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA15_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY “During the past 12 months, how many times did you visit a hospital emergency room for your own health?”;
ELSE DISPLAY “How many times did you do that?”

QA15_H4  {During the past 12 months, how many times did you visit a hospital emergency room for your own health/How many times did you do that}?
{Nitong nakaraang 12 buwan, ilang beses kayo nagpagamot sa emergency room ng ospital para sa inyong kalusugan/ Ilang beses ninyo ginawa iyon?}

AH95

[IF NEEDED, SAY: “During the past 12 months, how many times did you visit a hospital emergency room for your own health?”]
[IF NEEDED SAY: “Nitong nakaraang 12 buwan, ilang beses kayo nagpagamot sa emergency room ng ospital para sa inyong sariling kalusugan?]

________ NUMBER OF TIMES

REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
QA15_H5  MediCARE is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, are you covered by MediCARE?

Ang MediCARE ay health insurance program para sa mga taong 65 taong gulang o higit o mga taong may mga partikular na kapansanan. Naka-insure ba kayo sa MediCARE ngayon?

[INTERVIEWER NOTE: INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE ORIGINAL MEDICARE PLAN.]

YES ...........................................................................1 [GO TO QA15_H8]
NO .............................................................................2
REFUSED .....................................................................-7 [GO TO QA15_H16]
DON'T KNOW ................................................................-8 [GO TO QA15_H16]

POST-NOTE QA15_H5:
IF QA15_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H6:
IF [AAGE > 64 OR QA15_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA15_H5= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA15_H6;
ELSE GO TO PROGRAMMING NOTE QA15_H8

QA15_H6  Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?
Tama ba na hindi kayo naka-insure sa MediCARE kahit na sinabi ninyo sa akin kanina na 65 taong gulang o higit na kayo?

CORRECT, NOT COVERED BY MEDICARE........1 [GO TO PN QA15_H16]
NOT CORRECT, R IS COVERED BY MEDICARE ..2 [GO TO PN QA15_H8]
AGE IS INCORRECT .................................................... 93
REFUSED .....................................................................-7 [GO TO PN QA15_H16]
DON'T KNOW ................................................................-8 [GO TO PN QA15_H16]

POST-NOTE QA15_H6:
IF QA15_H6 =2, SET ARMCARE = 1 AND SET ARINSURE = 1
QA15_H7  What is your age, please?
Kung pwede po sanang matanong, ano ang edad ninyo?

_____ YEARS OF AGE [HR: 18-105] [GO TO PN QA15_H16]
REFUSED ............................................................... -7 [GO TO PN QA15_H16]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_H16]

POST NOTE QA15_H7: AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = QA15_H7;
IF AAGE < 18, CODE AS IA AND TERMINATE

PROGRAMMING NOTE QA15_H8:
IF ARMCARE = 1, CONTINUE WITH QA15_H8;
ELSE GO TO PROGRAMMING NOTE QA15_H16

QA15_H8  Is this a MediCARE Advantage Plan?
Medicare Advantage Plan ba ito?

AH123
[IF NEEDED, SAY: “MediCARE Advantage plans, sometimes called Part C plans, are
offered by private companies approved by MediCARE. MediCARE Advantage plans
provide Medicare Part A and Part B coverage.”]
[IF NEEDED, SAY: Ang MediCARE Advantage plans, na kung minsan tinatawag na Part
C plans, ay inaalok ng mga pribadong kompanyang aprobado ng MediCARE.
Nagbibigay ang mga MediCARE Advantage plans ng Medicare Part A at Part B
coverage.”]

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_H11]
REFUSED ....................................................................-7 [GO TO QA15_H11]
DON'T KNOW ........................................................... -8 [GO TO QA15_H11]

POST-NOTE QA15_H8;
IF QA15_H8 = 1, SET ARMADV= 1
Is your Medicare Advantage plan provided through an HMO, PPO, or Private Fee-for-Service Plan?

Ipinagkakaloob ba ang inyong Medicare Advantage plan sa pamamagitan ng isang HMO, PPO o Private Fee-for-Service Plan?

[HMO (HEALTH MAINTENANCE ORGANIZATION) 1
PPO (PREFERRED PROVIDER ORGANIZATION) 2
PFFS (PRIVATE FEE FOR SERVICE) ....................3
SNP (SPECIAL NEEDS PLAN) .........................4
OTHER (SPECIFY: ________________) ............... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8]
What is the name of your MediCARE plan?
Ano ang pangalan ng inyong MediCARE plan?

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: “Do you have an insurance card or something else with the plan name on it?”]
[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: ”Mayroon ba kayong insurance card o anumang bagay kung saan nakasulat ang pangalan ng plan?”]

ACCESS SENIOR HEALTHCARE ................. 1
AETNA .......................................................... 2
AETNA GOLDEN MEDICARE ......................... 3
AIDS HEALTHCARE FOUNDATION, LA .......... 4
ALAMEDA ALLIANCE FOR HEALTH ................. 5
ALTAMED HEALTH SERVICES......................... 83
ANTHEM BLUE CROSSOF CALIFORNIA ............ 7
ASPIRE HEALTH PLAN ................................. 8
BLUE CROSS CALIFORNIA CARE ..................... 9
BLUE CROSS SENIOR SECURE ....................... 79
BLUE SHIELD 65 PLUS .................................. 11
BLUE SHIELD OF CALIFORNIA ...................... 12
BRAND NEW DAY (UNIVERSAL CARE) ............ 13
CALIFORNIA HEALTH AND WELLNESS PLAN ... 14
CALIFORNIA KIDS (CALKIDS) ....................... 15
CAL OPTIMA (CALOPTIMA ONE CARE) ......... 16
CALVIVA HEALTH ........................................ 17
CARE 1ST HEALTH PLAN ................................ 18
CAREMORE HEALTH PLAN ............................ 19
CENTER FOR ELDERS’ INDEPENDENCE ........... 21
CEN CAL HEALTH .......................................... 80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH ........................................ 22
CENTRAL HEALTH PLAN ............................... 23
CHINESE COMMUNITY HEALTH PLAN ............. 24
CHOICE PHYSICIANS NETWORK .................... 25
CIGNA HEALTHCARE ................................. 26
CITIZENS CHOICE HEALTHPLAN .................. 27
COMMUNITY CARE HEALTH PLAN .................. 28
COMMUNITY HEALTH GROUP ........................ 29
CONTRA COSTA HEALTH PLAN ..................... 81
DAVITA HEALTHCARE PARTNERS PLAN ........... 31
EASY CHOICE HEALTH PLAN ....................... 32
EPIC HEALTH PLAN ...................................... 33
GEM CARE HEALTH PLAN ............................. 34
GOLD COAST HEALTH PLAN .......................... 35
GOLDEN STATE MEDICARE HEALTH PLAN ....... 36
HEALTH NET ............................................... 38
HEALTH NET SENIORITY PLUS ..................... 39
HEALTH PLAN OF SAN JOAQUIN .................... 40
HEALTH PLAN SAN JP AUTHORITY ................ 41
HERITAGE PROVIDER NETWORK .................... 42
HUMANA GOLD PLUS ................................... 43
HUMANA HEALTH PLAN ................................ 44
IEHP (INLAND EMPIRE HEALTH PLAN) .......... 45
INTER VALLEY HEALTH PLAN ......................... 46
HEALTH ADVANTAGE .................................. 82
KAISER PERMANENTE ............................... 47
KAISER PERMANENTE SENIOR ADVANTAGE 48
KERN FAMILY HEALTH CARE ....................... 49
L.A. CARE HEALTH PLAN ........................... 50
MD CARE ................................................. 51
MOLINA HEALTHCARE OF CALIFORNIA ......... 54
MONARCH HEALTH PLAN ............................ 55
ON LOK SENIOR HEALTH SERVICES ............. 56
PARTNERSHIP HEALTH PLAN OF CALIFORNIA 57
PIH HEALTH CARE SOLUTIONS .................... 58
PREMIER HEALTH PLAN SERVICES ................. 59
PRIMECARE MEDICAL NETWORK ................. 60
PROVIDENCE HEALTH NETWORK .................. 61
SCRIPPS HEALTH PLAN SERVICES ................. 68
SEASIDE HEALTH PLAN ............................. 69
SAN FRANCISCO HEALTH PLAN ................... 84
SANTA CLARA FAMILY HEALTH PLAN .......... 90
SAN MATEO HEALTH COMMISION ................. 86
SANTA BARBARA........................................ 88
SATELLITE HEALTH PLAN ........................... 92
SCAN HEALTH PLAN .................................. 67
SHARP HEALTH PLAN ............................... 70
SUTTER HEALTH PLAN .............................. 71
SUTTER SENIOR CARE .............................. 72
UNITED HEALTHCARE ............................... 73
UNITED HEALTHCARE SECURE HORIZON ....... 74
UNIVERSITY HEALTHCARE ADVANTAGE ........ 75
VALLEY HEALTH PLAN .............................. 76
VENTURA COUNTY HEALTH CARE PLAN ......... 77
WESTERN HEALTH ADVANTAGE .................. 78
CHAMPUS/CHAMP-VA ................................ 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES ...................... 89
MEDI-CAL .............................................. 52
MEDICARE .............................................. 53
OTHER (SPECIFY: ____________) ................. 85
REFUSED .............................................. -7
DON'T KNOW ......................................... -8

POST-NOTE FOR QA15_H10:
ALL ANSWERS GO TO PROGRAMMING NOTE QA15_H12;
IF QA15_H10 = 93, 87, OR 89 THEN ARMILIT = 1
Some people who are eligible for MediCARE also have private insurance that is sometimes called Medigap or Medicare Supplement. Do you have this type of health insurance?

[IF NEEDED, SAY: “These are policies that cover health care costs not covered by MediCARE alone.”] [IF NEEDED, SAY: “Mga policy ito na sumasaklaw sa mga gastos sa pangangalaga sa kalusugan na hindi saklaw nang nag-ilisa ng Medicare.”]

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA15_H16]
REFUSED ............................................................... -7 [GO TO PN QA15_H16]
DON’T KNOW .......................................................... -8 [GO TO PN QA15_H16]

POST-NOTE FOR QA15_H11:
IF QA15_H11 = 1, SET ARSUPP = 1

PROGRAMMING NOTE QA15_H12:
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE QA15_H16;

DISPLAYS:
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY “MediCARE Advantage plan”;
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY “MediCARE Supplement plan”;

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

[IF NEEDED, SAY: “AARP stands for the American Association of Retired Persons.”] [IF NEEDED, SAY: ”American Association of Retired Persons ang kahulugan ng AARP.”]

DIRECTLY .................................................................1
CURRENT EMPLOYER ...............................................2
FORMER EMPLOYER ...............................................3
UNION .....................................................................4
FAMILY BUSINESS ...................................................5
AARP .....................................................................6
SPOUSE’S EMPLOYER .............................................7
SPOUSE’S UNION ....................................................8
PROFESSIONAL/FRATERNAL ORGANIZATION ...9
OTHER .................................................................... 91
REFUSED ..................................................................-7
DON’T KNOW ..........................................................-8
QA15_H13  Do you pay any or all of the premium or cost for this health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan na ito? Huwag bilangin ang gastos para sa anumang mga co-pay o mga deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya.

AH53  [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."]
[IF NEEDED, SAY: "Ang mga co-pay ay ang inyong kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage."]

"A deductible is the amount you pay for medical care before your health plan starts paying."]
[IF NEEDED, SAY: "Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan."]

"Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan."]

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

QA15_H14  Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
Mayroon bang sinumang iba pa, gaya ng employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan na ito?

AH54  YES .................................................................1
NO ......................................................................2
REFUSED .......................................................-7
DON'T KNOW ....................................................-8

[GO TO PN QA15_H16]
QA15_H15  Who is that?
Sino iyon?

AH55

[IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]
[IF NEEDED, SAY: “Sino maliban sa inyo ang nagbabayad ng anumang bahagi ng gastos para sa plan na ito, gaya ng inyong employer, union, o samahang pampropesyonal?”]

[CODE ALL THAT APPLY]
[PROBE: “Any others?”]
[PROBE: “May iba pa ba?”]

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

POST-NOTE FOR QA15_H15:
IF QA15_H15 = 7, SET ARMCAL = 1;

PROGRAMMING NOTE QA15_H16:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA15_H16  {Is it correct that you are/Are you) covered by Medi-CAL?
{Tama ba na naka-insure kayo/Naka-insure ba kayo) sa Medi-CAL?

Al6

[IF NEEDED, SAY: "A plan for certain low-income children and their families, pregnant women, and disabled or elderly people.”]
[IF NEEDED, SAY: "Plan para sa ilang mga bata at pamilya nila na mabababa ang kita, mga babaeng buntis at mga taong may kapansanan o nakatatanda na"]

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

POST-NOTE FOR QA15_H16:
IF QA15_H16 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA15_H16 = 2, SET ARMCAL = 0
Employer-Based Coverage

PROGRAMMING NOTE QA15_H17:
IF ARSUPP = 1, DISPLAY “Besides the Medicare supplement plan you told me about” AND “any other”;
ELSE IF ARMADV = 1, DISPLAY “Besides the Medicare Advantage plan you told me about” AND “any other”;
ELSE DISPLAY “a”

QA15_H17  {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

{Maliban sa Medicare supplement plan/Maliban sa Medicare Advantage Plan na binanggit ninyo sa akin}, Naka-insure ba kayo sa {anumang iba pang/isang health insurance plan o HMO sa pamamagitan ng isang kasalukuyan o dating employer o union?}

Naka-insure ba kayo sa health insurance plan o sa HMO sa pamamagitan ng kasalukuyang o dating employer o union?

IF NEEDED, SAY: “…either through your own or someone else’s employment?”
IF NEEDED, SAY: “Don’t include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you ‘extra cash’ if you are in a hospital.”

[IF NEEDED, SAY: “… sa pamamagitan ng inyong sariling trabaho o kaya’y sa trabaho ng ibang tao?”]

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

POST-NOTE FOR QA15_H17:
IF QA15_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H18:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH QA15_H18;
ELSE GO TO PROGRAMMING NOTE QA15_H20

QA15_H18 Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

Naka-insure ba kayo sa isang health insurance plan na binili ninyo nang direkta mula sa isang insurance company o HMO, o sa pamamagitan ng Covered California?

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

[IF NEEDED, SAY: “Huwag ninyong bilangin ang plan na nagbabayad lamang para sa tiyak na mga sakit kayaga ng cancer o stroke, o naglalaan lamang ng "ekstrang pera" kung ma-ospital.”]

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

[GO TO PN QA15_H20]
POST-NOTE FOR QA15_H18:
IF QA15_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H19:
IF ARDIRECT = 1, THEN CONTINUE WITH QA15_H19;
ELSE GO TO PROGRAMMING NOTE QA15_H20

QA15_H19  How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
Paano ninyo binili itong health insurance - direkta mula sa isang insurance company, HMO, o sa pamamagitan ng Covered California?

AH104
INSURANCE COMPANY OR HMO .........................1
COVERED CALIFORNIA .........................................2
OTHER (SPECIFY: ____________) ...................... 92
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

POST-NOTE FOR QA15_H19:
IF QA15_H19 = 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR QA15_H20:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA15_H20;
ELSE GO TO PROGRAMMING NOTE QA15_H22

QA15_H20  Was this plan obtained in your own name or in the name of someone else?
Kinuha ba ang plan na ito sa pangalan ninyo o sa pangalan ng ibang tao?

AI9  [IF NEEDED, SAY: “Even someone who does not live in this household.”]  
[IF NEEDED, SAY: “Kahit ibang taong hindi tumitira sa pamamahay na ito.”]

IN OWN NAME ..............................................1  
IN SOMEONE ELSE’S NAME ...............................2  
REFUSED ...................................................... -7  
DON’T KNOW .................................................. -8

POST-NOTE FOR QA15_H20:
IF QA15_H17 = 1 AND QA15_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;  
IF QA15_H17 = 1 AND QA15_H20 = 2, -7, OR -8 SET AREMPOTH = 1 AND SET ARINSURE = 1;  
IF QA15_H18 = 1 AND QA15_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;  
IF QA15_H18 = 1 AND QA15_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1

PROGRAMMING NOTE QA15_H21:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 OR IF QA15_G14G15 = 1 (LIVING WITH PARENTS) OR IF AAGE < 26, CONTINUE WITH QA15_H21;  
ELSE GO TO PROGRAMMING NOTE QA15_H22;
IF QA15_A16 = 1, THEN DISPLAY “spouse’s name”;
IF QA15_A16 ≠ 1 AND (QA15_D20D23 = 1 OR QA15_D21D24 = 1), THEN DISPLAY “partner’s name”;
IF QA15_G14G15 = 1 OR AAGE < 26, THEN DISPLAY “parent’s name”;

QA15_H21  Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name?
Ang plan ba ay nasa {pangalan ng inyong asawa,} {pangalan ng inyong partner,) {pangalan ng inyong magulang,} o pangalan ng iba pang tao?

A19A

IN SPOUSE’S/PARTNER’S NAME ..........................1
IN PARENT’S NAME ................................................2
IN SOMEONE ELSE’S NAME .................................3
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

POST-NOTE FOR QA15_H21:
IF QA15_H17 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMEP=1;
IF QA15_H19 = 1 AND QA15_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMEP=1 AND
SPHBEX = 1;
IF QA15_H17 = 1 AND QA15_H21 = 2 SET AREMPPAR =1 AND AREMPOTH = 0;
IF QA15_H18 = 1 AND QA15_H21 = 1 SET ARDIRSP = 1 AND ARDIOOTH = 0 AND ARSAMEP=1;
IF QA15_H18 = 1 AND QA15_H21 = 2 SET ARDIRPAR = 1 AND ARDIOOTH = 0

PROGRAMMING NOTE QA15_H22:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) AND QA15_G28 < 5 (FIRM SIZE <=100), CONTINUE
WITH QA15_H22 AND DISPLAY;
IF AREMPOWN = 1 THEN DISPLAY {you};
IF AREMPSP = 1 OR AREMPPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE QA15_H23;

QA15_H22  How did {you/he or she} sign up for this health insurance – through an employer, through a
union, or through Covered California’s SHOP program?
Paano {kayo/siya} nagpatala para sa health insurance na ito - sa pamamagitan ng isang employer, union, o SHOP program ng Covered California?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered
by Covered California”]
[IF NEEDED, SAY: "Ang SHOP ay ang Small Business Health Options Program na
pinangangasiwaan ng Covered California."]

AH105

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered
by Covered California”]

EMPLOYER ..............................................................1
UNION .......................................................................2
SHOP / COVERED CALIFORNIA ............................3
OTHER (SPECIFY: ___________) ................................ 92
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

POST-NOTE FOR QA15_H22:
IF QA15_H22 = 3, THEN SET ARHBEX = 1
PROGRAMMING NOTE QA15_H23
IF ARHBEX = 1, THEN CONTINUE WITH QA15_H23;
ELSE GO TO PROGRAMMING NOTE QA15_H25;

QA15_H23  Was this a bronze, silver, gold or platinum plan?
Bronze, silver, gold or platinum plan ba ito?

AH106
BRONZEBRONZE ....................................................1
SILVERSILVER .........................................................2
GOLDDGOLD .............................................................3
PLATINUM .................................................................4
MEDI-CAL / MEDICAID ............................................5
MINIMUM COVERAGE PLAN/CATASTROPHIC ........6
OTHER (SPECIFY: ___________)........................ 92
REFUSED ............................................................... -7
DON’T KNOW ........................................................... -8

PROGRAMMING NOTE QA15_H24:
IF QA15_H22H21 = 3, THEN GO TO QA15_H25;
ELSE CONTINUE WITH QA15_H24;

QA15_H24  Was there a subsidy or discount on the premium for this plan?
Mayroon bang subsidy (pananalaping tulong) para sa diskwentong premium para sa plan na ito?

AH107
YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON’T KNOW ........................................................... -8

PROGRAMMING NOTE QA15_H25:
IF QA15_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA15_H18 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA15_H25;
ELSE GO TO PROGRAMMING NOTE QA15_H28

QA15_H25  Do you pay any or all of the premium or cost for this health plan?  Do not include the cost of any co-pays or deductibles you or your family may have had to pay.
Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan na ito? Huwag bilangin ang gastos para sa anumang mga co-pay o mga deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya.

AH57  
[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while a health plan pays for your main health care coverage.]"
[IF NEEDED, SAY: "Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage."]
“A deductible is the amount you pay for medical care before your health plan starts paying.”]

[IF NEEDED, SAY: “Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.”]

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

“Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan.”]

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA15_H27]
REFUSED ............................................................... -7
DON'T KNOW ..........................................................-8

QA15_H26 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for this health plan?
Mayroon bang sinumang iba pa, gaya ng isang employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan na ito?

AH58

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA15_H28]
REFUSED ............................................................... -7 [GO TO PN QA15_H28]
DON'T KNOW ..........................................................-8 [GO TO PN QA15_H28]

PROGRAMMING NOTE QA15_H27:
IF QA15_H25 = 2 THEN DISPLAY “Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization”;
ELSE DISPLAY “Who is that”
QA15_H27

{Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization? Who is that?}
{Sino, maliban sa inyo, ang nagbabayad ng anumang bahagi ng gastos para sa plan na ito, gaya ng isang employer, union, o samahang pampropesyonal? Sino iyon?}

AH56

[IF NEEDED, SAY: “Who besides yourself pays any portion of that cost for that plan, such as your employer, a union, or professional organization?”]
[IF NEEDED, SAY: “Sino maliban sa inyo ang nagbabayad ng anumang bahagi ng gastos para sa plan na ito, gaya ng inyong employer, union, o samahang pampropesyonal?”]

[CODE ALL THAT APPLY]
[PROBE: “Any others?”]
[PROBE: “May iba pa ba?”]

CURRENT EMPLOYER ...........................................1
FORMER EMPLOYER .............................................2
UNION .......................................................................3
SPOUSE’S/PARTNER’S CURRENT EMPLOYER...4
SPOUSE’S/PARTNER’S FORMER EMPLOYER.....5
PROFESSIONAL/FRATERNAL ORGANIZATION...6
MEDICAID/MEDI-CAL ASSISTANCE .................7
MEDICARE ................................................................9
COVERED CALIFORNIA ........................................ 11
OTHER.................................................................... 91
REFUSED ..................................................................-7
DON’T KNOW .........................................................-8

POST-NOTE QA15_H27:
IF QA15_H27 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA15_H27 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA15_H27 = 6, THEN SET AROTHER = 1;
IF QA15_H27 = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF QA15_H27 = 11, SET ARHBEX = 1;
IF QA15_H27 = 91, THEN SET AROTHER = 1
PROGRAMMING NOTE QA15_H28:
IF [QA15_G21G22 = 1 OR 2 (R WORKED LAST WEEK) OR QA15_G23G24 = 1 (R USUALLY WORKS)]
AND QA15_G25G26 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED
COVERAGE), CONTINUE WITH QA15_H28;
ELSE GO TO PROGRAMMING NOTE QA15_H32

QA15_H28  Does your employer offer health insurance to any of its employees?
Nag-aalok ba ng health insurance ang inyong employer sa mga empleado nito?

   AI13

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

QA15_H29  Are you eligible to be in this plan?
Karapat-dapat ba kayong sumali sa plan na ito?

   AI14

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

QA15_H30  What is the one main reason why you aren't in this plan?
Ano ang isang pangunahing dahilan na hindi kayo kasali sa plan na ito?

   AI15

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

QA15_H31  What is the one main reason why you are not eligible for this plan?
Ano ang isang pangunahing dahilan na hindi kayo karapat-dapat para sa plan na ito?

   AI15A

   HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED ..1
   CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN .............................2
   DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR .............................3
   OTHER (SPECIFY: _____________) ................... 91
   REFUSED .....................................................................-7
   DON'T KNOW ................................................................-8
PROGRAMMING NOTE QA15_H32:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN),
CONTINUE WITH QA15_H32;
ELSE GO TO PN QA15_H33

QA15_H32 Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health
    care?
    Naka-insure ba kayo sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa iba pang
    pangangalagang pangkalusugan ng militar?

AI16

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

POST-NOTE QA15_H32:
IF QA15_H32 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H33:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN,
MILITARY PLAN) CONTINUE WITH QA15_H33;
ELSE GO TO PROGRAMMING NOTE QA15_H34

QA15_H33 Are you covered by some other government health program, such as AIM, "Mister MIP," the
    Family PACT program, Healthy Kids, or something else?
    Naka-insure ba kayo sa iba pang health plan ng gobyerno, gaya ng AIM, "Mister MIP," Family
    Pact, Healthy Kids, o iba pa?

AI17

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

[IF NEEDED, SAY: "Ang kahulugan ng AIM ay Access for Infants and Mothers; ang
'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program; ang Family PACT ang
programa ng estado na nagbabayad para sa serbisyon pangkalusugan para sa
pagpipigil sa pagbubuntis/pag-aanak para sa mga hindi naka-insure na mga babae't
lalake na mabababa ang kita; at ang PCIP ang insurance plan para sa mga dati nang
umiiiral na karamdaman.

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

POST-NOTE QA15_H33:
IF QA15_H33 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA15_H34:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA15_H34;
ELSE GO TO PROGRAMMING NOTE QA15_H38

QA15_H34  Do you have any health insurance coverage through a plan that I missed?
Mayroon ba kayong anumang health insurance sa pamamagitan ng isang plan na di ko nabanggilt?

AI18

YES .................................................................1                   [GO TO PN QA15_H38]
NO .................................................................2                   [GO TO PN QA15_H38]
REFUSED ............................................................-7                   [GO TO PN QA15_H38]
DON'T KNOW .......................................................-8                   [GO TO PN QA15_H38]

QA15_H35  What type of health insurance do you have?
Anong uri ng health insurance ang mayroon kayo?

AI19

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]

[PROBE: "May iba pa ba?"]

[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?"]

[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Nakukuha ba ninyo ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelawhan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o direkta mula sa health plan?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION ........................................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP, OR OTHER ORGANIZATION ............................................2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) ..................3
MEDICARE .................................................................4
MEDI-CAL .................................................................5
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE ......7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC ........8
COVERED CALIFORNIA ..................................................10
SHOP THROUGH COVERED CALIFORNIA .......... 11
OTHER GOVERNMENT HEALTH PLAN .............. 91
OTHER NON-GOVERNMENT HEALTH PLAN.... 92
REFUSED .................................................................-7
DON'T KNOW .............................................................-8
POST-NOTE QA15_H35:
IF QA15_H35 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 4, SET ARMCARe = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 8, SET ARIHS = 1;
IF QA15_H35 = 10, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA15_H35 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA15_H36:
IF QA15_H35 = 1, 2, OR 3 CONTINUE WITH QA15_H36;
ELSE GO TO PROGRAMMING NOTE QA15_H38

QA15_H36  Was this plan obtained in your own name or in the name of someone else?
Kinuha ba ang plan na ito sa inyong pangalan o sa pangalan ng ibang tao?

[PROBE: “Even someone who does not live in this household?”]
[PROBE: "Kahit ibang taong hindi tumitira sa pamamahay na ito.”]

IN OWN NAME .........................................................1  [GO TO PN QA15_H38]
IN SOMEONE ELSE’S NAME .................................2  [GO TO PN QA15_H38]
REFUSED ..................................................................-7  [GO TO PN QA15_H38]
DON’T KNOW ...........................................................-8  [GO TO PN QA15_H38]

POST-NOTE QA15_H36:
IF (QA15_H35 = 1 OR 2) AND QA15_H36 = 1 THEN SET AREMPOWN = 1 AND SET AREMPOWN = 0 AND SET ARINSURE = 1;
IF QA15_H35 = 3 AND QA15_H36 = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF (QA15_H35 = 1 OR 2) AND (QA15_H36 = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF QA15_H35 = 3 AND (QA15_H36 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1

PROGRAMMING NOTE QA15_H37:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 OR IF QA15_G14G15 = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH QA15_H37;
ELSE GO TO PROGRAMMING NOTE QA15_H38;
IF QA15_A16 = 1 THEN DISPLAY “spouse’s name”;
IF QA15_A16 ≠ 1 AND (QA15_D20D23 = 1 OR QA15_D21D24 = 1), THEN DISPLAY “partner’s name”;
IF QA15_G14G15 = 1 OR AAGE < 26, THEN DISPLAY “parent’s name”;

QA15_H37  Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name?
Nasa pangalan ba ng inyong {asawa} {partner} {magulang} o iba pa ang plan?

AH60

IN SPOUSE’S/PARTNER’S NAME .........................1
IN PARENT’S NAME ...........................................2
IN SOMEONE ELSE’S NAME .............................3
REFUSED ...........................................................-7
DON’T KNOW ......................................................-8

POST-NOTE QA15_H37:
IF QA15_H37 = 1, SET AREMPSP = 1 AND SET AREMPOWN = 0 AND ARSAMESP=1;
IF QA15_H37 = 2, SET AREMPPAR = 1 AND SET AREMPOWN = 0
PROGRAMMING NOTE QA15_H37H38:
IF ARMSH ≠ 1 AND QA15_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA15_H38;
ELSE GO TO PROGRAMMING NOTE QA15_H39_INTRO

QA15_H38  Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?
Naka-insure ba kayo sa Indian Health Service, sa Tribal Health Program o sa Urban Indian Clinic?

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

POST-NOTE QA15_H38:
IF QA15_H38 = 1, SET ARMSH = 1

PROGRAMMING NOTE QA15_H39_INTRO:
IF [QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH QA15_H39_INTRO;
IF QA15_A16 = 1, THEN DISPLAY “spouse”;
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1, THEN DISPLAY “partner”;  
ELSE GO TO PROGRAMMING NOTE QA15_H60

QA15_H39_INTRO  These next questions are about the type of health insurance your {spouse/partner} may have.
Ang susunod na mga tanong ay tungkol sa uri ng health insurance na maaaring mayroon ang inyong {asawa/partner}.

PROGRAMMING NOTE QA15_H39:
IF SPOUSE 65 OR OLDER THEN
IF ARMSH ≠ 1, CONTINUE WITH QA15_H39 WITHOUT DISPLAY
ELSE IF ARMSH = 1, CONTINUE WITH QA15_H39 AND DISPLAY “You said that you are covered by Medicare.” AND “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H42

QA15_H39  {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?
{Sinabi ninyo na naka-insure kayo sa Medicare.}
Naka-insure {rin} ba sa Medicare ang inyong {asawa/partner}?

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

POST-NOTE QA15_H39:
IF QA15_H39 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA15_H40:
IF SPMCARE ≠ 1 AND ARMADV ≠ 1, SKIP TO PROGRAMMING NOTE QA15_H41;

DISPLAYS;
IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH QA15_H40 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH QA15_H40 AND DISPLAY “You said that you have a Medicare Advantage plan.” AND “also”; 
IF QA15_A16 = 1 (MARRIED) THEN DISPLAY “spouse’s”;
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1 THEN DISPLAY “partner’s”;
ELSE GO TO PROGRAMMING NOTE QA15_H41

QA15_H40 {You said that you have a Medicare Advantage plan.} Does your {spouse/partner}{also} have a Medicare Advantage plan?
Sinabi ninyo na mayroon kayong Medicare Advantage plan. Mayroon {din} bang isang Medicare Advantage Plan ang inyong {asawa/partner}?

AH127

[IF NEEDED, SAY: “MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage.”]

AH127

[IF NEEDED, SAY: Ang MediCARE Advantage plans, na kung minsan tinatawag na Part C plans, ay inaalok ng mga pribadong kompanyang aprobado ng MediCARE. Nagbibigay ang mga MediCARE Advantage plans ng Medicare Part A at Part B coverage.”]

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

POST-NOTE QA15_H40:
IF QA15_H40 = 1, THEN SET SPMADV= 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H41:
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE QA15_H42;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA15_H41 WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH QA15_H41 AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse”;
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1 THEN DISPLAY “partner”; 
ELSE GO TO PROGRAMMING NOTE QA15_H42
QA15_H41  {You said that you have a Medicare Supplement plan.}  Does your {partner/spouse} {also} have a Medicare supplement plan?
{Sinabi ninyo na mayroon kayong Medicare supplement plan.}
Mayroon {din} bang Medicare supplemental policy ang inyong {partner/asawa}?

AI37A

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

POST-NOTE QA15_H41:
IF QA15_H41 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H42:
IF ARMCAL = 1, CONTINUE WITH QA15_H42 WITHOUT DISPLAY;
IF ARMCARE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H43

QA15_H42  You said you {also} have Medi-Cal.  Is (SPOUSE/PARTNER) also covered by Medi-Cal?
{Sinabi ninyo na mayroon {din} kayong Medi-Cal.}
Naka-insure din ba sa Medi-Cal ang inyong (ASAWA/PARTNER)?

AI38

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

POST-NOTE QA15_H42:
IF QA15_H42 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H43:
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H43;
IF ARMCCARE = 1 OR ARMCAL = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H45

QA15_H43  You said you have insurance from your current or former employer or union.  Is
(SPOUSE/PARTNER) {also} covered by the insurance from your employer or union?
{Sinabi ninyo na mayroon {din} kayong insurance mula sa inyong kasalukuyan o dating
employer o union. Naka-insure {rin} ba ang inyong (ASAWA/PARTNER)? sa insurance mula
sa inyong employer o union?}

AI40

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

[GO TO PN QA15_H46]
POST-NOTE QA15_H43:
IF QA15_H43 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H44:
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH QA15_H44;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H45

QA15_H44
You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) (also) covered by this health insurance?
Sinabi ninyo na mayroon kayong health insurance sa pamamagitan ng SHOP program ng Covered California. Naka-insure (rin) ba ang inyong (ASAWA/PARTNER) sa health insurance na ito?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]
[IF NEEDED, SAY: “Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California.”]

AH108

YES ...........................................................................1
NO .............................................................................2
OTHER ......................................................................3
REFUSED ............................................................... -7
DON’T KNOW ..........................................................-8

GO TO PN QA15_H46

POST-NOTE QA15_H44:
IF QA15_H44 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE QA15_H45:
IF QA15_G29 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30 = 1 (USUALLY WORKS), CONTINUE WITH QA15_H45;
IF AREMPSP = 1 AND QA15_A16 = 1, DISPLAY “You said you have insurance from your spouse’s employer or union.”;
ELSE IF AREMPSP = 1 AND (QA15_D20 = 1 OR QA15_D21 = 1), THEN DISPLAY “You said you have insurance from your partner’s employer or union.”;
IF SPINSURE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H46
QA15_H45  
{You said you have insurance from your spouse’s employer or union./You said you have insurance from your partner’s employer or union.} Does (SPOUSE/PARTNER) {also} have coverage through {his/her} own employer?

{Sinabi ninyo na mayroon kayong insurance mula sa employer o union ng inyong asawa./Sinabi ninyo na mayroon kayong insurance mula sa employer o union ng inyong partner.} Mayroon {din} bang insurance ang inyong (ASAWA/PARTNER) mula sa {kanyang} sariling employer?

AI40A

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

POST-NOTE QA15_H45:
IF QA15_H45 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H46:
IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA15_H46;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY "also";
ELSE GO TO PROGRAMMING NOTE QA15_H47

QA15_H46  
You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered by this plan?

Sinabi ninyo na mayroon {din} kayong plan na binili ninyo nang direkta mula sa kompanya ng insurance. Naka-insure {rin} ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AI41

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

POST-NOTE QA15_H46:
IF QA15_H46 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE QA15_H47:
IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH QA15_H47;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H48

QA15_H47  
You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) {also} covered by this plan?

Sinabi ninyo na mayroon kayong plan na binili ninyo nang direkta mula sa Covered California. Naka-insure {rin} ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AH109

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW ...............................................................-8
POST-NOTE QA15_H47:
IF QA15_H47 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMEP=1 AND SPHBEX = 1;

PROGRAMMING NOTE QA15_H48:
IF ARMILIT = 1, CONTINUE WITH QA15_H48;
IF ARMHCARE = 1 OR ARMHCAL = 1 OR ARHDIRECT = 1 OR AREMPOWN = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA15_H49

QA15_H48 You said you {also} have health insurance through CHAMPUS/CHAMPUS-VA, VA, TRICARE, or some other military healthcare. Is (SPOUSE/PARTNER) also covered by this plan?

Sinabi ninyo na mayroon {din} kayong health insurance sa pamamagitan ng CHAMPUS/CHAMPUS-VA, TRICARE, VA o sa iba pang pangangalagang pangkalusugan ng militar.
Naka-insure rin ba sa plan na ito ang inyong (ASAWA/PARTNER)?

AI42

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

POST-NOTE QA15_H48:
IF QA15_H48 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMEP=1;
PROGRAMMING NOTE QA15_H49:
IF AROTHGOV = 1, CONTINUE WITH QA15_H49;
IF QA15_H36 = 1, THEN DISPLAY “AIM”;
IF QA15_H36 = 2, THEN DISPLAY “MRMIP”;
IF QA15_H36 = 3, THEN DISPLAY “Family PACT”;
IF QA15_H36 = 4, THEN DISPLAY “PCIP”;
IF QA15_H36 = 91, THEN DISPLAY “some government health plan”:;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY
“also”; ELSE GO TO PROGRAMMING NOTE QA15_H50

QA15_H49 You said you {also} have health insurance through \{AIM/MRMIP/Family PACT/PCIP/some
government health plan\}. Is (SPOUSE/PARTNER) also covered by this plan?

Sinabi ninyo na mayroon {din} kayong health insurance sa pamamagitan ng
\{AIM/MRMIP/Family PACT/PCIP/isang health plan ng gobyerno\}. Naka-insure din ba sa plan
na ito ang inyong (ASAWA/PARTNER)?

AI42A

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

POST-NOTE QA15_H49:
IF QA15_H49 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA15_H50:
IF SPINSURE ≠ 1, DISPLAY “any”;
ELSE DISPLAY “through any other source”

QA15_H50 Does (SPOUSE/PARTNER) have {any} health insurance coverage {through any other
source}?
Mayroon bang {anumang} health insurance ang inyong (ASAWA/PARTNER)
sa pamamagitan ng iba pang pinanggagalingan?

AI46

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

[GO TO PN QA15_H52] [GO TO QA15_H56] [GO TO QA15_H56]
What type of health insurance does {he/she} have?
Anong uri ng health insurance ang mayroon {siya}?

[CODE ALL THAT APPLY.]

[PROBE: "Any others?"]
[PROBE: "May iba pa ba?"]

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

[IF NEEDED, SAY: "Gaya ng mula sa kasalukuyan o dating employer, o na binili nila nang direkt mula sa health plan."]

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

[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: "Nakuha ba {niya} ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelahan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o nang direkt mula sa health plan?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION .................................................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.......................................................2
PURCHASED DIRECTLY FROM HEALTH PLAN (BY R OR ANYONE ELSE) ..................................................3
MEDICARE .........................................................................................4
MEDI-CAL .........................................................................................5
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE ..................7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC ...........8
COVERED CALIFORNIA .....................................................................10
SHOP THROUGH COVERED CALIFORNIA ...... 11
OTHER GOVERNMENT HEALTH PLAN ............... 91
OTHER NON-GOVERNMENT HEALTH PLAN..... 92
REFUSED .........................................................................................-7
DON'T KNOW .................................................................................-8

POST-NOTE QA15_H51:
IF QA15_H51 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 5, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 7, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 8, SET SPMCARE = 1;
IF QA15_H51 = 9, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 11, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA15_H51 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1

113
PROGRAMMING NOTE QA15_H52:
IF SPINSURE ≠ 1, CONTINUE WITH QA15_H52;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING
NOTE QA15_H54;
ELSE GO TO PROGRAMMING NOTE QA15_H56

QA15_H52 You said that (SPOUSE/PARTNER) has no health insurance from any source.
Is this correct?
Sinabi ninyo na walang health insurance ang inyong (ASAWA/PARTNER) mula sa anumang iba pang pinagkukunan? Tama ba ito?

Yes ...........................................................................1 [GO TO PN QA15_H56]
No .............................................................................2 [GO TO PN QA15_H56]
Refused ...............................................................-7 [GO TO PN QA15_H56]
Don't know .........................................................-8 [GO TO PN QA15_H56]

QA15_H53 What type of health insurance does {he/she} have?
Anong uri ng health insurance ang mayroon {siya}?

[CODE ALL THAT APPLY]
[PROBE: "Any others?"]
[PROBE: "May iba pa ba?"]

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

[NOTE: IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Nakuha ba {niya} ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelahan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o nang direkt a mula sa health plan?”]

Employer/union .........................................................1
Through school, professional association, trade group or other organization .................................................................2
Purchased directly from health plan (by R or anyone else) .........................................................3
Medicare ........................................................................4
Medi-Cal .........................................................................5
Champus/champ-va, tricare, va or some other military health care .........................................................7
Indian health service, tribal health program or urban indian clinic .........................................................8
Covered california .........................................................10
Shop through covered california ..........................11
Other government health plan .........................91
Other non-government health plan .................92
Refused ...............................................................-7
Don't know .........................................................-8
**POST-NOTE QA15_H53:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA15_H53 = 1</td>
<td>SET SPEMPOTH = 1 AND SET SPINSURE = 1;</td>
</tr>
<tr>
<td>QA15_H53 = 2</td>
<td>SET SPOOTHER = 1 AND SET SPINSURE = 1;</td>
</tr>
<tr>
<td>QA15_H53 = 3</td>
<td>SET SPDIRECT = 1 AND SET SPINSURE = 1;</td>
</tr>
<tr>
<td>QA15_H53 = 4</td>
<td>SET SPMCARE = 1 AND SET SPINSURE = 1;</td>
</tr>
<tr>
<td>QA15_H53 = 5</td>
<td>SET SPMCAL = 1 AND SET SPINSURE = 1;</td>
</tr>
<tr>
<td>QA15_H53 = 7</td>
<td>SET SPMILIT = 1 AND SET SPINSURE = 1;</td>
</tr>
<tr>
<td>QA15_H53 = 8</td>
<td>SET SPIHS = 1;</td>
</tr>
<tr>
<td>QA15_H53 = 10</td>
<td>SET SPHBEX = 1 AND SET SPINSURE = 1;</td>
</tr>
<tr>
<td>QA15_H53 = 11</td>
<td>SET SPHBEX = 1 AND SET SPINSURE = 1;</td>
</tr>
<tr>
<td>QA15_H53 = 91</td>
<td>SET SPOTHGOV = 1 AND SET SPINSURE = 1;</td>
</tr>
<tr>
<td>QA15_H53 = 92</td>
<td>SET SPOTHGOV = 1 AND SET SPINSURE = 1;</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_H54:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA15_H51 = (1, 2, 3, 10, 11) OR QA15_H53 = (1, 2, 3, 10, 11)</td>
<td>THEN CONTINUE WITH QA15_H54;</td>
</tr>
<tr>
<td>QA15_A16 = 1 (MARRIED)</td>
<td>THEN DISPLAY “spouse’s’”;</td>
</tr>
<tr>
<td>QA15_D20 = 1 OR QA15_D21 = 1</td>
<td>THEN DISPLAY “partner’s’”;</td>
</tr>
<tr>
<td>ELSE</td>
<td>SKIP TO PROGRAMMING NOTE QA15_H56</td>
</tr>
</tbody>
</table>

**QA15_H54**

Was this plan obtained in your {spouse’s/partner’s} name or in the name of someone else?

**[IF NEEDED, SAY: “Even someone who does not live in this household.”]**

**[IF NEEDED, SAY: “Kahit ibang taong hindi tumitira sa pamamahay na ito.”]**

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN SPOUSE’S/PARTNER’S NAME</td>
<td>1</td>
</tr>
<tr>
<td>IN SOMEONE ELSE’S NAME</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**POST-NOTE QA15_H54:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA15_H54 = 1 (SPOUSE’S/PARTNER’S NAME) AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)]</td>
<td>SET SPEMPOWN = 1 AND SET SPEMPOTH = 0;</td>
</tr>
<tr>
<td>QA15_H54 = 1 (SPOUSE’S/PARTNER’S NAME) AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)]</td>
<td>SET SPHBEX = 1;</td>
</tr>
<tr>
<td>QA15_H54 = 2</td>
<td>SET SPARPAR = 1 AND SET SPEMPOTH = 0</td>
</tr>
</tbody>
</table>

**QA15_H55**

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

**[AH63]**

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

**POST-NOTE QA15_H55:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA15_H55 = 1 AND [QA15_H51 = (1, 2, 3) OR QA15_H53 = (1, 2, 3)]</td>
<td>SET SPEMPAR = 1 AND SET SPEMPOTH = 0 AND ARSAMESP=1;</td>
</tr>
<tr>
<td>QA15_H55 = 1 AND [QA15_H51 = (10, 11) OR QA15_H53 = (10, 11)]</td>
<td>SET SPHBEX = 1 AND ARSAMESP=1;</td>
</tr>
<tr>
<td>QA15_H55 = 2</td>
<td>SET SPARPAR = 1 AND SET SPEMPOTH = 0</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_H56:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA15_H60;
ELSE IF [QA15_G29G30 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA15_G30G31 = 1 (USUALLY WORKS)] AND QA15_G31G32 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA15_H56H55;
IF QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
ELSE IF QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY “partner’s”
ELSE GO TO PROGRAMMING NOTE QA15_H60

QA15_H56  Does your {spouse’s/partner’s} employer offer health insurance to any of its employees?
Nag-aalok ba ng health insurance ang employer ng inyong {asawa/partner} sa sinuman sa mga empleado nito?

   AI43

   YES .................................................................1
   NO ...............................................................2 [GO TO PN QA15_H60]
   REFUSED ......................................................-7 [GO TO PN QA15_H60]
   DON’T KNOW ...................................................-8 [GO TO PN QA15_H60]

QA15_H57  Is {he/she} eligible to be in this plan?
Karapat-dapat ba {siyang} sumali sa plan na ito?

   AI44

   YES .................................................................1
   NO ...............................................................2 [GO TO QA15_H59]
   REFUSED ......................................................-7 [GO TO PN QA15_H60]
   DON’T KNOW ...................................................-8 [GO TO PN QA15_H60]

QA15_H58  What is the ONE main reason why {he/she} isn’t in this plan?
Ano ISANG pangunahing dahilan na hindi {siya} kasali sa plan na ito?

   AI45

   COVERED BY ANOTHER PLAN .........................1 [GO TO PN QA15_H60]
   TOO EXPENSIVE ...........................................2 [GO TO PN QA15_H60]
   DOESN’T LIKE PLAN OFFERED .......................3 [GO TO PN QA15_H60]
   DOESN’T NEED OR BELIEVE IN HEALTH INSURANCE ...4 [GO TO PN QA15_H60]
   OTHER (SPECIFY: ____________) .......................91 [GO TO PN QA15_H60]
   REFUSED .....................................................-7 [GO TO PN QA15_H60]
   DON’T KNOW ................................................-8 [GO TO PN QA15_H60]
QA15_H59 What is the one main reason why {he/she} is not eligible for this plan?
Ano ang isang pangunahing dahilan na hindi {siya} karapat-dapat para sa plan na ito?

AI45A

HASN'T YET WORKED FOR THIS EMPLOYER .................................................. 1
LONG ENOUGH TO BE COVERED ...................................................... 1
CONTRACT OR TEMPORARY EMPLOYEES ............................................ 2
NOT ALLOWED IN PLAN ................................................................. 2
DOESN'T WORK ENOUGH HOURS PER WEEK ................................. 3
OR WEEKS PER YEAR ................................................................... 3
OTHER (SPECIFY: ________________) ........................................... 91
REFUSED ..................................................................................... -7
DON'T KNOW ................................................................................. -8
PROGRAMMING NOTE QA15_H60:

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN QA15_H63;

IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMCAL ≠ 1 AND ARMILIT ≠ 1 AND ARIHS ≠ 1 AND ARHBEX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1, THEN SKIP TO GO TO QA15_H76;

ELSE CONTINUE WITH QA15_H60 DISPLAY;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “other”;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL”;

IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “other”;

[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMCAL = 1)], DISPLAY “Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.” AND “Medi-CAL”;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY “Next, I have some questions about your own main health plan.”; AND ““;

IF [QA15_A16 = 1 (MARRIED) OR QA15_D20 = 1 OR QA15_D21 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan.” AND “Medi-Cal”;

IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARIHS = 1 OR ARHBEX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY ““;

IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY “Medi-Cal”;

ELSE DISPLAY, “Is your health plan an HMO?”
QA15_H60  {Besides your the MediCARE plan you told me about earlier, I have some questions about your other health plan/coverage. Next, I have some questions about your own main health plan.}

{Maliban sa MediCARE plan na binaggit ninyo sa akin kanina, mayroon akong mga katanungan tungkol sa inyong ibang health plan.}

Is your {Medi-Cal/other} health plan an HMO?
Isang HMO ba ang inyong {Medi-Cal/ibang} health plan?

AI22C

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it’s an emergency.”]

[IF NEEDED, SAY: “Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin ninyo ang mga doktor at ospital na kaanib sa kanilang network. Kung lalabas kayo sa network, sa karaniwan hindi mababayaran ito maliban kung ito'y emergency.”]

[IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO.”]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]
[NOTE: IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Ang PANGUNAHING health plan ninyo.”]

YES ...........................................................................1 [GO TO QA15_H62]
NO .............................................................................2
REFUSED .......................................................................-7
DON'T KNOW ...........................................................-8

PROGRAMMING NOTE QA15_H61:
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO QA15_H62;
ELSE CONTINUE WITH QA15_H61;

QA15_H61  Is your health plan a PPO or EPO?
PPO o EPO ba ang inyong health plan?

AH122

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it’s an emergency and you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “Ang kahulugan ng EPO ay Exclusive Provider Organization. Sa EPO, kailangan ninyong gamitin ang mga doktor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpapagamot nang tuwiran sa mga doctor at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]
PPO ...........................................................................1
EPO ...........................................................................2
OTHER (SPECIFY: ____________)...................... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_H62:
IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY “your main”;
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH QA15_H62 AND DISPLAY “this”

QA15_H62
What is the name of {your main/this} health plan?
Ano ang pangalan ng inyong pangunahing health plan?

AI22A

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

[NOTE: IF R HAS DIFFICULTY RECALING NAME, PROBE: “Mayroon ba kayong insurance card o anumang bagay kung saan nakasulat ang pangalan ng plan?”]
<table>
<thead>
<tr>
<th>Health Plan Name</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTER FOR ELDERS’ INDEPENDENCE</td>
<td>21</td>
</tr>
<tr>
<td>CEN CAL HEALTH</td>
<td>22</td>
</tr>
<tr>
<td>CENTRAL CALIFORNIA ALLIANCE FOR HEALTH</td>
<td>23</td>
</tr>
<tr>
<td>CHINESE COMMUNITY HEALTH PLAN</td>
<td>24</td>
</tr>
<tr>
<td>CHOICE PHYSICIANS NETWORK</td>
<td>25</td>
</tr>
<tr>
<td>CIGNA HEALTHCARE</td>
<td>26</td>
</tr>
<tr>
<td>CITIZENS CHOICE HEALTHPLAN</td>
<td>27</td>
</tr>
<tr>
<td>COMMUNITY CARE HEALTH PLAN</td>
<td>28</td>
</tr>
<tr>
<td>COMMUNITY HEALTH GROUP</td>
<td>29</td>
</tr>
<tr>
<td>CONTRA COSTA HEALTH PLAN</td>
<td>30</td>
</tr>
<tr>
<td>DAVITA HEALTHCARE PARTNERS PLAN</td>
<td>31</td>
</tr>
<tr>
<td>EASY CHOICE HEALTH PLAN</td>
<td>32</td>
</tr>
<tr>
<td>EPIC HEALTH PLAN</td>
<td>33</td>
</tr>
<tr>
<td>GEM CARE HEALTH PLAN</td>
<td>34</td>
</tr>
<tr>
<td>GOLD COAST HEALTH PLAN</td>
<td>35</td>
</tr>
<tr>
<td>GOLDEN STATE MEDICARE HEALTH PLAN</td>
<td>36</td>
</tr>
<tr>
<td>HEALTH NET</td>
<td>37</td>
</tr>
<tr>
<td>HEALTH NET SENIORITY PLUS</td>
<td>38</td>
</tr>
<tr>
<td>HEALTH PLAN OF SAN JOAQUIN</td>
<td>39</td>
</tr>
<tr>
<td>HEALTH PLAN SAN JP AUTHORITY</td>
<td>40</td>
</tr>
<tr>
<td>HERITAGE PROVIDER NETWORK</td>
<td>41</td>
</tr>
<tr>
<td>HUMANA GOLD PLUS</td>
<td>42</td>
</tr>
<tr>
<td>HUMANA HEALTH PLAN</td>
<td>43</td>
</tr>
<tr>
<td>IEHP (INLAND EMPIRE HEALTH PLAN)</td>
<td>44</td>
</tr>
<tr>
<td>INTER VALLEY HEALTH PLAN</td>
<td>45</td>
</tr>
<tr>
<td>HEALTH ADVANTAGE</td>
<td>46</td>
</tr>
<tr>
<td>KAISER PERMANENTE</td>
<td>47</td>
</tr>
<tr>
<td>KAISER PERMANENTE SENIOR ADVANTAGE</td>
<td>48</td>
</tr>
<tr>
<td>KERN FAMILY HEALTH CARE</td>
<td>49</td>
</tr>
<tr>
<td>L.A. CARE HEALTH PLAN</td>
<td>50</td>
</tr>
<tr>
<td>MD CARE</td>
<td>51</td>
</tr>
<tr>
<td>MOLINA HEALTHCARE OF CALIFORNIA</td>
<td>52</td>
</tr>
<tr>
<td>MONARCH HEALTH PLAN</td>
<td>53</td>
</tr>
<tr>
<td>ON LOK SENIOR HEALTH SERVICES</td>
<td>54</td>
</tr>
<tr>
<td>PARTNERSHIP HEALTHPLAN OF CALIFORNIA</td>
<td>55</td>
</tr>
<tr>
<td>PIH HEALTH CARE SOLUTIONS</td>
<td>56</td>
</tr>
<tr>
<td>PREMIER HEALTH PLAN SERVICES</td>
<td>57</td>
</tr>
<tr>
<td>PRIMECARE MEDICAL NETWORK</td>
<td>58</td>
</tr>
<tr>
<td>PROVIDENCE HEALTH NETWORK</td>
<td>59</td>
</tr>
<tr>
<td>SCRIPPS HEALTH PLAN SERVICES</td>
<td>60</td>
</tr>
<tr>
<td>SEASIDE HEALTH PLAN</td>
<td>61</td>
</tr>
<tr>
<td>SAN FRANCISCO HEALTH PLAN</td>
<td>62</td>
</tr>
<tr>
<td>SANTA CLARA FAMILY HEALTH PLAN</td>
<td>63</td>
</tr>
<tr>
<td>SAN MATEO HEALTH COMMISION</td>
<td>64</td>
</tr>
<tr>
<td>SANTA BARBARA</td>
<td>65</td>
</tr>
<tr>
<td>SATELLITE HEALTH PLAN</td>
<td>66</td>
</tr>
<tr>
<td>SCAN HEALTH PLAN</td>
<td>67</td>
</tr>
<tr>
<td>SHARP HEALTH PLAN</td>
<td>68</td>
</tr>
<tr>
<td>SUTTER HEALTH PLAN</td>
<td>69</td>
</tr>
<tr>
<td>SUTTER SENIOR CARE</td>
<td>70</td>
</tr>
<tr>
<td>UNITED HEALTHCARE</td>
<td>71</td>
</tr>
<tr>
<td>UNITED HEALTHCARE SECURE HORIZON</td>
<td>72</td>
</tr>
<tr>
<td>UNIVERSITY HEALTHCARE ADVANTAGE</td>
<td>73</td>
</tr>
<tr>
<td>Insurance Plan</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>VALLEY HEALTH PLAN</td>
<td>76</td>
</tr>
<tr>
<td>VENTURA COUNTY HEALTH CARE PLAN</td>
<td>77</td>
</tr>
<tr>
<td>WESTERN HEALTH ADVANTAGE</td>
<td>78</td>
</tr>
<tr>
<td>CHAMPUS/CHAMP-Va</td>
<td>93</td>
</tr>
<tr>
<td>TRICARE/TRICARE FOR LIFE/TRICARE PRIME</td>
<td>87</td>
</tr>
<tr>
<td>VA HEALTH CARE SERVICES</td>
<td>89</td>
</tr>
<tr>
<td>MEDI-CAL</td>
<td>52</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>53</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ____________)</td>
<td>85</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**POST NOTE QA15_H62:**

IF QA15_H62 = 93, 87, OR 89 THEN SET AR MILIT=1

**PROGRAMMING NOTE QA15_H63:**

IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIREC ≠ 1 OR ARMCAL ≠ 1 OR AR MILIT ≠ 1 OR AR INH ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR AROTHER ≠ 1) AND QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “Next I have some questions about your own main health plan.”

QA15_H63  {Next, I have some questions about your own main health plan.} Are you covered for your prescription drugs? That is, does some plan pay any part of the cost?  
{susunod, may ilang katanungan ako tungkol sa inyong pangunahing health plan.} Naka-insure ba kayo para sa mga gamot na inirereseta sa inyo? Ibig sabihin, may plan bang nagbabayaran ng anumang bahagi ng gastos?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA15_H64  Does your health plan have a deductible that is more than $1,000?
May deductible ba na higit sa $1,000 ang health plan ninyo?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>YES, ONLY WHEN I GO OUT OF NETWORK</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_H65  Does your health plan have a deductible that is more than $2,000?
May deductible ba na higit sa $2,000 ang health plan ninyo?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>YES, ONLY WHEN I GO OUT OF NETWORK</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_H66  Does your health plan have a deductible for all covered persons that is more than $2,000?
May deductible ba na mahigit sa $2,000 para sa lahat ng taong naka-insure ang inyong health plan?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>YES, ONLY WHEN I GO OUT OF NETWORK</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_H67:
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA15_H67;
ELSE GO TO PROGRAMMING NOTE QA15_H68

QA15_H67  Does your health plan have a deductible for all covered persons that is more than $4,000? 
May deductible ba na mahigit sa $4,000 para sa lahat ng taong naka-insure ang inyong health plan?

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “Ang deductible ay halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK ......3
REFUSED ....................................................................-7
DON’T KNOW ............................................................-8

PROGRAMMING NOTE QA15_H68:
IF ARINSURE ≠ 1 (CURRENTLY UNINSURED) OR ARMCAL = 1 (CURRENTLY HAS MEDICAL) OR ARMCARE =1 (CURRENTLY HAS MEDICARE) OR AROTHGOV = 1 (CURRENTLY HAS OTHER GOVT COVERAGE LIKE AIM, MRMIP, HK), SKIP TO QA15_H69;
ELSE CONTINUE WITH QA15_H68

QA15_H68  Do you have a special account or fund you can use to pay for medical expenses? 
Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot?

[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include- Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts.”]
[IF NEEDED, SAY: Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o iba pang mga katulad na account. Kabilang sa mga iba pang pangalan ang Personal care accounts, Personal medical funds, o Choice funds, at naiiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED ....................................................................-7
DON’T KNOW ............................................................-8
Coverage over Past 12 Months

**QA15_H69**  Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?
Ispin ninyo ang inyong kasalukuyang health insurance, ito rin ba mismo ang insurance ninyo sa kabuuan 12 ng nakaraang 12 buwan.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AI31</strong></td>
<td></td>
</tr>
<tr>
<td>YES .................................................................1</td>
<td>[GO TO PN QA15_H82]</td>
</tr>
<tr>
<td>NO .................................................................2</td>
<td></td>
</tr>
<tr>
<td>REFUSED ..........................................................-7</td>
<td>[GO TO QA15_H72]</td>
</tr>
<tr>
<td>DON'T KNOW .....................................................-8</td>
<td></td>
</tr>
</tbody>
</table>

**QA15_H70**  During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?
Nitong nakaraang 12 buwan, noong hindi kayo naka-insure sa inyong kasalukuyang health insurance, mayroon ba kayong anumang iba pang health insurance?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AI32</strong></td>
<td></td>
</tr>
<tr>
<td>YES .................................................................1</td>
<td>[GO TO QA15_H73]</td>
</tr>
<tr>
<td>NO .................................................................2</td>
<td>[GO TO QA15_H72]</td>
</tr>
<tr>
<td>REFUSED ..........................................................-7</td>
<td>[GO TO QA15_H72]</td>
</tr>
<tr>
<td>DON'T KNOW .....................................................-8</td>
<td>[GO TO QA15_H72]</td>
</tr>
</tbody>
</table>

**QA15_H71**  Was your other health insurance Medi-Cal, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
Medi-Cal ba ang iba pang insurance ninyo, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang tuwiran mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MODIFIED AI33</strong></td>
<td></td>
</tr>
<tr>
<td>[CODE ALL THAT APPLY]</td>
<td></td>
</tr>
<tr>
<td>[PROBE: &quot;Any others?&quot;]</td>
<td>[PROBE: &quot;May iba pa ba?&quot;]</td>
</tr>
<tr>
<td>MEDI-CAL ..........................................................1</td>
<td></td>
</tr>
<tr>
<td>THROUGH CURRENT OR FORMER EMPLOYER/UNION ..................3</td>
<td></td>
</tr>
<tr>
<td>PURCHASED DIRECTLY ............................................5</td>
<td></td>
</tr>
<tr>
<td>COVERED CALIFORNIA ...........................................6</td>
<td></td>
</tr>
<tr>
<td>OTHER HEALTH PLAN ............................................91</td>
<td></td>
</tr>
<tr>
<td>REFUSED ..........................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW .....................................................-8</td>
<td></td>
</tr>
</tbody>
</table>

**QA15_H72**  During the past 12 months, was there any time when you had no health insurance at all?
Nitong nakaraang 12 buwan, mayroon bang panahon na wala kayong anumang health insurance?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AI34</strong></td>
<td></td>
</tr>
<tr>
<td>YES .................................................................1</td>
<td>[GO TO PN QA15_H82]</td>
</tr>
<tr>
<td>NO .................................................................2</td>
<td>[GO TO PN QA15_H82]</td>
</tr>
<tr>
<td>REFUSED ..........................................................-7</td>
<td>[GO TO PN QA15_H82]</td>
</tr>
<tr>
<td>DON'T KNOW .....................................................-8</td>
<td>[GO TO PN QA15_H82]</td>
</tr>
</tbody>
</table>
For how many months of the past 12 months did you have no health insurance at all?
Ilang buwan nitong nakaraang 12 buwan na wala kayong health insurance?

**AI35**

**[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]**

_____ NUMBER OF MONTHS [HR: 0-11]  
[IF 0 GO TO PN QA15_H82]

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

[GO TO PN QA15_H82]

[GO TO PN QA15_H82]

**QA15_H74**

What is the ONE MAIN reason why you did not have any health insurance during those months?
Ano ang ISANG PANGUNAHING dahilan bakit wala kayong anumang health insurance noong mga buwan na iyon?

**AI36**

CAN'T AFFORD/TOO EXPENSIVE  .........................  1
NOT ELIGIBLE DUE TO WORKING STATUS/   
CHANGED EMPLOYER/LOST JOB  .........................  2
NOT ELIGIBLE DUE TO HEALTH OR   
OTHER PROBLEMS  ..................................................  3
NOT ELIGIBLE DUE TO CITIZENSHIP/   
IMMIGRATION STATUS ..............................................  4
FAMILY SITUATION CHANGED .........................  5
DON'T BELIEVE IN INSURANCE .........................  6
SWITCHED INSURANCE COMPANIES,   
DELAY BETWEEN ...................................................  7
CAN GET HEALTH CARE FOR FREE/PAY FOR   
OWN CARE ..............................................................  8
OTHER (SPECIFY: _____________) ..............  91
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8
QA15_H75  During the time that you were uninsured, did you try to find health insurance on your own?

Noong panahon na hindi kayo naka-insure, sinubukan ba ninyong maghanap ng health
insurance nang walang tulong?

AH74

YES .................................................................1  [GO TO PN QA15_H82]
NO .................................................................2  [GO TO PN QA15_H82]
REFUSED ......................................................-7  [GO TO PN QA15_H82]
DON'T KNOW ..................................................-8  [GO TO PN QA15_H82]

QA15_H76  What is the ONE MAIN reason why you do not have any health insurance?

Ano ang ISANG PANGUNAHING dahilan kung bakit wala kayong anumang health
insurance?

AI24

[IF R SAYS NO NEED, PROBE WHY]

CANT AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB ......................2
NOT ELIGIBLE DUE TO HEALTH OR
OTHER PROBLEMS ........................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/
IMMIGRATION STATUS ..................................4
FAMILY SITUATION CHANGED ..............................5
DON'T BELIEVE IN INSURANCE ............................6
SWITCHED INSURANCE COMPANIES,
DELAY BETWEEN .............................................7
CAN GET HEALTH CARE FOR FREE/PAY
FOR OWN CARE ...............................................8
OTHER (SPECIFY: __________________) ........... 91
REFUSED ......................................................-7
DON'T KNOW ..................................................-8

QA15_H77  During the time that you have been uninsured, have you tried to find health insurance on your
own?

Noong panahon na hindi kayo naka-insure, sinubukan ba ninyong maghanap ng health
insurance nang walang tulong?

AH75

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

QA15_H78  Were you covered by health insurance at any time during the past 12 months?

May health insurance ba kayo kailanman nitong nakaraang 12 buwan?

AI27

YES .................................................................1  [GO TO QA15_H80]
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ..................................................-8
QA15_H79  How long has it been since you last had health insurance?
Gaano katagal na mula noong huling may health insurance kayo?

AI28

MORE THAN 12 MONTHS AGO, BUT NOT
MORE THAN 3 YEARS AGO .................................1 [GO TO PN QA15_H82]
MORE THAN 3 YEARS AGO .................................2 [GO TO PN QA15_H82]
NEVER HAD HEALTH INSURANCE.....................3 [GO TO PN QA15_H82]
REFUSED ...........................................................7 [GO TO PN QA15_H82]
DON'T KNOW .....................................................8 [GO TO PN QA15_H82]

QA15_H80  For how many months out of the last 12 months did you have health insurance?
Ilang buwan nitong nakaraang 12 buwan may health insurance kayo?

AI29

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]  [IF 0, THEN GO TO PN QA15_H82]

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

QA15_H81  During that time when you had health insurance, was your insurance Medi-CAL, Healthy Families, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Noong mayroon kayong health insurance, Medi-CAL ba ang inyong insurance, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa isang insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

AI30

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]

[PROBE: "May iba pa ba?”]

MEDI-CAL .........................................................1
THROUGH CURRENT OR FORMER
EMPLOYER OR UNION ..................................3
PURCHASED DIRECTLY .................................5
COVERED CALIFORNIA ...............................6
OTHER HEALTH PLAN .................................91
REFUSED ...........................................................7
DON'T KNOW .....................................................8
PROGRAMMING NOTE QA15_H82:
IF ARINSURE ≠ 1 OR QA15_H70 = 2 OR ARDIRECT = 1 OR QA15_H81 = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH QA15_H82;
ELSE GO TO PROGRAMMING NOTE QA15_H99

QA15_H82
In the past 12 months, did you try to purchase a health insurance plan directly from an
insurance company or HMO, or through Covered California?
Nitung nakaraang 12 buwan, sinubukan ba ninyong bumili ng health insurance plan nang
direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

AH103h
YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA15_H99]
REFUSED ............................................................... -7 [GO TO PN QA15_H99]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_H99]

QA15_H83
Was that directly from an insurance company or HMO, or through Covered California, or both
from an insurance company and through Covered California?
Binibili ba ninyo nang direkta mula sa insurance company o HMO, o sa pamamagitan ng
Covered California, o kapwa mula sa insurance company at sa pamamagitan ng Covered
California?

AH110h
DIRECTLY FROM AN INSURANCE
COMPANY OR HMO, OROR ...........................1
THROUGH COVERED CALIFORNIA, OROR .........2
BOTH, FROM AN INSURANCE COMPANY
AND
THROUGH COVERED CALIFORNIA ........................3
REFUSED ............................................................... -7 [GO TO PN QA15_H86]
DON'T KNOW ......................................................... -8 [GO TO PN QA15_H86]

PROGRAMMING NOTE QA15_H84:
IF QA15_H83 = 1; THEN CONTINUE WITH QA15_H84;
IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H84 AND DISPLAY “First, think about your experience
trying to purchase insurance directly from an insurance company or HMO.”
ELSE GO TO PROGRAMMING NOTE QA15_H88;
QA15_H84  {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}
{Una, isipin ninyo ang inyong karanasan sa pagsisikap bumili ng insurance nang direkt na mula sa insurance company o HMO.}

How difficult was it to find a plan with the coverage you needed? Was it...
Gaano kahirap makahanap ng plan na may mga coverage na kailangan ninyo? Ito ba ay...

AH98h

Very difficult,..............................................................1
Talagang mahirap,.................................................1
Somewhat difficult, ..................................................2
Medyo mahirap,........................................................2
Not too difficult, or ...................................................3
Hindi masyadong mahirap, o ....................................3
Not at all difficult? ....................................................4
Hindi mahirap kahit kaunti?.......................................4
REFUSED ........................................................................7
DON’T KNOW ...........................................................8

QA15_H85  How difficult was it to find a plan you could afford? Was it...
Gaano kahirap makahanap ng plan na kaya ninyo? Ito ba ay...

AH99h

Very difficult,..............................................................1
Talagang mahirap,.................................................1
Somewhat difficult, ..................................................2
Medyo mahirap,........................................................2
Not too difficult, or ...................................................3
Hindi masyadong mahirap, o ....................................3
Not at all difficult? ....................................................4
Hindi mahirap kahit kaunti?.......................................4
REFUSED ........................................................................7
DON’T KNOW ...........................................................8

QA15_H86  Did anyone help you find a health plan?
Mayroon bang tumulong sa inyong humanap ng health plan?

AH100h

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

QA15_H87  Who helped you?
Sino ang tumulong sa inyo?

AH101h

BROKER ......................................................................1
FAMILY MEMBER/FRIEND .......................................2
INTERNET ......................................................................3
OTHER (SPECIFY: __________________) ........ 91
REFUSED .....................................................................7
DON’T KNOW ...........................................................8
PROGRAMMING NOTE QA15_H88:
IF QA15_H83 = 2; THEN CONTINUE WITH QA15_H88;
IF QA15_H83 = 3; THEN CONTINUE WITH QA15_H88 AND DISPLAY “Now, think about your experience with Covered California.”
ELSE GO TO PROGRAMMING NOTE QA15_H92;

QA15_H88

{Now, think about your experience with Covered California.}
{Ngayon, isipin ang inyong karanasan sa Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...
Gaano kahirap humanap ng plan na may coverage na kailangan ninyo sa pamamagitan ng Covered California? Ito ba ay...

AH111h

Very difficult...............................................................1
Talagang mahirap, ....................................................1
Somewhat difficult .....................................................2
Medyo mahirap, .......................................................2
Not too difficult ......................................................3
Hindi masyadong mahirap, o ....................................3
Not at all difficult?....................................................4
Hindi mahirap kahit kaunti?......................................4
REFUSED ...................................................................-7
DON'T KNOW .........................................................-8

QA15_H89

How difficult was it to find a plan you could afford? Was it...
Gaano kahirap humanap ng plan na abot-kaya ninyo? Ito ba ay...

AH112h

Very difficult...............................................................1
Talagang mahirap, ....................................................1
Somewhat difficult .....................................................2
Medyo mahirap, .......................................................2
Not too difficult ......................................................3
Hindi masyadong mahirap, o ....................................3
Not at all difficult?....................................................4
Hindi mahirap kahit kaunti?......................................4
REFUSED ...................................................................-7
DON'T KNOW .........................................................-8

QA15_H90

Did anyone help you find a health plan?
Mayroon bang tumulong sa inyong humanap ng health plan?

AH113h

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_H92]
REFUSED ............................................................... -7 [GO TO QA15_H92]
DON'T KNOW .........................................................-8 [GO TO QA15_H92]
QA15_H91  Who helped you?
Sinong tumulong sa inyo?

AH114h

BROKER.................................................................1
FAMILY MEMBER / FRIEND.............................2
INTERNET ............................................................3
CERTIFIED ENROLLMENT COUNSELOR ......4
OTHER (SPECIFY: _____________)___________)92
REFUSED............................................................-7
DON'T KNOW................................................------8

QA15_H92  Did you have all the information you felt you needed to make a good decision on a health plan?
Nasa inyo ba ang lahat ng impormasyon na sa tingin ninyo ay kailangan ninyo para makapagdesisyon nang mabuti tungkol sa health plan?

AH115h

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

PROGRAMMING NOTE QA15_H93:
IF QA15_G8G9 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_H93;
ELSE GO TO QA15_H94;

QA15_H93  Were you able to get information about your health plan options in your language?
Nakakuha ba kayo ng impormasyon sa inyong wika tungkol sa mga maaari ninyong mapili sa health plan?

AH116h

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

QA15_H94  Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
Ang presyo ba ng plan na pinili ninyo ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH117h

VERY IMPORTANT ............................................1
SOMewhat IMPORTANT ....................................2
NOT IMPORTANT ..............................................3
REFUSED ............................................................-7
DON'T KNOW ................................................------8
QA15_H95  Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
Ang abilidad ba na makapagpagamot sa isang partikular na doctor ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH118h

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY IMPORTANT</td>
<td>1</td>
</tr>
<tr>
<td>SOMEWHAT IMPORTANT</td>
<td>2</td>
</tr>
<tr>
<td>NOT IMPORTANT</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_H96  Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
Ang abilidad ba na makapagpagamot sa isang partikular na ospital ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH119h

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY IMPORTANT</td>
<td>1</td>
</tr>
<tr>
<td>SOMEWHAT IMPORTANT</td>
<td>2</td>
</tr>
<tr>
<td>NOT IMPORTANT</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_H97  Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?
Iyong mapagpipiliang mga doktor ba na kaanib sa network ng plan ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

AH120h

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY IMPORTANT</td>
<td>1</td>
</tr>
<tr>
<td>SOMEWHAT IMPORTANT</td>
<td>2</td>
</tr>
<tr>
<td>NOT IMPORTANT</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_H98:
IF QA15_H23 = 1 THEN DISPLAY “Bronze”
ELSE IF QA15_H23 = 2 THEN DISPLAY “Silver”
ELSE IF QA15_H23 = 3 THEN DISPLAY “Gold”
ELSE IF QA15_H23 = 4 THEN DISPLAY “Platinum”
ELSE IF QA15_H23 = 6 THEN DISPLAY “Minimum coverage”
ELSE DISPLAY “ “;

QA15_H98 Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/} plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan’s network, or was it something else?
Pangwakas, ano ang naging pinaka-importanteng dahilan kung bakit pinili ninyo ang inyong {Bronze/Silver/Gold/Platinum} plan?
Iyon ba ay ang presyo, ang abilidad ninyong magpagamot sa isang partikular na doctor, ang abilidad ninyong makapunta sa isang partikular na ospital, ang inyong mapagpipiliang mga provider na kaanib sa network ng inyong plan, o iba pang dahilan?

<table>
<thead>
<tr>
<th>AH121h</th>
</tr>
</thead>
<tbody>
<tr>
<td>COST ..............................................................1</td>
</tr>
<tr>
<td>SPECIFIC DOCTOR ............................................2</td>
</tr>
<tr>
<td>SPECIFIC HOSPITAL ...........................................3</td>
</tr>
<tr>
<td>CHOICE OF DOCTORS IN NETWORK ..........................4</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ____________) ............................92</td>
</tr>
<tr>
<td>REFUSED .........................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ....................................................-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA15_H99:
IF QA15_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA15_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA15_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA15_B41 = 1 (HOSPITALIZED FOR HEART DISEASE) THEN GO TO PROGRAMMING NOTE QA15_H100;
ELSE CONTINUE WITH QA15_H99

QA15_H99 During the past 12 months, were you a patient in a hospital overnight or longer?
Nitong nakaraang 12 buwan, naging pasyente ba kayo na na-ospital nang magdamag o mas matagal pa?

<table>
<thead>
<tr>
<th>AH14</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ............................................................1</td>
</tr>
<tr>
<td>NO ............................................................2</td>
</tr>
<tr>
<td>REFUSED .....................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW ................................................-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA15_H100:
IF ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA15_H100;
ELSE GO TO PROGRAMMING NOTE QA15_H101
QA15_H100  Was any of that hospital care paid for by Medi-Cal?
Binayaran ba ng Medi-Cal ang anumang bahagi ng paggagamot ng ospital?

AH76

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

PROGRAMMING NOTE FOR QA15_H101:
IF [ARINSURE ≠ 1 OR QA15_H73 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR SC14AQA15_G18 = 1 (IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA15_H101;
ELSE SKIP TO PROGRAMMING NOTE QA15_I1

QA15_H101  During the last 12 months, did you get prenatal care that you didn't have to pay for?
Nitong nakaraang 12 buwan, nakapagpatingin ba kayo para sa pangangalaga habang buntis na hindi ninyo kinailangang bayaran?

AH77

YES .................................................................1
NO .................................................................2
[GO TO PN QA15_I1]
REFUSED .....................................................-7
[GO TO PN QA15_I1]
DON'T KNOW .................................................-8
[GO TO PN QA15_I1]

QA15_H102  Was it paid for by Medi-Cal?
Binayaran ba ito ng Medi-Cal?

AH78

YES .................................................................1
NO .................................................................2
REFUSED .....................................................-7
DON'T KNOW .................................................-8
Section I – Child and Adolescent Health Insurance

PROGRAMMING NOTE QA15_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA15_I39 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA15_I2;
ELSE CONTINUE WITH QA15_I1

QA15_I1 These next questions are about health insurance (CHILD) may have.
Ang sumunod na mga katanungan ay tungkol sa health insurance na maaaring mayroon si (CHILD).

Does (CHILD) have the same insurance as you?
lisa ba ang insurance ninyo at ni {CHILD}?

CF10A

YES ...........................................................................1 [GO TO QA15_I19]
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

POST-NOTE QA15_I1:
IF QA15_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND AROTH = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA15_I1 = 1 AND ARHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
PROGRAMMING NOTE QA15_I2:
IF SPINSURE ≠ 1, THEN SKIP TO QA15_I3;
ELSE IF QA15_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA15_I3;
ELSE CONTINUE WITH QA15_I2

QA15_I2
Does (CHILD) have the same insurance as (your spouse/your partner/SPOUSE NAME/ PARTNER NAME)?
Iisa ba ang insurance ni (CHILD) at ng inyong (asawa/partner/ PANGALAN NG ASAWA/PARTNER )?

MA1
YES ...........................................................................1
[GO TO QA15_I19]
NO .............................................................................2
REFUSED .......................................................................-7
DON'T KNOW ...................................................................-8

POST-NOTE QA15_I2:
IF QA15_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPEMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPBEX = 1, SET CHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SDMILIT = 1, SET CHDMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPSMILIT = 1, SET CHSMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA15_I2 = 1 AND SPCAL = 1, SET CHCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;

QA15_I3
Is {he/she} currently covered by Medi-CAL?
Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?

CF1
[IF NEEDED, SAY: "Medi-CAL is a plan for certain low income children and their families, pregnant women, and disabled or elderly people."]
[IF NEEDED, SAY: "Ang Medi-CAL ay plan para sa ilang mga bata at pamilya nila na mabababa ang kita, mga babaeng buntis, at mga taong may kapansanan o nakatatanda."]
YES ...........................................................................1
NO .............................................................................2
REFUSED .......................................................................-7
DON'T KNOW ...................................................................-8

POST-NOTE QA15_I3:
IF QA15_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE =
QA15_I4  
Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?
Naka-insure ba si (CHILD) sa health insurance plan o sa HMO sa pamamagitan ng inyong trabaho o union o ng ibang tao?

[INTERVIEW NOTE: CODE 'YES' IF R MENTIONS 'SHOP' PROGRAM THROUGH COVERED CALIFORNIA]

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

POST-NOTE QA15_I4:
IF QA15_I4 = 1, SET CHEMP = 1 AND CHINSURE = 1

QA15_I5  
Is this plan through an employer, through a union, or through Covered California’s SHOP program?
Nakuha ba itong plan sa pamamagitan ng isang employer, union, o ng SHOP program ng Covered California?

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]
[IF NEEDED, SAY: "Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California."]

EMPLOYER ..................................................................1
UNION .......................................................................2
SHOP / COVERED CALIFORNIA ..................................3
OTHER (SPECIFY: ___________) .................................91
REFUSED .....................................................................-7
DON'T KNOW .............................................................-8

POST-NOTE FOR QA15_I5:
IF QA15_I5 = 3, THEN SET CHHBEX = 1
Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?
Naka-insure ba si (CHILD) sa health insurance plan na binili ninyo nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

**Programming Note QA15_I6:**
IF CHINSURE = 1 THEN GO TO QA15_I8;
ELSE CONTINUE WITH QA15_I6

**QA15_I6**

**CF4**

[IF NEEDED, SAY: “Do not include a plan that pays only for certain illnesses, such as cancer or stroke, or only gives you "extra cash" if you are in a hospital”]
[IF NEEDED, SAY: "Huwag ninyong bilangin ang plan na nagbabayad lamang para sa tiyak na mga sakit kagaya ng cancer o stroke, o naglalaan lamang ng "ekstrang pera" kung ma-ospital kayo."]

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

**Post-Note QA15_I6:**
IF QA15_I6 = 1, SET CHDIRECT = 1 AND CHINSURE = 1

**Programming Note QA15_I7:**
IF CHDIRECT = 1, THEN CONTINUE WITH QA15_I7;
ELSE GO TO PROGRAMMING NOTE QA15_I8

**QA15_I7**

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
Paano ninyo binili itong health insurance - direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

**AI91**

INSURANCE COMPANY OR HMO........................................1
COVERED CALIFORNIA................................................2
OTHER (SPECIFY: ____________)................................. 91
REFUSED .................................................................. -7
DON'T KNOW ............................................................ -8

**Post-Note FOR QA15_I7:**
IF QA15_I7 = 2, THEN SET CHHBEX = 1

**Programming Note QA15_I8**
IF CHHBEX = 1, THEN CONTINUE WITH QA15_I8;
ELSE GO TO PROGRAMMING NOTE QA15_I10;
### QA15_I8

**Was this a bronze, silver, gold or platinum plan?**

Bronze, silver, gold o platinum plan ba ito?

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRONZE</td>
<td>1</td>
</tr>
<tr>
<td>SILVER/SILVER</td>
<td>2</td>
</tr>
<tr>
<td>GOLD/GOLD</td>
<td>3</td>
</tr>
<tr>
<td>PLATINUM</td>
<td>4</td>
</tr>
<tr>
<td>MEDI-CAL/MEDICAID</td>
<td>5</td>
</tr>
<tr>
<td>MINIMUM COVERAGE PLAN/CATASTROPHIC</td>
<td>6</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ____________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_I9**

IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA15_I9;
ELSE GO TO PROGRAMMING NOTE QA15_I10;

### QA15_I9H9

**Was there a subsidy or discount on the premium for this plan?**

Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium (buwanang bayad) para sa plan na ito?

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

**PROGRAMMING NOTE QA15_I10:**

IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA15_I10;
ELSE GO TO PROGRAMMING NOTE QA15_I13

### QA15_I10

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

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan ni (CHILD)? Huwag bilangin ang gastos para sa anumang mga co-pay o mga deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya.

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

**PROGRAMMING NOTE QA15_I13:**

[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."

[IF NEEDED, SAY: "Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalusugan tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage.""]

[IF NEEDED, SAY: "A deductible is the amount you pay for medical care before your health plan starts paying."]

[IF NEEDED, SAY: "Ang deductible ang halagang kailangan inyong bayaran bago magsimulang magbayad ang inyong health plan para sa inyong pagpapagamot."
[IF NEEDED, SAY: “Premium is the monthly charge for the cost of your health insurance plan.”]
[IF NEEDED, SAY: "Ang premium ang singil buwan-buwan para sa gastos ng inyong health insurance plan.”]

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

QA15_I11 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (CHILD)’s health plan?
Mayroon bang sinumang iba, gaya ng isang employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos para sa health plan ni (CHILD)?

AI50

YES ...........................................................................1
NO .............................................................................2 [GO TO PN QA15_I13]
REFUSED ........................................................................7 [GO TO PN QA15_I13]
DON’T KNOW ............................................................... -8 [GO TO PN QA15_I13]

QA15_I12 Who else pays all or some portion of the cost for (CHILD)’s health plan?
Sino pang iba ang nagbabayad ng lahat o ng bahagi ng gastos sa health plan ni (CHILD)?

AI51 [CODE ALL THAT APPLY.]

CURRENT EMPLOYER ...........................................1
FORMER EMPLOYER ...............................................2
UNION .......................................................................3
SPOUSE’S/PARTNER’S CURRENT EMPLOYER......4
SPOUSE’S/PARTNER’S FORMER EMPLOYER .......5
PROFESSIONAL/FRATERNAL ORGANIZATION ...6
MEDICAID/MEDI-CAL ASSISTANCE ......................7
COVERED CALIFORNIA ....................................... 10
OTHER ................................................................... 91
REFUSED ........................................................................7
DON’T KNOW ............................................................... -8

POST-NOTE QA15_I12:
IF QA15_I12 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF QA15_I12 = 8, SET CHHFAM = 1;
IF QA15_I12 = 7, SET CHMCAL = 1
IF QA15_I12 = 9, SET CHHKID = 1
IF QA15_I12 = 10, SET CHHBEX = 1;
PROGRAMMING NOTE QA15_I13:
IF CHINSURE = 1, GO TO PN QA15_I19;
ELSE CONTINUE WITH QA15_I13

QA15_I13 Is (he/she) covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
Naka-insure ba (siya/siya) sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa iba pang pangangalagang pangkalusugan ng militar?

CF6
YES ...........................................................................1 [GO TO PN QA15_I19]
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

POST-NOTE QA15_I13:
IF QA15_I13 = 1, SET CHMILIT = 1 AND CHINSURE = 1

QA15_I14 Is (he/she) covered by some other government health plan such as AIM, "Mister MIP", Healthy Kids, or something else?
Naka-insure ba (siya/siya) sa iba pang health plan ng gobyerno, gaya ng AIM, "Mister MIP," Healthy Kids, o sa iba pa?

CF7
[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program."]
[IF NEEDED, SAY: "Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program."]
 AIM .................................................................1 [GO TO PN QA15_I19]
*MISTER MIP*/MRMIP ...........................................2 [GO TO PN QA15_I19]
HEALTHY KIDS ......................................................3 [GO TO PN QA15_I19]
NO OTHER PLAN ......................................................4 [GO TO PN QA15_I19]
SOMETHING ELSE (SPECIFY: ____________) .. 91 [GO TO PN QA15_I19]
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

POST-NOTE QA15_I14:
IF QA15_I14 = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

QA15_I15 Does (he/she) have any health insurance coverage through a plan that I missed?
Naka-insure ba (siya/siya) para sa anumang health insurance sa pamamagitan ng plan na hindi ko nabanggit?

CF8
YES ...........................................................................1 [GO TO PN QA15_I18]
NO .............................................................................2 [GO TO PN QA15_I18]
REFUSED ............................................................... -7 [GO TO PN QA15_I18]
DON'T KNOW .......................................................... -8 [GO TO PN QA15_I18]
What type of health insurance does (he/she) have? Does it come through Medi-CAL, an employer or union, or from some other source?

Anong uri ng health insurance ang mayroon siya? Nakukuha ba niya ito sa pamamagitan ng Medi-CAL, isang employer o union, o mula sa iba pang pinagkukunan?

[CIRCLE ALL THAT APPLY.]

[PROBE: “Any others?”]
[PROBE: “May iba pa ba?”]

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGH CURRENT OR FORMER EMPLOYER/UNION</td>
<td>1</td>
</tr>
<tr>
<td>THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION</td>
<td>2</td>
</tr>
<tr>
<td>PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE)</td>
<td>3</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>4</td>
</tr>
<tr>
<td>MEDI-CAL</td>
<td>5</td>
</tr>
<tr>
<td>CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE</td>
<td>7</td>
</tr>
<tr>
<td>INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC</td>
<td>8</td>
</tr>
<tr>
<td>COVERED CALIFORNIA</td>
<td>10</td>
</tr>
<tr>
<td>SHOP THROUGH COVERED CALIFORNIA</td>
<td>11</td>
</tr>
<tr>
<td>OTHER GOVERNMENT HEALTH PLAN</td>
<td>91</td>
</tr>
<tr>
<td>OTHER NON-GOVERNMENT HEALTH PLAN</td>
<td>92</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

POST-NOTE QA15_I16:

IF QA15_I16 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA15_I16 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA15_I16 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA15_I16 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA15_I16 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA15_I16 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA15_I16 = 8, SET CHIHS = 1
IF QA15_I16 = 10, SET CHHBEX = 1 AND CHINSURE = 1
IF QA15_I16 = 11, SET CHHBEX = 1 AND CHINSURE = 1
IF QA15_I16 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA15_I16 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF QA15_I16 = -7 OR -8, SET CHINSURE = 1
PROGRAMMING NOTE QA15_I17:
IF QA15_I16 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA15_I17;
ELSE SKIP TO PROGRAMMING NOTE QA15_I18

QA15_I17 Just to verify, you said that (CHILD) gets health insurance through Medicare?

CF9VER Upang beripikahin lamang, sinabi ba ninyo na nakakakuha si (CHILD) ng health insurance sa
pamamagitan ng Medicare?

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

PROGRAMMING NOTE QA15_I18:
IF CHINSURE ≠ 1 CONTINUE WITH QA15_I18;
ELSE GO TO QA15_I19;

QA15_I18I20 What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
Ano ang ISANG pangunahing dahilan kung bakit hindi naka-enroll sa Medi-CAL program si
(CHILD)?

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

PROGRAMMING NOTE QA15_I19:
IF QA15_I1 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I19 = QA15_H9 AND QA15_I21 = QA15_H10 AND SKIP TO QA15_I22;
ELSE IF QA15_I1 = 1, THEN QA15_I19 = QA15_H60 AND QA15_I21 = QA15_H62 AND QA15_I22 = QA15_H63 AND GO TO PN QA15_I23;
ELSE IF CHINSURE = 1, THEN CONTINUE WITH QA15_I19;
ELSE GO TO PN QA15_I23
MA3

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it’s an emergency.”]

[IF NEEDED, SAY: “Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin {niya o niya} ang mga doktor at mga ospital na kaanib sa kanilang network, o pagkakaugnay. Kung lalabas {siya o siya} sa network, sa karaniwan hindi mababayaran ito maliban na lamang kung emergency ito.”]

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

PROGRAMMING NOTE QA15_I20:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA15_I21;
ELSE CONTINUE WITH QA15_I20;

QA15_I20

Is (CHILD)’s health plan a PPO or EPO?
PPO o EPO ba ang health plan ni (CHILD)?

Ai115

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it’s an emergency and you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “Ang kahulugan ng EPO ay Exclusive Provider Organization. Sa EPO, kailangan ninyong gamitin ang mga doktor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doktor at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]

[IF NEEDED, SAY: “PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.”]

[IF NEEDED, SAY: “Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maari kayong magpagamot sa sinumang mga doktor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga doctor at mga ospital na kaanib sa network ng plan ninyo. At saka, maari kayong tuwirang magpagamot sa mga doktor at mga at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: “{His/Her} MAIN health plan.”]
[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: “Ang kanyang PANGUNAHING health plan.”]
QA15_I21

What is the name of (CHILD)'s main health plan?
Ano ang pangalan ng pangunahing health plan ni (CHILD)?

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

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: Mayroon bang insurance card si (CHILD) o anumang bagay kung saan nakasulat ang pangalan ng plan?”]

ACCESS SENIOR HEALTHCARE .................1
AETNA .......................................................2
AETNA GOLDEN MEDICARE .......................3
AIDS HEALTHCARE FOUNDATION, LA ..........4
ALAMEDA ALLIANCE FOR HEALTH ..............5
ALTAMED HEALTH SERVICES ..................83
ANTHEM BLUE CROSSOF CALIFORNIA ..........7
ASPIRE HEALTH PLAN ................................8
BLUE CROSS CALIFORNIA ................................9
BLUE CROSS SENIOR SECURE ..................79
BLUE SHIELD 65 PLUS ...............................11
BLUE SHIELD OF CALIFORNIA ....................12
BRAND NEW DAY (UNIVERSAL CARE) ...........13
CALIFORNIA HEALTH AND WELLNESS PLAN ...14
CALIFORNIA KIDS (CALKIDS) ....................15
CAL OPTIMA (CALOPTIMA ONE CARE) ........16
CALVIVA HEALTH ......................................17
CARE 1ST HEALTH PLAN ............................18
CAREMORE HEALTH PLAN .........................19
CENTER FOR ELDERS’ INDEPENDENCE ...........21
CEN CAL HEALTH ......................................80
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH ...............................................22
CENTRAL HEALTH PLAN ...............................23
CHINESE COMMUNITY HEALTH PLAN ...........24
CHOICE PHYSICIANS NETWORK ................25
CIGNA HEALTHCARE ................................26
CITIZENS CHOICE HEALTHPLAN ................27
COMMUNITY CARE HEALTH PLAN ................28
COMMUNITY HEALTH GROUP .....................29
CONTRA COSTA HEALTH PLAN ..................81
DAVITA HEALTHCARE PARTNERS PLAN ........31
EASY CHOICE HEALTH PLAN .....................32
EPIC HEALTH PLAN ..................................33
GEM CARE HEALTH PLAN ..........................34
GOLD COAST HEALTH PLAN .....................35
GOLDEN STATE MEDICARE HEALTH
PLAN ................................................................. 36
HEALTH NET .................................................... 38
HEALTH NET SENIORITY PLUS .......................... 39
HEALTH PLAN OF SAN JOAQUIN ...................... 40
HEALTH PLAN SAN JP AUTHORITY ..................... 41
HERITAGE PROVIDER NETWORK ....................... 42
HUMANA GOLD PLUS ...................................... 43
HUMANA HEALTH PLAN .................................... 44
IEHP (INLAND EMPIRE HEALTH PLAN) ............... 45
INTER VALLEY HEALTH PLAN ............................ 46
HEALTH ADVANTAGE ....................................... 82
KAISER PERMANENITE .................................... 47
KAISER PERMANENT CEP SENIOR ADVANTAGE .. 48
KERN FAMILY HEALTH CARE ......................... 49
L.A. CARE HEALTH PLAN .................................. 50
MD CARE .......................................................... 51
MOLINA HEALTHCARE OF CALIFORNIA ............ 54
MONARCH HEALTH PLAN .................................. 55
ON LOK SENIOR HEALTH SERVICES .................. 56
PARTNERSHIP HEALTHPLAN OF CALIFORNIA .... 57
PIH HEALTH CARE SOLUTIONS ......................... 58
PREMIER HEALTH PLAN SERVICES ..................... 59
PRIMECARE MEDICAL NETWORK ..................... 60
PROVIDENCE HEALTH NETWORK ...................... 61
SCRIPPS HEALTH PLAN SERVICES ..................... 68
SEASIDE HEALTH PLAN .................................... 69
SAN FRANCISCO HEALTH PLAN ....................... 84
SANTA CLARA FAMILY HEALTH PLAN ............... 90
SAN MATEO HEALTH COMMISION ................... 86
SANTA BARBARA .............................................. 88
SATELLITE HEALTH PLAN ................................ 92
SCAN HEALTH PLAN ........................................ 67
SHARP HEALTH PLAN ...................................... 70
SUTTER HEALTH PLAN ..................................... 71
SUTTER SENIOR CARE ..................................... 72
UNITED HEALTHCARE .................................... 73
UNITED HEALTHCARE SECURE HORIZON .......... 74
UNIVERSITY HEALTHCARE ADVANTAGE ........ 75
VALLEY HEALTH PLAN .................................... 76
VENTURA COUNTY HEALTH CARE PLAN ......... 77
WESTERN HEALTH ADVANTAGE ..................... 78
CHAMPUS/CHAMP-VA ..................................... 93
TRICARE/TRICARE FOR LIFE/TRICARE PRIME 87
VA HEALTH CARE SERVICES ......................... 89
MEDI-CAL ....................................................... 52
MEDICARE ..................................................... 53
OTHER (SPECIFY: _____________) ................... 85
REFUSED ....................................................... -7
DON'T KNOW .................................................. -8
QA15_I22  Is (CHILD) covered for prescription drugs?
Naka-insure ba si (CHILD) para sa mga inireresetang gamot?

<table>
<thead>
<tr>
<th>CF14</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td>NO .............................................................................2</td>
</tr>
<tr>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ............................................................. -8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE FOR QA15_I23:
| IF (ARINSURE ≠ 1 OR QA15_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH QA15_I23; |
| ELSE SKIP TO PROGRAMMING NOTE QA15_I28 |

QA15_I23  Does (CHILD)'s health plan have a deductible that is more than $1,000?
Mayroon bang deductible na higit sa $1,000 ang health plan ni (CHILD)?

<table>
<thead>
<tr>
<th>AI79</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NEEDED, SAY “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]</td>
</tr>
<tr>
<td>[IF NEEDED, SAY: “Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]</td>
</tr>
<tr>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td>NO .............................................................................2</td>
</tr>
<tr>
<td>YES, ONLY WHEN GO OUT OF NETWORK ........3</td>
</tr>
<tr>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ............................................................. -8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE FOR QA15_I24:
| IF CHEMP = 1, THEN CONTINUE WITH QA15_I24; |
| ELSE GO TO QA15_I25 |

QA15_I24  Does (CHILD)'s health plan have a deductible that is more than $2,000?
Mayroon bang deductible na higit sa $2,000 ang health plan ni (CHILD)?

<table>
<thead>
<tr>
<th>AI85</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NEEDED, SAY “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]</td>
</tr>
<tr>
<td>[IF NEEDED, SAY: “Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]</td>
</tr>
<tr>
<td>YES ...........................................................................1</td>
</tr>
<tr>
<td>NO .............................................................................2</td>
</tr>
<tr>
<td>YES, ONLY WHEN GO OUT OF NETWORK ........3</td>
</tr>
<tr>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ............................................................. -8</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>QA15_I25</td>
</tr>
<tr>
<td>QA15_I26</td>
</tr>
</tbody>
</table>

**AI80**

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>YES, ONLY WHEN GO OUT OF NETWORK</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE FOR QA15_I26:**
 IF CHEMP = 1, THEN CONTINUE WITH QA15_I26; ELSE GO TO PROGRAMMING NOTE QA15_I27

**QA15_I26**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA15_I25</td>
<td>Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?</td>
</tr>
<tr>
<td>QA15_I26</td>
<td>Does (CHILD)'s health plan have a deductible for all covered persons that is more than $4,000?</td>
</tr>
</tbody>
</table>

**AI86**

[IF NEEDED, SAY “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>YES, ONLY WHEN GO OUT OF NETWORK</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_I27:**
IF (QA15_I23 = 1 OR 3) OR (QA15_I24 = 1 OR 3) OR (QA15_I25 = 1 OR 3), CONTINUE WITH QA15_I27;
ELSE SKIP TO PROGRAMMING NOTE QA15_I28
QA15_I27
Do you have a special account or fund you can use to pay for (CHILD)'s medical expenses?
Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (CHILD)?

AI81
[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts.”]

[IF NEEDED, SAY: Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o iba pang mga katulad na account. Kabilang sa mga iba pang mga pangalan ang Personal care accounts, Personal medical funds, o Choice funds, at naiiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer.”]

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

PROGRAMMING NOTE QA15_I28:
IF CHINSURE = 1, GO TO QA15_I33;
ELSE CONTINUE WITH QA15_I28

QA15_I28
What is the one main reason (CHILD) does not have any health insurance?
Ano ang isang pangunahing dahilan kung bakit walang anumang health insurance si (CHILD) ?

CF18

CAN’T AFFORD/TTO EXPENSIVE ..............................1
NOT ELIGIBLE DUE TO WORKING STATUS/ 
CHANGED EMPLOYER/LOST JOB ..........................2
NOT ELIGIBLE DUE TO HEALTH OR 
OTHER PROBLEMS .............................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ 
IMMIGRATION STATUS .......................................4
FAMILY SITUATION CHANGED .............................5
DON’T BELIEVE IN INSURANCE ..............................6
SWITCHED INSURANCE COMPANIES, 
DELAY BETWEEN ...............................................7
CAN GET HEALTH CARE FOR FREE/PAY 
FOR OWN CARE ...................................................8

QA15_I29
Was (CHILD) covered by health insurance at any time during the past 12 months?
May health insurance ba si (CHILD) kailanman nitong nakaraang 12 na buwan?

CF20

YES ...........................................................................1 [GO TO QA15_I31]
NO .............................................................................2
REFUSED ...................................................................-7
DON’T KNOW ...........................................................-8
**QA15_I30** How long has it been since (CHILD) last had health insurance?
Gaano katagal na mula noong huling may health insurance si (CHILD)?

- MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO ...................................1 [GO TO PN QA15_I39]
- MORE THAN 3 YEARS AGO ...................................2 [GO TO PN QA15_I39]
- NEVER HAD HEALTH INSURANCE COVERAGE .............................................................3 [GO TO PN QA15_I39]
- REFUSED ............................................................... -7 [GO TO PN QA15_I39]
- DON’T KNOW ......................................................... -8 [GO TO PN QA15_I39]

**QA15_I31** For how many of the last 12 months did {he/she} have health insurance?
Ilang buwan ba { siyang / siyang } may health insurance nitong nakaraang 12 buwan?

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

- _____ MONTHS [HR: 0-12]  
  - REFUSED ............................................................... -7
  - DON’T KNOW ......................................................... -8

**QA15_I32** During that time when (CHILD) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
Noong panahon na may health insurance si (CHILD) ang kanyang insurance ba ay Medi-CAL, isang planong nakuha ninyo mula sa isang employer, isang planong binili ninyo nang direktang mula sa isang insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "May iba pa ba?"]

- MEDI-CAL .................................................................1 [GO TO PN QA15_I39]
- HEALTHY FAMILIES ...................................................2 [GO TO PN QA15_I39]
- THROUGH CURRENT OR FORMER EMPLOYER UNION .................................................3 [GO TO PN QA15_I39]
- HEALTHY KIDS ............................................................4 [GO TO PN QA15_I39]
- PURCHASED DIRECTLY ...................................................5 [GO TO PN QA15_I39]
- COVERED CALIFORNIA ...................................................6 [GO TO PN QA15_I39]
- OTHER HEALTH PLAN ...................................................91 [GO TO PN QA15_I39]
- REFUSED ............................................................... -7 [GO TO PN QA15_I39]
- DON’T KNOW ......................................................... -8 [GO TO PN QA15_I39]
QA15_I33  Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

Isipin ninyo ang kasalukuyang health insurance (CHILD) ito rin ba ang insurance {niya/niya} para sa KABUUAN ng nakaraang 12 buwan?

CF24

YES ................................................................. 1  [GO TO PN QA15_I39]
NO ................................................................. 2
HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE YEAR OLD) ... 3  [GO TO PN QA15_I39]
REFUSED ................................................................ -7
DON'T KNOW ...................................................... -8

QA15_I34  When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

Noong hindi {siya/siya} naka-insure sa {kanyang/kanyang} kasalukuyang health insurance, mayroon ba {siyang/siyang} anumang iba pang health insurance?

CF25

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

QA15_I35  Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Medi-CAL ba itong iba pang health insurance, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang tuwiran mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

CF26

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: "May iba pa ba?"]

MEDI-CAL ............................................................. 1
THROUGH CURRENT OR FORMER
EMPLOYER/UNION .............................................. 4
PURCHASED DIRECTLY ........................................... 5
COVERED CALIFORNIA .......................................... 6
OTHER HEALTH PLAN ............................................. 91
REFUSED ................................................................ -7
DON'T KNOW ...................................................... -8
QA15_I36  During the past 12 months, was there any time when (he/she) had no health insurance at all?
Nitong nakaraang 12 buwan, mayroon bang anumang panahon na {siya/siya} aywalang anumang health insurance?

    CF27

    YES ...........................................................................1
    NO .............................................................................2 [GO TO PN QA15_I39]
    REFUSED ....................................................................-7 [GO TO PN QA15_I39]
    DON'T KNOW .................................................................-8 [GO TO PN QA15_I39]

QA15_I37  For how many of the past 12 months did (he/she) have no health insurance?
Nitong nakaraang 12 buwan, ilang buwan ba {siya/siya} walang health insurance?

    CF28

    [IF < 1 MONTH, ENTER "1"]

        _____ MONTHS     [RANGE: 1-12]

    REFUSED ....................................................................-7 [GO TO PN QA15_I39]
    DON'T KNOW .................................................................-8
What is the ONE MAIN reason (CHILD) did not have any health insurance during the time {he/she} wasn't covered?
Ano ang ISANG PANGUNAHING dahilan kung bakit walang health insurance si (CHILD) noong panahon na hindi {siya/siya} naka-insure?

<table>
<thead>
<tr>
<th>CF29</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF R SAYS, &quot;No need,&quot; PROBE WHY</td>
</tr>
</tbody>
</table>

| 1 | CAN'T AFFORD/TOO EXPENSIVE |
| 2 | NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB |
| 3 | NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS |
| 4 | NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS |
| 5 | FAMILY SITUATION CHANGED |
| 6 | DON'T BELIEVE IN INSURANCE |
| 7 | SWITCHED INSURANCE COMPANIES, OTHER PROBLEMS |
| 8 | CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE |
| 9 | OTHER (SPECIFY) |
| -7 | REFUSED |
| -8 | DON'T KNOW |
These next questions are about health insurance (TEEN) may have.

Ang mga sumusunod na mga tanong ay tungkol sa health insurance na maaaring mayroon si (TEEN).

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
Iisa ba ang insurance {ninyo/PANGALAN NG ADULT RESPONDENT} at ni (TEEN)?

**IA10A**

YES ...........................................................................1  [GO TO QA15_I58]
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW ...........................................................-8

**POST-NOTE QA15_I39:**
IF QA15_I39 = 1 AND ARMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPOWN = 1, SET TEMPOWN = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPSP = 1, SET TEMPSP = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AREMPPAR = 1, SET TEMPPAR = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND AROTHER = 1, SET TEOTHER = 1 AND SET TEINSURE = 1;
IF QA15_I39 = 1 AND ARIHS = 1, SET TEIHS = 1
IF QA15_I39 = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
PROGRAMMING NOTE QA15_I40:
IF SPINSURE ≠ 1 THEN SKIP TO QA15_I41;
ELSE IF QA15_I39 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA15_I41;
ELSE CONTINUE WITH QA15_I40

QA15_I40  Does (TEEN) have the same insurance as your spouse?
is sa ang insurance ni (TEEN) at ng inyong asawa?

   MA5

   YES ..........................................................1 [GO TO QA15_I58]
   NO .............................................................................2
   REFUSED .....................................................................-7
   DON'T KNOW ..........................................................-8

POST-NOTE QA15_I40:
IF QA15_I40 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOWN = 1, SET TEMPOWN = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPSP = 1, SET TEMSP = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPAR = 1, SET TEMPAR = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPEMPOTH = 1, SET TEMPOTH = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOTHGOV = 1, SET TEMPOTH = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPOOTHER = 1, SET Temother = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPIHS = 1, SET TEIHS = 1
IF QA15_I40 = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF QA15_I40 = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND
SPSAMECH = 1

PROGRAMMING NOTE QA15_I41:
IF CHINSURE ≠ 1, THEN SKIP TO QA15_I42;
ELSE IF (QA15_I39= 2 AND ARSAMECH = 1) OR (QA15_I40 = 2 AND SPSAMECH = 1), THEN SKIP TO QA15_I42;
ELSE CONTINUE WITH QA15_I41;
QA15_I41  Does (TEEN) have the same insurance as (CHILD)?
  lisa ba ang insurance ni (TEEN) at ni (CHILD)?

   | MA6   | YES ...........................................................................1 [GO TO PN QA15_I72]  
   |       | NO .............................................................................2  
   |       | REFUSED ..................................................................-7  
   |       | DON'T KNOW ......................................................-8  

POST-NOTE QA15_I41:
IF QA15_I41 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHMILIT = 1, SET TEMLIT = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA15_I41 = 1 AND CHIHS = 1, SET TEIHS = 1;
IF QA15_I41 = 1 AND CHOTHER = 1, SET TEOTHER = 1;
IF QA15_I41 = 1 AND CHHBEX = 1, SET TEHBEX = 1

QA15_I42  Is {he/she} currently covered by Medi-CAL?
  Naka-insure ba {siya/siya} sa kasalukuyan sa Medi-CAL?

   | IA1   | YES ...........................................................................1  
   |       | NO .............................................................................2  
   |       | REFUSED ..................................................................-7  
   |       | DON'T KNOW ......................................................-8  

POST-NOTE QA15_I42:
IF QA15_I42 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
QA15_I43 Is (TEEN) covered by a health insurance plan or HMO through your own or someone else’s employment or union?
Naka-insure ba si (TEEN) sa health insurance plan o sa HMO sa pamamagitan ng trabaho o union ninyo o ng ibang tao?

IA3

[INTERVIEW NOTE: CODE ‘YES’ IF R MENTIONS ‘SHOP’ PROGRAM THROUGH COVERED CALIFORNIA]

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_I45]
REFUSED ..................................................................-7 [GO TO QA15_I45]
DON’T KNOW .........................................................-8 [GO TO QA15_I45]

POST-NOTE QA15_I43:
IF QA15_I43 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA15_I44 Is this plan through an employer, through a union, or through Covered California’s SHOP program?
Nakuha ba itong plan sa pamamagitan ng isang employer, ng union, o ng SHOP program ng Covered California?

AI94

[IF NEEDED, SAY: “SHOP is the Small Business Health Options Program administered by Covered California”]
[IF NEEDED, SAY: "Ang SHOP ay ang Small Business Health Options Program na pinangangasiwaan ng Covered California."]

EMPLOYER ..............................................................1
UNION .......................................................................2
SHOP / COVERED CALIFORNIA ...............................3
OTHER (SPECIFY: _____________) ..................... 91
REFUSED ..................................................................-7
DON’T KNOW .........................................................-8

POST-NOTE FOR QA15_I44:
IF QA15_I44 = 3, THEN SET TEHBEX = 1

PROGRAMMING NOTE QA15_I45:
IF TEINSURE = 1 THEN GO TO QA15_I46;
ELSE CONTINUE WITH QA15_I45
QA15_I45  Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?
Naka-insure ba si (TEEN) sa health insurance plan na binili ninyo nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

IA4

[IF NEEDED, SAY: “Do not include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you "extra cash" if you are in a hospital”]
[IF NEEDED, SAY: “Huwag ninyong bilangin ang plan na nagbabayad lamang para sa tiyak na mga sakit kagaya ng cancer o stroke, o naglalaan lamang ng "ekstrang pera" kung ma-ospital kayo.”]

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

[GO TO PN QA15_I52]  [GO TO PN QA15_I52]  [GO TO PN QA15_I52]

POST-NOTE QA15_I45:
IF QA15_I45 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA15_I46:
IF TEDIRECT = 1, THEN CONTINUE WITH QA15_I46;
ELSE GO TO PROGRAMMING NOTE QA15_I47

QA15_I46  How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
Paano ninyo binili itong health insurance - direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

AI95  

INSURANCE COMPANY OR HMO .......................1
COVERED CALIFORNIA ..................................2
OTHER (SPECIFY: ____________) ................. 91
REFUSED .................................................-7
DON’T KNOW .............................................-8

POST-NOTE FOR QA15_I46:
IF QA15_I46 = 2, THEN SET TEHBEX = 1
PROGRAMMING NOTE QA15_I47
IF TEHBEX = 1, THEN CONTINUE WITH QA15_I47;
ELSE GO TO PROGRAMMING NOTE QA15_I49;

QA15_I47 Was this a bronze, silver, gold or platinum plan?
Bronze, silver, gold o platinum plan ba ito?

AI96

BRONZEBRONZE .................................................... 1
SILVERSILVER ......................................................... 2
GOLDDOUGOLD .............................................................. 3
PLATINUM .......................................................... PLATINUM 4
MEDI-CAL / MEDICAID ............................................ 5
MINIMUM COVERAGE PLAN/CATASTROPHIC ........ 6
OTHER (SPECIFY: ____________) ...................... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_I48
IF QA15_I44 = 3, THEN GO TO PN QA15_I49;
ELSE CONTINUE WITH QA15_I48;

QA15_I48 Was there a subsidy or discount on the premium for this plan?
Mayroon bang subsidy (pananalaping tulong) para sa o diskwento sa premium (buwanang bayad) para sa plan na ito?

AI97

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

PROGRAMMING NOTE QA15_I49:
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA15_I49;
ELSE GO TO PROGRAMMING NOTE QA15_I52

QA15_I49 Do you pay any or all of the premium or cost for (TEEN)’s health plan? Do not include the cost of any co-pays or deductibles you or your family may have had to pay.

Binabayaran ba ninyo ang anumang bahagi o ang lahat ng premium o gastos para sa health plan ni (TEEN)?
Huwag bilangin ang gastos para sa anumang mga co-pay o deductible na maaaring kinailangang bayaran ninyo o ng inyong pamilya.

AI55

[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."]
[IF NEEDED, SAY: "Ang mga co-pay ay ang inyong mga kabahaging bayad para sa pangangalagang pangkalahatang tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang may ibang nagbabayad para sa inyong pangunahing health care coverage."]
A deductible is the amount you pay for medical care before your health plan starts paying.

Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan.

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

Ang premium ang singil buwan-buwan para sa bayad sa inyong health insurance plan.

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

QA15_I50 Does anyone else, such as an employer, a union, or professional organization pay all or some portion of the premium or cost for (TEEN)'s health plan?

Mayroon bang iba pa, gaya ng employer, union, o samahang pampropesyonal, na nagbabayad ng lahat o ng bahagi ng premium o gastos sa health plan ni (TEEN)?

AI52

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

[GO TO PN QA15_I52]

QA15_I51 Who else pays all or some portion of the cost for (TEEN)'s health plan?

Sino pang iba ang nagbabayad ng lahat o ng bahagi ng gastos sa health plan ni (TEEN)?

AI53

[CODE ALL THAT APPLY.]

- CURRENT EMPLOYER
- FORMER EMPLOYER
- UNION
- SPOUSE'S/PARTNER'S CURRENT EMPLOYER
- SPOUSE'S/PARTNER'S FORMER EMPLOYER
- PROFESSIONAL/FRATERNAL ORGANIZATION
- MEDICAID/MEDI-CAL ASSISTANCE
- COVERED CALIFORNIA
- OTHER
- REFUSED
- DON'T KNOW

POST-NOTE QA15_I51:

If QA15_I51 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
If QA15_I51 = 7, SET TEMCAL = 1;
If QA15_I51 = 10, SET TEHBEX = 1;

PROGRAMMING NOTE QA15_I52:

If TEINSURE = 1, GO TO PROGRAMMING NOTE QA15_I57;
ELSE CONTINUE WITH QA15_I52
QA15_I52  Is {he/she} covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
Naka-insure ba {siya/siya} sa CHAMPUS/CHAMP-VA, TRICARE, VA o sa iba pang pangangalagang pangkalusugan ng militar?

IA6

YES .................................................................1 [GO TO PN QA15_I58]
NO .................................................................2
REFUSED ...................................................... -7
DON'T KNOW .................................................. -8

POST-NOTE QA15_I52:
IF QA15_I52 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

QA15_I53  Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, Healthy Kids or something else?
Naka-insure ba {siya/siya} sa iba pang health plan ng gobyerno, gaya ng AIM, "Mister MIP," Family PACT, Healthy Kids, o ng iba pa?

IA7

[IF NEEDED, SAY: "AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; Family PACT is the state program that pays for contraception/reproductive health services for uninsured lower income women and men."]
[IF NEEDED, SAY: "Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program; ang Family PACT ang programa ng estado na nagbabayad para sa serbisyong pangkalusugang para sa pagpipigil sa pagbubuntis/pag-aanak para sa mga hindi naka-insure na mga babae't lalake na mabababa ang kita."]

AIM .................................................................1 [GO TO PN QA15_I58]
"MISTER MIP"/MRMIP ..........................................2 [GO TO PN QA15_I58]
Family PACT ....................................................3 [GO TO PN QA15_I58]
HEALTHY KIDS .............................................4 [GO TO PN QA15_I58]
NO OTHER PLAN .............................................5
SOMETHING ELSE (SPECIFY: ____________) .......... 91 [GO TO PN QA15_I58]
REFUSED ...................................................... -7
DON'T KNOW .................................................. -8

POST-NOTE QA15_I53:
IF QA15_I53 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1
Other Coverage (Teen)  
**QA15_I54** Does {he/she} have any health insurance coverage through a plan that I missed?  
Naka-insure ba {siya/siya} sa anumang health insurance sa pamamagitan ng plan na hindi ko nabanggit?  

<table>
<thead>
<tr>
<th>IA8</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ..............................................................1 [GO TO PN QA15_I58]</td>
<td></td>
</tr>
<tr>
<td>NO ...............................................................2 [GO TO PN QA15_I58]</td>
<td></td>
</tr>
<tr>
<td>REFUSED .......................................................-7 [GO TO PN QA15_I58]</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ..................................................-8 [GO TO PN QA15_I58]</td>
<td></td>
</tr>
</tbody>
</table>
QA15_I55  What type of health insurance does (he/she) have? Does it come through Medi-CAL, an employer or union, or from some other source?
Anong uri ng health insurance ang mayroon siya? Nakuha ba ito sa pamamagitan ng Medi-CAL, isang employer o union, o mula sa iba pang pinagkukunan?

IA9

[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?”]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: “Nakukuha ba ninyo ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng eskwelahan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o direkt mula sa health plan?”]
[CIRCLE ALL THAT APPLY]

[PROBE: "Any others?"]
[PROBE: "May iba pa?"]

THROUGH CURRENT OR FORMER EMPLOYER/UNION ..........................................1
THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION..............................................2
PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE).................3
MEDICARE ..............................................................................4 (VERIFY)
MEDI-CAL ...........................................................................5
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE ......7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC........8
COVERED CALIFORNIA....................................................10
SHOP THROUGH COVERED CALIFORNIA ......................................11
OTHER GOVERNMENT HEALTH PLAN ..................................91
OTHER NON-GOVERNMENT HEALTH PLAN.....92
REFUSED ...........................................................................-7
DON'T KNOW .....................................................................-8

POST-NOTE QA15_I55:
IF QA15_I55_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA15_I55_3 = 1, SET TEDITECT = 1 AND TEINSURE = 1;
IF QA15_I55_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA15_I55_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA15_I55_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA15_I55_8 = 1, SET TEIHS = 1;
IF QA15_I55 = 10, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55 = 11, SET TEHBEX = 1 AND TEINSURE = 1;
IF QA15_I55_91 = 1, SET TEOOTHGOV = 1 AND TEINSURE = 1;
IF QA15_I55_92 = 1, SET TEOOTHER = 1 AND TEINSURE = 1;
IF QA15_I55 = -7 OR -8, SET TEINSURE = 1
**PROGRAMMING NOTE QA15_I56:**
IF QA15_I55I57 = 4 (TEEN HAS MEDICARE), CONTINUE WITH QA15_I56;
ELSE SKIP TO PROGRAMMING NOTE QA15_I57

**QA15_I56**
Just to verify, you said that (TEEN) gets health insurance through Medicare?
Upang beripikahin lamang, sinabi ba ninyo na nakakakuha si (TEEN) ng health insurance sa pamamagitan ng Medicare?

**IA9VER**
YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW ...........................................................-8

**PROGRAMMING NOTE QA15_I57:**
IF TEINSURE ≠ 1 CONTINUE WITH QA15_I57;
ELSE GO TO QA15_I58;

**QA15_I57**
What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
Ano ang ISANG pangunahing dahilan kung bakit hindi naka-enroll sa Medi-CAL program si (TEEN)?

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

**PROGRAMMING NOTE QA15_I58:**
IF QA15_I39 = 1 AND ARMCARE = 1 AND QA15_H9 = 1, THEN QA15_I58 = QA15_H9H8 AND QA15_I60 = QA15_H10 AND SKIP TO QA15_I61;
ELSE IF QA15_I39 = 1, THEN QA15_I58 = QA15_H60 AND QA15_I60 = QA15_H62 AND QA15_I61 = QA15_H63 AND GO TO PN QA15_I62;
ELSE IF QA15_I41 = 1, THEN QA15_I58 = QA15_I19 AND QA15_I60 = QA15_I21 AND QA15_I61 = QA15_I22 AND GO TO PN QA15_I62;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA15_I58;
ELSE GO TO PROGRAMMING NOTE QA15_I62
QA15_I58  Is (TEEN)'s main health plan an HMO, that is, a Health Maintenance Organization?
HMO, o Health Maintenance Organization, ba ang pangunahing health plan ni (TEEN)?

[IF NEEDED, SAY: “HMO stands for Health Maintenance Organization. With an HMO, {he/she/} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid unless it’s an emergency.”]
[IF NEEDED, SAY: “Ang kahulugan ng HMO ay Health Maintenance Organization. Sa HMO, kailangang gamitin {niya o niya} ang mga doktor at mga ospital na kaanib sa kanilang network, o pagkakaugnay. Kung lalabas {siya o siya} sa network, sa karaniwan hindi mababayaran ito maliban na lamang kung emergency ito.”]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: “{his/her} MAIN health plan.”]
[NOTE: IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: “ang PANGUNAHING health plan {niya o niya}.”]


YES ...........................................................................1  [GO TO QA15_I60_I59]
NO .............................................................................2
REFUSED ....................................................................-7
DON'T KNOW .................................................................-8

PROGRAMMING NOTE QA15_I59:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA15_I60;
ELSE CONTINUE WITH QA15_I59;

QA15_I59  Is (TEEN)'s health plan a PPO or EPO?
PPO o EPO ba ang health plan ni (TEEN)?

[IF NEEDED, SAY: “EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals, unless it’s an emergency and you can access doctors and specialists directly without a referral from your primary care provider.”]
[IF NEEDED, SAY: “Ang kahulugan ng EPO ay Exclusive Provider Organization. Sa EPO, kailangan ninyong gamitin ang mga doktor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doktor at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]

[IF NEEDED, SAY: “PPO stand for Preferred Provider Organization. With a PPO, you can use any doctors and hospitals, but you pay less if you use doctors and hospitals that belong to your plan’s network. Also, you can access doctors and specialists directly without a referral from your primary care provider.”]
[IF NEEDED, SAY: “Ang kahulugan ng PPO ay Preferred Provider Organization. Sa PPO, maaari kayong magpagamot sa sinumang mga doktor at sa anumang mga ospital, pero mas mababa ang bayad ninyo kapag nagpagamot kayo sa mga doktor at mga ospital na kaanib sa network ng plan ninyo. At saka, maaari kayong tuwiran magpagamot sa mga doktor at mga at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]
[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: “{His/Her} MAIN health plan.”]
[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: “Ang kanyang PANGUNAHING health plan.”]

PPO .................................................................1
EPO .................................................................2
OTHER (SPECIFY: ______________) ................. 91
REFUSED ..........................................................-7
DON'T KNOW ....................................................-8

QA15_I60
What is the name of (TEEN)’s main health plan?
Ako ang pangalan ng pangunahing health plan ni {TEEN}?

MA7

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

[NOTE: IF R HAS DIFFICULTY RECALLING NAME, PROBE: Mayroon bang insurance card si (TEEN) o anumang bagay kung saan nakasulat ang pangalan ng plan?]
<table>
<thead>
<tr>
<th>Insurance Plan</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIC HEALTH PLAN</td>
<td>33</td>
</tr>
<tr>
<td>GEM CARE HEALTH PLAN</td>
<td>34</td>
</tr>
<tr>
<td>GOLD COAST HEALTH PLAN</td>
<td>35</td>
</tr>
<tr>
<td>GOLDEN STATE MEDICARE HEALTH PLAN</td>
<td>36</td>
</tr>
<tr>
<td>HEALTH NET</td>
<td>38</td>
</tr>
<tr>
<td>HEALTH NET SENIORITY PLUS</td>
<td>39</td>
</tr>
<tr>
<td>HEALTH PLAN OF SAN JOAQUIN</td>
<td>40</td>
</tr>
<tr>
<td>HEALTH PLAN SAN JP AUTHORITY</td>
<td>41</td>
</tr>
<tr>
<td>HERITAGE PROVIDER NETWORK</td>
<td>42</td>
</tr>
<tr>
<td>HUMANA GOLD PLUS</td>
<td>43</td>
</tr>
<tr>
<td>HUMANA HEALTH PLAN</td>
<td>44</td>
</tr>
<tr>
<td>IEHP (INLAND EMPIRE HEALTH PLAN)</td>
<td>45</td>
</tr>
<tr>
<td>INTER VALLEY HEALTH PLAN</td>
<td>46</td>
</tr>
<tr>
<td>HEALTH ADVANTAGE</td>
<td>82</td>
</tr>
<tr>
<td>KAISER PERMANENTE</td>
<td>47</td>
</tr>
<tr>
<td>KAISER PERMANENTE SENIOR ADVANTAGE</td>
<td>48</td>
</tr>
<tr>
<td>KERN FAMILY HEALTH CARE</td>
<td>49</td>
</tr>
<tr>
<td>L.A. CARE HEALTH PLAN</td>
<td>50</td>
</tr>
<tr>
<td>MD CARE</td>
<td>51</td>
</tr>
<tr>
<td>MOLINA HEALTHCARE OF CALIFORNIA</td>
<td>54</td>
</tr>
<tr>
<td>MONARCH HEALTH PLAN</td>
<td>55</td>
</tr>
<tr>
<td>ON LOK SENIOR HEALTH SERVICES</td>
<td>56</td>
</tr>
<tr>
<td>PARTNERSHIP HEALTHPLAN OF CALIFORNIA</td>
<td>57</td>
</tr>
<tr>
<td>PIH HEALTH CARE SOLUTIONS</td>
<td>58</td>
</tr>
<tr>
<td>PREMIER HEALTH PLAN SERVICES</td>
<td>59</td>
</tr>
<tr>
<td>PRIMECARE MEDICAL NETWORK</td>
<td>60</td>
</tr>
<tr>
<td>PROVIDENCE HEALTH NETWORK</td>
<td>61</td>
</tr>
<tr>
<td>SCRIPPS HEALTH PLAN SERVICES</td>
<td>68</td>
</tr>
<tr>
<td>SEASIDE HEALTH PLAN</td>
<td>69</td>
</tr>
<tr>
<td>SAN FRANCISCO HEALTH PLAN</td>
<td>84</td>
</tr>
<tr>
<td>SANTA CLARA FAMILY HEALTH PLAN</td>
<td>90</td>
</tr>
<tr>
<td>SAN MATEO HEALTH COMMISION</td>
<td>86</td>
</tr>
<tr>
<td>SANTA BARBARA</td>
<td>88</td>
</tr>
<tr>
<td>SATELLITE HEALTH PLAN</td>
<td>92</td>
</tr>
<tr>
<td>SCAN HEALTH PLAN</td>
<td>67</td>
</tr>
<tr>
<td>SHARP HEALTH PLAN</td>
<td>70</td>
</tr>
<tr>
<td>SUTTER HEALTH PLAN</td>
<td>71</td>
</tr>
<tr>
<td>SUTTER SENIOR CARE</td>
<td>72</td>
</tr>
<tr>
<td>UNITED HEALTHCARE</td>
<td>73</td>
</tr>
<tr>
<td>UNITED HEALTHCARE SECURE HORIZON</td>
<td>74</td>
</tr>
<tr>
<td>UNIVERSITY HEALTHCARE ADVANTAGE</td>
<td>75</td>
</tr>
<tr>
<td>VALLEY HEALTH PLAN</td>
<td>76</td>
</tr>
<tr>
<td>VENTURA COUNTY HEALTH CARE PLAN</td>
<td>77</td>
</tr>
<tr>
<td>WESTERN HEALTH ADVANTAGE</td>
<td>78</td>
</tr>
<tr>
<td>CHAMPUS/CHAMP-VA</td>
<td>93</td>
</tr>
<tr>
<td>TRICARE/TRICARE FOR LIFE/TRICARE PRIME</td>
<td>87</td>
</tr>
<tr>
<td>VA HEALTH CARE SERVICES</td>
<td>89</td>
</tr>
<tr>
<td>MEDI-CAL</td>
<td>52</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>53</td>
</tr>
<tr>
<td>OTHER (SPECIFY: _____________)</td>
<td>85</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DONT KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
### QA15_I61
Is (TEEN) covered for prescription drugs?
Naka-insure ba si (TEEN) para sa inireresetang mga gamot?

<table>
<thead>
<tr>
<th>IA14</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

#### PROGRAMMING NOTE FOR QA15_I62:
IF [(ARINSURE ≠ 1 OR QA15_I39 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH QA15_I62; ELSE SKIP TO PN QA15_I67]

### QA15_I62
Does (TEEN)'s health plan have a deductible that is more than $1,000?
Mayroon bang deductible na higit sa $1,000 ang health plan ni (TEEN)?

<table>
<thead>
<tr>
<th>AI82</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>YES, ONLY WHEN GO OUT OF NETWORK</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

#### PROGRAMMING NOTE QA15_I63:
IF TEEMP = 1, THEN CONTINUE WITH QA15_I63; ELSE GO TO QA15_I61

### QA15_I63
Does (TEEN)'s health plan have a deductible that is more than $2,000?
Mayroon bang deductible na higit sa $2,000 ang health plan ni (TEEN)?

<table>
<thead>
<tr>
<th>AI87</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>YES, ONLY WHEN GO OUT OF NETWORK</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA15_I64  Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?
Mayroon bang deductible na higit sa $2,000 para sa lahat ng taong naka-insure ang health plan ni (TEEN)?

A
I83

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3 [GO TO PN QA15_I66]
REFUSED ...............................................................-7 [GO TO PN QA15_I66]
DON'T KNOW .........................................................-8

PROGRAMMING NOTE QA15_I65:
IF TEEMP = 1, THEN CONTINUE WITH QA15_I65;
ELSE GO TO PROGRAMMING NOTE QA15_I66

QA15_I65  Does (TEEN)'s health plan have a deductible for all covered persons that is more than $4,000?
Mayroon bang deductible na higit sa $4,000 para sa lahat ng taong naka-insure ang health plan ni (TEEN)?

A
I88

[IF NEEDED, SAY: “A deductible is the amount you have to pay before your plan begins to pay for your medical care.”]
[IF NEEDED, SAY: “Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.”]

YES ...........................................................................1
NO .............................................................................2
YES, ONLY WHEN GO OUT OF NETWORK ..........3
REFUSED ...............................................................-7
DON'T KNOW .........................................................-8

PROGRAMMING NOTE QA15_I66:
IF (QA15_I62 = 1 OR 3) OR (QA15_I63 = 1 OR 3) OR (QA15_I64 = 1 OR 3), CONTINUE WITH QA15_I66;
ELSE SKIP TO PROGRAMMING NOTE QA15_I67
**QA15_I66** Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses? Mayroon ba kayong tanging account o pondo na maaari ninyong gamiting pambayad sa mga gastos sa pagpapagamot ni (TEEN)?

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

**AI84**

[IF NEEDED, SAY: “The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs) or other similar accounts. Other account names include Personal care accounts, Personal medical funds, or Choice funds, and are different from employer provided Flexible Spending Accounts.”]

[IF NEEDED, SAY: Paminsan-minsan, tinatawag ang mga account na Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), o iba pang mga katulad na account. Kabilang sa mga iba pang pangalan ang Personal care accounts, Personal medical funds, o Choice funds, at naiba sa mga Flexible Spending Account, na ipinagkakaloob ng mga employer.”]

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

**PROGRAMMING NOTE QA15_I67:**
IF TEINSURE = 1, GO TO QA15_I72;
ELSE CONTINUE WITH QA15_I67

**QA15_I67** What is the **one main** reason (TEEN) does not have any health insurance? Ano ang **isang pangunahing** dahlilan na walang anumang health insurance si (TEEN)?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAN'T AFFORD/TOO EXPENSIVE ......................................1</td>
<td></td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB</td>
<td>2</td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS ..................3</td>
<td></td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS ..........4</td>
<td></td>
</tr>
<tr>
<td>FAMILY SITUATION CHANGED .........................................5</td>
<td></td>
</tr>
<tr>
<td>DONT BELIEVE IN INSURANCE ........................................6</td>
<td></td>
</tr>
<tr>
<td>SWITCHED INSURANCE COMPANIES, DELAY BETWEEN ....................7</td>
<td></td>
</tr>
<tr>
<td>CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE .................8</td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY: ________________) .............................91</td>
<td></td>
</tr>
<tr>
<td>REFUSED ...................................................................-7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ................................................................-8</td>
<td></td>
</tr>
<tr>
<td>OTHER (SPECIFY: ________________) ................................91</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ................................................................-8</td>
<td></td>
</tr>
</tbody>
</table>
**QA15_I68**  Was (TEEN) covered by health insurance at any time during the past 12 months?
May health insurance ba si (TEEN) sa anumang panahon nitong nakaraang 12 buwan?

---

**IA20**

YES ...........................................................................1  [GO TO QA15_I70]
NO .............................................................................2
REFUSED ......................................................................-7
DON'T KNOW ...............................................................-8

---

**QA15_I69**  How long has it been since (TEEN) last had health insurance?
Gaano katagal na mula noong huling may health insurance si (TEEN)?

---

**IA21**

MORE THAN 12 MONTHS, BUT NOT
MORE THAN 3 YEARS AGO ...................................1  [GO TO QA15_I78]
MORE THAN 3 YEARS AGO ...................................2  [GO TO QA15_I78]
NEVER HAD HEALTH INSURANCE COVERAGE ..........3  [GO TO QA15_I78]
REFUSED ......................................................................-7
DON'T KNOW/NOT SURE ............................................-8

---

**QA15_I70**  For how many of the last 12 months did {he/she} have health insurance?
Ilang buwan nitong nakaraang 12 buwan ba {siya/siya} may health insurance?

---

**IA22**

[INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS [HR: 0-12]  [IF 0, THEN GO TO PN QA15_I78]

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

---

**QA15_I71**  During that time when (TEEN) had health insurance, was {his/her} insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
Noong panahon na may health insurance si (TEEN), ang insurance ba niya ay Medi-CAL, isang plan na nakuha ninyo mula sa isang employer, isang plan na binili ninyo nang direktan mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

---

**IA23**

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: "May iba pa ba?"]

MEDI-CAL .................................................................1  [GO TO QA15_I78]
THROUGH CURRENT OR FORMER EMPLOYER/UNION .................................................................3  [GO TO QA15_I78]
PURCHASED DIRECTLY ........................................5  [GO TO QA15_I78]
COVERED CALIFORNIA ...........................................6  [GO TO QA15_I78]
OTHER HEALTH PLAN ........................................91  [GO TO QA15_I78]
REFUSED ......................................................................-7
DON'T KNOW ...............................................................-8
QA15_I72
Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?
Isipin ninyo ang kanyang kasalukuyang health insurance. Ito rin ba mismo ang insurance ni (TEEN) para sa KABUUAN ng nakaraang 12 buwan?

IA24

YES ...........................................................................1  [GO TO QA15_I78]
NO .............................................................................2
REFUSED ...........................................................................-7
DON'T KNOW ...............................................................-8

QA15_I73
When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she} have any other health insurance?
Noong hindi {siya/siya} naka-insure sa {kanyang/kanyang} kasalukuyang health insurance, mayroon ba {siyang/siyang} anumang iba pang health insurance?

IA25

YES ...........................................................................1
NO .............................................................................2  [GO TO QA15_I75]
REFUSED ...........................................................................-7  [GO TO QA15_I75]
DON'T KNOW ...............................................................-8  [GO TO QA15_I75]

QA15_I74
Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?
Medi-Cal ba ang iba pang insurance ninyo, isang plan na nukuha ninyo mula sa isang employer, isang plan na binili ninyo nang direkta mula sa insurance company, isang plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

IA26

[CODE ALL THAT APPLY.]
[PROBE: "Any others?"]
[PROBE: "May iba pa ba?"]

MEDI-CAL .............................................................................1
THROUGH CURRENT OR FORMER EMPLOYER/ UNION ..............................................................3
PURCHASED DIRECTLY ..............................................................5
COVERED CALIFORNIA ..............................................................6
OTHER HEALTH PLAN .............................................................91
REFUSED ...........................................................................-7
DON'T KNOW ...............................................................-8

QA15_I75
During the past 12 months, was there any time when {he/she} had no health insurance at all?
Nitong nakaraang 12 buwan, mayroon bang panahon na wala {siyang} anumang health insurance?

IA27

YES ...........................................................................1  [GO TO QA15_I78]
NO .............................................................................2  [GO TO QA15_I78]
REFUSED ...........................................................................-7  [GO TO QA15_I78]
DON'T KNOW ...............................................................-8  [GO TO QA15_I78]
QA15_I76 For how many of the past 12 months did (he/she) have no health insurance?
Ningtong nakaraang buwan, ilang buwan ba siya walang health insurance?

[IF < 1 MONTH, ENTER "1"]

____ MONTHS [RANGE: 1-12]
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

QA15_I77 What is the one main reason why (TEEN) did not have any health insurance during the time (he/she) wasn’t covered?
Ano ang isang pangunahing dahilan kung bakit walang health insurance si (TEEN) noong panahon na hindi (siya/siya) naka-insure?

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

CAN’T AFFORD/TOO EXPENSIVE .........................1
NOT ELIGIBLE DUE TO WORKING STATUS/
CHANGED EMPLOYER/LOST JOB .........................2
NOT ELIGIBLE DUE TO HEALTH OR
DELAY
BETWEEN ............................................................7
CAN GET HEALTH CARE FOR FREE/PAY
FOR
OWN CARE ..........................................................8
OTHER (SPECIFY: ____________) ....................... 91
REFUSED ............................................................... -7
DON'T KNOW .......................................................... -8

PROGRAMMING NOTE QA15_I78:
IF NOT ANSWERED IN SECTION H (AH103h = -1 AND KAH103h =-1), THEN CONTINUE;

[IF CHILD SELECTED]
IF CHINSURE ≠ 1 OR QA15_I29 = 2 OR QA15_I34 = 2 OR QA15_I36 = 1 OR QA15_I32 = (5, 6) OR QA15_I35 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA15_I78;

[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QA15_I68 = 2 OR QA15_I73 = 2 OR QA15_I75 = 1 OR QA15_I71 = (5, 6) OR QA15_I74 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA15_I78;

ELSE GO TO PROGRAMMING NOTE QA15_I95
QA15_I78  In the past 12 months, did you try to purchase a health insurance plan directly from an insurance company or HMO, or through Covered California?

Nitong nakaraang 12 buwan, sinubukan ba ninyong bumili ng health insurance plan nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?

AH103i

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

QA15_I79  Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

Iyon ba ay direkta mula sa insurance company o sHMO, o sa pamamagitan ng Covered California, o pareho mula sa insurance company at sa pamamagitan ng Covered California?

AH110i

DIRECTLY FROM AN INSURANCE COMPANY OR HMO, OR THROUGH COVERED CALIFORNIA, OR BOTH, FROM AN INSURANCE COMPANY, AND THROUGH COVERED CALIFORNIA 3

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

PROGRAMMING NOTE QA15_I80:
IF QA15_I79 = 1; THEN CONTINUE WITH QA15_I80 I84;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I80 I84 AND DISPLAY “First, think about your experience trying to purchase insurance directly from an insurance company or HMO.” ELSE GO TO PROGRAMMING NOTE QA15_I84;

QA15_I80  {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

{Una, isipin ninyo ang inyong karanasan sa pagsusumikap na bumili ng insurance nang direkta mula sa insurance company o sa HMO.}

How difficult was it to find a plan with the coverage you needed? Was it...

Gaano kahirap makahanap ng plan na may coverage na kailangan ninyo? Ito ba ay...

AH98i

Very difficult..........................................................1
Talagang mahirap .....................................................1
Somewhat difficult, .................................................2
Medyo mahirap, ......................................................2
Not too difficult, or ..................................................3
Hindi masyadong mahirap, o ....................................3
Not at all difficult? ..................................................4
Hindi mahirap kahit kaunti? ......................................4
REFUSED .............................................................-7
DON'T KNOW .....................................................-8
**QA15_I81**

How difficult was it to find a plan you could afford? Was it…
Gaano kahirap makahanap ng plan na kaya ninyo? Ito ba ay…

**AH99i**

- Very difficult, .................................1
- Talagang mahirap, ..............................1
- Somewhat difficult, ............................2
- Medyo mahirap, .................................2
- Not too difficult, or .............................3
- Hindi masyadong mahirap, o .............3
- Not at all difficult? ...........................4
- Hindi mahirap kahit kaunti? ...............4
- REFUSED .......................................-7
- DON’T KNOW .................................-8

**QA15_I82**

Did anyone help you find a health plan?
Mayroon bang sinumang tumulong sa inyo na humanap ng health plan?

**AH100i**

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

**QA15_I83**

Who helped you?
Sino ang tumulong sa inyo?

**AH101i**

- BROKER ........................................1
- FAMILY MEMBER/FRIEND ..............2
- INTERNET .....................................3
- OTHER (SPECIFY: _________________) ....91
- REFUSED ....................................-7
- DON’T KNOW ...............................-8

**PROGRAMMING NOTE QA15_I84!94:**

IF QA15_I79 = 2; THEN CONTINUE WITH QA15_I84;
IF QA15_I79 = 3; THEN CONTINUE WITH QA15_I84 AND DISPLAY “Now, think about your experience with Covered California.”
ELSE GO TO PROGRAMMING NOTE QA15_I88;
QA15_I84  {Now, think about your experience with Covered California.}
{Ngayon, isipin ang inyong karanasan sa Covered California}

How difficult was it to find a plan with the coverage you needed through Covered California?
Was it…
Gaano kahirap humanap ng plan na may coverage na kailangan ninyo sa pamamagitan ng Covered California? Ito ba ay…

AH111i

Very difficult,..............................................................1
Talagang mahirap, ...................................................1
Somewhat difficult, ...................................................2
Medyo mahirap, .......................................................2
Not too difficult, or .....................................................3
Hindi masyadong mahirap, o ....................................3
Not at all difficult? .....................................................4
Hindi mahirap kahit kaunti? .................................4
REFUSED ............................................................... -7
DON’T KNOW ...........................................................-8

QA15_I85  How difficult was it to find a plan you could afford? Was it…
Gaano kahirap humanap ng plan na abot-kaya ninyo? Ito ba ay…

AH112i

Very difficult,..............................................................1
Talagang mahirap, ...................................................1
Somewhat difficult, ...................................................2
Medyo mahirap, .......................................................2
Not too difficult, or .....................................................3
Hindi masyadong mahirap, o ....................................3
Not at all difficult? .....................................................4
Hindi mahirap kahit kaunti? .................................4
REFUSED ............................................................... -7
DON’T KNOW ...........................................................-8

QA15_I86  Did anyone help you find a health plan?
Mayroon bang tumulong sa inyong humanap ng health plan?

AH113i

YES ...........................................................................1
NO .............................................................................2  [GO TO QA15_I88]
REFUSED ............................................................... -7  [GO TO QA15_I88]
DON’T KNOW ...........................................................-8  [GO TO QA15_I88]
QA15_I87  Who helped you?
Sinong tumulong sa inyo?

<table>
<thead>
<tr>
<th>Options</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROKER</td>
<td>1</td>
</tr>
<tr>
<td>FAMILY MEMBER / FRIEND</td>
<td>2</td>
</tr>
<tr>
<td>INTERNET</td>
<td>3</td>
</tr>
<tr>
<td>CERTIFIED INSURANCE AGENTS</td>
<td>4</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ____________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_I88  Did you have all the information you felt you needed to make a good decision on a health plan?
Nasa inyo ba ang lahat ng impormasyon na sa tingin ninyo ay kailangan ninyo para makapagdesisyon nang mabuti tungkol sa health plan?

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

PROGRAMMING NOTE QA15_I89:
IF QA15_G8G9 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA15_I89;
ELSE GO TO QA15_I90;

QA15_I89  Were you able to get information about your health plan options in your language?
Nakakuha ba kayo ng impormasyon sa inyong wika tungkol sa mga maaari ninyong mapili sa health plan?

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

QA15_I90  Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?
Ang presyo ba ng plan na pinili ninyo ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

<table>
<thead>
<tr>
<th>Options</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERY IMPORTANT</td>
<td>1</td>
</tr>
<tr>
<td>SOMewhat IMPORTANT</td>
<td>2</td>
</tr>
<tr>
<td>NOT IMPORTANT</td>
<td>3</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA15_I91 Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
Ang abilidad ba na makapagpagamot sa isang partikular na doctor ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

**AH118i**

- **VERY IMPORTANT** ..................................................1
- **SOMewhat IMPORTANT** ........................................2
- **NOT IMPORTANT** ..................................................3
- **REFUSED** ..........................................................-7
- **DON’T KNOW** ......................................................-8

QA15_I92 Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
Ang abilidad ba na makapagpagamot sa isang partikular na ospital ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

**AH119i**

- **VERY IMPORTANT** ..................................................1
- **SOMewhat IMPORTANT** ........................................2
- **NOT IMPORTANT** ..................................................3
- **REFUSED** ..........................................................-7
- **DON’T KNOW** ......................................................-8

QA15_I93 Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?
Iyong mapagpipiliang mga doktor ba na kaanib sa network ng plan ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

**AH120i**

- **VERY IMPORTANT** ..................................................1
- **SOMewhat IMPORTANT** ........................................2
- **NOT IMPORTANT** ..................................................3
- **REFUSED** ..........................................................-7
- **DON’T KNOW** ......................................................-8

**PROGRAMMING NOTE QA15_I94:**

- IF QA15_I8 = 1 OR QA15_I47 = 1, THEN DISPLAY “Bronze”
- ELSE IF QA15_I8 = 2 OR QA15_I47 = 2, THEN DISPLAY “Silver”
- ELSE IF QA15_I8 = 3 OR QA15_I47 = 3, THEN DISPLAY “Gold”
- ELSE IF QA15_I8 = 4 OR QA15_I47 = 4, THEN DISPLAY “Platinum”
- ELSE IF QA15_I8 = 6 OR QA15_I47 = 6, THEN DISPLAY “Minimum coverage”
- ELSE DISPLAY “”;
Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage/ Coverage} plan? Was it the cost, that you could get care from a specific doctor, that you could go to a certain hospital, the choice of providers in your plan's network, or was it something else?

Pangwakas, ano ang nagaring pinaka-importanteng dahilan kung bakit pinili ninyo ang {Bronze/Silver/Gold/Platinum} plan? Iyon ba ay ang presyo, ang abilidad ninyong magpagamot sa isang partikular na doctor, ang abilidad ninyong makapunta sa isang partikular na ospital, ang mga mapagpipiliang mga provider na kaanib sa network ng inyong plan, o iba pang dahilan?

- COST .................................................................1
- SPECIFIC DOCTOR ..........................................2
- SPECIFIC HOSPITAL .......................................3
- CHOICE OF DOCTORS IN NETWORK .............4
- OTHER (SPECIFY: ____________) ..................91
- REFUSED .......................................................-7
- DON'T KNOW ..................................................-8
PROGRAMMING NOTE QA15_I95:
IF NO TEEN SELECTED, GO TO SECTION J;
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA15_I95  In what country was (TEEN)’s (mother/father) born?
Saang bansa ipinanganak ang (nanay/tatay) ni (TEEN)?

[FOR CHILDREN 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
PROGRAMMING NOTE QA15_I96:
IF QA15_I95I99 = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO SECTION J;
ELSE CONTINUE WITH QA15_I96;
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”

QA15_I96
Does (TEEN)’s {mother/father} now live in the U.S.?
Nakatira ba ngayon sa U.S. ang {nanay/tatay} ni (TEEN)?

AI57
YES .................................................................1
NO .................................................................2
MOTHER/FATHER DECEASED ..............................3
MOTHER/FATHER NEVER LIVED IN US ...............4
REFUSED ..........................................................-7
DON’T KNOW .....................................................-8

PROGRAMMING NOTE QA15_I97:
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”;
IF QA15_I96I95 = 3 (MOTHER/FATHER DECEASED), DISPLAY “Was”;
ELSE DISPLAY “Is”

QA15_I97
{Is/Was} (TEEN)’s {mother/father} a citizen of the United States?
{Ngayon ba,/Dati bang} citizen ng United States ang {nanay/tatay} ni (TEEN)?

AI58
[IF R SAYS HE/SHE IS A NATURALIZED CITIZEN, CODE YES]
YES .................................................................1 [GO TO PN QA15_I99]
NO .................................................................2
APPLICATION PENDING ........................................3
REFUSED ..........................................................-7
DON’T KNOW .....................................................-8

PROGRAMMING NOTE QA15_I98:
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”;
IF QA15_I96 = 3 (MOTHER/FATHER DECEASED), DISPLAY “Was”;
ELSE DISPLAY “Is”

QA15_I98
{Is/Was} (TEEN)’s {mother/father} a permanent resident with a green card?
{Ngayon ba,/Dati bang} permanent resident na may green card ba ang {nanay/tatay} ni (TEEN)?

AI59
[IF NEEDED, SAY: “People usually call this a “Green Card” but the color can also be pink, blue, or white.”]
[IF NEEDED, SAY: Karaniwang tinatawag ito na “Green Card” ngunit maaari ding rosas, asul o puti ang kulay nito.”]
YES .................................................................1
NO .................................................................2
APPLICATION PENDING ......................................3
REFUSED ..........................................................-7
DON’T KNOW .....................................................-8
PROGRAMMING NOTE QA15_I99:
IF QA15_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA15_A5 = 2 (R IS FEMALE), DISPLAY “father”

QA15_I99 About how many years has (TEEN)’s {mother/father} lived in the United States?
Humigit-kumulang, ilang taon nang nakatira sa United States ang {nanay/tatay} ni (TEEN)?

AI60 [IF < 1 YEAR, ENTER "1"]

_____ NUMBER OF YEARS

_____ YEAR FIRST COME AND LIVE IN U.S.

MOTHER/FATHER DECEASED .........................3
MOTHER/FATHER NEVER LIVED IN US ............4
REFUSED ......................................................-7
DON’T KNOW .................................................-8
Section J – Health Care Utilization and Access

**PROGRAMMING NOTE QA15_J1:**
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”

**QA15_J1**
{Now, I'd like to ask about the health care you receive.} During the past 12 months, how many times have you seen a medical doctor?
{Ngayon, gusto kong magtanong tungkol sa pangangalagang pangkalusugan na tinatanggap ninyo.} Nitong nakaraang 12 buwan, ilang beses na kayong nagpatingin sa medical doctor?

<table>
<thead>
<tr>
<th>AH5</th>
<th>_____ TIMES [HR: 0-365]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED ........................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ......................................................... -8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_J2:**
IF QA15_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA15_J2; ELSE GO TO PROGRAMMING NOTE QA15_J3

**QA15_J2**
About how long has it been since you last saw a doctor about your own health?
Humigit-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa medical doctor tungkol sa inyong kalusugan?

<table>
<thead>
<tr>
<th>AH6</th>
<th>ONE YEAR AGO OR LESS.........................0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MORE THAN 1 UP TO 2 YEARS AGO ............1</td>
</tr>
<tr>
<td></td>
<td>MORE THAN 2 UP TO 5 YEARS AGO ............2</td>
</tr>
<tr>
<td></td>
<td>MORE THAN 5 YEARS AGO ......................3</td>
</tr>
<tr>
<td></td>
<td>NEVER.............................................4</td>
</tr>
<tr>
<td></td>
<td>REFUSED........................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW........................................ -8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA15_J3:**
IF QA15_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIPTO PROGRAMMING NOTE QA15_J4; ELSE CONTINUE WITH QA15_J3
About how long has it been since you last saw a doctor or medical provider for a routine check-up?
Humigit-kumulang, gaano katagal na mula noong huling nagpatingin kayo sa doktor o iba pang medical provider para sa isang routine check-up?

[JF NEEDED: A routine check-up is a visit not for an illness or problem. This visit may include questions about health behaviors such as smoking.]

ONE YEAR AGO OR LESS .................................0
MORE THAN 1 UP TO 2 YEARS AGO ...............1
MORE THAN 2 UP TO 5 YEARS AGO ...............2
MORE THAN 5 YEARS AGO ............................3
NEVER ..........................................................4
REFUSED .......................................................-7
DON'T KNOW ..................................................-8

Do you have a personal doctor or medical provider who is your main provider?
Mayroon ba kayong personal doctor o medical provider na siyang main provider ninyo?

[JF 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 QA15_J4:
IF QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J4;
ELSE GO TO PROGRAMMING NOTE QA15_J5]

[PROGRAMMING NOTE QA15_J5:
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA15_J5;
ELSE GO TO PROGRAMMING NOTE QA15_J7]
QA15_J5  How often does your doctor or medical provider listen carefully to you? Would you say...
Gaano kadalas kayo pinakikinggan nang mabuti ng inyong doktor o medical provider?
Masasabi ba ninyo na...

AJ112

Never.................................................................1
Hindi kailanman.................................................1
Sometimes......................................................2
Paminsan-minsan..............................................2
Usually, or.........................................................3
Karaniwan, o.....................................................3
Always...........................................................4
Palagi? ............................................................4
REFUSED .........................................................7
DON'T KNOW ....................................................8

QA15_J6  How often does your doctor or medical provider explain clearly what you need to do to take care of your health? Would you say...
Gaano kadalas ipinaliliwanag ng inyong doktor o medical provider kung ano ang kailangan ninyong gawin upang pangalagaan ang inyong kalusugan? Masasabi ba ninyo na...

AJ113

Never.................................................................1
Hindi kailanman.................................................1
Sometimes......................................................2
Paminsan-minsan..............................................2
Usually, or.........................................................3
Karaniwan, o.....................................................3
Always...........................................................4
Palagi? ............................................................4
REFUSED .........................................................7
DON'T KNOW ....................................................8

PROGRAMMING NOTE QA15_J7:
IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J7;
ELSE GO TO PROGRAMMING NOTE QA15_J9;
IF QA15_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY “your”;
ELSE DISPLAY “a”;
QA15_J7  Please tell me yes or no. In the past 12 months, did you try to get an appointment to see (your/a) doctor or medical provider within two days because you were sick or injured? Nitong nakaraang 12 buwan, sinubukan ba ninyong makipag-appointment upang magpatimplin sa inyong doctor o medical provider sa loob ng dalawang araw dahil nagkasakit o nasaktan kayo?

AJ102

[IF NEEDED, SAY: Do not include urgent care or emergency care visits. I am only asking about appointments.]
[IF NEEDED, SAY: "Huwag bilangin ang pagpapatingin sa urgent care, o pagpapagamot sa emergency. Tungkol sa mga appointment lamang ang tanong ko." ]

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

QA15_J8  How often were you able to get an appointment within two days? Would you say...
Gaano kadalas kayo nakakuha ng appointment sa loob ng dalawang araw? Masasabi ba ninyo na...

AJ103

Never, ........................................................................1
Hindi kailanman,........................................................1
Sometimes, ...............................................................2
Paminsan-minsan .....................................................2
Usually, or .................................................................3
Karaniwan, o .............................................................3
Always? .....................................................................4
Palagi? .................................................................4
REFUSED .....................................................................7
DON’T KNOW ..................................................................8

QA15_J9J12 During the past 12 months, did you receive care from a doctor or health professional through a video or telephone conversation rather than an office visit?
Nitong nakaraan 12 buwan, tumanggap ba kayo ng pangangalaga mula sa isang doktor o health professional sa pamamagitan ng isang salitaan na video o sa telepono sa halip ng isang dalaw sa kanyang opisina?

AJ152

[IF NEEDED, SAY: “Do not include calls about appointments or prescription refills. Do not include calls made to a nurse helpline.”]

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................7
DON’T KNOW ..................................................................8
QA15_J10  Was this the care for a skin or eye problem, an emotional or mental health problem, or some other health problem?
   Itong pagpapagamot ba ay para sa isang problema sa balat o mata, isang problema sa emosyon o kalusugan ng kaisipan, o iba pang problema sa kalusugan?

AJ153

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

[PROBE: “May iba pa ba?”]
SKIN PROBLEM .......................................................1
EYE PROBLEM ........................................................2
MENTAL OR EMOTIONAL OR MENTAL HEALTH PROBLEM 3
OTHER HEALTH PROBLEM
(SPECIFY: ____________) ................................... 91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_J11:
IF QA15_J1 > 0 OR QA15_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA15_J11;
ELSE GO TO PROGRAMMING NOTE QA15_J16

QA15_J11  The last time you saw a doctor, did you have a hard time understanding the doctor?
   Noong huli kayong nagpatingin sa doktor, nahirapan ba kayong intindihin ang doktor?

AJ8

YES ...........................................................................1 [GO TO PN QA15_J13]
NO .............................................................................2 [GO TO QA15_J16]
REFUSED ............................................................... -7 [GO TO QA15_J16]
DON'T KNOW ......................................................... -8 [GO TO QA15_J16]

PROGRAMMING NOTE QA15_J12:
IF QA15_J11 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA15_G7 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA15_J12;
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME QA15_J12 WAS ASKED;
ELSE SKIP TO PROGRAMMING NOTE QA15_J16
**QA15_J12J15** In what language did the doctor speak to you?
Sa anong wika kayo kinausap ng doktor?

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td>1</td>
</tr>
<tr>
<td>SPANISH</td>
<td>2</td>
</tr>
<tr>
<td>CANTONESE</td>
<td>3</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>4</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>5</td>
</tr>
<tr>
<td>MANDARIN</td>
<td>6</td>
</tr>
<tr>
<td>KOREAN</td>
<td>7</td>
</tr>
<tr>
<td>ASIAN INDIAN LANGUAGES</td>
<td>8</td>
</tr>
<tr>
<td>RUSSIAN</td>
<td>9</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ____________)</td>
<td>91</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

**QA15_J13J16** Was this because you and the doctor spoke different languages?
Ito ba ay dahil kayo at ang doctor ninyo ay nagsasalita ng magkaibang wika?

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

**QA15_J14J17** Did you need someone to help you understand the doctor?
Nangailangan ba kayo ng ibang tao upang maintindihan ninyo ang doctor?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
**QA15_J15J18**  Who was this person who helped you understand the doctor?

Sino ang tumulong sa inyo na maintindihan ang doktor?

**AJ11**  

[IF R RESPONDS “MY CHILD,” PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS “ADULT FAMILY MEMBER”.

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

**PROGRAMMING NOTE QA15_J16:**

IF QA15_G8 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA15_J16;
ELSE GO TO PROGRAMMING NOTE QA15_J17

**QA15_J16**  In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

Sa California, may karapatan kayong humingi ng tulong mula sa interpreter nang walang bayad para sa pagpapatingin ninyo. Alam ba ninyo ito bagong ngayong araw?

**AJ105**  

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

**PROGRAMMING NOTE QA15_J17J20:**

IF [ARINSURE = 1 OR QA15_H78 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA15_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA15_J17J20;
ELSE GO TO QA15_J19J22
QA15_J17  In the past 12 months, did you change where you usually go for health care?
Nitong huling 12 buwan, iniba ba ninyo ang karaniwan ninyong pinupuntahan para sa pagpapagamot?

AJ106

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

QA15_J18  Did you have to change because of your health insurance plan?
Kinailangan ba ninyong ibahin dahil sa inyong health insurance plan?

AJ107

[IF NEEDED, SAY: “Did you have to change where you usually go for health care because of a reason related to your health insurance plan?”]
IKAIILANGAN BA NINYO IBABIN ANG LUGAR KUNGA SAAN KAYO KARANIWANG PUMPUNTA PARA SA PAGPAPAGAMOT SA DAHILANG MAY-KINALAMAN SA INYONG HEALTH INSURANCE PLAN?

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

QA15_J19  During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?
Nitong nakaraang 12 buwan, ipinagpaliban ba ninyo bumili o kaya'y hindi kayo bumili ng gamot na inireseta sa inyo ng doktor?

AH16

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

QA15_J20  Was cost or lack of insurance a reason why you delayed or did not get the prescription?
Ang gastos ba o ang kawalan ng insurance ang dahilan na ipinagpaliban ninyo ang pagbili ng reseta o hindi ninyo binili ang reseta?

AJ19

YES ...........................................................................1
NO .............................................................................2
REFUSED .....................................................................-7
DON'T KNOW .............................................................-8
**QA15_J21**  During the past 12 months, did you delay or not get any other medical care you felt you needed—such as seeing a doctor, a specialist, or other health professional?

- **AH22**
  - YES ...........................................................................1
  - NO .............................................................................2
  - REFUSED ................................................................--------7
  - DON'T KNOW ..................................................................8

**QA15_J22**  Did you get the care eventually?
Nagamot din ba kayo sa bandang huli?

- **AJ129**
  - YES ...........................................................................1
  - NO .............................................................................2
  - REFUSED ................................................................--------7
  - DON'T KNOW ..................................................................8

**QA15_J23**  Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?
Ang gastos ba o ang kawalan ng insurance ang dahilan na ipinagpaliban ninyo ang pagpapagamot o na hindi kayo nakapagpatingin para sa pagpapagamot na nadama ninyong kinakailangan ninyo?

- **AJ20**
  - YES ...........................................................................1
  - NO .............................................................................2
  - REFUSED ................................................................--------7
  - DON'T KNOW ..................................................................8

**QA15_J24**  Was that the main reason?
Iyon ba ang pangunahing dahilan?

- **AJ130**
  - YES ...........................................................................1
  - NO .............................................................................2
  - REFUSED ................................................................--------7
  - DON'T KNOW ..................................................................8
What was the **one** main reason why you delayed getting the care you felt you needed?

Ano ang **pangunahing** dahilan sa inyong pagpapaliban ng pagpapagamot na sa tingin ninyong kinakailangan ninyo?

COULDN'T GET APPOINTMENT ....................... 1
MY INSURANCE NOT ACCEPTED ..................... 2
INSURANCE DID NOT COVER .......................... 3
LANGUAGE PROBLEMS ................................... 4
TRANSPORTATION PROBLEMS ........................ 5
HOURS NOT CONVENIENT .............................. 6
NO CHILD CARE FOR CHILDREN AT HOME ........ 7
FORGOT OR LOST REFERRAL ......................... 8
I DIDN'T HAVE TIME ...................................... 9
COULDN'T AFFORD/COST TOO MUCH ............ 10
NO INSURANCE ............................................ 11
OTHER (SPECIFY: ____________) ................... 91
REFUSED ..................................................... 7
DON'T KNOW .............................................. 8

The next questions ask about specialists. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

**[IF NEEDED: Do not include dental visits.]**

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

During the past 12 months, did you have any trouble finding a medical specialist who would see you?

Nitong nakaraang 12 buwan, nahirapan ba kayong makahanap ng espesyalistang doktor na titingin sa inyo?

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

During the past 12 months, did a medical specialist’s office tell you that they would not take you as a new patient?

Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng espesyalistang doktor na hindi nila kayo tatanggapin bilang bagong pasyente?

YES ............................................................... 1
NO ................................................................. 2
REFUSED ....................................................... 7
DON'T KNOW ................................................ 8
<table>
<thead>
<tr>
<th><strong>QA15_J29</strong></th>
<th>During the past 12 months, did a medical specialist’s office tell you that they did not take your main health insurance?</th>
</tr>
</thead>
</table>
| **AJ139**    | YES ...........................................................................1  
|              | NO .............................................................................2  
|              | REFUSED ......................................................................7  
|              | DON'T KNOW ..................................................................8  |

<table>
<thead>
<tr>
<th><strong>QA15_J30</strong></th>
<th>Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?</th>
</tr>
</thead>
</table>
| **AJ133**    | YES ...........................................................................1  
|              | NO .............................................................................2  
|              | REFUSED ......................................................................7  
|              | DON'T KNOW ..................................................................8  |

<table>
<thead>
<tr>
<th><strong>QA15_J31</strong></th>
<th>During the past 12 months, did a doctor’s office tell you that they would not take you as a new patient?</th>
</tr>
</thead>
</table>
| **AJ134**    | YES ...........................................................................1  
|              | NO .............................................................................2  
|              | REFUSED ......................................................................7  
|              | DON'T KNOW ..................................................................8  |

| **PROGRAMMING NOTE QA15_J29:**  
**IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA15_J29; ELSE SKIP TO QA15_J30** |

| **QA15_J32:**  
**J41** | During the past 12 months, did a doctor’s office tell you that they would not take your main health insurance? |
|----------|----------------------------------------------------------------------------------------------------------|
| **AJ135**| YES ...........................................................................1  
|          | NO .............................................................................2  
|          | REFUSED ......................................................................7  
|          | DON'T KNOW ..................................................................8  |
Internet Use

**QA15_J33** Have you ever used the Internet?
Gumit na ba kayo kailanman ng Internet?

**[AJ108]**

[Interviewer Note: This includes sending or receiving email, using Facebook, Twitter, etc. Include using a computer, phone, tablet, or any other electronic device for accessing the Internet.]

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

**QA15_J34** In the past 12 months, did you use the internet to look for health or medical information?
Nitong nakaraang 12 buwan, ginamit ba ninyo ang internet upang humanap ng impormasyong pangkalusugan o medical information.

**[AJ109]**

[If needed, say: “Include information about disease symptoms, diet, or nutrition, physical activity, healthcare providers, and health insurance plans.”]
[If needed, say: “Bilangin ang impormasyon tungkol sa mga sintomas ng mga karamdaman, pagkain na kinakain araw-araw, nutrisyon, mga pisikal na gawain, mga healthcare provider, at mga health insurance plan.”]

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

**PROGRAMMING NOTE QA15_J35_J46:**
If QA15_A5 = 1 (Male) or age > 44 years old then go to PN QA15_J41; J52; else continue with QA15_J35_J46;

**QA15_J35** During the past 12 months, have you received counseling or information about birth control from a doctor or medical provider?
Nitong nakaraang 12 buwan, nakatanggap ba kayo mula sa doktor o medical provider ng counseling o impormasyon tungkol sa pagbubuntis?

**[AJ140]**

- YES ................................................................. 1
- NO ................................................................. 2
- REFUSED ....................................................... -7
- DON’T KNOW .................................................. -8
QA15_J36  
During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor or medical provider?  
Nitong nakaraang 12 buwan, nakatanggap ba kayo mula sa doktor o medical provider ng paraan sa pagpiggil sa o reseta para sa pagpiggil sa pagbubuntis?

[INTERVIEWER NOTE: CODE ‘YES’ IF R MENTIONS VASECTOMY OF PARTNER]

YES ...........................................................................1
NO .............................................................................2
REFUSED ......................................................................-7 [GO TO QA15_J39]
DON’T KNOW .............................................................-8 [GO TO QA15_J39]

QA15_J37  
What MAIN birth control method or prescription did you receive?  
Anong PANGUNAHING paraan o reseta na pampigil sa pagbubuntis ang inyong nakuha?

[INTERVIEWER NOTE: IF MORE THAN ONE METHOD, ASK: “Which method did you receive most recently?”]

[INTERVIEWER NOTE: IF MORE THAN ONE METHOD, ASK: “Anong paraan ang huli ninyong nakuha?”]

[INTERVIEWER NOTE: IF TWO METHODS WERE RECEIVED AT THE SAME TIME, MARK THE ONE THAT APPEARS FIRST ON THE LIST BELOW.]

TUBAL LIGATION (TUBES TIED OR CUT) .............1
VASECTOMY (MALE STERILIZATION) ...............2
IUD (MIRENA, PARAGARD) ...............................3
IMPLANT (IMPLANON, NEXPLANON) ..................4
BIRTH CONTROL PILLS .........................................5
OTHER HORMONAL METHODS  
(INJECTION/DEPO-PROVERA, PATCH,  
VAGINAL RING/NUVA RING) .........................6
CONDOMS (MALE) ................................................7
OTHER (SPECIFY: __________) ......................... 91
REFUSED ......................................................................-7
DON’T KNOW .............................................................-8

QA15_J38J49  
Where did you receive the main birth control method or prescription?  
Saan ninyo natanggap ang pangunahing paraan o reseta na pampigil sa pagbubuntis?

PRIVATE DOCTOR’S OFFICE ...........................................1
HMO FACILITY ...........................................................2
HOSPITAL OR HOSPITAL CLINIC .........................3
PLANNED PARENTHOOD .........................................4
COUNTY HEALTH DEPARTMENT, FAMILY  
PLANNING CLINIC, COMMUNITY CLINIC .............5
SCHOOL OR SCHOOL-BASED CLINIC .................6
EMPLOYER OR COMPANY CLINIC ..........................7
INDIAN HEALTH SERVICE ........................................8
PHARMACY ..............................................................9
SOME OTHER PLACE (SPECIFY: __________) 91
REFUSED ......................................................................-7
DON’T KNOW .............................................................-8
PROGRAMMING NOTE QA15_J39:
IF QA15_E1 = 1 (PREGNANT), GO TO QA15_J44;
IF QA15_A5 = 2 (FEMALE) AND IF QA15_D18 = 2 (GAY, LESBIAN, OR HOMOSEXUAL), GO TO
QA15_J44;
IF QA15_J37 = 1 OR 2 (TUBAL LIGATION OR VASECTOMY), GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J39

QA15_J39
Are you or your male sex partner currently using a birth control method to prevent
pregnancy? This includes male or female sterilization.
Gumagamit ba kayo o ang inyong lalaking katalik ng isang paraan na pampigil sa
pagbubuntis upang mahadlangan ang pagkabuntis? Kabilang dito ang male o female
sterilization

AF40
[IF NEEDED, SAY: “Sterilization includes having your tubes tied, getting a vasectomy,
or having an operation so you cannot have children.”]
[IF NEEDED, SAY: “Kabilang sa sterilization ang pagpapatali (tubal ligation at
vasectomy) o pagpapa-opera upang hindi maaaring magkaroon ng mga anak.”]

YES ...........................................................................1
NO .............................................................................2
NO MALE SEXUAL PARTNER ................................3
REFUSED ...............................................................-7
DON’T KNOW ..........................................................-8

QA15_J40
Which birth control method or methods are you using?
Aling paraan o mga paraan ng pampigil sa pagbubuntis ang inyong ginagamit?

AJ154
[CODE ALL THAT APPLY]
[PROBE: “Any others?”]
[PROBE: “May iba pa ba?”]

TUBAL LIGATION (TUBES TIED OR CUT) ..............1
VASECTOMY (MALE STERILIZATION) .............2
IUD (MIRENA, PARAGARD) .........................3
IMPLANT (IMPLANON, NEXPLANON) ...........4
BIRTH CONTROL PILLS .................................5
OTHER HORMONAL METHODS
(INJECTION/DEPO-PROVERA, PATCH,
VAGINAL RING/NUVA RING) .......................6
CONDOMS (MALE) ...........................................7
OTHER (SPECIFY: ____________) .................. 91
REFUSED ..........................................................-7
DON’T KNOW ...................................................-8
PROGRAMMING NOTE QA15_J41:
IF AGE >44 YEARS OLD OR AA3=2 (FEMALE) THEN GO TO QA15_J44;
ELSE CONTINUE WITH QA15_J41;

QA15_J41  During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?
Nitong nakaraang 12 buwan, nakatanggap ba kayo mula sa doktor o medical provider ng counseling o impormasyon tungkol a pagpigil sa pagbubuntis para sa lalaki o para sa babaef

AJ144

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

QA15_J42  During the past 12 months, have you received a male birth control method such as a condoms or vasectomy from a doctor or medical provider?
Nitong nakaraang 12 buwan, nakatanggap ba kayo ng isang paraang pampigil sa pagbubuntis para sa lalaki gaya ng mga condom o vasectomy mula sa doctor o medical provider?

AJ145

YES ...............................................................1
NO ...............................................................2  [GO TO QA15_J44]
REFUSED ....................................................-7  [GO TO QA15_J44]
DON’T KNOW .................................................-8  [GO TO QA15_J44]

QA15_J43  Where did you receive it?
Saan ninyo natanggap ito?

AJ146

PRIVATE DOCTOR’S OFFICE .........................1
HMO FACILITY ..............................................2
HOSPITAL OR HOSPITAL CLINIC ..................3
PLANNED PARENTHOOD ...............................4
COUNTY HEALTH DEPARTMENT, FAMILY
PLANNING CLINIC, COMMUNITY CLINIC .......5
SCHOOL OR SCHOOL-BASED CLINIC ..........6
EMPLOYER OR COMPANY CLINIC ...............7
INDIAN HEALTH SERVICE ............................8
PHARMACY ....................................................9
SOME OTHER PLACE (SPECIFY: __________) . 91
REFUSED ....................................................-7
DON’T KNOW .................................................-8
Dental Health

QA15_J44  These next questions are about dental health.
Tungkol sa kalusugan ng ngipin ang sumusunod na mga tanong.

About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

(CHIS 2016)

Humigit-kumulang, gaano katagal na mula noong huli kayong nagpatingin sa dentista o sa pagamutan ng ngipin? Bilangin ang mga hygienist at lahat ng uri ng mga espesyalista sa ngipin.

HAVE NEVER VISIT ......................................................... 0 [GO TO QA15_J46]
6 MONTHS AGO OR LESS .............................................. 1
MORE THAN 6 MONTHS UP TO 1 YEAR AGO .............. 2
MORE THAN 1 YEAR UP TO 2 YEARS AGO .............. 3
MORE THAN 2 YEARS UP TO 5 YEARS AGO .............. 4
MORE THAN 5 YEARS AGO ........................................... 5
REFUSED ......................................................................... -7 [GO TO QA15_J46]
DON'T KNOW ................................................................... -8 [GO TO QA15_J46]

QA15_J45  Was it for a routine checkup or cleaning, or was it for a specific problem?
Para ba ito sa rutinang checkup o paglilinis, o para sa partikular na problema?

AJ167

ROUTINE CHECKUP OR CLEANING ..........................1
SPECIFIC PROBLEM .............................................. 2
BOTH ........................................................................ 3
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_J46  Do you now have any type of insurance that pays for part or all of your dental care?
Mayroon ba kayo ngayon na anumang uri ng insurance na nagbabayad sa bahagi o sa lahat ng iyong pangangalagang dental?

AG3

YES ........................................................................... 1
NO ............................................................................. 2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

Paano mo ilalarawan ang kalagayan ng iyong mga ngipin: mabuting-mabuti, napakabuti, mabuti, mabuti-buti, o mahina?

EXCELLENT .............................................................1
VERY GOOD ............................................................2
GOOD .......................................................................3
FAIR ..........................................................................4
POOR........................................................................5
HAS NO NATURAL TEETH.................................6
DON'T KNOW ..........................................................7
REFUSED............................................................... -8
Momose’s Sekentei 12-Item (telephone administered)

PROGRAMMING NOTE QA15_J48J58:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_J48J58;
ELSE GO TO NEXT SECTION DM;

QA15_J48 Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

You should return a favor when someone helps you or gives you something. Do you strongly agree, agree, disagree, or strongly disagree?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Refused</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_J49 It’s natural that the eldest son inherits the house. Do you strongly agree, agree, disagree, or strongly disagree?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Refused</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_J50 Children should take care of their parents.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Refused</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>
QA15_J51  You should behave in accordance with systems around you.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE</td>
<td>1</td>
</tr>
<tr>
<td>AGREE</td>
<td>2</td>
</tr>
<tr>
<td>DISAGREE</td>
<td>3</td>
</tr>
<tr>
<td>STRONGLY DISAGREE</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_J52  Everything will be fine if you do things the way you have always done.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE</td>
<td>1</td>
</tr>
<tr>
<td>AGREE</td>
<td>2</td>
</tr>
<tr>
<td>DISAGREE</td>
<td>3</td>
</tr>
<tr>
<td>STRONGLY DISAGREE</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_J53  You tend to ask someone’s opinions before taking actions.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE</td>
<td>1</td>
</tr>
<tr>
<td>AGREE</td>
<td>2</td>
</tr>
<tr>
<td>DISAGREE</td>
<td>3</td>
</tr>
<tr>
<td>STRONGLY DISAGREE</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_J54  You are nervous about what other people say about you or how they feel about you.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE</td>
<td>1</td>
</tr>
<tr>
<td>AGREE</td>
<td>2</td>
</tr>
<tr>
<td>DISAGREE</td>
<td>3</td>
</tr>
<tr>
<td>STRONGLY DISAGREE</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
</tbody>
</table>
QA15_J55  You should behave hoping that people around you have good impressions of you.

AJ162  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_J56  You are careful about your behaviors and what you wear.

AJ163  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8

QA15_J57  You do not want to be embarrassed in front of people.

AJ164  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_J58  You are concerned about your appearance.

AJ165  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

- STRONGLY AGREE .................................................1
- AGREE ......................................................................2
- DISAGREE ................................................................3
- STRONGLY DISAGREE ...........................................4
- REFUSED ............................................................... -7
- DON'T KNOW ........................................................-8

QA15_J59  You are careful about not doing something that people may laugh at.

AJ166  [IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]

- STRONGLY AGREE .................................................1
- AGREE ......................................................................2
- DISAGREE ................................................................3
- STRONGLY DISAGREE ...........................................4
- REFUSED ............................................................... -7
- DON'T KNOW ........................................................-8
Section DM – Discrimination

QA15_DM1 These next questions are about things that have happened to you while receiving medical care. The questions ask about times where you were treated unfairly.

Ang mga sumusunod na katanungan ay tungkol sa mga bagay na nangyari sa inyo habang ginagamot kayo.

Was there ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

May panahon ba kahit kailan na mas mabuting paggagamot ang dapat ninyong natanggap kung iba sana ang inyong lahi o pangkating etniko na kinabibilangan ninyo?

DMC8

YES ...........................................................................1
NO .............................................................................2 [GO TO QA15_DM3] REFUSED ...........................................................................-7 [GO TO QA15_DM3] DON'T KNOW .........................................................................-8 [GO TO QA15_DM3]

QA15_DM2 Think about the last time this happened. How long ago was that?

Isipin ninyo noong huling nangyari ito. Gaano katagal na nangyari iyon?

DMC9

A YEAR AGO OR LESS ...........................................1
MORE THAN 1 UP TO 2 YEARS AGO ....................2
MORE THAN 2 UP TO 3 YEARS AGO ....................3
MORE THAN 3 UP TO 5 YEARS AGO ....................4
MORE THAN 5 UP TO 10 YEARS AGO ..................5
MORE THAN 10 UP TO 20 YEARS AGO ...............6
MORE THAN 20 YEARS AGO .................................7
REFUSED ...........................................................................-7
DON'T KNOW .........................................................................-8

QA15_DM3 Over your entire lifetime, how often have you been treated unfairly when getting medical care?

Would you say...

Sa inyong buong buhay, gaano kadalas kayo trinato nang di-matwid noong ginagamot kayo?

Masasabi ba ninyo na...

DMC3

Never, ...........................................................................1 [GO TO QA15_K1]
Rarely, ..........................................................................2 [GO TO QA15_K1]
Sometimes, or .........................................................3 [GO TO QA15_K1]
Often? .........................................................................4 [GO TO QA15_K1]
REFUSED ...........................................................................-7 [GO TO QA15_K1]
DON'T KNOW .........................................................................-8 [GO TO QA15_K1]
QA15_DM4 Which of these do you think is the main reason why you have been treated unfairly, over your entire lifetime? Was it because of...
Sa inyong palagay, alin sa mga ito ang pangunahing dahilan kung bakit trinato kayo nang di-matwid, sa inyong buong buhay? Dahil ba ito sa …

DMC6B

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your ancestry or national origin</td>
<td>1</td>
</tr>
<tr>
<td>Inyong lahi o bansang pinanggalingan</td>
<td>1</td>
</tr>
<tr>
<td>Because of your gender or sex</td>
<td>2</td>
</tr>
<tr>
<td>Dahil sa inyong gender or kasarian</td>
<td>2</td>
</tr>
<tr>
<td>Because of your race or skin color</td>
<td>3</td>
</tr>
<tr>
<td>Dahil sa inyong lipi (race) o kulay ng balat</td>
<td>3</td>
</tr>
<tr>
<td>Because of your age, or</td>
<td>4</td>
</tr>
<tr>
<td>Dahil sa inyong edad, o</td>
<td>4</td>
</tr>
<tr>
<td>Because of the way you speak English, or</td>
<td>5</td>
</tr>
<tr>
<td>Dahil sa kung paano kayo nagsasalita ng Ingles, o</td>
<td>5</td>
</tr>
<tr>
<td>For some other reason? (Specify:_______)</td>
<td>6</td>
</tr>
<tr>
<td>Iba pang dahilan? (Tukuyin: __________)</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

QA15_DM5 Over your entire lifetime, how stressful have these experiences of unfair treatment usually been for you? Would you say...
Sa inyong buong buhay, gaano ang stress na naidudulot sa inyo ng ganitong mga karanasan ng di-matwid na pagtrato? Masasabi ba ninyo na...

DMC7

Not at all stressful................................................................................1
A little stressful....................................................................................2
Somewhat stressful, or .......................................................................3
Extremely stressful?............................................................................4
REFUSED.................................................................................................-7
DON’T KNOW..........................................................................................-8
Section K – Employment, Income, Poverty Status, Food Security

PROGRAMMING NOTE QA15_K1:
IF QA15_G21G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA15_G23G24 = 1 (R USUALLY WORKS) CONTINUE WITH QA15_K1;
ELSE GO TO PROGRAMMING NOTE QA15_K5

QA15_K1
The next questions are about your employment.
Tungkol sa inyong empleo ang sumusunod na mga katanungan.

How many hours per week do you usually work at all jobs or businesses?
Ilang oras sa bawat linggo kayo karaniwang nagtatrabaho sa lahat ninyong mga trabaho bilang isang empleo o sa mga negosyo?

<table>
<thead>
<tr>
<th>AK3</th>
<th>[IF WORKS &gt; 95 HOURS, ENTER 95. IF DOES NOT WORK, ENTER 0 (ZERO).]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>____ HOURS [HR: 0-95]</td>
</tr>
<tr>
<td></td>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .................................................................. -8</td>
</tr>
</tbody>
</table>

QA15_K2
How long have you worked at your main job?
Gaano katagal na kayo nagtatrabaho sa inyong pangunahing trabaho?

<table>
<thead>
<tr>
<th>AK7</th>
<th>[IF NEEDED, SAY: “That is, for your current employer.”]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[INTERVIEWER NOTE: [IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]NEEDED, SAY:“Sa ibang salita, para sa inyong kasalukuyang employer.”]</td>
</tr>
<tr>
<td></td>
<td>____ MONTHS [HR: 0-12]</td>
</tr>
<tr>
<td></td>
<td>____ YEARS [HR: 0-50]</td>
</tr>
<tr>
<td></td>
<td>REFUSED ........................................................................ -7</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW .................................................................. -8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA15_K4:
IF QA15_G21G22 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G23G24 = 1 (USUALLY WORKS), CONTINUE WITH QA15_K4;
ELSE SKIP TO PROGRAMMING NOTE QA15_K5
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?

Ano ang pinakamahusay ninyong tantya sa lahat ng inyong kinita nitong nakaraang buwan mula sa lahat ng mga trabaho at negosyo, kabilang ang mga sahod na por-hora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng iba pang binabawas?

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

$_____________ AMOUNT [HR: 0-999995]

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

Programming Note QA15_K5;
IF QA15_G29 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA15_G30 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA15_K5 AND:
IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND QA15_A16 = 1 (MARRIED), DISPLAY “The next question is about your spouse’s employment.”
ELSE IF QA15_G21 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA15_G23 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA15_D20 = 1 OR QA15_D21 = 1), THEN DISPLAY “The next question is about your partner’s employment.”
IF QA15_A16 = 1 THEN DISPLAY “spouse”;
ELSE IF QA15_D20 = 1 OR QA15_D21 = 1 THEN DISPLAY “partner”;
ELSE SKIP TO QA15_K7

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

Ilang oras sa bawat linggo karaniwang nagtatrabaho ang inyong {asawa} ang susunod na tanong.

[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 QA15_K6:
IF QA15_K5 ≠ 0 CONTINUE WITH QA15_K6;
    IF QA15_QA15_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
    ELSE IF QA15_D20 = 1 OR QA15_D21 = 1, THEN DISPLAY “partner’s”;
ELSE GO TO QA15_K7

QA15_K6
What is your best estimate of all your {spouse’s/partner’s} earnings last month before taxes and other deductions from all jobs and businesses, including hourly wages, salaries, tips, and commissions?
Ano ang pinakamahusay ninyong tantya sa lahat ng kinita ng inyong {asawa/partner} nitong nakaraang buwan mula sa lahat ng mga trabaho at negosyo, kabilang ang mga sahod na por-hora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng iba pang binabawas?

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"
]$_______________ AMOUNT  [HR: 0-999995]

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

QA15_K7
What is your best estimate of your household’s total annual income from all sources before taxes in 2014?
Ano ang pinakamahusay ninyong tantya sa kita ng buong pamamahay sa isang taon mula sa lahat ng pinanggagalingan bago nabuwisan noong 2014?

[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 NEEDED, SAY: “Bilangin ang pera mula sa mga trabaho, social security, retirement income, bayad para sa unemployment, tulong mula sa gobyerno, at iba pa. Bilangin din ninyo ang kita mula sa interest, mga dividend, netong kita mula sa negosyo, sa sakahan o upa at anumang iba pang kinikitang pera.”]

[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"
]$_______________ AMOUNT  [HR: 0-999995]

REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
[GO TO PN QA15_K9]
PLEASE VERIFY AMOUNT ENTERED:
MANGYARING TIYAKIN ANG HALAGANG NAKATALALA:

I have entered that your annual household income is (AMOUNT). Is that correct?
Itinala ko ang kita ng inyong pamamahay na {AMOUNT}. Tama ba ito?

**AK22A**

YES .................................................................1 [GO TO PN QA15_K15]
NO .................................................................2 [GO BACK TO QA15_K7]
PROGRAMMING NOTE QA15_K9:
IF QA15_K7 = -7 OR -8 CONTINUE WITH QA15_K9;
ELSE GO TO PROGRAMMING NOTE QA15_K15

QA15_K9  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?
Hindi namin kailangang malaman nang eksakto, ngunit masasabi ba ninyo sa akin kung higit ba o mas mababa sa $20,000 ang taunang kita ng inyong pamamahay mula sa lahat ng pinanggagalingan bago nabuwisan?

AK11
MORE ............................................................1 [GO TO QA15_K11]
EQUAL TO $20K OR LESS .................................2
REFUSED ......................................................-7 [GO TO PN QA15_K15]
DON’T KNOW ...............................................-8 [GO TO PN QA15_K15]

QA15_K10  Is it …
Ito ba ay...

AK12
$5,000 or less,.....................................................1 [GO TO PN QA15_K15]
$5,001 to $10,000,.........................................2 [GO TO PN QA15_K15]
$10,001 to $15,000, or.................................3 [GO TO PN QA15_K15]
$15,001 to 20,000? ......................................4 [GO TO PN QA15_K15]
REFUSED ....................................................-7 [GO TO PN QA15_K15]
DON’T KNOW .............................................-8 [GO TO PN QA15_K15]

QA15_K11  Is it more or less than $70,000 per year?
Higit ba o mas mababa sa $70,000 sa bawat taon?

AK13
MORE ............................................................1 [GO TO QA15_K13]
EQUAL TO $70K OR LESS .................................2
REFUSED ......................................................-7 [GO TO PN QA15_K15]
DON’T KNOW ...............................................-8 [GO TO PN QA15_K15]

QA15_K12  Is it …
Ito ba ay...

AK14
$20,001 to $30,000, ........................................1 [GO TO PN QA15_K15]
$30,001 to $40,000, ........................................2 [GO TO PN QA15_K15]
$40,001 to $50,000, ........................................3 [GO TO PN QA15_K15]
$50,001 to $60,000, or.................................4 [GO TO PN QA15_K15]
$60,001 to $70,000? ......................................5 [GO TO PN QA15_K15]
REFUSED ....................................................-7 [GO TO PN QA15_K15]
DON’T KNOW .............................................-8 [GO TO PN QA15_K15]
QA15_K13  Is it more or less than $135,000 per year?
Higit ba o mas mababa sa $135,000 sa bawat taon?

AK15
MORE .......................................................................1
EQUAL TO $135K OR LESS......................................2
REFUSED .....................................................................7
DON'T KNOW .........................................................8

QA15_K14  Is it …
Ito ba ay...

AK16
$70,001 to $80,000, ..................................................1
$80,001 to $90,000, ..................................................2
$90,001 to $100,000, or ..........................................3
$100,001 to $135,000? .............................................4
REFUSED .....................................................................7
DON'T KNOW .........................................................8

PROGRAMMING NOTE QA15_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA15_K16;
ELSE CONTINUE WITH QA15_K15

QA15_K15  Including yourself, how many people living in your household are supported by your total
household income?
Kabilang ang inyong sarili, ilang tao na tumitira sa inyong pamamahay ang tinutustusan ng buong
kita ng inyong pamamahay?

AK17
_____ NUMBER OF PEOPLE [HR: 1-20]
REFUSED .....................................................................7
DON'T KNOW .........................................................8

PROGRAMMING NOTE QA15_K16:
QA15_K16 MUST BE LESS THAN QA15_K15;
IF R IS ONLY MEMBER OF HH, GO TO QA15_K17;
IF NO CHILDREN UNDER 18 IN HH (AS DETERMINED FROM CHILD ENUMERATION QUESTIONS) OR
TOTAL NUMBER OF PEOPLE LIVING IN HH (AS DETERMINED BY ADULT PLUS CHILD ENUMERATION) =
QA15_K15 GO TO PROGRAMMING NOTE QA15_K19;
ELSE CONTINUE WITH QA15_K16

QA15_K16  How many of these {INSERT NUMBER FROM QA15_K15} people are children under the age of
18?
Ilan sa {INSERT NUMBER FROM QA15_K15} taong ito ay mga bata na hindi pa 18 taong
gulang?

AK18
_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]
REFUSED .....................................................................7
DON'T KNOW .........................................................8
QA15_K17  Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?
Mayroon bang sinumang nakatira sa U.S., ngunit hindi kasalukuyang tumitira sa inyong pamamahay, na tinutustusan ng kita ng inyong pamamahay?

AK32

YES.................................................................1
NO.................................................................2 [GO TO PN QA15_K19]
REFUSED.........................................................-7 [GO TO PN QA15_K19]
DON'T KNOW ..................................................-8 [GO TO PN QA15_K19]

QA15_K18  How many?
Ilan?

AK33

____ NUMBER OF PEOPLE [HR: 1-20]

REFUSED..........................................................-7
DON'T KNOW .................................................-8
PROGRAMMING NOTE QA15_K19:
OBTAIN THE FEDERAL POVERTY 50%, 100%, 133%, 200%, 300%, AND 400% LEVEL CUTOFF POINTS FROM THE 2011 FEDERAL POVERTY GUIDELINE USING THE TOTAL HOUSEHOLD SIZE AND NUMBER OF CHILDREN FROM QA15_K15 AND QA15_K16 RESPECTIVELY.
(THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2012 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNDING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM “Poverty Level 2012” DOCUMENT FOR THE TABLE OF VALUES. THE 50% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT50, THE 100% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT100, THE 133% VALUE IN CATI VARIABLE POVRT133, THE 200% POVERTY CUTOFF VALUE WILL BE STORED IN CATI VARIABLE POVRT200, THE 300% VALUE IN CATI VARIABLE POVRT300, AND THE 400% VALUE IN CATI VARIABLE POVRT400.)
IF EITHER QA15_K15 OR QA15_K16 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT) AND THE TOTAL NUMBER OF CHILDREN ENUMERATED (GIVEN BY CATI VARIABLE KIDCNT) INSTEAD.

ASCERTAIN IF THE HOUSEHOLD INCOME IS ...
1) AT OR BELOW 50% FPL;
2) ABOVE 50% FPL BUT AT OR BELOW 100% FPL;
3) ABOVE 100% FPL BUT AT OR BELOW 133% FPL;
4) ABOVE 133% FPL BUT AT OR BELOW 200% FPL;
5) ABOVE 200% FPL BUT AT OR BELOW 300% FPL;
6) ABOVE 300% FPL BUT AT OR BELOW 400% FPL;
7) ABOVE 400% FPL; OR
8) UNKNOWN BECAUSE HOUSEHOLD INCOME WAS NOT GIVEN.

IF QA15_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA15_K25;
ELSE IF QA15_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD’S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, ASK QA15_K19 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE IF QA15_K7= -7 OR -8 (REF/DK) AND IF QA15_K9 = -7 OR QA15_K11 = -7 OR QA15_K13 = -7, GO TO PROGRAMMING NOTE QA15_K25
ELSE GO TO PROGRAMMING NOTE QA15_K20

QA15_K19
I need to ask just one more question about income.
Kailangan kong magtanong ng isang tanong na lang tungkol sa kinikita.

Was your total annual household income before taxes less than or more than ${POVRT50}? 
Mas mababa ba o higit sa ${POVRT50} ang kabuuang taunang kita ng inyong pamamahay bago nabuwisang?

KA29

EQUAL TO OR LESS ...............................................1  [GO TO PN QA15_K25]
MORE .......................................................................2  [GO TO PN QA15_K25]
REFUSED ..................................................................-7  [GO TO PN QA15_K25]
DON'T KNOW ..........................................................-8  [GO TO PN QA15_K25]
I need to ask just one or two more questions about income.
Kailangan kong magtanong ng isa o dalawang tanong na lang tungkol sa kinikita.

Was your total annual household income before taxes less than or more than ${POVRT100}?
Mas mababa ba o higit sa ${POVRT100} ang kabuuang taunang kita ng inyong pamamahay sa isang taon bago nabuwan?

AK18A

EQUAL TO OR LESS ...............................................1  [GO TO PN QA15_K25]
MORE .................................................................2  [GO TO PN QA15_K25]
REFUSED ...........................................................-7  [GO TO PN QA15_K25]
DON'T KNOW ...................................................-8  [GO TO PN QA15_K25]

I need to ask just one more question about income. Was your total annual household income before taxes/ Was it} less than or more than ${POVRT133}?
{Kailangan kong magtanong ng isang tanong na lang tungkol sa kinikita. Ang kabuuang taunang kita ng inyong pamamahay ba sa isang taon bago nabuwan/ito ba ay}? mas mababa o higit sa ${POVRT133}?

AK30

EQUAL TO OR LESS ...............................................1  [GO TO PN QA15_K25]
MORE .................................................................2  [GO TO PN QA15_K25]
REFUSED ...........................................................-7  [GO TO PN QA15_K25]
DON'T KNOW ...................................................-8  [GO TO PN QA15_K25]
PROGRAMMING NOTE QA15_K22:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, CONTINUE WITH QA15_K22 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K23

QA15_K22
I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT200}?

Kailangan kong magtanong ng isang tanong na lang tungkol sa kinikita. Mas mababa ba o higit sa ${POVRT200} ang kabuuang taunang kita ng inyong pamamahay bago nabuwisana?

AK18B

EQUAL TO OR LESS ...............................................1 [GO TO PN QA15_K25]
MORE .................................................................2 [GO TO PN QA15_K25]
REFUSED ..................................................................-7 [GO TO PN QA15_K25]
DONT KNOW .............................................................-8 [GO TO PN QA15_K25]

PROGRAMMING NOTE QA15_K23:
IF THE HOUSEHOLD'S 300% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, CONTINUE WITH QA15_K23 USING POVRT300 (300% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K24

QA15_K23
I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT300}?

Kailangan kong magtanong ng isang tanong na lang tungkol sa kinikita. Mas mababa ba o higit sa ${POVRT300} ang kabuuang taunang kita ng inyong pamamahay bago nabuwisana?

AK18C

EQUAL TO OR LESS ...............................................1 [GO TO PN QA15_K25]
MORE .................................................................2 [GO TO PN QA15_K25]
REFUSED ..................................................................-7 [GO TO PN QA15_K25]
DONT KNOW .............................................................-8 [GO TO PN QA15_K25]

PROGRAMMING NOTE QA15_K24:
IF THE HOUSEHOLD'S 400% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA15_K10, QA15_K12, OR QA15_K14, THEN CONTINUE WITH QA15_K24 USING POVRT400 (400% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA15_K25

QA15_K24
I need to ask just one more question about income. Was your total annual household income before taxes less than or more than ${POVRT400}?

Kailangan kong magtanong ng isang tanong na lang tungkol sa kinikita. Mas mababa ba o higit sa ${POVRT400} ang kabuuang taunang kita ng inyong pamamahay bago nabuwisana?
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?
QA15_K26

The second statement is:
"I/We} couldn't afford to eat balanced meals."
Ang ikalawang pahayag ay:
"Hindi {ko/namin} kayang kumain ng balanseng agahan/tanghalian/hapunan."

Was that often true, sometimes true, or never true for you and your household in the last 12 months?
Totoo ba iyon nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at
sa inyong pamamahay nitong nakaraang 12 buwan?

AM2

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

QA15_K27

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?

Pakisagot ng oo o hindi. Nitong nakaraang 12 buwan, binawasan ba ninyo o ng iba pang adult

sa inyong pamamahay ang dami ng pagkain o hindi kumain ng almusal/tanghalian/hapunan
dahil sa hindi sapat ang pera para sa pagkain?

AM3

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

QA15_K28

How often did this happen -- almost every month, some months but not every month, or only in

1 or 2 months?
Gaano kadalas ito nangyayari -- halos bawat buwan, ilang buwan ngunit hindi bawat buwan, o

sa isa o dalawang buwan lamang?

AM3A

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

QA15_K29

In the last 12 months, did you ever eat less than you felt you should because there wasn't

enough money to buy food?
Nitong nakaraang 12 buwan, kumain ba kayo kailanman ng mas kaunti kaysa sa inyong

nadadamang dapat kainin dahil walang sapat na pera upang ipambil ng pagkain?

AM4

YES ...........................................................................1
NO .............................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_K30  In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
Nitong nakaraang 12 buwan, nagutom ba kayo kailanman ngunit hindi kumain dahil hindi ninyo kayang bumili ng sapat na pagkain?

| AM5     | YES ...........................................................................1 |
|         | NO .............................................................................2 |
|         | REFUSED ...................................................................-7 |
|         | DON'T KNOW .........................................................-8 |
Section L – Public Program Participation

PROGRAMMING NOTE FOR BEGINNING OF SECTION L: ....................................................
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = <6) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT
BE DETERMINED (POVERTY = 8) AND (INSMD=1 OR ARINSURE ≠ 1)] CONTINUE WITH SECTION L; ELSE
GO TO QA15_M1TANF/CalWORKs

Are you now receiving TANF or CalWORKs?
Tumatanggap ba kayo ngayon ng TANF o CalWORKS?

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and
CalWORKs means California Work Opportunities and Responsibilities to Kids. Both
replaced AFDC, California's old welfare entitlement program.”]
[IF NEEDED, SAY: “Temporary Assistance to Needy Families ang kahulugan ng TANF;
California Work Opportunities and Responsibilities to Kids ang CalWORKS. Itong dalawa
ang pumalit sa AFDC, ang dating programa ng California na tagabigay ng tulong sa mga
karapat-dapat.”]

YES ...............................................................1
NO .................................................................2
REFUSED .........................................................-7
DON'T KNOW .....................................................-8
PROGRAMMING NOTE QA15_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L2;
ELSE GO TO QA15_L3;

QA15_L2  Is (TEEN) now receiving TANF or CalWORKs?
Tumatanggap ba ngayon si (TEEN) ng TANF or CalWORKS

IAP1

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.”]

[IF NEEDED, SAY: "Temporary Assistance to Needy Families ang kahulugan ng TANF; California Work Opportunities and Responsibilities to Kids ang CalWORKS. Ito ng dalawa ang kapalit sa AFDC, ang dating programa ng California na tagaibigay ng tulong sa mga karapat-dapat.”]

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

QA15_L3  Are you receiving Food Stamp benefits, also known as CalFresh?
Tumatanggap ba kayo ng mga benepisyo ng Food Stamp na kilala bilang CalFresh?

AL5

[IF NEEDED, SAY: “You receive benefits through an EBT card.” EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card] IF NEEDED, SAY: "Tinatanggap ninyo ang mga beneisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugang Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.]

YES .................................................................1
NO .................................................................2
REFUSED .........................................................-7
DON’T KNOW ...................................................-8
PROGRAMMING NOTE QA15_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA15_L4;
ELSE GO TO QA15_L5

QA15_L4 Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?
Tumatanggap ba si (TEEN) ng mga benepisyong Food Stamp na kilala din bilang CalFresh?

IAP2

[IF NEEDED, SAY: "You may receive benefits as stamps or through an EBT card." EBT stands for Electronic Benefit Transfer card and is also known as the Golden State Advantage Card]
[IF NEEDED, SAY: "Tinatanggap ninyo ang mga benepisyo sa pamamagitan ng EBT card. Ang EBT ay nangangahulugan na Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card.]

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

QA15_L5 Are you receiving SSI?
Tumatanggap ba kayo ng SSI?

AL6

[IF NEEDED, SAY: "SSI means Supplemental Security Income. This is different from Social Security"]/]
[IF NEEDED, SAY: "Ang kahulugan ng SSI ay Supplemental Security Income. Iba ito sa Social Security."]

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

PROGRAMMING NOTE QA15_L6:
IF QA15_A5 = 2 (FEMALE) AND [QA15_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]
CONTINUE WITH QA15_L6;
ELSE GO TO PROGRAMMING NOTE QA15_L7

QA15_L6 Are you on WIC?
Naka-enrol ba kayo sa WIC?

AL7

[IF NEEDED, SAY: “WIC is the Supplemental Food Program for Women, Infants and children.”]
[IF NEEDED, SAY: Ang WIC ay ang ‘Supplemental Food Program for Women, Infants and Children”]

YES ...........................................................1
NO ..............................................................2
REFUSED ....................................................-7
DON'T KNOW .............................................-8
PROGRAMMING NOTE QA15_L7:

IF QA15_D4 = 1 (LEGALLY BLIND) OR QA15_D11 = 1 (DISABILITY DETERMINATION) OR [AAGE > 64 AND (POVERTY < 5 (HH INCOME ≤ 300% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH QA15_L7; ELSE SKIP TO PROGRAMMING NOTE QA15_L14;

OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA15_K15.

IF QA15_K15 IS missing, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA15_K15 = 1 DISPLAY $2000;
IF QA15_K15 = 2 DISPLAY $3000;
IF QA15_K15 = 3 DISPLAY $3150;
IF QA15_K15 = 4 DISPLAY $3300;
IF QA15_K15 = 5 DISPLAY $3450;
IF QA15_K15 = 6 DISPLAY $3600;
IF QA15_K15 = 7 DISPLAY $3750;
IF QA15_K15 = 8 DISPLAY $3900;
IF QA15_K15 = 9 DISPLAY $4050;
IF QA15_K15 ≥ 10 DISPLAY $4200;

IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “your family’s”;
ELSE DISPLAY “your”

QA15_L7 
Not counting the value of any house or car you may own, would you say that {your/your family’s} assets, that is, all {your/your family’s} cash, savings, and investments together are worth more than {PROPERTY LIMIT}? 

Huwag bibilangin ang halaga ng anumang bahay o kotse na maaaring pag-aari ninyo, masasabi ba ninyo na higit sa (PROPERTY LIMIT) ang halaga ng mga ari-arian (ninyo/ng inyong pamilya), ibig sabihin, lahat ng inyong perang cash, mga savings, mga investment na pinagsama-sama?

AL9

YES ...........................................................................1
NO .............................................................................2
REFUSED .......................................................................-7
DON'T KNOW .................................................................-8
ABOUT HOW MUCH (DO (YOU/DOES YOUR FAMILY) HAVE IN CASH, SAVINGS, AND INVESTMENTS?
Humigit kumulang, gaano ang cash, savings, at mga investment {ninyo/ang inyong pamilya}?

[IF NEEDED, SAY: “Again, do not count the value of any house or car you may own.”]
[IF NEEDED, SAY: “Inuulit ko ho, huwag ninyong ibilang ang halaga ng anumang bahay o kotse ninyo.”]

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

$_________________ AMOUNT [HR: 0-999995]

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

BESIDES YOUR PRIMARY CAR OR TRUCK, (DO YOU/DOES YOUR FAMILY) OWN OTHER CARS OR TRUCKS?
Maliban sa inyong pangunahing kotse o truck, may pag-aari ba {kayo/ang inyong pamilya} na ibang mga kotse o truck?

[GO TO PN QA15_L12]

ARE THESE CARS OR TRUCKS ONLY FOR PERSONAL USE? DO NOT INCLUDE CARS OR TRUCKS USED FOR TRANSPORTING DISABLED PERSONS OR FOR BUSINESS PURPOSES.
Itong mga kotse at mga truck ba ay para sa inyong personal na pangangailangan? Huwag bilangin ang mga kotse o truck na ginagamit para isakay ang mga taong may kapansanan o para sa negosyo.

[GO TO PN QA15_L12]
PROGRAMMING NOTE QA15_L11:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY “your family”; ELSE DISPLAY “your”;

QA15_L11 Not counting what {you/your family} owe, what is your estimated value of these cars or trucks?
Huwag bibilangin ang halaga ng utang {ninyo/ng inyong pamilya} sa mga kotse at mga truck,
ano ang inyong tinayang halaga nitong mga kotse at mga truck.

AL37

[IF NEEDED: Do not include your primary cars or trucks.]
[IF NEEDED: Do not include cars or trucks used for transporting disabled persons or business purposes.]

[IF AMOUNT GREATER THAN $999,995, ENTER “999,995”]

$_____________ AMOUNT [HR: 0-999995]
REFUSED............................................................... -7
DON’T KNOW ......................................................... -8

PROGRAMMING NOTE QA15_L12:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE),
DISPLAY “Does your family”; ELSE DISPLAY “Do you”

QA15_L12 {Do you/ Does your family} own a motorcycle, boat, trailer, or other non-commercial vehicle?
May pag-aari ba (kayo/ang inyong pamilya) na isang motorsiklo, bapor, trailer, o iba pang
sasakyang di pang-negosyo?

AL38

YES ..............................................................1
NO ...............................................................2 [SKIP TO QA15_L14]
REFUSED .......................................................-7 [SKIP TO QA15_L14]
DON’T KNOW ...............................................-8 [SKIP TO QA15_L14]
PROGRAMMING NOTE QA15_L13:
IF QA15_A16 = 1 (MARRIED) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY "your family"; ELSE DISPLAY "you"

QA15_L13
Not counting what {you/your family} owe, what is your estimated value of the motorcycle, boat, trailer, or other non-commercial vehicle {you/your family} own?

Huwag bibilangin ang halaga ng utang {ninyo/ng inyong pamilya} sa motorsiklo, bapor, trailer o iba pang sasakyang di pang-negosyo, ano ang inyong tinayang halaga ng mga ito?

AL39

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

$_____________ AMOUNT [HR: 0-999995]

REFUSED............................................................... -7
DON'T KNOW.......................................................... -8
QA15_L14
Did {you or your spouse/you or your partner/you} receive any money last month for child support?
Nakatanggap ba {kayo o ang inyong asawa/kayo o ang inyong partner/kayo} ng anumang pera nitong nakaraang buwan para sa child support o sustento sa anak?

AL15
YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW .................................................-8

QA15_L15
What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month?
Ano ang {pinagsama-samang} kabuuang halaga na natanggap ninyo {at ng inyong asawa/at ng inyong partner} mula sa child support nitong nakaraang buwan?

AL16
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$______________ AMOUNT [000001-999995]

REFUSED ..........................................................-7
DON'T KNOW ....................................................-8
QA15_L16  Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

Nagbayad ba {kayo o ang inyong partner o kayong dalawa/ kayo o ang inyong asawa o kayong dalawa} ng anumang child support nitong nakaraang buwan?

**AL17**

YES, RESPONDENT PAID .................................1
YES, SPOUSE/PARTNER PAID ............................2
YES, BOTH PAID .............................................3
NO .....................................................................4 [GO TO PN QA15_L18]
REFUSED ....................................................... -7 [GO TO PN QA15_L18]
DON'T KNOW ..................................................-8 [GO TO PN QA15_L18]

**PROGRAMMING NOTE QA15_L17:**
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you";
ELSE DISPLAY "you"

QA15_L17  What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in a child support last month?

Ano ang kabuuang halaga ng child support ang binayaran {ninyo o ng inyong asawa o ninyong dalawa/ ninyo o ng inyong partner o ninyong dalawa} nitong nakaraang buwan?

**AL18**

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

______________ AMOUNT          [000001-999995]

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

**PROGRAMMING NOTE QA15_L18L18:**
IF QA15_A16 = 1 (MARRIED) AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA15_A16 = 2 (LIVING WITH PARTNER) OR QA15_D20D23 = 1 OR QA15_D21D24 = 1 (LEGAL SAME-SEX COUPLE)] AND QA15_G12G13 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner"
ELSE DISPLAY "you"

QA15_L18L18  Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?

Tumanggap ba{ kayo o ang inyong asawa/kayo o ang inyong partner/kayo } ng anumang pera para sa workers compensation nitong nakaraang buwan?

**AL32**

YES .................................................................1
NO .....................................................................2 [GO TO PN QA15_L20L20]
REFUSED ....................................................... -7 [GO TO PN QA15_L20L20]
DON'T KNOW ..................................................-8 [GO TO PN QA15_L20L20]
QA15_L19  What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?
Ano ang {pinagsama-samang} kabuuang halaga na natanggap ninyo {at ng inyong asawa/at ng inyong partner} mula sa workers compensation nitong nakaraang buwan?

AL33

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

$______________ AMOUNT  [000001-999995]

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

QA15_L20  Did {you or your spouse/you or your partner/you} receive any Social Security or Pension payments last month?
Nakatanggap ba {kayo o ang inyong asawa/kayo o ang inyong partner} ng anumang bayad mula sa Social Security o Pension nitong nakaraang buwan?

AL18A

YES ...........................................................................1
NO ..........................................................................2
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
QA15_L21 What was the total amount received last month from Social Security and Pensions?
Ano ang kabuuang halagang tinanggap nitong nakaraang buwan mula sa Social Security at mga Pension?

AL18B

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

________________ AMOUNT [000001-999995]

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

PROGRAMMING NOTE QA15_L22:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA15_L22;
ELSE GO TO QA15_M1

QA15_L22 What is the one main reason why you are not enrolled in the Medi-Cal program?
Ano ang isang pangunahing dahilan kung bakit hindi kayo naka-enroll sa program ng Medi-Cal?

AL19

PAPERWORK TOO DIFFICULT .........................1
DIDN'T KNOW IF ELIGIBLE ..........................2
INCOME TOO HIGH, NOT ELIGIBLE .............3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS ............4
OTHER NOT ELIGIBLE ..............................5
DON'T BELIEVE IN HEALTH INSURANCE ..........6
DON'T NEED IT BECAUSE HEALTHY ............7
ALREADY HAVE INSURANCE .......................8
DIDN'T KNOW IT EXISTED .......................9
DON'T LIKE / WANT WELFARE .................10
OTHER (SPECIFY: ____________) ..............91
REFUSED ..................................................... -7
DON'T KNOW .................................................. -8
Section M – Housing and Social Cohesion

QA15_M1 These next questions are about your housing and neighborhood.
Tungkol sa inyong pabahay at kapitbahayan ang susunod na mga tanong.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?
Nakatira ba kayo sa bahay, sa duplex, sa gusaling may 3 o higit pang unit, o sa mobile home?

[IF NEEDED, SAY: “A duplex is a building with 2 units.”]
[IF NEEDED, SAY: "Gusali na may dalawang unit ang duplex.”]

HOUSE .................................................................1
DUPLEX ....................................................................2
BUILDING WITH 3 OR MORE UNITS ......................3
MOBILE HOME .....................................................4
REFUSED ...............................................................-7
DON’T KNOW .........................................................-8

QA15_M2 Do you own or rent your home?
Pag-aari ba ninyo o inuupahanang inyong bahay?

OWN .........................................................................1
RENT ........................................................................2
OTHER ARRANGEMENT ........................................3
REFUSED ...............................................................-7
DON’T KNOW ................................................................-8

QA15_M3 About how long have you lived at your current address?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]
Humigit-kumulang, gaano katagal na kayong nakatira sa inyong kasalukuyang address?

__________ MONTHS   [HR: 1 - AAGEx12MONTHS]
__________ YEARS      [HR: 1 - AAGE]

REFUSED ....................................................................-7
DON’T KNOW ................................................................-8
PROGRAMMING NOTE QA15_M4:
IF QA15_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA15_M6;
ELSE CONTINUE WITH QA15_M4

QA15_M4  About how long have you lived in your current neighborhood?

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]
Humigit-kumulang, gaano katagal na kayong nakatira sa inyong kasalukuyang kapitbahayan?

AM15
____________ MONTHS  [HR: 1 - AAGEx12MONTHS]
____________ YEARS   [HR: 1 - AAGE]

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

QA15_M5  The last time you moved, what was your main reason for moving?
Noong huli kayong lumipat, ano ang inyong pangunahing dahilan sa paglipat?

AM38
CHANGE IN MARITAL/RELATIONSHIP STATUS...1
TO ESTABLISH OWN HOUSEHOLD.......................2
FOR CHILD’S EDUCATION ..................................3
TO ATTEND OR LEAVE COLLEGE .....................4
WORK RELATED .....................................................5
COULDN’T AFFORD MORTGAGE/RENT ...............6
OTHER HOUSING RELATED .............................7
BETTER NEIGHBORHOOD/LESS CRIME ..............8
OTHER.................................................................91
REFUSED ............................................................... -7
DON'T KNOW ......................................................... -8
PROGRAMMING NOTE QA15_M6:
IF QA15_M6 THROUGH QA15_M10 NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH QA15_M6;
ELSE GO TO QA15_M11

QA15_M6  Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements: People in my neighborhood are willing to help each other.
Sabihin sa akin kung talagang sang-ayon kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon sa mga sumusunod na pahayag.
Handang tumulong sa isa't-isa ang mga tao sa aking kapitbahayan.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?”]
[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ......................................................................-7
DON’T KNOW ............................................................... -8

QA15_M7  People in this neighborhood generally do NOT get along with each other.
HINDI nagkakasundo nang mabuti sa isa't-isa ang mga tao sa kapitbahayang ito

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-sang-ayon?”]
[DO NOT PROBE A “DON’T KNOW” RESPONSE.]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ......................................................................-7
DON’T KNOW ............................................................... -8
People in this neighborhood can be trusted.
Mapagkakatiwalaan ang mga tao sa kapitbahayang ito.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-
sang-ayon?”]

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

You can count on adults in this neighborhood to watch out that children are safe and don’t get in
trouble.
Maaasahan ninyo na babantayan ng mga adult sa kapitbahayang ito ang mga bata upang
matiyak na ligtas at hindi napapasok sa gulo.

[IF NEEDED, SAY: “Do you strongly agree, agree, disagree, or strongly disagree?”]
[IF NEEDED, SAY: “Talagang sang-ayon ba kayo, sang-ayon, di-sang-ayon, o talagang di-
sang-ayon?”]

[“DO NOT PROBE A “DON’T KNOW” RESPONSE.”]

STRONGLY AGREE .................................................1
AGREE ......................................................................2
DISAGREE ................................................................3
STRONGLY DISAGREE ...........................................4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8

Do you feel safe in your neighborhood...
Panatag ba ang pakiramdam ninyo sa inyong kapitbahayang...

All of the time, ...........................................................1
palagi, ........................................................................1
Most of the time ..........................................................2
kadalasan, .................................................................2
Some of the time, or ..................................................3
paminsan- minsan, o .................................................3
None of the time ..........................................................4
hindi kailanman? .......................................................4
REFUSED ............................................................... -7
DON’T KNOW ......................................................... -8
QA15_M11  In the past 12 months, have you done any volunteer work or community service that you have not been paid for?
Nitong nakaraang 12 buwan, mayroon ka bang ginawang boluntaryong trabaho o serbisyo sa pamayanana na hindi ka pa nababayaran?

AM36

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

QA15_M12  In the past 12 months, have you served as a volunteer on any local board, council, or organization that deals with community problems?
Nitong nakaraang 12 buwan, naglingkod ba kayo bilang volunteer sa anumang local na lupon, sangguniang bayan, o samahan na nag-aasikaso sa mga problema ng pamayanana?

AM39

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

QA15_M13  In the past 12 months, have you gotten together informally with others to deal with community problems?
Nitong nakaraang 12 buwan, nakipulong ba kayo nang walang pormalidad sa mga iba pang tao upang asikasuhin ang mga problema ng pamayanana?

AM40

[IF NEEDED SAY: “For example, with a neighborhood watch group.”]

[IF NEEDED SAY: “Halimbawa, sa isang neighborhood watch group o grupong nagtatanso sa kapitbahayan.”]

YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ..............................................-8
PROGRAMMING NOTE QA15_M14:
IF QA15_A12 = 9 (JAPANESE) OR QA15_A15 = 38 (JAPANESE), THEN CONTINUE WITH QA15_M14;
ELSE GO TO QA15_S1M16;

QA15_M14  In the past 12 months, have you donated money to a charity or non-profit organization?
Nitong nakaraang 12 buwan, nagbigay ba kayo ng abuloy sa isang samahang pangkawangggawa o sa isang hindi pinagkakakitaang samahan?

AM41

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

QA15_M15  In the next 12 months, how likely are you to donate money to a charity or non-profit organization? Are you…
Sa susunod na 12 buwan, gaano ang posibilidad na magbibigay kayo ng abuloy sa isang samahang pangkawangggawa o sa isang hindi pinagkakakitaang samahan?
Ito ba ay…

AM42

Very likely.................................................................1
Malamang na malamang
Somewhat likely ......................................................2
Medyo malamang
A little likely, or ......................................................3
Malamang nang kaunti
Not likely....................................................................4
Hindi malamang
REFUSED .................................................................. -7
DON'T KNOW ......................................................... -8
Section S – Suicide Ideation and Attempts

QA15_S1 The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don’t have to answer it.
Ang susunod na bahagi ay tungkol sa mga iniisip na pananakit sa sarili. Sa uulitin, kung may anumang tanong na nakakagulo sa inyo, hindi ninyo kailangang sagutin iyon.

Have you ever seriously thought about committing suicide?
May pagkakataon ba kailanman na seryoso ninyong pinag-isipan na magpakamatay?

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

QA15_S2 Have you seriously thought about committing suicide at any time in the past 12 months?
May pagkakataon ba kailanman na seryoso ninyong pinag-isipan ang pagpapakamatay nitong nakaraang 12 buwan?

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

QA15_S3 Have you seriously thought about committing suicide at any time in the past 2 months?
May pagkakataon bang seryoso ninyong pinag-isipan ang pagpapakamatay kailanman nitong nakaraang 2 buwan?

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

QA15_S4 Have you ever attempted suicide?
Nagtangka na ba kayong magpakamatay kailanman?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA15_S5:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA15_S3 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA15_S3 = 1 AND QA15_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA15_S5

QA15_S5  Have you attempted suicide at any time in the past 12 months?
Nagtangka na ba kayong magpakamatay kailanman nitong nakaraang 12 buwan?

AF89

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

SUICIDE RESOURCE:

We have a number you can call if you'd like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.] The number is 1-800-273-TALK (8255).The number is 1-800-273-TALK (8255).

Mayroon kaming toll-free number na matatawagan ninyo kung gusto ninyong makipag-usap sa isang tao tungkol sa mga pag-iisip o pagtatangka na magpakamatay. May taong nakahandang makipag-usap, 24 na oras sa bawat araw, na makapagbibigay ng impormasyon makakatulong sa inyo. 1-800-273-TALK (8255) ang number.

Or, you can visit a website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.] The website address is www.suicidepreventionlifeline.org. [IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

O, maaari ninyong tingnan ang isang website upang makahanap ng impormasyon tungkol sa kung paano humingi ng tulong. www.suicidepreventionlifeline.org ang website address.

POST-NOTE FOR SUICIDE RESOURCE:
IF QA15_S2 = (2, -7, -8) AND QA15_S4 = (2, -7, -8) THEN SKIP TO PN QA15_N1 (NEXT SECTION); ELSE CONTINUE

QA15_S6  Would you like to discuss your thoughts with this person?
Gusto ba ninyong pag-usapan ang mga inisip ninyo sa taong ito?

AF90

YES .................................................................1  [GO TO SUICIDE PROTOCOL]
NO .................................................................2  [GO TO PN QA15_N1]
REFUSED .......................................................-7  [GO TO PN QA15_N1]
DON'T KNOW ................................................-8  [GO TO PN QA15_N1]
Section N –Demographic Information Part III and Closing

PROGRAMMING NOTE QA15_N1:
IF AH42 WAS ALREADY ASKED IN THE CHILD INTERVIEW, THEN AH42 = KAH42, AND SKIP TO QA15_N8N7:
IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA15_N1;
IF SR = AR (SCREENER RESPONDENT IS THE ADULT RESPONDENT), SKIP TO QA15_N2
IF SR ≠ AR (SCREENER RESPONDENT IS NOT THE ADULT RESPONDENT), CONTINUE WITH QA15_N1;

QA15_N1  Just a few final questions and then we are done.
Ilang pangwakas na tanong na lang at tapos na tayo.

To be sure we are covering the entire state, what county do you live in?
Upang matiyak na nasasakop namin ang buong estado, {mangyaring sabihin kung saang county kayo nakatira/saang county kayo nakatira?}

AH42

ALAMEDA ................................................................. 1
ALPINE ................................................................. 2
AMADOR ............................................................... 3
BUTTE ................................................................. 4
CALAVERAS ......................................................... 5
COLUSA ............................................................... 6
CONTRA COSTA ..................................................... 7
DEL NORTE ........................................................... 8
EL DORADO ........................................................... 9
FRESNO ............................................................... 10
GLENN ............................................................... 11
HUMBOLDT ........................................................... 12
IMPERIAL ............................................................ 13
INYO ................................................................. 14
KERN ................................................................. 15
KINGS ................................................................. 16
LAKE ................................................................. 17
LASSEN ............................................................. 18
LOS ANGELES .................................................. 19
MADERA ............................................................. 20
MARIN ............................................................... 21
MARIPOSA ......................................................... 22
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
<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Bernardino</td>
<td>36</td>
</tr>
<tr>
<td>San Diego</td>
<td>37</td>
</tr>
<tr>
<td>San Francisco</td>
<td>38</td>
</tr>
<tr>
<td>San Joaquin</td>
<td>39</td>
</tr>
<tr>
<td>San Luis Obispo</td>
<td>40</td>
</tr>
<tr>
<td>San Mateo</td>
<td>41</td>
</tr>
<tr>
<td>Santa Barbara</td>
<td>42</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>43</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>44</td>
</tr>
<tr>
<td>Shasta</td>
<td>45</td>
</tr>
<tr>
<td>Sierra</td>
<td>46</td>
</tr>
<tr>
<td>Siskiyou</td>
<td>47</td>
</tr>
<tr>
<td>Solano</td>
<td>48</td>
</tr>
<tr>
<td>Sonoma</td>
<td>49</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>50</td>
</tr>
<tr>
<td>Sutter</td>
<td>51</td>
</tr>
<tr>
<td>Tehama</td>
<td>52</td>
</tr>
<tr>
<td>Trinity</td>
<td>53</td>
</tr>
<tr>
<td>Tulare</td>
<td>54</td>
</tr>
<tr>
<td>Tuolumne</td>
<td>55</td>
</tr>
<tr>
<td>Ventura</td>
<td>56</td>
</tr>
<tr>
<td>Yolo</td>
<td>57</td>
</tr>
<tr>
<td>Yuba</td>
<td>58</td>
</tr>
<tr>
<td>Refused</td>
<td>-7</td>
</tr>
<tr>
<td>Don't Know</td>
<td>-8</td>
</tr>
</tbody>
</table>
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.

 Ala-swerteng napili ng computer ang inyong phone number para sa pagsusuring ito. Napagtugma namin ang address sa inyong phone number upang magpadala ng sulat sa inyong bahay na naggapapiliwanag ng layunin nitong pagsusuri. Upang matulungan kaming maintindihan nang mas mabuti ang kapaligiran na inyong tinitirahan at kung paano maaaring maka-apekto ito sa inyong kalusugan, gusto naming tiyakin ang inyong address. Pananatilihing kompidensyal ang impormasyon ito at sisirain makumpleto ang buong pagsusuri.

Do you now live at {R's ADDRESS AND STREET}? Nakatira ba kayo ngayon sa {R's ADDRESS AND STREET}??
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.

Upang matulungan kaming maintindihan nang mas mabuti ang kapaligiran na inyong tinitirahan at kung paano maaaring maka-apekto ito sa inyong kalusugan, gusto naming tiyakin ang inyong address. Pananatilihin kompidensyal ang impormasyong ito at sisirain pagkatapos makumpleto ang buong pagsusuri.

<table>
<thead>
<tr>
<th>AO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>________ HOUSE ADDRESS NUMBER</td>
</tr>
<tr>
<td>_______ NAME OF STREET (VERIFY SPELLING)  [GO TO QA15_N6]</td>
</tr>
<tr>
<td>_______ STREET TYPE</td>
</tr>
<tr>
<td>_______ APT. NO</td>
</tr>
<tr>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ......................................................... -8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA15_N5:
IF ADDRESS WAS GIVEN IN QA15_N4, SKIP TO QA15_N6;
ELSE CONTINUE WITH QA15_N5

<table>
<thead>
<tr>
<th>QA15_N5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you tell me just the name of the street you live on?</td>
</tr>
<tr>
<td>Masasabi ba ninyo sa akin ang pangalan lamang ng kalye na tinitirahan ninyo?</td>
</tr>
<tr>
<td>AM8</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>__________________________ NAME OF STREET</td>
</tr>
<tr>
<td>REFUSED ............................................................... -7 [GO TO QA15_N7]</td>
</tr>
<tr>
<td>DON'T KNOW ......................................................... -8 [GO TO QA15_N7]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA15_N6</th>
</tr>
</thead>
<tbody>
<tr>
<td>And what is the name of the street down the corner from you that crosses your street?</td>
</tr>
<tr>
<td>At ano ang pangalan ng kalye sa kanto na tumatawid sa kalye ninyo?</td>
</tr>
<tr>
<td>AM9</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>__________________________ NAME OF CROSS-STREET</td>
</tr>
<tr>
<td>REFUSED ............................................................... -7</td>
</tr>
<tr>
<td>DON'T KNOW ......................................................... -8</td>
</tr>
</tbody>
</table>
Have you ever heard of “Building Healthy Communities”, a program supported by The California Endowment?

Nabalitaan na ba ninyo ang “Building Healthy Communities”, isang programang itinataguyod ng California Endowment?

[IF NEEDED, SAY: “The Building Healthy Communities program is a 10-year project to improve the health of kids and youth. It is working to improve job opportunities, schools, housing, safety, and access to healthy foods in the neighborhood.”]

[IF NEEDED, SAY: “Ang Building Healthy Communities program ay isang 10-taong proyekto na pabutihin ang kalusugan ng mga bata at ng kabataan. Sinisipak nilong proyekto na pabutihin ang mga pagkakataon sa empleo, ang mga eskwelahan, ang pabahay, ang kaligtasan, at ang access sa nakakapagpalusog na pagkain sa kapitbahayan.”]
DON'T KNOW ............................................................ -8

PROGRAMMING NOTE QA15_N8N7:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA15_N14N13;
ELSE CONTINUE WITH QA15_N8N7

QA15_N8N7  I won’t ask you for the number, but do you have a working cell phone?
Hindi ko hilingin ang inyong numero, pero mayroon ba kayong gumaganang cell phone?

AM33

[CODE “SHARES CELL PHONE” ONLY IF VOLUNTEERED]

YES .................................................................1
NO .................................................................2 [GO TO PN QA15_N10N9]
SHARES CELL PHONE .....................................3
REFUSED ..........................................................-7 [GO TO PN QA15_N10N9]
DON'T KNOW ....................................................-8 [GO TO PN QA15_N10N9]

QA15_N9  How many different cell phone numbers do you currently use for personal calls?
Ilang iba-ibang cell phone phone number ang ginagamit ninyo sa kasalukuyan para sa mga personal na tawag?

AN10

_______ CELL PHONE NUMBERS

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

PROGRAMMING NOTE QA15_N10N9:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA15_N13N12;
ELSE CONTINUE WITH QA15_N10N9

QA15_N10  Is there a regular or landline telephone in your household?
Mayroon bang regular na telepono o landline sa inyong pamilya?

AN6

YES .................................................................1
NO .................................................................2 [GO TO PN QA15_N14N13]
REFUSED ..........................................................-7 [GO TO PN QA15_N14N13]
DON'T KNOW ....................................................-8 [GO TO PN QA15_N14N13]

QA15_N11  Is that telephone for personal use or business use only?
Ang teleponong iyon ba ay para sa personal na pangangailangan o pangaesyo'y pangangailangan lamang?

AN7

PERSONAL USE ONLY .......................................1
BUSINESS USE ONLY .......................................2 [GO TO PN QA15_N14N13]
BOTH PERSONAL USE AND BUSINESS USE ....3
REFUSED ..........................................................-7
DON'T KNOW ....................................................-8
QA15_N12  How many telephone lines do you have for personal use?  
Ilang linya ng telepono mayroon kayo para sa personal na gamit?

   _______ REGULAR OR LANDLINE NUMBERS

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

PROGRAMMING NOTE QA15_N13:
IF QA15_N8 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA15_N11 = 1 (HAS A LANDLINE FOR PERSONAL USE) OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA15_N13;
ELSE SKIP TO PROGRAMMING QA15_N14

QA15_N13  Of all the telephone calls that you receive, are...
Sa lahat ng tawag sa telepono na inyong natatanggap, ...

   AM34

   All or almost all calls received on a cell phone, .............. 1
   Lahat ba o halos lahat ng tawag ay natatanggap
   sa mga cell phone, .................................................. 1
   Some on cell phones & some on regular phones, or...... 2
   Ang ilan ba ay natatanggap sa cell phone at ang
   ilan ay sa regular na mga telepono, o.......................... 2
   Very few or none on cell phones................................. 3
   Kaunting-kaunti o wala sa mga cell phone? ................. 3
   REFUSED ...................................................................... -7
   DON'T KNOW ................................................................ -8

PROGRAMMING NOTE QA15_N14N13:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA15_N14N13

QA15_N14  Finally, do you think you would be willing to do a follow-up to this survey sometimesome time in the future?
Sa wakas, sa palagay ba ninyo papayag kayo sa isang follow-up sa survey na ito sa hinaharap?
Sa wakas, sa palagay ba ninyo papayag kayo sa isang follow-up sa survey na ito sa hinaharap?

   AM10

   YES ...........................................................................1
   MAYBE/PROBABLY YES ...........................................2
   DEFINITELY NOT .................................................. 3
   REFUSED ...................................................................... -7
   DON'T KNOW ................................................................ -8
PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF QA15_S6 = (2, -7, -8),
AND [QA15_S3 = 1 OR (QA15_S3 = 2, -7, -8 AND QA15_S5=1)], THEN CONTINUE WITH SUICIDE
RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1

SUICIDE RESOURCE 2:
As I mentioned earlier, if you’d like to talk to someone about suicidal thoughts or attempts, someone is
available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT
UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN
CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The toll-free
number is 1-800-273-TALK (8255). [IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK
TO YOU.]

Gaya nang binanggit ko kanina, kung gusto ninyong makipag-usap sa isang tao tungkol sa mga pag-iisip
o mga pagtatangka na mapakamatay, may taong handang makipag-usap, 24 oras sa bawat araw, na
makapagbibigay ng impormasyong makakatulong sa inyo. Ikalulugod kong maghintay habang
kumukuha kayo ng panulat, at maari kong ibigay sa inyo ang number. 1-800-273-TALK (8255) ang
toll-free number.

Or you can visit their website to find out information about getting help. [SPEAK SLOWLY WHEN GIVING
OUT THE WEBSITE ADDRESS.] The website address is at www.suicidepreventionlifeline.org [IF NEEDED,
REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

O, maari ninyong tingnan ang kanilang website sa www.suicidepreventionlifeline.org

QA15_N15  Would you like to speak with someone now?
Gusto ba ninyong makipag-usap sa isang tao ngayon?

<table>
<thead>
<tr>
<th>AN8</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>..............................................................................1</td>
</tr>
<tr>
<td>NO</td>
<td>..............................................................................2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>..............................................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>..............................................................................-8</td>
</tr>
</tbody>
</table>

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]
Titingnan ko kung mayroon sinumang iba pang kailangan naming kausapin.

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. Ninez Ponce, the
Principal Investigator. Dr. Ponce can be reached toll-free at 1-866-275-2447. Thank you, and
good-bye.

Salamat. Napakamahalaga sa amin ang inyong panahon at tulong. Nakatulong kayo sa
napakamahalagang survey sa buong estado. Kung mayroon kayong anumang mga katanungan
tungkol sa pagsusuri, mangyaring kontakin si Dr. Ninez Ponce, ang namumuno sa pagsusuri.
Maaari kayong makipag-ugnay kay Dr. Ponce sa 1-866-275-2447.