CHIS 2013-2014
Adult Questionnaire
Version 5.4 (Tagalog)
January 8, 2015

Adult Respondents Age 18 and Older

Collaborating Agencies:
- UCLA Center for Health Policy Research
- California Department of Health Care Services
- California Department of Public Health

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# Table of Contents

**SECTION A – DEMOGRAPHIC INFORMATION, PART I** .................................................. 5
- Age .................................................................................................................................. 5
- Gender ............................................................................................................................. 6
- Ethnicity ........................................................................................................................... 7
- Race .................................................................................................................................. 8
- Marital Status .................................................................................................................. 13

**SECTION B – HEALTH CONDITIONS** ........................................................................ 14
- General Health ................................................................................................................ 14
- Asthma ............................................................................................................................... 14
- Diabetes ............................................................................................................................ 19
- Pre-Diabetes/Borderline Diabetes .................................................................................... 19
- Gestational Diabetes ........................................................................................................ 24
- Hypertension ................................................................................................................... 24
- Heart Disease .................................................................................................................. 24

**SECTION C – HEALTH BEHAVIORS** ........................................................................ 27
- Walking for Transportation and Leisure ........................................................................ 27
- Dietary Intake ................................................................................................................... 29
- Fast Food ........................................................................................................................ 31
- Access to Fresh and Affordable Foods ............................................................................. 31
- Cigarette Use ................................................................................................................... 32
- Alcohol use/Abuse .......................................................................................................... 46

**SECTION D – GENERAL HEALTH, DISABILITY, AND SEXUAL HEALTH** ............. 48
- Height and Weight .......................................................................................................... 48
- Disability .......................................................................................................................... 48
- Sexual Partners ............................................................................................................... 51
- Sexual Orientation .......................................................................................................... 52
- HIV Testing ..................................................................................................................... 53
- Registered Domestic Partner ......................................................................................... 54

**SECTION F – MENTAL HEALTH** ............................................................................. 55
- K6 Mental Health Assessment ....................................................................................... 55
- Repeated K6 .................................................................................................................... 57
- Sheehan Scale ................................................................................................................. 59
- Access & Utilization ........................................................................................................ 61
- Stigma ............................................................................................................................... 63

**SECTION G – DEMOGRAPHIC INFORMATION, PART II** ..................................... 65
- Country of Birth (Self, Parents) .................................................................................... 65
- Language Spoken at Home ............................................................................................. 68
- Additional Language Use .............................................................................................. 68
- Citizenship and Immigration .......................................................................................... 69
- Spouse/Partner ............................................................................................................... 70
- Living with Parents ........................................................................................................ 71
- Child and Teen Selection ............................................................................................... 71
- Paid Child Care ............................................................................................................... 73
- Educational Attainment ................................................................................................. 75
- Veteran Status ............................................................................................................... 75
- Employment .................................................................................................................... 76
- Employment (Spouse/Partner) ...................................................................................... 80
SECTION H – HEALTH INSURANCE .................................................................................................................. 81
Usual Source of Care ................................................................................................................................. 81
Emergency Room Visits ............................................................................................................................. 82
Medicare Coverage ..................................................................................................................................... 83
Medi-Cal Coverage ...................................................................................................................................... 88
Healthy Families Coverage ......................................................................................................................... 89
Employer-Based Coverage .......................................................................................................................... 90
Private Coverage .......................................................................................................................................... 90
Employer Offer of Health Insurance ........................................................................................................... 96
CHAMPUS/CHAMP-VA, TRICARE, VA Coverage .................................................................................... 97
Healthy Kids ............................................................................................................................................. 97
AIM, MRMIP, Family PACT, PCIP, Other Government Coverage ............................................................... 98
Other Coverage ........................................................................................................................................... 99
Indian Health Service Participation ........................................................................................................... 102
Spouse’s Insurance Coverage Type & Eligibility ....................................................................................... 103
Managed-Care Plan Characteristics ........................................................................................................... 114
High Deductible Health Plans .................................................................................................................... 118
Coverage over Past 12 Months ..................................................................................................................... 120
Reasons for Lack of Coverage .................................................................................................................... 122
Hospitalizations ......................................................................................................................................... 130
Partial Scope Medi-Cal .............................................................................................................................. 131

SECTION I – CHILD AND ADOLESCENT HEALTH INSURANCE ...................................................................... 133
Child’s Health Insurance ............................................................................................................................. 133
Medi-Cal Coverage (Child) .......................................................................................................................... 134
Healthy Families Coverage (Child) .............................................................................................................. 135
Employer-Based Coverage (Child) .............................................................................................................. 135
Private Coverage (Child) ............................................................................................................................. 136
CHAMPUS/CHAMP-VA, TRICARE, VA Coverage (Child) ....................................................................... 140
Healthy Kids (Child) .................................................................................................................................. 140
AIM, MRMIP, PCIP, Other Government Coverage (Child) ......................................................................... 140
Other Coverage (Child) .............................................................................................................................. 141
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) ........................................................................................................ 151
Teen’s Health Insurance .............................................................................................................................. 155
Medi-Cal Coverage (Teen) ........................................................................................................................... 157
Healthy Families Coverage (Teen) .............................................................................................................. 157
Employer-Based Coverage (Teen) .............................................................................................................. 158
Private Coverage (Teen) .............................................................................................................................. 159
CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen) ......................................................................... 162
Healthy Kids (Teen) .................................................................................................................................... 163
AIM, MRMIP, Family PACT, PCIP, Other Government Coverage (Teen) .................................................... 163
Other Coverage (Teen) ............................................................................................................................... 164
Managed-Care Plan Characteristics (Teen) .................................................................................................... 166
High Deductible Health Plans (Teen) .......................................................................................................... 170
Reasons for Lack of Coverage (Teen) ........................................................................................................ 172
Coverage over Past 12 months (Teen) ......................................................................................................... 173
Country of Birth (Parents) ........................................................................................................................... 181
Citizenship and Immigration (Parents) ........................................................................................................ 182

SECTION J – HEALTH CARE UTILIZATION AND ACCESS ........................................................................... 184
Visits to medical doctor .............................................................................................................................. 184
Personal Doctor .......................................................................................................................................... 185
Patient-Centered Care................................................................. 186
Timely Appointments ............................................................... 187
Care Coordination .................................................................................................. 188
Communication Problems with a Doctor ......................................................... 188
Change of Usual Source of Care ................................................................. 190
Delays in Care ................................................................................................. 191
End of Life Care .............................................................................................. 197
Internet Use ................................................................................................. 197
Family Planning .............................................................................................. 198
Dental Health ................................................................................................. 200

SECTION K – EMPLOYMENT, INCOME, POVERTY STATUS, FOOD SECURITY ......................................................... 202

Hours Worked .............................................................................................. 202
Income Last Month .......................................................................................... 203
Annual Household Income ........................................................................... 204
Number of Persons Supported ........................................................................ 207
Poverty Level Test .......................................................................................... 208
Availability of Food in Household ................................................................. 211
Hunger ............................................................................................................... 212

SECTION L - PUBLIC PROGRAM PARTICIPATION ........................................................................................................... 213

TANF/CalWORKs ....................................................................................... 213
Food Stamps ................................................................................................. 214
Supplemental Security Income ....................................................................... 214
WIC .................................................................................................................. 215
Assets ............................................................................................................. 216
Alimony/Child Support .................................................................................. 217
Worker’s Compensation ................................................................................ 219
Social Security/Pension Payments ............................................................... 220
Reasons for Non-Participation in Medi-Cal .................................................. 221

SECTION M – HOUSING AND SOCIAL COHESION ........................................................................................................ 222

Housing ......................................................................................................... 222
Social Cohesion ............................................................................................. 224
Safety .............................................................................................................. 225
Civic Engagement .......................................................................................... 226

SECTION S – SUICIDE IDEATION AND ATTEMPTS ....................................................................................................... 227

Suicide Ideation and Attempts ................................................................. 227

SECTION N – DEMOGRAPHIC INFORMATION PART III AND CLOSING ................................................................................. 229

County of Residence .................................................................................... 229
Address Confirmation, Cross Streets, Zip Code ........................................... 230
Cell Phone Use .............................................................................................. 232
Follow-Up Survey Permission ..................................................................... 233

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 2013 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 QA13_A1:
SET AADATE = CURRENT DATE (YYYYMMDD)

Age
QA13_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]

AA1YR
YEAR _____ [RANGE: 1904-1996]

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

PROGRAMMING NOTE QA13_A2:
IF QA13_A1 = -7 OR -8 (REF/DK), CONTINUE WITH QA13_A2;
ELSE GO TO QA13_A5

QA13_A2  What month and year were you born?
Sa 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: 1904-1996]

REFUSED.............................................................-7
DON'T KNOW.......................................................-8
PROGRAMMING NOTE QA13_A3:
IF QA13_A2 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA13_A3;
ELSE GO TO QA13_A5

QA13_A3  What is your age, please?
Kung puede po sanang matanong, ano ang edad ninyo?

AA2

_____YEARS OF AGE  [RANGE: 0-120]  [GO TO QA13_A5]

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

PROGRAMMING NOTE QA13_A4:
IF QA13_A3 = -7 OR -8 (REF/DK) THEN CONTINUE WITH QA13_A4;
ELSE GO TO QA13_A5

QA13_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 QA13_A4: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON QA13_A1, QA13_A2, OR QA13_A3 TO USE IN ALL AGE-
RELATED QUESTIONS;
IF QA13_A1, QA13_A2, OR QA13_A3 = -7 OR -8 (REF/DK), THEN USE QA13_A4;
ELSE USE ENUM.AGE

Gender
QA13_A5  Are you male or female?
Lalaki o babae ba po kayo?

AA3

  MALE ..................................................................1
  FEMALE..........................................................2
  REFUSED.........................................................-7
Ethnicity

QA13_A6 Are you Latino or Hispanic?
Latino o Hispanic ba kayo?

[ ] YES ................................................................. 1
[ ] NO ........................................................................ 2 [GO TO PN QA13_A8]
[ ] REFUSED ........................................................... -7 [GO TO PN QA13_A8]
[ ] DON'T KNOW .................................................... -8 [GO TO PN QA13_A8]

QA13_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.

[ 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 QA13_A8:
IF QA13_A6 = 1 (YES, LATINO/HISPANIC) DISPLAY "You said you are Latino or Hispanic. Also, ";
IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR QA13_A8, CONTINUE WITH
PROGRAMMING NOTE QA13_A9;
ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

Race

QA13_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 pag-describe sa sarili ninyo. Masasabi ba ninyo ang sarili
ninyo na 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 QA13_A16]
BLACK OR AFRICAN AMERICAN...............................2[GO TO PN QA13_A16]
ASIAN ........................................................................3[GO TO PN QA13_A12]
AMERICAN INDIAN OR ALASKA NATIVE ...............4 [GO TO PN QA13_A9]
OTHER PACIFIC ISLANDER ....................................5[GO TO PN QA13_A13]
NATIVE HAWAIIAN ..................................................6[GO TO PN QA13_A16]
OTHER (SPECIFY: ____________________________) .......91
REFUSED ..................................................................97
DON’T KNOW .........................................................-8
PROGRAMMING NOTE QA13_A9:
IF QA13_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA13_A9;
ELSE GO TO PROGRAMMING NOTE QA13_A12

QA13_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

QA13_A10  Are you an enrolled member in a federally or state recognized tribe?
Naka-enroll ba kayo bilang miyembro ng sa isang tribong kinikilala ng pamahalaang pederal o estado?

AA5C

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

[GO TO PN QA13_A12]
Which tribe are you enrolled in?
Sa aling tribó kayo nak-enroll?

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<th>Code</th>
<th>Description</th>
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<tr>
<td>Apache</td>
<td>AA5D</td>
<td>MesCALERO APACHE, NM</td>
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**PROGRAMMING NOTE QA13_A12:**

```c
IF QA13_A8 = 3 (ASIAN) CONTINUE WITH QA13_A12;
ELSE GO TO PROGRAMMING NOTE QA13_A13
```

**QA13_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.

*Sinabi ninyo na Asian. Aling espesipikong pangkating etniko kayo, gaya ng [Chinese, Filipino, Vietnamese]? Kung higit sa isa kayo, banggitin ninyo ang lahat sa akin.*

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<td>THAI</td>
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<td>..................................</td>
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<tr>
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<td>..................................</td>
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</tbody>
</table>

**PROGRAMMING NOTE QA13_A13:**

```c
IF QA13_A8 = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH QA13_A13;
ELSE GO TO PROGRAMMING NOTE QA13_A14
```

**QA13_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]**

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<td>TONGAN</td>
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<tr>
<td>OTHER PACIFIC ISLANDER</td>
<td>(SPECIFY: ___________ )</td>
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<tr>
<td>DON'T KNOW</td>
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</table>
PROJECTING NOTE QA13_A14:
IF QA13_A6 = 1 (LATINO) AND [QA13_A8 = 6 (NATIVE HAWAIIAN) OR QA13_A8 = 5 (OTHER PACIFIC ISLANDER) OR QA13_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR QA13_A8 = 3 (ASIAN) OR QA13_A8 = 2 (BLACK/AFRICAN AMERICAN) OR QA13_A8 = 1 (WHITE) OR QA13_A8 = 91 (OTHER)], CONTINUE WITH QA13_A14;
ELSE IF THERE WERE MULTIPLE RESPONSES TO QA13_A8, QA13_A12, OR QA13_A13 [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH QA13_A14;
ELSE SKIP TO QA13_A16

QA13_A14  You said that you are: {INSERT MULTIPLE RESPONSES FROM QA13_A7, QA13_A8, QA13_A12 AND QA13_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 particular na lahi?

|   |   |   |   |   |   
|---|---|---|---|---|---|
| AA5G | YES | ................................................. | 1 |
| NO | ................................................. | 2 |
| REFUSED | ................................................. | -7 |
| DON'T KNOW | ................................................. | -8 |

PROGRAMMING NOTE FOR QA13_A15:
IF QA13_A6 = 1 (YES, LATINO) AND QA13_A7 ≠ -7 OR -8, DO NOT DISPLAY QA13_A15 = 14 (LATINO);
IF QA13_A8 = 1 (YES, OTHER PACIFIC ISLANDER) AND QA13_A13 = 1 TO 4 OR 91, DO NOT DISPLAY QA13_A15 = 17 (OTHER PACIFIC ISLANDER);
IF QA13_A8 = 3 AND QA13_A12 = 1 TO 17 OR 91, DO NOT DISPLAY QA13_A15 = 19 (ASIAN)

QA13_A15  Which do you most identify with?
Sa aling lahi ninyo higit na iniuugnay ang sarili ninyo?

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RACE, OTHER SPECIFY........................................22
BANGLADESHI..................................................30
BURMESE .......................................................31
CAMBODIAN .....................................................32
CHINESE ..........................................................33
FILIPINO ...........................................................34
HMONG ...........................................................35
INDIAN (INDIA) ................................................36
INDONESIAN .....................................................37
JAPANESE ........................................................38
KOREAN ..........................................................39
LAOTIAN ..........................................................40
MALAYSIAN ......................................................41
PAKISTANI ........................................................42
SRI LANKAN .....................................................43
TAIWANESE .....................................................44
THAI .................................................................45
VIETNAMESE .....................................................46
ASIAN, OTHER SPECIFY ......................................49
SAMOAN/AMERICAN SAMOAN .........................50
GUAMANIAN .....................................................51
TONGAN ...........................................................52
FIJIAN ...............................................................53
PACIFIC ISLANDER, OTHER SPECIFY .................55
BOTH/ALL/MULTIRACIAL ....................................90
NONE OF THESE ................................................95
REFUSED .........................................................-7
DON'T KNOW ...................................................-8

Marital Status
QA13_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 kalianman?

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

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

General Health
QA13_B1  These next questions are about your health.

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-but i o mahina?

<table>
<thead>
<tr>
<th>AB1</th>
<th>EXCELLENT</th>
<th>...............................</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>...............................</td>
<td>2</td>
</tr>
<tr>
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<td>GOOD</td>
<td>...............................</td>
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<td>REFUSED</td>
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<td></td>
<td>DON'T KNOW</td>
<td>................................</td>
<td>-8</td>
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</tbody>
</table>

Asthma
QA13_B2  Has a doctor ever told you that you have asthma?
Nasabihan na ba kayo ng doktor kailanman na may asthma kayo?

<table>
<thead>
<tr>
<th>AB17</th>
<th>YES</th>
<th>................................</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>................................</td>
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</tr>
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<td>DON'T KNOW</td>
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</tbody>
</table>

QA13_B3  Do you still have asthma?
Mayroon pa ba kayong asthma?

<table>
<thead>
<tr>
<th>AB40</th>
<th>YES</th>
<th>................................</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>................................</td>
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<td>DON'T KNOW</td>
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</table>

QA13_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?

<table>
<thead>
<tr>
<th>AB41</th>
<th>YES</th>
<th>................................</th>
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<tbody>
<tr>
<td></td>
<td>NO</td>
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<td>2</td>
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<tr>
<td></td>
<td>REFUSED</td>
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<td>DON'T KNOW</td>
<td>................................</td>
<td>-8</td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA13_B5:
IF [QA13_B3 = 2, -7, OR -8 (DOES NOT HAVE ASTHMA)] AND [QA13_B4 = 2, -7, OR -8 (NO EPISODE OF ASTHMA IN LAST 12 MOS)], GO TO QA13_B9;
ELSE CONTINUE WITH QA13_B5

QA13_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 naka-experience ng mga synthoms 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 ..................................................-8

QA13_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 magpatinginsa emergency room ng ospital dahil sa inyong asthma?

AH13A

YES .................................................................1
NO .................................................................2
[GO TO QA13_B8]
REFUSED ...........................................................7
[GO TO QA13_B8]
DON'T KNOW ................................................-7
[GO TO QA13_B8]

QA13_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
QA13_B8  During the **past 12 months**, were you admitted to the hospital overnight or longer for your asthma?

Nitong nakaraang 12 **buwan**, naospital ba kayo nang magdamag o mas matagal pa para sa inyong asthma?

**AH15A**

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

QA13_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 gamut na pampigil sa asthma ninyo na inireseta o ibinigay sa inyo ng doktor?

**AB18**

[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 ginamit para sa pangmadaliang ginhawa.”]

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

**PROGRAMMING NOTE QA13_B10:**

IF QA13_B3 = 1 (YES, STILL HAVE ASTHMA) OR QA13_B4 = 1 (YES, EPISODE IN LAST 12 MOS) GO TO PROGRAMMING NOTE QA13_B14;
ELSE CONTINUE WITH QA13_B10

QA13_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...

**AB66**

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
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 magpapatok sa emergency room ng ospital dahil sa inyong asthma?

**AB67**

YES .................................................................1
NO .................................................................2 [GO TO QA13_B13]
REFUSED ..........................................................-7 [GO TO QA13_B13]
DON'T KNOW ....................................................-8 [GO TO QA13_B13]

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?

**AB107**

[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

During the past 12 months, were you admitted to the hospital overnight or longer for your asthma?
Nitong nakaraang 12 buwan, naospital 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 QA13_B14:**
IF AAGE > 69 GO TO QA13_B15;
ELSE CONTINUE WITH QA13_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 nakapagosok sa trabaho nang dahil sa asthma?

**AB42**

[INTERVIEWER NOTE: IF NOT WORKING, ENTER ZERO]

_______ DAYS (0 - 365)

REFUSED ..........................................................-7
DON'T KNOW ....................................................-8
QA13_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?
Nakipagultungan na ba sa inyo ang inyong mga doktor o mga iba pang medical provider na gumawa ng plano para malaman ninyo kung paano alagaan ang inyong asthma?

AB43

YES .................................................................1
NO .................................................................2 [GO TO QA13_B17]
REFUSED ......................................................-7 [GO TO QA13_B17]
DON'T KNOW ..............................................-8 [GO TO QA13_B17]

QA13_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

QA13_B17 How confident are you that you can control and manage your asthma? Would you say you are...
Gaano ang tiwala ninyo na kaya ninyong pigilin at paggamot ang inyong asthma? Masasabi ba ninyo na kayo ay...

AB108

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
Diabetes

PROGRAMMING NOTE QA13_B18:
IF QA13_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA13_B18  {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?
Nasabihan na ba kayo ng doktor kailanman na mayroon kayong diabetes o sugar diabetes?
Maliban sa panahon na buntis kayo, nasabihan na ba kayo ng doktor kailanman na mayroon kayong diabetes o sugar diabetes?

AB22

YES ....................................................................................1
NO ...................................................................................2
BORDERLINE OR PRE-DIABETES ..................................3  [GO TO PN QA13_B34]
REFUSED ...........................................................................-7
DON'T KNOW ........................................................................-8

Pre-Diabetes/Borderline Diabetes

PROGRAMMING NOTE QA13_B19:
IF QA13_A5 = 2 (FEMALE) DISPLAY "Other than during pregnancy, has";
ELSE BEGIN DISPLAY WITH "Has"

QA13_B19  {Other than during pregnancy, has/Has} a doctor ever told you that you have pre-diabetes or borderline diabetes?
Nasabihan na ba kayo ng doktor kailanman na mayroon kayong pre-diabetes, o borderline diabetes?
Maliban sa panahon na buntis kayo, 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 QA13_B20:
IF QA13_B18 = 1 THEN CONINTUE WITH QA13_B20;
ELSE SKIP TO PROGRAMMING NOTE QA13_B34

QA13_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
**QA13_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?

[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 ordinarily, nadada-diagnoze sa mga bata at mga kabataan. Ang Type 2 diabetes ang resulta ng pagkawala ng kakayahang gamitin ng katawan ang insulin at ito ang ordinaryong uri ng diabetes.”]

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<th>Type</th>
<th>Code</th>
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<tr>
<td>Type 1</td>
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<tr>
<td>Type 2</td>
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</tr>
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<td>Another Type</td>
<td>3</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
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</tbody>
</table>

**QA13_B22**  Are you now taking insulin?  
Gumagamit ba kayo ngayon ng insulin?

[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.”]

<table>
<thead>
<tr>
<th>Yes</th>
<th>Code</th>
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</thead>
<tbody>
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</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>
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</table>

**QA13_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?

[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.”]

<table>
<thead>
<tr>
<th>Yes</th>
<th>Code</th>
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</thead>
<tbody>
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<td>Yes</td>
<td>1</td>
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<tr>
<td>No</td>
<td>2</td>
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<td>Refused</td>
<td>7</td>
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<tr>
<td>Don’t know</td>
<td>8</td>
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</tbody>
</table>
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 ba kayo, o ng isang kaanak o ng kaibigan na nagtse-tsek ng dugo ninyo para sa glucose o asukal sa bawat araw, bawat linggo o bawat buwan?

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

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 kayo tsinek ng doktor ang inyong paa para sa anumang mga sugat o mga pangangati?
QA13_B27  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 ang pupil o pinalaki ang itim ng inyong mata? Nagkaroon ito ng epekto na nasisilaw sa liwanag ang inyong mata sa loob ng maikling panahon.

AB63

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

QA13_B28  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 magpapamahala sa emergency room ng ospital dahil sa inyong diabetes?

AB109

YES ......................................................1
NO .....................................................2 [GO TO QA13_B30]
REFUSED ...........................................-7 [GO TO QA13_B30]
DON'T KNOW ......................................-8 [GO TO QA13_B30]

QA13_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

QA13_B30  During the past 12 months, were you admitted to the hospital overnight or longer for your diabetes?
Nitong nakaraang 12 buwan, na-oospital ba kayo nang magdamag o mas matagal pa para sa inyong diabetes?

AB111

YES ......................................................1
NO .....................................................2
REFUSED ...........................................-7
DON'T KNOW ......................................-8
QA13_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?
Nakipagtulungan na ba sa inyo ang inyong mga doctor o mga iba pang medical provider o nagkakaloob ng serbisyong medikal para makagawa ng plano para malaman ninyo kung paano alagaan ang inyong diabetes?

AB112

YES ..................................................................................1
NO ...................................................................................2 [GO TO QA13_B33]
REFUSED .........................................................................-7 [GO TO QA13_B33]
DON'T KNOW .................................................................-8

QA13_B32 Do you have a written or printed copy of this plan?
Mayroon ba kayong nakasulat o naka-print na kopya ng planong ito?

AB113

[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

QA13_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 pigilin at pangalagaan ang inyong diabetes? Masasabi ba ninyo na kayo ay...

AB114

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

**PROGRAMMING NOTE QA13_B34:**
IF QA13_A5 = 2 (FEMALE) CONTINUE WITH QA13_B34;
ELSE GO TO QA13_B35

**QA13_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 buntis lamang kayo?

**AB81**
[IF NEEDED, SAY: “This is also known as gestational diabetes.”]
[IF NEEDED, SAY: "Kinikila din ito na gestational diabetes.”]

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

Hypertension

**QA13_B35**
Has a doctor ever told you that you have high blood pressure?
Nasabihan na ba kayo ng doktor kailanman na mayroon kayong altapresyon?

**AB29**

YES .................................................................1
NO ......................................................................2 [GO TO QA13_B37]
HIGH NORMAL/BORDERLINE/ PRE-HYPERTENSION..........................3 [GO TO QA13_B37]
REFUSED ............................................................-7 [GO TO QA13_B37]
DON'T KNOW ......................................................-8 [GO TO QA13_B37]

**QA13_B36**
Are you now taking any medications to control your high blood pressure?
Umiinom ba kayo ngayon ng anumang gamot para pigilin ang inyong altapresyon?

**AB30**

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

Heart Disease

**QA13_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?

**AB34**

YES .................................................................1
NO ......................................................................2 [GO TO QA13_B45]
REFUSED ............................................................-7 [GO TO QA13_B45]
DON'T KNOW ......................................................-8 [GO TO QA13_B45]
QA13_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?

AB52

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

QA13_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 magpagamot sa emergency room ng ospital dahil sa inyong sakit sa puso?

AB115

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

QA13_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?

AB116

[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

QA13_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?

AB117

YES ........................................................................1
NO ......................................................................2
REFUSED .........................................................-7
DON'T KNOW ..................................................-8
QA13_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?
Nakipagtulungan na ba sa inyo ang inyong mga doktor o mga iba pang medical provider para makagawa ng plano upang malaman ninyo kung paano alagaan ang inyong sakit sa puso?

[AB118]

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

QA13_B43 Do you have a written or printed copy of this plan?
Mayroon ba kayong nakasulat o naka-print na kopya ng planong ito?

[AB119]

[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

QA13_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 pigilin 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, ..............................3
Not at all confident? .......................................4
Walang tiwala kahit kaunti? ............................4
REFUSED ........................................................7
DON'T KNOW ......................................................8

Flu shot

QA13_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?
(CHIS 2014 ONLY)

[AE30]

[IF NEEDED, SAY: “A flu shot is usually given in the Fall and protects against influenza for the flu season.”]
[IF NEEDED, SAY: "Pangkaraniwan na ibinibigay ang flu shot tuwing fall at nagbibigay-protekson ito laban sa trangkaso sa panahon ng trangkaso.”]

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

Walking for Transportation and Leisure

QA13_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 mga 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?

AD37W

YES ..........................................................1
NO ...........................................................2 [GO TO QA13_C4]
UNABLE TO WALK ......................................3 [GO TO QA13_C7]
REFUSED ..................................................-7 [GO TO QA13_C4]
DON'T KNOW ...........................................-8 [GO TO QA13_C4]

QA13_C2 In the past 7 days, how many times did you do that?
Nitong nakaraang 7 araw, ilang beses ninyo ginawa iyon?

AD38W

[IF NEEDED, SAY: “Walk for at least 10 minutes to get some place.”]
[IF NEEDED, SAY: "Naglakad kahit man lamang 10 minuto upang marating ang isang lugar.”]

______ TIMES PER WEEK

REFUSED ..................................................-7 [GO TO QA13_C4]
DON'T KNOW ...........................................-8 [GO TO QA13_C4]

PROGRAMMING NOTE QA13_C3:
IF QA13_C2 = 1 DISPLAY “How long did that walk take”;
IF QA13_C2 > 1 DISPLAY “On average, how long did those walks take”

QA13_C3 (How long did that walk take/On average, how long did those walks take)?
Sa karaniwan, gaano katagal inabot ang mga paglalakad na iyon?
Gaano katagal inabot ang paglalakad na iyon?

AD39W

______ MINUTES PER DAY
______ HOURS PER DAY

REFUSED ..................................................-7
DON'T KNOW ...........................................-8
PROGRAMMING NOTE QA13_C4:
IF QA13_C1 = 1 (WALK FOR TRANSPORTATION) DISPLAY “Please do not include walking for transportation.”

QA13_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.}

AD40W
YES ...................................................1
NO .....................................................2 [GO TO QA13_C7]
REFUSED ..........................................7 [GO TO QA13_C7]
DON'T KNOW ......................................8 [GO TO QA13_C7]

QA13_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 kasayahan, libangan, ehersisyo, o upang ilakad ang aso.”]  

______ TIMES PER WEEK  
[IF 0, GO TO QA13_C7]

REFUSED ..........................................7 [GO TO QA13_C7]
DON'T KNOW ......................................8 [GO TO QA13_C7]

PROGRAMMING NOTE QA13_C6:
IF QA13_C5 = 1 DISPLAY “How long did that walk take”;
IF QA13_C5 > 1 DISPLAY “On average, how long did those walks take”

QA13_C6
{How long did that walk take/On average, how long did those walks take}?
Sa karaniwan, gaano katagal inabot ang mga paglalakad na iyon?
Gaano katagal inabot ang paglalakad na iyon?

AD42W
______ MINUTES PER DAY
______ HOURS PER DAY

REFUSED ..........................................7
DON'T KNOW ......................................8
### Dietary Intake

**QA13_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.  
[Puede ninyong sabihin sa akin kung bawat araw, bawat linggo o bawat buwan.]

**AC11**  
[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.”]

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<th>TIMES</th>
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<th>PER WEEK</th>
<th>PER MONTH</th>
<th>REFUSED</th>
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**QA13_C8**  
[During the past month,] how often did you drink sweetened fruit drinks, sports, or energy drinks?  
[Nitong nakaraang buwan,] gaano kadalas kayo uminom ng pinatamis na mga inuming may katas ng prutas, at ng sports o energy drink?

**AC46**  
[IF NEEDED, SAY: “Such as lemonade, Gatorade, Snapple, or Red Bull.”]  
[IF NEEDED, SAY: ”Gaya ng lemonada, Gatorade, Snapple, o Red Bull.”]

[DO NOT READ. FOR INTERVIEWER INFORMATION ONLY. THIS ALSO INCLUDES DRINKS SUCH AS: FRUIT JUICES OR DRINKS YOU MADE AT HOME AND ADDED SUGAR TO, KOOL-AID, TAMPCO, HAWAIIAN PUNCH, CRANBERRY COCKTAIL, HI-C, SNAPPLE, SUGAR CANE JUICE, AND VITAMIN WATER. DO NOT INCLUDE: 100% FRUIT JUICES OR SODA, YOGURT DRINKS, CARBONATED WATER, OR FRUIT-FLAVORED TEAS.]

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<tr>
<th>TIMES</th>
<th>PER DAY</th>
<th>PER WEEK</th>
<th>PER MONTH</th>
<th>REFUSED</th>
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QA13_C9  Yesterday, how many glasses of water did you drink at work, home, and everywhere else? Count one cup as one glass and count one bottle of water as two glasses. Count only a few sips, like from a water fountain, as less than one glass. Your best guess is fine.
Kahapon, gaano karaming baso ang ininom ninyo sa trabaho, sa bahay at saan pa man?
Bilangin ang isang tasa na isang baso at bilangin ang isang bote ng tubig na dalawang baso.

AC47  IF NEEDED SAY: “Include tap water, like from a sink, faucet, fountain, or pitcher, and bottled water like Aquafina®. Do not include flavored sweetened water.”
[IF NEEDED, SAY: “Bilangin ang tubig na galing sa gripo, gaya ng nakukuha sa lababo, gripo, fountain, o pitsel at saka tubig na nakabote gaya ng Aquafina. Huwag bilangin ang tubig na pinamatamis at hinaluan ng pampalasa.”]

_____ Glasses  [HR: 0-20; SR: 0-15]

LESS THAN 1 GLASS
(eg, SIPS FROM A FOUNTAIN) .......................... 99
NONE ............................................. 0
REFUSED ............................................. -7
DON’T KNOW ............................................. -8

QA13_C10  Yesterday, how many glasses of nonfat or low-fat milk did you drink? Do not include 2% milk or whole milk.
Kahapon, ilang baso ng gatas na nonfat or low-fat ang inyong ininom?” Huwag bilangin ang gatas na 2% o whole.

AC48  [IF NEEDED, SAY: “Count one cup or 8 ounces as one glass.”]
[IF NEEDED, SAY: "Bilangin ang isang tasa o ang 8 onsa na isang baso.”]

[INTERVIEWER NOTE: ONLY INCLUDE DAIRY MILK.]

_____ GLASSES [HR: 0-10; SR: 0-7]

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

**QA13_C11**

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 na kinain sa trabaho, sa bahay o sa mga restaurant, sa carryout o sa drive through.

**AC31**

[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

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<th>REFUSED</th>
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Access to Fresh and Affordable Foods

**QA13_C12**

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 lugar? Masasabi ba ninyo na...

**AC42**

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 QA13_C13:
IF QA13_C12 = 2, 3, OR 4, THEN CONTINUE WITH QA13_C13;
ELSE GO TO PROGRAMMING NOTE QA13_C14

QA13_C13 How often are they affordable? Would you say...
Gaano kadalas na abot-kaya ang mga iyon? Masasabi ba ninyo na...

[IF NEEDED, SAY: “How often are the fresh fruits and vegetables you find in your neighborhood affordable? Would you say...”]

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

Cigarette Use
QA13_C14 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 kabuuan, higit pa sa 100 sigarilyo sa buong buhay ninyo?

AE15 YES ....................................................................1
NO ...........................................................................2 [GO TO QA13_C46]
REFUSED .................................................................-7
DON’T KNOW ..........................................................-8

QA13_C15 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 QA13_C17]
NOT AT ALL ..........................................................3 [GO TO PN QA13_C18]
REFUSED .................................................................-7 [GO TO PN QA13_C18]
DON’T KNOW ..........................................................-8 [GO TO PN QA13_C18]
QA13_C16  On average, how many cigarettes do you now smoke a day?
Sa karaniwan, nakaka ilang sigarilyo ka sa isang araw?

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

_____ NUMBER OF CIGARETTES  [HR: 0-120]  [GO TO PN QA13_C18]
REFUSED ...........................................-7  [GO TO PN QA13_C18]
DON’T KNOW ......................................-8  [GO TO PN QA13_C18]

PROGRAMMING NOTE QA13_C17:
IF QA13_C15 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA13_C17;
ELSE GO TO WITH QA13_C18

QA13_C17  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]

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

PROGRAMMING NOTE QA13_C18:
IF QA13_C15 = 1 (SMOKE EVERY DAY) OR 2 (SMOKE SOME DAYS), THEN CONTINUE WITH QA13_C18;
ELSE SKIP TO QA13_C46;

QA13_C18  How old were you when you first started to smoke cigarettes fairly regular?
Ano ang edad ninyo noong una kayong nagsimulang manigarilyo nang regular?
(CHIS 2014 ONLY)

AC52

_____ YEARS OLD  [HR: 0, 5 - 99]
NEVER SMOKED REGULARLY .........................0  [SKIP TO QA13_C20]
REFUSED ...........................................-7  [SKIP TO QA13_C20]
DON’T KNOW ......................................-8  [SKIP TO QA13_C20]

QA13_C19  How long has it been since you smoked on a daily basis?
Gaonang katagal na kayo naninigarliyo nang araw-araw?
(CHIS 2014 ONLY)

AC53

_____ DAY(S)  [HR: 0 - 365]
_____ MONTH(S)  [HR: 0 - 12]
_____ YEAR(S)  [HR: 0 - 99]
NEVER SMOKED DAILY..................................999
REFUSED ...........................................-7
DON’T KNOW ......................................-8
PROGRAMMING NOTE QA13_C20:
IF QA13_C15 = 2 (SMOKE SOME DAYS), THEN DISPLAY “On days when you smoke, how”;

QA13_C20 (On days when you smoke, how/How) soon after you awake do you usually smoke your first cigarette?
Sa karonwang, gaang katagal pagkatapos kayong gumising na humihithit kayo ng unang sigarilyo ninyo?
Sa mga araw na naninigarilyo kayo, gaang katagal pagkatapos kayong gumising na humihithit kayo ng unang sigarilyo ninyo?

[CHIS 2014 ONLY]

AC54

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

_____ AMOUNT OF TIME
_____ UNIT OF TIME

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

QA13_C21 Where do you usually buy your cigarettes?
Saan kayo karonwang bumibili ng mga sigarilyo ninyo?

[CHIS 2014 ONLY]

AC55

CONVENIENCE STORES OR GAS STATIONS......1
SUPER MARKETS ........................................2
LIQUOR STORES OR DRUG STORES3 .........
TOBACCO DISCOUNT STORES ..................4
OTHER DISCOUNT OR WAREHOUSE STORES,
    SUCH AS WAL-MART OR COSTCO ..........5
INDIAN RESERVATIONS ..............................6
MILITARY COMMISSARIES ..........................7
ONLINE ................................................8
SOMEBODY ELSE? (Other specify:______). 91
I DON’T BUY .........................................99 [SKIP TO QA13_C23]
REFUSED ...............................................-7
DON’T KNOW ..........................................-8

QA13_C22 How much do you usually pay for a pack of cigarettes?
Magkano ang karonwang bayad ninyo para sa isang kaha ng sigarilyo?

[CHIS 2014 ONLY]

AC56

_____ . _____ AMOUNT PER PACK
_____ . _____ AMOUNT PER CARTON

REFUSED ...............................................-7
DON’T KNOW ..........................................-8
QA13_C23  The last time you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions?
Noong huli kayong bumili ng sigarilyo, gumamit ba kayo ng mga coupon, rebate, bumili ng 1 bibigyan kayo ng 1 libre, 2 para sa 1, o anupamang ibang special promotion?

(CHIS 2014 ONLY)

AC57

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

QA13_C24  Do you usually smoke menthol or non-menthol cigarettes?
Sa karaaniwan, menthol o non-menthol ba ang mga sigarilyo na hinihithit ninyo?

(CHIS 2014 ONLY)

AC58

MENTHOL ..........................................................1
NON-MENTHOL ..................................................2
REFUSED ..........................................................7
DON'T KNOW .....................................................8

PROGRAMMING NOTE QA13_C25:
IF QA13_C15 = 1 (SMOKE EVERY DAY) OR C15 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA13_C25;
ELSE CONTINUE WITH QA13_C46

QA13_C25  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, tumigil na ba kayo sa paninigarilyo nang isang araw man lang o mas matagal pa dahil sinusubukan ninyong huminto sa paninigarilyo?

(CHIS 2014 ONLY)

AC49

YES .................................................................1
NO .................................................................2  [GO TO QA13_C27]
REFUSED .........................................................7  [GO TO QA13_C27]
DON'T KNOW .....................................................8  [GO TO QA13_C27]

QA13_C26  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 na kayo sumubok na huminto ng paninigarilyo nang isang araw man lang o mas matagal?

AC59

_______ NUMBER OF TIMES

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

QA13_C27  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
NO .................................................................2
REFUSED ..........................................................7
DON'T KNOW .....................................................8
PROGRAMMING NOTE QA13_C28:
IF QA13_C25 = 1 (TRIED QUITTING IN THE PAST 12 MONTHS), CONTINUE WITH QA13_C28;
ELSE SKIP TO QA13_C44;

QA13_C29 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, did you use a nicotine replacement therapy such as a…
May maraming produkto na tinatawag na Nicotine Replacement Therapy o NRT na kapalit ng nicotine para tulungan ang mga tao na huminto ng paninigarilyo. Noong huli kayong sumubok na huminto, gumamit ba kayo ng nicotine replacement therapy tulad ng…

AC60
nicotine patch?
nicotine patch?
YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW ...............................................-8

QA13_C30
[The last time you tried to quit, did you use a nicotine replacement therapy such as a…]
[Noong huli kayong sumubok na huminto, gumamit ba kayo ng nicotine replacement therapy tulad ng…]

AC61
nicotine gum?
nicotine gum?
YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW ...............................................-8

QA13_C30
[The last time you tried to quit, did you use a nicotine replacement therapy such as a…]
[Noong huli kayong sumubok na huminto, gumamit ba kayo ng nicotine replacement therapy tulad ng…]

AC62
nicotine inhaler?
nicotine inhaler?
YES .................................................................1
NO .................................................................2
REFUSED .......................................................-7
DON'T KNOW ...............................................-8
**QA13_C31**  [The last time you tried to quit, did you use a nicotine replacement therapy such as a...]
[Noong huli kayong sumubok na huminto, gumamit ba kayo ng nicotine replacement therapy tulad ng...]
(CHIS 2014 ONLY)

**AC63**

nicotine lozenge?

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

**QA13_C32**  There are prescription medications to help people quit smoking cigarettes. The last time you tried to quit, did you use …
May mga gamot na nirireseta para tulungan ang mga tao na huminto ng paninigarilyo. Noong huli kayong sumubok na huminto, gumamit ba kayo ng...
(CHIS 2014 ONLY)

**AC64**

Zyban, Wellbutrin, or Bupropion?
Zyban, Wellbutrin, o Bupropion?

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

**QA13_C33**  [The last time you tried to quit, did you use …]
[Noong huli kayong sumubok na huminto, gumamit ba kayo ng...]

**AC65**

Prozac?
Prozac?

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

**QA13_C34**  [The last time you tried to quit, did you use …]
[Noong huli kayong sumubok na huminto, gumamit ba kayo ng...]

**AC66**

Chantix or Varenicline?
Chantix o Varenicline?

YES ...............................................1
NO ..................................................2
REFUSED ..........................................7
DON'T KNOW ........................................8
In the past 12 months, have you done any of the following to help you quit smoking? Did you…

(QA13_C35)

AC67

Switch to "light" cigarettes?
Pinalitan ba ninyo ng "light" cigarette ang sigarilyo ninyo?

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

(QA13_C36)

AC68

Switch to smokeless tobacco?
Pinalitan ba ninyo ng smokeless tobacco ang sigarilyo ninyo?

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

(QA13_C37)

AC69

Quit completely on your own or "cold turkey"?
Lubusang huminto ba kayo sa sariling pagsisikap o nang "cold turkey"?

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

(QA13_C38)

AC70

Stop hanging out with friends who smoke?
Huminto ba kayo ng pakikihalubilo sa mga kaibigan na naninigarilyo?

YES ...............................................................1
NO ...............................................................2
REFUSED .......................................................-7
DON'T KNOW ...................................................-8
QA13_C39  [In the past 12 months, have you done any of the following to help you quit smoking? Did you…]  
[Nitong nakaraang 12 buwan, ginawa ba ninyo ang alinman sa mga sumusunod para tulungan kayong huminto ng paninigarilyo?]  
(CHIS 2014 ONLY)

AC71 Try to quit with a friend?  
Sinubukan ba ninyong huminto na kasabay ng isang kaibigan?

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

QA13_C40  [In the past 12 months, have you done any of the following to help you quit smoking? Did you…]  
[Nitong nakaraang 12 buwan, ginawa ba ninyo ang alinman sa mga sumusunod para tulungan kayong huminto ng paninigarilyo?]  
(CHIS 2014 ONLY)

AC72 Exercise more to help you quit smoking?  
Nag-ehersisyo ba kayo nang mas matagal para tulungan kayong huminto ng paninigarilyo?

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

QA13_C41  [In the past 12 months, have you done any of the following to help you quit smoking? Did you…]  
[Nitong nakaraang 12 buwan, ginawa ba ninyo ang alinman sa mga sumusunod para tulungan kayong huminto ng paninigarilyo?]  
(CHIS 2014 ONLY)

AC73 Use herbal remedies for quitting smoking?  
Gumamit ba kayo ng herbal remedies para huminto ng paninigarilyo?

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

QA13_C42  [In the past 12 months, have you done any of the following to help you quit smoking? Did you…]  
[Nitong nakaraang 12 buwan, ginawa ba ninyo ang alinman sa mga sumusunod para tulungan kayong huminto ng paninigarilyo?]  
(CHIS 2014 ONLY)

AC74 Use acupuncture or hypnosis to help you quit smoking?  
Gumamit ba kayo ng acupuncture o ng hypnosis para tulungan kayong huminto ng paninigarilyo?

YES ..............................................1  
NO ..............................................2  
REFUSED .......................................-7  
DON'T KNOW ..................................-8
QA13_C43  [In the past 12 months, have you done any of the following to help you quit smoking? Did you…]  
[Nitong nakaraang 12 buwan, ginawa ba ninyo ang alinman sa mga sumusunod para tulungan kayong huminto ng paninigarilyo?]  
(CHIS 2014 ONLY)

AC75  
Call a telephone quitting helpline?  
Tumawag ba kayo sa telepono sa isang helpline para sa paghinto ng paninigarilyo?  

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

QA13_C44  In the past 12 months, did a doctor or other health professional advise you to quit smoking?  
Nitong nakaraang 12 buwan, pinayuhan ba kayo ng doktor o ng iba pang health professional na huminto ng paninigarilyo?  
(CHIS 2014 ONLY)

AC77  

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

QA13_C45  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 para sa paghinto ng paninigarilyo, o binigyan ba kayo ng impormasyon tungkol sa programa?  
(CHIS 2014 ONLY)

AC78  

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

PROGRAMMING NOTE QA13_C46:  
IF AGE <= 65 THEN CONTINUE WITH QA13_C46;  
ELSE SKIP TO QA13_C48;

QA13_C46  Have you ever smoked a Hookah pipe?  
Humithit na ba kayo kahit kailan ng Hookah pipe?  
(CHIS 2014 ONLY)

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 QA13_C48]  
[GO TO QA13_C48]  
[GO TO QA13_C48]
Do you now use a Hookah pipe every day, some days, or not at all?

Gumamit ba kayo ngayon ng Hookah pipe araw-araw, may mga araw, o hindi kailanman?

(CHIS 2014 ONLY)

AC80

EVERY DAY............................................1
SOME DAYS............................................2
NOT AT ALL............................................3
REFUSED..................................................-7
DON'T KNOW ..........................................-8

PROGRAMMING NOTE QA13_C48:
IF AGE <= 65 THEN CONTINUE WITH QA13_C48;
ELSE SKIP TO QA13_C51;

Have you ever smoked electronic cigarettes, also known as e-cigarettes or vaporizer cigarettes?
Humithit na ba kayo kahit kailan ng electronic cigarettes, tinatawag din na e-cigarettes o vaporizer cigarettess?
(CHIS 2014 ONLY)

AC81

[INTERVIEWER NOTE: CODE ‘YES’ IF R MENTIONS VAPE OR VAPING.]

[IF NEEDED, SAY: “Electronic cigarettes are devices that mimic traditional cigarette smoking, but the battery operated device produces vapor instead of smoke. The solutions used in the device may contain nicotine and are usually flavored.”]
[IF NEEDED, SAY: "Ang electronic cigarettes ay mga aparato na tumutulad sa tradisyunal na paninigarilyo, pero ang aparato na gumagana sa pamamagitan ng baterya ay naglalabas ng singaw sa halip ng usok. Maaaring may nicotine ang mga solusyon na ginagamit sa aparato at karaniwang hinahaluan ng pampalasa."]

YES ....................................................................1
NO .....................................................................2 [GO TO QA13_C51]
REFUSED .......................................................-7 [GO TO QA13_C51]
DON'T KNOW .................................................-8 [GO TO QA13_C51]

During the past 30 days, how many days did you use electronic cigarettes?
Nitong nakaraang 30 araw, ilang araw kayo gumamit ng electronic cigarettes?
(CHIS 2014 ONLY)

AC82

_______ NUMBER OF DAYS

[IF 0, THEN SKIP TO QA13_C51]

REFUSED .......................................................-7 [SKIP TO QA13_C51]
DON'T KNOW .................................................-8 [SKIP TO QA13_C51]
QA13_C50  What are your reasons for using electronic cigarettes?
Anu-ano ang mga dahilan ninyo sa paggamit ng electronic cigarettes?

(CRIS 2014 ONLY)

[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
OTHER (SPECIFY:_________) ................................. 91
REFUSED ................................................................. -7
DON'T KNOW .......................................................... -8

PROGRAMMING NOTE QA13_C51:
IF QA13_C15 = 1 (SMOKE EVERY DAY) OR C15 = 2 (SMOKE SOME DAYS), CONTINUE WITH QA13_C51;
ELSE SKIP TO QA13_C64;

QA13_C51  What are the current rules or restrictions about smoking inside your home? Would you say...
Anu-ano ang mga tuntunin o mga restriksyon sa kasalukuyan tungkol sa paninigarilyo sa loob ng inyong tahanan? Masasabi ba ninyo na...

(CRIS 2014 ONLY)

AC84

Smoking is completely banned for everyone, ..........1
Lubusang ipinagbabawal sa lahat ang
paninigarilyo, .........................................................1
Smoking is generally banned for everyone with
few exceptions, .......................................................2
Kalimitan, ipinagbabawal sa lahat ang
paninigarilyo pero may ilang eksepsyon, ............2
Smoking is allowed in some rooms only, or ..........3
Pinahihintulutan ang paninigarilyo sa ilang
kwarto lamang, o .....................................................3
There are no rules or restrictions on smoking
inside your home? ..................................................4
Walang mga tuntunin o mga restriksyon sa
paninigarilyo sa loob ng inyong tahanan? ..........4
NO SMOKERS/NO NEED ...........................................5
VOLUNTARILY DON'T SMOKE INSIDE HOME ......6
OTHER (SPECIFY:_________) ................................. 91
REFUSED ................................................................. -7
DON'T KNOW .......................................................... -8
QA13_C52  Is your place of work completely smoke-free indoors?
Ang lugar na pinagtatrabahuhan ba ninyo ay ganap na walang naninigarilyo sa loob?  

(CHIS 2014 ONLY)

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QA13_C53  As far as you know, in the past 7 days, has anyone smoked in your work area?  
Sa alam ninyo, nitong nakaraang 7 araw, mayroon bang nanigarilyo sa lugar na pinagttarabahuhan ninyo?  

(CHIS 2014 ONLY)

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</table>

QA13_C54  How many people with whom you regularly interact, including close friends and family, smoke cigarettes?  
Ilan sa mga taong nakakahalubilo ninyo nang regular, kasama ang matalik na mga kaibigan at kamag-anak, ang naninigarilyo?  

(CHIS 2014 ONLY)

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<td>DON'T KNOW</td>
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</table>

QA13_C55  Please think about any messages against smoking that you saw on TV, heard on the radio, or saw on a billboard. In the past 60 days, did you see...
Mangyaring isipin ang anumang mensaheng kontra sa paninigarilyo na nakita ninyo sa TV, narinig ninyo sa radyo, o nakita ninyo sa billboard. Nitong nakaraang 60 araw, nakakita ba kayo ng...

(CHIS 2014 ONLY)

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AC85

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AC86

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AC87

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AC88

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<td>a lot of messages against smoking,...</td>
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<tr>
<td>Maraming mensahen na kontra sa paninigarilyo, ..</td>
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<tr>
<td>a few messages against smoking, or...</td>
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<tr>
<td>Kaunti lang na mga mensahe na kontra sa paninigarilyo, o...</td>
<td>2</td>
</tr>
<tr>
<td>no messages against smoking?..</td>
<td>3</td>
</tr>
<tr>
<td>Walang mensahe na kontra sa paninigarilyo?...</td>
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<tr>
<td>NEVER/RARELY WATCH TV OR LISTEN TO THE RADIO...</td>
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</table>
**QA13_C56** In the last few years, do you think advertising for tobacco products has...  
Nitong nakaraang ilang taon, sa palagay ba ninyo ang pag-aanunsyo para sa mga produkto ng tabako ay...  
(CHIS 2014 ONLY)

**AC89**

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<tr>
<td>Malaki ang idinami</td>
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<tr>
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**QA13_C57** Please tell me if you agree or disagree with each of the following statements.  
Mangyaring sabihin sa akin kung sang-ayon kayo o di-sang-ayon sa bawat isa sa sumusunod na mga pahayag.  
(CHIS 2014 ONLY)

**AC90**

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</table>

**QA13_C58** You want to be involved in efforts to get rid of smoking.  
Gusto ninyong sumali sa mga pagpupunyagi na pawiin ang paninigarilyo.  
(CHIS 2014 ONLY)

**AC91**

<table>
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<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
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…
Magkanoong karagdagang buwis sa isang kaha ng sigarilyo ang payag kayong itaguyod kung lahat ng perang maiipon 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? Itataguyod ba ninyo ang karagdagang buwis na…

50 cents a pack, .................................................1
50 cents sa bawat kaha, .....................................1
$1.00, ................................................................2
$1.00, ................................................................2
$2.00, ................................................................3
$2.00, ................................................................3
$3.00, ................................................................4
$3.00, ................................................................4
more than $3.00 a pack, or ..................................5
Mahigit sa $3.00 sa bawat kaha, o .......................5
no tax increase? ..................................................6
Walang karagdagang buwis? ..............................6
REFUSED ......................................................-7
DON’T KNOW ..................................................-8

Please tell me if you think smoking should be allowed or not allowed in each of the following places:
Mangyaring sabihin sa akin kung sa palagay ninyo dapat pahintulutan o hindi dapat pahintulutan ang paninigarilyo sa bawat isa sa sumusunod na mga lugar:

NOT ALLOWED ..................................................1
ALLOWED .......................................................2
REFUSED ......................................................-7
DON’T KNOW ..................................................-8

Outdoor public places like parks, beaches, golf courses, zoos, and sports stadiums.
Mga pampublikong lugar sa labas tulad ng parks, beaches, golf courses, zoos, at sports stadiums.

NOT ALLOWED ..................................................1
ALLOWED .......................................................2
REFUSED ......................................................-7
DON’T KNOW ..................................................-8

Outdoor restaurant dining patios.
Outdoor restaurant dining patios.

NOT ALLOWED ..................................................1
ALLOWED .......................................................2
REFUSED ......................................................-7
DON’T KNOW ..................................................-8
QA13_C62  Indian casinos.
Indian casinos.
(CHIS 2014 ONLY)

AC95

NOT ALLOWED ..............................................1
ALLOWED ..................................................2
REFUSED ....................................................7
DON'T KNOW ................................................8

QA13_C63  Do you agree or disagree that there should be a total ban on smoking everywhere in your city or town, except in one’s home?
Sang-ayon ba kayo o di-sang-ayon na dapat may ganap na pagbabawal sa paninigarilyo sa lahat ng lugar sa loob ng inyong lungsod o bayan, maliban sa sariling tahanan?
(CHIS 2014 ONLY)

AC96

AGREE ..................................................................1
DISAGREE ..........................................................2
REFUSED .........................................................7
DON'T KNOW ....................................................8

Alcohol use/Abuse

QA13_C64  Now think about the past 12 months. Over that time, did you have any kind of alcoholic drink?
Ngayon, isipin ninyo ang nakaraang 12 buwan. Sa panahong iyon, uminom ba kayo ng anumang uri ng inuming may alkohol?

AC32

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

YES ..............................................................1
NO .................................................................2 [GO TO QA13_D1]
REFUSED ......................................................7 [GO TO QA13_D1]
DON'T KNOW ................................................8 [GO TO QA13_D1]

PROGRAMMING NOTE QA13_C65:
IF QA13_A5 = 1 (MALE) CONTINUE WITH QA13_C65;
ELSE SKIP TO QA13_C66

QA13_C65  In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?
Nitong nakaraang 12 buwan, mga ilang beses kayo uminom ng 5 o mahigit pang inuming may alkohol sa isang araw?

AC34

[IF NEEDED, SAY: “By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor.”]
[IF NEEDED, SAY: “Sa inumin, ang ibig naming sabihin ay isang 12-onsang lata o baso ng beer, isang 5-onsang baso ng wine, isang cocktail, o isang shot ng alak.”]

___________TIMES  [HR: 0-365; SR: 0-99] [GO TO QA13_D1]
REFUSED ......................................................7 [GO TO QA13_D1]
DON'T KNOW ................................................8 [GO TO QA13_D1]
QA13_C65 In the past 12 months, about how many times did you have 4 or more alcoholic drinks in a single day?
Nitong nakaraang 12 buwan, mga ilang beses kayo uminom ng 4 o mahigit pang inuming may alkohol sa isang araw?

AC35 [IF NEEDED, SAY: “By drink, we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, a mixed drink, or a shot of liquor.”]
[IF NEEDED, SAY: “Sa inumin, ang ibig naming sabihin ay isang onsang lata o baso ng beer, isang 5 onsang baso ng wine, isang cocktail, o isang shot ng alak.”]

__________TIMES  [HR: 0-365; SR: 0-99]

REFUSED ................................................................. -7
DON'T KNOW ......................................................... -8
Section D – General Health, Disability, and Sexual Health

Height and Weight

QA13_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: “Humigit-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 QA13_D2:
IF QA13_A5 = 2 (FEMALE) and AAGE < 50, DISPLAY "When not pregnant, how";
ELSE DISPLAY "How"

QA13_D2  {When not pregnant, how/How} much do you weigh without shoes?
Gaano kabigat kayo kapag walang suot na sapatos?
Kapag hindi buntis, gaano kabigat kayo kapag walang suot na sapatos?

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

_____ POUNDS       [HR: 50-450]
_____ KILOGRAMS    [HR: 20-220]

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

Disability

QA13_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 QA13_D5]
REFUSED ...................................................................................-7 [GO TO QA13_D5]
DON’T KNOW .............................................................................-8 [GO TO QA13_D5]
QA13_D4  Are you legally blind?
Kayo ba ay legally blind?

AL8  

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

QA13_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 naglilimita sa isa o higit pang pangunahing gawaing pisikal gaya ng paglalakad, pag-akyat ng hagdanan, pag-aabot, pagbubuhat, o pagbibitbit?

AD57  

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

QA13_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?

AD51  

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

QA13_D7  Any difficulty dressing, bathing, or getting around inside the home?
Anumang kahirapan sa pagbihis, sa paglilo, o sa pagkilos sa loob ng tahanan?

AD52  

[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
QA13_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 QA13_D9:  
IF AAGE > 64 GO TO PN QA13_D11

QA13_D9  Any difficulty working at a job or business?  
Anumang kahirapang magtrabaho 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  
[GO TO PN QA13_D11]  
[GO TO PN QA13_D11]

QA13_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 pang-isip na pumigil sa inyo na magtrabaho nang hindi kukulangin sa isang taon?

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

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

PROGRAMMING NOTE QA13_D11:
IF AAGE > 70 OR QA13_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 70 OR IF AGE IS UNKNOWN, GO TO
PROGRAMMING NOTE QA13_E1;
ELSE CONTINUE WITH QA13_D11

QA13_D11  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 QA13_D13]

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

QA131_D12  Can you give me your best guess?
Maaari bang sabihin ninyo sa akin ang inyon pinakamagaling na tantya?

AD44

[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 QA13_D13:
IF QA13_D11 = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR QA13_D12=0, GO TO
PROGRAMMING NOTE QA13_D14;
ELSE CONTINUE WITH QA13_D13;
IF QA13_D11 OR QA13_D12 = 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”

QA13_D13 (Is that partner male or female/In the past 12 months, have your sexual partners been male,
female, or both male and female)?
Nitong nakaraang 12 buwan, lalaki ba, babae o parehong lalaki at babae ang mga naging katalik
ninyo?
Lalaki ba o babae ang katalik na iyon?

AD45

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PROGRAMMING NOTE QA13_D14:
IF QA13_A5 = 1 (MALE), DISPLAY “Gay” IN QUESTION AND “Gay” IN HELP SCREEN;
ELSE IF QA13_A5 =2 (FEMALE), DISPLAY “Gay, Lesbian” IN QUESTION AND “Gay and Lesbian” IN HELP
SCREEN

QA13_D14 Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?
Tinuturing 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 o Lesbian sa mga taong may katulad na kasarian, at nakikipagtalik o
naakit 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: ________________) ..........5
REFUSED ...........................................-7
DON'T KNOW .....................................-8
HIV Testing

PROGRAMMING NOTE QA13_D15:
IF [QA13_D11 > 1 OR QA13_D12 > 1 (MORE THAN ONE SEXUAL PARTNER IN LAST 12 MONTHS)] OR
[QA13_A5 = 1 (MALE) AND (QA13_D14=2 (GAY) OR QA13_D14=3 (BISEXUAL))]
CONTINUE WITH QA13_D15;
ELSE GO TO PROGRAMMING NOTE QA13_D19;

QA13_D15 Have you ever been tested for HIV, the virus that causes AIDS?
Na-test na po ba kayo para sa HIV, ang virus na sanhi ng AIDS?

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

PROGRAMMING NOTE QA13_D16:
IF QA13_D15 = 1 CONTINUE WITH QA13_D16;
ELSE GO TO PROGRAMMING NOTE QA13_D19;

QA13_D16 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

QA13_D17 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: 1985-2013]
REFUSED......................................................7
DON'T KNOW...............................................8
QA13_D18 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

Registered Domestic Partner

PROGRAMMING NOTE QA13_D19:
IF [QA13_A5 = 1 (MALE) AND QA13_D13 = 1 (MALE)] OR [QA13_A5 = 2 (FEMALE) AND QA13_D13 = 2 (FEMALE)] OR [QA13_D13 = 3, -7, OR -8] OR [IF QA13_D14 ≠ 1] CONTINUE WITH QA13_D19;
ELSE GO TO PROGRAMMING NOTE SECTION E

QA13_D19 Are you legally married to someone of the same sex?
Legal na kasal ba kayo sa taong may katulad na kasarian?

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 SECTION E]
NO .............................................................................2
REFUSED ..................................................................-7
DON'T KNOW .......................................................-8

QA13_D20 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 nakarehistrong legal na domestic partner ng taong may katulad na kasarian?

AD61

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

K6 Mental Health Assessment
QA13_F1 The next questions are about how you have been feeling during the past 30 days.
Tungkol sa inyong mga nadama nitong nakaraang 30 araw ang sumusunod na mga tanong.

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

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QA13_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, humigit-kumulang, gaano kadalas kayo nakaramdam na wala na kayong pag-asa - palagi, kadalasan, paminsan-minsan, kaunting panahon lang, o hindi kailanman?

AJ30

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QA13_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 lamang, o hindi kailanman?”]

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</table>
QA13_F4  How often did you feel so depressed that nothing could cheer you up?  
Gaano kadalas kayo nakaramdam ng masyadong pagka-depress na walang anumang makapagpatuwa sa inyo?

AJ32  
[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

QA13_F5  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?

AJ33  
[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]  
[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

QA13_F6  During the past 30 days, about how often did you feel worthless?  
Nitong nakaraang 30 araw, gaano kadalas kayo nakaramdam na bale-wala kayo?

AJ34  
[IF NEEDED, SAY: “All of the time, most of the time, some of the time, a little of the time, or none of the time?”]  
[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
Repeated K6

QA13_F7 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 kaysa nitong nakaraang 30 araw?

AF62

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

PROGRAMMING NOTE QA13_F8:
IF QA13_F7 = 1 THEN CONTINUE WITH QA13_F8;
ELSE SKIP TO PROGRAMMING NOTE QA13_F14

QA13_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 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

QA13_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-asa - 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
QA13_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 lang o hindi kailanman?”]

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

QA13_F11 How often did you feel so depressed that nothing could cheer you up?
Gaano kadalas kayo nakaramdam ng masyadong pagka-depress na walang anumang makapagpatuwa sa inyo?

**AF66**

[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

QA13_F12 How often did you feel that everything was an effort?
Gaano kadalas kayo nakaramdam na napakahirap gawin ang lahat?

**AF67**

[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
QA13_F13  How often did you feel worthless?
Gaano kadalas kayo nakaramdam na bale-wala kayo?

AF68  
[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?”]

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Sheehan Scale

ADD REVERSE CODING OF K6 CALCULATION AS TEMPORARY VARIABLE HERE:

PROGRAMMING NOTE QA13_F14intro:
IF (QA13_F1 + QA13_F2 + QA13_F3 + QA13_F4 + QA13_F5 + QA13_F6 > 8) OR (QA13_F8 + QA13_F9 + QA13_F10 + QA13_F11 + QA13_F12 + QA13_F13 > 8) OR (IF QA13_F1-F6 = ONE OUT OF RANGE RESPONSE AND F1-F6 > 7) OR (IF QA13_F8-F13 = ONE OUT OF RANGE RESPONSE AND F8-F13 > 7) THEN CONTINUE WITH QA13_F14intro;
IF QA13_F7 = 1 THEN DISPLAY “again, please”; ELSE SKIP TO QA13_F19

QA13_F14intro  Think (again, please) about the month in the past 12 months when you were at your worst emotionally.
Isipin ninyo ang kaisa-isang buwan nitong nakaraang 12 buwan kung kailan pinakamalala ang kalagayan ng emosyon ninyo.

PROGRAMMING NOTE QA13_F14:
IF AGE > 70 GO TO QA13_F15;
ELSE CONTINUE WITH QA13_F14

QA13_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
QA13_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?

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</table>

QA13_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?

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QA13_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?

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QA13_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 nakaraan taon. Humigit-kumulang, ilang araw sa nakaraang 365 araw kayo masyadong nawalan ng kakayahan na magtrabaho o gumawa ng mga pangkaraniwang gawain dahil kinakabahan, nadi-depress, o naguguluhan ang emosyon ninyo?

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Access & Utilization

**QA13_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 kailanganin magpatingin sa propesyonal dahil sa mga problema sa inyong kalusugang pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom ng alcohol o paggamit ng mga droga?

[AF81]

YES ................................................................. 1
NO ............................................................................ 2
REFUSED ............................................................. -7  [GO TO QA13_F21]
DON'T KNOW ....................................................... -8  [GO TO QA13_F21]

**QA13_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 kalusuganang pangkaisipan, gaya ng mga pagpapatingin sa psychologist o psychiatrist?

[AJ1]

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

**QA13_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 kalusugan pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom alkohol o paggamit ng mga droga?

[AF74]

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

**QA13_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 kalusugan pangkaisipan, mga emosyon, mga nerbiyos o sa inyong pag-inom alkohol o paggamit ng mga droga?

[AF75]

YES ...........................................................................1
NO ............................................................................ 2
REFUSED ............................................................. -7
DON'T KNOW ........................................................ -8
PROGRAMMING NOTE QA13_F23:
IF QA13_F21 = 1 OR QA13_F22 = 1 THEN CONTINUE WITH QA13_F23;
ELSE SKIP TO QA13_F28

QA13_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-emogyon, o para sa problema sa pag-inom ng alcohol o sa paggamit ng droga?

AF76

MENTAL-EMOTIONAL HEALTH..........................1
ALCOHOL-DRUG PROBLEM..............................2
BOTH MENTAL & ALCOHOL-DRUG....................3
REFUSED..................................................7
DON'T KNOW............................................8

PROGRAMMING NOTE QA13_F24:
IF QA13_F23 = 1, DISPLAY: “mental or emotional health”;
IF QA13_F23 = 2, DISPLAY: “use of alcohol or drugs”;
IF QA13_F23 = 3, DISPLAY: “mental or emotional health and your use of alcohol or drugs”;
ELSE SKIP TO QA13_F25

QA13_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-emogyon? Huwag bilangin ang mga magdamag na pagpapa-ospital

AF77

____________ NUMBER OF VISITS

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

QA13_F25 Are you still receiving treatment for these problems from one or more of these providers?
Patuloy pa ba kayong nagpapagamot para sa ganitong mga problema sa inyong kalusugang pangkaisipan o pang-emogyon? Huwag bilangin ang mga magdamag na pagpapa-ospital

AF78

YES.............................................................1 [GO TO QA13_F28]
NO..............................................................2
REFUSED..................................................7 [GO TO QA13_F28]
DON'T KNOW............................................8 [GO TO QA13_F28]

QA13_F26 Did you complete the recommended full course of treatment?
Kinumpleto ba ninyo ang buong inirekomendang program ng paggagamot?

AF79

YES.............................................................1 [GO TO QA13_F28]
NO..............................................................2
REFUSED..................................................7 [GO TO QA13_F28]
DON'T KNOW............................................8 [GO TO QA13_F28]
QA13_F27  What is the MAIN REASON you are no longer receiving treatment?
Ano ang pangunahing dahilan na hindi na kayo ginagamot?

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<tbody>
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<tr>
<td>GOT BETTER/NO LONGER NEEDED</td>
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<tr>
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<tr>
<td>WANTED TO HANDLE PROBLEM ON OWN</td>
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<td>HAD BAD EXPERIENCES WITH TREATMENT</td>
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<tr>
<td>DON'T KNOW</td>
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</tbody>
</table>

QA13_F28  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 nang dalawang lingo o higit pa, para sa problemang emotional o personal?

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<tbody>
<tr>
<td>AJ5</td>
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</table>

Stigma

PROGRAMING NOTE QA13_F29:
IF QA13_F19 = 1 AND (QA13_F21 ≟ 1 AND QA13_F22 ≟ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH QA13_F29;
ELSE SKIP TO QA13_G1

QA13_F29  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 humigni ng tulong kahit na sa palagay nila na kakailanganin nila ito. Pakisagot ng "oo" o "hindi" kung tugma ang bawat statement sa katwiran kung bakit hindi nagpatingin sa propesyonal.

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

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<tbody>
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<td>REFUSED</td>
<td>3</td>
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<tr>
<td>DON'T KNOW</td>
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</tbody>
</table>
QA13_F30  You did not feel comfortable talking with a professional about your personal problems. Hindi kayo komportableng nakikipag-usap sa propesyonal tungkol sa inyong personal na mga problema.

AF83

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

QA13_F31  You were concerned about what would happen if someone found out you had a problem. Kayo ay worried sa mangyayari kung maka-alam na may problema kayo.

AF84

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

QA13_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
Section G – Demographic Information, Part II

Country of Birth (Self, Parents)

**QA13_G1**  Now a few more questions about your background. 
Ngayon, mayroon akong ilang tanong tungkol sa inyong background.

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

[SELECT FROM MOST LIKELY COUNTRIES]

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</table>
**Programming Note QA13_G2:**

If QA13_G1 ≠ 1 (not born in US) go to QA13_G4;
Else if QA13_G1 = 1, -7, or -8 (born in US, don’t know, refused) continue with QA13_G2

**QA13_G2**

In what country was your mother born?
Saang bansa ipinanganak ang nanay ninyo?

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</table>
In what country was your father born?  
Saang bansa ipinanganak ang tatay ninyo?

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<td>REFUSED</td>
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Language Spoken at Home

QA13_G4 What languages do you speak at home?
Ano ang mga wika na ginagamit niyo sa tahanan?

AH36 [CODE ALL THAT APPLY.][PROBE: "Any others"]

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

Additional Language Use

PROGRAMMING NOTE QA13_G5:
IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA13_G5;
IF INTERVIEW CONDUCTED IN ENGLISH AND QA13_G4 >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA13_G5 AND DISPLAY: “Since you speak a language other than English at home, we are interested in the languages you use in other situations”;
ELSE IF QA13_G4 = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO QA13_G7

QA13_G5 In what languages are the TV shows, radio stations, or newspapers that you usually watch, listen or read?
Sa anong wika ang mga palabas sa TV, ang mga istasyon ng radio o ang mga pahayagan na karaniwang pinapanuod, pinakikinggan, o binabasa ninyo?

AG21

ONLY ENGLISH.............................................................1
BOTH ENGLISH AND OTHER LANGUAGE(S) ..........2
ONLY OTHER LANGUAGE(S) ......................................3
REFUSED ......................................................................-7
DON'T KNOW ...........................................................-8
PROGRAMMING NOTE QA13_G6:
IF INTERVIEW CONDUCTED IN ENGLISH AND QA13_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH QA13_G6 AND DISPLAY: “Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English” AND DROP RESPONSE CATEGORY “Not at all?”;
ELSE IF INTERVIEW NOT CONDUCTED IN ENGLISH, CONTINUE WITH QA13_G6.
ELSE GO TO PROGRAMMING NOTE QA13_G7

QA13_G6
(Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.) Would you say you speak English... Dahil nagsasalita kayo 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...

<table>
<thead>
<tr>
<th>AH37</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well...........................................1</td>
</tr>
<tr>
<td>Well...................................................2</td>
</tr>
<tr>
<td>Not well, or...........................................3</td>
</tr>
<tr>
<td>Not at all?...........................................4</td>
</tr>
<tr>
<td>REFUSED................................................7</td>
</tr>
<tr>
<td>DON'T KNOW...........................................8</td>
</tr>
</tbody>
</table>

Citizenship and Immigration

PROGRAMMING NOTE QA13_G7:
IF QA13_G1 = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS), GO TO PROGRAMMING NOTE QA13_G10; ELSE CONTINUE WITH QA13_G7

QA13_G7
The next questions are about citizenship and immigration. Tungkol sa citizenship at immigration ang mga sumunod na tanong.

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

<table>
<thead>
<tr>
<th>AH39</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES.................................1 [GO TO QA13_G9]</td>
</tr>
<tr>
<td>NO.................................2</td>
</tr>
<tr>
<td>APPLICATION PENDING..........................3</td>
</tr>
<tr>
<td>REFUSED.................................7</td>
</tr>
<tr>
<td>DON'T KNOW..............................8</td>
</tr>
</tbody>
</table>
QA13_G8 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 it iuulat sa Immigration Services.

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

QA13_G9 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

Spouse/Partner

PROGRAMMING NOTE QA13_G10:
IF [QA13_A16 = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)] OR [QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)], THEN CONTINUE WITH QA13_G10;
IF QA13_A16 = 1, THEN DISPLAY “spouse”;
IF QA13_A16 = 2 OR QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY “partner”;
ELSE GO TO PROGRAMMING NOTE QA13_G12

QA13_G10 Is your {spouse/partner} also living in your household?
Nakatira din ba ang inyong {asawa} sa inyong bahay?

[IF NEEDED, SAY: "People usually call this a "Green Card" but the color can also be pink, blue, or white."]
[IF NEEDED, SAY: 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
QA13_G11  May I have your {spouse/partner}'s first name and age?
Maaari ko bang makuha ang unang pangalan at ang edad ng inyong {partner}?  

[ENTER SPOUSE'S/PARTNER'S NAME, AGE, AND SEX]  
SPOUSE/PARTNER NAME ________________________________  
SPOUSE/PARTNER AGE __________________________________  
SPOUSE/PARTNER SEX __________________________________  

Living with Parents  
PROGRAMMING NOTE QA13_G12:  
IF [AAGE < 30 OR QA13_A4 = 1 (AGE 18-29)] AND QA13_G10 = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH, CONTINUE WITH QA13_G12;  
IF [AAGE < 30 OR QA13_A4 = 1 (AGE 18-29)] AND QA13_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 QA13_G12;  
ELSE GO TO PROGRAMMING NOTE QA13_G13  

QA13_G12  Are you now living with either of your parents?  
Nakatira ba kayo ngayon na kasama ang sinuman sa mga magulang ninyo?  

[AH43A]  
YES ................................................................. 1  
NO ............................................................... 2  
REFUSED ....................................................... -7  
DON'T KNOW .................................................. -8  

Child and Teen Selection  
PROGRAMMING NOTE QA13_G13:  
IF COMPLETED CHILD 1ST INTERVIEW, SKIP TO QA13_G19;  
ELSE CONTINUE WITH QA13_G13  

QA13_G13  Are there any children under the age of 18 living in the household, including babies?  
Mayroong bang anumang mga bata na mas bata sa 18 taong gulang na nakatira sa bahay, kabilang ang mga sanggol?  

[SC12]  
YES ................................................................. 1  
NO ............................................................... 2  
REFUSED ....................................................... -7  
DON'T KNOW .................................................. -8  
[GO TO QA13_G21]
QA13_G14 Please tell me only the first names and ages of all the children under 18, including babies, who
normally live in your household.
Pakisabi nga po ang pangalan lang at edad ng lahat ng mga bata na wala pang labing walong
(18) taong gulang, kasama ang mga sanggol, na nakatira sa bahay n'yo.

SC13A

[PROBE: “Is there anyone else?”]
[PROBE: Meron pa po bang iba?]

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

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

QA13_G15 Is (CHILD) ...
Si (CHILD) ba ay ...

SC15A

0 To 11 years old or .......................................1 [CODE AS CHILD]
0 hanggang 11 taong gulang, o ................................1 [CODE AS CHILD]
12 To 17 years old? ...........................................2 [CODE AS TEEN]
12 hanggang 17 taong gulang? ...............................2 [CODE AS TEEN]
REFUSED ..................................................-7 [CODE AS TEEN]
DON'T KNOW ..............................................-8 [CODE AS TEEN]

QA13_G16 I have recorded {number} {child/children} under 18 in the household. Have I missed any children
under 18 who usually live here but are temporarily away?
Itinala ko na walang mga bata na mas bata sa 18 taong gulang sa bahay. May nakaligtaan ba
tayo na sinumang bata na mas bata sa 18 na karaniwang nakatira dito pero pansamantalang
wala dito?
Itinala ko na may 1 bata na mas bata sa 18 taong gulang sa bahay. May nakaligtaan ba tayo na
sinumang bata na mas bata sa 18 na karaniwang nakatira dito pero pansamantalang wala dito?

SC13

NO ONE MISSED -- ROSTER IS CORRECT ..........1
RETURN TO ROSTER.................................2 [GO BACK TO QA13_G14]

PROGRAMMING NOTE QA13_G17:
IF ANY PEOPLE IN HH UNDER AGE 18, ASK QA13_G17 ABOUT EACH PERSON UNDER 18

QA13_G17 Are you the parent or legal guardian of (PERSON NAME/AGE/SEX)?
Kayo ba ang magulang o ang legal na tagapag-alaga ni (PERSON NAME/AGE/SEX)?

SC14A

YES ..........................................................1
NO ...........................................................2
REFUSED ..................................................-7
DON'T KNOW ..............................................-8
PROGRAMMING NOTE QA13_G18:
IF ANY PEOPLE IN HH UNDER AGE 18 AND QA13_G10= 1, ASK QA13_G18 ABOUT THE
SPOUSE/PARTNER AND EACH PERSON UNDER 18;
ELSE SKIP TO QA13_G19

QA13_G18  Is (NAME/AGE/SEX) the parent or legal guardian of (PERSON NAME/AGE/SEX)?
Si (NAME/AGE/SEX) ba ang magulang o ang legal na tagapag-alaga ni (PERSON NAME/AGE/SEX)?

<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>

Paid Child Care

PROGRAMMING NOTE QA13_G19:
IF QA13_G13 = 1 (YES, CHILDREN UNDER 18 IN HH) AND ANY CHILDREN IN QA13_G14 ARE AGE 13 OR
LESS, CONTINUE WITH QA13_G19;
ELSE GO TO QA13_G21;
IF ANY CHILD IN ROSTER QA13_G14 < 14 AND ≥ 14 DISPLAY “for any children under age 14”;
IF QA13_A16 = 1 (MARRIED) AND QA13_G10 =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or
your spouse”;
ELSE IF QA13_G10 = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY “you or your partner”;
ELSE DISPLAY “you”

QA13_G19  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 child care para sa
sinumang bata na wala pang 14 taong gulang habang {kayo o ang partner ninyo} ay nagtatrabaho,
nasa paaralan, o naghahanap ng trabaho?

<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>

[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.”]

AH44A

[GO TO QA13_G21]
[GO TO QA13_G21]
[GO TO QA13_G21]
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?

[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, maaaring ninyong sabihin sa akin kung magkano ang binayad ninyo sa isang karaniwang linggo noong nakaraang buwan." "Kayo o sinumang iba pang adult sa inyong bahay.”]

$________________ 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
### Educational Attainment

**QA13_G21**  What is the highest grade of education you have completed and received credit for?

Ano ang pinakamatasang baiyang sa pag-aaral ang nakumpleto ninyo at nakatanggap ba kayo ng credit para sa pagtatapos?

**AH47**

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Grade</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO FORMAL EDUCATION</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>GRADE SCHOOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1ST GRADE</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2ND GRADE</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3RD GRADE</td>
<td></td>
<td>3</td>
</tr>
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<td>4TH GRADE</td>
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<td>5TH GRADE</td>
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<td>6TH GRADE</td>
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<tr>
<td>7TH GRADE</td>
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<td>7</td>
</tr>
<tr>
<td>8TH GRADE</td>
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<td>8</td>
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<tr>
<td>HIGH SCHOOL OR EQUIVALENT</td>
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<td></td>
</tr>
<tr>
<td>9TH GRADE</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10TH GRADE</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>11TH GRADE</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12TH GRADE</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>4-YEAR COLLEGE OR UNIVERSITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1ST YEAR (FRESHMAN)</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>2ND YEAR (SOPHOMORE)</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>3RD YEAR (JUNIOR)</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>4TH YEAR (SENIOR) (BA/BS)</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>5TH YEAR</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>GRADUATE OR PROFESSIONAL SCHOOL</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>1ST YEAR GRAD OR PROF SCHOOL</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>2ND YEAR GRAD OR PROF SCHOOL (MA/MS)</td>
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<td>20</td>
</tr>
<tr>
<td>3RD YEAR GRAD OR PROF SCHOOL</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>MORE THAN 3 YEARS GRAD OR PROF SCHOOL (PhD)</td>
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<td></td>
</tr>
<tr>
<td>2-YEAR JUNIOR OR COMMUNITY COLLEGE</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>1ST YEAR</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>2ND YEAR (AA/AS)</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>1ST YEAR</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>2ND YEAR</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW (OUT OF RANGE)</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

### Veteran Status

**QA13_G22**  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**

<table>
<thead>
<tr>
<th>Veteran Status</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>
QA13_G23  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
- Storm (1990 to 1991) .........................................4
- Afghanistan/Operation Enduring
- Freedom (2001 to present) .................................5
- Iraq War/Operation Iraqi
- Freedom (2003 to present) ...............................6
- REFUSED .............................................................-7
- DON'T KNOW ......................................................-8

QA13_G24  Altogether, how long did you serve?
Sa kabuuan, gaano katagal kayong naglingkod?

AG24  _____ YEARS
       _____ MONTHS

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

Employment

QA13_G25  Which of the following were you doing last week?
Alin sa mga sumusunod ang ginawa ninyo noong nakaraang linggo?

AK1  Working at a job or business, .................................1  [GO TO QA13_G29]
   Nagtrabaho sa pinapasukan o sa negosyo, .............1  [GO TO QA13_G29]
   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 QA13_G29]
   DON'T KNOW ......................................................-8  [GO TO QA13_G29]
**QA13_G26** What is the main reason you did not work last week?
Ano ang pangunahing dahilan na hindi kayo nagtrabaho nitong nakaraang linggo?

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking care of house or family</td>
<td>1</td>
</tr>
<tr>
<td>On planned vacation</td>
<td>2</td>
</tr>
<tr>
<td>Couldn’t find a job</td>
<td>3</td>
</tr>
<tr>
<td>Going to school/student</td>
<td>4</td>
</tr>
<tr>
<td>Retired</td>
<td>5</td>
</tr>
<tr>
<td>Disabled</td>
<td>6</td>
</tr>
<tr>
<td>Unable to work temporarily</td>
<td>7</td>
</tr>
<tr>
<td>On layoff or strike</td>
<td>8</td>
</tr>
<tr>
<td>On family or maternity leave</td>
<td>9</td>
</tr>
<tr>
<td>Off season</td>
<td>10</td>
</tr>
<tr>
<td>Sick</td>
<td>11</td>
</tr>
<tr>
<td>Other</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>

**QA13_G27** Do you usually work?
Karaniwan bang nagtatrabaho ang asawa 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>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 QA13_G28:**

IF [AAGE = -7 OR -8 OR AAGE < 65] AND QA13_G27 = 2 (NO) CONTINUE WITH QA13_G28;
IF [AAGE = -7 OR -8 OR AAGE < 65] AND [QA13_G26 = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH QA13_G28;
ELSE GO TO PROGRAMMING NOTE QA13_G29

**QA13_G28** Are you receiving Social Security Disability Insurance or SSDI?
Tumatanggap ba kayo ng Social Security Disability Insurance o SSDI?

<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>
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 iyong pangunahing trabaho, empleado ba kayo ng: pribadong kompanya, ng gobyerno, o nagtatrabaho para sa sarili, o nagtatrabaho nang walang sahod sa pakikipag-negosyo o farm ng pamilya?

[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

What kind of agency or department is this? / What kind of business or industry is this?
Anong uri ng negosyo o industria ito?

[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.)]
[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?”]

__________________ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)
REFUSED ...........................................-7
DON’T KNOW ......................................-8
QA13_G31  What is the main kind of work you do?  
Ano ang pangunahing trabaho ang inyong ginagawa?

AK6  

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

___________________________ (OCCUPATION)

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

PROGRAMMING NOTE QA13_G32:
IF QA13_G29 = 2 (GOVERNMENT EMPLOYEE), CODE QA13_G32 = 8 AND GO TO QA13_G33;
IF QA13_G29 = 3 (SELF-EMPLOYED), CONTINUE WITH QA13_G32 AND DISPLAY "Including yourself, about" and "you";
ELSE CONTINUE WITH QA13_G32 AND DISPLAY "About" and "your employer";

QA13_G32  {Including yourself, about} how many people are employed by {your employer/you} at all locations?  
Ilang ang empleado ng inyong employer sa lahat ng mga sangay?  
Kabilang ang sarili ninyo, ilan ang empleado 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
Employment (Spouse/Partner)

PROGRAMMING NOTE QA13_G33:
IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1, CONTINUE WITH QA13_G33;
IF QA13_A16 = 1, THEN DISPLAY “spouse”;
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY “partner”;
ELSE GO TO QA13_H1

QA13_G33  Which of the following was your {spouse/partner} doing last week?
Alin sa sumusunod ang ginawa ng inyong {asawa} nitong nakaraang linggo?

AG8
Working at a job or business...............................................1 [GO TO QA13_G35]
With a job or business but not at work,...................................2 [GO TO QA13_G35]
Looking for work, or .........................................................3
Not working at a job/business?.............................................4
REFUSED ...............................................................................-7
DON'T KNOW ......................................................................-8

QA13_G34  Does your {spouse/partner} usually work?
Karaniwan bang nagtatrabaho and {asawa} ninyo?

AG11
YES ......................................................................................1 [GO TO QA13_H1]
NO .......................................................................................2 [GO TO QA13_H1]
LOOKING FOR WORK ............................................................3 [GO TO QA13_H1]
REFUSED ...............................................................................-7 [GO TO QA13_H1]
DON'T KNOW ......................................................................-8 [GO TO QA13_H1]

QA13_G35  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}, nagtatrabaho ba {siya/siya} sa: kompanyang
pribado, sa gobyerno, o nagtatrabaho ba {siya/siya} para sa sarili, o nagtatrabaho ba {siya/siya}
nang walang sahod sa negosyo o farm 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

Usual Source of Care

**QA13_H1**  The next topics are about health insurance and health care.
Tungkol sa health insurance at health care ang sumusunod na mga paks.

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.]

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<tbody>
<tr>
<td>YES</td>
<td>.................................................................1</td>
<td>[GO TO QA13_H3]</td>
</tr>
<tr>
<td>NO</td>
<td>.................................................................2</td>
<td></td>
</tr>
<tr>
<td>DOCTOR/MY DOCTOR</td>
<td>.................................................................3</td>
<td></td>
</tr>
<tr>
<td>KAISER</td>
<td>.................................................................4</td>
<td></td>
</tr>
<tr>
<td>MORE THAN ONE PLACE</td>
<td>.................................................................5</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>....................................................................-7</td>
<td>[GO TO QA13_H3]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>....................................................................-8</td>
<td>[GO TO QA13_H3]</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA13_H2:**
IF QA13_H1 = 1 (YES) OR 5 (MORE THAN ONE PLACE) DISPLAY "What kind of place do you go to most often—a medical";
ELSE IF QA13_H1 = 3 (DOCTOR/MY DOCTOR), DISPLAY "Is your doctor in a private";
ELSE IF QA13_H1 = 4 (KAISER) CIRCLE “1” FOR QA13_H2 AND GO TO QA13_H3

**QA13_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 - sa opisina ng doktor, sa clinic o sa ospital, sa emergency room, o sa iba pang lugar?

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>DOCTOR’S OFFICE/KAISER/OTHER HMO .......1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLINIC/HEALTH CENTER/HOSPITAL CLINIC ......2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMERGENCY ROOM.................................3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOME OTHER PLACE (SPECIFY:__________) .... 91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO ONE PLACE ..................92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUSED ...........................................-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON’T KNOW ......................................-8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Emergency Room Visits

**PROGRAMMING NOTE QA13_H3:**

IF QA13_B6 = 1 OR QA13_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA13_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA13_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE) SKIP TO QA13_H4; ELSE CONTINUE WITH QA13_H3

**QA13_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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td>[GO TO QA13_H5]</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>[GO TO QA13_H5]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO QA13_H5]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO QA13_H5]</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA13_H4:**

IF QA13_B6 = 1 OR QA13_B11 = 1 (YES, R VISITED ER FOR ASTHMA) OR QA13_B28 = 1 (YES, R VISITED ER FOR DIABETES) OR QA13_B39 = 1 (YES, R VISITED ER FOR HEART DISEASE), THEN DISPLAY “During the past 12 month, how many times did you visit a hospital emergency room for your own health?”;

ELSE DISPLAY “How many times did you do that?”

**QA13_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)?

Ilang beses ninyo ginawa iyon?

Nitong nakaraang 12 buwan, ilang beses kayo nagpagemot sa emergency room ng ospital para sa inyong kalusugan?

<table>
<thead>
<tr>
<th>Option</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF NEEDED, SAY: “During the past 12 months, how many times did you visit a hospital emergency room for your own health?”]</td>
<td></td>
</tr>
<tr>
<td>NUMBER OF TIMES</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Medicare Coverage

**QA13_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 program ng health insurance para sa mga taong 65 taong gulang o mas matanda pa o mga taong may mga partikular na kapansanan. Naka-insure ba kayo sa Medicare ngayon?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td>[GO TO QA13_H8]</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
<td>[GO TO QA13_H15]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO QA13_H15]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO QA13_H15]</td>
</tr>
</tbody>
</table>

**AI1**  
[INTERVIEWER NOTE: INCLUDE MEDICARE MANAGED PLANS AS WELL AS THE ORIGINAL MEDICARE PLAN.]

**POST-NOTE QA13_H5:**  
IF QA13_H5 = 1, SET ARMCARE = 1 AND SET ARINSURE = 1

**PROGRAMMING NOTE QA13_H6:**  
IF [AAGE > 64 OR QA13_A4 = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND QA13_H5= 2 (NOT COVERED BY MEDICARE), CONTINUE WITH QA13_H6;  
ELSE GO TO PROGRAMMING NOTE QA13_H8

**QA13_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 na kayo o mas matanda pa?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORRECT, NOT COVERED BY MEDICARE</td>
<td>1</td>
<td>[GO TO PN QA13_H15]</td>
</tr>
<tr>
<td>NOT CORRECT, R IS COVERED BY MEDICARE</td>
<td>2</td>
<td>[GO TO PN QA13_H8]</td>
</tr>
<tr>
<td>AGE IS INCORRECT</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO PN QA13_H15]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO PN QA13_H15]</td>
</tr>
</tbody>
</table>

**POST-NOTE QA13_H6:**  
IF QA13_H6 =2, SET ARMCARE = 1 AND SET ARINSURE = 1

**QA13_H7**  
What is your age, please?  
Kung puede po sanang matanong, ano ang edad ninyo?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ YEARS OF AGE</td>
<td>[HR: 18-105]</td>
<td>[GO TO PN QA13_H15]</td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
<td>[GO TO PN QA13_H15]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td>[GO TO PN QA13_H15]</td>
</tr>
</tbody>
</table>

**POST NOTE QA13_H7: AIDATE**  
SET AIDATE = CURRENT DATE (YYYYMMDD);  
SET AAGE = QA13_H7;  
IF AAGE < 18, CODE AS IA AND TERMINATE
Is your MediCARE coverage provided through an HMO?

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

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

YES ......................................................1
NO ..........................................................2 [GO TO QA13_H10]
REFUSED ...............................................-7 [GO TO QA13_H10]
DON'T KNOW ..........................................-8 [GO TO QA13_H10]

What is the name of your MediCARE HMO plan?

AARP MEDICARE COMPLETE ..................................................1
AETNA .................................................................2
AETNA MEDICARE (SELECT/PREMIER) ................................3
ALAMEDA ALLIANCE FOR HEALTH ........................................4
ALLIANCE COMPLETE CARE ..............................................5
ANTHEM BLUE CROSS/BLUE CROSS ....................................6
ARCADIAN COMMUNITY CARE .............................................7
BLUE CROSS SENIOR SECURE ............................................8
BLUE SHIELD 65 PLUS .....................................................9
BLUE SHIELD OF CALIFORNIA ..........................................10
CAL OPTIMA ................................................................11
CARE 1ST HEALTH PLAN ..................................................12
CARE ADVANTAGE .......................................................13
CARE MORE ................................................................14
CEN CAL HEALTH ............................................................15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH ................16
CENTRAL HEALTH PLAN OF CALIFORNIA ..........................17
CHINESE COMMUNITY HEALTH PLAN ...............................18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM ....19
CIGNA ............................................................................20
CITIZENS CHOICE HEALTHPLAN .....................................21
COMMUNICARE ADVANTAGE ...........................................22
COMMUNITY HEALTH GROUP ..........................................23
COMMUNITY HEALTH PLAN .............................................24
CONTRA COSTA HEALTH PLAN .......................................25
EASY CHOICE HEALTH PLAN ............................................26
GEM CARE ......................................................................27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN ........28
GREAT-WEST .................................................................29
HEALTH NET ................................................................30
HEALTH PLAN OF SAN JOAQUIN ....................................31
HEALTH PLAN OF SAN MATEO .........................................32
HUMANA GOLD PLUS ......................................................... 33
IEHP (INLAND EMPIRE HEALTH PLAN) ................................ 34
IEHP MEDICARE DUAL CHOICE ......................................... 35
INTER VALLEY HEALTH PLAN ........................................... 36
KAI 

KERN COUNTY HEALTH PLAN ........................................... 38
L.A. CARE HEALTH PLAN ................................................ 39
MD CARE ............................................................................ 40
MOLINA HEALTH PLAN .................................................... 41
MOLINA MEDICARE OPTIONS ........................................... 42
ON LOK ............................................................................. 43
ON LOK SENIOR HEALTH SERVICES .................................. 44
ONE CARE ........................................................................ 45
PACIFICARE ..................................................................... 46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA .................... 47
SALUD CON HEALTH NET ................................................ 48
SAN FRANCISCO HEALTH PLAN ......................................... 49
SANTA CLARA FAMILY HEALTH PLAN ............................... 50
SCAN HEALTH PLAN ....................................................... 51
SECURE HORIZONS .......................................................... 52
SENIOR ADVANTAGE ...................................................... 53
SENIORITY PLUS ............................................................. 54
SERVICE TO SENIORS ..................................................... 55
SHARP HEALTH PLAN ...................................................... 56
TOTAL FIT ....................................................................... 57
VALLEY HEALTH PLAN ...................................................... 58
VENTURA COUNTY HEALTH CARE PLAN ........................... 59
WESTERN HEALTH ADVANTAGE ..................................... 60
WESTERN HEALTH ADVANTAGE CARE+ ........................... 61
CHAMPUS/CHAMP-V A ..................................................... 62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME ................. 63
VA HEALTH CARE SERVICES ........................................... 64
MEDI-CAL ....................................................................... 65
MEDICARE ...................................................................... 66
MEDICARE ADVANTAGE .................................................. 67
OTHER .............................................................................. 91
OTHER (SPECIFY:________________) ................................... 92
REFUSED ......................................................................... 7
DON’T KNOW .................................................................... 8

POST-NOTE FOR QA13_H9:
ALL ANSWERS GO TO PROGRAMMING NOTE QA13_H11;
IF QA13_H9 = 62, 63, OR 64 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-iisa ng Medicare.”]

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

**POST-NOTE FOR QA13_H10:**  
IF QA13_H10 = 1, SET ARSUPP = 1

**PROGRAMMING NOTE QA13_H11:**  
IF QA13_H8 = 1 (MEDICARE HMO) CONTINUE WITH QA13_H11 AND DISPLAY “MediCARE HMO”;  
IF QA13_H10 = 1 (HAS SUPPLEMENT) CONTINUE WITH QA13_H11 AND DISPLAY “MediCARE Supplement plan”;

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

[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
QA13_H12  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."

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

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

[IF NEEDED, SAY: "Ang mga co-pay ang parsyal na mga bayad ninyo para sa pangangalaga sa kalusugan ninyo tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang ang health plan ang nagbabayad ng pinakamalaking bahagi ng mga gastos ng health insurance ninyo."

"Ang deductible ang halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan."

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

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

QA13_H13  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 QA13_H15]
QA13_H14  Who is that?
Sino iyong?

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?”]
[CODE ALL THAT APPLY]  [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
HEALTHY FAMILIES ........................................8
OTHER..................................................................9
REFUSED.......................................................-7
DON’T KNOW.................................................-8

POST-NOTE FOR QA13_H14:
IF QA13_H14 = 7, SET ARMCAL = 1;
IF QA13_H14 = 8, SET ARHFAM = 1

Medi-Cal Coverage

PROGRAMMING NOTE QA13_H15:
IF ARMCAL = 1, DISPLAY "Is it correct that you are";
ELSE DISPLAY "Are you"

QA13_H15  (Is it correct that you are/Are you) covered by Medi-Cal?
Naka-insure ba kayo sa Medi-Cal?
Tama ba na naka-insure kayo sa Medi-Cal?

AI6  [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 maliliit ang kita, mga babaeng buntis at mga taong may kapansanan o may-edad na.”]

YES ....................................................................1  [GO TO QA13_H17]
NO....................................................................2
REFUSED.......................................................-7
DON’T KNOW.................................................-8

POST-NOTE FOR QA13_H15:
IF QA13_H15 = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND QA13_H15 = 2, SET ARMCAL = 0
Healthy Families Coverage

PROGRAMMING NOTE QA13_H16:
IF AAGE > 18 OR [QA13_A4 ≠ -7 OR -8 (REF/DK)] OR ENUM.AGE > 18 OR IF AGE IS UNKNOWN, GO TO PROGRAMMING NOTE QA13_H17;
ELSE IF [AAGE = 18 OR QA13_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18] AND ARHFAM = 1,
CONTINUE WITH QA13_H16 AND DISPLAY "Is it correct, then, that you are";
ELSE IF [AAGE = 18 OR QA13_A4 = 1 (BETWEEN 18 AND 29) OR ENUM.AGE = 18], CONTINUE WITH QA13_H16 AND DISPLAY: "Are you"

QA13_H16 (Is it correct, then, that you are/Are you) covered by the Healthy Families Program?
Naka-insure ba kayo sa Healthy Families Program?
Tama nga ba, kung ganoon, na naka-insure kayo sa Healthy Families Program?

A17

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."]
[IF NEEDED, SAY: Ang Healthy Families ay program ng state na nagbabayad ng health insurance para sa mga bata hanggang sa 19 taong gulang."]

<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>

POST-NOTE FOR QA13_H16:
IF QA13_H16 = 1, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF ARHFAM = 1 AND QA13_H16 = 2, SET ARHFAM = 0
Employer-Based Coverage

PROGRAMMING NOTE QA13_H17:
IF ARSUPP = 1, DISPLAY “Besides the Medicare supplemental plan you told me about” AND “any other”;
ELSE IF ARMHMO = 1, DISPLAY “Besides the Medicare HMO plan you told me about” AND “any other”;
ELSE DISPLAY “a”

QA13_H17
(Besides the Medicare supplemental plan you told me about/Besides the Medicare HMO 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?
Naka-insure ba kayo sa health insurance plan o sa HMO sa pamamagitan ng kasalukuyan o dating employer o union?
Maliban sa Medicare supplemental plan na binanggit ninyo sa akin, naka-insure ba kayo sa iba pang health insurance plan o sa HMO sa pamamagitan ng kasalukuyan o dating employer o union?

AI8
[IF NEEDED, SAY: "...either through your own or someone else's employment?"]
[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 QA13_H17:
IF QA13_H17 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

Private Coverage

PROGRAMMING NOTE QA13_H18:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, AND EMPLOYER), CONTINUE WITH QA13_H18;
ELSE GO TO PROGRAMMING NOTE QA13_H20

QA13_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 health insurance plan na Binili ninyo nang direkta mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?
(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

AI11
[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 kagaya ng cancer o stroke, o naglalaan lamang ng "ekstrang pera" kung ma-ospital."]

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

POST-NOTE FOR QA13_H18:
IF QA13_H18 = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE QA13_H19:
IF ARDIRECT = 1, THEN CONTINUE WITH QA13_H19;
ELSE GO TO PROGRAMMING NOTE QA13_H20

QA13_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 - direkt mula sa insurance company o sa HMO, o sa pamamagitan ng Covered California?
(CHIS 2014 ONLY)

AH104

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

POST-NOTE FOR QA13_H19:
IF QA13_H19= 2, THEN SET ARHBEX = 1

PROGRAMMING NOTE FOR QA13_H20:
IF QA13_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA13_H18 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA13_H20;
ELSE GO TO PROGRAMMING NOTE QA13_H22

QA13_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.”]
[PROBE: “Kahit ibang taong hindi nakatira sa sambahayang ito.”]

IN OWN NAME .............................................1 [GO TO PN QA13_22]
IN SOMEONE ELSE’S NAME ............................2
REFUSED ...............................................-7 [GO TO PN QA13_22]
DON’T KNOW ...........................................-8 [GO TO PN QA13_22]

POST-NOTE FOR QA13_H20:
IF QA13_H17 = 1 AND QA13_H20 = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
IF QA13_H17 = 1 AND QA13_H20 = 2, -7, OR -8 SET AREMPOWN = 1 AND SET ARINSURE = 1;
IF QA13_H18 = 1 AND QA13_H20 = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
IF QA13_H18 = 1 AND QA13_H20 = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
PROGRAMMING NOTE QA13_H21:
IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 OR IF QA13_G13 = 1 (LIVING WITH PARENTS) OR IF AAGE < 26, CONTINUE WITH QA13_H21;
ELSE GO TO PROGRAMMING NOTE QA13_H22;
IF QA13_A16 = 1, THEN DISPLAY “spouse’s name”;
IF QA13_A16 ≠ 1 AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY “partner’s name;
IF QA13_G13 = 1 OR AAGE < 26, THEN DISPLAY “parent’s name”;

QA13_H21 Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name? Nasa pangalan ba ng inyong {asawang lalaki o asawang babae o mga magulang} ang plan?

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 QA13_H21:
IF QA13_H17 = 1 AND QA13_H21 = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND ARSAMESP=1;
IF QA13_H19 = 1 AND QA13_H21 = 1 SET AREMPS = 1 AND AREMPOTH = 0 AND ARSAMESP=1 AND SPHBEX = 1;
IF QA13_H17 = 1 AND QA13_H21 = 2 SET AREMPAR =1 AND AREMPOTH = 0;
IF QA13_H18 = 1 AND QA13_H21 = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND ARSAMESP=1;
IF QA13_H18 = 1 AND QA13_H21 = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0

PROGRAMMING NOTE QA13_H22:
IF QA13_H17 = 1 (EMPLOYER-BASED COVERAGE) AND AK8 < 5 (FIRM SIZE <=100), CONTINUE WITH QA13_H22 AND DISPLAY;
IF AREMPOWN = 1 THEN DISPLAY (you);
IF AREMPSP = 1 OR AREMPAR =1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE QA13_H23;

QA13_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 o siya} nagpatala para sa health insurance na ito - sa pamamagitan ng employer, ng union, o ng SHOP program ng Covered California?

(CHIS 2014 ONLY)

[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

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

POST-NOTE FOR QA13_H22:
IF QA13_H22 = 3, THEN SET ARHBEX = 1
PROGRAMMING NOTE QA13_H23
IF ARHBEX = 1, THEN CONTINUE WITH QA13_H23;
ELSE GO TO PROGRAMMING NOTE QA13_H25;

QA13_H23  Was this a bronze, silver, gold or platinum plan?
Bronze, silver, gold o platinum plan ba ito?
(CHIS 2014 ONLY)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Bronze</td>
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<td>Gold</td>
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<tr>
<td>Platinum</td>
<td>4</td>
</tr>
<tr>
<td>MEDI-CAL / MEDICAID</td>
<td>5</td>
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<tr>
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<td>REFUSED</td>
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</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA13_H24:
IF QA13_H22 = 3, THEN GO TO QA13_H25;
ELSE CONTINUE WITH QA13_H24;

QA13_H24  Was there a subsidy or discount on the premium for this plan?
Mayroon bang tulong na pinansyal o diskwento sa bayad sa seguro para sa plan na ito?
(CHIS 2014 ONLY)

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
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</tbody>
</table>
PROGRAMMING NOTE QA13_H25:
IF QA13_H17 = 1 (EMPLOYER-BASED COVERAGE) OR QA13_H18 = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH QA13_H25; ELSE GO TO PROGRAMMING NOTE QA13_H28

QA13_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."
"A deductible is the amount you pay for medical care before your health plan starts paying."
"Premium is the monthly charge for the cost of your health insurance plan."]
[IF NEEDED, SAY: "Ang co-pay ay parsyal na mga bayad ninyo para sa pangangalaga sa kalusugan ninyo tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang ang health plan ang nagbabayad ng pinakamalaking bahagi ng mga gastos ng health insurance ninyo."
"Ang deductible ay halagang binabayaran ninyo para sa pagpapagamot bago magsimulang magbayad ang inyong health plan."
"Ang premium ay singil buwan-buwan para sa bayad sa inyong health insurance plan."]

YES .................................................................1
NO .....................................................................2 [GO TO PN QA13_H27]
REFUSED ..........................................................-7
DON'T KNOW ......................................................-8

QA13_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 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 QA13_H28]
REFUSED ..........................................................-7 [GO TO PN QA13_H28]
DON'T KNOW ......................................................-8 [GO TO PN QA13_H28]
PROGRAMMING NOTE QA13_H27:
IF QA13_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”

QA13_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 iyon?
Sino ang nagbabayad ng anumang bahagi ng gastos para sa plan na iyon?

[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?”] [CODE ALL THAT APPLY.] [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
HEALTHY FAMILIES .......................................8
MEDICARE .....................................................9
HEALTHY KIDS .............................................10
COVERED CALIFORNIA.................................11
OTHER.........................................................91
REFUSED......................................................-7
DON’T KNOW .............................................-8

POST-NOTE QA13_H27:
IF QA13_H27 = 1, 2, OR 3, THEN SET AREMPOWN = 1;
IF QA13_H27 = 4 OR 5, THEN SET AREMPSP = 1;
IF QA13_H27 = 6, THEN SET AROTHER = 1;
IF QA13_H27 = 10, THEN SET ARHKID =1;
IF QA13_H27 = 9, SET ARMCA = 1 AND SET ARDIRECT = 0;
IF QA13_H27 = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;
IF QA13_H27 = 8, SET, ARHFAM = 1 AND SET ARDIRECT = 0;
IF QA13_H27 = 11, SET ARHBEX = 1;
IF QA13_H27 = 91, THEN SET AROTHER = 1
Employer Offer of Health Insurance

**PROGRAMMING NOTE QA13_H28:**
IF [QA13_G26 = 1 OR 2 (R WORKED LAST WEEK) OR QA13_G28 = 1 (R USUALLY WORKS)] AND QA13_G30 ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH QA13_H28;
ELSE GO TO PROGRAMMING NOTE QA13_H32

**QA13_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?

<table>
<thead>
<tr>
<th>Al13</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>........................................1 [GO TO PN QA13_H32]</td>
</tr>
<tr>
<td>NO</td>
<td>........................................2 [GO TO PN QA13_H32]</td>
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<tr>
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</tr>
<tr>
<td>DON'T KNOW</td>
<td>.......................................8 [GO TO PN QA13_H32]</td>
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</table>

**QA13_H29** Are you eligible to be in this plan?
Karapat-dapat ba kayong sumali sa plan na ito?

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<th>Al14</th>
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<tbody>
<tr>
<td>YES</td>
<td>........................................1 [GO TO QA13_H31]</td>
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<tr>
<td>NO</td>
<td>........................................2 [GO TO PN QA13_H32]</td>
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<tr>
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<td>.......................................8 [GO TO PN QA13_H32]</td>
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**QA13_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?

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<tr>
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<tr>
<td>COVERED BY ANOTHER PLAN</td>
<td>........1 [GO TO PN QA13_H32]</td>
</tr>
<tr>
<td>TOO EXPENSIVE</td>
<td>...................2 [GO TO PN QA13_H32]</td>
</tr>
<tr>
<td>DIDN'T LIKE PLAN OFFERED</td>
<td>........3 [GO TO PN QA13_H32]</td>
</tr>
<tr>
<td>DON'T NEED OR BELIEVE IN HEALTH INSURANCE</td>
<td>...........4 [GO TO PN QA13_H32]</td>
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<tr>
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<td>.91 [GO TO PN QA13_H32]</td>
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</tr>
<tr>
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<td>.......................................8 [GO TO PN QA13_H32]</td>
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</tbody>
</table>

**QA13_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?

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<thead>
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<tr>
<td>HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED</td>
<td>.1</td>
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<tr>
<td>CONTRACT OR TEMPORARY EMPLOYEES</td>
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</tr>
<tr>
<td>NOT ALLOWED IN PLAN</td>
<td>....................3</td>
</tr>
<tr>
<td>DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR</td>
<td>........3</td>
</tr>
<tr>
<td>OTHER (SPECIFY: ______________________)</td>
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<tr>
<td>REFUSED</td>
<td>........................................7 [GO TO PN QA13_H32]</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>.......................................8 [GO TO PN QA13_H32]</td>
</tr>
</tbody>
</table>
CHAMPUS/CHAMP-VA, TRICARE, VA Coverage

PROGRAMMING NOTE QA13_H32:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH QA13_H32;
ELSE GO TO PN QA13_H33

QA13_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 ng iba pang pangangalagang pangkalusugan ng militar?

   AI16

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

POST-NOTE QA13_H32:
IF QA13_H32 = 1, SET ARMILIT = 1 AND SET ARINSURE = 1

Healthy Kids

PROGRAMMING NOTE QA13_H33:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) AND AGE = 18, CONTINUE WITH QA13_H33 AND DISPLAY “Healthy Kids”;
ELSE GO TO PROGRAMMING NOTE QA13_H34

QA13_H33  Are you covered by the Healthy Kids program?
Saklaw ba kayo sa program ng Healthy Kids?

   AH70

   [IF NEEDED, SAY: "Healthy Kids is a program for children in your county."]
   [IF NEEDED, SAY: "Ang Healthy Kids ay program para sa mga bata sa inyong county."]

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

POST-NOTE QA13_H33:
IF QA13_H33 = 1, SET ARHKID = 1 AND SET ARINSURE = 1
AIM, MRMIP, Family PACT, PCIP, Other Government Coverage

PROGRAMMING NOTE QA13_H34:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, OR HEALTHY KIDS) CONTINUE WITH QA13_H34;
ELSE GO TO PROGRAMMING NOTE QA13_H36

QA13_H34 Are you covered by some other government health program, such as AIM, "Mister MIP," the Family PACT program, PCIP, or something else?
Naka-insure ba kayo sa iba pang health plan ng gobyerno, gaya ng AIM, "Mister MIP," Family Pact, PCIP, 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; and PCIP is the pre-existing condition insurance plan."]
[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 program ng state na nagbabayad para sa serbisyon pangkalusugang pangkalahatang para sa pagpapahinga sa pagbubuntis/pag-aanak para sa mga hindi naka-insure na mga babae't lalake na malilit ang kita; at ang PCIP ang insurance plan para sa mga dati nang umiiral na karamdaman.

YES ................................................................. 1
NO ........................................................................ 2
REFUSED .................................................................... 7 [GO TO PN QA13_H36]
DON'T KNOW ............................................................ 8 [GO TO PN QA13_H36]

POST-NOTE QA13_H34:
IF QA13_H34 = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

QA13_H35 ASK IF NECESSARY: "What is the name of this program?"
ASK IF NECESSARY: Ano ang pangalan nitong program?

AI17A

AIM ........................................................................ 1
MRMIP ("Mister Mip") ............................................... 2
FAMILY PACT .......................................................... 3
PCIP ........................................................................ 4
OTHER (SPECIFY: _____________________________) . 91
REFUSED .................................................................... 7
DON'T KNOW ............................................................ 8
Other Coverage

PROGRAMMING NOTE QA13_H36:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, HEALTHY KIDS, AND OTHER GOVERNMENT PLAN), CONTINUE WITH QA13_H36;
ELSE GO TO PROGRAMMING NOTE QA13_H40

QA13_H36  Do you have any health insurance coverage through a plan that I missed? 
Naka-insure ba kayo sa anumang health insurance plan na di ko nabanggit?

AI18

YES ...........................................................................1
NO ...........................................................................2 [GO TO PN QA13_H40]
REFUSED ...................................................................7 [GO TO PN QA13_H40]
DON'T KNOW ...........................................................-8 [GO TO PN QA13_H40]
What type of health insurance do you have?
Anong uri ng health insurance ang mayroon kayo?

[CODE ALL THAT APPLY.]

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

[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?"]
[NOTE: 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 paaralan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o direktang 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
HEALTHY FAMILIES .......................................................................6
CHAMPUS/CHAMP-VA, TRICARE, VA OR SOME OTHER MILITARY HEALTH CARE ......7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM OR URBAN INDIAN CLINIC ..........8
HEALTHY KIDS ..............................................................................9
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 QA13_H37:
IF QA13_H37 = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 4, SET ARMCARE = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 5, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 6, SET ARHFAM = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 8, SET ARHKS = 1;
IF QA13_H37 = 9, SET ARHKID = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 10, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 11, SET ARHBEX = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF QA13_H37 = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1;
PROGRAMMING NOTE QA13_H38:
IF QA13_H37 = 1, 2, OR 3 CONTINUE WITH QA13_H38;
ELSE GO TO PROGRAMMING NOTE QA13_H40

QA13_H38  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?

AH59

[PROBE: “Even someone who does not live in this household?”]
[PROBE: “Kahit ibang taong hindi nakatira sa bahay nito.”]

IN OWN NAME ..........................................1 [GO TO PN QA13_H40]
IN SOMEONE ELSE’S NAME ..............................2 [GO TO PN QA13_H40]
REFUSED .......................................................-7 [GO TO PN QA13_H40]
DON’T KNOW ...............................................-8 [GO TO PN QA13_H40]

POST-NOTE QA13_H38:
IF (QA13_H37 = 1 OR 2) AND QA13_H38 = 1 THEN SET Arempown = 1 AND SET Arempoth = 0 AND
SET Arinsure = 1;
IF QA13_H37 = 3 AND QA13_H38 = 1 THEN SET Ardirown = 1 AND SET Ardiroth = 0 AND SET
Arinsure = 1;
IF (QA13_H37 = 1 OR 2) AND (QA13_H38 = 2, -7, OR -8), SET Arempoth = 1 AND AREMPOWN = 0 AND
SET ARINSURE = 1;
IF QA13_H37 = 3 AND (QA13_H38 = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET
ARINSURE = 1

PROGRAMMING NOTE QA13_H39:
IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 OR IF QA13_G13 = 1 (LIVING WITH
PARENTS) OR AAGE < 26, CONTINUE WITH QA13_H39;
ELSE GO TO PROGRAMMING NOTE QA13_H40;
IF QA13_A16 = 1 THEN DISPLAY “spouse’s name”;
IF QA13_A16 ≠ 1 AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY “partner’s name”;
IF QA13_G13 = 1 OR AAGE < 26, THEN DISPLAY “parent’s name”;

QA13_H39  Is the plan in your {spouse’s name}, {partner’s name}, {parent’s name}, or someone else’s name?
Nasa pangalan ba ng inyong {asawang lalaki o asawang babae o mga magulang} 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 QA13_H39:
IF QA13_H39 = 1, SET Arempsp = 1 AND SET Arempoth = 0 AND Arsamesp=1;
IF QA13_H39 = 2, SET Aremppar = 1 AND SET Arempoth = 0
Indian Health Service Participation

PROGRAMMING NOTE QA13_H40:
IF ARIHS ≠ 1 AND QA13_A8 = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH QA13_H40;
ELSE GO TO PROGRAMMING NOTE QA13_H41_INTRO

QA13_H40  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?

AI20

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

POST-NOTE QA13_H40:
IF QA13_H40 = 1, SET ARIHS = 1
Spouse’s Insurance Coverage Type & Eligibility

PROGRAMMING NOTE QA13_H41_INTRO:
IF [QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1] AND QA13_G11 = 1
(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH QA13_H41_INTRO;
IF QA13_A16 = 1, THEN DISPLAY “spouse”;
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY “partner”;
ELSE GO TO PROGRAMMING NOTE QA13_H63

QA13_H41_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

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POST-NOTE QA13_H41:
IF QA13_H41 = 1, SET SPMCARE = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA13_H42:
IF QA13_H41 = 1 AND ARMHMO ≠ 1, CONTINUE WITH QA13_H42 WITHOUT DISPLAY;
ELSE IF QA13_H41 = 1 AND ARMHMO = 1, CONTINUE WITH QA13_H42 AND DISPLAY “You said that your Medicare coverage is provided through an HMO.” AND “also”;
IF QA13_A16 = 1 (MARRIED) THEN DISPLAY “spouse’s”;
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 THEN DISPLAY “partner’s”;
ELSE GO TO PROGRAMMING NOTE QA13_H43

QA13_H42
{You said that your Medicare coverage is provided through an HMO.) Is your {spouse’s/partner’s} Medicare (also) provided through an HMO?
Ipinagkakaloob ba ang MediCARE ng inyong {asawa} sa pamamagitan ng HMO?
Sinabi ninyo na sa pamamagitan ng HMO ipinagkakaloob ang mga paggagamot na saklaw ng inyong Medicare. Ipinagkakaloob din ba ang MediCARE ng inyong {asawa} sa pamamagitan ng HMO?

AH61
YES ............................................................................1
NO ...........................................................................2
REFUSED ....................................................................-7
DON’T KNOW ................................................................-8

POST-NOTE QA13_H42:
IF QA13_H42 = 1, THEN SET SPMHMO = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H43:
IF SPMHO = 1, THEN SKIP TO PROGRAMMING NOTE QA13_H44;
ELSE IF QA13_H41 = 1 AND ARSUPP ≠ 1, CONTINUE WITH QA13_H43 WITHOUT DISPLAY;
ELSE IF QA13_H41 = 1 AND ARSUPP = 1, CONTINUE WITH QA13_H43 AND DISPLAY “You said that you have a Medicare Supplement plan.” AND “also”;
IF QA13_A16 = 1 (MARRIED), THEN DISPLAY “spouse”;
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 THEN DISPLAY “partner”;
ELSE GO TO PROGRAMMING NOTE QA13_H44

QA13_H43
{You said that you have a Medicare Supplement plan.) Does your {partner/husband/wife/spouse} (also) have a Medicare supplemental policy?
Mayroon bang Medicare supplemental policy ang inyong {asawa}?
Sinabi ninyo na mayroon kayong Medicare supplement plan. Mayroon din bang Medicare supplemental policy ang inyong {asawa}?

AI37A
YES ............................................................................1
NO ...........................................................................2
REFUSED ....................................................................-7
DON’T KNOW ................................................................-8

POST-NOTE QA13_H43:
IF QA13_H43 = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA13_H44:
IF ARMCAL = 1, CONTINUE WITH QA13_H44 WITHOUT DISPLAY;
IF ARMCARE = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA13_H45

QA13_H44  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)?

AI38

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

POST-NOTE QA13_H44:
IF QA13_H44 = 1, SET SPMCAL = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA13_H45:
IF ARHFAM = 1 AND SPOUSE/PARTNER AGE ≤ 18, CONTINUE WITH QA13_H45;
IF ARMCARE = 1 OR ARMCAL = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA13_H46

QA13_H45  You said you {also} have Healthy Families. Is (SPOUSE/PARTNER) also covered by Healthy Families?
Sinabi ninyo na mayroon {din} kayong Healthy Families. Naka-insure din ba sa Healthy Families ang inyong (asawa)?

AI39

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

POST-NOTE QA13_H45:
IF QA13_H45 = 1, SET SPHFAM = 1 AND SET SPINSURE = 1
**PROGRAMMING NOTE QA13_H46:**
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA13_H46;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA13_H48

**QA13_H46**
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 din ba ang inyong (asawa) sa insurance mula sa inyong employer o union?

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**POST-NOTE QA13_H46:**
IF QA13_H46 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

**PROGRAMMING NOTE QA13_H47:**
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH QA13_H47;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1, THEN DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA13_H48

**QA13_H47**
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 mula sa pamamagitan ng SHOP program ng Covered California. Sakop (din) ba nitong health insurance ang inyong (ASAWA/PARTNER)?

(Chis 2014 Only)

[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.”]

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**POST-NOTE QA13_H47:**
IF QA13_H47 = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;
PROGRAMMING NOTE QA13_H48:
IF QA13_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA13_G32 = 1 (USUALLY WORKS), CONTINUE WITH QA13_H48;
IF AREMPSP = 1 AND QA13_A16 = 1, DISPLAY “You said you have insurance from your spouse’s employer or union.”;
ELSE IF AREMPSP = 1 AND (QA13_D16 = 1 OR QA13_D17 = 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 QA13_H49

QA13_H48  {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?
Mayroon {din} bang insurance ang inyong {asawa} mula sa {kanyang} sariling employer?
Sinabi ninyo na mayroon kayong insurance mula sa employer o union ng inyong {asawa}.
Mayroon {din} ba {siyang/siyang} insurance mula sa {kanyang} sariling employer?

AI40A

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

POST-NOTE QA13_H48:
IF QA13_H48 = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H49:
IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH QA13_H49;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA13_H50

QA13_H49  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 kayong plan na binili ninyo nang direkta mula sa kompanya ng insurance. Naka-insure din ba sa plan na ito ang inyong {asawa}?

AI41

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

POST-NOTE QA13_H49:
IF QA13_H49 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
**PROGRAMMING NOTE QA13_H50:**
- IF ARDIRECT =1 AND ARHBEX = 1, CONTINUE WITH QA13_H50;
- IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR AREMPOWN = 1, DISPLAY “also”;
- ELSE GO TO PROGRAMMING NOTE QA13_H51

**QA13_H50**  
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. Sakop {din} ba nitong plan ang inyong {asawa/partner}?  
(CHIS 2014 ONLY)

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**POST-NOTE QA13_H50:**
- IF QA13_H50 = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHDEX = 1;

**PROGRAMMING NOTE QA13_H51:**
- IF ARMILIT = 1, CONTINUE WITH QA13_H51;
- IF ARMCARE = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY “also”;
- ELSE GO TO PROGRAMMING NOTE QA13_H52

**QA13_H51**  
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 iba pang pangangalagang pangkalusugan ng militar. Naka-insure din ba sa plan na ito ang inyong {asawa}?  
(CHIS 2014 ONLY)

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**POST-NOTE QA13_H51:**
- IF QA13_H51 = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE QA13_H52:
IF AROTHGOV = 1, CONTINUE WITH QA13_H52;
IF QA13_H35 = 1, THEN DISPLAY “AIM”;
IF QA13_H35 = 2, THEN DISPLAY “MRMIP”;
IF QA13_H35 = 3, THEN DISPLAY “Family PACT”;
IF QA13_H35 = 4, THEN DISPLAY “PCIP”;
IF QA13_H35 = 91, THEN DISPLAY “some government health plan”;
IF ARM Carey = 1 OR ARMCAL = 1 OR ARHFAM = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1, DISPLAY “also”;
ELSE GO TO PROGRAMMING NOTE QA13_H53

QA13_H52
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 {health plan ng gobyerno}. Naka-insure din ba sa plan na ito ang inyong {asawa}?

AI42A

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

POST-NOTE QA13_H52:
IF QA13_H52 = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE QA13_H53:
IF SPINSURE ≠ 1, DISPLAY “any”;
ELSE DISPLAY “through any other source”

QA13_H53
Does (SPOUSE/PARTNER) have (any) health insurance coverage (through any other source)?
Mayroon bang anumang health insurance ang inyong {asawa}?
Mayroon bang health insurance ang inyong {asawa} sa pamamagitan ng iba pang mapagkukunan?

AI46

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

[GO TO PN QA13_H55]
[GO TO QA13_H59]
[GO TO QA13_H59]
What type of health insurance does (he/she) have?
Anong uri ng health insurance ang mayroon {siya}?

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

[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 direkta 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 ninyo ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng paaralan, samahang professional, grupo ng manggagawa, o iba pang samahan, o direct mula sa health insurance company?”]

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POST-NOTE QA13_H54:
IF QA13_H54 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 2, SET SPOTHER = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 8, SET SPIHS = 1;
IF QA13_H54 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA13_H54 = 92, -7, OR -8, SET SPOTHER = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE QA13_H55:
IF SPINSURE ≠ 1, CONTINUE WITH QA13_H55;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING NOTE QA13_H57;
ELSE GO TO PROGRAMMING NOTE QA13_H59

QA13_H55 You said that (SPOUSE/PARTNER) has no health insurance from any source. Is this correct? Sinabi ninyo na walang health insurance ang inyong {asawa} mula sa anumang iba pang mapagkukunan? Tama ba ito?

AI48

YES .........................................................................1 [GO TO PN QA13_H59]
NO...........................................................................2 [GO TO PN QA13_H59]
REFUSED.....................................................................-7 [GO TO PN QA13_H59]
DON'T KNOW ..............................................................-8 [GO TO PN QA13_H59]

QA13_H56 What type of health insurance does (he/she) have? Anong uri ng health insurance ang mayroon {siya}?

AI49

[CODE ALL THAT APPLY] [PROBE: "Any others?"]
[CODE ALL THAT APPLY] [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 paaralan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o nang direkta 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
HEALTHY FAMILIES............................................................................. 6
CHAMPUS/CHAMP-VA, TRICARE, VA OR
SOME OTHER MILITARY HEALTH CARE ........................................... 7
INDIAN HEALTH SERVICE, TRIBAL HEALTH
PROGRAM OR URBAN INDIAN CLINIC................................................. 8
HEALTHY KIDS.................................................................................. 9
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 QA13_H56:
IF QA13_H56 = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 2, SET SPOOTHER = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 6, SET SPHFAM = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 8, SET SPIHS = 1;
IF QA13_H56 = 9, SET SPKID = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 10, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 11, SET SPHBEX = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF QA13_H56 = 92, 7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1;

PROGRAMMING NOTE QA13_H57:
IF QA13_H54 = (1, 2, 3, 10, 11) OR QA13_H56 = (1, 2, 3, 10, 11) THEN CONTINUE WITH QA13_H57;
IF QA13_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 THEN DISPLAY “partner’s”;
ELSE SKIP TO PROGRAMMING NOTE QA13_H59

QA13_H57 Was this plan obtained in your (spouse’s/partner’s) name or in the name of someone else?
Kinuha ba ang plan na ito sa pangalan ng inyong (asawa) o sa pangalan ng ibang tao?

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

AH62

IN SPOUSE’S/PARTNER’S NAME .........................1 [GO TO PN QA13_H59]
IN SOMEONE ELSE’S NAME .............................2 [GO TO PN QA13_H59]
REFUSED ...................................................-7 [GO TO PN QA13_H59]
DON’T KNOW ...............................................-8 [GO TO PN QA13_H59]

POST-NOTE QA13_H57:
IF QA13_H57 = 1 (SPOUSE’S/PARTNER’S NAME) AND [QA12_H54 = (1, 2, 3) OR QA13_H56 = (1, 2, 3)], SET SPEMPOWN = 1 AND SET SPEMPOTH = 0;
IF QA13_H57 = 1 (SPOUSE’S/PARTNER’S NAME) AND [QA12_H54 = (10, 11) OR QA13_H56 = (10, 11)], SET SPHBEX = 1;

QA13_H58 Is the plan in your name, parent’s name, or someone else’s name?
Nasa pangalan ba ninyo ang plan, pangalan ng Magulang ninyo, o pangalan ng ibang tao?

AH63

IN ADULT RESPONDENT’S NAME .........................1
IN ADULT RESPONDENT’S PARENT’S NAME ..........2
IN SOMEONE ELSE’S NAME .............................3
REFUSED ...................................................-7
DON’T KNOW ...............................................-8

POST-NOTE QA13_H58:
IF QA13_H58 = 1 AND [QA12_H54 = (1, 2, 3) OR QA13_H56 = (1, 2, 3)], SET SPEMPAR = 1 AND SET SPEMPOTH = 0 AND ARSAMESP=1;
IF QA13_H58 = 1 AND [QA12_H54 = (10, 11) OR QA13_H56 = (10, 11)], SET SPHBEX = 1 AND ARSAMESP=1;
IF QA13_H58 = 2, SET SPARPAR = 1 AND SET SPEMPOTH = 0
PROGRAMMING NOTE QA13_H59:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO QA13_H63;
ELSE IF [QA13_G31 = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR QA13_G32 = 1 (USUALLY WORKS)]
AND QA13_G33 ≠ 3 (SPOUSE/PARTNER NOT SELF EMPLOYED), CONTINUE WITH QA13_H59;
IF QA13_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
ELSE IF [QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY “partner’s”
ELSE GO TO PROGRAMMING NOTE QA13_H63

QA13_H59  Does your {spouse’s/partner’s} employer offer health insurance to any of its employees?
Nag-aalok ba ng health insurance ang employer ng yong {asawa} sa sinuman sa mga empleado nito?

   AI43
     YES ...........................................................................1
     NO ...........................................................................2
     REFUSED .................................................................-7
     DON'T KNOW .........................................................-8
     [GO TO PN QA13_H63]

QA13_H60  Is {he/she} eligible to be in this plan?
Karapat-dapat ba {siyang} sumali sa plan na ito?

   AI44
     YES ...........................................................................1
     NO ...........................................................................2
     REFUSED .................................................................-7
     DON'T KNOW .........................................................-8
     [GO TO PN QA13_H63]

QA13_H61  What is the ONE main reason why {he/she} isn’t in this plan?
Ano ang isang pangunahing dahilan na hindi {siya} kasali sa plan na ito?

   AI45
     COVERED BY ANOTHER PLAN .........................1
     TOO EXPENSIVE ..............................................2
     DOESN'T LIKE PLAN OFFERED ......................3
     DOESN'T NEED OR BELIEVE IN HEALTH INSURANCE 4
     OTHER (SPECIFY: __________) ......................91
     REFUSED .................................................................-7
     DON'T KNOW .........................................................-8
     [GO TO PN QA13_H63]

QA13_H62  What is the one main reason why {he/she} is not eligible for this plan?
Ano ang pangunahing dahilan na hindi {siya} karapat-dapat para sa plan na ito?

   AI45A
     HASN'T YET WORKED FOR THIS EMPLOYER
     LONG ENOUGH TO BE COVERED .....................1
     CONTRACT OR TEMPORARY EMPLOYEES
     NOT ALLOWED IN PLAN .................................2
     DOESN'T WORK ENOUGH HOURS PER WEEK
     OR WEEKS PER YEAR ........................................3
     OTHER (SPECIFY: ______________) ..............91
     REFUSED .................................................................-7
     DON'T KNOW .........................................................-8
     [GO TO PN QA13_H63]
Managed-Care Plan Characteristics

<table>
<thead>
<tr>
<th>PROGRAMMING NOTE QA13_H63:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ARMHMO = 1 (R HAS MEDICARE HMO), GO TO QA13_H65;</td>
</tr>
<tr>
<td>IF ARHFAM = 1 OR ARHKID = 1; GO TO QA13_H64;</td>
</tr>
<tr>
<td>IF ARINSURE = 1 (R HAS ANY COVERAGE), CONTINUE WITH QA13_H63;</td>
</tr>
<tr>
<td>IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE),</td>
</tr>
<tr>
<td>DISPLAY “Next, I have some questions about your own main health plan.”</td>
</tr>
<tr>
<td>IF ARMCAL = 1 DISPLAY “Medi-Cal”;</td>
</tr>
<tr>
<td>ELSE GO TO QA13_H78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA13_H63</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next, I have some questions about your own main health plan.</td>
</tr>
<tr>
<td>Susunod, may ilang katanungan ako tungkol sa inyong pangunahing health plan.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AI22C</th>
</tr>
</thead>
<tbody>
<tr>
<td>[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.”]</td>
</tr>
<tr>
<td>[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.”]</td>
</tr>
<tr>
<td>[IF R SAYS “POS” OR “POINT OF SERVICE”, CODE AS “YES.” IF R SAYS PPO, CODE “NO.”]</td>
</tr>
<tr>
<td>[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]</td>
</tr>
<tr>
<td>[NOTE: IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Ang pangunahing health plan ninyo.”]</td>
</tr>
</tbody>
</table>

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

[GO TO QA13_H64]
 PROGRAMMING NOTE QA13_H63B:
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO QA13_H64;
ELSE CONTINUE WITH QA13_H63B;

QA13_H63B  Is your health plan a PPO or EPO?
PPO o EPO ba ang inyong health plan?
(CHIS 2014 ONLY)

[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 doctor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doctor 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 doctor 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, maaari kayong tuwirang magpagamot sa mga doctor at mga at mga espesyalista na wala nang referral mula sa inyong primary care provider.”]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Your MAIN health plan.”]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: “Iyong PANGUNAHING health plan ninyo.”]

PPO.................................................................1
EPO.............................................................2
OTHER (SPECIFY:____________)...................... 91
REFUSED.....................................................-7
DON'T KNOW..................................................-8
**PROGRAMMING NOTE QA13_H64:**

IF (ARMCAL = 1 AND QA13_H63 = 1) OR (AROTHGOV = 1 AND QA13_H35 = 1) THEN LIST HMO MEDI-CAL BY COUNTY;
ELSE IF (ARHFAM = 1 OR ARHKIDS = 1) AND QA13_H63 = 1 THEN LIST HMO HEALTHY FAMILIES BY COUNTY;
ELSE IF QA13_H63 = 1 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA13_H35 = 2)] THEN LIST HMO COMMERCIAL BY COUNTY;
ELSE IF QA13_H63 = 2 AND [AREMPOWN = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 OR AREMPPAR = 1 OR AREMPSP = 1 OR AROTHER = 1 OR (AROTHGOV = 1 AND QA13_H35 = 2)] THEN LIST NON-HMO BY COUNTY

QA13_H64  What is the name of your main health plan?
Aro ang pangalan ng inyong (Medi-Cal) health plan?

**AI22A**

[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 na nakasulat ang na pangalan ng plan?”]

<table>
<thead>
<tr>
<th>Health Plan Name</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP MEDICARE COMPLETE</td>
<td>1</td>
</tr>
<tr>
<td>AETNA</td>
<td>2</td>
</tr>
<tr>
<td>AETNA MEDICARE (SELECT/PREMIER)</td>
<td>3</td>
</tr>
<tr>
<td>ALAMEDA ALLIANCE FOR HEALTH</td>
<td>4</td>
</tr>
<tr>
<td>ALLIANCE COMPLETE CARE</td>
<td>5</td>
</tr>
<tr>
<td>ANTHEM BLUE CROSS/BLUE CROSS</td>
<td>6</td>
</tr>
<tr>
<td>ARCADIAN COMMUNITY CARE</td>
<td>7</td>
</tr>
<tr>
<td>BLUE CROSS SENIOR SECURE</td>
<td>8</td>
</tr>
<tr>
<td>BLUE SHIELD 65 PLUS</td>
<td>9</td>
</tr>
<tr>
<td>BLUE SHIELD OF CALIFORNIA</td>
<td>10</td>
</tr>
<tr>
<td>CAL OPTIMA</td>
<td>11</td>
</tr>
<tr>
<td>CARE 1ST HEALTH PLAN</td>
<td>12</td>
</tr>
<tr>
<td>CARE ADVANTAGE</td>
<td>13</td>
</tr>
<tr>
<td>CARE MORE</td>
<td>14</td>
</tr>
<tr>
<td>CEN CAL HEALTH</td>
<td>15</td>
</tr>
<tr>
<td>CENTRAL CALIFORNIA ALLIANCE FOR HEALTH</td>
<td>16</td>
</tr>
<tr>
<td>CENTRAL HEALTH PLAN OF CALIFORNIA</td>
<td>17</td>
</tr>
<tr>
<td>CHINESE COMMUNITY HEALTH PLAN</td>
<td>18</td>
</tr>
<tr>
<td>CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM</td>
<td>19</td>
</tr>
<tr>
<td>CIGNA</td>
<td>20</td>
</tr>
<tr>
<td>CITIZENS CHOICE HEALTHPLAN</td>
<td>21</td>
</tr>
<tr>
<td>COMMUNICARE ADVANTAGE</td>
<td>22</td>
</tr>
<tr>
<td>COMMUNITY HEALTH GROUP</td>
<td>23</td>
</tr>
<tr>
<td>COMMUNITY HEALTH PLAN</td>
<td>24</td>
</tr>
<tr>
<td>CONTRA COSTA HEALTH PLAN</td>
<td>25</td>
</tr>
<tr>
<td>EASY CHOICE HEALTH PLAN</td>
<td>26</td>
</tr>
<tr>
<td>GEM CARE</td>
<td>27</td>
</tr>
<tr>
<td>GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN</td>
<td>28</td>
</tr>
<tr>
<td>GREAT-WEST</td>
<td>29</td>
</tr>
<tr>
<td>HEALTH NET</td>
<td>30</td>
</tr>
<tr>
<td>HEALTH PLAN OF SAN JOAQUIN</td>
<td>31</td>
</tr>
<tr>
<td>HEALTH PLAN OF SAN MATEO</td>
<td>32</td>
</tr>
<tr>
<td>HUMANA GOLD PLUS</td>
<td>33</td>
</tr>
<tr>
<td>IEHP (INLAND EMPIRE HEALTH PLAN)</td>
<td>34</td>
</tr>
<tr>
<td>IEHP MEDICARE DUAL CHOICE</td>
<td>35</td>
</tr>
<tr>
<td>INTER VALLEY HEALTH PLAN</td>
<td>36</td>
</tr>
<tr>
<td>KAISER</td>
<td>37</td>
</tr>
<tr>
<td>KERN COUNTY HEALTH PLAN</td>
<td>38</td>
</tr>
</tbody>
</table>
L.A. CARE HEALTH PLAN .................................................. 39
MD CARE ........................................................................ 40
MOLINA HEALTH PLAN .................................................. 41
MOLINA MEDICARE OPTIONS ............................................ 42
ON LOK .......................................................................... 43
ON LOK SENIOR HEALTH SERVICES .................................. 44
ONE CARE ........................................................................ 45
PACIFICARE ..................................................................... 46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA ...................... 47
SALUD CON HEALTH NET .................................................. 48
SAN FRANCISCO HEALTH PLAN .......................................... 49
SANTA CLARA FAMILY HEALTH PLAN ................................. 50
SCAN HEALTH PLAN .......................................................... 51
SECURE HORIZONS ............................................................. 52
SENIOR ADVANTAGE .......................................................... 53
SENIORITY PLUS ................................................................. 54
SERVICE TO SENIORS ........................................................ 55
SHARP HEALTH PLAN ........................................................ 56
TOTAL FIT .......................................................................... 57
VALLEY HEALTH PLAN ...................................................... 58
VENTURA COUNTY HEALTH CARE PLAN ............................ 59
WESTERN HEALTH ADVANTAGE ........................................ 60
WESTERN HEALTH ADVANTAGE CARE+ ............................ 61
CHAMPUS/CHAMP-VA ....................................................... 62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME ....................... 63
VA HEALTH CARE SERVICES .............................................. 64
MEDI-CAL ......................................................................... 65
MEDICARE ....................................................................... 66
MEDICARE ADVANTAGE .................................................... 67
OTHER ............................................................................. 91
OTHER (SPECIFY: __________________) .............................. 92
REFUSED ......................................................................... -7
DON'T KNOW .................................................................... -8

POST NOTE QA13_H64:
IF QA13_H64 = 62, 63, OR 64 THEN SET ARMILIT=1

PROGRAMMING NOTE QA13_H65:
IF ARMHMO = 1 (R HAS MEDI-CARE HMO) AND QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR
QA13_D17 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “Next I have some questions about your own main
health plan.”

QA13_H65  {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 iyong health plan. Nasasaklaw ba ang para sa
mga gamot na inireseta sa iyo? Ibig sabihin, may plan bang nagbabayad ng anumang bahagi
ng gastos?
Naka-insure ba kayo para sa inyong mga iniresetang gamot? Ibig sabihin, may plan bang
nagbabayad ng anumang bahagi ng gastos?

AI25

YES ................................................................. 1
NO ................................................................. 2
REFUSED ............................................................. -7
DON'T KNOW ....................................................... -8
High Deductible Health Plans

PROGRAMMING NOTE QA13_H66:
IF AREMPOWN = 1 OR AREMPS = 1 OR AREMPAR = 1 OR ARDRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH QA13_H66;
ELSE GO TO QA13_H71

QA13_H66  Does your health plan have a deductible that is more than $1,000?
Ang health plan ba ninyo ay may deductible na mahigit sa $1,000?

AH71
[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 [GO TO QA13_H68]
REFUSED ...........................................................7
DON’T KNOW .....................................................8

PROGRAMMING NOTE QA13_H67:
IF AREMPOWN = 1 OR AREMPS = 1 OR AREMPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA13_H67;
ELSE GO TO QA13_H68

QA13_H67  Does your health plan have a deductible that is more than $2,000?
Ang health plan ba ninyo ay may deductible na mahigit sa $2,000?

AH96
[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 [GO TO PN QA13_H69]
NO .................................................................2
YES, ONLY WHEN I GO OUT OF NETWORK ......3
REFUSED ...........................................................7
DON’T KNOW .....................................................8
**QA13_H68** Does your health plan have a deductible for all covered persons that is more than $2,000? 
Ang health plan ba ninyo ay may deductible na mahigit sa $2,000 para sa lahat ng taong naka-insure?

**AH72**

[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 QA13_H69:**
IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1, THEN CONTINUE WITH QA13_H69;
ELSE GO TO PROGRAMMING NOTE QA13_H70

**QA13_H69** Does your health plan have a deductible for all covered persons that is more than $4,000? 
Ang health plan ba ninyo ay may deductible na mahigit sa $4,000 para sa lahat ng taong naka-insure?

**AH97**

[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 QA13_H70:
IF ARINSURE ≠ 1 (CURRENTLY UNINSURED) OR ARMCAL = 1 (CURRENTLY HAS MEDICAL) OR
ARMCARE =1 (CURRENTLY HAS MEDICARE) OR ARHFAM =1 (CURRENTLY HAS HEALTHY FAMILIES)
OR ARHKID =1 (CURRENTLY HAS HEALTHY KIDS) OR AROTHGOV = 1 (CURRENTLY HAS OTHER GOVT
COVERAGE LIKE AIM, MRMIP, PCIP), SKIP TO QA13_H71;
ELSE CONTINUE WITH QA13_H70

QA13_H70  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 magamit para pambayad sa
mga gastos sa pagpapagamot?

AH73

[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,

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

Coverage over Past 12 Months

QA13_H71  Thinking about your current health insurance, did you have this same insurance for all 12 of the
past 12 months?
Isipin ninyo ang inyong kasalukuyang health insurance, ito rin ba mismo ang insurance ninyo sa
kabuuan 12 ng nakaraang 12 buwan.

AI31

YES ...............................................1  [GO TO PN QA13_H84]
NO ....................................................2
REFUSED ..........................................-7  [GO TO QA13_H74]
DON’T KNOW ...................................-8

QA13_H72  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 ibang health insurance?

AI32

YES ...............................................1  [GO TO QA13_H75]
NO ....................................................2  [GO TO QA13_H74]
REFUSED ..........................................-7  [GO TO QA13_H74]
DON’T KNOW ...................................-8  [GO TO QA13_H74]
QA13_H73  Was your other health insurance Medi-CAL, Healthy Families, 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, o Healthy Families, plan na nakuha ninyo mula sa employer, plan na binili ninyo nang direkta mula sa insurance company, plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

MODIFIED

[CODE ALL THAT APPLY]

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

MEDI-CAL........................................................................1
HEALTHY FAMILIES....................................................2
THROUGH CURRENT OR FORMER
EMPLOYER/UNION ..................................................3
HEALTHY KIDS ..........................................................4
PURCHASED DIRECTLY..............................................5
COVERED CALIFORNIA.............................................6
OTHER HEALTH PLAN...............................................91
REFUSED .................................................................-7
DON'T KNOW ..........................................................-8

QA13_H74  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 kayo ay walang health insurance?

AI34

YES .................................................................1
NO .................................................................2 [GO TO PN QA13_H84]
REFUSED ............................................................-7 [GO TO PN QA13_H84]
DON'T KNOW .....................................................-8 [GO TO PN QA13_H84]

QA13_H75  For how many months of the past 12 months did you have no health insurance at all?
Ilang buwan nitong nakaraang 12 buwan na kayo ay walang 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 QA13_H84]

REFUSED ............................................................-7 [GO TO PN QA13_H84]
DON'T KNOW .....................................................-8 [GO TO PN QA13_H84]
Reasons for Lack of Coverage

QA13_H76 What is the ONE MAIN reason why you did not have any health insurance during those months?
Ano ang pangunahing dalaing na kayo ay walang 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

QA13_H77 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 kayo na lang ang maghanap ng health insurance?

AH74
YES ..............................................................1 [GO TO PN QA13_H84]
NO .............................................................2 [GO TO PN QA13_H84]
REFUSED ....................................................-7 [GO TO PN QA13_H84]
DON'T KNOW ...............................................-8 [GO TO PN QA13_H84]

QA13_H78 What is the ONE MAIN reason why you do not have any health insurance?
Ano ang isang pangunahing dalaing na wala kayo anumang health insurance?

AI24 [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
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
QA13_H79  
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 kayo na lang ang maghanap ng health insurance?

AH75

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

QA13_H80  
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 QA13_H82]
NO ..............................................................................2
REFUSED ......................................................................7
DON'T KNOW .........................................................-8

QA13_H81  
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 QA13_H84]
MORE THAN 3 YEARS AGO .........................2  [GO TO PN QA13_H84]
NEVER HAD HEALTH INSURANCE ...............3  [GO TO PN QA13_H84]
REFUSED ..............................................................7  [GO TO PN QA13_H84]
DON'T KNOW .........................................................-8  [GO TO PN QA13_H84]

QA13_H82  
For how many months out of the last 12 months did you have health insurance?
Ilang buwan nitong nakaraang 12 buwan kayo may health insurance?

AI29

[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]

_____ MONTHS    [HR: 0-12]  [IF 0, THEN GO TO PN QA13_H84]

REFUSED ......................................................................7
DON'T KNOW .........................................................-8
**QA13_H83**

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, ang inyong insurance ba ay Medi-Cal, Healthy Families, plan na nakuha ninyo mula sa employer, plan na binili ninyo nang direkta mula sa insurance company, plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

[CODE ALL THAT APPLY]

[PROBE: “Any others?”]
[PROBE: “May iba pa ba?”]

- MEDI-CAL ..............................................1
- HEALTHY FAMILIES ....................................2
- THROUGH CURRENT OR FORMER EMPLOYER OR UNION ....................................3
- HEALTHY KIDS ...........................................4
- PURCHASED DIRECTLY .....................................5
- COVERED CALIFORNIA ....................................6
- OTHER HEALTH PLAN ...................................91
- REFUSED .................................................-7
- DON’T KNOW .............................................-8

**PROGRAMMING NOTE QA13_H84:**

IF ARINSURE ≠ 1 OR QA13_H72 = 2 OR ARDIRECT = 1 OR QA13_H83 = (5, 6) OR QA13_H73 = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH QA13_H84;

ELSE GO TO PROGRAMMING NOTE QA13_H101

**QA13_H84**

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?

(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

**AH103**

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

[GO TO PN QA13_H101]
QA13_H85  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 sa HMO, o sa pamamagitan ng Covered California, o parehong mula sa insurance company at sa pamamagitan ng Covered California?
(CHIS 2014 ONLY)

AH110

DIRECTLY FROM AN INSURANCE COMPANY
OR HMO, OR.................................................1
THROUGH COVERED CALIFORNIA, OR.........2
BOTH, FROM AN INSURANCE COMPANY AND
THROUGH COVERED CALIFORNIA ..............3
REFUSED................................................................7 [GO TO PN QA13_H88]
DON'T KNOW ..................................................8 [GO TO PN QA13_H88]

PROGRAMMING NOTE QA13_H86:
IF QA13_H85 = 1; THEN CONTINUE WITH QA13_H86;
IF QA13_H85 = 3; THEN CONTINUE WITH QA13_H86 AND DISPLAY “First, think about your experience trying to purchase insurance directly from an insurance company or HMO.”
ELSE GO TO PROGRAMMING NOTE QA13_H90;

QA13_H86  {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}.
(MODIFIED FOR CHIS 2014)

How difficult was it to find a plan with the coverage you needed? Was it...
Gaano kahirap makahanap ng plan na may mga saklaw na serbisyo na kailangan ninyo? Ito ba ay...

AH98

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
**QA13_H87**  How difficult was it to find a plan you could afford? Was it...  
Gaano kahirap makahanap ng plan na kaya ninyo? Ito ba ay...

**AH99**  
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

**QA13_H88**  Did anyone help you find a health plan?  
Mayroon bang sinumang tumulong sa inyo na humanap ng health plan?

**AH100**  
YES ...............................................................1  
NO ...............................................................2  
REFUSED ......................................................-7  
DON'T KNOW ...............................................-8  

**QA13_H89**  Who helped you?  
Sino ang tumulong sa inyo?

**AH101**  
BROKER ........................................................1  
FAMILY MEMBER/FRIEND .................................2  
INTERNET .....................................................3  
OTHER (SPECIFY: ____________________) ...........91  
REFUSED ......................................................-7  
DON'T KNOW ...............................................-8
PROGRAMMING NOTE QA13_H90:
IF QA13_H85 = 2; THEN CONTINUE WITH QA13_H90;
IF QA13_H85 = 3; THEN CONTINUE WITH QA13_H90 AND DISPLAY “Now, think about your experience with Covered California.”
ELSE GO TO PROGRAMMING NOTE QA13_H94;

QA13_H90
{Now, think about your experience with Covered California.}
{Ggayon, isipin ninyo ang karanasan ninyo sa Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...
Gaano kahirap ang naging karanasan ninyo sa paghahanap ng plan na may coverage na kailangan ninyo sa pamamagitan ng Covered California? Ito ba ay...

(CHIS 2014 ONLY)

AH111

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

QA13_H91
How difficult was it to find a plan you could afford? Was it...

(CHIS 2014 ONLY)

AH112

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

QA13_H92
Did anyone help you find a health plan?
Mayroon bang tumulong sa inyo na humanap ng health plan?

(CHIS 2014 ONLY)

AH113

YES .................................................................1
NO .................................................................2 [GO TO QA13_H94]
REFUSED ..........................................................-7 [GO TO QA13_H94]
DON’T KNOW ......................................................-8 [GO TO QA13_H94]
**QA13_H93**  Who helped you?
Sinong tumulong sa inyo?
(CHIS 2014 ONLY)

| BROKER | ................................... | 1 |
| FAMILY MEMBER / FRIEND | ................................ | 2 |
| INTERNET | ................................ | 3 |
| CERTIFIED ENROLLMENT COUNSELOR | ............ | 4 |
| OTHER (SPECIFY:___________) | .................. | 92 |
| REFUSED | ................................ | -7 |
| DON'T KNOW | ................................ | -8 |

**QA13_H94**  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?
(CHIS 2014 ONLY)

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

**PROGRAMMING NOTE QA13_H95:**
IF QA13_G6 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA13_H95; ELSE GO TO QA13_H96;

**QA13_H95**  Were you able to get information about your health plan options in your language?
Nakuha ba ninyo ang impormasyon tungkol sa mga maaari ninyong mapili sa health plan sa inyong wika?
(CHIS 2014 ONLY)

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

**QA13_H96**  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?
(CHIS 2014 ONLY)

| VERY IMPORTANT | ................................ | 1 |
| SOMEWHAT IMPORTANT | ................................ | 2 |
| NOT IMPORTANT | ................................ | 3 |
| REFUSED | ................................ | -7 |
| DON'T KNOW | ................................ | -8 |
QA13_H97 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?

(CHIS 2014 ONLY)

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QA13_H98 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?

(CHIS 2014 ONLY)

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QA13_H99 Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?
Iyong pagpili ba ng mga doctor na kaanib sa network ng plan ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

(CHIS 2014 ONLY)

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</table>
PROGRAMMING NOTE QA13_H100:
IF QA13_H23 = 1 THEN DISPLAY “Bronze”
ELSE IF QA13_H23 = 2 THEN DISPLAY “Silver”
ELSE IF QA13_H23 = 3 THEN DISPLAY “Gold”
ELSE IF QA13_H23 = 4 THEN DISPLAY “Platinum”
ELSE DISPLAY ““;

QA13_H100  Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/} 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 na pinili ninyo ang {Platinum} plan? Iyon ba ay ang presyo, ang abilidad ninyong makaagapagamot sa isang particular na doctor, ang abilidad ninyong makapunta sa isang particular na ospital, ang pagpili ng mga provider na kaanib sa network ng inyong plan, o iba pang dahilan?

**AH121**

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Hospitalizations

PROGRAMMING NOTE QA13_H101:
IF QA13_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA13_B41 = 1 (HOSPITALIZED FOR HEART DISEASE) THEN GO TO PROGRAMMING NOTE QA13_H102;
ELSE CONTINUE WITH QA13_H101

QA13_H101  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?

**AH14**

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[GO TO PN QA13_H104]
[GO TO PN QA13_H104]
[GO TO PN QA13_H104]
PROGRAMMING NOTE QA13_H102:
 IF QA13_B8 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B13 = 1 (HOSPITALIZED FOR ASTHMA) OR QA13_B30 = 1 (HOSPITALIZED FOR DIABETES) OR QA13_B41 = 1 (HOSPITALIZED FOR HEART DISEASE), THEN DISPLAY “During the past 12 months, when you were hospitalized for any reason,”

QA13_H102 [During the past 12 months, when you were hospitalized for any reason,) Altogether how many nights were you in the hospital?
 Sa kabuuan, ilang gabi kayo na-ospital?
 Nitong nakaraang 12 buwan, noong na-ospital kayo para sa anumang dahilan, sa kabuuan, ilang gabi kayo na-ospital?

AH102

________ NUMBER OF NIGHTS (HR: 1-365)

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

Partial Scope Medi-Cal

PROGRAMMING NOTE QA13_H103:
 IF ARINSURE ≠ 1 OR QA13_H75 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS), THEN CONTINUE WITH QA13_H103;
 ELSE GO TO PROGRAMMING NOTE QA13_H104

QA13_H103 Was any of that hospital care paid for by Medi-Cal?
 Binayaran ba ng Medi-Cal ang anumang bahagi nuong paggagamot ng ospital?

AH76

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

PROGRAMMING NOTE FOR QA13_H104:
 IF [ARINSURE ≠ 1 OR QA13_H75 > 0 (HAD NO INSURANCE FOR AT LEAST 1 MONTH OUT OF PAST 12 MONTHS)] AND QA13_A5 = 2 (FEMALE) AND [QA13_E1 = 1 (PREGNANT) OR QA13_G18 = 1 (R IS PARENT OR LEGAL GUARDIAN FOR ANY CHILD IN ROSTER UNDER 1 YEAR OLD)] CONTINUE WITH QA13_H104;
 ELSE SKIP TO PROGRAMMING NOTE QA13_I1

QA13_H104 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 QA13_I1]
REFUSED ................................................... -7 [GO TO PN QA13_I1]
DON’T KNOW ............................................. -8 [GO TO PN QA13_I1]
QA13_H105  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

Child's Health Insurance

PROGRAMMING NOTE QA13_I1:
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE QA13_I41 TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE QA13_I2;
ELSE CONTINUE WITH QA13_I1

QA13_I1  These next questions are about health insurance (CHILD) may have.
                      Does (CHILD) have the same insurance as you?
                      Isa ba ang insurance ninyo ni (CHILD)?

  CF10A  YES.........................................................................................1  [GO TO QA13_I35]
          NO.......................................................................................2
          REFUSED................................................................................--7
          DON'T KNOW.............................................................................-8

POST-NOTE QA13_I1:
IF QA13_I1 = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARHKID = 1, SET CHHKID = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AREDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AROTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF QA13_I1 = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
PROGRAMMING NOTE QA13_I2:
IF SPINSURE ≠ 1, THEN SKIP TO QA13_I3;
ELSE IF QA13_I1 = 2 AND ARSAMESP = 1, THEN SKIP TO QA13_I3;
ELSE CONTINUE WITH QA13_I2

QA13_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 {spouse/partner/SPOUSE NAME/PARTNER NAME}?

MA1

YES .................................................................1 [GO TO QA13_I22]
NO .................................................................2
REFUSED ..................................................................-7
DON'T KNOW ..........................................................-8

POST-NOTE QA13_I3:
IF QA13_I2 = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPHFAM = 1, SET CHHFAM = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPOther = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF QA13_I2 = 1 AND SPIHS = 1, SET CHIHS = 1

Medi-Cal Coverage (Child)
QA13_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 maliliit ang kita, mga babaeng buntis, at mga taong may kapansanan o may-edad na."]

YES .................................................................1 [GO TO QA13_I5]
NO .................................................................2
REFUSED ..................................................................-7
DON'T KNOW ..........................................................-8

POST-NOTE QA13_I3:
IF QA13_I3 = 1, SET CHMCAL = 1 AND SET CHINSURE = 1
Healthy Families Coverage (Child)

QA13_I4  Is (CHILD) covered by the Healthy Families Program?
Naka-insure ba si (CHILD) sa Healthy Families Program?

[IF NEEDED, SAY: "Healthy Families is a state program that pays for health insurance for children up to age 19."
[IF NEEDED SAY: "Ang Healthy Families ay programa ng estado na nagbabayad ng health insurance ng mga bata hanggang sa sila’y umabot ng 19 taong gulang."]

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

POST-NOTE QA13_I4:
IF QA13_I4 = 1, SET CHHFAM = 1 AND SET CHINSURE = 1

Employer-Based Coverage (Child)

QA13_I5  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 [GO TO PN QA13_I7]
REFUSED ..........................................................7 [GO TO PN QA13_I7]
DON'T KNOW ....................................................8 [GO TO PN QA13_I7]

POST-NOTE QA13_I5:
IF QA13_I5 = 1, SET CHEMP = 1 AND CHINSURE = 1
QA13_I6  Is this plan through an employer, through a union, or through Covered California's SHOP program?
Ilong plan ba ay sa pamamagitan ng employer, ng union, o ng SHOP program ng Covered California?
(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

[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."]

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>91</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYER</td>
<td>UNION</td>
<td>SHOP / COVERED CALIFORNIA</td>
<td>OTHER (SPECIFY: ________)</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

POST-NOTE FOR QA13_I6:
IF QA13_I6 = 3, THEN SET CHHBEX = 1

PROGRAM NOTE QA13_I7:
IF CHINSURE = 1 THEN GO TO QA13_I9;
ELSE CONTINUE WITH QA13_I7

Private Coverage (Child)
QA13_I7  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?
(MODIFIED FOR CHIS 2014 – COVERED CA ADDED)

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

POST-NOTE QA13_I7:
IF QA13_I7 = 1, SET CHDIRECT = 1 AND CHINSURE = 1
PROGRAMMING NOTE QA13_I8:
IF CHDIRECT = 1, THEN CONTINUE WITH QA13_I8;
ELSE GO TO PROGRAMMING NOTE QA13_I9

QA13_I8  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?
(CHIS 2014 ONLY)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>INSURANCE COMPANY OR HMO</td>
</tr>
<tr>
<td>2</td>
<td>COVERED CALIFORNIA</td>
</tr>
<tr>
<td>91</td>
<td>OTHER (SPECIFY: __________)</td>
</tr>
<tr>
<td>7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

POST-NOTE FOR QA13_I8:
IF QA13_I8 = 2, THEN SET CHHBEX = 1

PROGRAMMING NOTE QA13_I9
IF CHHBEX = 1, THEN CONTINUE WITH QA13_I9;
ELSE GO TO PROGRAMMING NOTE QA13_I11;

QA13_I9  Was this a bronze, silver, gold or platinum plan?
Bronze, silver, gold o platinum plan ba ito?
(CHIS 2014 ONLY)

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<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Bronze</td>
</tr>
<tr>
<td>2</td>
<td>Silver</td>
</tr>
<tr>
<td>3</td>
<td>Gold</td>
</tr>
<tr>
<td>4</td>
<td>Platinum</td>
</tr>
<tr>
<td>5</td>
<td>MEDI-CAL / MEDICAID</td>
</tr>
<tr>
<td>6</td>
<td>CATASTROPHIC</td>
</tr>
<tr>
<td>91</td>
<td>OTHER (SPECIFY: __________)</td>
</tr>
<tr>
<td>7</td>
<td>REFUSED</td>
</tr>
<tr>
<td>8</td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA13_I10
IF CHHBEX = 1 AND CHDIRECT = 1, THEN CONTINUE WITH QA13_I10;
ELSE GO TO PROGRAMMING NOTE QA13_I11;

QA13_I10  Was there a subsidy or discount on the premium for this plan?
Mayroon bang tulong na pinansyal o diskwento sa bayad sa seguro para sa plan na ito?

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

137
PROGRAMMING NOTE QA13_I11:
IF CHEMP = 1 (EMPLOYER-BASED COVERAGE) OR CHDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA13_I11;
ELSE GO TO PROGRAMMING NOTE QA13_14

QA13_I11  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.

AI54
[IF NEEDED, SAY: "Copays are the partial payments you make for your health care each time you see a doctor or use the health care system, while someone else pays for your main health care coverage."
[IF NEEDED, SAY: "Ang mga co-pay ang parsyal na mga bayad ninyo para sa pangangalaga sa kalusugan ninyo tuwing nagpapatingin kayo sa doktor o tuwing ginagamit ang health care system, samantalang ang health plan ang nagbabayad ng pinakamalaking bahagi ng mga gastos ng health insurance ninyo."

"A deductible is the amount you pay for medical care before your health plan starts paying."
"Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong health plan para sa inyong pagpapagamot."

"Premium is the monthly charge for the cost of your health insurance plan." ]
"Premium ang singil buwan-buwan para sa gastos ng inyong health insurance plan."

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

QA13_I12 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 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 QA13_I14]
REFUSED .....................................................-7  [GO TO PN QA13_I14]
DON’T KNOW ...............................................-8  [GO TO PN QA13_I14]
QA13_I13  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)?

<table>
<thead>
<tr>
<th>AI51</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT EMPLOYER .........................1</td>
</tr>
<tr>
<td>FORMER EMPLOYER .............................2</td>
</tr>
<tr>
<td>UNION .............................................3</td>
</tr>
<tr>
<td>SPOUSE’S/PARTNER’S CURRENT EMPLOYER ...4</td>
</tr>
<tr>
<td>SPOUSE’S/PARTNER’S FORMER EMPLOYER ....5</td>
</tr>
<tr>
<td>PROFESSIONAL/FRATERNAL ORGANIZATION ...6</td>
</tr>
<tr>
<td>MEDICAID/MEDI-CAL ASSISTANCE .............7</td>
</tr>
<tr>
<td>HEALTHY FAMILIES ..............................8</td>
</tr>
<tr>
<td>HEALTHY KIDS ..................................9</td>
</tr>
<tr>
<td>COVERED CALIFORNIA .........................10</td>
</tr>
<tr>
<td>OTHER ..........................................91</td>
</tr>
<tr>
<td>REFUSED .......................................-7</td>
</tr>
<tr>
<td>DON’T KNOW .....................................-8</td>
</tr>
</tbody>
</table>

POST-NOTE QA13_I13:
IF QA13_I13 = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF QA13_I13 = 8, SET CHHFAM = 1;
IF QA13_I13 = 7, SET CHMCAL = 1
IF QA13_I13 = 9, SET CHHKID = 1
IF QA13_I13 = 10, SET CHHBEX = 1;

CHAMPUS/CHAMP-VA, TRICARE, VA Coverage (Child)

PROGRAMMING NOTE QA13_I14:
IF CHINSURE = 1, GO TO PN QA13_I22;
ELSE CONTINUE WITH QA13_I14

QA13_I14  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?

<table>
<thead>
<tr>
<th>CF6</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................1 [GO TO PN QA13_I22]</td>
</tr>
<tr>
<td>NO .................................................2</td>
</tr>
<tr>
<td>REFUSED .................................-7</td>
</tr>
<tr>
<td>DON’T KNOW .........................-8</td>
</tr>
</tbody>
</table>

POST-NOTE QA13_I14:
IF QA13_I14 = 1, SET CHMILIT = 1 AND CHINSURE = 1
**Healthy Kids (Child)**

**PROGRAMMING NOTE QA13_I15:**
If CHINSURE ≠ 1 (No coverage from Medicare, Medi-Cal, Healthy Families, Employer, Private Plan, or Military Plan) continue with QA13_I11 and display "Healthy Kids;"  

<table>
<thead>
<tr>
<th>QA13_I15</th>
<th>Is {he/she} covered by the Healthy Kids program?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Naka-insure ba si (CHILD) sa Healthy Kids program?</td>
</tr>
<tr>
<td>AI70</td>
<td>[IF NEEDED, SAY: &quot;Healthy Kids is a program for children in your county.&quot;]</td>
</tr>
<tr>
<td></td>
<td>[IF NEEDED, SAY: &quot;Ang Healthy Kids ay program para sa mga bata sa inyong county.&quot;]</td>
</tr>
<tr>
<td>YES</td>
<td>.............................................................................................................1 [GO TO PN QA13_I22]</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>

**POST-NOTE QA13_I15:**
If QA13_I15 = 1, set CHHKID = 1 and set CHINSURE = 1

**AIM, MRMIP, PCIP, Other Government Coverage (Child)**

<table>
<thead>
<tr>
<th>QA13_I16</th>
<th>Is {he/she} covered by some other government health plan such as AIM, &quot;Mister MIP&quot;, PCIP, or something else?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Naka-insure ba {siya/siya} sa iba pang health plan ng gobyerno, gaya ng AIM, &quot;Mister MIP,&quot; PCIP, o ng iba pa?</td>
</tr>
<tr>
<td>CF7</td>
<td>[IF NEEDED, SAY: &quot;AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program; and PCIP is the pre-existing condition insurance plan.&quot;]</td>
</tr>
<tr>
<td></td>
<td>[IF NEEDED, SAY: &quot;Ang kahulugan ng AIM ay Access for Infants and Mothers; ang 'Mister MIP' o MRMIP ay Major Risk Medical Insurance Program, at ang PCIP ay Pre-existing Condition Insurance Plan.&quot;]</td>
</tr>
<tr>
<td>AIM</td>
<td>.............................................................................................................1 [GO TO PN QA13_I22]</td>
</tr>
<tr>
<td>&quot;MISTER MIP&quot;/MRMIP</td>
<td>.............................................................................................................2 [GO TO PN QA13_I22]</td>
</tr>
<tr>
<td>PCIP</td>
<td>.............................................................................................................3 [GO TO PN QA13_I22]</td>
</tr>
<tr>
<td>NO OTHER PLAN</td>
<td>.............................................................................................................4 [GO TO PN QA13_I22]</td>
</tr>
<tr>
<td>SOMETHING ELSE (SPECIFY: __________)</td>
<td>.............................................................................................................91 [GO TO PN QA13_I22]</td>
</tr>
<tr>
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<td>.............................................................................................................-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>.............................................................................................................-8</td>
</tr>
</tbody>
</table>

**POST-NOTE QA13_I16:**
If QA13_I16 = 1 or 2 or 3 or 91, set CHOTHGOV = 1 and CHINSURE = 1
Other Coverage (Child)

QA13_I17  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?

<table>
<thead>
<tr>
<th></th>
<th>CF8</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 PN QA13_I20]
QA13_I18  What type of health insurance does {he/she} have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?
Anong uri ng health insurance ang mayroon {siya/siya}? Sa pamamagitan ba ito ng Medi-CAL, Healthy Families, employer o union, o mula sa iba pang pinagkukunan?

[CIRCLE ALL THAT APPLY.]

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

- THROUGH CURRENT OR FORMER EMPLOYER/UNION ............................................1
- THROUGH SCHOOL, PROFESSIONAL ASSOCIATION, TRADE GROUP OR OTHER ORGANIZATION.................................................................2
- PURCHASED DIRECTLY FROM A HEALTH PLAN (BY R OR ANYONE ELSE) .........................3
- MEDICARE ........................................................................................................4
- MEDI-CAL ................................................................................................................5
- HEALTHY FAMILIES ..........................................................................................6
- CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE .......7
- INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC ........8
- HEALTHY KIDS ..................................................................................................9
- 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 QA13_I18:
IF QA13_I18 = 1, SET CHEMP = 1 AND CHINSURE = 1
IF QA13_I18 = 2, SET CHEMP = 1 AND CHINSURE = 1
IF QA13_I18 = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF QA13_I18 = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF QA13_I18 = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF QA13_I18 = 6, SET CHHFAM = 1 AND CHINSURE = 1
IF QA13_I18 = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF QA13_I18 = 8, SET CHIHS = 1
IF QA13_I18 = 9, SET CHHKID = 1 AND CHINSURE = 1
IF QA13_I18 = 10, SET CHHBEX = 1 AND CHINSURE = 1
IF QA13_I18 = 11, SET CHHBEX = 1 AND CHINSURE = 1
IF QA13_I18 = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF QA13_I18 = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF QA13_I18 = -7 OR -8, SET CHINSURE = 1
PROGRAMMING NOTE QA13_I19:
IF QA13_I18 = 4 (CHILD HAS MEDICARE), CONTINUE WITH QA13_I19;
ELSE SKIP TO PROGRAMMING NOTE QA13_I20

QA13_I19  Just to verify, you said that (CHILD) gets health insurance through Medicare?
Upang beripikahin lamang, sinabi niyo na nakukuha ni {CHILD} ang health insurance sa pamamagitan ng Medicare?

CF9VER

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

PROGRAMMING NOTE QA13_I20:
IF CHINSURE ≠ 1 CONTINUE WITH QA13_I20;
ELSE GO TO QA13_I22;

QA13_I20  What is the ONE main reason why (CHILD) is not enrolled in the Medi-CAL program?
Ano ang ISANG pangunahing dahilan na hindi naka-enroll sa program ng Medi-CAL 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
QA13_I21  What is the ONE main reason why (CHILD) is not enrolled in the Healthy Families program? 
Ano ang ISANG pangunahing dahilan na hindi naka-enroll sa Healthy Families Program si (CHILD)?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAPERWORK TOO DIFFICULT</td>
<td>1</td>
</tr>
<tr>
<td>DIDN'T KNOW IF ELIGIBLE</td>
<td>2</td>
</tr>
<tr>
<td>INCOME TOO HIGH, NOT ELIGIBLE</td>
<td>3</td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO CITIZENSHIP/</td>
<td>4</td>
</tr>
<tr>
<td>IMMIGRATION STATUS</td>
<td>5</td>
</tr>
<tr>
<td>OTHER NOT ELIGIBLE</td>
<td>6</td>
</tr>
<tr>
<td>DONT BELIEVE IN HEALTH INSURANCE</td>
<td>7</td>
</tr>
<tr>
<td>DONT NEED IT BECAUSE HEALTHY</td>
<td>8</td>
</tr>
<tr>
<td>ALREADY HAVE INSURANCE</td>
<td>9</td>
</tr>
<tr>
<td>DIDN'T KNOW IT EXISTED</td>
<td>10</td>
</tr>
<tr>
<td>DON'T LIKE / WANT WELFARE</td>
<td>11</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>12</td>
</tr>
<tr>
<td>REFUSED</td>
<td>13</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>14</td>
</tr>
</tbody>
</table>

Managed-Care Plan Characteristics (Child)

PROGRAMMING NOTE QA13_I22:

IF QA13_I1 = 1 AND ARMCARE = 1, THEN QA13_I22 = QA13_H8 AND QA13_I23 = QA13_H9 AND SKIP TO QA13_I24;
ELSE IF QA13_I1 = 1, THEN QA13_I22 = QA13_H63 AND QA13_I23 = QA13_H64 AND QA13_I24 = QA13_H65 AND GO TO PN QA13_I25;
ELSE GO TO PN QA13_I25

QA13_I22  Is (CHILD)’s main health plan an HMO, that is, a Health Maintenance Organization? 
HMO ba ang pangunahing health plan ni (CHILD), ang ibig sabihin, Health Maintenance Organization?

<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>3</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>4</td>
</tr>
</tbody>
</table>

[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 its 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. Kung lalabas (siya o siya) sa network, sa karaniwan hindi mababayaran ito maliban na lang kung emergency ito.”]

[GO TO QA13_I23]
PROGRAMMING NOTE QA13_I22B:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO QA13_I23;
ELSE CONTINUE WITH QA13_I22B;

QA13_I22B Is (CHILD)'s health plan a PPO or EPO?
PPO o EPO ba ang (kanyang o kanyang) health plan?

[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 doctor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doctor 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 doctor 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, maaari kayong tuwiran magpagamot sa mga doctor 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.”]

PPO...............................................................................1
EPO...............................................................................2
OTHER (SPECIFY:________________).................... 91
REFUSED.......................................................................-7
DON'T KNOW...........................................................-8
PROGRAMMING NOTE QA13_I23:
IF CHINSURE = 1 (CHILD HAS ANY COVERAGE), CONTINUE WITH QA13_I23;
IF CHMCARE = 1 AND QA13_I22 = 1 THEN list HMO MediCare by county;
ELSE IF CHMCAL = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 1) AND QA13_I22 = 1 THEN list HMO MEDI-
CAL by county;
ELSE IF (CHHFAM = 1 OR CHHKIDS = 1) AND QA13_I22 = 1 THEN list HMO Healthy Families by county;
ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 2) OR CHOTHER = 1) AND 
QA13_I22 = 1 THEN list HMO Commercial by county;
ELSE IF (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1) AND QA13_I22 = 2 THEN list Non-HMO by 
county

QA13_I23 What is the name of (CHILD)'s main health plan?
Anong pangalan ng (Medi-Cal) health plan ni (CHILD)?

MA2

[IF R HAS DIFFICULTY RECALLING NAME, THEN PROBE: “Does (CHILD) have an 
insurance card or something else with the plan name on it?”]
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: Mayroon bang insurance card si 
(CHILD) o anumang bagay na may nakasulat na pangalan ng plan?”]

AARP MEDICARE COMPLETE .......................................................... 1
AETNA ......................................................................................... 2
AETNA MEDICARE (SELECT/PREMIER) .................................... 3
ALAMEDA ALLIANCE FOR HEALTH ........................................ 4
ALLIANCE COMPLETE CARE ...................................................... 5
ANTHEM BLUE CROSS/BLUE CROSS ........................................ 6
ARCADIAN COMMUNITY CARE ................................................. 7
BLUE CROSS SENIOR SECURE ................................................. 8
BLUE SHIELD 65 PLUS .............................................................. 9
BLUE SHIELD OF CALIFORNIA .................................................. 10
CAL OPTIMA ............................................................................... 11
CARE 1ST HEALTH PLAN .......................................................... 12
CARE ADVANTAGE .................................................................. 13
CARE MORE ............................................................................... 14
CEN CAL HEALTH ..................................................................... 15
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH .................. 16
CENTRAL HEALTH PLAN OF CALIFORNIA ............................. 17
CHINESE COMMUNITY HEALTH PLAN ................................. 18
CHINESE COMMUNITY HEALTH PLAN SENIOR PROGRAM .... 19
CIGNA ....................................................................................... 20
CITIZENS CHOICE HEALTH PLAN ........................................... 21
COMMUNICARE ADVANTAGE ..................................................... 22
COMMUNITY HEALTH GROUP .................................................. 23
COMMUNITY HEALTH PLAN ..................................................... 24
CONTRA COSTA HEALTH PLAN .............................................. 25
EASY CHOICE HEALTH PLAN ................................................... 26
GEM CARE .................................................................................. 27
GOLDEN/GOLDEN STATE MEDICARE HEALTH PLAN ........ 28
GREAT-WEST ............................................................................. 29
HEALTH NET ............................................................................. 30
HEALTH PLAN OF SAN JOAQUIN ........................................... 31
HEALTH PLAN OF SAN MATEO .............................................. 32
HUMANA GOLD PLUS ............................................................. 33
IEHP (INLAND EMPIRE HEALTH PLAN) ................................. 34
IEHP MEDICARE DUAL CHOICE ............................................ 35
INTER VALLEY HEALTH PLAN ................................................ 36
KAISER ...................................................................................... 37
KERN COUNTY HEALTH PLAN .............................................. 38
L.A. CARE HEALTH PLAN .......................................................... 39
MD CARE................................................................. 40
MOLINA HEALTH PLAN............................................. 41
MOLINA MEDICARE OPTIONS .................................. 42
ON LOK................................................................. 43
ON LOK SENIOR HEALTH SERVICES.......................... 44
ONE CARE ............................................................. 45
PACIFICARE .......................................................... 46
PARTNERSHIP HEALTH PLAN OF CALIFORNIA ............ 47
SALUD CON HEALTH NET .......................................... 48
SAN FRANCISCO HEALTH PLAN ................................ 49
SANTA CLARA FAMILY HEALTH PLAN ......................... 50
SCAN HEALTH PLAN ................................................ 51
SECURE HORIZONS .................................................. 52
SENIOR ADVANTAGE ................................................. 53
SENIORITY PLUS .................................................... 54
SERVICE TO SENIORS ................................................. 55
SHARP HEALTH PLAN ................................................ 56
TOTAL FIT ........................................................................ 57
VALLEY HEALTH PLAN ................................................ 58
VENTURA COUNTY HEALTH CARE PLAN .................... 59
WESTERN HEALTH ADVANTAGE .................................. 60
WESTERN HEALTH ADVANTAGE CARE+ ....................... 61
CHAMPUS/CHAMP-VA .................................................. 62
TRICARE/TRICARE FOR LIFE/TRICARE PRIME ............ 63
VA HEALTH CARE SERVICES ........................................ 64
MEDI-CAL ................................................................. 65
MEDICARE ............................................................... 66
MEDICARE ADVANTAGE ............................................ 67
OTHER ........................................................................ 91
OTHER (SPECIFY: ____________________) ........................... 92
REFUSED ...................................................................... 7
DON'T KNOW ............................................................. 8

QA13_I24  Is (CHILD) covered for prescription drugs?
Naka-insure ba si (CHILD) para sa mga gamot na inirereseta?

CF14

YES ................................................................. 1
NO ................................................................. 2
REFUSED ............................................................ 7
DON'T KNOW ..................................................... 8
High Deductible Health Plans (Child)

**PROGRAMMING NOTE FOR QA13_I25:**
IF (ARINSURE ≠ 1 OR QA13_I1 ≠ 1) AND (CHEMP = 1 OR CHDIRECT = 1 OR CHOTHER = 1), THEN CONTINUE WITH QA13_I25;
ELSE SKIP TO PROGRAMMING NOTE QA13_I30

<table>
<thead>
<tr>
<th>QA13_I25</th>
<th>Does (CHILD)'s health plan have a deductible that is more than $1,000?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ang health plan ba ni (CHILD) ay may deductible na mahigit sa $1,000?</td>
</tr>
<tr>
<td>AI79</td>
<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></td>
<td>[IF NEEDED, SAY: &quot;Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.&quot;]</td>
</tr>
<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 QA13_I26:**
IF CHEMP = 1, THEN CONTINUE WITH QA13_I26;
ELSE GO TO QA13_I27

<table>
<thead>
<tr>
<th>QA13_I26</th>
<th>Does (CHILD)'s health plan have a deductible that is more than $2,000?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ang health plan ba ni (CHILD) ay may deductible na mahigit sa $2,000?</td>
</tr>
<tr>
<td>AI85</td>
<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></td>
<td>[IF NEEDED, SAY: &quot;Ang deductible ang halagang kailangan ninyong bayaran bago magsimulang magbayad ang inyong plan para sa inyong pagpapagamot.&quot;]</td>
</tr>
<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>
**QA13_I27** Does (CHILD)’s health plan have a deductible for all covered persons that is more than $2,000? Ang health plan ba ni (CHILD) ay may deductible na mahigit sa $2,000 para sa lahat ng taong naka-insure?

**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.”]

YES .................................................................1  [GO TO PN QA13_I29]

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

YES, ONLY WHEN GO OUT OF NETWORK ........3  [GO TO PN QA13_I29]

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

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

**PROGRAMMING NOTE FOR QA13_I28:**

IF CHEMP = 1, THEN CONTINUE WITH QA13_I28;
ELSE GO TO PROGRAMMING NOTE QA13_I29

**QA13_I28** Does (CHILD)’s health plan have a deductible for all covered persons that is more than $4,000? Ang health plan ba ni (CHILD) ay may deductible na mahigit sa $4,000 para sa lahat ng taong naka-insure?

**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.”]

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

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

YES, ONLY WHEN GO OUT OF NETWORK ........3

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

DON’T KNOW ......................................................-8
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 magamit para pambayad sa mga gastos sa pagpapagamot ni (CHILD)?

[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 (HSA’s), 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.”]

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

Reasons for Lack of Coverage (Child)

What is the one main reason (CHILD) does not have any health insurance? Ano ang isang pangunahing dahilan na walang health insurance si (CHILD)?

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
Coverage over Past 12 Months (Child)
QA13_I31 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 QA13_I33] 
| NO .................................................................2 
| REFUSED .........................................................-7 
| DON'T KNOW ......................................................-8 |

QA13_I32 How long has it been since (CHILD) last had health insurance? 
Gaano katagal na mula noong huling may health insurance si (CHILD)?

| CF21 | MORE THAN 12 MONTHS, BUT NOT 
| MORE THAN 3 YEARS AGO .......................1 [GO TO PN QA13_I41] 
| MORE THAN 3 YEARS AGO .....................2 [GO TO PN QA13_I41] 
| NEVER HAD HEALTH INSURANCE COVERAGE ...3 [GO TO PN QA13_I41] 
| REFUSED .........................................................-7 [GO TO PN QA13_I41] 
| DON'T KNOW ......................................................-8 [GO TO PN QA13_I41] |

QA13_I33 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?

| CF22 | [INTERVIEWER NOTE: IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1] 
| _____ MONTHS [HR: 0-12] [IF 0, THEN GO TO PN QA13_I41] 
| REFUSED ..........................................................-7 
| DON'T KNOW ......................................................-8 |
QA13_I34 During that time when (CHILD) had health insurance, was (his/her) insurance Medi-CAL, Healthy Families, 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 insurance ba (niya/niya) ay Medi-CAL, Healthy Families, plan na nakuha ninyo mula sa employer, plan na binili ninyo nang direktang mula sa insurance company, 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
HEALTHY FAMILIES..........................2
THROUGH CURRENT OR FORMER EMPLOYER
UNION...............................3
HEALTHY KIDS.........................4
PURCHASED DIRECTLY............5
COVERED CALIFORNIA...............6
OTHER HEALTH PLAN..............91
REFUSED............................7
DON'T KNOW.....................8

QA13_I35 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
NO .........................................................2
HAD SAME INSURANCE SINCE BIRTH
(FOR CHILDREN LESS THAN ONE YEAR OLD) ...3
REFUSED ...........................................7
DON'T KNOW ....................................8

QA13_I36 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
QA13_I37 Was this other health 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? 
Medi-CAL ba itong iba pang health insurance, Healthy Families, plan na nakuha ninyo mula sa employer, plan na binili ninyo nang direkta mula sa insurance company, plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

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

MEDI-CAL.................................................................................1
HEALTHY FAMILIES.......................................................2
HEALTHY KIDS.................................................................3
THROUGH CURRENT OR FORMER EMPLOYER/UNION.................4
PURCHASED DIRECTLY......................................................5
COVERED CALIFORNIA.....................................................6
OTHER HEALTH PLAN......................................................91
REFUSED................................................................................-7
DON'T KNOW..........................................................................-8

QA13_I38 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) ay ganap na walang health insurance?

CF27
YES .....................................................................................1
NO .....................................................................................2 [GO TO PN QA13_I41]
REFUSED ................................................................. -7 [GO TO PN QA13_I41]
DON'T KNOW .............................................................-8 [GO TO PN QA13_I41]

QA13_I39 For how many of the past 12 months did (he/she) have no health insurance? 
Ilang buwan ba (siyang/siyang) walang health insurance nitong nakaraang 12 buwan?

CF28
[IF < 1 MONTH, ENTER "1"]

______ MONTHS [RANGE: 1-12]
REFUSED .................................................................-7
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 na walang health insurance si {CHILD} noong panahon na hindi {siya/siya} naka-insure?

| CF29 | 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

[IF R SAYS, "No need," PROBE WHY] [IF R SAYS, "Hindi kailangan." PROBE WHY]
Teen's Health Insurance

PROGRAMMING NOTE QA13_I41:
IF NO TEEN SELECTED, GO TO PN QA13_I81;
IF ARINSURE = 1, CONTINUE WITH QA13_I41;
IF ARINSURE = 0, GO TO PN QA13_I42;
ELSE CONTINUE WITH QA13_I41

QA13_I41 These next questions are about health insurance (TEEN) may have.

Does (TEEN) have the same insurance as {you/ADULT RESPONDENT NAME}?
Iisa ba ang insurance ninyo ni {you/ADULT RESPONDENT NAME}? 

IA10A

YES .........................................................1  [GO TO QA13_I75]
NO .........................................................2
REFUSED ...................................................-7
DON'T KNOW ..............................................-8

POST-NOTE QA13_I41:
IF QA13_I41 = 1 AND ARMCA="1", SET TEMCA="1" AND SET TEINSURE="1";
IF QA13_I41 = 1 AND ARMCA="1", SET TEMCA="1" AND SET TEINSURE="1";
IF QA13_I41 = 1 AND ARHFAM = 1, SET TEHFAM = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND AREMPPAR = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I41 = 1 AND ARHIBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
PROGRAMMING NOTE QA13_I42:
IF SPINSURE ≠ 1 THEN SKIP TO QA13_I43;
ELSE IF QA13_I41 = 2 AND ARSAMESP = 1 THEN SKIP TO PROGRAMMING NOTE QA13_I43;
ELSE CONTINUE WITH QA13_I42

QA13_I42
Does (TEEN) have the same insurance as your spouse?
lisa ba ang insurance ni (TEEN) at ng inyong (asawa)?

MA5

YES ..................................................................................1  [GO TO QA13_I62]
NO ..................................................................................2
REFUSED ..................................................................-7
DON'T KNOW ................................................................-8

POST-NOTE QA13_I42:
IF QA13_I42 = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPHAFAM = 1, SET TEHAFAM = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMPOWN = 1, SET TEEMPOWN = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMPPAR = 1, SET TEEMPPAR = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPEMSP = 1, SET TEEMSP = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPMLIT = 1, SET TEMLIT = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPOTHOTH = 1, SET TEOTHOTH = 1 AND SET TEINSURE = 1;
IF QA13_I42 = 1 AND SPIHS = 1, SET TEIHS = 1
IF QA13_I42 = 1 AND SPHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;

PROGRAMMING NOTE QA13_I43:
IF CHINSURE ≠ 1, THEN SKIP TO QA13_I44;
ELSE IF (QA13_I41= 2 AND ARSAMECH = 1) OR (QA13_I42 = 2 AND SPSAMECH = 1), THEN SKIP TO QA13_I44;
ELSE CONTINUE WITH QA13_I43;

QA13_I43
Does (TEEN) have the same insurance as (CHILD)?
lisa ba ang insurance ni (TEEN) at ni (CHILD)?

MA6

YES ..................................................................................1  [GO TO PN QA13_I75]
NO ..................................................................................2
REFUSED ..................................................................-7
DON'T KNOW ................................................................-8

POST-NOTE QA13_I43:
IF QA13_I43 = 1 AND CHMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHHFAM = 1, SET TEHAFAM = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHHKID = 1, SET TEHKID = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHMLIT = 1, SET TEMLIT = 1 AND SET TEINSURE = 1;
IF QA13_I43 = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
### Medi-Cal Coverage (Teen)

<table>
<thead>
<tr>
<th>Question</th>
<th>English</th>
<th>Tagalog</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA13_I44</td>
<td>Is (he/she) currently covered by Medi-CAL?</td>
<td>Naka-insure ba {siya/siya} sa Medi-CAL?</td>
</tr>
</tbody>
</table>

**IA1**

(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 maliliit ang kita, mga babaeng buntis, at mga taong may kapansanan o may-edad na.")

- YES ..........................................................1 [GO TO QA13_I46]
- NO ............................................................2
- REFUSED ......................................................-7
- DON'T KNOW ...................................................-8

### Healthy Families Coverage (Teen)

<table>
<thead>
<tr>
<th>Question</th>
<th>English</th>
<th>Tagalog</th>
</tr>
</thead>
<tbody>
<tr>
<td>QA13_I45</td>
<td>Is (TEEN) covered by the Healthy Families Program?</td>
<td>Naka-insure ba si {TEEN} sa Healthy Families Program?</td>
</tr>
</tbody>
</table>

**IA2**

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

(IF NEEDED, SAY: "Program ng state ang Healthy Families na nagbabayad ng health insurance para sa mga bata hanggang 19 taong gulang.")

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

### POST-NOTE QA13_I44:

IF QA13_I44 = 1, SET TEMCAL = 1 AND SET TEINSURE = 1

### POST-NOTE QA13_I45:

IF QA13_I45 = 1, SET TEHFAM = 1 AND SET TEINSURE = 1
Employer-Based Coverage (Teen)

QA13_I46  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 inyong trabaho o union o ng ibang tao?

[INTERVIEW NOTE: CODE ‘YES’ IF R MENTIONS ‘SHOP’ PROGRAM THROUGH COVERED CALIFORNIA]

YES.................................................................1
NO.....................................................................2 [GO TO QA13_I48]
REFUSED..........................................................-7 [GO TO QA13_I48]
DON'T KNOW...................................................-8 [GO TO QA13_I48]

POST-NOTE QA13_I46: IF QA13_I45 = 1, SET TEEMP = 1 AND SET TEINSURE = 1

QA13_I47  Is this plan through an employer, through a union, or through Covered California’s SHOP program?
Itong plan ba ay sa pamamagitan ng employer, ng union, o ng SHOP program ng Covered California?
(CHIS 2014 ONLY)

[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."]

AI94

EMPLOYER .........................................................1
UNION..............................................................2
SHOP / COVERED CALIFORNIA ......................3
OTHER (SPECIFY:__________) .........................91
REFUSED..........................................................-7
DON'T KNOW...................................................-8

POST-NOTE FOR QA13_I47: IF QA13_I47 = 3, THEN SET TEHBEX = 1
PROGRAM NOTE QA13_I48:
IF TEINSURE = 1 THEN GO TO QA13_I49;
ELSE CONTINUE WITH QA13_I48

Private Coverage (Teen)
QA13_I48

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 direkt 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 [GO TO PN QA13_I55]
REFUSED ......................................................................... -7 [GO TO PN QA13_I55]
DON'T KNOW ................................................................. -8 [GO TO PN QA13_I55]

POST-NOTE QA13_I48:
IF QA13_I48 = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

PROGRAMMING NOTE QA13_I49:
IF TEDIRECT = 1, THEN CONTINUE WITH QA13_I49;
ELSE GO TO PROGRAMMING NOTE QA13_I50

QA13_I49

How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?
Paano ninyo binili itong health insurance - direkt 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 QA13_I49:
IF QA13_I49 = 2, THEN SET TEHBEX = 1
PROGRAMMING NOTE QA13_I50
IF TEHBEX = 1, THEN CONTINUE WITH QA13_I50;
ELSE GO TO PROGRAMMING NOTE QA13_I52;

QA13_I50  Was this a bronze, silver, gold or platinum plan?
Bronze, silver, gold or platinum plan ba ito?
(CHIS 2014 ONLY)

A196

Bronze .................................................................1
Silver .................................................................2
Gold .................................................................3
Platinum .............................................................4
MEDI-CAL / MEDICAID ..........................................5
CATASTROPIC ......................................................6
OTHER (SPECIFY: ___________) ......................... 91
REFUSED .........................................................-7
DON'T KNOW .....................................................-8

PROGRAMMING NOTE QA13_I51
IF QA13_I47 = 3, THEN GO TO PN QA13_I52;
ELSE CONTINUE WITH QA13_I51;

QA13_I51  Was there a subsidy or discount on the premium for this plan?
Mayroon bang tulong na pinansyal o diskwento sa bayad sa seguro para sa plan na ito?
(CHIS 2014 ONLY)

A197

YES .................................................................1
NO .................................................................2
REFUSED .........................................................-7
DON'T KNOW .....................................................-8
PROGRAMMING NOTE QA13_I52:
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE),
CONTINUE WITH QA13_I52;
ELSE GO TO PROGRAMMING NOTE QA13_I55

QA13_I52
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 ang parsyal na mga bayad ninyo para sa
pangangalaga sa kalusugan ninyo tuwing nagpapatingin kayo sa doktor o tuwing
ginagamit ang health care system, samantalang ang health plan ang nagbabayad ng
pinakamalaking bahagi ng mga gastos ng health insurance ninyo."

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 gastos ng inyong health insurance plan."]

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

QA13_I53
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

YES ..............................................................................1
NO .............................................................................2 [GO TO PN QA13_I55]
REFUSED .....................................................................7 [GO TO PN QA13_I55]
DON'T KNOW .............................................................8 [GO TO PN QA13_I55]
QA13_I54  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**

- 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
- HEALTHY FAMILIES ....................................8
- HEALTHY KIDS ..........................................9
- OTHER................................................................91
- REFUSED.....................................................-7
- DON'T KNOW...............................................-8

**POST-NOTE QA13_I54:**
IF QA13_I54 = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF QA13_I54 = 7, SET TEMCAL = 1;
IF QA13_I54 = 8, SET TEHFAM = 1;
IF QA13_I54 = 9, SET TEHKID = 1 AND SET TEINSURE = 1
IF QA13_I54 = 10, SET TEHBEX =1;

CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)

**PROGRAMMING NOTE QA13_I55:**
IF TEINSURE = 1, GO TO PROGRAMMING NOTE QA13_I62;
ELSE CONTINUE WITH QA13_I55

QA13_I55  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 ng iba pang pangagalang pangkalusugan ng militar?

**IA6**

- YES ..................................................................1  [GO TO PN QA13_I62]
- NO ..................................................................2
- REFUSED .....................................................-7
- DON'T KNOW ...............................................-8

**POST-NOTE QA13_I55:**
IF QA13_I55 = 1, SET TEMILIT = 1 AND SET TEINSURE = 1
Healthy Kids (Teen)

PROGRAMMING NOTE FOR QA13_I56:
IF TEINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, HEALTHY FAMILIES, EMPLOYER, PRIVATE PLAN, OR MILITARY PLAN) CONTINUE WITH QA13_I48 AND DISPLAY “Healthy Kids”;

QA13_I56  Is {he/she} covered by the Healthy Kids program?
Naka-insure ba si {he/she} sa Healthy Kids program?

[IF NEEDED, SAY: “Healthy Kids is a program for children in your county.”]
[IF NEEDED, SAY: “Ang Healthy Kids ay program para sa mga bata sa inyong county.”]

YES .................................................................1  [GO TO PN QA13_I62]
NO............................................................................2
REFUSED ........................................................................7
DON’T KNOW ............................................................8

POST-NOTE QA13_I56:
IF QA13_I56 = 1, SET TEHKID = 1 AND SET TEINSURE = 1

AIM, MRMIP, Family PACT, PCIP, Other Government Coverage (Teen)

QA13_I57  Is {he/she} covered by some other government health plan such as AIM, "Mister MIP", Family PACT, PCIP or something else?
Naka-insure ba {siya/siya} sa iba pang health plan ng gobyerno, gaya ng AIM, "Mister MIP," Family PACT, PCIP, o ng iba pa?

[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; and PCIP is the pre-existing condition insurance plan.”]
[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 program ng state na nagbabayad para sa serbisyong pangkalusugan para sa pagpipigil sa pagbubuntis/pag-aanak para sa mga hindi naka-insure na mga babae't lalake na maliit ang kîta; at ang PCIP ang insurance plan para sa mga dati nang umiiral na karamdaman.”]

AIM.................................................................1  [GO TO PN QA13_I62]
"MISTER MIP"/MRMIP................................................2 [GO TO PN QA13_I62]
Family PACT ...............................................................3 [GO TO PN QA13_I62]
PCIP.................................................................4 [GO TO PN QA13_I62]
NO OTHER PLAN..................................................5 [GO TO PN QA13_I62]
SOMETHING ELSE (SPECIFY: ________) ..............91 [GO TO PN QA13_I62]
REFUSED ........................................................................7
DON’T KNOW ............................................................8

POST-NOTE QA13_I57:
IF QA13_I57 = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1
Other Coverage (Teen)

QA13_I58  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?

IA8

YES .................................................................................1
NO ...........................................................................2 [GO TO PN QA13_I62]
REFUSED ....................................................................-7 [GO TO PN QA13_I62]
DON’T KNOW ..............................................................-8 [GO TO PN QA13_I62]

QA13_I59  What type of health insurance does (he/she) have? Does it come through Medi-CAL, Healthy Families, an employer or union, or from some other source?
Anong uri ng health insurance ang mayroon {siya/siya}? Sa pamamagitan ba ito ng Medi-CAL, Healthy Families, 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 niyo ang plan na ito sa pamamagitan ng kasalukuyan o dating employer/union, sa pamamagitan ng paaralan, samahang pampropesyonal, grupo ng manggagawa, o iba pang samahan, o direkta 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 
MEDI-CAL .............................................................................5
HEALTHY FAMILIES ..........................................................6
CHAMPUS/CHAMP-VA, TRICARE, VA, OR SOME OTHER MILITARY HEALTH CARE ......7
INDIAN HEALTH SERVICE, TRIBAL HEALTH PROGRAM, URBAN INDIAN CLINIC .........8
HEALTHY KIDS .....................................................................9
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 QA13_I59:
IF QA13_I59_1 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA13_I59_2 = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF QA13_I59_3 = 1, SET TEDIRECT = 1 AND TEINSURE = 1;
IF QA13_I59_4 = 1, SET TEMCARE = 1 AND TEINSURE = 1;
IF QA13_I59_5 = 1, SET TEMCAL = 1 AND TEINSURE = 1;
IF QA13_I59_6 = 1, SET TEHFM = 1 AND TEINSURE = 1;
IF QA13_I59_7 = 1, SET TEMILIT = 1 AND TEINSURE = 1;
IF QA13_I59_8 = 1, SET TEIHS = 1;
IF QA13_I59_9 = 1, SET TEHID = 1 AND TEINSURE = 1;
IF QA13_I59 = 10, SET TEHBEX = 1 AND CHINSURE = 1;
IF QA13_I59_91 = 1, SET TEOTHGOV = 1 AND TEINSURE = 1;
IF QA13_I59_92 = 1, SET TEOTHER = 1 AND TEINSURE = 1;
IF QA13_I59 = -7 OR -8, SET TEINSURE = 1

PROGRAMMING NOTE QA13_I60:
IF TEINSURE ≠ 1 CONTINUE WITH QA13_I60;
ELSE GO TO QA13_I62;

QA13_I60  What is the ONE main reason why (TEEN) is not enrolled in the Medi-CAL program?
Ano ang ISANG pangunahing dahilan na hindi naka-enroll sa program ng Medi-CAL 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 ...................................................11

QA13_I61  What is the ONE main reason why (TEEN) is not enrolled in the Healthy Families program?
Ano ang ISANG pangunahing dahilan na hindi naka-enroll sa Healthy Families Program si (TEEN)?

IA2A

PAPERWORK TOO DIFFICULT .................................1
DIDN'T KNOW IF ELIGIBLE.................................2
INCOME TOO HIGH, NOT ELIGIBLE .......................3
NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS .........................4
OTHER NOT ELIGIBLE....................................5
DON'T BELIEVE IN HEALTH INSURANCE .................6
DON'T NEED IT BECAUSE HEALTHY ......................7
ALREADY HAVE INSURANCE ..............................8
DIDN'T KNOW IT EXISTED.................................9
DON'T LIKE / WANT WELFARE ............................10
OTHER (SPECIFY:_________________) .......... 91
REFUSED............................................-7
DON'T KNOW......................................-8

Managed-Care Plan Characteristics (Teen)

PROGRAMMING NOTE QA13_162:
IF QA13_41 = 1 AND ARMCARE = 1, THEN QA13_162 = QA13_H8 AND QA13_163 = QA13_H9 AND SKIP TO QA13_164;
ELSE IF QA13_41 = 1, THEN QA13_162 = QA13_H63 AND QA13_163 = QA13_H64 AND QA13_164 = QA13_H65 AND GO TO PN QA13_165;
ELSE IF QA13_43 = 1, THEN QA13_162 = QA13_H22 AND QA13_163 = QA13_H23 AND QA13_164 = QA13_H24 AND GO TO PN QA13_165;
ELSE IF TEINSURE = 1, THEN CONTINUE WITH QA13_162;
ELSE GO TO PROGRAMMING NOTE QA13_165

QA13_162

Is (TEEN)’s {Medi-Cal} health plan an HMO?
HMO ba ang pangunahing health plan ni {TEEN}, ang ibig sabihin, Health Maintenance Organization?
(CHIS 2014 ONLY)

MA8

[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 QA13_163]
NO...................................................................2
REFUSED......................................................-7
DON’T KNOW...............................................-8
PROGRAMMING NOTE QA13_I62B:
IF TEMCAL = 1 (TEEN HAS MEDI-CAL), GO TO QA13_I63;
ELSE CONTINUE WITH QA13_I62B;

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is (TEEN)'s health plan a PPO or EPO?</td>
<td>QA13_I62B</td>
</tr>
<tr>
<td>PPO o EPO ba ang (kanyang o kanyang) health plan?</td>
<td></td>
</tr>
</tbody>
</table>

**AI116**

[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 doctor at mga ospital na kaanib sa kanilang network, maliban lang kung ito ay isang emergency, at maaari kayong magpagamot nang tuwiran sa mga doctor 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 doctor 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, maaari kayong tuwiran magpagamot sa mga doctor 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: “{(kanyang o kanyang} PANGUNAHING health plan.”]  

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>PPO</td>
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<tr>
<td>EPO</td>
<td>2</td>
</tr>
<tr>
<td>OTHER (SPECIFY:___________)</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>-7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
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</tr>
</tbody>
</table>
PROGRAMMING NOTE QA13_I63:
IF TEINSURE = 1 (TEEN HAS ANY COVERAGE), CONTINUE WITH QA13_I63;
IF TEMCARE = 1 AND QA13_I62= 1 THEN list HMO MediCare by county;
ELSE IF TEMCAL = 1 OR (CHOTHGOV = 1 AND QA13_I16 = 1) AND QA13_I62 = 1 THEN list HMO MEDI-
CAL by county;
ELSE IF (TEHFAM = 1 OR TEHKIDS = 1) AND QA13_I62 = 1 THEN list HMO Healthy Families by county;
ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR (TEOTHGOV = 1 AND QA13_I57 = 2) OR TEOOTHER = 1) AND
QA13_I62 = 1 THEN list HMO Commercial by county;
ELSE IF (TEEMP = 1 OR TEDIRECT = 1 OR TEOOTHER = 1) AND QA13_I62 = 2 THEN list Non-HMO by
county

QA13_I63 What is the name of (TEEN)’s main health plan?
Anong pangalan ng (Medi-Cal) health plan ni (TEEN)?

[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 na may nakasulat na pangalan ng plan?]
High Deductible Health Plans (Teen)

PROGRAMMING NOTE FOR QA13_I65:
IF [(ARINSURE ≠ 1 OR QA13_I41 ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH QA13_I65; ELSE SKIP TO PN QA13_I70

QA13_I65  Does (TEEN)'s health plan have a deductible that is more than $1,000?  
Ang health plan ba ni (TEEN) ay may deductible na mahigit sa $1,000?

[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  

[GO TO QA13_I67]

PROGRAMMING NOTE  QA13_I66: 
IF TEEMP = 1, THEN CONTINUE WITH QA13_I66; ELSE GO TO QA13_I64

QA13_I66  Does (TEEN)'s health plan have a deductible that is more than $2,000?  
Ang health plan ba ni (TEEN) ay may deductible na mahigit sa $2,000?

[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  

[GO TO PN QA13_I68]
**QA13_I67** Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?
Ang health plan ba ni (TEEN) ay may deductible na mahigit sa $2,000 para sa lahat ng taong naka-insure?

![AI83](Image)

- **YES** .................................................................1
- **NO** .................................................................2
- **YES, ONLY WHEN GO OUT OF NETWORK** ........3
- **REFUSED** ..........................................................-7
- **DON'T KNOW** ....................................................-8

**PROGRAMMING NOTE QA13_I68:**
IF TEEMP = 1, THEN CONTINUE WITH QA13_I68;
ELSE GO TO PROGRAMMING NOTE QA13_I69

**QA13_I68** Does (TEEN)'s health plan have a deductible for all covered persons that is more than $4,000?
Ang health plan ba ni (TEEN) ay may deductible na mahigit sa $4,000 para sa lahat ng taong naka-insure?

- **YES** .................................................................1
- **NO** .................................................................2
- **YES, ONLY WHEN GO OUT OF NETWORK** ........3
- **REFUSED** ..........................................................-7
- **DON'T KNOW** ....................................................-8
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 magamit para pambayad sa mga gastos sa pagpapagamot ni {TEEN}?

[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 naibang mga Flexible Spending Account, na ipinagkakaloob ng mga employer.”]

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

Reasons for Lack of Coverage (Teen)

What is the one main reason (TEEN) does not have any health insurance?

Ano ang isang pangunahing dahilan na walang anumang health insurance si {TEEN}?

CAN’T AFFORD/TOO EXPENSIVE ..........................1
NOT ELIGIBLE DUE TO WORKING STATUS/ .....2
CHANGED EMPLOYER/LOST JOB ..........................2
NOT ELIGIBLE DUE TO HEALTH OR ... .........3
OTHER PROBLEMS .................................................3
NOT ELIGIBLE DUE TO CITIZENSHIP/ .............4
IMMIGRATION STATUS ...........................................4
FAMILY SITUATION CHANGED .............................5
DON’T BELIEVE IN INSURANCE .............................6
SWITCHED INSURANCE COMPANIES, ..........7
DELAY BETWEEN ....................................................7
CAN GET HEALTH CARE FOR FREE/PAY .........8
FOR OWN CARE ......................................................8
OTHER (SPECIFY: ______________) .................91
REFUSED ...............................................................-7
DON’T KNOW ..........................................................-8
Coverage over Past 12 months (Teen)

QA13_I71 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 QA13_I73]
NO .................................................................2
REFUSED ...........................................................-7
DON'T KNOW ......................................................-8

QA13_I72 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 QA13_I81]
MORE THAN 3 YEARS AGO ...........................................2 [GO TO QA13_I81]
NEVER HAD HEALTH INSURANCE COVERAGE .....................................................3 [GO TO QA13_I81]
REFUSED .............................................................-7 [GO TO QA13_I81]
DON'T KNOW/NOT SURE ......................................................-8 [GO TO QA13_I81]

QA13_I73 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 QA13_I81]

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

QA13_I74 During that time when (TEEN) had health insurance, was (his/her) insurance Medi-CAL, Healthy Families, 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/niya) ay Medi-CAL, Healthy Families, plan na nakuha ninyo mula sa employer, plan na binili ninyo nang direkta mula sa insurance company, plan na binili ninyo sa pamamagitan ng Covered California, o iba pang plan?

IA23

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

MEDI-CAL .................................................................1 [GO TO QA13_I81]
HEALTHY FAMILIES ..................................................2 [GO TO QA13_I81]
THROUGH CURRENT OR FORMER EMPLOYER/UNION .....................................................3 [GO TO QA13_I81]
HEALTHY KIDS .........................................................4 [GO TO QA13_I81]
PURCHASED DIRECTLY ...............................................5 [GO TO QA13_I81]
COVERED CALIFORNIA ..................................................6 [GO TO QA13_I81]
OTHER HEALTH PLAN ..................................................91 [GO TO QA13_I81]
REFUSED .............................................................-7 [GO TO QA13_I81]
DON'T KNOW ..............................................................-8 [GO TO QA13_I81]
Thinking about his/her current health insurance, did (TEEN) have this same insurance for ALL of the past 12 months?

Isipin ninyo ang kasalukuyang health insurance (niya/niya), ito rin ba mismo ang insurance ni (TEEN) para sa KABUUAN ng nakaraang 12 buwan?

**IA24**

YES ...........................................................................1  [GO TO QA13_I81]
NO ...........................................................................2
REFUSED ..................................................................-7
DON'T KNOW .............................................................-8

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 QA13_I78]
REFUSED ..................................................................-7  [GO TO QA13_I78]
DON'T KNOW .............................................................-8  [GO TO QA13_I78]

Was this other health insurance Medi-Cal, Healthy Families, a plan you obtained from an employer, or some other plan?

Medi-Cal ba itong iba pang insurance (niya/niya), Healthy Families, plan na nakuha ninyo mula sa employer, plan na binili ninyo nang direkta mula sa insurance company, plan na binili ninyo sa pamamagitan ng Covered California o iba pang plan?

**IA26**

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

MEDI-CAL .................................................................1
HEALTHY FAMILIES ...........................................2
THROUGH CURRENT OR FORMER
EMPLOYER/UNION ...............................................3
HEALTHY KIDS ......................................................4
OTHER HEALTH PLAN ..........................................91
REFUSED ..................................................................-7
DON'T KNOW .............................................................-8

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 (siya/siya) ay ganap na walang health insurance?

**IA27**

YES ...........................................................................1  [GO TO QA13_I81]
NO ...........................................................................2  [GO TO QA13_I81]
REFUSED ..................................................................-7  [GO TO QA13_I81]
DON'T KNOW .............................................................-8  [GO TO QA13_I81]
QA13_I79  For how many of the past 12 months did (he/she) have no health insurance?
Ilang buwan ba {siya/siya} walang health insurance nitong nakaraang 12 buwan?

**IA28**

[IF < 1 MONTH, ENTER "1"]

_____ MONTHS [RANGE: 1-12]

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

QA13_I80  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 na walang health insurance si {TEEN} noong panahon na hindi {siya/siya} naka-insure?

**IA29**

[IF R SAYS, "No need," PROBE WHY]
[IF R SAYS "Hindi kailangan." 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
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
PROGRAMMING NOTE QA13_I81:
IF NOT ANSWERED IN SECTION H (AH103 = -1 AND KAH103 :=-1), THEN CONTINUE;

[IF CHILD SELECTED]
IF CHINSURE ≠ 1 OR QA13_I31 = 2 OR QA13_I36 = 2 OR QA13_I38 = 1 OR QA13_I34 = (5, 6) OR QA13_I37 = (5, 6) OR CHHBEX = 1 OR CHDIRECT = 1; THEN CONTINUE WITH QA13_I81;

[IF TEEN SELECTED]
IF TEINSURE ≠ 1 OR QA13_I71 = 2 OR QA13_I76 = 2 OR QA13_I78 = 1 OR QA13_I74 = (5, 6) OR QA13_I77 = (5, 6) OR TEHBEX = 1 OR TEDIRECT = 1; THEN CONTINUE WITH QA13_I81;
ELSE GO TO PROGRAMMING NOTE QA13_I98

QA13_I81 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?

(CHIS 2014 ONLY)

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</table>

QA13_I82 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 sa HMO, o sa pamamagitan ng Covered California, o parehong mula sa insurance company at sa pamamagitan ng Covered California?

(CHIS 2014 ONLY)

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<tbody>
<tr>
<td>Directly from an insurance company or HMO, or......1</td>
</tr>
<tr>
<td>Through Covered California, or..............................2</td>
</tr>
<tr>
<td>Both, from an insurance company and through Covered California ..............................................3</td>
</tr>
<tr>
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<td>DON'T KNOW ................................................................-8</td>
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</tbody>
</table>
PROGRAMMING NOTE QA13_I83:
IF QA13_I82 = 1; THEN CONTINUE WITH QA13_I83;
IF QA13_I82 = 3; THEN CONTINUE WITH QA13_I83 AND DISPLAY “First, think about your experience trying to purchase insurance directly from an insurance company or HMO.”
ELSE GO TO PROGRAMMING NOTE QA13_I87;

QA13_I83
{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 mga saklaw na serbisyo na kailangan ninyo? Ito ba ay...
(CHIS 2014 ONLY)

AH98
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

QA13_I84
How difficult was it to find a plan you could afford? Was it...
Gaano kahirap makahanap ng plan na kaya ninyo?
(CHIS 2014 ONLY)

AH99
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

QA13_I85
Did anyone help you find a health plan?
Mayroon bang sinumang tumulong sa inyo na humanap ng health plan?
(CHIS 2014 ONLY)

AH100
YES .............................................................1
NO ............................................................2
[GO TO PN QA13_I87]
REFUSED ..................................................-7
[GO TO PN QA13_I87]
DON’T KNOW .............................................-8
[GO TO PN QA13_I87]
QA13_I86  Who helped you?
Sino ang tumulong sa inyo?
(CHIS 2014 ONLY)

AH101
BROKER........................................1
FAMILY MEMBER/FRIEND.......................2
INTERNET........................................3
OTHER (SPECIFY:__________________) ....... 91
REFUSED...........................................-7
DON'T KNOW......................................-8

PROGRAMMING NOTE QA13_I87:
IF QA13_I82 = 2; THEN CONTINUE WITH QA13_I87;
IF QA13_I82 = 3; THEN CONTINUE WITH QA13_I87 AND DISPLAY “Now, think about your experience with Covered California.”
ELSE GO TO PROGRAMMING NOTE QA13_I91;

QA13_I87  {Now, think about your experience with Covered California.}
How difficult was it to find a plan with the coverage you needed through Covered California? Was it…
Gaano kahirap ang naging karanasan ninyo sa paghahanap ng plan na may coverage na kailangan ninyo sa pamamagitan ng Covered California? Ito ba ay…

AH111
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

QA13_I88  How difficult was it to find a plan you could afford? Was it…
Gaano kahirap ba ang naging karanasan ninyo sa paghahanap ng plan na abot-kaya ninyo? Ito ba ay…

AH112
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
QA13_I89  Did anyone help you find a health plan?
Mayroon bang tumulong sa inyo na humanap ng health plan?
(CHIS 2014 ONLY)

AH113  

YES ................................................................. 1 
NO ................................................................. 2 [GO TO QA13_I91] 
REFUSED ......................................................... -7 [GO TO QA13_I91] 
DON'T KNOW ................................................... -8 [GO TO QA13_I91]

QA13_I90  Who helped you?
Sinong tumulong sa inyo?
(CHIS 2014 ONLY)

AH114  

BROKER .......................................................... 1 
FAMILY MEMBER / FRIEND ................................ 2 
INTERNET .......................................................... 3 
CERTIFIED INSURANCE AGENTS ........................ 4 
OTHER (SPECIFY: __________) .............................. 91 
REFUSED ......................................................... -7 
DON'T KNOW ................................................... -8

QA13_I91  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?
(CHIS 2014 ONLY)

AH115  

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

PROGRAMMING NOTE QA13_I92:
IF QA13_G6 > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH QA13_I92;
ELSE GO TO QA13_I93;

QA13_I92  Were you able to get information about your health plan options in your language?
Nakuha ba ninyo ang impormasyon tungkol sa mga maaari ninyong mapili sa health plan sa 
inyong wika?
(CHIS 2014 ONLY)

AH116  

YES ................................................................. 1 
NO ................................................................. 2 
REFUSED ......................................................... -7 
DON'T KNOW ................................................... -8
QA13_I93  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?

(CHIS 2014 ONLY)

AH117

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QA13_I94  Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?
Ang abilidad ba na makapagpaagamot sa isang partikular na doctor ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

(CHIS 2014 ONLY)

AH118

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QA13_I95  Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?
Ang abilidad ba na makapagpaagamot sa isang partikular na ospital ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

(CHIS 2014 ONLY)

AH119

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QA13_I96  Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?
Iyong pagpili ba ng mga doctor na kaanib sa network ng plan ay napaka-importante, medyo importante, o hindi importante sa pagpili ninyo ng inyong plan?

(CHIS 2014 ONLY)

AH120

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PROGRAMMING NOTE QA13_I97:
IF QA13_I9 = 1 OR QA13_I50 = 1, THEN DISPLAY “Bronze”
ELSE IF QA13_I9 = 2 OR QA13_I50 = 2, THEN DISPLAY “Silver”
ELSE IF QA13_I9 = 3 OR QA13_I50 = 3, THEN DISPLAY “Gold”
ELSE IF QA13_I9 = 4 OR QA13_I50 = 4, THEN DISPLAY “Platinum”
ELSE DISPLAY ““;

QA13_I97

Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum} 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 na pinili ninyo ang {Bronze/Silver/Gold/Platinum} plan? Iyon ba ay ang presyo, ang abilidad ninyong makapagpagamot sa isang particular na doctor, ang abilidad ninyong makapunta sa isang particular na ospital, ang pagsisipol ng mga provider na kaanib sa network ng inyong plan, o iba pang dahilan?

CHIS 2014 ONLY

Country of Birth (Parents)

PROGRAMMING NOTE QA13_I98:
IF QA13_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY “father”;

QA13_I98

In what country was (TEEN)’s {mother/father} born?
Saang bansa ipinanganak ang nanay ni {TEEN}?

AI56

[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]
Citizenship and Immigration (Parents)

**PROGRAMMING NOTE QA13_I99:**
If QA13_I98 = 1, 2, 9, 22, or 26 (born in the USA or US Territory), skip to next section; else continue with QA13_I99;

- If QA13_A5 = 1 (R is male), display “mother”;
- If QA13_A5 = 2 (R is female), display “father”

**QA13_I99**
Does (TEEN)’s {mother/father} now live in the U.S.?
Nakatira ba ngayon sa U.S. ang nanay 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 QA13_I100:**
If QA13_A5 = 1 (R is male), display “mother”;
If QA13_A5 = 2 (R is female), display “father”;
If QA13_I99 = 3 (mother/father deceased), display “Was”;
Else display “Is”

**QA13_I100**
(Is/Was) (TEEN)’s {mother/father} a citizen of the United States?
Citizen ba ng United States ang nanay ni (TEEN)?
Citizen ba ng United States ang tatay ni (TEEN)?

**AI58**

[If R says he/she is a naturalized citizen, code YES]

- YES ......................................................................1
- NO .......................................................................2
- APPLICATION PENDING ......................................3
- REFUSED ..........................................................-7
- DON’T KNOW .....................................................-8
PROGRAMMING NOTE QA13_I101:
IF QA13_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY “father”;
IF QA13_I99 = 3 (MOTHER/FATHER DECEASED), DISPLAY “Was”;
ELSE DISPLAY “Is”

QA13_I101  (Is/Was) (TEEN)’s (mother/father) a permanent resident with a green card?
Permanent resident na may green card ba ang nanay ni (TEEN)?
Permanent resident na may green card ba ang 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 QA13_I102:
IF QA13_A5 = 1 (R IS MALE), DISPLAY “mother”;
IF QA13_A5 = 2 (R IS FEMALE), DISPLAY “father”

QA13_I102  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 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

Visits to medical doctor

PROGRAMMING NOTE QA13_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”

QA13_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 nagpingin sa medical doctor?

AH5

______ TIMES [HR: 0-365]

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

PROGRAMMING NOTE QA13_J2:
IF QA13_J1 = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK), CONTINUE WITH QA13_J2;
ELSE GO TO PROGRAMMING NOTE QA13_J3

QA13_J2  About how long has it been since you last saw a doctor about your own health?
Gaano katagal na mula noong huling nagpingin kayo sa medical doctor tungkol sa inyong kalusugan?

AH6

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
PROGRAMMING NOTE QA13_J3:
IF QA13_J2 = 4 (HAS NEVER SEEN A DOCTOR), SKIP TO PROGRAMMING NOTE QA13_J4;
ELSE CONTINUE WITH QA13_J3

QA13_J3
About how long has it been since you last saw a doctor or medical provider for a routine check-up?
Gaano katagal na mula noong huling pagpapatingin ninyo sa doktor o iba pang medical provider para sa regular check-up?

[IF 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.]
[IF NEEDED, SAY: "Ang regular check-up ay hindi para sa sakit o karamdaman. Maaaring kabilang sa pagpapatingin na ito ang mga tanong tungkol sa mga gawing pangkalusugan gaya ng paninigarilyo."]

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

Personal Doctor

PROGRAMMING NOTE QA13_J4:
IF QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J4;
ELSE GO TO PROGRAMMING NOTE QA13_J5

QA13_J4
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?

YES.................................................................1
NO.................................................................2
REFUSED..........................................................-7
DON'T KNOW....................................................-8
**Patient-Centered Care**

**PROGRAMMING NOTE QA13_J5:**
IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR) OR [QA13_J1 > 0 (HAD A DOCTOR VISIT IN THE PAST 12 MONTHS) OR QA13_J2 = 0 (SAW DOCTOR LESS THAN A YEAR AGO)], THEN CONTINUE WITH QA13_J5; ELSE GO TO PROGRAMMING NOTE FOR QA13_J7

<table>
<thead>
<tr>
<th>QA13_J5</th>
<th>During the past 12 months, did you phone or e-mail the doctor’s office with a medical question? Nitong nakaraang 12 buwan, tumawag ba kayo o nag-email sa opisina ng dokor na may tanong tungkol sa paggamot?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJ78</td>
<td>YES.......................................................................................................................................................1 [GO TO QA13_J7] NO........................................................................................................................................2 [GO TO QA13_J7] REFUSED.........................................................................................................................-7 [GO TO QA13_J7] DON'T KNOW......................................................................................................................-8 [GO TO QA13_J7]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QA13_J6</th>
<th>How often did you get an answer as soon as you needed it? Would you say… Gaano kadalas na nasagot kayo sa mismong oras na kinailangan ninyo? Masasabi ba ninyo na…</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJ79</td>
<td>Never.....................................................................................................................................................1 Never kailanman,.................................................................................................................................1 Sometimes, .........................................................................................................................................2 Paminsan-minsan.................................................................................................................................2 Usually, or ........................................................................................................................................2 Karaniwan, o ....................................................................................................................................2 Always?...............................................................................................................................................4 Always?..............................................................................................................................................4 REFUSED...........................................................................................................................................-7 DON'T KNOW........................................................................................................................................-8</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA13_J7:**
IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR), THEN CONTINUE WITH QA13_J7; ELSE GO TO PROGRAMMING NOTE QA13_J9

<table>
<thead>
<tr>
<th>QA13_J7</th>
<th>How often does your doctor or medical provider listen carefully to you? Would you say… Gaano kadalas nakikinig ng mabuti sa sinasabi ninyo ang inyong doktor o medical provider? Masasabi ba ninyo na…</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJ112</td>
<td>Never.....................................................................................................................................................1 Hindi kailanman,.................................................................................................................................1 Sometimes, .........................................................................................................................................2 Paminsan-minsan.................................................................................................................................2 Usually, or ........................................................................................................................................2 Karaniwan, o ....................................................................................................................................2 Always?...............................................................................................................................................4 Always?..............................................................................................................................................4 REFUSED...........................................................................................................................................-7 DON'T KNOW........................................................................................................................................-8</td>
</tr>
</tbody>
</table>
**QA13_J8**
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...

**AJ13**

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

**Timely Appointments**

**PROGRAMMING NOTE QA13_J9:**
IF ARINSURE = 1 OR AH1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J9;
ELSE GO TO PROGRAMMING NOTE QA13_J11;
IF QA13_J4 = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY “your”;
ELSE DISPLAY “a”;

**QA13_J9**
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 magpatingin sa inyong doctor o medical provider sa loob ng dalawang araw dahil may sakit o nasaktan kayo?
Nitong nakaraang 12 buwan, sinubukan ba ninyong makipag-appointment upang magpatingin sa inyong doctor o medical provider sa loob ng dalawang araw dahil kayo ay may sakit o nasaktan?

**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
QA13_J10  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

<table>
<thead>
<tr>
<th>Never,</th>
<th>Hindi kailanman,</th>
<th>Sometimes,</th>
<th>Paminsan-minsan,</th>
<th>Usually, or</th>
<th>Karaniwan, o</th>
<th>Always?</th>
<th>Palagi?</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
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Care Coordination

PROGRAMMING NOTE FOR QA13_J11:
IF QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND QA13_J4 = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND (QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)) OR QA13_B18 = 1 (HAS DIABETES) OR QA13_B37 = 1 (HAS HEART DISEASE)] CONTINUE WITH QA13_J11;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J12

QA13_J11  Is there anyone at your doctor’s office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?
Mayroon bang sinuman sa opisina o clinic ng inyong doktor na tumutulong na pagtugmain ang pangangalaga sa inyo sa iba pang mga doktor o mga serbisyo, gaya ng mga test o mga paggagamot?

AJ80

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
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Communication Problems with a Doctor

PROGRAMMING NOTE QA13_J12:
IF QA13_J1 > 0 OR QA13_J2 = 0 OR 1 (SEEN A DOCTOR IN LAST 12 MONTHS OR 1-2 YEARS AGO), CONTINUE WITH QA13_J12;
ELSE GO TO PROGRAMMING NOTE QA13_J17

QA13_J12  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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
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</tbody>
</table>
PROGRAMMING NOTE QA13_J13:
IF QA13_J12 = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR QA13_G4 > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH QA13_J13;
ELSE SKIP TO PROGRAMMING NOTE QA13_J17

QA13_J13  In what language did the doctor speak to you?
Sa anong wika kayo kinausap ng doktor?

AJ50

<table>
<thead>
<tr>
<th>Language</th>
<th>Code</th>
<th>Notes</th>
<th>Go To</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td>1</td>
<td></td>
<td>QA13_J15</td>
</tr>
<tr>
<td>SPANISH</td>
<td>2</td>
<td></td>
<td>QA13_J17</td>
</tr>
<tr>
<td>CANTONESE</td>
<td>3</td>
<td></td>
<td>QA13_J17</td>
</tr>
<tr>
<td>VIETNAMESE</td>
<td>4</td>
<td></td>
<td>QA13_J17</td>
</tr>
<tr>
<td>TAGALOG</td>
<td>5</td>
<td></td>
<td>QA13_J17</td>
</tr>
<tr>
<td>MANDARIN</td>
<td>6</td>
<td></td>
<td>QA13_J17</td>
</tr>
<tr>
<td>KOREAN</td>
<td>7</td>
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<td>QA13_J17</td>
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<tr>
<td>ASIAN INDIAN LANGUAGES</td>
<td>8</td>
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<td>QA13_J17</td>
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<tr>
<td>RUSSIAN</td>
<td>9</td>
<td></td>
<td>QA13_J17</td>
</tr>
<tr>
<td>OTHER (SPECIFY:____________)</td>
<td>91</td>
<td></td>
<td>QA13_J17</td>
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<tr>
<td>REFUSED</td>
<td>-7</td>
<td></td>
<td>QA13_J17</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td></td>
<td>QA13_J17</td>
</tr>
</tbody>
</table>

QA13_J14  Was this because you and the doctor spoke different languages?
Ito ba ay dahil kayo at ang doctor ninyo ay nagsasalita ng magkaibang wika?

AJ9

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Notes</th>
<th>Go To</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td></td>
<td>QA13_J15</td>
</tr>
<tr>
<td>NO</td>
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<td></td>
<td>QA13_J17</td>
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<tr>
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</tr>
<tr>
<td>DON'T KNOW</td>
<td>-8</td>
<td></td>
<td>QA13_J17</td>
</tr>
</tbody>
</table>

QA13_J15  Did you need someone to help you understand the doctor?
Nangailangan ba kayo ng ibang tao upang maintindihan ninyo ang doktor?

AJ10

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
<th>Notes</th>
<th>Go To</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
<td></td>
<td>QA13_J17</td>
</tr>
<tr>
<td>NO</td>
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<td>-7</td>
<td></td>
<td>QA13_J17</td>
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<tr>
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<td>-8</td>
<td></td>
<td>QA13_J17</td>
</tr>
</tbody>
</table>
QA13_J16  Who was this person who helped you understand the doctor?
Sino ang tumulong sa inyo na maintindihan ang doktor?

<table>
<thead>
<tr>
<th>AJ11</th>
</tr>
</thead>
<tbody>
<tr>
<td>[IF R RESPONDS “MY CHILD,” PROBE TO SEE IF CHILD IS UNDER AGE 18. IF AGE 18 OR MORE, CODE AS “ADULT FAMILY MEMBER”.]</td>
</tr>
<tr>
<td>MINOR CHILD (UNDER AGE 18)</td>
</tr>
<tr>
<td>AN ADULT FAMILY MEMBER OR</td>
</tr>
<tr>
<td>FRIEND OF MINE</td>
</tr>
<tr>
<td>NON-MEDICAL OFFICE STAFF</td>
</tr>
<tr>
<td>MEDICAL STAFF INCLUDING</td>
</tr>
<tr>
<td>NURSES/DOCTORS</td>
</tr>
<tr>
<td>PROFESSIONAL INTERPRETER</td>
</tr>
<tr>
<td>(BOTH IN PERSON AND ON THE</td>
</tr>
<tr>
<td>TELEPHONE)</td>
</tr>
<tr>
<td>OTHER (PATIENTS, SOMEONE</td>
</tr>
<tr>
<td>ELSE)</td>
</tr>
<tr>
<td>DID NOT HAVE SOMEONE TO</td>
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PROGRAMMING NOTE QA13_J17:
IF QA13_G7 = 3 OR 4 (SPEAKS ENGLISH NOT WELL OR NOT AT ALL), THEN CONTINUE WITH QA13_J17;
ELSE GO TO PROGRAMMING NOTE QA13_J18

QA13_J17  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 bago ngayong araw?

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Change of Usual Source of Care

PROGRAMMING NOTE QA13_J18:
IF [ARINSURE = 1 OR QA13_H80 = 1 (HAD INSURANCE AT LEAST 1 MONTH DURING THE PAST 12 MONTHS)] AND QA13_H1 = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH QA13_J18;
ELSE GO TO QA13_J18

QA13_J18  In the past 12 months, did you change where you usually go for health care?
Nitong huling 12 buwan, nagpalit ba kayo ng karaniwan ninyong pinupuntahan para sa pagpapagamot?

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[GO TO QA13_J20]
QA13_J19  Did you have to change because of your health insurance plan?
Kailangan ba ninyong magpalit 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?”]
[IF NEEDED, SAY: ”Nagpalit ba kayo ng lugar na karaniwan pinupuntahan para sa pagpapagamot dahil sa inyong health insurance plan?”]

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

Delays in Care
QA13_J20  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 ninyong bumili o kaya'y hindi kayo bumili ng gamot na inireseta sa inyo ng doktor?

AH16  
YES ........................................................................................................1
NO ........................................................................................................2  [GO TO QA13_J25]
REFUSED ............................................................................................-7 [GO TO QA13_J25]
DON'T KNOW .....................................................................................-8 [GO TO QA13_J25]

QA13_J21  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 o ang hindi ninyo pagbili ng reseta?

AJ19  
YES ........................................................................................................1
NO ........................................................................................................2
REFUSED ............................................................................................-7
DON'T KNOW .....................................................................................-8

PROGRAMMING NOTE FOR QA13_J22:
IF [QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)] AND QA13_J21= 1 (COST/LACK OF INSURANCE REASON FOR DELAY)] CONTINUE WITH QA13_J22;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J23

QA13_J22  Was this prescription for your asthma?
Reseta ba ito para sa inyong asthma?

AJ81  
YES ........................................................................................................1
NO ........................................................................................................2
REFUSED ............................................................................................-7
DON'T KNOW .....................................................................................-8
PROGRAMMING NOTE FOR QA13_J23:
IF QA13_B18 = 1 (HAS DIABETES) AND QA13_J21 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J23;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J24

QA13_J23  Was this prescription for your diabetes?
Reseta ba ito para sa inyong diabetes?

AJ82

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

PROGRAMMING NOTE FOR QA13_J24:
IF QA13_B37 = 1 (HAS HEART DISEASE) AND QA13_J21 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J24;
ELSE GO TO QA13_J25

QA13_J24  Was this prescription for your heart disease?
Reseta ba ito para sa inyong sakit sa puso?

AJ83

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

QA13_J25  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?
Nitong nakaraang 12 buwan, ipinagpaliban ba ninyo o hindi kayo nagpatingin para sa anumang iba pang paggagamot na sa akala ninyo ay kinakailangan ninyo - gaya ng pagpapatingin sa doktor, espesyalista o iba pang health professional?

AH22

YES .................................................................1
NO .................................................................2 [GO TO QA13_J33]
REFUSED ......................................................-7 [GO TO QA13_J33]
DON'T KNOW .................................................-8 [GO TO QA13_J33]

QA13_J26  Did you get the care eventually?
Nagamot din ba kayo sa bandang huli?

AJ129

YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW .................................................-8
**QA13_J27**  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 ipinapaliban 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 |

**QA13_J28**  Was that the main reason?

Iyon ba ang pangunahing dahilan?

| AJ130      | YES ...........................................................................1 |
|           | NO...........................................................................2 |
|           | REFUSED ...................................................................-7 |
|           | DON'T KNOW ...........................................................-8 |

**QA13_J29**  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?

| AJ131      | 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 |
PROGRAMMING NOTE QA13_J30:
IF [QA13_B3 = 1 OR QA13_B4 = 1 (HAS ASTHMA)] AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J30;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J31

QA13_J30 Was this medical care for your asthma?
Para sa asthmab ba ninyo ang paggamot na ito?

AJ84
YES .................................................................1
NO .................................................................2
REFUSED .....................................................-7
DON'T KNOW .................................................-8

PROGRAMMING NOTE QA13_J31:
IF QA13_B18 = 1 (HAS DIABETES) AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J31;
ELSE GO TO PROGRAMMING NOTE FOR QA13_J32

QA13_J31 Was this medical care for your diabetes?
Para sa diabetes ba ninyo ang paggamot na ito?

AJ85
YES .................................................................1
NO .................................................................2
REFUSED .....................................................-7
DON'T KNOW .................................................-8

PROGRAMMING NOTE QA13_J32:
IF QA13_B37 = 1 (HAS HEART DISEASE) AND QA13_J27 = 1 (COST/LACK OF INSURANCE REASON FOR DELAY) CONTINUE WITH QA13_J32;
ELSE GO TO QA13_J33

QA13_J32 Was this medical care for your heart disease?
Para sa inyong sakit sa puso ba ang paggamot na ito?

AJ86
YES .................................................................1
NO .................................................................2
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.

Ang susunod na mga tanong ay tungkol sa mga espesyalista. Ang mga espesyalista ay mga doktor gaya ng mga surgeon, mga doktor sa puso, mga doktor sa allergy, mga doktor sa balat, at iba pang mga nagdadalubhasa sa isang larangan ng paggagamot.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

[NITONG NAKARAANG 12 BUWAN, NAISIP BA NINYO O NG DOCTOR NA KAILANGAN NINYONG MAGPATINGIN SA ESPESYALISTANG DOKTOR?]

[IF NEEDED, SAY: “Do not include dental visits.”]

[IF NEEDED, SAY: “Huwag bilangin ang pagpapatingin para sa ngipin.”]

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

**PROGRAMMING NOTE QA13_J34:**

- IF QA13_J33 = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH QA13_J34;
- ELSE GO TO QA13_J37

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?

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

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?

| 1 | YES ................................................................. |
| 2 | NO....................................................................... |
| 7 | REFUSED .................................................................. |
| 8 | DON'T KNOW ......................................................... |
**PROGRAMMING NOTE QA13_J36:**

IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA13_J36;
ELSE SKIP TO QA13_J37

**QA13_J36**
During the past 12 months, did a medical specialist’s office tell you that they did not take your main health insurance?
Nitong nakaraang 12 buwan, nasabihan ba kayo opisina o clinic ng espesyalistang doktor na hindi nila tinanggap ang inyong pangunahing health insurance?

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**QA13_J37**
Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?
Ngayon, isipin ninyo ang mga general doctor. Nitong naraang 12 buwan, nahirapan ba kayong makahanap ng general doctor na titingin sa inyo?

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**QA13_J38**
During the past 12 months, did a doctor’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 doktor na hindi nila kayo tatanggapin bilang bagong pasyente?

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**PROGRAMMING NOTE QA13_J39:**

IF ARINSURE = 1 (CURRENTLY INSURED) CONTINUE WITH QA13_J39;
ELSE SKIP TO QA13_J40

**QA13_J39**
During the past 12 months, did a doctor’s office tell you that they would not take your main health insurance?
Nitong nakaraang 12 buwan, nasabihan ba kayo ng opisina o clinic ng doktor na hindi nila tatanggapin ang inyong pangunahing health insurance?

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End of Life Care

PROGRAMMING NOTE QA13 _J40:
IF AGE >49 AND SONOMA COUNTY RESIDENT CONTINUE WITH QA13_J40;
ELSE SKIP TO QA13_J41

QA13_J40  Do you currently have something in writing that states your wishes regarding end-of-life medical care?
Sa kasalukuyan, mayroon ba kayong anumang kasulatan na nagpapahayag ng inyong mga kagustuhan tungkol sa medikal na pangangalaga sa panahon na malapit nang mamayapa o end-of-life.

AJ151

[INTERVIEWER NOTE: IF R MENTIONS “advance health care directive” or “ power of attorney for health care” THEN CODE “Yes”]

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

Internet Use

QA13_J41  Have you ever used the Internet?
Gumamit 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 [GO TO QA13_J44]
REFUSED .......................................................... 7 [GO TO QA13_J44]
DON'T KNOW .................................................... 8 [GO TO QA13_J44]

QA13_J42  How confident are you that you can fill out an application on-line on your own? Would you say you are...
Gaano ang tiwala ninyo na kaya ninyong sagutin on-line ang application na walang tulong? Masasabi ba ninyo na kayo ay...

AJ110

Very confident, .................................................... 1 [GO TO PN QA13_J45]
Lubos na may tiwala, .......................................... 1 [GO TO PN QA13_J45]
Somewhat confident, ........................................... 2 [GO TO PN QA13_J45]
Medyo may tiwala, .............................................. 2 [GO TO PN QA13_J45]
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
If you wanted to fill out an application on-line, is there someone who could help you with it?
Kung gusto ninyong sagutin on-line ang application, mayroon bang makakatulong sa inyo na gawin ito?

AJ111

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

Family Planning

PROGRAMMING NOTE QA13_J44:
IF QA13_A5 = 1 (MALE) OR AGE >44 YEARS OLD THEN GO TO PN QA13_J48;
ELSE CONTINUE WITH QA13_J44;

QA13_J44 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 ng counseling o impormasyon tungkol sa pagpigil sa pagbubuntis mula sa doktor o medical provider?

AJ140

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

QA13_J45 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 ng paraan sa pagpigil sa o reseta para sa pagpigil sa pagbubuntis mula sa doktor o medical provider?

AJ141

[INTERVIEWER NOTE: CODE ‘YES’ IF R MENTIONS VASECTOMY OF PARTNER]

YES .................................................................1
NO .................................................................2 [GO TO QA13_J51]
REFUSED .........................................................-7 [GO TO QA13_J51]
DON'T KNOW ..................................................-8 [GO TO QA13_J51]

QA13_J46 What MAIN birth control method or prescription did you receive?
Anong PANGUNAHING paraan o reseta na pampigil sa pagbubuntis ang inyong natanggap?

AJ142

[IF MORE THAN ONE METHOD: “Which method did you receive most recently?”]
[IF MORE THAN ONE METHOD, ASK: “Aling paraan ang pinakahuli ninyong natanggap?”]

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:________________) ................8
REFUSED.............................................7
DON'T KNOW........................................8

QA13_J47  Where did you receive the main birth control method or prescription?
Saan ninyo natanggap ang pangunahing paraan o reseta na pampigil sa pagbubuntis?

AJ143

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 QA13_J48:
IF AGE >44 YEARS OLD OR AA3=2 (FEMALE) THEN GO TO QA13_J51;
ELSE CONTINUE WITH QA13_J48;

QA13_J48  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 ng counseling o impormasyon tungkol sa
pagpigil sa pagbubuntis para sa lalaki o para sa babae mula sa doktor o medical provider?

AJ144

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

QA13_J49  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 QA13_J51]
REFUSED .............................................7
[GO TO QA13_J51]
DON'T KNOW ........................................8
[GO TO QA13_J51]
Where did you receive it?
Saan ninyo natanggap ito?

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

These next questions are about dental health.
Tungkol sa kalusugan ng ngipin ang sumusunod na mga tanong.

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 inyong pangangalagang dental?
Do you now have any type of insurance that pays for part or all of (TEEN) dental care?

Yes

No

Refused

Don't know

Programming Note QA13_J53:
If no teen selected, go to Section K; else continue with QA13_J53.
Section K – Employment, Income, Poverty Status, Food Security

Hours Worked

PROGRAMMING NOTE QA13_K1:
IF QA13_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR QA13_G28 = 1 (R USUALLY WORKS) CONTINUE WITH QA13_K1;
ELSE GO TO PROGRAMMING NOTE QA13_K5

QA13_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 nagtatrabaho sa karaniwan sa lahat bilang isang empleo o sa mga negosyo?

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

_____ HOURS [HR: 0-95]

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

QA13_K2 How long have you worked at your main job?
Gaano katagal na kayo nagtatrabaho sa inyong pangunahing trabaho?

[IF NEEDED, SAY: “That is, for your current employer.”]
[IF NEEDED, SAY: “Sa ibang salita, para sa inyong kasalukuyang employer.”]

_____ MONTHS [HR: 0-12]
_____ YEARS [HR: 0-50]

REFUSED ......................................................... -7
DON'T KNOW ..................................................... -8
Income Last Month

PROGRAMMING NOTE QA13_K4:
IF QA13_G26 = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK) OR QA13_G28 = 1 (USUALLY WORKS), CONTINUE WITH QA13_K4;
ELSE SKIP TO PROGRAMMING NOTE QA13_K5

QA13_K4 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, kabilidad ang mga sahod na por-hora, mga suweldo, mga tip at mga commission bago binawasan ng buwis at ng iba pang binabawas?

AK10
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

$_________________ AMOUNT [HR: 0-999995]
REFUSED .......................................................... -7
DON'T KNOW ....................................................... -8

PROGRAMMING NOTE QA13_K5:
IF QA13_G31 = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK)] OR QA13_G32 = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH QA13_K5 AND:
IF QA13_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA13_G28 ≠ 1 (R DOES NOT USUALLY WORK), AND QA13_A16 = 1 (MARRIED), DISPLAY “The next question is about your spouse’s employment.”
ELSE IF QA13_G26 ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND QA13_G28 ≠ 1 (R DOES NOT USUALLY WORK), AND (QA13_D16 = 1 OR QA13_D17 = 1), THEN DISPLAY “The next question is about your partner’s employment.”
IF QA13_A16 = 1 THEN DISPLAY “spouse”;
ELSE IF QA13_D16 = 1 OR QA13_D17 = 1 THEN DISPLAY “partner”; ELSE SKIP TO QA13_K7

QA13_K5 {The next question is about your spouse’s employment.}
{Tungkol sa empleo ng inyong {asawa} ang susunod na tanong.}
How many hours per week does your {husband/wife/spouse} usually work at all jobs or businesses?
Ilang oras sa bawat linggo nagtatrabaho ang inyong {asawa} sa karaniwan sa lahat bilang empleo o sa mga negosyo?

AK20
[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 QA13_K6:
IF QA13_K5 ≠ 0 CONTINUE WITH QA13_K6;
   IF QA13_QA13_A16 = 1 (MARRIED), THEN DISPLAY “spouse’s”;
   ELSE IF QA13_D16 = 1 OR QA13_D17 = 1, THEN DISPLAY “partner’s”;
ELSE GO TO QA13_K7

QA13_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} 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?

AK10A

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

$_________________ AMOUNT    [HR: 0-999995]

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

Annual Household Income

QA13_K7  What is your best estimate of your household’s total annual income from all sources before taxes in 2012/2013?
Ano ang pinakamahusay ninyong tantya sa kita ng buong bahay sa isang taon mula sa lahat ng pinanggagalingan bago bawasan ng buwis noong 2012/2013?

AK22

[IF NEEDED, SAY: “Include money from jobs, social security, retirement income, unemployment payments, public assistance and so forth. Also include income from interest, dividends, net income from business, farm, or rent and any other money income.”]
[IF 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

QA13_K8  PLEASE VERIFY AMOUNT ENTERED:

I have entered that your annual household income is (AMOUNT). Is that correct?
Itinala ko ang kita ng inyong bahay na (AMOUNT). Tama ba ito?

AK22A

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

[GO TO PN QA13_K15]  [GO BACK TO QA13_K7]
QA13_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 sa $20,000 sa bawat taon o mas mababa ang kita sa isang taon ng inyong buong bahay mula sa lahat ng pinanggagalingan bago bawasan ng buwis?

AK11
MORE .........................................................1  [GO TO QA13_K11]
EQUAL TO $20K OR LESS ..............................2  [GO TO QA13_K11]
REFUSED .....................................................-7  [GO TO PN QA13_K15]
DON'T KNOW ...............................................-8  [GO TO PN QA13_K15]

QA13_K10 Is it …
Ito ba ay…

AK12
$5,000 or less ................................................1  [GO TO PN QA13_K15]
$5,000 o mas mababa, o .................................1  [GO TO PN QA13_K15]
$5,001 to $10,000 .........................................2  [GO TO PN QA13_K15]
$5,001 hanggang $10,000, o ..........................2  [GO TO PN QA13_K15]
$10,001 to $15,000, or .................................3  [GO TO PN QA13_K15]
$10,001 hanggang $15,000, o ........................3  [GO TO PN QA13_K15]
$15,001 to $20,000? .....................................4  [GO TO PN QA13_K15]
$15,001 hanggang $20,000? ..........................4  [GO TO PN QA13_K15]
REFUSED .....................................................-7  [GO TO PN QA13_K15]
DON'T KNOW ...............................................-8  [GO TO PN QA13_K15]

QA13_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 QA13_K13]
EQUAL TO $70K OR LESS ..............................2  [GO TO PN QA13_K15]
REFUSED .....................................................-7  [GO TO PN QA13_K15]
DON'T KNOW ...............................................-8  [GO TO PN QA13_K15]
QA13_K12  Is it …
Ito ba ay...

AK14

$20,001 to $30,000, .................................................1  [GO TO PN QA13_K15]
$20,001 hanggang $30,000, ......................................1  [GO TO PN QA13_K15]
$30,001 to $40,000, .................................................2  [GO TO PN QA13_K15]
$30,001 hanggang $40,000, ......................................2  [GO TO PN QA13_K15]
$40,001 to $50,000, ..................................................3  [GO TO PN QA13_K15]
$40,001 hanggang $50,000, ......................................3  [GO TO PN QA13_K15]
$50,001 to $60,000, or .............................................4  [GO TO PN QA13_K15]
$50,001 hanggang $60,000, o ..................................4  [GO TO PN QA13_K15]
$60,001 to $70,000? ..................................................5  [GO TO PN QA13_K15]
$60,001 hanggang $70,000? ......................................5  [GO TO PN QA13_K15]
REFUSED ....................................................................-7 [GO TO PN QA13_K15]
DON'T KNOW ..........................................................-8 [GO TO PN QA13_K15]

QA13_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  [GO TO PN QA13_K15]
EQUAL TO $135K OR LESS ........................................2  [GO TO PN QA13_K15]
REFUSED ....................................................................-7 [GO TO PN QA13_K15]
DON'T KNOW ..........................................................-8 [GO TO PN QA31_K15]

QA13_K14  Is it …
Ito ba ay...

AK16

$70,001 to $80,000, .....................................................1
$70,001 hanggang $80,000, ......................................1
$80,001 to $90,000, .....................................................2
$80,001 hanggang $90,000, ......................................2
$90,001 to $100,000, or .............................................3
$90,001 hanggang $100,000, o ................................3
$100,001 to $135,000? ...........................................4
$100,001 hanggang $135,000? ..................................4
REFUSED ....................................................................-7
DON'T KNOW ..........................................................-8
Number of Persons Supported

PROGRAMMING NOTE QA13_K15:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE QA13_K16;
ELSE CONTINUE WITH QA13_K15

QA13_K15 Including yourself, how many people living in your household are supported by your total household income?
Kabilang ang inyong sarili, ilang tao na nakatira sa inyong bahay ang tinutustusan ng buong kita ng inyong bahay?

AK17 _____ NUMBER OF PEOPLE [HR: 1-20]
REFUSED .............................................................................. -7
DON'T KNOW ........................................................................ -8

PROGRAMMING NOTE QA13_K16:
QA13_K16 MUST BE LESS THAN QA13_K15;
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) = QA13_K15 GO TO PROGRAMMING NOTE QA13_19;
ELSE CONTINUE WITH QA13_K16

QA13_K16 How many of these {INSERT NUMBER FROM QA13_K15} people are children under the age of 18?
Ilan sa {INSERT NUMBER FROM QA13_K15} taong ito ay mga bata na wala pang 18 taong gulang?

AK18 _____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]
REFUSED .............................................................................. -7
DON'T KNOW ........................................................................ -8

QA13_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 nakatira sa inyong bahay, na tinutustusan ng kita ng inyong bahay?

AK32

YES ......................................................................................1
NO ....................................................................................2 [GO TO PN QA13_K19]
REFUSED .............................................................................. -7 [GO TO PN QA13_K19]
DON'T KNOW ........................................................................ -8 [GO TO PN QA13_K19]

QA13_K18 How many?
Ilan?

AK33 _____ NUMBER OF PEOPLE [HR: 1-20]
REFUSED .............................................................................. -7
DON'T KNOW ........................................................................ -8
Poverty Level Test

PROGRAMMING NOTE QA13_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 QA13_K15 AND QA13_K16 RESPECTIVELY.
(THE 50%, 133%, 200%, 300%, AND 400% VALUES WERE DERIVED BY MULTIPLYING THE CENSUS POVERTY 2010 THRESHOLD "SIZE OF FAMILY UNIT" BY "RELATED CHILDREN UNDER 18 YEARS" TABLE AMOUNTS BY 0.5, 1.33, 2, 3, AND 4, RESPECTIVELY, THEN ROUNTING TO THE NEAREST 100 DOLLARS. REFER TO SPECIFICATIONS ADDENDUM “Poverty Level 2010” 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 QA13_K15 OR QA13_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 AT QA13_G15 OF THE ADULT INTERVIEW (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 QA13_K7 ≠ -7 OR -8 THEN GO TO PROGRAMMING NOTE QA13_K25;
ELSE IF QA13_K7= -7 OR -8 (REF/DK) AND IF THE HOUSEHOLD’S 50% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, ASK QA13_K19 USING POVRT50 (THE 50% FPL CUTOFF DISPLAY AMOUNT);
ELSE IF QA13_K7= -7 OR -8 (REF/DK) AND IF QA13_K9 = -7 OR QA13_K11 = -7 OR QA13_K13 = -7, GO TO PROGRAMMING NOTE QA13_K25
ELSE GO TO PROGRAMMING NOTE QA13_K20

QA13_K19

I need to ask just one more question about income.
Kailangan kong magtanong ng isa o dalawa pang tanong 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 kita ng inyong bahay sa isang taon bago binawasan ng buwis?

AK29

EQUAL TO OR LESS ...........................................1 [GO TO PN QA13_K25]
MORE .....................................................2 [GO TO PN QA13_K25]
REFUSED ...............................................-7 [GO TO PN QA13_K25]
DON'T KNOW .........................................-8 [GO TO PN QA13_K25]
PROGRAMMING NOTE QA13_K20:
IF THE HOUSEHOLD'S 100% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K20 USING POVRT100 (100% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA13_K21

QA13_K20  I need to ask just one or two more questions about income.
Kailangan kong magtanong ng isa o dalawa pang tanong 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 kita ng inyong bahay sa isang taon bago binawasan ng buwis?

AK18A

EQUAL TO OR LESS ........................................1  [GO TO PN QA13_K25]
MORE .......................................................2
REFUSED ..................................................-7  [GO TO PN QA13_K25]
DON'T KNOW ............................................-8  [GO TO PN QA13_K25]

PROGRAMMING NOTE QA13_K21:
IF THE HOUSEHOLD'S 133% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K21 USING POVRT133 (133% POVERTY CUTOFF DISPLAY AMOUNT);
IF QA13_K20 WAS NOT ASKED, DISPLAY “I need to ask just one more question about income.”;
ELSE DISPLAY “Was it”;
ELSE GO TO PROGRAMMING NOTE QA13_K22

QA13_K21  (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}?
Mas mababa ba o higit sa ${POVRT133}?

AK30

EQUAL TO OR LESS ........................................1  [GO TO PN QA13_K25]
MORE .......................................................2  [GO TO PN QA13_K25]
REFUSED ..................................................-7  [GO TO PN QA13_K25]
DON'T KNOW ............................................-8  [GO TO PN QA13_K25]

PROGRAMMING NOTE QA13_K22:
IF THE HOUSEHOLD'S 200% CUTOFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, CONTINUE WITH QA13_K22 USING POVRT200 (200% POVERTY CUTOFF DISPLAY AMOUNT);
ELSE GO TO PROGRAMMING NOTE QA13_K23

QA13_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 isa o dalawa pang tanong tungkol sa kinikita. Mas mababa ba o higit sa ${POVRT200} ang kabuuang kita ng inyong bahay sa isang taon bago binawasan ng buwis?

AK18B

EQUAL TO OR LESS ........................................1  [GO TO PN QA13_K25]
MORE .......................................................2  [GO TO PN QA13_K25]
REFUSED ..................................................-7  [GO TO PN QA13_K25]
DON'T KNOW ............................................-8  [GO TO PN QA13_K25]
PROGRAMMING NOTE QA13_K23:
IF THE HOUSEHOLD’S 300% CUT-OFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, CONTINUE WITH QA13_K23 USING POVRT300 (300% POVERTY CUT-OFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA13_K24

QA13_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 isa o dalawa pang tanong tungkol sa kinikita. Mas mababa ba o higit sa ${POVRT300} ang kabuuang kita ng inyong bahay sa isang taon bago binawasan ng buwis?

AK18C

EQUAL TO OR LESS ..................................................1  [GO TO PN QA13_K25]
MORE ..............................................................2  [GO TO PN QA13_K25]
REFUSED ...........................................................-7  [GO TO PN QA13_K25]
DON’T KNOW .......................................................-8  [GO TO PN QA13_K25]

PROGRAMMING NOTE QA13_K24:
IF THE HOUSEHOLD’S 400% CUT-OFF VALUE FALLS WITHIN A RESPONSE FROM QA13_K10, QA13_K12, OR QA13_K14, THEN CONTINUE WITH QA13_K24 USING POVRT400 (400% POVERTY CUT-OFF DISPLAY AMOUNT); ELSE GO TO PROGRAMMING NOTE QA13_K25

QA13_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 isa o dalawa pang tanong tungkol sa kinikita. Mas mababa ba o higit sa ${POVRT400} ang kabuuang kita ng inyong bahay sa isang taon bago binawasan ng buwis?

AK31

EQUAL TO OR LESS ..................................................1
MORE ..............................................................2
REFUSED ...........................................................-7
DON’T KNOW .......................................................-8
Availability of Food in Household

PROGRAMMING NOTE QA13_K25:
IF POVERTY < 5 (HH Income ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN), CONTINUE WITH QA13_K25; ELSE GO TO QA13_L1

QA13_K25

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

Tungkol sa mga pagkain na kinain sa inyong bahay nitong nakaraang 12 buwan ang sumusunod na mga tanong at ang kakayahanninyong mamili ng pagkain.

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:

Babasahin ko ang dalawang pahayag ng sinabi na mga tao tungkol sa kanilang kalagayan ukol sa pagkain. Para sa bawat isa, pakisabi sa akin kung isinasalarawan ng pahayag ang isang bagay na totoo nang madalas, totoo paminsan-minsan, o hindi totoo kailanman para sa inyo at sa inyong sambahayan nitong nakaraang 12 buwan.

AM1

"The food that [I/we] bought just didn't last, and [I/we] didn't have money to get more."
Ang unang pahayag ay: "Talagang hindi nagtagal ang pagkaing binili (ko/namin), at wala (akong/kaming) pera upang bumili ng pandagdag."

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 bahay nitong nakaraang 12 buwan?

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

QA13_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 bahay nitong nakaraang 12 buwan?

AM2

OFTEN TRUE .........................................................1
SOMETIMES TRUE ................................................2
NEVER TRUE ......................................................3
REFUSED ............................................................-7
DON'T KNOW .......................................................-8
QA13_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 bahay 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 |

QA13_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 |

Hunger

QA13_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 ipang-bili ng pagkain?

| AM4    | YES ..............................................................1 | NO ...........................................................2 | REFUSED ..................................................-7 | DON'T KNOW ................................................-8 |

QA13_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

PROGRAMMINGNOTE FOR BEGINNING OFSECTION L:
IF HOUSEHOLD INCOME IS ≤ 300% FPL (POVERTY = <6) OR IF HOUSEHOLD POVERTY LEVEL CANNOT
BE DETERMINED (POVERTY = 8) CONTINUE WITH SECTION L;
ELSE GO TO QA13_M1

TANF/CalWORKs
QA13_L1 Are you now receiving TANF or CalWORKs?
Tumatanggap ba kayo ngayon ng TANF o CalWORKS?

AL2

[IF NEEDED, SAY: “TANF means Temporary Assistance to Needy Families; and
CalWORKs means California Work Opportunities and Responsibilities to Kids. Both
replaced AFDC, California's old welfare entitlement program.”]

[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 program ng California na tagabigay ng tulong sa mga
karap-dapat.”]

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

PROGRAMMING NOTE QA13_L2:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH QA13_L2;
ELSE GO TO QA13_L3;

QA13_L2 Is (TEEN) now receiving TANF or CalWORKs?
Tumatanggap ba ngayon si {TEEN} ng TANF o 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. Itong dalawa
ang kapalit sa AFDC, ang dating program ng California na tagabigay ng tulong sa mga
karap-dapat.”]

YES .................................................................................................1
NO ...................................................................................................2
REFUSED ......................................................................................-7
DON'T KNOW ..............................................................................-8
Food Stamps
QA13_L3 Are you receiving Food Stamp benefits, also known as CalFresh? 
Tumatanggap ba kayo ng mga benepisyong Food Stamp na kilala rin bilang CalFresh?

[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: "Tintanggap ninyo ang mga benepisyong 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 QA13_L4:
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH QA13_L4;
ELSE GO TO QA13_L5

QA13_L4 Is (TEEN) receiving Food Stamp benefits, also known as CalFresh? 
Tumatanggap ba si {TEEN} ng mga benepisyong Food Stamps na kilala din bilang CalFresh?

[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: "Tintanggap ninyo ang mga benepisyong sa pamamagitan ng EBT card. Ang EBT ay nangangahulugang na Electronic Benefits Transfer card at kilala rin ito bilang Golden State Advantage Card."]

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

Supplemental Security Income
QA13_L5 Are you receiving SSI? 
Tumatanggap ba kayo ng SSI?

[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
WIC

PROGRAMMING NOTE QA13_L6:
IF QA13_A5 = 2 (FEMALE) AND [QA13_E1 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)]
CONTINUE WITH QA13_L6;
ELSE GO TO PROGRAMMING NOTE QA13_L7

QA13_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
Assets

PROGRAMMING NOTE QA13_L7:
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM QA13_K15.

IF QA13_K15 IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTCNT).

IF QA13_K15 = 1 DISPLAY $3000;
IF QA13_K15 = 2 DISPLAY $3000;
IF QA13_K15 = 3 DISPLAY $3150;
IF QA13_K15 = 4 DISPLAY $3300;
IF QA13_K15 = 5 DISPLAY $3450;
IF QA13_K15 = 6 DISPLAY $3600;
IF QA13_K15 = 7 DISPLAY $3750;
IF QA13_K15 = 8 DISPLAY $3900;
IF QA13_K15 = 9 DISPLAY $4050;
IF QA13_K15 ≥ 10 DISPLAY $4200;

IF QA13_A16 = 1 (MARRIED) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE), DISPLAY “your family’s”; ELSE DISPLAY “your”

QA13_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 bilangin ang halaga ng anumang bahay o kotse na maaaring pag-aari ninyo, masasabi ba ninyo na higit sa {PROPERTY LIMIT} ang halaga ng inyong mga ari-arian, ibig sabihin, lahat ng inyong pera, mga naipon, mga investment, at mga muebles?  
Huwag bilangin 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 ng inyong pamilya, ibig sabihin, lahat ng inyong pera, mga naipon, mga investment, at mga muebles?

AL9

YES .................................................................1
NO .................................................................2
REFUSED ...........................................................-7
DON’T KNOW .....................................................-8
### Alimony/Child Support

**PROGRAMMING NOTE QA13_L8:**

- **IF** QA13_A16 = 1 (MARRIED) **AND** QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
- **ELSE IF** [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] **AND** QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
- **ELSE DISPLAY** "you"

<table>
<thead>
<tr>
<th>QA13_L8</th>
<th>Did (you or your spouse/you or your partner/you) receive any money last month for alimony, or child support?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL15</td>
<td>YES ........................................................................................................... 1</td>
</tr>
<tr>
<td></td>
<td>NO ............................................................................................................ 2 [GO TO PN QA13_L10]</td>
</tr>
<tr>
<td></td>
<td>REFUSED .................................................................................................. 7 [GO TO PN QA13_L10]</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ........................................................................................... 8 [GO TO PN QA13_L10]</td>
</tr>
</tbody>
</table>

**PROGRAMMING NOTE QA13_L9:**

- **IF** QA13_A16 = 1 (MARRIED) **AND** QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
- **ELSE IF** [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] **AND** QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
- **ELSE CONTINUE WITHOUT DISPLAYS**

<table>
<thead>
<tr>
<th>QA13_L9</th>
<th>What was the {combined} total amount that you {and your spouse/and your partner} received from alimony or child support last month?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL16</td>
<td>ANO ang {pinagsama-samang} kabuuang halaga na natanggap ninyo {at ng inyong asawang babae/asawang lalaki} mula sa alimony o child support nitong nakaraang buwan?</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>$_________________________ AMOUNT</th>
<th>[000001-999995]</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED .................................. -7</td>
<td></td>
</tr>
<tr>
<td>DON'T KNOW ................................ -8</td>
<td></td>
</tr>
</tbody>
</table>
PROGRAMMING NOTE QA13_L10:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

QA13_L10 Did (you or your partner or both of you) pay any alimony or child support last month?
Nagbayad ba kayo (o ang inyong asawa o kayong dalawa) ng anumang alimony o child support nitong nakaraang buwan?

AL17
YES, RESPONDENT PAID ..................................1
YES, SPOUSE/PARTNER PAID ..........................2
NO ....................................................................4 [GO TO PN QA13_L12]
REFUSED .....................................................-7 [GO TO PN QA13_L12]
DON'T KNOW .................................................-8

PROGRAMMING NOTE QA13_L11:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse or both of you";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your partner or both of you"
ELSE DISPLAY "you"

QA13_L11 What was the total amount (you or your spouse or both of you) paid in alimony or support last month?
Ano ang kabuuang halaga ng alimony o support na binayaran {ninyo/ng inyong asawa/ng inyong partner/ninyong dalawa} nitong nakaraang buwan?

AL18
[IF AMOUNT GREATER THAN $999,995, ENTER "999,995"]

____________________ AMOUNT [000001-999995]
REFUSED .....................................................-7
DON'T KNOW .................................................-8
Worker's Compensation

PROGRAMMING NOTE QA13_L12:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "you or your spouse";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY "you or your partner";
ELSE DISPLAY "you"

QA13_L12  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} ng pera mula sa workers compensation nitong nakaraang buwan?

AL32

YES ............................................................................1
NO ..............................................................................2 [GO TO PN QA13_L14]
REFUSED .....................................................................-7 [GO TO PN QA13_L14]
DON'T KNOW ..............................................................-8 [GO TO PN QA13_L14]

PROGRAMMING NOTE QA13_L13:
IF QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your spouse";
ELSE IF [QA13_A16 = 2 (LIVING WITH PARTNER) OR QA13_D16 = 1 OR QA13_D17 = 1 (LEGAL SAME-SEX COUPLE)] AND QA13_G11 = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY "combined" AND "and your partner";
ELSE CONTINUE WITHOUT DISPLAYS

QA13_L13  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} 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
Social Security/Pension Payments

**PROGRAMMING NOTE QA13_L14:**
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND QA13_A16 = 1 (MARRIED) AND QA13_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH QA13_L12 AND DISPLAY "you or your spouse";
ELSE IF AGE ≥ 65 AND QA13_G11 = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN CONTINUE WITH QA13_L14 AND DISPLAY "you or your partner";
ELSE IF AGE ≥ 65, THEN CONTINUE WITH QA13_L14 AND DISPLAY "you";
ELSE GO TO PROGRAMMING NOTE QA13_L16

**QA13_L14**
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) ng anumang bayad sa Social Security o Pension nitong nakaraang buwan?

[AL18A]
YES .................................................................1
NO .................................................................2 [GO TO PN QA13_L16]
REFUSED .....................................................-7 [GO TO PN QA13_L16]
DON'T KNOW ..................................................-8 [GO TO PN QA13_L16]

**QA13_L15**
What was the total amount received last month from Social Security and Pensions?
Ano a ng 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
Reasons for Non-Participation in Medi-Cal

PROGRAMMING NOTE QA13_L16:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH QA13_L16;
ELSE GO TO QA13_M1

QA13_L16 What is the one main reason why you are not enrolled in the Medi-Cal program?
Ano ang isang pangunahing dahilan na hindi kayo naka-enroll sa program ng Medi-Cal?

AL19

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
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<tbody>
<tr>
<td>PAPERWORK TOO DIFFICULT</td>
<td>1</td>
</tr>
<tr>
<td>DIDN'T KNOW IF ELIGIBLE</td>
<td>2</td>
</tr>
<tr>
<td>INCOME TOO HIGH, NOT ELIGIBLE</td>
<td>3</td>
</tr>
<tr>
<td>NOT ELIGIBLE DUE TO CITIZENSHIP/ IMMIGRATION STATUS</td>
<td>4</td>
</tr>
<tr>
<td>OTHER NOT ELIGIBLE</td>
<td>5</td>
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<tr>
<td>DON'T BELIEVE IN HEALTH INSURANCE</td>
<td>6</td>
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<tr>
<td>DON'T NEED IT BECAUSE HEALTHY</td>
<td>7</td>
</tr>
<tr>
<td>ALREADY HAVE INSURANCE</td>
<td>8</td>
</tr>
<tr>
<td>DIDN'T KNOW IT EXISTED</td>
<td>9</td>
</tr>
<tr>
<td>DON'T LIKE / WANT WELFARE</td>
<td>10</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>
Section M – Housing and Social Cohesion

Housing

QA13_M1 These next questions are about your housing and neighborhood. Tungkol sa inyong pabahay at lugar 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?

AK23

[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

QA13_M2 Do you own or rent your home? May-ari ba kayo o nangungupahan ng inyong bahay?

AK25

OWN ........................................................................1
RENT .................................................................2
OTHER ARRANGEMENT ...........................................3
REFUSED ............................................................7
DON'T KNOW .....................................................8

PROGRAMMING NOTE QA13_M3:
IF AGE ≥ 65 AND QA13_M2 = 1 (OWNS HOME), THEN CONTINUE WITH QA13_M3
ELSE GO TO QA13_M4

QA13_M3 Are you currently paying off a mortgage or loan on this home? Nagbabayad ba kayo ng mortgage o utang sa bahay na ito?

AM37

[IF SPOUSE/PARTNER IS PAYING, CODE AS “YES”]

YES ........................................................................1
NO .................................................................2
REFUSED ............................................................7
DON'T KNOW .....................................................8
QA13_M4  About how long have you lived at your current address?
Humigit-kumulang, gaano katagal na kayong nakatira sa inyong kasalukuyang address?

AM14

__________________ MONTHS [HR: 1 - AAGEx12MONTHS]
__________________ YEARS [HR: 1 - AAGE]

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

PROGRAMMING NOTE QA13_M5:
IF QA13_M4 ≥ 5 YEARS OR 60 MONTHS, THEN GO TO PROGRAMMING NOTE QA13_M7;
ELSE CONTINUE WITH QA13_M5

QA13_M5  About how long have you lived in your current neighborhood?
Humigit-kumulang, gaano katagal na kayong nakatira sa inyong kasalukuyang lugar?

AM15

__________________ MONTHS [HR: 1 - AAGEx12MONTHS]
__________________ YEARS [HR: 1 - AAGE]

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

QA13_M6  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
Social Cohesion

PROGRAMMING NOTE QA13_M7:
IF QA13_M7 THROUGH QA13_M11 NOT ANSWERED IN CHILD INTERVIEW, THEN CONTINUE WITH QA13_M7;
ELSE GO TO QA13_M12

QA13_M7
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.

AM19
[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

QA13_M8
People in this neighborhood generally do NOT get along with each other.
HINDI nagkakasundo nang mabuti sa isa't-isa ang mga tao sa lugar na ito.

AM20
[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
QA13_M9 People in this neighborhood can be trusted.
Mapagkakatiwalaan ang mga tao sa aking lugar.

AM21
[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.”]

<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>

QA13_M10 You can count on adults in this neighborhood to watch out that children are safe and don’t get in trouble.
Maaasahan ninyo na ang mga adult sa lugar na ito ay bantayan ang mga bata para matiyak na ligtas at hindi napapasok sa gulo ang mga ito.

AM35
[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.”]

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE</td>
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<tr>
<td>AGREE</td>
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<tr>
<td>DISAGREE</td>
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<tr>
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<td>REFUSED</td>
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<tr>
<td>DON’T KNOW</td>
<td>-8</td>
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</tbody>
</table>

Safety
QA13_M11 Do you feel safe in your neighborhood...
Panatag ba ang pakiramdam ninyo sa inyong lugar...

AK28

<table>
<thead>
<tr>
<th>Response</th>
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<tbody>
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<td>All of the time,</td>
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</tr>
<tr>
<td>palagi,</td>
<td>1</td>
</tr>
<tr>
<td>Most of the time,</td>
<td>2</td>
</tr>
<tr>
<td>kadalasan,</td>
<td>2</td>
</tr>
<tr>
<td>Some of the time, or</td>
<td>3</td>
</tr>
<tr>
<td>paminsan-minsan, o</td>
<td>3</td>
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<tr>
<td>None of the time</td>
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<td>hindi kailanman?</td>
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<tr>
<td>DON’T KNOW</td>
<td>-8</td>
</tr>
</tbody>
</table>
Civic Engagement

QA13_M12 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, nag-volunteer work ba kayo o nag-community-service na hindi kayo nababayaran?

AM36

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

QA13_M13 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, nag-volunteer ba kayo sa lupon, sangguniang bayan, o samahan sa inyong komunidad na nag-aasikaso sa mga problema ng komunidad?

AM39

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

QA13_M14 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 formalidad sa mga iba pang tao upang asikasuhin ang mga problema ng komunidad?

AM40

[IF NEEDED SAY: “For example, with a neighborhood watch group.”]
[IF NEEDED SAY: “Halimbawa, sa grupong nagtatanod sa komunidad.”]

YES .................................................................1
NO .................................................................2
REFUSED ......................................................-7
DON'T KNOW ..................................................-8
Section S – Suicide Ideation and Attempts

Suicide Ideation and Attempts

QA13_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 pagkakatao na ba kayo na seryoso na isipin na magpakamatay?

| AF86 | YES ........................................................................1 |
| NO ..........................................................................2 |
| REFUSED ..............................................................7 |
| DON'T KNOW ..........................................................8 |

QA13_S2  Have you seriously thought about committing suicide at any time in the past 12 months?

May pagkakataon ba kayo na seryoso na isipin ang pagpapakamatay nitong nakaraang 12 buwan?

| AF87 | YES ........................................................................1 |
| NO ..........................................................................2 |
| REFUSED ..............................................................7 |
| DON'T KNOW ..........................................................8 |

QA13_S3  Have you seriously thought about committing suicide at any time in the past 2 months?

May pagkakataon ba kayo na seryoso na isipin ang pagpapakamatay nitong nakaraang 2 buwan?

| AF91 | YES ........................................................................1 |
| NO ..........................................................................2 |
| REFUSED ..............................................................7 |
| DON'T KNOW ..........................................................8 |

QA13_S4  Have you ever attempted suicide?

Nagtao na ba kayo na magpakamatay?

| AF88 | YES ........................................................................1 |
| NO ..........................................................................2 |
| REFUSED ..............................................................7 |
| DON'T KNOW ..........................................................8 |
PROGRAMMING NOTE QA13_S5:
IF QA13_S2 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA13_S3 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF QA13_S3 = 1 AND QA13_S4 = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH QA13_S5

QA13_S5 Have you attempted suicide at any time in the past 12 months?
Nagtanga na ba kayong magpakamatay kailanman nitong nakaraang 12 buwan?

<table>
<thead>
<tr>
<th>AF89</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1</td>
<td>[GO TO SUICIDE PROTOCOL]</td>
</tr>
<tr>
<td>NO .................................................................2</td>
<td>[GO TO PN QA13_N1]</td>
</tr>
<tr>
<td>REFUSED .........................................................-7</td>
<td>[GO TO PN QA13_N1]</td>
</tr>
<tr>
<td>DON'T KNOW ......................................................-8</td>
<td>[GO TO PN QA13_N1]</td>
</tr>
</tbody>
</table>

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. The number is 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help. The website address is www.suicidepreventionlifeline.org.

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 impormasyong makakatulong sa inyo. 1-800-273-TALK (8255) ang number.

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 QA13_S2 = (2, -7, -8) AND QA13_S4 = (2, -7, -8) THEN SKIP TO PN QA13_N1 (NEXT SECTION); ELSE CONTINUE

QA13_S6 Would you like to discuss your thoughts with this person?
Gusto ba ninyong pag-usapan ang mga inilisip ninyo sa taong ito?

<table>
<thead>
<tr>
<th>AF90</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>YES .................................................................1</td>
<td>[GO TO SUICIDE PROTOCOL]</td>
</tr>
<tr>
<td>NO .................................................................2</td>
<td>[GO TO PN QA13_N1]</td>
</tr>
<tr>
<td>REFUSED .........................................................-7</td>
<td>[GO TO PN QA13_N1]</td>
</tr>
<tr>
<td>DON'T KNOW ......................................................-8</td>
<td>[GO TO PN QA13_N1]</td>
</tr>
</tbody>
</table>
**Section N – Demographic Information Part III and Closing**

**County of Residence**

<table>
<thead>
<tr>
<th>QA13_N1</th>
<th>Just a few final questions and then we are done.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ilang pangwakas na tanong na lang at tapos na tayo.</td>
</tr>
<tr>
<td></td>
<td>To be sure we are covering the entire state, what county do you live in?</td>
</tr>
<tr>
<td></td>
<td>Upang matiyak na nasasakop namin ang buong state, saang county kayo nakatira?</td>
</tr>
</tbody>
</table>

PROGRAMMING NOTE QA13_N1:
IF NOT ALREADY ASKED IN CHILD INTERVIEW, CONTINUE WITH QA13_N1;
ELSE SKIP TO QA13_N7

<table>
<thead>
<tr>
<th>AH42</th>
<th>ALAMEDA ......................................................... 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ALPINE ................................................................... 2</td>
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<tr>
<td></td>
<td>AMADOR ................................................................... 3</td>
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<td></td>
<td>BUTTE ..................................................................... 4</td>
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<td></td>
<td>CALAVERAS ........................................................... 5</td>
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<td>COLUSA .................................................................... 6</td>
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<td>CONTRA COSTA ...................................................... 7</td>
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<td>DEL NORTE ............................................................ 8</td>
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<td></td>
<td>EL DORADO ............................................................. 9</td>
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<td></td>
<td>FRESNO .................................................................... 10</td>
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<td></td>
<td>GLENN ..................................................................... 11</td>
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<td></td>
<td>HUMBOLDT .................................................................. 12</td>
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<tr>
<td></td>
<td>IMPERIAL .................................................................. 13</td>
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<td></td>
<td>INYO ........................................................................ 14</td>
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<td></td>
<td>KERN ........................................................................ 15</td>
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<td></td>
<td>KINGS ....................................................................... 16</td>
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<td>LAKE ........................................................................ 17</td>
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<td>LASSEN ...................................................................... 18</td>
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<td>LOS ANGELES ............................................................ 19</td>
</tr>
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<td>MADERA ...................................................................... 20</td>
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<td></td>
<td>MARIN ........................................................................ 21</td>
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<td>MARIPOSA ................................................................... 22</td>
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<td></td>
<td>MENDOCINO .............................................................. 23</td>
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<td></td>
<td>MERCEDEZ ................................................................... 24</td>
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<td>MODOC ....................................................................... 25</td>
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<td></td>
<td>MONO ......................................................................... 26</td>
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<td></td>
<td>MONTEREY ................................................................. 27</td>
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<td></td>
<td>NAPA ......................................................................... 28</td>
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<td>NEVADA ..................................................................... 29</td>
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<td>ORANGE ...................................................................... 30</td>
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<td>PLACER ...................................................................... 31</td>
</tr>
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<td>PLUMAS ....................................................................... 32</td>
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<td>RIVERSIDE .................................................................. 33</td>
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<td></td>
<td>SACRAMENTO ............................................................. 34</td>
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<td>SAN BENITO .............................................................. 35</td>
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<td></td>
<td>SAN BERNARDINO ....................................................... 36</td>
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<td></td>
<td>SAN DIEGO ............................................................... 37</td>
</tr>
<tr>
<td></td>
<td>SAN FRANCISCO ........................................................ 38</td>
</tr>
<tr>
<td></td>
<td>SAN JOAQUIN ............................................................ 39</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.

Napili by random ang inyong phone number ng computer para sa pagsusuring ito. Napagtugma namin ang address sa inyong phone number upang magpadala ng sulat sa inyong bahay na nangapapaliwanag 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 kumpirma ang inyong address. Pananatilihin kumpidensyal ang impormasyong ito at sisirain pagkatapos makumpleto ang buong pagsusuri.

Do you now live at {R's ADDRESS AND STREET}?
Nakatira ba kayo ngayon sa {R's ADDRESS AND STREET}?

<table>
<thead>
<tr>
<th>AO1</th>
<th>YES .................................................................1</th>
<th>[GO TO QA13_N6]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO ........................................................................2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>REFUSED ....................................................................7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW ................................................................8</td>
<td></td>
</tr>
</tbody>
</table>

Address Confirmation, Cross Streets, Zip Code

<table>
<thead>
<tr>
<th>PROGRAMMING NOTE QA13_N2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ADVANCE LETTER SENT, ASK QA13_N2;</td>
</tr>
<tr>
<td>IF R'S ADDRESS IS A P.O. BOX, GO TO QA13_N3;</td>
</tr>
<tr>
<td>ELSE GO TO QA13_N3</td>
</tr>
</tbody>
</table>

SAN LUIS OBISPO ............................................. 40
SAN MATEO ......................................................... 41
SANTA BARBARA .................................................. 42
SANTA CLARA ....................................................... 43
SANTA CRUZ .......................................................... 44
SHASTA .................................................................. 45
SIERRA .................................................................... 46
SISKIYOU .............................................................. 47
SOLANO ................................................................... 48
SONOMA .................................................................. 49
STANISLAUS ......................................................... 50
SUTTER .................................................................. 51
TEHAMA ................................................................... 52
TRINITY .................................................................... 53
TULARE .................................................................... 54
TUOLUMNE ................................................................ 55
VENTURA .................................................................. 56
YOLO ........................................................................ 57
YUBA ....................................................................... 58
REFUSED ................................................................... 7
DON'T KNOW ......................................................... 8
QA13_N3  What is your zip code?  
Ano ang iyong zip code?  

AM7  

_______ ZIP CODE

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

QA13_N4  To help us better understand the environment you live in and how it may affect your health, please tell me the address where you live. This information will be kept confidential and will be destroyed after the entire survey has been completed.  
Upang matulungan kaming maintindihan nang mas mabuti ang kapaligiran na inyong tinitirahan at kung paano maaaring maaapektuhan at inyong kalusugan, gusto naming kumpirmahan ang inyong address. Pananatilihin kumpidensyal ang impormasyong ito at sisirain pagkatapos makumpleto ang buong pagsusuri.  

AO2  

_______ HOUSE ADDRESS NUMBER
_______ NAME OF STREET (VERIFY SPELLING)  [GO TO QA13_N6]
_______ STREET TYPE
_______ APT. NO

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

QA13_N5  Can you tell me just the name of the street you live on?  
Masasabi ba niyo sa akin ang pangalan lamang ng kalye na tinitirahan ninyo?  

AM8  

________________________ NAME OF STREET

REFUSED ........................................... -7  [GO TO QA13_N7]
DON'T KNOW ...................................... -8  [GO TO QA13_N7]

QA13_N6  And what is the name of the street down the corner from you that crosses your street?  
At ano ang pangalan ng kalye sa kanto na tumatawid sa kalye ninyo?  

AM9  

________________________ NAME OF CROSS-STREET

REFUSED ........................................... -7
DON'T KNOW ...................................... -8
Cell Phone Use

PROGRAMMING NOTE QA13_N7:
IF CELL PHONE INTERVIEW, GO TO PROGRAMMING NOTE QA13_N11;
ELSE CONTINUE WITH QA13_N7

QA13_N7  I'm won't ask you for the number, but do you have a working cell phone?
Hindi ko tatanungin ang number, pero mayroon ba kayong gumaganang cell phone?

AM33

[CODE “SHARES CELL PHONE” ONLY IF VOLUNTEERED]

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

PROGRAMMING NOTE QA13_N8:
IF LANDLINE SAMPLE, GO TO PROGRAMMING NOTE QA13_N10;
ELSE CONTINUE WITH QA13_N8

QA13_N8  Is there a regular or landline telephone in your household?
Mayroon bang regular na telepono o landline sa inyong sambahayan?

AN6

YES .................................................................1
NO .................................................................2
REFUSED ..........................................................-7 [GO TO PN QA13_N10]
DON'T KNOW ......................................................-8 [GO TO PN QA13_N10]

QA13_N9  Is that telephone for personal use or business use only?
Ang teleponong iyon ba ay para sa personal na gamit o para sa negosyo lamang?

AN7

PERSONAL USE ONLY ........................................1
BUSINESS USE ONLY .........................................2
BOTH PERSONAL USE AND BUSINESS USE ....3
REFUSED ..........................................................-7
DON'T KNOW ......................................................-8

[GO TO PN QA13_N10]
PROGRAMMING NOTE QA13_N10:
IF QA13_N7 = 1 (YES) OR 3 (SHARES CELL PHONE), OR QA13_N9 = 1 OR 3 (LANDLINE IS FOR PERSONAL USE OR FOR BOTH PERSONAL OR BUSINESS USE), THEN CONTINUE WITH QA13_N10; ELSE SKIP TO PROGRAMMING QA13_N11

QA13_N10 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

Follow-Up Survey Permission

PROGRAMMING NOTE QA13_N11:
IF PROXY INTERVIEW, GO TO PROGRAMMING NOTE CLOSE1;
ELSE CONTINUE WITH QA13_N11

QA13_N11 Finally, do you think you would be willing to do a follow-up to this survey some time in the future?
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 QA13_S6 = (2, -7, -8),
AND [QA13_S3 = 1 OR (QA13_S3 = 2, -7, -8 AND QA13_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. The toll-free number is 1-800-273-TALK (8255).

Or you can visit their website at www.suicidepreventionlifeline.org

Gaya nang binanggit ko kanina, kung gusto ninyong makipag-usap sa isang tao tungkol sa mga pag-iisip o mga
pagtatangka na magpakamatay, 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
maaari kong ibigay sa inyo ang number. 1-800-273-TALK (8255) ang toll-free number.

O, maaari ninyong tingnan ang kanilang website sa www.suicidepreventionlifeline.org

QA13_N12 Would you like to speak with someone now?
Gusto ba ninyong makipag-usap sa isang tao ngayon?

   AN8

   YES ..................................................................................................................1 [GO TO SUICIDE PROTOCOL]
   NO ..................................................................................................................2 [GO TO CLOSE1 AND CLOSE2]
   REFUSED ........................................................................................................7 [GO TO CLOSE1 AND CLOSE2]
   DON’T KNOW ...............................................................................................-8 [GO TO CLOSE1 AND CLOSE2]

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. Nakatulong kayo sa mahalagang survey sa buong state. Kung mayroon kayong
anumang tanong, maaari kayong makipag-ugnay kay Dr. Ninez Ponce, ang namumuno sa
pagsusuri. Gusto ba ninyo ang number na iyon?

[IF YES, SAY: Maaaring matakaw si Dr. Ponce nang toll-free sa 1-866-275-2447.]