Adult CATI Questionnaire
(Interviewer-administered)
Version 2.68 Spanish
February 07, 2020
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

Contact:

California Health Interview Survey
UCLA Center for Health Policy Research
10960 Wilshire Blvd, Suite 1550 Los Angeles, CA 90024
Telephone: (866) 275-2447
Fax: (310) 794-2686
Web: www.chis.ucla.edu
Table of Contents

Section A: Demographic Information, Part I
Age.................................................................................................................................6
Gender Identity .............................................................................................................8
Ethnicity .......................................................................................................................9
Race ..............................................................................................................................10
Language Spoken at Home .........................................................................................16
Additional Language Use ..........................................................................................16
Marital Status ............................................................................................................17
Spouse/Partner ...........................................................................................................17

Section B: Health Conditions
General Health ..........................................................................................................23
Asthma .........................................................................................................................23
Diabetes .......................................................................................................................24
Hypertension ..............................................................................................................26
Heart Disease ............................................................................................................26

Section C: Health Behaviors
Dietary Intake ...........................................................................................................27
Cigarette Use .............................................................................................................28
Influences on Health ..................................................................................................41

Section D: General Health, Disability, and Sexual Health
Height and Weight ......................................................................................................42
Disability .....................................................................................................................42
Sexual Partners ..........................................................................................................44
Sexual Orientation ......................................................................................................45
Registered Domestic Partner ....................................................................................46
Pre-Exposure Prophylaxis_ADULT ..........................................................................47
HIV Testing_ADULT .................................................................................................48

Section F: Mental Health
K6 Mental Health Assessment ...................................................................................49
Repealed K6 ................................................................................................................51
Sheehan Scale ............................................................................................................53
Access & Utilization .................................................................................................55
Stigma .........................................................................................................................58
Three-Item Loneliness Scale ......................................................................................59
Mental Health and Technology ................................................................................60
Section G: Demographic Information, Part II

Country of Birth (Self, Parents)

Living with Parents

Veteran Status

Employment (Spouse/Partner)

Section H: Health Insurance

Usual Source of Care

Medicare Coverage

Medi-Cal Coverage

Employer-Based Coverage

Private Coverage

AIM, MRMIP, Family PACT, HEALTHY KIDS, Other Government Coverage

Other Coverage

Indian Health Service Participation

Spouse’s Insurance Coverage Type & Eligibility

High Deductible Health Plans

Coverage over Past 12 Months

Reasons for Lack of Coverage

Medical Debt
Section I: Child Adolescent Health Insurance

- Child’s Health Insurance
- Medi-Cal Coverage (Child)
- Employer-Based Coverage (Child)
- Private Coverage (Child)
- CHAMPUS/CHAMPVA, TRICARE, VA Coverage (Child)
- AIM, MRMIP, HEALTHY KIDS, Other Government Coverage
- Other Coverage (Child)
- High Deductible Health Plans (Child)
- Reasons for Lack of Coverage (Child)
- Teen’s Health Insurance
- MediCal Coverage (Teen)
- EmployerBased Coverage (Teen)
- Private Coverage (Teen)
- CHAMPUS/CHAMP VA, TRICARE, VA Coverage (Teen)
- AIM, MRMIP, Family PACT, HealthyKids, Other (Teen)
- Other Coverage (Teen)
- High Deductible Health Plans (Teen)
- Reasons for Lack of Coverage (Teen)
- Citizenship and Immigration (Parents)

Section J: Health Care Utilization and Access

- Visits to medical doctor
- Personal Doctor
- Care Coordination
- Tele-Medical Care
- Communication Problems with a Doctor
- Delays in Care
- Pregnancy Status
- Family Planning
- Dental Health
- Sexual Violence
- Caregiving
Section K: Employment, Income, Poverty Status .................................................. 200
  Hours Worked ................................................................. 200
  Income Last Month .......................................................... 201
  Annual Household Income ................................................ 202
  Number of Persons Supported .......................................... 204
  Availability of Food in Household ..................................... 206
  Hunger ............................................................................. 207
Section L: Public Program Participation ......................................................... 208
  Food Stamps .................................................................... 209
  Supplemental Security Income ........................................ 209
  WIC ................................................................................. 210
  Assets .............................................................................. 211
  Child Support .................................................................. 212
  Worker’s Compensation ................................................... 214
  Social Security/Pension Payments ........................................ 215
  Reasons for NonParticipation in Medi-Cal ......................... 216
  Medi-Cal Eligibility .......................................................... 216
  Public Charge Related ...................................................... 220
Section M: Housing and Social Cohesion ....................................................... 222
  Housing ........................................................................... 222
  Social Cohesion .................................................................. 223
  Safety ................................................................................ 224
  Civic Engagement ............................................................. 225
Section P: Voter Engagement ......................................................................... 226
Section S: Suicide Ideation and Attempts .................................................... 228
Follow-Up Survey Permission ..................................................................... 231

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 2019 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 ‘QA19_A1’ :
SET AADATE = CURRENT DATE (YYYYMMDD)

‘QA19_A1’ [AA1] - What is your date of birth?
¿En qué mes y año nació?

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

DAY _____ [RANGE: 1-31]

YEAR _____ [RANGE: 1907-2001]
- -7 REFUSED
- -8 DON'T KNOW
'QA19_A2' [AA1A] - What month and year were you born?

¿En qué mes y año nació?

MONTH ______ [RANGE: 1-12]

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

YEAR ______ [RANGE: 1907-2001]

- 7 REFUSED
- 8 DON'T KNOW

'QA19_A3' [AA2] - What is your age, please?

¿Me podría decir su edad por favor?

______YEARS OF AGE [RANGE: 0-120]

- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_A4’:
IF ‘QA19_A3’ = -7 OR -8 (REF/DK) THEN CONTINUE WITH ‘QA19_A4’;
ELSE GO TO ‘QA19_A5’

‘QA19_A4’ [AA2A] - 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?

¿Tiene usted entre 18 y 29 años, entre 30 y 39 años, entre 40 y 44 años, entre 45 y 49 años, entre 50 y 64 años o tiene 65 años de edad o más?

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

POST NOTE ‘QA19_A4’: AAGE ENUM.AGE
CALCULATE VALUE OF AAGE BASED ON ‘QA19_A1’, ‘QA19_A2’, OR ‘QA19_A3’ TO USE IN ALL AGE-RELATED QUESTIONS;
IF ‘QA19_A1’, ‘QA19_A2’, OR ‘QA19_A3’ = -7 OR -8 (REF/DK), THEN USE ‘QA19_A4’;
ELSE USE ENUM.AGE

PROGRAMMING NOTE ‘QA19_A5’:
IF PROXY=1, GO TO ‘QA19_A9’

‘QA19_A5’ [AD65D] - On your original birth certificate, was your sex assigned as male or female?

En su certificado de nacimiento original, ¿el sexo que le asignaron fue hombre o mujer?

- 01 MALE
- 02 FEMALE
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_A6’ [AD66B] - Do you currently describe yourself as male, female, or transgender?

¿Actualmente se describe a sí mismo(a) como hombre, mujer o transgénero?

- 01 MALE
- 02 FEMALE
- 03 TRANSGENDER
- 04 NONE OF THESE
- -7 REFUSED
- -8 DON’T KNOW

If = -7, -8 go to ‘QA19_A9’
If = 1, 2, 3, goto ‘PN_QA19_A8’
‘QA19_A7’ [AD67B] - What is your current gender identity?

¿Cuál es su identidad sexual actual?

- 1 SPECIFY: ( ______________________________ )
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_A8’:
IF ['QA19_A5' = 1 (MALE AT BIRTH) AND 'QA19_A6' = 1 (IDENTIFIES AS MALE)] OR ['QA19_A5' = 2 (FEMALE AT BIRTH) AND 'QA19_A6' = 2 (IDENTIFIES AS FEMALE)] OR 'QA19_A5'=-7,-8 OR 'QA19_A6'=-7,-8 THEN SKIP TO ‘QA19_A9’; ELSE CONTINUE WITH ‘QA19_A8’; DISPLAYS; IF ['QA19_A5' = 1 (MALE AT BIRTH) AND 'QA19_A6' = 2 (FEMALE), THEN DISPLAY {male} and {female}; IF ['QA19_A5' = 1 (MALE AT BIRTH) AND 'QA19_A6' = 3 (TRANSGENDER), THEN DISPLAY {male} and {transgender};

‘QA19_A8’ [AD68B] - Just to confirm, you were assigned {INSERT RESPONSE FROM AD65D} at birth and now describe yourself as {INSERT RESPONSE FROM ‘AD66’ OR ‘QA19_A7’}. Is that correct?

Solo para confirmar, le asignaron el sexo al nacer y ahora se describe como {INSERT RESPONSE FROM AD65D}. ¿Es esto correcto?

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

IF = 2, goto ‘QA19_A6’ AND FLAG ‘QA19_A8’ = 1

‘QA19_A9’ [AA4] - Are you Latino or Hispanic?

¿Es usted latino(a) o hispano(a)?

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

If = 2, -7, -8, goto ‘PN_QA19_A11’
'QA19_A10' [AA5] - 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.

¿Y cuál es su ascendencia u origen latino o hispano? Por ejemplo, mexicano, salvadoreño, cubano, hondureño— y si usted tiene más de uno, digámoslos todos

[IF NECESSARY, GIVE MORE EXAMPLES]

[CODE ALL THAT APPLY]

☐ 01 MEXICAN/MEXICAN AMERICAN/CHICANO
☐ 04 SALVADORAN
☐ 05 GUATEMALAN
☐ 06 COSTA RICAN
☐ 07 HONDURAN
☐ 08 NICARAGUAN
☐ 09 PANAMANIAN
☐ 10 PUERTO RICAN
☐ 11 CUBAN
☐ 12 SPANISH-AMERICAN (FROM SPAIN)
☐ 91 OTHER LATINO (SPECIFY: __________)
☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE 'QA19_A11':
IF 'QA19_A9' = 1 (YES, LATINO/HISPANIC) DISPLAY 'You said you are Latino or Hispanic. Also,'; IF MORE THAN ONE RACE GIVEN AFTER ENTERING RESPONSES FOR 'QA19_A11', CONTINUE WITH PROGRAMMING NOTE 'QA19_A12'; ELSE FOLLOW SKIPS AS INDICATED FOR SINGLE RESPONSES

'QA19_A11' [AA5A] - (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?

{Me dijo que usted es latino(a) o hispano(a). Además,) por favor dígame cuál o cuáles de los siguientes usaría usted para describirse a sí mismo(a). ¿Se describiría como...

☐ 01 WHITE
☐ 02 BLACK OR AFRICAN AMERICAN
☐ 03 ASIAN
☐ 04 AMERICAN INDIAN OR ALASKA NATIVE
☐ 05 OTHER PACIFIC ISLANDER
☐ 06 NATIVE HAWAIIAN
☐ -7 REFUSED
☐ -8 DON'T KNOW
☐ 91 OTHER (SPECIFY: __________)

[IF R SAYS 'NATIVE AMERICAN' CODE AS '4']

[IF R GIVES ANOTHER RESPONSE YOU MUST SPECIFY WHAT IT IS][CODE ALL THAT APPLY]

If 'QA19_A11'=1 Or 2, go to 'PN_QA19_A17'
If 'QA19_A11'=3, go to 'PN_QA19_A15'
If 'QA19_A11'=5, go to 'QA19_A16'
If 'QA19_A11'=6, go to 'QA19_A17'
PROGRAMMING NOTE ‘QA19_A12’:
IF ‘QA19_A11’ = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH ‘QA19_A12’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_A15’

‘QA19_A12’ [AA5B] - 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.

Usted dijo indio(a) americano(a) o nativo(a) de Alaska. ¿De qué tribu es descendiente?

[CODE ALL THAT APPLY]

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

‘QA19_A13’ [AA5C] - Are you an enrolled member in a federally or state recognized tribe?

¿Es usted miembro inscrito en una tribu reconocida por el estado o el gobierno federal?

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

If = 2, -7, -8, goto ‘PN_QA19_A15’
‘QA19_A14’ [AA5D] - Which tribe are you enrolled in?

¿En qué tribu está inscrito(a) usted?

- 1 APACHE
- 2 BLACKFOOT/BLACKFEET
- 3 CHEROKEE
- 4 CHOCTAW
- 5 MEXICAN AMERICAN INDIAN
- 6 NAVAJO
- 7 POMO
- 8 PUEBLO
- 9 SIOUX
- 10 YAQUI
- 91 OTHER TRIBE (SPECIFY: _____________)

APACHE
- 1 MESCALERO APACHE, NM
- 2 APACHE (NOT SPECIFIED)
- 3 OTHER APACHE (SPECIFY: _____________)

BLACKFEET
- 4 BLACKFOOT/BLACKFEET

CHEROKEE
- 5 WESTERN CHEROKEE
- 6 CHEROKEE (NOT SPECIFIED)
- 7 OTHER CHEROKEE (SPECIFY: _____________)

CHOCTAW
- 8 CHOCTAW OKLAHOMA
- 9 CHOCTAW (NOT SPECIFIED)
- 10 OTHER CHOCTAW (SPECIFY: _____________)

NAVAJO
- 11 NAVAJO (NOT SPECIFIED)

POMO
- 12 HOPLAND BAND, HOPLAND RANCHERIA
- 13 SHERWOOD VALLEY RANCHERIA
- 14 POMO (NOT SPECIFIED)
- 15 OTHER POMO (SPECIFY: _____________)

PUEBLO
- 16 HOPI
- 17 YSLETA DEL SUR PUEBLO OF TEXAS
- 18 PUEBLO (NOT SPECIFIED)
- 19 OTHER PUEBLO (SPECIFY: _____________)

SIOUX
- 20 OGLALA/ PINE RIDGE SIOUX
- 21 SIOUX (NOT SPECIFIED)
- 22 OTHER SIOUX (SPECIFY: _____________)
YAQUI

☐ 23 PASCUA YAQUI TRIBE OF ARIZONA
☐ 24 YAQUI (NOT SPECIFIED)
☐ 25 OTHER YAQUI (SPECIFY: _____________)

OTHER

☐ 91 OTHER (SPECIFY: __________)
☐ -7 REFUSED
☐ -8 DON'T KNOW

**PROGRAMMING NOTE ‘QA19_A15’:**
*IF ‘QA19_A11’ = 3 (ASIAN) CONTINUE WITH ‘QA19_A15’; ELSE GO TO PROGRAMMING NOTE ‘QA19_A16’*

‘QA19_A15’ [AA5E] - 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.

_Usted dijo asiático(a), ¿y de qué grupo étnico específico es usted, tal como chino, filipino o vietnamita? Si usted es de más de un grupo, digamelo todos._

**[CODE ALL THAT APPLY]**

☐ 1 BANGLADESHI
☐ 2 BURMESE
☐ 3 CAMBODIAN
☐ 4 CHINESE
☐ 5 FILIPINO
☐ 6 HMONG
☐ 7 INDIAN (INDIA)
☐ 8 INDONESIAN
☐ 9 JAPANESE
☐ 10 KOREAN
☐ 11 LAOTIAN
☐ 12 MALAYSIAN
☐ 13 PAKISTANI
☐ 14 SRI LANKAN
☐ 15 TAIWANESE
☐ 16 THAI
☐ 17 VIETNAMESE
☐ 91 OTHER ASIAN (SPECIFY: __________)
☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_A16’:  
IF ‘QA19_A11’ = 5 (OTHER PACIFIC ISLANDER) CONTINUE WITH ‘QA19_A16’;  
ELSE GO TO PROGRAMMING NOTE ‘QA19_A17’

‘QA19_A16’ [AA5E1] - 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.

Usted dijo que es de una isla del Pacífico. ¿De qué grupo étnico específico es usted, tal como samoano, tongano o guameño? Si usted es de más de un grupo, digamelos todos.

[CODE ALL THAT APPLY]

- 1 SAMOAN/AMERICAN SAMOAN
- 2 GUAMANIAN
- 3 TONGAN
- 4 FIJIAN
- 91 OTHER PACIFIC ISLANDER (SPECIFY:_______)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_A17’:
IF ‘QA19_A9’ = 1 (LATINO) AND ['QA19_A11' = 6 (NATIVE HAWAIIAN) OR ‘QA19_A11’ = 5 (OTHER PACIFIC ISLANDER) OR ‘QA19_A11’ = 4 (AMERICAN INDIAN OR ALASKA NATIVE) OR ‘QA19_A11’ = 3 (ASIAN) OR ‘QA19_A11’ = 2 (BLACK/AFRICAN AMERICAN) OR ‘QA19_A11’ = 1 (WHITE) OR ‘QA19_A11’ = 91 (OTHER)], CONTINUE WITH ‘QA19_A17’;
ELSE IF THERE WERE MULTIPLE RESPONSES TO ‘QA19_A11’, ‘QA19_A15’, OR ‘QA19_A16’ [NOT COUNTING -7 OR -8 (REF/DK)], CONTINUE WITH ‘QA19_A17’;
ELSE SKIP TO ‘QA19_A19’

‘QA19_A17’ [AA5G] - You said that you are: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}.

Usted me dijo que es: {INSERT MULTIPLE RESPONSES FROM AA5, AA5A, AA5E AND AA5E1}

Do you identify with any one race in particular?

¿Se identifica usted con alguna raza en particular?

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

If = 2, -7, -8, goto ‘QA19_A19’
PROGRAMMING NOTE FOR ‘QA19_A18’: IF ‘QA19_A9’ = 1 (YES, LATINO) AND ‘QA19_A10’ ≠ -7 OR -8, DO NOT DISPLAY ‘QA19_A18’ = 14 (LATINO); IF ‘QA19_A11’ = 5 (YES, OTHER PACIFIC ISLANDER) AND ‘QA19_A16’ = 1 TO 4 OR 91, DO NOT DISPLAY ‘QA19_A18’ = 17 (OTHER PACIFIC ISLANDER); IF ‘QA19_A11’ = 3 AND ‘QA19_A15’ = 1 TO 17 OR 91, DO NOT DISPLAY ‘QA19_A18’ = 19 (ASIAN)

‘QA19_A18’ [AA5F] - Which do you most identify with?

¿Con cuál se identifica usted más?

[Interviewer Note: If r unable to choose one, offer ‘both/all/multiracial’]
55 PACIFIC ISLANDER, OTHER SPECIFY: ___________
90 BOTH/ALL/MULTIRACIAL
95 NONE OF THESE
-7 REFUSED
-8 DON'T KNOW

‘QA19_A19’ [AH36] - What languages do you speak at home?

¿Qué idiomas habla usted en su hogar?

[CORE ALL THAT APPLY.]

[PROBE: ‘Any others?’]  
1 ENGLISH  
2 SPANISH  
3 CANTONESE  
4 VIETNAMESE  
5 TAGALOG  
6 MANDARIN  
7 KOREAN  
8 ASIAN INDIAN LANGUAGES (INCLUDING HINDI, PUNJABI, URDU)  
9 RUSSIAN  
91 OTHER 1 (SPECIFY: ____________)  
92 OTHER 2 (SPECIFY: ____________)  
-7 REFUSED  
-8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_A20’:
IF ‘QA19_A19’ = 1 ONLY (ENGLISH IS ONLY LANGUAGE SPOKEN AT HOME), GO TO PROGRAMMING NOTE ‘QA19_A21’;
IF ‘QA19_A19’ >1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME), CONTINUE WITH ‘QA19_A20’ 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?’;
SET AH37ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME ‘QA19_A20’ WAS ASKED

‘QA19_A20’ [AH37] - {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…

{Ya que en su hogar se habla más de un idioma, nos interesa saber su opinión sobre qué tan bien habla el inglés.} ¿Diría usted que habla inglés

01 Very well, 
01 Muy bien 
02 Well, 
02 Bien 
03 Not well, or 
03 No bien, o 
04 Not at all? 
04 No lo habla? 
-7 REFUSED 
-8 DON'T KNOW
‘QA19_A21’ [AH43] - Are you now married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or never married?

¿Está usted actualmente casado(a), viviendo con su pareja en una relación similar a la del matrimonio, viudo(a), divorciado(a), separado(a) o nunca se ha casado?

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

- 1 MARRIED
- 2 LIVING WITH PARTNER
- 3 WIDOWED
- 4 DIVORCED
- 5 SEPARATED
- 6 NEVER MARRIED
- 7 REFUSED
- 8 DON'T KNOW

**PROGRAMMING NOTE ‘QA19_A22’**:

*IF [‘QA19_A21’ = 1 OR 2 (MARRIED OR LIVING WITH PARTNER)], THEN CONTINUE WITH ‘QA19_A22’;*

*IF ‘QA19_A21’ = 1, THEN DISPLAY ‘spouse’;*

*IF ‘QA19_A21’ = 2, THEN DISPLAY ‘partner’;*

*ELSE GO TO PROGRAMMING NOTE ‘QA19_A24’*

‘QA19_A22’ [AH44] - Is your {spouse/partner} also living in your household?

¿Vive su {esposo(a)/pareja} también en su casa?

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

‘QA19_A23’ [SC11A] - May I have your {spouse/partner}’s first name, age, and gender?

¿Podría darme el primer nombre y la edad de su {esposo(a)/pareja}?

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

SPOUSE/PARTNER NAME _____________________________________________

SPOUSE/PARTNER AGE [ SR: 18-102]____________________________________

SPOUSE/PARTNER SEX _________________________________________________
‘QA19_A24’ [SC7B] - How many children, age 11 and younger including babies, normally live in this household?

¿Cuántos niños de hasta 11 años, incluyendo bebés, viven usualmente en este hogar?

CHILDREN UNDER 12 ________________

‘QA19_A25’ [SC8B] - And, how many adolescents age 12-17, normally live in this household?

¿Cuántos adolescentes de entre 12 y 17 años viven usualmente en este hogar?

CHILDREN 12 -17 ________________

POST NOTE SC8: SET KIDCNT = SC7 + SC8

‘QA19_A26’ [SC13A1] - {Let’s start with the oldest} What is (the child's/this child's/the next child's) first name or initials?

Comencemos con el mayor} ¿Cómo se llama o cuáles son las iniciales (del menor/de este menor/del siguiente menor? 

Name/ Initials given (SPECIFY) ____________

-7 REFUSED

‘QA19_A27’ [SC13A2] - What is (the child's/this child's) age?

¿Cuántos años tiene (el menor/este menor)?

________ AGE

-7 REFUSED

PROGRAMMING NOTE ‘QA19_A28’:
IF KIDCNT =1 INSERT ‘the child’s’
IF KIDCNT >1 INSERT ‘this child’s’

‘QA19_A28’ [GENDER6] - What is (the child's/this child's) gender?

¿Cuál es el género (del menor/de este menor)?

01 MALE
02 FEMALE
3 REFUSED
PROGRAMMING NOTE ‘QA19_A29’:
IF AGE IS REFUSED FOR ANY CHILD ROSTER MEMBER, ASK SC15A4 FOR EACH ROSTER MEMBER WITHOUT AN AGE
NOTE SC15A4 IS PART OF THE CHILD ROSTER
(IF ‘QA19_A27’ =-7,-8. ASK SC15A4 IMMEDIATELY FOR THAT CHILD BEFORE ROSTERING NEXT CHILD)
(IF ‘QA19_A26’ = -7,-8 AND ‘QA19_A27’=-7,-8 INSERT ‘the child’
AND DO NOT DISPLAY CHILD NAME/SEX)

‘QA19_A29’ [SC15A4] - Is (CHILD NAME/ the child) (READ LIST. ENTER ONE ONLY)
¿Tiene {CHILD NAME/el menor}..
- 01 0 to 5 years old, or
- 01 0 a 5 años, o
- 02 6 to 11 years old, or
- 02 de 6 a 11 años, o
- 03 12 to 17 years old?
- 03 de 12 a 17 años?
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_A30’:
IF KIDCNT =1 INSERT ‘the child’
IF KIDCNT >1 INSERT ‘all the children’

‘QA19_A30’ [SC14B4] - Are you the parent or legal guardian of (the child/all the children) in your household?
¿Es usted el padre o tutor legal de (el niño / todos los niños) en su hogar?
- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_A31’:
IF ‘QA19_A30’ = 2
ASK ‘QA19_A32’ FOR EACH CHILD IN THE ROSTER

‘QA19_A31’ [SC14B] - Are you the parent or legal guardian of (CHILD NAME/AGE/SEX)?
¿Es usted el padre/la madre o el tutor de (CHILD NAME/AGE/SEX)?
- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_A32’: IF NAME GIVEN AT ‘QA19_A23’ INSERT ‘QA19_A23’ NAME ELSE INSERT AR ADULT NAME/AGE/SEX’s spouse/partner
IF KIDCNT = 1 INSERT ‘the child’
IF KIDCNT > 1 INSERT ‘all the children’

‘QA19_A32’ [SC14C1] - Is (SC11A NAME/ AR ADULT NAME/AGE/SEX ‘s spouse/partner) the parent or legal guardian of (the child/all the children) in your household?

¿Es (SC11A NAME/ AR ADULT NAME/AGE/SEX ‘s spouse/partner) el padre/la madre o el tutor de (CHILD NAME/AGE/SEX)?

☐ 1 YES
☐ 2 NO
☐ 3 REFUSED
☐ 4 DON'T KNOW

POST NOTE: IF ‘QA19_A32’ =1 AUTO POPULATE ‘QA19_A33’ AS 'YES' FOR ALL CHILDREN IN HH

PROGRAMMING NOTE ‘QA19_A33’: IF ‘QA19_A32’ =2
ASK ‘QA19_A33’ FOR EACH CHILD IN THE ROSTER

‘QA19_A33’ [SC14C2] - Is (INSERT AR ADULT NAME/ AGE/SEX’s husband/wife/partner) the parent or legal guardian of (PERSON NAME/AGE/SEX)?

¿Es (INSERT AR ADULT NAME/ AGE/SEX’s husband/wife/partner) el padre/la madre o el tutor de (PERSON NAME/AGE/SEX)?

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_A35’:

IF ‘QA19_A32’=1 THEN
CHILD1CNT = COUNT OF CHILDREN IN ‘QA19_A32’ AGED 0 TO 5 YRS
CHILD2CNT = COUNT OF CHILDREN IN ‘QA19_A32’ AGED 6 TO 11 YRS
TEENCNT = COUNT OF CHILDREN IN ‘QA19_A32’ AGED 12 TO 17 YRS

# Child selection from only those with ‘QA19_A31’=1
IF CHILD2CNT=0,
IF CHILD1CNT=1, CHILD AGED 0 TO 5 YRS IS [SELECTED CHILD],
ELSE IF CHILD1CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD1CNT
ELSE IF CHILD1CNT=0,
ELSE IF CHILD2CNT=1, CHILD AGED 6 TO 11 YRS IS [SELECTED CHILD],
ELSE IF CHILD2CNT>1, SELECT [SELECTED CHILD] WITH PROBABILITY 1/CHILD2CNT
ELSE,
FOR EACH CHILD AGED 0 TO 5: SET CHILDPROB = 2 × CHILD1CNT / (2 × CHILD1CNT + CHILD2CNT)
FOR EACH CHILD AGED 6 TO 11: SET CHILDPROB = CHILD2CNT / (2 × CHILD1CNT + CHILD2CNT)
SELECT [SELECTED CHILD] FROM CHILDREN AGED 0 TO 11 WITH PROBABILITY CHILDPROB

# Teen selection from only those with ‘QA19_A31’=1
IF TEENCNT=1, CHILD AGED 12 TO 17 YRS IS [SELECTED TEEN],
ELSE IF TEENCNT IS > 1, SELECT [SELECTED TEEN] WITH PROBABILITY 1/TEENCNT

‘QA19_A34’ [SC13A] - I have recorded {NUMBER}{child/children} under 18 in the household. Have we missed any children under 18 who usually live here but are temporarily away?

He registrado {NUMBER}{menor que tiene/menores que tienen} menos de 18 años del hogar. ¿Nos ha faltado algún menor de 18 años que vive generalmente aquí pero que está ausente por un tiempo?

○ 1 NO, NO ONE MISSED
○ 2 YES

If = 2, Go back to “QA19_A34’_Loop1’

POST NOTE SC13:
DO CHILD AND TEEN SELECTION BASED ON CRITERIA
CHILD_INDEX HOLDS THE VALUE OF THE SELECTED CHILD
TEEN_INDEX HOLDS THE VALUE OF THE SELECTED TEEN
SET_CHILD IS SET TO 1 IF A CHILD IS SELECTED
SET_TEEN IS SET TO 1 IF A TEEN IS SELECTED
'QA19_A35' [SC17B] - What is your relationship to {CHILD NAME/ AGE/SEX}?

¿Cuál es su relación con {CHILD NAME/AGE/SEX}?

- 1 MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER)
- 2 FATHER (BIRTH/ADOPTIVE/STEP/FOSTER)
- 3 SISTER (BIRTH/ADOPTIVE/STEP/FOSTER)
- 4 BROTHER (BIRTH/ADOPTIVE/STEP/FOSTER)
- 5 GRANDMOTHER
- 6 GRANDFATHER
- 7 AUNT
- 8 UNCLE
- 9 COUSIN
- 10 OTHER RELATIVE
- 11 NONRELATIVE

**POST NOTE ‘QA19_A35’:**

*IF A CHILD IS SELECTED, CONDUCT CHILD INTERVIEW FIRST AND DISPLAY INTRO1C ‘We would now like to ask you some questions about (CHILD). This section of the interview takes about 10 minutes.'*
Section B: Health Conditions

‘QA19_B1’ [AB1] - These next questions are about your health.

Estas preguntas que siguen son sobre su salud.

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

En general, ¿diría usted que su salud es excelente, muy buena, buena, regular o mala?

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

‘QA19_B2’ [AB17B] - Has a doctor ever told you that you have asthma?

¿Le ha dicho un doctor alguna vez que usted tenía asma?

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

If = 2, -7, -8, goto ‘PN_QA19_B7’

‘QA19_B3’ [AB40] - Do you still have asthma?

¿Usted todavía tiene asma?

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

‘QA19_B4’ [AB41] - During the past 12 months, have you had an episode of asthma or an asthma attack?

Durante los últimos 12 meses, ¿ha tenido un episodio de asma o un ataque de asma?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_B5’ [AB18] - Are you now taking a daily medication to control your asthma that was prescribed or given to you by a doctor?

¿Está tomando actualmente algún medicamento diario para controlar el asma que le haya sido dado o recetado por un médico?

[IF NEEDED, SAY: ‘This includes both oral medicine and inhalers. This is different from inhalers used for quick relief.’]
[IF NEEDED, SAY: ‘Esto incluye medicamentos orales o que tienen que ser inhalados. Este medicamento es diferente a los inhaladores que se usan para alivio rápido.’]

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

‘QA19_B6’ [AB43] - 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?

¿Le han hablado sus doctores u otros proveedores de atención médica sobre la preparación de un plan para que usted sepa cómo controlar su asma?

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

PROGRAMMING NOTE ‘QA19_B7’:
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH) DISPLAY ‘Other than during pregnancy, has’;
ELSE BEGIN DISPLAY WITH ‘Has’

‘QA19_B7’ [AB22] - {Other than during pregnancy, has/Has} a doctor ever told you that you have diabetes or sugar diabetes?

{Sin contar los meses de embarazo, ¿le ha/ ¿Le ha} dicho un doctor alguna vez que tenía diabetes o diabetes de azúcar?

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

If = 3, goto ‘QA19_B22’
PROGRAMMING NOTE ‘QA19_B15’:
IF ‘QA19_B7’ = 1 THEN CONTINUE WITH ‘QA19_B15’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA19_B22’

‘QA19_B15’ [AB23] - How old were you when a doctor first told you that you have diabetes?
¿Qué edad tenía usted cuando un doctor le dijo por primera vez que usted tenía diabetes?

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

-7 REFUSED
-8 DON'T KNOW

‘QA19_B16’ [AB51] - Were you told that you had Type 1 or Type 2 diabetes?
¿Le dijeron que tenía diabetes Tipo 1 o Tipo 2?

[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: ‘La diabetes Tipo 1 es causada porque el cuerpo no puede producir insulina y se diagnostica normalmente en niños y adultos jóvenes. La diabetes Tipo 2 es causada por la resistencia a la insulina y es la forma más común de diabetes.’]

- 1 TYPE 1
- 2 TYPE 2
- 91 ANOTHER TYPE (Specify:________)
- 4 DOUBLE DIABETES (TYPE 1 AND TYPE 2)
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_B17’ [AB24] - Are you now taking insulin?
¿Está tomando insulina actualmente?

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

‘QA19_B18’ [AB25] - Do you now take diabetic pills to lower your blood sugar?
¿Toma usted actualmente píldoras antidiabéticas para bajar el nivel de azúcar en la sangre?

[IF NEEDED, SAY: ‘These are sometimes called oral agents or oral hypoglycemic agents.’]
[IF NEEDED, SAY: ‘A estas píldoras a veces se les llama agentes orales o agentes hipoglucémicos orales.’]

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_B19’ [AB27] - About how many times in the last 12 months has a doctor or other health professional checked you for hemoglobin ‘A one C’?

¿Alrededor de cuántas veces, durante los últimos 12 meses, ha revisado un médico u otro profesional de la salud si tiene hemoglobina A1c?

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

_____ NUMBER OF TIMES

☐ 7 REFUSED
☐ -8 DON'T KNOW

‘QA19_B20’ [AB63] - 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.

¿Cuándo fue la última vez que le hicieron un examen de los ojos en el que le dilataron las pupilas? Este examen causa que los ojos queden más sensibles a la luz brillante durante un periodo corto de tiempo

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

‘QA19_B21’ [AB112] - 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?

¿Le han hablado sus doctores u otros proveedores de atención médica sobre la preparación de un plan para que usted sepa cómo controlar su diabetes?

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

‘QA19_B22’ [AB29] - Has a doctor ever told you that you have high blood pressure?

¿Le ha dicho alguna vez un doctor que usted tenía la presión arterial alta?

☐ 1 YES
☐ 2 NO
☐ 03 HIGH NORMAL/BORDERLINE/PRE-HYPERTENSION
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_B23’ [AB34] - Has a doctor ever told you that you have any kind of heart disease?

¿Le ha dicho un doctor alguna vez que tenía algún tipo de enfermedad del corazón?

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

‘QA19_C1’ [AE2] - Now think about the foods you ate or drank during the past month that is, the past 30 days, including meals and snacks.

Ahora piense en los alimentos que comió o bebió en el último mes, esto es durante los últimos 30 días, incluidas comidas y refriergios.

During the past month, how many times did you eat fruit? Do not count juices. You can tell me per day, per week, or month.

En el último mes, ¿cuántas veces comió fruta? No cuente los jugos. Especifique si esto es por día, por semana o por mes

[IF NEEDED, SAY: ‘Your best guess is fine.’]
[IF NEEDED, SAY: ‘Un cálculo aproximado es suficiente.’]

[IF R GIVES A NUMBER WITHOUT A TIME FRAME, ASK: ‘Was that per day, week or month?]}

__________TIMES

☐ 1 PER DAY [HR: 0-10; SR: 0-9]
☐ 2 PER WEEK [HR: 0-70; SR: 0-9]
☐ 3 PER MONTH [HR: 0-210; SR: 0-149]
☐ -7 REFUSED
☐ -8 DON’T KNOW

‘QA19_C2’ [AE7] - [During the past month] how many times did you eat vegetables like green salad, green beans, or potatoes? {Do not include fried potatoes or cooked dried beans such as refried beans, baked beans or bean soup.}

Durante el último mes,] ¿cuántas veces comió vegetales como ensalada de verdes, ejotes o papas? No incluya papas fritas o frijoles secos cocidos, como frijoles refritos, frijoles horneados o sopa de frijoles.

[IF NEEDED, SAY: ‘You can tell me per day, per week, or month’]
[IF NEEDED, SAY: ‘Puede decirme eso fue al día, a la semana o al mes’]

[IF STRONGLY NEEDED, SAY: ‘Such as tomatoes, carrots, onions, or broccoli.’]
[ONLY IF RESPONDENT ASKS ABOUT RICE, SAY: ‘Rice is not a vegetable.’}

__________TIMES

☐ 1 PER DAY [HR: 0-10; SR: 0-9]
☐ 2 PER WEEK [HR: 0-70; SR: 0-9]
☐ 3 PER MONTH [HR: 0-210; SR: 0-149]
☐ -7 REFUSED
☐ -8 DON’T KNOW
‘QA19_C3’ [AC46] - During the past month, how often did you drink sweetened fruit drinks, sports, or energy drinks?

[En el último mes,] ¿Con qué frecuencia tomó bebidas azucaradas de fruta, bebidas deportivas o bebidas energéticas?

[IF NEEDED, SAY: ‘You can tell me per day, per week, or month’]
[IF NEEDED, SAY: ‘Especifique si esto es por día, por semana o por mes’]

[IF NEEDED, SAY: ‘Such as lemonade, Gatorade, Snapple, or Red Bull.’]
[IF NEEDED, SAY: ‘Como limonada, 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, TAMPICO, 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-FLORED TEAS.]

__________TIMES

☐ 1 PER DAY [HR: 0-10; SR: 0-9]
☐ 2 PER WEEK [HR: 0-70; SR: 0-9]
☐ 3 PER MONTH [HR: 0-210; SR: 0-149]
☐ -7 REFUSED
☐ -8 DON’T KNOW

‘QA19_C4’ [AE15] - Now, I am going to ask about various health behaviors.

Ahora voy a preguntarle sobre varios comportamientos relacionados con la salud.

Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?

En total, ¿ha fumado por lo menos 100 o más cigarrillos en toda su vida?

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

If =2, -7, -8 go to ‘E-CIGARETTE INTRO’

‘QA19_C5’ [AE15A] - Do you now smoke cigarettes every day, some days, or not at all?

¿Fuma usted ahora cigarrillos todos los días, algunos días o nunca?

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

If =2, go to ‘QA19_C7’
If =3, -7, -8, goto ‘E-CIGARETTE INTRO’
‘QA19_C6’ [AD32] - On average, how many cigarettes do you now smoke a day?

En promedio, ¿cuántos cigarrillos al día fuma usted actualmente?

[INTERVIEWER NOTE: IF R SAYS, A ‘PACK’, CODE AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

☐ -7 REFUSED
☐ -8 DON'T KNOW

If = -7, -8, go to ‘QA19_C8’

PROGRAMMING NOTE ‘QA19_C7’: IF ‘QA19_C5’ = 2 (SMOKE SOME DAYS), CONTINUE WITH ‘QA19_C7’;
ELSE GO TO ‘QA19_C8’

‘QA19_C7’ [AE16] - In the past 30 days, when you smoked, how many cigarettes did you smoke in a typical day?

En los últimos 30 días, cuando fumó, ¿cuántos cigarrillos fumó al día?

[IF NEEDED, SAY: ‘If you did not smoke everyday in the past 30 days, consider the days you did smoke.’ AND IF R SAYS, A ‘PACK’, CODE THIS AS 20 CIGARETTES]

[IF NEEDED, SAY: ‘Si no fumó todos los días durante los últimos 30 días, tenga en cuenta los días que sí fumó.’ AND IF R SAYS, A ‘PACK’, CODE THIS AS 20 CIGARETTES]

_____ NUMBER OF CIGARETTES [HR: 0-120]

☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_C8’ [AC58C] - Are the cigarettes you usually smoke menthol-flavored?

¿Fuma normalmente cigarrillos mentolados o no mentolados?

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_C9’:
IF ‘QA19_C5’ = 1 (SMOKE EVERY DAY) OR ‘QA19_C5’ = 2 (SMOKE SOME DAYS), CONTINUE
WITH ‘QA19_C9’;ELSE GO TO ‘E-CIGARETTE INTRO’

‘QA19_C9’ [AC49] - During the past 12 months, have you stopped smoking for one day or longer
because you were trying to quit smoking?

En los últimos 12 meses, ¿ha dejado usted de fumar por un día o más porque estaba tratando de dejar
de fumar?

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

‘QA19_C10’ [AC50] - Are you thinking about quitting smoking in the next six months?

¿Está pensando en dejar de fumar en los próximos seis meses?

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

‘E-CIGARETTE INTRO’ [E-CIGARETTE INTRO] - The next questions are about electronic cigarettes and
other electronic vaping products. These products typically contain nicotine, flavors, and other ingredients.
They may also be called e-cigs, vape pens, pod mods, hookah pens or e-hookah. Popular brands include
JUUL, Blu, NJOY, Suorin, and Vuse.

Las siguientes preguntas son sobre cigarrillos electrónicos y otros productos electrónicos para vapear.
Estos productos suelen contener nicotina, sabores y otros ingredientes. También se les conoce como
cigarros electrónicos, lapiceras para vapear, pod mods, lapiceras hooka o hooka electrónica. Algunas de
las marcas populares son JUUL, Blu, NJOY, Suorin y Vuse. Especifique el uso de JUUL o juuling en su
respuesta.

Do not include products used only for marijuana.

No incluya productos que se usen solamente para marihuana.

‘QA19_C11’ [AC81C] - Have you ever used an e-cigarette or other electronic vaping product, even just
once in your lifetime?

¿Alguna vez usó un cigarrillo electrónico u otro producto electrónico para vapear, aunque haya sido
solamente una vez en su vida?

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

If = 2,-7, -8 goto ‘QA19_C15’
‘QA19_C12’ [AC82C] - In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?

Durante los últimos 30 días, ¿cuántos días usó un cigarrillo electrónico u otro producto electrónico para vapear?

____________ NUMBER OF DAYS [HR: 0 -30]

☐  -7 REFUSED
☐  -8 DON'T KNOW

‘QA19_C13’ [AC134] - Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

¿Algunos de los cigarrillos electrónicos que usó tenían sabores como menta, fruta, caramelo o vino?

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

‘QA19_C14’ [AC83C] - What best describes your reasons for using e-cigarettes?

¿Cuáles son las razones que mejor describen porque usa cigarrillos electrónicos?

[CODE ALL THAT APPLY]

☐  1 TO QUIT SMOKING
☐  2 TO REPLACE SMOKING
☐  3 TO CUT DOWN OR REDUCE SMOKING
☐  4 TO USE IN PLACES WHERE SMOKING IS NOT ALLOWED
☐  5 TO JUST TRY IT OUT OF CURIOSITY
☐  6 TO AVOID THE LINGERING ODOR OF CIGARETTES
☐  7 TO HELP ME CONCENTRATE/ STAY ALERT
☐  8 BECAUSE THEY COME IN MANY FLAVORS
☐  9 BECAUSE THEY ARE LESS EXPENSIVE THAN CIGARETTES
☐  10 BECAUSE THEY ARE HEALTHIER THAN CIGARETTES
☐  11 FOR ENJOYMENT OR SOCIAL REASONS
☐  12 TO REDUCE STRESS, ANXIETY, OR PAIN
☐  91 OTHER (SPECIFY: ____________)
☐  -7 REFUSED
☐  -8 DON'T KNOW
‘QA19_C15’ [AC135] - During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?

Durante los últimos 30 días, ¿cuántos días usó tabaco de mascar, tabaco para aspirar o snus?

- 1 0 DAYS
- 2 1-2 DAYS
- 3 3-5 DAYS
- 4 6-9 DAYS
- 5 10-19 DAYS
- 6 20-29 DAYS
- 7 30 DAYS
- -7 REFUSED
- -8 DON’T KNOW

If = 1, -7, -8 goto ‘QA19_C17’

‘QA19_C16’ [AC136] - Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?

¿Algunos de los tabacos de mascar que usó tenían sabores como menta, fruta, caramelo o vino?

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

‘QA19_C17’ [AC137] - During the past 30 days, on how many days did you smoke cigarillos, or little cigars?

Durante los últimos 30 días, ¿cuántos días fumó cigarritos o puros pequeños?

- 1 0 DAYS
- 2 1-2 DAYS
- 3 3-5 DAYS
- 4 6-9 DAYS
- 5 10-19 DAYS
- 6 20-29 DAYS
- 7 30 DAYS
- -7 REFUSED
- -8 DON’T KNOW

If = 1, -7, or -8 goto ‘QA19_C19’

‘QA19_C18’ [AC138] - Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?

¿Algunos de los cigarritos que fumó tenían sabores como menta, fruta, caramelo o vino?

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW
‘QA19_C19’ [AC139] - During the past 30 days, on how many days did you smoke big cigars?

*Durante los últimos 30 días, ¿cuántos días fumó cigarros/puros?*

- 1 0 DAYS
- 2 1-2 DAYS
- 3 3-5 DAYS
- 4 6-9 DAYS
- 5 10-19 DAYS
- 6 20-29 DAYS
- 7 30 DAYS
- -7 REFUSED
- -8 DON'T KNOW

*If = 1, -7, -8 goto ‘QA19_C21’*

‘QA19_C20’ [AC140] - Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?

*¿Algunos de los cigarros/puros que fumó tenían sabores como menta, fruta, caramelo o vino?*

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

‘QA19_C21’ [AC141] - During the past 30 days, on how many days did you use a hookah water pipe?

*Durante los últimos 30 días, ¿cuántos días usó una pipa de agua hooka?*

- 1 0 DAYS
- 2 1-2 DAYS
- 3 3-5 DAYS
- 4 6-9 DAYS
- 5 10-19 DAYS
- 6 20-29 DAYS
- 7 30 DAYS
- -7 REFUSED
- -8 DON'T KNOW

*If = 1, -7 or -8 goto ‘QA19_C23’*

‘QA19_C22’ [AC142] - Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?

*¿Algunas de las hookas que fumó tenían sabores como menta, fruta, caramelo o vino?*

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_C23’ [AC143] - Which statement best describes smoking or vaping a tobacco product, including e-cigarettes, inside your home?

¿Cuál frase describe mejor cómo se puede fumar o vapear un producto de tabaco, inclusive cigarrillos electrónicos, dentro de su casa?

- 01 NOT ALLOWED ANYWHERE OR AT ANY TIME INSIDE MY HOME
- 02 ALLOWED IN SOME PLACES OR AT SOME TIMES INSIDE MY HOME
- 03 ALLOWED ANYWHERE AND AT ANY TIME INSIDE MY HOME
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_C24’ [AC144] - In the last two weeks, have you ever been exposed to secondhand tobacco smoke or e-cigarette vapor in California?

En las últimas dos semanas, ¿ha estado expuesto al humo de tabaco o al vapor de cigarrillos electrónicos de segunda mano en California?

You are exposed to secondhand smoke or vapor when people around you are smoking or vaping.

[IF NEEDED: ‘You are exposed to secondhand smoke or vapor when people around you are smoking or vaping.’]
[IF NEEDED: ‘Se expone al humo o vapor de tabaco cuando otras personas fuman o vapean alrededor de usted’]

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

‘QA19_C25’ [AC115] - The next questions are about marijuana also called cannabis or weed, hashish, and other products containing THC. There are many methods for consuming these products, such as smoking, vaporizing, dabbing, eating, or drinking.

Las preguntas que siguen son sobre la marihuana, también llamada cannabis o hierba, el hachís y otros productos que contienen tetrahidrocannabinol (THC). Hay muchos métodos para consumir estos productos, como fumarlos, vaporizarlos, untarlos, comerlos o beberlos.

Have you ever, even once, tried marijuana or hashish?

¿Alguna vez ha probado la marihuana o el hachís aunque sea una sola vez?

[IF NEEDED: THC is the active ingredient in marijuana.]
[IF NEEDED: El THC es el ingrediente activo de la marihuana.]

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

If = 2, -7, -8, go to ‘QA19_C38’
‘QA19_C26’ [AC116] - How long has it been since you last used marijuana or hashish?

¿Cuánto tiempo ha pasado desde la última vez que consumió marihuana o hachís?

[INTERVIEWER NOTE: IF LESS THAN ONE DAY SINCE LAST USED MARIJUANA OR HASHISH, ENTER 0]

- 1 DAYS [HR: 0-365]
- 2 MONTHS [HR: 0-12]
- 3 YEARS [0-99]
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE 'QA19_C27':
IF ‘QA19_C26’ >= 30 DAYS OR > 1 MONTH, THEN GO TO ‘QA19_C38’;
ELSE CONTINUE WITH ‘QA19_C27’;

‘QA19_C27’ [AC117] - During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?

Durante los últimos 30 días, ¿cuántos días consumió marihuana, hachís u otro producto con THC?

- 1 0 DAYS
- 2 1-2 DAYS
- 3 3-5 DAYS
- 4 6-9 DAYS
- 5 10-19 DAYS
- 6 20-29 DAYS
- 7 30 DAYS
- -7 REFUSED
- -8 DON'T KNOW

If = 1, go to ‘QA19_C38’

‘QA19_C28’ [AC118] - How often have you used tobacco and marijuana at the same time? Would you say...

¿Con qué frecuencia ha consumido tabaco y marihuana al mismo tiempo?

- 1 USUALLY
- 1 GENERALMENTE
- 2 SOMETIMES
- 2 A VECES
- 3 NEVER
- 3 NUNCA
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_C29’ [AC119] - During the past 30 days, how did you use marijuana? Did you…

_Durante los últimos 30 días, ¿de qué manera consumió la marihuana?_

Smoke it in a joint, bong, or pipe?

_Q¿La fumó en un cigarrillo, una pipa de vidrio o una pipa?_

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

‘QA19_C30’ [AC120] - During the past 30 days, how did you use marijuana? Did you…

_Durante los últimos 30 días, ¿de qué manera consumió la marihuana?_

Smoke part or all of a cigar with marijuana in it, which is sometimes called a blunt?

_Q¿Fumó parte de o todo un cigarrillo de marihuana, que a veces se llama blunt?_

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

‘QA19_C31’ [AC121] - [During the past 30 days, how did you use marijuana?] Did you…

_Durante los últimos 30 días, ¿de qué manera consumió la marihuana?_

Eat it?

_Q¿La comió?_

[IF NEEDED SAY: For example, in brownies, cakes, cookies or candy]
[IF NEEDED SAY: Por ejemplo, en brownies, tortas, galletas o caramelos]

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_C32’ [AC122] - [During the past 30 days, how did you use marijuana?] Did you…

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

Drink it?

¿La bebió?

[IF NEEDED SAY: For example, in tea, cola, alcohol or other drinks]
[IF NEEDED SAY: Por ejemplo, en té, refrescos de cola, bebidas alcohólicas u otras bebidas]

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

‘QA19_C33’ [AC123] - [During the past 30 days, how did you use marijuana?] Did you…

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

Vaporize it?

¿La vaporizó?

[IF NEEDED SAY: For example, in an e-cigarette type vaporizer]
[IF NEEDED SAY: Por ejemplo, en un vaporizador del tipo de un cigarrillo electrónico]

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

‘QA19_C34’ [AC124] - [During the past 30 days, how did you use marijuana?] Did you…

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

Dab it?

¿Se la untó?

[IF NEEDED SAY: For example, using butane hash oil, wax or concentrates]
[IF NEEDED SAY: Por ejemplo, usando aceite de hachís, cera o concentrados]

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_C35’ [AC125] - [During the past 30 days, how did you use marijuana?] Did you…

Durante los últimos 30 días, ¿de qué manera consumió la marihuana?

Use it some other way?

¿La consumió de alguna otra manera?

- 1 YES (SPECIFY_______)
- 2 NO
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_C36’ [AC126] - Was any of your marijuana use in the past month recommended by a doctor or other health care provider?

¿Fue alguna de la marihuana que consumió en el último mes recomendada por un médico o por otro proveedor de atención médica?

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

If = 2, go to ‘QA19_C38’

‘QA19_C37’ [AC127] - Was all of your marijuana use in the past month recommended by a doctor or other health care provider?

¿Fue toda la marihuana que consumió en el último mes recomendada por un médico o por otro proveedor de atención médica?

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

‘QA19_C38’ [AC128] - Have you used heroin in the past 12 months?

¿Ha consumido heroína en los últimos 12 meses?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_C39’ [AC129] - Examples of prescription painkillers are Vicodin®, OxyContin®, Norco®, Hydrocodone, Percocet® and Methadone. In the past 12 months, have you used any prescription painkiller in a way that did not follow your doctor’s directions?

Por ejemplo, Vicodin, oxycontin, Norco, hidrocodona, Percocet y metadona. En los últimos 12 meses, ¿ha usado usted algún analgésico de venta bajo receta de una manera contraria a las indicaciones de su médico?

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

If = 2, -7, -8, go to ‘QA19_C47’

‘QA19_C41’ [AC131] - Did you get the prescription(s) from one doctor or from more than one doctor?

¿Obtuvo la(s) receta(s) de un solo médico o de más de un médico?

- 01 ONE DOCTOR
- 02 MORE THAN ONE DOCTOR
- 03 DIDN’T GET IT FROM A DOCTOR
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_C43’ [AC133] - What condition or conditions have you taken the medicine for?

¿Para qué afección o afecciones ha tomado usted el medicamento?

[CHECK ALL THAT APPLY]

- 1 DENTAL WORK/ DENTAL PAIN
- 2 SURGERY, NOT ACCIDENT RELATED
- 3 RECENT INJURY
- 4 CHRONIC PAIN, REGARDLESS OF CAUSE
- 91 OTHER (SPECIFY)_________________
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_C44’ [AC163] - What is your best estimate of the number of days you used prescription painkillers in any way a doctor did not direct you to use during the past 30 days?

¿Cuál es su mejor cálculo del número de días que usó analgésicos de venta bajo receta de un modo no indicado por un médico durante los últimos 30 días?

______ [0-30 DAYS]
______ [DE 0 A 30 DÍAS]

If <1, goto ‘PN_QA19_C47’
‘QA19_C45’ [AC164] - During the past 30 days did you use prescription pain killers in any way a doctor did not direct you to use them while doing any of the following:

Durante los últimos 30 días, ¿usó analgésicos de venta bajo receta de un modo no indicado por un médico mientras hacía alguna de las siguientes actividades...?

Drinking alcohol or within a couple of hours of drinking?

*Beber alcohol o en las horas siguientes a haber bebido?*

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

‘QA19_C46’ [AC165] - During the past 30 days did you use prescription pain killers in any way a doctor did not direct you to use them while doing any of the following:

Durante los últimos 30 días, ¿usó analgésicos de venta bajo receta de un modo no indicado por un médico mientras hacía alguna de las siguientes actividades...?

Using Benzodiazepines?

*Usar benzodiazepinas?*

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

‘QA19_C47’ [AC166] - Have you used methamphetamines in the past 12 months?

*Ha usado metanfetaminas durante los últimos 12 meses?*

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

‘QA19_C48’ [AC167] - Have you used any prescription stimulants (such as Adderall®, Dexedrine® ) in any way a doctor did not direct you to use it in the past 12 months?

¿Ha usado algún estimulante de venta bajo receta (es decir, Adderall, Dexedrine) de un modo no indicado por un médico durante los últimos 12 meses?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
Influences on Health

PROGRAMMING NOTE ‘QA19_C49’:
IF PROXY=1, GO TO ‘QA19_D1’

‘QA19_C49’ [AC160] - On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, how important do you think genetics and medical care are to a person’s health?

Según una escala del 1 al 10, en donde 1 es ‘nada importante’ y 10 es ‘sumamente importante’, ¿qué tan importante considera que es la genética para la salud de una persona?

_____________________________ [HR: 1-10]

‘QA19_C50’ [AC161] - On a scale from 1 to 10, where 1 is not at all important, and 10 is extremely important, how important do you think individual or environmental factors – such as a person’s behaviors or access to healthy foods or recreation – are to a person’s health?

Según una escala del 1 al 10, donde 1 es ‘nada importante’ y 10 es ‘sumamente importante’, ¿qué tan importante considera que son los factores individuales o ambientales, como los comportamientos de una persona o su acceso a actividades recreativas o alimentos saludables, para la salud de una persona?

_____________________________ [HR: 1-10]
Section D: General Health, Disability, and Sexual Health

‘QA19_D1’ [AE17] - These next questions are about your height and weight. How tall are you without shoes?

Las preguntas que siguen son sobre su estatura y peso. ¿Cuánto mide usted sin zapatos?

[IF NEEDED, SAY: ‘About how tall?’]
[IF NEEDED, SAY: ‘¿Más o menos cuánto mide?’]

_____ FEET (RANGE 3-7)
_____ INCHES (RANGE 0-11)

_____ METERS (RANGE 1-2)
_____ CENTIMETERS (RANGE 0-300)

☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_D2’:
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH) AND (AAGE < 50 OR ‘QA19_A4’ < 5 (YOUNGER THAN 50 YEARS OLD)), DISPLAY ‘When not pregnant, how’;
ELSE DISPLAY ‘How’

‘QA19_D2’ [AE18] - (When not pregnant, how) much do you weigh without shoes?

{Cuando no está embarazada, ¿cuánto / ¿Cuánto} pesa sin zapatos? Puede responder en libras o kilogramos.

[IF NEEDED, SAY: ‘About how much?’]
[IF NEEDED, SAY: ‘¿Más o menos cuánto?’]

_____ POUNDS
_____ KILOGRAMS

☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_D3’ [AD50] - Are you blind or deaf, or do you have a severe vision or hearing problem?

¿Es usted ciego(a), sordo(a), o tiene algún problema grave con la vista u oído?

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

If = 2, -7, -8, goto ‘QA19_D5’
‘QA19_D4’ [AL8] - Are you legally blind?

¿Es usted legalmente ciego(a)?

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

‘QA19_D5’ [AL10] - Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Debido a una afección física, mental o emocional, ¿tiene (usted/él/ella/NAME) alguna dificultad grave para concentrarse, recordar o tomar decisiones?

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

‘QA19_D6’ [AL11] - Do you have difficulty dressing or bathing?

¿Tiene dificultades para vestirse o bañarse?

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

‘QA19_D7’ [AL12] - Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Debido a una afección física, mental o emocional, ¿tiene alguna dificultad para hacer actividades por su cuenta, como visitar un consultorio médico o hacer compras?

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
‘QA19_D8’ [AD43B] - We are asking a few questions about people’s sexual experiences. All answers will be kept private.

Estamos haciendo algunas preguntas sobre las experiencias sexuales de las personas. Todas las respuestas se mantendrán privadas.

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

Durante los últimos 12 meses, ¿con cuántas personas ha tenido relaciones sexuales?

_______ NUMBER OF PARTNERS [HR: 0 - 99, SR: 0 - 20]

If >=0 , goto ‘QA19_D10’
-7 REFUSED
-8 DON’T KNOW
If = -7, goto ‘QA19_D10’

‘QA19_D9’ [AD44B] - Can you give me your best guess?

¿Podría darme un número aproximado?

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

_______ NUMBER OF PARTNERS [HR: 0 - 99, SR: 0 - 20]
- 1 0 PARTNERS
- 2 1 PARTNER
- 3 2-3 PARTNERS
- 4 4-5 PARTNERS
- 5 6-10 PARTNERS
- 6 MORE THAN 10 PARTNERS
-7 REFUSED
-8 DON’T KNOW
PROGRAMMING NOTE AD45:
IF ’QA19_D8’ = 0 (NO SEXUAL PARTNERS IN LAST 12 MONTHS) OR AD44 =0, GO TO PROGRAMMING NOTE ‘QA19_D11’;
ELSE CONTINUE WITH AD45;
IF ’QA19_D8’ OR AD44 = 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’

‘QA19_D10’ [AD45B] - {Is that partner male or female/Linux the past 12 months, have your sexual partners been male, female, or both male and female)?

¿Es esa persona hombre o mujer? / Durante los últimos 12 meses, ¿las personas con quienes ha tenido relaciones sexuales han sido hombres, mujeres, o de ambos sexos, hombres y mujeres?}

- 01 MALE
- 02 FEMALE
- 03 BOTH MALE AND FEMALE
- 07 REFUSED
- 08 DON'T KNOW

PROGRAMMING NOTE AD46:
IF ’QA19_A6’ = 1 (IDENTIFIES AS MALE), DISPLAY ‘Gay’ IN QUESTION AND ‘Gay’ IN HELP SCREEN;
ELSE IF ’QA19_A6’ =2 (IDENTIFIES AS FEMALE), DISPLAY ‘Gay, Lesbian’ IN QUESTION AND ‘Gay and Lesbian’ IN HELP SCREEN

‘QA19_D11’ [AD46B] - Do you think of yourself as straight or heterosexual, as gay {,lesbian} or homosexual, or bisexual?

¿Se considera usted heterosexual, gay, {lesbiana} u homosexual, o bisexual?

[IF NEEDED, SAY: ‘Straight or Heterosexual people have sex with, or are primarily attracted to people of the opposite sex, Gay {and Lesbian} people have sex with or are primarily attracted to people of the same sex, and Bisexuals have sex with or are attracted to people of both sexes.’]
[IF NEEDED, SAY: ‘La gente heterosexual tiene relaciones sexuales o siente atracción principalmente por personas del sexo opuesto. Los gay, homosexuales {y lesbianas} tienen relaciones sexuales o sienten atracción principalmente por personas del mismo sexo. Los bisexuales, tienen relaciones sexuales o les atraen personas de ambos sexos.’]

- 1 STRAIGHT OR HETEROSEXUAL
- 2 GAY, LESBIAN, OR HOMOSEXUAL
- 3 BISEXUAL
- 4 NOT SEXUAL, CELIBATE, OR NONE OF THE ABOVE
- 91 OTHER (SPECIFY: _____________)
- 07 REFUSED
- 08 DON'T KNOW
PROGRAMMING NOTE AD60:
IF ['QA19_A6' = 1 (IDENTIFIES AS MALE) AND 'QA19_D10' = 1 (MALE)] OR ['QA19_A6' = 2 (IDENTIFIES AS FEMALE) AND 'QA19_D10' = 2 (FEMALE)] OR ['QA19_D10' = 3, -7, OR -8] OR [IF 'QA19_D11' ≠ 1] CONTINUE WITH 'QA19_D12';
ELSE GO TO 'QA19_D14'

'QA19_D12' [AD60B] - Are you legally married to someone of the same sex?

¿Está usted legalmente casado(a) con alguien de su mismo sexo?

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

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

If = 1, goto 'PN_'QA19_D14'

'QA19_D13' [AD61B] - Are you recognized by the state of California as a legally registered domestic partner to someone of the same sex?

¿Está usted legalmente reconocido(a) por el Estado de California como pareja doméstica de alguien del mismo sexo?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
Pre-exposure Prophylaxis_ADULT

PROGRAMMING NOTE ‘QA19_D14’:
IF PROXY=1, GO TO ‘QA19_G1’

PROGRAMMING NOTE ‘QA19_D14’:
IF [‘QA19_A5’ = 1 OR ‘QA19_A6’ = 1 (MALE AT BIRTH OR IDENTIFIES AS MALE)] AND ‘QA19_D10’ = 1 OR 3 (SEXUAL PARTNERS MALE OR BOTH FEMALE AND MALE), THEN CONTINUE WITH ‘QA19_D14’;
ELSE IF (‘QA19_A6’ = 1 AND ‘QA19_A5’ = 2) OR (‘QA19_A6’ = 2 AND ‘QA19_A5’ = 1), THEN CONTINUE WITH ‘QA19_D14’;
ELSE IF ‘QA19_A6’ = 3 (IDENTIFIES AS TRANSGENDER), THEN CONTINUE WITH ‘QA19_D14’;
ELSE IF ‘QA19_A6’ = 1 AND ‘QA19_D11’ = 2 OR 3, THEN CONTINUE WITH ‘QA19_D14’;
ELSE SKIP TO ‘QA19_D18’;

‘QA19_D14’ [AD79] - People who do not have HIV can take one pill a day to lower their risk of getting HIV. This is called pre-exposure prophylaxis, or PrEP. The pill is also called Truvada®.

Las personas que no tienen VIH pueden tomar una pastilla al día para reducir el riesgo de contraer VIH. Esto se denomina profilaxis previa a la exposición o PrEP por sus siglas en inglés. La pastilla también se llama Truvada®.

At any time in the past 30 days, have you taken PrEP or Truvada®?

¿En algún momento en los últimos 30 días tomó PrEP o Truvada®?

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

If = 1, goto ‘QA19_D18’

‘QA19_D15’ [AD80] - In the past 12 months, have you taken any PrEP or Truvada®?

¿En los últimos 12 meses tomó alguna PrEP o Truvada®?

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

If = 1, goto ‘QA19_D18’

‘QA19_D16’ [AD81] - Have you ever taken any PrEP or Truvada®?

¿Alguna vez ha tomado alguna PrEP o Truvada®?

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

If = 1, goto ‘QA19_D18’
'QA19_D17' [AD82] - Before today, have you ever heard of PrEP or Truvada®?

Antes de hoy, ¿había oído hablar de PrEP o Truvada®?

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

'QA19_D18' [AD83] - Have you ever been tested for HIV, the virus that causes AIDS?

¿Le han hecho alguna vez la prueba del VIH, el virus que causa el SIDA?

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

If = 2, -7, -8, goto 'QA19_D20'

'QA19_D19' [AD84] - For your most recent HIV test, were you offered the test or did you ask for the test?

En cuanto a su prueba de VIH más reciente, ¿le ofrecieron hacerle la prueba o usted pidió que le hicieran la prueba?

- 1 I WAS OFFERED THE TEST
- 2 I ASKED FOR THE TEST
- 3 I DON'T REMEMBER
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 91, -7, -8, goto PN_'QA19_E1'

'QA19_D20' [AD85] - Were you ever offered an HIV test?

¿Alguna vez le ofrecieron hacerle una prueba de VIH?

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

PROGRAMMING NOTE ‘QA19_E1’:
IF PROXY=1, GO TO ‘QA19_G1’

‘QA19_E1’ [AJ29] - The following questions ask about how you have been feeling during the past 30 days.

Las siguientes preguntas son acerca de cómo se ha sentido durante los últimos 30 días.

About how often during the past 30 days did you feel ....nervous?

¿ Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido nervioso(a)?

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME

‘QA19_E2’ [AJ30] - 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?

¿ Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido sin esperanzas?

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_E3’ [AJ31] - During the past 30 days, about how often did you feel restless or fidgety?

¿ Durante los últimos 30 días, ¿más o menos con qué frecuencia se ha sentido inquieto(a) o intranquilo(a)?

[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: ¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_E4’ [AJ32] - How often did you feel so depressed that nothing could cheer you up?

¿Durante los últimos 30 días, ¿más o menos con qué frecuencia se tan deprimido(a) que nada le podía levantar el ánimo?

[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: ¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_E5’ [AJ33] - During the past 30 days, about how often did you feel that everything was an effort?

¿Durante los últimos 30 días, ¿más o menos con qué frecuencia se que todo era un esfuerzo?

[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: ¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_E6’ [AJ34] - During the past 30 days, about how often did you feel worthless?

¿Durante los últimos 30 días, ¿más o menos con qué frecuencia se no valía nada?

[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: ¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- 7 REFUSED
- 8 DON'T KNOW
'QA19_E7' [AF62] - Please tell me yes or no. Was there ever a month in the past 12 months when these feelings occurred more often than they did in the past 30 days?

Por favor, digame si o no. ¿Hubo algún mes en los últimos 12 meses en que se haya sentido así con más frecuencia que en los últimos 30 días?

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

**PROGRAMMING NOTE ‘QA19_E8’:**

*IF ‘QA19_E7’ = 1 THEN CONTINUE WITH ‘QA19_E8’; ELSE SKIP TO PROGRAMMING NOTE ‘QA19_F6’ intro*

‘QA19_E8’ [AF63] - The next questions are about the one month in the past 12 months when you were at your worst emotionally.

Las preguntas que siguen son acerca de ese mes en los últimos 12 meses cuando usted se sintió peor emocionalmente.

During that same month, how often did you feel nervous- all of the time, most, some, a little, or none of the time?

*Durante ese mismo mes, ¿con qué frecuencia se sintió nervioso(a)?*

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_F1’ [AF64] - During that same month, how often did you feel hopeless- all of the time, most, some, a little, or none of the time?

*Durante ese mismo mes, ¿con qué frecuencia se ha sentido sin esperanzas?*

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_F2’ [AF65] - How often did you feel restless or fidgety?

*Durante ese mismo mes, ¿con qué frecuencia se ha sentido inquieto(a) o intranquilo(a) ?*

[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: ¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?

○ 1 ALL
○ 2 MOST
○ 3 SOME
○ 4 A LITTLE
○ 5 NONE / NEVER
○ -7 REFUSED
○ -8 DON’T KNOW

‘QA19_F3’ [AF66] - How often did you feel so depressed that nothing could cheer you up?

*Durante ese mismo mes, ¿con qué frecuencia se tan deprimido(a) que nada le podía levantar el ánimo?*

[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: ¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?

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

‘QA19_F4’ [AF67] - How often did you feel that everything was an effort?

*Durante ese mismo mes, ¿con qué frecuencia se todo era un esfuerzo?*

[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: ¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?

○ 1 ALL
○ 2 MOST
○ 3 SOME
○ 4 A LITTLE
○ 5 NONE / NEVER
○ -7 REFUSED
○ -8 DON’T KNOW
‘QA19_F5’ [AF68] - How often did you feel worthless?

Durante ese mismo mes, ¿con qué frecuencia se no valía nada?

[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: ¿Siempre, casi siempre, algunas veces, muy pocas veces, nunca?

- 1 ALL
- 2 MOST
- 3 SOME
- 4 A LITTLE
- 5 NONE / NEVER
- 7 REFUSED
- 8 DON’T KNOW

IF ‘QA19_E1’-'QA19_E6' > 0 THEN,
IF ‘QA19_E1’-'QA19_E6' = 1 THEN ‘QA19_E1’_R-'QA19_E6’_R = 4;
ELSE IF ‘QA19_E1’-'QA19_E6’ = 2 THEN ‘QA19_E1’_R-'QA19_E6’_R = 3;
ELSE IF ‘QA19_E1’-'QA19_E6’ = 3 THEN ‘QA19_E1’_R-'QA19_E6’_R = 2;
ELSE IF ‘QA19_E1’-'QA19_E6’ = 4 THEN ‘QA19_E1’_R-'QA19_E6’_R = 1;
ELSE IF ‘QA19_E1’_R-'QA19_E6’_R = 5 THEN ‘QA19_E1’_R-'QA19_E6’_R = 0;
ELSE ‘QA19_E1’_R-'QA19_E6’_R = ‘QA19_E1’-'QA19_E6’;

IF ‘QA19_E8’-'QA19_F5' > 0 THEN,
IF ‘QA19_E8’-'QA19_F5’ = 1 THEN ‘QA19_E8’_R-'QA19_F5’_R = 4;
ELSE IF ‘QA19_E8’-'QA19_F5’ = 2 THEN ‘QA19_E8’_R-'QA19_F5’_R = 3;
ELSE IF ‘QA19_E8’-'QA19_F5’ = 3 THEN ‘QA19_E8’_R-'QA19_F5’_R = 2;
ELSE IF ‘QA19_E8’-'QA19_F5’ = 4 THEN ‘QA19_E8’_R-'QA19_F5’_R = 1;
ELSE IF ‘QA19_E8’_R-'QA19_F5’_R = 5 THEN ‘QA19_E8’_R-'QA19_F5’_R = 0;
ELSE ‘QA19_E8’_R-'QA19_F5’_R = ‘QA19_E8’-'QA19_F5’;

IF (‘QA19_E1’_R - ‘QA19_E6’_R) >= 0 (NON-MISSING) THEN DO;
IF (‘QA19_E1’_R + ‘QA19_E2’_R + ‘QA19_E3’_R + ‘QA19_E4’_R + ‘QA19_E5’_R + ‘QA19_E6’_R) > 8 OR
(QA19_E8’_R + QA19_F1’_R + QA19_F2’_R + QA19_F3’_R + QA19_F4’_R + QA19_F5’_R) > 8,
THEN CONTINUE WITH ‘QA19_F6’ INTRO;
IF (‘QA19_E8’_R - ‘QA19_F5’_R) 7 OR
(QA19_E8’_R + QA19_F1’_R + QA19_F2’_R + QA19_F3’_R + QA19_F4’_R + QA19_F5’_R) > 7,
THEN CONTINUE WITH ‘QA19_F6’ INTRO;

IF ‘QA19_E7’ = 1 THEN DISPLAY ‘again, please’;
ELSE SKIP TO ‘QA19_F11’;

‘AF69B_INTRO’ [AF69B_INTRO] - Think {again, please} about the month in the past 12 months when you were at your worst emotionally.

Piense otra vez, por favor, en el mes, durante los últimos 12 meses, en el que se sintió peor emocionalmente.
PROGRAMMING NOTE ‘QA19_F6’:
IF AGE > 70 GO TO ‘QA19_F7’;
ELSE CONTINUE WITH ‘QA19_F6’

‘QA19_F6’ [AF69B] - Did your emotions interfere a lot, some, or not at all with your performance at work/school?

¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en su desempeño en el trabajo?

- 1 A LOT
- 2 SOME
- 3 NOT AT ALL
- 4 I DO NOT WORK
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_F7’ [AF70B] - Did your emotions interfere a lot, some, or not at all with your household chores?

¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en las tareas o quehaceres de su casa?

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

‘QA19_F8’ [AF71B] - Did your emotions interfere a lot, some, or not at all with your social life?

¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en su vida social?

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

‘QA19_F9’ [AF72B] - Did your emotions interfere a lot, some, or not at all with your relationship with friends and family?

¿Tuvieron sus emociones mucha influencia, alguna influencia o ninguna influencia en las relaciones con sus amigos y su familia?

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

Ahora piense en los últimos 12 meses. De los 365 días, ¿durante cuántos días le fue imposible o no fue capaz de trabajar o llevar a cabo sus actividades normales debido a que se sentía nervioso(a), deprimido(a) o estresado(a) emocionalmente?

________ NUMBER OF DAYS

☐ -7 REFUSED
☐ -8 DON'T KNOW

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?

¿Hubo alguna vez en los últimos 12 meses en que usted pensó que posiblemente necesitaba ver a un profesional debido a problemas con su salud mental, sus emociones o nervios, o su consumo de alcohol o drogas?

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

If = 2, -7, -8, goto ‘QA19_F13’

Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?

¿Cubre su seguro tratamiento de problemas de salud mental, tal como visitas al psicólogo o al psiquiatra?

☐ 1 YES
☐ 2 NO
☐ 03 DON'T HAVE INSURANCE
☐ -7 REFUSED
☐ -8 DON'T KNOW

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?

En los últimos 12 meses, ¿ha visto a su doctor de atención primaria o doctor general para problemas con su salud mental, sus emociones, nervios, o consumo de alcohol o drogas?

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
‘QA19_F14’ [AF75] - 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?

En los últimos 12 meses, ¿ha visto a cualquier otro profesional, tal como un consejero, un psiquiatra o un trabajador social para problemas con su salud mental, sus emociones, nervios, o consumo de alcohol o drogas?

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

PROGRAMMING NOTE ‘QA19_F15’:
IF ‘QA19_F13’ = 1 OR ‘QA19_F14’ = 1 THEN CONTINUE WITH ‘QA19_F15’;
ELSE SKIP TO ‘QA19_F20’

‘QA19_F15’ [AF76] - Did you seek help for your mental or emotional health or for an alcohol or drug problem?

¿Buscó usted ayuda para su salud mental o emocional, o por un problema de alcohol o drogas?

- 1 MENTAL-EMOTIONAL HEALTH
- 2 ALCOHOL-DRUG PROBLEM
- 3 BOTH MENTAL AND ALCOHOL-DRUG PROBLEMS
- 7 REFUSED
- 8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_F16’:
IF ‘QA19_F15’ = 1, display: ‘mental or emotional health’;
IF ‘QA19_F15’ = 2, display: ‘use of alcohol or drugs’;
IF ‘QA19_F15’ = 3, display: ‘mental or emotional health and your use of alcohol or drugs’;
ELSE SKIP TO ‘QA19_F17’

‘QA19_F16’ [AF77] - 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.

En los últimos 12 meses, ¿cuántas veces fue a ver a un profesional debido a problemas con su salud mental o emocional/ consumo de alcohol o drogas/ salud mental o emocional y consumo de alcohol o drogas? No cuente las veces que tuvo que pasar la noche en el hospital.

__________ NUMBER OF VISITS [HR: 0 - 365, SR: 0 - 52]

- 7 REFUSED
- 8 DON’T KNOW
‘QA19_F17’ [AF78] - Are you still receiving treatment for these problems from one or more of these providers?

Todavía está recibiendo tratamiento de alguno de estos proveedores debido a uno o más de estos problemas?

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

If = 1, -7, -8, goto ‘QA19_F20’

‘QA19_F18’ [AF79] - Did you complete the recommended full course of treatment?

¿Terminó usted el completo tratamiento recomendado?

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

If = 1, -7, -8, goto ‘QA19_F20’

‘QA19_F19’ [AF80] - What is the main reason you are no longer receiving treatment?

¿Cuál es el motivo principal por el que ya no está recibiendo tratamiento?

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

‘QA19_F20’ [AJ5] - 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?

Durante los últimos 12 meses, ¿tomó alguna medicina con receta, como antidepresivos o sedantes, casi a diario por dos semanas o más, debido a algún problema emocional o personal?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMING NOTE ‘QA19_F21’:

IF ‘QA19_F11’ = 1 AND (‘QA19_F13’ ≠ 1 AND ‘QA19_F14’ ≠ 1) (PERCEIVED NEED, BUT NO TREATMENT) CONTINUE WITH ‘QA19_F21’;
ELSE SKIP TO ‘QA19_F25’

‘QA19_F21’ [AF82] - 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.

Una persona podría decidir no buscar ayuda de un profesional, aunque crea que posiblemente la necesita, por algunas razones que mencionamos a continuación. Dígame ‘sí’ o ‘no’ si piensa que cada una de estas razones explica por qué no vio usted a un profesional.

You were concerned about the cost of treatment.

Le preocupaba el costo del tratamiento.

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

‘QA19_F22’ [AF83] - You did not feel comfortable talking with a professional about your personal problems.

Se sentía incómodo(a) hablando con un profesional acerca de sus problemas personales

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

‘QA19_F23’ [AF84] - You were concerned about what would happen if someone found out you had a problem.

Le preocupaba qué iba a pasar si alguien se enteraba de que tenía un problema

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

‘QA19_F24’ [AF85] - You had a hard time getting an appointment.

Le fue muy difícil conseguir una cita

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_F25’::IF AAGE .>=65, CONTINUE WITH ‘QA19_F25’ ELSE GO TO ‘QA19_F28’

‘QA19_F25’ [AF107B] - The next questions are about how you feel about different aspects of your life. For each one, please tell me how often you feel that way.

First, how often do you feel that you lack companionship? Is it…

Las siguientes preguntas son acerca de cómo se siente con respecto a distintos aspectos de su vida. Indique con qué frecuencia se siente así en cada uno.

First, how often do you feel that you lack companionship? Is it…

Primero, ¿con qué frecuencia siente que le falta compañía? ¿Eso sucede...?

‣ 1 Hardly ever
‣ 1 Casi nunca
‣ 2 Some of the time
‣ 2 A veces
‣ 3 Often
‣ 3 A menudo
‣ -7 REFUSED
‣ -8 DON'T KNOW

‘QA19_F26’ [AF108B] - How often do you feel left out? Is it…

¿Con qué frecuencia siente que (lo/la) excluyen? ¿Eso sucede...?

‣ 1 Hardly ever
‣ 1 Casi nunca
‣ 2 Some of the time
‣ 2 A veces
‣ 3 Often
‣ 3 A menudo
‣ -7 REFUSED
‣ -8 DON'T KNOW

‘QA19_F27’ [AF109B] - How often do you feel isolated from others? Is it...

¿Con qué frecuencia se siente (aislado/aislada) de los demás? ¿Eso sucede...?

‣ 1 Hardly ever
‣ 1 Casi nunca
‣ 2 Some of the time
‣ 2 A veces
‣ 3 Often
‣ 3 A menudo
‣ -7 REFUSED
‣ -8 DON'T KNOW
‘QA19_F28’ [AG44] - The next questions are about your use of technology. People may use the internet for streaming video/music, playing games, checking social media, using apps, browsing the web, etc, on a computer or on a phone or mobile device.

Las siguientes preguntas tratan sobre su uso de la tecnología. Las personas pueden usar el Internet para ver videos o escuchar música por streaming, jugar videojuegos, revisar las redes sociales, usar aplicaciones, navegar en Internet, etc., en una computadora, un teléfono celular o un dispositivo móvil.

On a typical day, how often do you use the internet?

En un día típico, ¿con qué frecuencia usa el Internet por cualquier motivo?

- 01 ALMOST CONSTANTLY
- 02 MANY TIMES A DAY
- 03 A FEW TIMES A DAY
- 04 LESS THAN A FEW TIMES A DAY
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_F29’ [AG45] - On a typical day, how often do you use a computer or mobile device for social media? Would you say…

En un día típico, ¿con qué frecuencia usa una computadora o dispositivo móvil para acceder a las redes sociales?

[IF NEEDED: ‘Social media may include Facebook, Instagram, Twitter, Snapchat, YouTube, etc.’]
[IF NEEDED: ‘Las redes sociales pueden incluir Facebook, Instagram, Twitter, Snapchat, youtube, etc’.]

- 01 ALMOST CONSTANTLY
- 02 MANY TIMES A DAY
- 03 A FEW TIMES A DAY
- 04 LESS THAN A FEW TIMES A DAY
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_F30’ [AG46] - In the past 12 months, have you tried to get help from an online tool, including mobile apps or texting services for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

Durante los últimos 12 meses, ¿ha intentado obtener ayuda de una herramienta en línea, lo que incluye aplicaciones móviles o servicios de mensajería de texto, con relación a problemas sobre su salud mental, emociones, nervios o consumo de alcohol o drogas?

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

If = 2, goto ‘QA19_F32’
If =-7,-8 goto ‘QA19_F33’
‘QA19_F31’ [AG47] - How useful was this? Would you say...

¿Qué tan útil le resultó? ¿Diría que...

- 01 Very
- 01 Muy útil
- 02 Somewhat
- 02 Algo útil
- 03 Not at all
- 03 Nada útil
- -7 REFUSED
- -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_F32’: IF ‘QA19_F30’ = 2 AND ‘QA19_F11’ = 1 THEN CONTINUE WITH ‘QA19_F32’; ELSE SKIP TO ‘QA19_F33’

‘QA19_F32’ [AG48] - What is the main reason you did not try to get help from an on-line tool, including mobile apps, or texting services?

¿Cuál es el motivo principal por el que no trató de obtener ayuda a través de una herramienta en línea, incluyendo aplicaciones móviles o servicios por mensajes de texto?

- 1 GOT BETTER/ NO LONGER NEEDED
- 2 WANTED TO HANDLE PROBLEM MYSELF
- 3 DON’T OWN A SMARTPHONE OR COMPUTER OR DON’T HAVE ENOUGH SPACE TO DOWNLOAD NEW APPS
- 4 DIDN’T KNOW ABOUT THESE APPS
- 5 DON’T TRUST MOBILE APPS
- 6 CONCERNS ABOUT PRIVACY AND SECURITY OF DATA
- 7 DON’T THINK IT WOULD BE HELPFUL OR WORK
- 8 COST
- 9 DON’T HAVE TIME
- 10 RECEIVED TRADITIONAL/ FACE-TO-FACE SERVICES
- 11 DON’T THINK I NEEDED IT
- 12 DON’T HAVE ENOUGH SPACE TO DOWNLOAD NEW APPS
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON’T KNOW
‘QA19_F33’ [AG49] - In the past 12 months, have you connected online with people that have mental health or alcohol/drug concerns similar to yours through methods such as social media, blogs, and online forums?

Durante los últimos 12 meses, ¿has estado en contacto con personas en línea que tienen inquietudes similares a las tuyas en cuanto a la salud mental o el alcohol/las drogas, a través de medios como redes sociales, blogs o foros en línea?

[IF NEEDED: ‘Examples include online forums or closed social media groups on specific issues, doing hashtag searches on social media, or following people with similar health conditions.’]

[IF NEEDED: ‘Algunos ejemplos son foros en línea o grupos cerrados en las redes sociales sobre temas específicos, hacer búsquedas por etiquetas en las redes sociales o seguir a personas con afecciones similares.’]

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

‘QA19_F34’ [AG50] - In the past 12-months, have you used online tools to find, be referred to, contact, or connect with a mental health professional?

Durante los últimos 12 meses, ¿ha usado herramientas en línea para buscar, recibir una referencia, contactarse o comunicarse con un profesional de la salud?

[IF NEEDED: ‘Examples of online tools include texting, on-line messaging, video chat, or a mental health or health-related mobile app.’]

[IF NEEDED: ‘Por ejemplo, por mensaje de texto, mensajes en línea, videochat o una aplicación móvil relacionada con la salud o la salud mental.’]

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON’T KNOW
Section G: Demographic Information, Part II

PROGRAMMING NOTE 'QA19_G1':
IF CHILD INTERVIEW COMPLETED AND ‘QA19_A35’=1, MARK ‘QA19_G1’= CH11 AND GO TO ‘QA19_G2’;
IF CHILD INTERVIEW COMPLETED AND ‘QA19_A35’=2, MARK ‘QA19_G1’= CH14 AND GO TO ‘QA19_G2’;
ELSE CONTINUE WITH ‘QA19_G1’

‘QA19_G1’ [AH33] - Now a few more questions about your background.

Ahora tengo algunas preguntas sobre usted

In what country were you born?

¿En qué país nació?

[SELECT FROM MOST LIKELY COUNTRIES]

- 1 UNITED STATES
- 2 AMERICAN SAMOA
- 3 CANADA
- 4 CHINA
- 09 GUAM
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 22 PUERTO RICO
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _______________)
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_G2’:
IF ‘QA19_G1’ ≠ 1 (NOT BORN IN US) GO TO ‘QA19_A19’;
ELSE IF ‘QA19_G1’ = 1, -7, OR -8 (BORN IN US, DON’T KNOW, REFUSED) CONTINUE WITH ‘QA19_G2’;
IF CHILD INTERVIEW COMPLETED [(‘QA19_A35’=1, 2 AND ‘QA19_G1’=1 DISPLAY ‘You previously mentioned you were born in the United States.’)];
ELSE DISPLAY ‘In what country was your mother born’

‘QA19_G2’ [AH34] – {You previously mentioned you were born in the United States}. In what country was your mother born?

{Anteriormente, usted mencionó que nació en Estados Unidos}. ¿En qué país nació tu madre?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- 1 UNITED STATES
- 2 AMERICAN SAMOA
- 3 CANADA
- 4 CHINA
- 09 GUAM
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 22 PUERTO RICO
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _______________)
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_G3’ [AH35] - In what country was your father born?
¿En qué país nació su padre?

[SELECT FROM MOST LIKELY COUNTRIES]

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

- 1 UNITED STATES
- 2 AMERICAN SAMOA
- 3 CANADA
- 4 CHINA
- 09 GUAM
- 16 JAPAN
- 17 KOREA
- 18 MEXICO
- 19 PHILIPPINES
- 22 PUERTO RICO
- 25 VIETNAM
- 26 VIRGIN ISLANDS
- 91 OTHER (SPECIFY: _____________)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_G4’:
IF ‘QA19_G1’ = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS) OR [ IF CHILD INTERVIEW COMPLETED AND ‘QA19_A35’=1,2] , GO TO PROGRAMMING NOTE ‘QA19_G7’ ELSE CONTINUE WITH ‘QA19_G4’

‘QA19_G4’ [AH39] - The next questions are about citizenship and immigration.
Are you a citizen of the United States?

Las preguntas siguientes son acerca de ciudadanía e inmigración.
Are you a citizen of the United States?
¿Es usted ciudadano(a) de los Estados Unidos?

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

If = 1, goto ‘QA19_G6’
‘QA19_G5’ [AH40] - Are you a permanent resident with a green card? Your answers are confidential and will not be reported to Immigration Services.

¿Es usted residente permanente con una tarjeta verde? Sus respuestas son confidenciales y no serán reportadas al Servicio de Inmigración.

[IF NEEDED, SAY: ‘People usually call this a ‘Green Card’ but the color can also be pink, blue, or white.’]  
[IF NEEDED, SAY: ‘La gente normalmente le llama a esto La ‘Tarjeta verde ‘o Green Card pero también puede ser de color rosa, azul o blanca.’]

○ 1 YES
○ 2 NO
○ 3 APPLICATION PENDING
○ -7 REFUSED
○ -8 DON’T KNOW

‘QA19_G6’ [AH41] - About how many years have you lived in the United States?

Aproximadamente, ¿cuántos años ha vivido usted en los Estados Unidos?

[FOR LESS THAN A YEAR, ENTER 1 YEAR]

_______ NUMBER OF YEARS
_______ YEAR (FIRST CAME TO LIVE IN U.S.)

○ -7 REFUSED
○ -8 DON’T KNOW

**PROGRAMMING NOTE ‘QA19_G7’:**

IF [AAGE < 30 OR ‘QA19_A4’ = 1 (AGE 18-29)] AND [‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVING IN HH) AND 3 OR MORE ADULTS LIVE IN HH OR ‘QA19_A21’ = 3, 4, 5, 6, -7, OR -8 (WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, REF, DK) AND 2 OR MORE ADULTS LIVING IN HH], CONTINUE WITH ‘QA19_G7’; ELSE GO TO PROGRAMMING NOTE ‘QA19_G8’

‘QA19_G7’ [AH43A] - Are you now living with either of your parents?

¿Está usted viviendo actualmente con su padre o con su madre?

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

○ 1 YES
○ 2 NO
○ -7 REFUSED
○ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_G8’:
ANY CHILDREN IN ‘QA19_A34’ ARE AGE 13 OR LESS, CONTINUE WITH ‘QA19_G8’;
ELSE GO TO ‘QA19_G10’;
IF ANY CHILD IN ROSTER ‘QA19_A34’ < 14 AND CHILD IN ROSTER ≥ 14 DISPLAY ‘for any
children under age 14’;
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ =1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY
‘you or your spouse’;
ELSE IF ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVING IN HH), DISPLAY ‘you or your partner’;
ELSE DISPLAY ‘you’.

‘QA19_G8’ [AH44A] - 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?

Durante el mes pasado, ¿pagó algún tipo de cuidado infantil por cualquier niño menor de 14 años
mientras [usted o su esposo(a)/pareja/usted] trabajaba, iba a la escuela o buscaba empleo?

[IF NEEDED, SAY: ‘This includes Head Start, day care centers, before- or after-school care
programs, and any baby-sitting arrangements.’]
[IF NEEDED, SAY: ‘Esto incluye Head Start, guarderías infantiles, programas antes o después de
la escuela y cualquier arreglo para que otra persona cuide a su niño(a) mediante un pago.’]

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

If = 2, -7, -8, goto ‘QA19_G10’

‘QA19_G9’ [AH44B] - In the past month, how much did you pay for all childcare arrangements and
programs?

Durante los últimos 30 días, ¿cuánto pagó en total por todos los arreglos y programas para cuidar niños?

[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: ‘Si le es más fácil, puede decirme lo que pagó usted o cualquier otro adulto en
su hogar en una semana normal durante el mes pasado.’]

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

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

☐ 3 THERE WAS NO PAYMENT IN THE LAST MONTH
☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_G10’: IF CHILD INTERVIEW COMPLETE AND AR ≠ CHILD INTERVIEW RESPONDENT OR CHILD INTERVIEW NOT COMPLETE, CONTINUE WITH ‘QA19_G10’; ELSE GO TO ‘QA19_G11’

‘QA19_G10’ [AH47] - What is the highest grade of education you have completed and received credit for?

¿Cuál es el grado de educación más alto que usted ha completado y por el que ha recibido reconocimiento?

- 30 NO FORMAL EDUCATION
- 2 GRADE SCHOOL
- 3 HIGH SCHOOL OR EQUIVALENT
- 4 4-YEAR COLLEGE OR UNIVERSITY
- 5 GRADUATE OR PROFESSIONAL SCHOOL
- 6 2-YEAR JUNIOR OR COMMUNITY COLLEGE
- 7 VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- -7 REFUSED
- -8 DON'T KNOW (OUT OF RANGE)

Grade
Grado
- 1 1ST GRADE
- 2 2ND GRADE
- 3 3RD GRADE
- 4 4TH GRADE
- 5 5TH GRADE
- 6 6TH GRADE
- 7 7TH GRADE
- 8 8TH GRADE

High
Secundaria
- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

College
Secundaria
- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE

Graduate
Posgrado
- 18 1ST YEAR OF GRADUATE OR PROFESSIONAL SCHOOL
- 19 2ND YEAR OF GRADUATE OR PROFESSIONAL SCHOOL (MA/MS)
- 20 3RD YEAR OF GRADUATE OR PROFESSIONAL SCHOOL
- 21 MORE THAN 3 YEARS OF GRADUATE OR PROFESSIONAL SCHOOL (PHD)

Community
Colegio universitario
- 22 1ST YEAR OF JUNIOR OR COMMUNITY COLLEGE
- 23 2ND YEAR OF JUNIOR OR COMMUNITY COLLEGE (AA/AS)
Business

Escuela de negocios

- 24 1ST YEAR OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- 25 2ND YEAR OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL
- 26 MORE THAN 2 YEARS OF VOCATIONAL, BUSINESS, OR TRADE SCHOOL

‘QA19_G11’ [AG22] - Did you ever serve on active duty in the Armed Forces of the United States?

¿Ha estado usted alguna vez en el servicio militar activo en las Fuerzas Armadas de los Estados Unidos?

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

If = 2, -7, -8, goto ‘QA19_G16’

‘QA19_G12’ [AG23] - When did you serve?

¿Cuándo estuvo en las Fuerzas Armadas?

FROM __________ (DYNAMIC RANGE - STARTING RANGE FOR EACH PERSON SHOULD BE THEIR BIRTH YEAR)

TO __________


OR

[CHECK ALL THAT APPLY]

- 1 WORLD WAR II (SEPT 1940 TO JULY 1947)
- 2 KOREAN WAR (JUNE 1950 TO JAN 1955)
- 3 VIETNAM WAR (AUG 1964 TO APRIL 1975)
- 4 GULF WAR/ OPERATION DESERT STORM (1990 TO 1991)
- 5 AFGHANISTAN/ OPERATION ENDURING FREEDOM (2001 TO PRESENT)
- 6 IRAQ WAR / OPERATION IRAQI FREEDOM (2003 TO PRESENT)
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_G13’ [AG24] - Altogether, how long did you serve?

En total, ¿cuánto tiempo estuvo en las Fuerzas Armadas?

______ YEARS

______ MONTHS

- 7 REFUSED
- -8 DON'T KNOW
‘QA19_G14’ [AG31] - Do you have a VA service-connected disability rating?

¿Tiene usted asignado un nivel de discapacidad asociado con el servicio del Departamento de Asuntos de los Veteranos de Estados Unidos?

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

PROGRAMMING NOTE ‘QA19_G15’:
IF ‘QA19_G14’ = 1, CONTINUE WITH ‘QA19_G15’;
ELSE SKIP TO ‘QA19_G16’

‘QA19_G15’ [AG32] - What is your service-connected disability rating?

¿El arma de fuego se guarda cargada?

☐ 01 0 PERCENT
☐ 02 10 OR 20 PERCENT
☐ 03 30 OR 40 PERCENT
☐ 04 50 OR 60 PERCENT
☐ 05 70 PERCENT OR HIGHER
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_G16’ [AK1] - Which of the following were you doing last week?

¿Cuál de las siguientes actividades hizo la semana pasada?

☐ 1 WORKING AT A JOB OR BUSINESS,
☐ 2 WITH A JOB OR BUSINESS BUT NOT AT WORK,
☐ 3 LOOKING FOR WORK, OR
☐ 4 NOT WORKING AT A JOB OR BUSINESS?
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 1, -7, -8, goto ‘PN_QA19_G20’
‘QA19_G17’ [AK2] - What is the main reason you did not work last week?
¿Cuál es el motivo principal por el que no trabajó la semana pasada?

[IF NEEDED, SAY: ‘Main reason is the most important reason.’]
[IF NEEDED, SAY: ‘El motivo principal es el motivo más importante.’]

- 1 TAKING CARE OF HOUSE OR FAMILY
- 2 ON PLANNED VACATION
- 3 COULDN’T FIND A JOB
- 4 GOING TO SCHOOL/STUDENT
- 5 RETIRED
- 6 DISABLED
- 7 UNABLE TO WORK TEMPORARILY
- 8 ON LAYOFF OR STRIKE
- 9 ON FAMILY OR MATERNITY LEAVE
- 10 OFF SEASON
- 11 SICK
- 91 OTHER
- -7 REFUSED
- -8 DON’T KNOW

If = 5, 6, goto ‘QA19_G19’

‘QA19_G18’ [AG10] - Do you usually work?
¿Trabaja usted por lo general?

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

PROGRAMMING NOTE ‘QA19_G19’:
IF [AAGE = -7 OR -8 OR AAGE < 65] AND ['QA19_G18' = 2 (DOES NOT USUALLY WORK) OR 'QA19_G17' = 5 (RETIRED) OR 6 (DISABLED)] CONTINUE WITH ‘QA19_G19’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_G20’

‘QA19_G19’ [AL22] - Are you receiving Social Security Disability Insurance or SSDI?
¿Recibe usted Ingreso de Seguro Social por Incapacidad (o SSDI)?

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

If = 1, 2, -7, -8, goto ‘PN_QA19_G27’
PROGRAMMING NOTE ‘QA19_G20’:  
IF ‘QA19_G16’ = 1, 2, -7, OR -8 (working, with job, DK, or RF) OR ‘QA19_G18’ = 1 (usually works), CONTINUE WITH ‘QA19_G20’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_G27’

‘QA19_G20’ [AK4] - 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?

En su trabajo principal, ¿trabaja usted para: una compañía privada, el gobierno, o trabaja por cuenta propia, o está trabajando sin recibir pago en un negocio o finca de la familia

[IF NEEDED, SAY: ‘Where did you work most hours?’]
[IF NEEDED, SAY: ‘Dónde trabajó más horas?’]

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

PROGRAMMING NOTE ‘QA19_G21’:  
IF ‘QA19_G20’ = 2 (GOVERNMENT EMPLOYEE), DISPLAY ‘What kind of agency or department is this?’ and ‘[PROBE FOR AND RECORD BOTH THE LEVEL OF GOVERNMENT (E.G., STATE, LOCAL) AND THE FUNCTION (E.G., BUDGET OFFICE, POLICE, ETC.]’;
ELSE DISPLAY ‘What kind of business or industry is this?’ AND ‘[IF NEEDED, SAY: ‘What do they make or do at this business?’]’

‘QA19_G21’ [AK5] - (What kind of agency or department is this? / What kind of business or industry is this?)

{¿Qué clase de agencia o departamento es? / ¿Qué tipo de negocio o industria es?}

{[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?’)][INTERVIEWER: ENTER DESCRIPTION]

______________________________ (GOVERNMENT AGENCY OR DEPARTMENT/BUSINESS OR INDUSTRY)

- 7 REFUSED
- 8 DON'T KNOW
‘QA19_G22’ [AK6] - What is the main kind of work you do?
¿Cuál es el tipo de trabajo que usted hace principalmente?

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

________________________ (OCCUPATION)

☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_G23’:
IF ‘QA19_G20’ = 2 (GOVERNMENT EMPLOYEE), CODE ‘QA19_G23’ = 8 AND GO TO ‘QA19_G24’;
IF ‘QA19_G20’ = 3 (SELF-EMPLOYED), CONTINUE WITH ‘QA19_G23’ AND DISPLAY ‘Including yourself, about and you’;
ELSE CONTINUE WITH ‘QA19_G23’ AND DISPLAY ‘About and your employer’;

‘QA19_G23’ [AK8] - (Including yourself, about/About) how many people are employed by {your employer/you} at all locations?

{Contándose usted mismo(a), ¿más o menos / ¿Más o menos,} cuántos empleados trabajan para usted en todos los lugares donde funciona su empresa?

[IF NEEDED, SAY: ‘Your best guess is fine.’]
[IF NEEDED, SAY: ‘Puede darnos un número aproximado.’]

☐ 1 1 OR 2
☐ 2 3-9
☐ 3 10-24
☐ 4 25-50
☐ 5 51-100
☐ 6 101-200
☐ 7 201-999
☐ 8 1,000 OR MORE
☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_G24’ : IF AAGE < 48 THEN CONTINUE, ELSE SKIP TO PN ‘QA19_G27’;

‘QA19_G24’ [AG51] - In the last 12 months, were you fired or laid off from a job?
Durante los últimos 12 meses, ¿o/la] despidieron o desvincularon de un empleo?

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
‘QA19_G25’ [AG52] - In the last 12 months, were you unemployed and looking for a job for more than a month?

Durante los últimos 12 meses, ¿estuvo sin trabajo y buscando un empleo durante más de un mes?

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

‘QA19_G26’ [AG53] - In the last 12 months, have you experienced a major financial crisis, declared bankruptcy, or more than once been unable to pay your bills on time?

Durante los últimos 12 meses, ¿ha experimentado alguna crisis financiera importante, se ha declarado en bancarrota o no ha podido pagar sus facturas a tiempo más de una vez?

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

**PROGRAMMING NOTE ‘QA19_G27’:**

*IF* ‘QA19_A21’ = 1 (MARRIED) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1, CONTINUE WITH ‘QA19_G27’;

*IF* ‘QA19_A21’ = 1, *THEN DISPLAY* ‘spouse’;

*ELSE IF* ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1, *THEN DISPLAY* ‘partner’;

*ELSE GO TO* ‘QA19_H1’

‘QA19_G27’ [AG8] – Which of the following was your {spouse/partner} doing last week?

¿Cuál de las siguientes actividades hizo la semana pasada su {esposo(a)/pareja}?

- 1 WORKING AT A JOB OR BUSINESS,
- 2 WITH A JOB OR BUSINESS BUT NOT AT WORK,
- 3 LOOKING FOR WORK, OR
- 4 NOT WORKING AT A JOB OR BUSINESS?
- 7 REFUSED
- 8 DON'T KNOW

*If = 1, 2, goto* ‘QA19_G29’

‘QA19_G28’ [AG11] - Does your {spouse/partner} usually work?

¿Trabaja su {esposo(a)/pareja} por lo general?

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

*If = 2, 3, -7, -8, goto* ‘QA19_H1’
‘QA19_G29’ [AG9] - 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?

En el trabajo principal de su (esposo(a)/pareja), ¿trabaja (él/ella) para: una compañía privada, el gobierno, o trabaja por cuenta propia, o está trabajando sin recibir pago en un negocio o finca de la familia?

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

‘QA19_H1’ [AH1] - The next topics are about health insurance and health care.

Los temas siguientes están relacionados con el seguro de salud y el cuidado de la salud.

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

¿Hay algún lugar al que usted va normalmente cuando está enfermo(a) o necesita consejos sobre su salud?

[INTERVIEWER NOTE: SELECT ‘3’ OR ‘4’ ONLY IF VOLUNTEERED. DO NOT PROBE.]

- 1 YES
- 2 NO
- 3 DOCTOR/MY DOCTOR
- 4 KAISER
- 5 MORE THAN ONE PLACE
- 7 REFUSED
- 8 DON'T KNOW

If = 2, -7, -8, goto ‘QA19_H3’

PROGRAMMING NOTE ‘QA19_H2’ : IF ‘QA19_H1’ = 1 (YES) OR 5 (MORE THAN ONE PLACE)
DISPLAY ‘What kind of place do you go to most often—a medical’;
ELSE IF ‘QA19_H1’ = 3 (DOCTOR/MY DOCTOR), DISPLAY ‘Is your doctor in a private’;
ELSE IF ‘QA19_H1’ = 4 (KAISER)
CIRCLE ‘1’ FOR ‘QA19_H2’ AND GO TO ‘QA19_H3’

‘QA19_H2’ [AH3] - {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?

¿A qué tipo de lugar va usted con más frecuencia —el consultorio de un doctor / ¿Está su doctor en un consultorio particular de médico}, una clínica o clínica de hospital, {en} una sala de emergencias o en algún otro lugar?

- 1 DOCTOR’S OFFICE/KAISER/OTHER HMO
- 2 CLINIC/HOSPITAL CLINIC
- 3 EMERGENCY ROOM
- 91 SOME OTHER PLACE (SPECIFY: __________)
- 92 NO ONE PLACE
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_H3’ [AH12] - During the past 12 months, did you visit a hospital emergency room for your own health?

*Durante los últimos 12 meses, ¿fue a la sala de emergencias de un hospital debido a su propia salud?*

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

*If = 2, -7, -8, goto ‘QA19_H5’*

‘QA19_H4’ [AH95] - How many times did you do that?

¿Cuántas veces hizo eso?

*[IF NEEDED, SAY: “During the past 12 months, how many times did you visit a hospital emergency room for your own health?”]*

*[IF NEEDED, SAY: “Durante los últimos 12 meses, ¿cuántas veces fue a la sala de emergencias de un hospital debido a su propia salud?”]*

________ NUMBER OF TIMES [HR: 0 - 200]

- 7 REFUSED
- 8 DON'T KNOW

‘QA19_H5’ [AI1] - 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?

MediCARE es un programa de seguro de salud para personas de 65 años o más o personas con ciertas discapacidades. En este momento, ¿tiene usted cobertura de Medicare?

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

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

*If = 1, goto ‘QA19_H8’*

*If = -7, -8, goto ‘QA19_H14’*

*POST-NOTE ‘QA19_H5’ :*

*IF ‘QA19_H5’ = 1, SET ARMicare = 1 AND SET ARINSURE = 1*
PROGRAMMING NOTE ‘QA19_H6’ :
IF [AAGE > 64 OR ‘QA19_A4’ = 6 (65 OR OLDER) OR ENUM.AGE > 64] AND ‘QA19_H5’ = 2 (NOT COVERED BY MEDICARE), CONTINUE WITH ‘QA19_H6’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H8’

‘QA19_H6’ [AI2] - Is it correct that you are not covered by MediCARE even though you told me earlier that you are 65 or older?

¿Es correcto que usted no tiene cobertura de MediCARE aun cuando usted me dijo anteriormente que tiene 65 años o es mayor?

☐ 1 CORRECT, I AM NOT COVERED BY MEDICARE
☐ 2 NOT CORRECT, I AM COVERED BY MEDICARE
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 1, -7, -8, goto ‘PN_QA19_H14’
If = 2, goto ‘PN_QA19_H8’

POST-NOTE ‘QA19_H6’ :
IF ‘QA19_H6’ =2, SET ARMCARE = 1 AND SET ARINSURE = 1

‘QA19_H7’ [AI3] - What is your age, please?

¿Me podría decir su edad por favor?

______ YEARS OF AGE [HR: 18-105]

If >=0 , goto ‘PN_QA19_H14’

☐ -7 REFUSED
☐ -8 DON’T KNOW

If = -7, -8, goto ‘PN_QA19_H14’

POST NOTE ‘QA19_H7’ : AIDATE
SET AIDATE = CURRENT DATE (YYYYMMDD);
SET AAGE = ‘QA19_H7’ ;
IF AAGE < 18, CODE AS IA AND TERMINATE
PROGRAMMING NOTE ‘QA19_H8’:
IF ARMCARE = 1, CONTINUE WITH ‘QA19_H8’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H14’

‘QA19_H8’ [AH123] - Is this a MediCARE Advantage Plan?
¿Es este un Plan MediCARE Advantage?

[IF NEEDED, SAY: ‘MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage.’]
[IF NEEDED, SAY: ‘Los planes MediCARE Advantage, a veces conocidos como planes Parte C, son ofrecidos por compañías privadas aprobadas por MediCARE. Los planes MediCARE Advantage proporcionan cobertura de Medicare Parte A y Parte B.’]

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

If=1, goto ‘QA19_H10’

POST-NOTE ‘QA19_H8’;
IF ‘QA19_H8’ = 1, SET ARMADV= 1

‘QA19_H9’ [AI4] - 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?

Algunas personas que reúnen los requisitos para MediCARE, también tienen un seguro privado que a veces se llama Medigap o póliza del seguro suplementario de Medicare. ¿Tiene usted este tipo de seguro de salud?

[IF NEEDED, SAY: ‘These are policies that cover health care costs not covered by MediCARE alone.’]
[IF NEEDED, SAY: ‘Estas son pólizas que cubren los costos de los servicios de salud que no están cubiertos por MediCARE solamente.’]

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

If = 2, -7, -8, goto ‘PN_QA19_H14’

POST-NOTE FOR ‘QA19_H9’:
IF ‘QA19_H9’ = 1, SET ARSUPP = 1
PROGRAMMING NOTE ‘QA19_H10’:
IF ARMADV ≠ 1 (DOES NOT HAVE MEDICARE ADVANTAGE) AND ARSUPP ≠ 1 (DOES NOT HAVE SUPPLEMENT), THEN SKIP TO PROGRAMMING NOTE ‘QA19_H14’;
DISPLAYS;
IF ARMADV = 1 (MEDICARE ADVANTAGE), DISPLAY ‘Medicare Advantage plan’;
IF ARSUPP = 1 (HAS SUPPLEMENT), DISPLAY ‘Medicare Supplement plan’;

‘QA19_H10’ [AH126] - For the {Medicare Advantage plan/Medicare Supplement plan}, did you sign up directly, or did you get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

Para el/la {plan Medicare Advantage/póliza del seguro suplementario de Medicare}, ¿usted se inscribió directamente, o lo obtuvo a través de su empleador actual, un empleador anterior, un sindicato, un negocio familiar, AARP o de alguna otra forma?

[IF NEEDED, SAY: ‘AARP stands for the American Association of Retired Persons.’]
[IF NEEDED, SAY: ‘AARP son las siglas en inglés de Asociación Americana de Personas Retiradas.’]

- 1 DIRECTLY
- 2 YOUR CURRENT EMPLOYER
- 3 YOUR FORMER EMPLOYER
- 4 UNION
- 5 FAMILY BUSINESS
- 6 AARP
- 7 SPOUSE’S / PARTNER’S EMPLOYER
- 8 SPOUSE’S / PARTNER’S UNION
- 9 PROFESSIONAL/FRATERNAL ORGANIZATION
- 91 OTHER
- -7 REFUSED
- -8 DON’T KNOW
‘QA19_H11’ [AH53] - 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.

¿Paga usted una parte o toda la prima o el costo de este plan de salud? No incluya el costo de ningún pago compartido o de deducibles que usted o su familia tengan que pagar.

[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: ‘Los copagos son pagos parciales que usted hace para su atención médica cada vez que va a un médico o usa el sistema de atención médica, mientras que un tercero paga su cobertura de atención médica principal.’]

[IF NEEDED, SAY: ‘A deductible is the amount you pay for medical care before your health plan starts paying.’]
[IF NEEDED, SAY: ‘Un deducible es el monto que usted paga por atención médica antes de que su plan de salud comience a pagar.’]

[IF NEEDED, SAY: ‘Premium is the monthly charge for the cost of your health insurance plan.’]
[IF NEEDED, SAY: ‘La prima es el pago mensual por el costo de su plan de seguro de salud.’]

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

‘QA19_H12’ [AH54] - 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?

¿Hay otras personas, tales como un empleador, un sindicato o una organización profesional que paguen toda, o una parte de la prima o del costo de este plan de salud?

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

If = 2, -7, -8, goto ‘PN_QA19_H14’
‘QA19_H13’ [AH55] - Who is that?

¿Quién lo paga?

[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: ‘¿Quién, además de usted, paga por una parte del costo de este plan, como por ejemplo, su empleador, un sindicato o una organización profesional?’]

[CODA ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Alguien más?]  

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

POST-NOTE FOR ‘QA19_H13’:
IF ‘QA19_H13’ = 7, SET ARMCAL = 1;

PROGRAMMING NOTE ‘QA19_H14’:
IF ARMCAL = 1, DISPLAY ‘Is it correct that you are’;
ELSE DISPLAY ‘Are you’

‘QA19_H14’ [AI6] - {Is it correct that you are/ Are you} covered by Medi-CAL?

¿Es cierto que usted tiene / ¿Tiene usted) cobertura de Medi-CAL?

[IF NEEDED, SAY: ‘A plan for certain low-income children and their families, pregnant women, and disabled or elderly people.’]
[IF NEEDED, SAY: ‘Medi-Cal es un plan para ciertos niños de bajos ingresos y sus familias, mujeres embarazadas y personas discapacitadas o mayores.’]

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

POST-NOTE FOR ‘QA19_H14’:
IF ‘QA19_H14’ = 1, SET ARMCAL = 1 AND SET ARINSURE = 1;
IF ARMCAL = 1 AND ‘QA19_H14’ = 2, SET ARMCAL = 0
PROGRAMMING NOTE ‘QA19_H15’ :
IF ARSUPP = 1, DISPLAY ‘Besides the Medicare supplement plan you told me about’ AND ‘any other’;
ELSE IF ARMADV = 1, DISPLAY ‘Besides the Medicare Advantage plan you told me about’ AND ‘any other’;
ELSE DISPLAY ‘a’

‘QA19_H15’ [AI8] - {Besides the Medicare supplement plan you told me about/Besides the Medicare Advantage plan you told me about}, Are you covered by {any other/a} health insurance plan or HMO through a current or former employer or union?

{Además de la póliza del seguro suplementario de Medicare que me mencionó/Además del plan Medicare Advantage que me mencionó}, ¿tiene usted cobertura de {algún otro/un} plan de seguro de salud o HMO a través de un empleador o sindicato actual o anterior?

[IF NEEDED, SAY: ‘...either through your own or someone else’s employment?’]
[IF NEEDED, SAY: ‘... ya sea a través de su propio empleo de alguna otra persona?’]

POST-NOTE FOR ‘QA19_H15’ :
IF ‘QA19_H15’ = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE ‘QA19_H16’ :
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, AND EMPLOYER), CONTINUE WITH ‘QA19_H16’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H18’

‘QA19_H16’ [AI11] - Are you covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

¿Tiene usted cobertura de un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO o mediante Covered California?

[IF NEEDED, SAY: ‘Don’t include a plan that pays only for certain illnesses such as cancer or stroke, or only gives you ‘extra cash’ if you are in a hospital.’]
[IF NEEDED, SAY: ‘No incluya planes que pagan solamente por ciertas enfermedades, como cáncer o derrame cerebral, o que solamente le dan ‘dinero extra’ si está hospitalizado.’]

POST-NOTE FOR ‘QA19_H16’ :
IF ‘QA19_H16’ = 1, SET ARDIRECT = 1 AND SET ARINSURE = 1
**PROGRAMMING NOTE ‘QA19_H17’:**

- IF ARDIRECT = 1, THEN CONTINUE WITH ‘QA19_H17’;
- ELSE GO TO PROGRAMMING NOTE ‘QA19_H18’

‘QA19_H17’ [AH104] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

¿Cómo compró este seguro de salud -- directamente a una compañía de seguro de salud o HMO o mediante Covered California?

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

**POST-NOTE FOR ‘QA19_H17’:**

- IF ‘QA19_H17’ = 2, THEN SET ARHBEX = 1

**PROGRAMMING NOTE FOR ‘QA19_H18’:**

- IF ‘QA19_H15’ = 1 (EMPLOYER-BASED COVERAGE) OR ‘QA19_H16’ = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH ‘QA19_H18’;
- ELSE GO TO PROGRAMMING NOTE ‘QA19_H20’

‘QA19_H18’ [AI9] - Was this plan obtained in your own name or in the name of someone else?

¿Se obtuvo este plan a nombre suyo o a nombre de otra persona

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

 If = 1, -7, -8, goto ‘PN_QA19_H20’

**POST-NOTE FOR ‘QA19_H18’:**

- IF ‘QA19_H15’ = 1 AND ‘QA19_H18’ = 1 SET AREMPOWN = 1 AND SET ARINSURE = 1 AND SET AREMPOTH = 0;
- IF ‘QA19_H15’ = 1 AND ‘QA19_H18’ = 2, -7, OR -8 SET AREMPOWN = 1 AND SET ARINSURE = 1;
- IF ‘QA19_H16’ = 1 AND ‘QA19_H18’ = 1 SET ARDIROWN = 1 AND ARINSURE = 1;
- IF ‘QA19_H16’ = 1 AND ‘QA19_H18’ = 2, -7, OR -8 SET ARDIROTH = 1 AND ARINSURE = 1
PROGRAMMING NOTE ‘QA19_H19’:
IF ‘QA19_A21’ = 1 (MARRIED) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 OR ‘QA19_G7’ = 1
(LIVING WITH PARENTS) OR IF [AAGE < 26 OR ‘QA19_A4’ = 1 (BETWEEN 18 AND 29)], CONTINUE
WITH ‘QA19_H19’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H20’;
IF ‘QA19_A21’ = 1, THEN DISPLAY ‘spouse’s name’;
IF ‘QA19_A21’ ≠ 1 AND (‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1), THEN DISPLAY ‘partner’s name’;
IF ‘QA19_G7’ = 1 OR AAGE < 26, THEN DISPLAY ‘parent’s name’;

‘QA19_H19’ [AI9A] - Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone
else’s name?

¿Está el plan a {nombre de su esposo(a),} ‘[nombre de su pareja,’} {nombre de uno de sus padres} o a	nombre de otra persona?

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

POST-NOTE FOR ‘QA19_H19’:
IF ‘QA19_H15’ = 1 AND ‘QA19_H19’ = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND
ARSAMESP = 1;
IF ‘QA19_H17’ = 2 AND ‘QA19_H19’ = 1 SET AREMPSP = 1 AND AREMPOTH = 0 AND
ARSAMESP = 1 AND SPHBEX = 1;
IF ‘QA19_H15’ = 1 AND ‘QA19_H19’ = 2 SET AREMPPAR = 1 AND AREMPOTH = 0;
IF ‘QA19_H16’ = 1 AND ‘QA19_H19’ = 1 SET ARDIRSP = 1 AND ARDIROTH = 0 AND
ARSAMESP = 1;
IF ‘QA19_H16’ = 1 AND ‘QA19_H19’ = 2 SET ARDIRPAR = 1 AND ARDIROTH = 0
PROGRAMMING NOTE ‘QA19_H20’ :
IF ‘QA19_H15’ = 1 (EMPLOYER-BASED COVERAGE) AND ‘QA19_G23’ <= 5 (FIRM SIZE <=100), CONTINUE WITH ‘QA19_H20’ AND DISPLAY;
IF AREMPOWN = 1 THEN DISPLAY {you};
IF AREMPSP = 1 OR AREMPPAR = 1 OR AREMPOTH = 1 THEN DISPLAY {he or she};
ELSE GO TO PROGRAMMING NOTE ‘QA19_H21’ ;

‘QA19_H20’ [AH105] - 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?

¿Cómo se inscribió {usted/él o ella} en este seguro de salud – mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

[IF NEEDED, SAY: ‘SHOP is the Small Business Health Options Program administered by Covered California’]
[IF NEEDED, SAY: ‘SHOP son las siglas en inglés del Programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California.’]

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

POST-NOTE FOR ‘QA19_H20’ :
IF ‘QA19_H20’ = 3, THEN SET ARHBEX = 1

PROGRAMMING NOTE ‘QA19_H21’
IF ARHBEX = 1, THEN CONTINUE WITH ‘QA19_H21’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H23’ ;

‘QA19_H21’ [AH106] - Was this a bronze, silver, gold or platinum plan?

¿Era un plan bronce, plata, oro o platino (bronze, silver, gold o platinum)?

- 1 BRONZE
- 2 SILVER
- 3 GOLD
- 4 PLATINUM
- 5 MEDI-CAL / MEDICAID
- 6 MINIMUM COVERAGE PLAN / CATASTROPHIC
- 92 OTHER (SPECIFY: ___________)
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_H22’ [AH107] - Was there a subsidy or discount on the premium for this plan?

¿Había un subsidio o descuento en la prima de este plan?

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

‘QA19_H23’ [AH57] - 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.

¿Paga usted una parte o el total de la prima o del costo de este plan de salud? No incluya el costo de ningún copago o deducible que haya tenido que pagar usted o su familia.

[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: ‘Los copagos son pagos parciales que usted hace para su atención médica cada vez que va a un médico o usa el sistema de atención médica, mientras que un tercero paga su cobertura de atención médica principal.’]

[IF NEEDED, SAY: ‘A deductible is the amount you pay for medical care before your health plan starts paying.’] 
[IF NEEDED, SAY: ‘Un deducible es el monto que usted paga por atención médica antes de que su plan de salud comience a pagar.’]

[IF NEEDED, SAY: ‘Premium is the monthly charge for the cost of your health insurance plan.’] 
[IF NEEDED, SAY: ‘La prima es el pago mensual por el costo de su plan de seguro de salud.’]

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

If = 2, goto ‘PN_QA19_H26’
‘QA19_H24’ [AH128] - How much do you (does your family) pay each month for your (your family) health insurance plan? Your best guess is fine.

¿Cuánto paga usted (su familia) al mes por su plan de seguro salud (el plan de seguro salud de su familia)? Un cálculo aproximado es suficiente.

[IF NEEDED, SAY: Do not include the cost of any co-pays or deductibles you or your family may have had to pay]
[IF NEEDED, SAY: ‘No incluya el costo de ningún pago compartido o de deducibles que usted o su familia tengan que pagar.’]

[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: ‘Los copagos son pagos parciales que usted hace para su atención médica cada vez que va a un médico o usa el sistema de atención médica, mientras que un tercero paga su cobertura de atención médica principal.’]

[IF NEEDED, SAY: ‘A deductible is the amount you pay for medical care before your health plan starts paying.’]
[IF NEEDED, SAY: Un deducible es el monto que usted paga por atención médica antes de que su plan de salud comience a pagar.’]

[IF NEEDED, SAY: ‘Premium is the monthly charge for the cost of your health insurance plan.’]
[IF NEEDED, SAY: ‘La prima es el pago mensual por el costo de su plan de seguro de salud.’]

_______________________ (AMOUNT) [HR: 0 - 9997, SR: 0 - 2000]

☑ -7 REFUSED
☑ -8 DON’T KNOW

‘QA19_H25’ [AH58] - 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?

¿Hay otras personas, tales como un empleador, un sindicato o una organización profesional que pague toda o una parte de la prima o costo de este plan de salud?

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

If = 2, -7, -8, goto ‘PN_QA19_H28’
PROGRAMMING NOTE ‘QA19_H26’ : IF ‘QA19_H23’ = 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’

‘QA19_H26’ [AH56] - (Who besides yourself pays any portion of the cost for this plan, such as your employer, a union, or professional organization/Who is that) ?

¿Quién, además de usted, paga por una parte del costo de este plan, como por ejemplo, su empleador, un sindicato o una organización profesional?

[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: ‘¿Quién, además de usted, paga por una parte del costo de este plan, como por ejemplo, su empleador, un sindicato o una organización profesional?’]

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]  
[PROBE: ‘¿Alguien más?’]  

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

POST-NOTE ‘QA19_H26’:
 IF ‘QA19_H26’ = 1, 2, OR 3, THEN SET AREMPOWN = 1;  
 IF ‘QA19_H26’ = 4 OR 5, THEN SET AREMPSP = 1;  
 IF ‘QA19_H26’ = 6, THEN SET AROTHER = 1;  
 IF ‘QA19_H26’ = 9, SET ARMCARE = 1 AND SET ARDIRECT = 0;  
 IF ‘QA19_H26’ = 7, SET ARMCAL = 1 AND SET ARDIRECT = 0;  
 IF ‘QA19_H26’ = 11, SET ARHBEX = 1;  
 IF ‘QA19_H26’ = 91, THEN SET AROTHER = 1

‘QA19_H27’ [AH129] - How much do they contribute to your plan each month?

¿Cuánto aportan a su plan cada mes?

________________________ (AMOUNT) [HR: 0 -9997, SR: 0 - 2000]

☐ -7 REFUSED  
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_H28’: IF [‘QA19_G16’ = 1 OR 2 (R WORKED LAST WEEK) OR ‘QA19_G18’ = 1 (R USUALLY WORKS)] AND ‘QA19_G20’ ≠ 3 (NOT SELF-EMPLOYED) AND AREMPOWN ≠ 1 (NO EMPLOYER-BASED COVERAGE), CONTINUE WITH ‘QA19_H28’; ELSE GO TO PROGRAMMING NOTE ‘QA19_H32’

‘QA19_H28’ [AI13] - Does your employer offer health insurance to any of its employees?

¿Ofrece su empleador seguro de salud a alguno de sus empleados?

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

If = 2, -7, -8, goto ‘PN_QA19_H32’

‘QA19_H29’ [AI14] - Are you eligible to be in this plan?

¿Reúne usted los requisitos para este plan?

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

If = 2, goto ‘QA19_H31’
If = -7, -8 goto ‘PN_QA19_H32’

‘QA19_H30’ [AI15] - What is the one main reason why you aren't in this plan?

Cuál es la razón principal por la cual usted no está inscrito(a) en este plan?

- 01 COVERED BY ANOTHER PLAN
- 02 PLAN TOO EXPENSIVE
- 03 DIDN'T LIKE PLAN OFFERED
- 04 DON'T NEED OR BELIEVE IN HEALTH INSURANCE
- 91 OTHER (SPECIFY: ______________)
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, 4, 91, -7, -8, goto ‘PN_QA19_H32’
‘QA19_H31’ [AI15A] - What is the one main reason why you are not eligible for this plan?

Cuál es la razón principal por la cual usted no puede estar inscrito(a) en este plan?

- 01 HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED
- 02 CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN
- 03 DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

**PROGRAMMING NOTE ‘QA19_H32’:**

IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, OR PRIVATE PLAN), CONTINUE WITH ‘QA19_H32’;
ELSE GO TO PN ‘QA19_H33’

‘QA19_H32’ [AI16] - Are you covered by CHAMPUS/CHAMP-VA, TRICARE, VA or some other military health care?

¿Tiene usted cobertura de CHAMPUS/CHAMP-VA, TRICARE, VA o algún otro plan de salud para militares?

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

**POST-NOTE ‘QA19_H32’:**

IF ‘QA19_H32’ = 1, SET ARMILIT = 1 AND SET ARINSURE = 1
PROGRAMMING NOTE ‘QA19_H33’:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN) CONTINUE WITH ‘QA19_H33’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H34’

‘QA19_H33’ [AI17]: Are you covered by some other government health program, such as AIM, ‘Mister MIP,’ the Family PACT program, Healthy Kids, or something else?

¿Tiene usted cobertura de algún otro programa de salud del gobierno, como AIM, ‘Mister MIP’, el programa Family PACT, Healthy Kids u otro programa?

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

[IF NEEDED, SAY: ‘AIM significa Acceso para Niños y Madres; ‘Mister MIP’ significa Programa de Seguro Médico de Alto Riesgo; Family PACT es el programa estatal que paga por servicios de salud relacionados con la reproducción y anticonceptivos para mujeres y hombres de bajos ingresos que no tienen seguro.’]

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

POST-NOTE ‘QA19_H33’:
IF ‘QA19_H33’ = 1, SET AROTHGOV = 1 AND SET ARINSURE = 1

PROGRAMMING NOTE ‘QA19_H34’:
IF ARINSURE ≠ 1 (NO COVERAGE FROM MEDICARE, MEDI-CAL, EMPLOYER, PRIVATE PLAN, MILITARY PLAN, AND OTHER GOVERNMENT PLAN), CONTINUE WITH ‘QA19_H34’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H38’

‘QA19_H34’ [AI18]: Do you have any health insurance coverage through a plan that I missed?

¿Tiene usted alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

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

If = 2, -7, -8, goto ‘PN_QA19_H38’
‘QA19_H35’ [AI19] - What type of health insurance do you have?
¿Qué tipo de seguro de salud tiene?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Alguien más?’]

[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: ‘¿Consiguió usted este plan a través de un empleador/sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial u otra organización, o directamente del plan de salud?’]

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

POST-NOTE ‘QA19_H35’: 

IF ‘QA19_H35’ = 1, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 2, SET AREMPOTH = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 3, SET ARDIRECT = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 4, SET ARMHCARE = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 5, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 7, SET ARMILIT = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 8, SET ARIHS = 1;
IF ‘QA19_H35’ = 10, SET ARHBEX = 1 AND ARDIRECT = 1 AND ARINSURE = 1 AND ARDIROTH = 1;
IF ‘QA19_H35’ = 11, SET ARHBEX = 1 AND SET ARINSURE = 1 AND AREMPOTH = 1;
IF ‘QA19_H35’ = 91, SET AROTHGOV = 1 AND SET ARINSURE = 1;
IF ‘QA19_H35’ = 92, -7, OR -8, SET AROTHER = 1 AND SET ARINSURE = 1
'QA19_H36' [AH59] - Was this plan obtained in your own name or in the name of someone else?

¿Obtuvo este plan a su nombre o a nombre de otra persona?

[PROBE: ‘Even someone who does not live in this household?’]
[PROBE: ‘Incluso alguien que no viva en esta casa.’]

- 1 IN YOUR OWN NAME
- 1 A SU PROPIO NOMBRE
- 2 IN SOMEONE ELSE’S NAME
- 2 A NOMBRE DE ALGUIEN MÁS
- 7 REFUSED
- 8 DON’T KNOW

If = 1, -7, -8, goto ‘PN_QA19_H38’

POST-NOTE ‘QA19_H36’ :
IF ('QA19_H35' = 1 OR 2 OR KAI19 =11) AND 'QA19_H36' = 1 THEN SET AREMPOWN = 1 AND SET AREMPOTH = 0 AND SET ARINSURE = 1;
IF ('QA19_H35' = 3 OR 10) AND 'QA19_H36' = 1 THEN SET ARDIROWN = 1 AND SET ARDIROTH = 0 AND SET ARINSURE = 1;
IF ('QA19_H35' = 1 OR 2) AND ('QA19_H36' = 2, -7, OR -8), SET AREMPOTH = 1 AND AREMPOWN = 0 AND SET ARINSURE = 1;
IF 'QA19_H35' = 1 AND ('QA19_H36' = 2, -7, OR -8) SET ARDIROTH = 1 AND ARDIROWN = 0 AND SET ARINSURE = 1
PROGRAMMING NOTE ‘QA19_H37’:
IF ‘QA19_A21’ = 1 (MARRIED) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 OR IF ‘QA19_G7’ = 1 (LIVING WITH PARENTS) OR AAGE < 26, CONTINUE WITH ‘QA19_H37’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H38’;
IF ‘QA19_A21’ = 1 THEN DISPLAY ‘spouse’s name’;
IF ‘QA19_A21’ ≠ 1 AND (‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1), THEN DISPLAY ‘partner’s name’;
IF ‘QA19_G7’ = 1 OR AAGE < 26, THEN DISPLAY ‘parent’s name’;

‘QA19_H37’ [AH60] - Is the plan in your {spouse’s name,} {partner’s name,} {parent’s name,} or someone else’s name?

¿Está el plan a nombre de {spouse’s name,} ‘{partner’s name}’ {parent’s name} o a nombre de otra persona?

☐ 1 IN SPOUSE’S / PARTNER’S NAME
☐ 1 A NOMBRE DE SU CÓNYUGE/PAREJA
☐ 2 IN PARENT’S NAME
☐ 2 A NOMBRE DE ALGUNO DE SUS PADRES
☐ 3 IN SOMEONE ELSE’S NAME
☐ 3 A NOMBRE DE ALGUIEN MÁS
☐ -7 REFUSED
☐ -8 DON'T KNOW

POST-NOTE ‘QA19_H37’:
IF ‘QA19_H37’ = 1, SET AREMPSP = 1 AND SET AREMPOTH = 0 AND ARSAMESP=1;
IF ‘QA19_H37’ = 2, SET AREMPPAR = 1 AND SET AREMPOTH = 0

PROGRAMMING NOTE ‘QA19_H38’:
IF ARIHS ≠ 1 AND ‘QA19_A11’ = 4 (AMERICAN INDIAN OR ALASKA NATIVE), CONTINUE WITH ‘QA19_H38’;
ELSE GO TO PROGRAMMING NOTE Al37intro

‘QA19_H38’ [AI20] - Are you covered by the Indian Health Service, Tribal Health Program, or Urban Indian Clinic?

¿Tiene usted cobertura del Servicio de Salud Indígena, el Programa de Salud Tribal o Clínica Indígena Urbana?

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

POST-NOTE ‘QA19_H38’:
IF ‘QA19_H38’ = 1, SET ARIHS = 1
PROGRAMMING NOTE AI37intro:
IF ['QA19_A21' = 1 (MARRIED) OR 'QA19_D12' = 1 OR 'QA19_D13' = 1] AND 'QA19_A22' = 1
(SPOUSE/PARTNER LIVING IN HH) CONTINUE WITH AI37intro;
IF 'QA19_A21' = 1, THEN DISPLAY 'spouse';
ELSE IF 'QA19_D12' = 1 OR 'QA19_D13' = 1, THEN DISPLAY 'partner';
ELSE GO TO PROGRAMMING NOTE ‘QA19_H60’

‘AI37intro’ [AI37intro] - These next questions are about the type of health insurance your
{spouse/partner} may have.

Las siguientes preguntas son sobre el tipo de seguro de salud que pueda tener su {esposo(a)/pareja}.

PROGRAMMING NOTE ‘QA19_H39’:
IF SPOUSE 65 OR OLDER THEN
IF ARMCARE ≠ 1, CONTINUE WITH ‘QA19_H39’ WITHOUT DISPLAY
ELSE IF ARMCARE = 1, CONTINUE WITH ‘QA19_H39’ AND DISPLAY ‘You said that you are
covered by Medicare.’ AND ‘also’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H42’

‘QA19_H39’ [AI37] - {You said that you are covered by Medicare.} Is (SPOUSE/PARTNER) {also} covered by Medicare?

{Usted dijo que tiene cobertura de Medicare.} ¿Tiene (SPOUSE/PARTNER) cobertura de Medicare {también}?

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

POST-NOTE ‘QA19_H39’:
IF ‘QA19_H39’ = 1, SET SPMCARE = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE ‘QA19_H40’:
IF SPMCARE ≠ 1, SKIP TO PROGRAMMING NOTE ‘QA19_H41’;
DISPLAYS;
IF SPMCARE = 1 AND ARMADV ≠ 1, CONTINUE WITH ‘QA19_H40’ WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARMADV = 1, CONTINUE WITH ‘QA19_H40’ AND DISPLAY ‘You said that you have a Medicare Advantage plan.’ AND ‘also’;
IF ‘QA19_A21’ = 1 (MARRIED) THEN DISPLAY ‘spouse’s’;
ELSE IF ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 THEN DISPLAY ‘partner’s’;

‘QA19_H40’ [AH127] - {You said that you have a Medicare Advantage plan.} Does your {spouse/partner} {also} have a Medicare Advantage plan?

{"Usted dijo que tiene un plan Medicare Advantage.} ¿Tiene su {esposo(a)/pareja} {también} un plan de Medicare Advantage?

[IF NEEDED, SAY: ‘MediCARE Advantage plans, sometimes called Part C plans, are offered by private companies approved by MediCARE. MediCARE Advantage plans provide Medicare Part A and Part B coverage.’]
[IF NEEDED, SAY: ‘Los planes MediCARE Advantage, a veces conocidos como planes Parte C, son ofrecidos por compañías privadas aprobadas por MediCARE. Los planes MediCARE Advantage proporcionan cobertura de Medicare Parte A y Parte B.’]

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

POST-NOTE ‘QA19_H40’:
IF ‘QA19_H40’ = 1, THEN SET SPMADV = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE ‘QA19_H41’:
IF SPMADV = 1, THEN SKIP TO PROGRAMMING NOTE ‘QA19_H42’;
ELSE IF SPMCARE = 1 AND ARSUPP ≠ 1, CONTINUE WITH ‘QA19_H41’ WITHOUT DISPLAY;
ELSE IF SPMCARE = 1 AND ARSUPP = 1, CONTINUE WITH ‘QA19_H41’ AND DISPLAY ‘You said that you have a Medicare Supplement plan.’ AND ‘also’;
IF ‘QA19_A21’ = 1 (MARRIED), THEN DISPLAY ‘spouse’;
ELSE IF ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 THEN DISPLAY ‘partner’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H42’

‘QA19_H41’ [AI37A] - {You said that you have a Medicare Supplement plan.} Does your {partner/spouse} {also} have a Medicare supplement plan?

{Usted dijo que tiene una póliza del seguro suplementario de Medicare.} ¿Tiene su {esposo(a)/pareja} {también} una póliza del seguro suplementario de Medicare?

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

POST-NOTE ‘QA19_H41’:
IF ‘QA19_H41’ = 1, THEN SET SPSUPP = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE ‘QA19_H42’:
IF ARMCAL = 1, CONTINUE WITH ‘QA19_H42’;
DISPLAY ‘also’ IF ARMCARe =1;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H43’

‘QA19_H42’ [AI38] - You said you (also) have Medi-Cal. Is (SPOUSE/PARTNER) also covered by Medi-Cal?

Usted dijo que (también) tiene Medi-Cal. ¿Está (SPOUSE/PARTNER) cubierto(a) también por Medi-Cal?

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

POST-NOTE ‘QA19_H42’:
IF ‘QA19_H42’ = 1, SET SPMCAL = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE ‘QA19_H43’:
IF AREMPOWN = 1 AND ARHBEX ≠ 1, CONTINUE WITH ‘QA19_H43’;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY ‘also’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H44’

‘QA19_H43’ [AI40] - 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?

Usted dijo que tiene seguro a través de su empleador o sindicato actual o antiguo. ¿Tiene (SPOUSE/PARTNER) cobertura (también) del seguro que usted tiene a través de su empleador o sindicato?

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

If = 1, goto ‘PN_QA19_H46’

POST-NOTE ‘QA19_H43’:
IF ‘QA19_H43’ = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;

PROGRAMMING NOTE ‘QA19_H44’:
IF ARHBEX = 1 AND (AREMPOWN = 1 OR AREMPOTH = 1 OR AREMPSP = 1), THEN CONTINUE WITH ‘QA19_H44’;
IF ARMCARE = 1 OR ARMCAL = 1, THEN DISPLAY ‘also’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H45’

‘QA19_H44’ [AH108] - You said you have health insurance through Covered California’s SHOP program. Is (SPOUSE/PARTNER) (also) covered by this health insurance?

Usted dijo que tiene seguro de salud mediante el programa SHOP de Covered California. ¿Tiene (SPOUSE/PARTNER) (también) cobertura de este seguro de salud?

[IF NEEDED, SAY: ‘SHOP is the Small Business Health Options Program administered by Covered California’]
[IF NEEDED, SAY: ‘SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered Californai.’]

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

If = 1, goto ‘PN_QA19_H46’

POST-NOTE ‘QA19_H44’:
IF ‘QA19_H44’ = 1, SET SPEMPSP = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;
PROGRAMMING NOTE AI40A:

IF ‘QA19_G27’ = 1 OR 2 (SPOUSE/PARTNER EMPLOYED) OR ‘QA19_G28’ = 1 (USUALLY WORKS), CONTINUE WITH ‘QA19_H45’;
IF AREMPSP = 1 AND ‘QA19_A21’ = 1, DISPLAY ‘You said you have insurance from your spouse’s employer or union.’;
ELSE IF AREMPSP = 1 AND (‘QA19_D12’ = 1 OR ‘QA19_D13’ = 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 ‘QA19_H46’

‘QA19_H45’ [AI40A] - {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?

\[1\] YES
\[2\] NO
\[-7\] REFUSED
\[-8\] DON’T KNOW

POST-NOTE ‘QA19_H45’:

IF ‘QA19_H45’ = 1, SET SPEMPOWN = 1 AND SET SPINSURE = 1

PROGRAMMING NOTE ‘QA19_H46’:

IF ARDIRECT = 1 AND ARHBEX ≠ 1, CONTINUE WITH ‘QA19_H46’;
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY ‘also’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H47’

‘QA19_H46’ [AI41] - You said you {also} have a plan you purchased directly from the insurer. Is (SPOUSE/PARTNER) {also} covered through this plan?

Usted dijo que {también} tiene un plan que compró directamente de la compañía de seguros. ¿Tiene (SPOUSE/PARTNER) cobertura {también} de este plan?

\[1\] YES
\[2\] NO
\[-7\] REFUSED
\[-8\] DON’T KNOW

POST-NOTE ‘QA19_H46’:

IF ‘QA19_H46’ = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE ‘QA19_H47’:  
IF ARDIRECT = 1 AND ARHBEX = 1, CONTINUE WITH ‘QA19_H47’;  
IF ARMCARE = 1 OR ARMCAL = 1 OR AREMPOWN = 1, DISPLAY ‘also’;  
ELSE GO TO PROGRAMMING NOTE ‘QA19_H48’

‘QA19_H47’ [AH109] - You said you have a plan you purchased directly from Covered California. Is (SPOUSE/PARTNER) (also) covered by this plan?

Usted dijo que tiene un plan que compró directamente a Covered California. ¿Tiene (SPOUSE/PARTNER) (también) cobertura de este plan?

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

POST-NOTE ‘QA19_H47’:  
IF ‘QA19_H47’ = 1, SET SPDIRECT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1 AND SPHBEX = 1;

PROGRAMMING NOTE ‘QA19_H48’:  
IF ARMILIT = 1, CONTINUE WITH ‘QA19_H48’;  
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1, DISPLAY ‘also’;  
ELSE GO TO PROGRAMMING NOTE ‘QA19_H49’

‘QA19_H48’ [AI42] - 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?

Usted dijo que (también) tiene seguro de salud a través de CHAMPUS/CHAMPUS-VA, TRICARE, VA o algún otro tipo de seguro de salud para militares. ¿Tiene (SPOUSE/PARTNER) cobertura de este plan también?

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

POST-NOTE ‘QA19_H48’:  
IF ‘QA19_H48’ = 1, SET SPMILIT = 1 AND SET SPINSURE = 1 AND ARSAMESP=1;
PROGRAMMING NOTE ‘QA19_H49’:
IF AROTHGOV = 1, CONTINUE WITH ‘QA19_H49’;
IF ‘QA19_H36’ = 91, THEN DISPLAY ‘some government health plan’;
IF ARMCARE = 1 OR ARMCAL = 1 OR ARDIRECT = 1 OR AREMPOWN = 1 OR ARMILIT = 1,
DISPLAY ‘also’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H50’

‘QA19_H49’ [AI42A] - You said you (also) have health insurance through some government health plan. Is (SPOUSE/PARTNER) also covered by this plan?

Usted dijo que (también) tiene seguro de salud a través de (AIM/MRMIP/Family PACT/PCIP /un plan de salud del gobierno). ¿Tiene (SPOUSE/PARTNER) cobertura de este plan también?

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

POST-NOTE ‘QA19_H49’:
IF ‘QA19_H49’ = 1, SET SPOTHGOV = 1 AND SET SPINSURE = 1 AND ARSAMESP =1

PROGRAMMING NOTE ‘QA19_H50’:
IF SPINSURE ≠ 1, DISPLAY ‘any’;
ELSE DISPLAY ‘through any other source’

‘QA19_H50’ [AI46] – Does (SPOUSE/PARTNER) have (any) health insurance coverage (through any other source)?

¿Tiene (SPOUSE/PARTNER) (algún) seguro de salud (a través de otra fuente)?

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

If = 2, goto ‘PN_QA19_H52’
If = -7, -8, goto ‘PN_QA19_H56’
‘QA19_H51’ [AI47] - What type of health insurance does (he/she) have?

¿Qué tipo de seguro de salud tiene {él/ella}?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Algún otro?’]

[IF NEEDED, SAY: ‘Such as from a current or former employer, or that they purchased directly from a health plan.’]
[IF NEEDED, SAY: ‘Tal como de un empleador actual o anterior, o comprado directamente de un plan de salud.’]

[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?’]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: ‘¿Consiguió usted este plan a través de un empleador/sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial u otra organización, o directamente del plan de salud?’]

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

POST-NOTE ‘QA19_H51’:

IF ‘QA19_H51’ = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF ‘QA19_H51’ = 2, SET SPEMOTH = 1 AND SET SPINSURE = 1;
IF ‘QA19_H51’ = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF ‘QA19_H51’ = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF ‘QA19_H51’ = 5, SET SPMCAL = 1 AND SET SPINSURE = 1;
IF ‘QA19_H51’ = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF ‘QA19_H51’ = 8, SET SPIHS = 1;
IF ‘QA19_H51’ = 10, SET SPHBEX = 1 AND SPDIRECT =1 AND SPINSURE = 1 AND SPDIOOTH = 1;
IF ‘QA19_H51’ = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SET SPEMPOTH = 1;
IF ‘QA19_H51’ = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF ‘QA19_H51’ = 92, -7, OR -8, SET SPOOTHER = 1 AND SET SPINSURE = 1
PROGRAMMING NOTE ‘QA19_H52’:
IF SPINSURE ≠ 1, CONTINUE WITH ‘QA19_H52’;
ELSE IF SPINSURE = 1 AND (SPEMPOTH = 1 OR SPDIRECT = 1), THEN SKIP TO PROGRAMMING
NOTE ‘QA19_H54’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H56’

‘QA19_H52’ [AI48] - You said that (SPOUSE/PARTNER) has no health insurance from any source. Is
this correct?

Usted dijo que (SPOUSE/PARTNER) no tiene seguro de salud de ninguna fuente. ¿Correcto?

1 YES
2 NO
-7 REFUSED
-8 DON’T KNOW

If = 1, -7, -8, goto ‘PN_QA19_H56’
‘QA19_H53’ [AI49] - What type of health insurance does {he/she} have?
¿Qué tipo de seguro de salud tiene {él/ella}?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Algún otro?’]

[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?’]
[IF R GIVES NAME OF PRIVATE PLAN, THEN PROBE: ‘¿Consiguió usted este plan a través de un empleador/sindicato actual o anterior, de una escuela, una asociación profesional, un grupo comercial u otra organización, o directamente del plan de salud?’]

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

POST-NOTE ‘QA19_H53’:
IF ‘QA19_H53’ = 1, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 2, SET SPEMPOTH = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 3, SET SPDIRECT = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 4, SET SPMCARE = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 5, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 7, SET SPMILIT = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 8, SET SPIHS = 1;
IF ‘QA19_H53’ = 10, SET SPHBEX = 1 AND SET SPDIRECT = 1 AND SET SPINSURE = 1 AND SPDIRECT = 1;
IF ‘QA19_H53’ = 11, SET SPHBEX = 1 AND SET SPINSURE = 1 AND SPEMOTH = 1;
IF ‘QA19_H53’ = 91, SET SPOTHGOV = 1 AND SET SPINSURE = 1;
IF ‘QA19_H53’ = 92, -7, OR -8, SET SPOTH = 1 AND SET SPINSURE = 1;
programming note 'qa19_h54' :
if 'qa19_h51' = (1, 2, 3, 10, 11) or 'qa19_h53' = (1, 2, 3, 10, 11) then continue with 'qa19_h54' ;
if 'qa19_a21' = 1 (married), then display 'spouse's';
else if 'qa19_d12' = 1 or 'qa19_d13' = 1 then display 'partner's';
else skip to programming note 'qa19_h56'

'qa19_h54' [ah62] - was this plan obtained in your {spouse's/partner's} name or in the name of someone else? 

¿este plan se obtuvo a nombre de su {esposo(a)/pareja}, o a nombre de otra persona? 

[if needed, say: 'even someone who does not live in this household.']
[if needed, say: 'incluso alguien que no viva en esta casa.]

ο 1 in spouse's / partner's name
ο 1 a nombre de su cónyuge/pareja
ο 2 in someone else's name
ο 2 a nombre de alguien más
ο -7 refused
ο -8 don't know

if = 1, -7, -8, goto 'pn_qa19_h56'

post-note 'qa19_h54' :
if 'qa19_h54' = 1 and ['qa19_h51' = (1 or 2) or 'qa19_h53' = (1 or 2)], set spempow =1 and spempot = 0;
if 'qa19_h54' = 1 and ['qa19_h51' = 3 or 'qa19_h53' = 3], set kspdirow = 1;
if 'qa19_h54' = 1 and ['qa19_h51' = 10 or 'qa19_h53' = 10], set sphbex = 1 and spdirow = 1;
if 'qa19_h54' = 1 and ['qa19_h51' = 11 or 'qa19_h53' = 11], set sphbex = 1 and spempow = 1;

'qa19_h55' [ah63] - is the plan in your name, parent's name, or someone else's name? 

¿está el plan a su nombre, a nombre de sus padres o a nombre de otra persona? 

ο 1 in adult respondent's name
ο 2 in adult respondent's parent's name
ο 3 in someone else's name
ο -7 refused
ο -8 don't know

post note 'qa19_h55':
if 'qa19_h55' = 1 and ['qa19_h51' = (1 or 2) or 'qa19_h53' = (1 or 2)], set spempar = 1 and spempot = 0 and arsames = 1;
if 'qa19_h55' = 1 and ['qa19_h51' = 3 or 'qa19_h53' = 3], set spdirar = 1 and arsames = 1;
if 'qa19_h55' = 1 and ['qa19_h51' = 10 or 'qa19_h53' = 10], set sphbex = 1 and spdirar = 1 and arsames = 1;
if 'qa19_h55' = 1 and ['qa19_h51' = 11 or 'qa19_h53' = 11], set sphbex = 1 and spempar = 1 and arsames = 1;
if 'qa19_h55' = 2, set sparpar = 1 and set spempot = 0;
PROGRAMMING NOTE ‘QA19_H56’:
IF SPEMPOWN = 1 (HAS EMPLOYER BASED COVERAGE IN OWN NAME), GO TO ‘QA19_H60’;
ELSE IF ((‘QA19_G27’=1 OR 2) OR(‘QA19_G28’=1)) AND ‘QA19_G29’≠3 CONTINUE WITH ‘QA19_H56’;
IF ‘QA19_A21’ = 1 (MARRIED), THEN DISPLAY ‘spouse’s’;
ELSE IF ‘QA19_G12’ = 1 OR ‘QA19_G13’ = 1 (LEGAL SAME-SEX COUPLE) THEN DISPLAY ‘partner’s’
ELSE GO TO PROGRAMMING NOTE ‘QA19_H60’

‘QA19_H56’ [AI43] - Does your {spouse’s/partner’s} employer offer health insurance to any of its employees?

El empleador de su {esposo(a)/partner}, ¿ofrece seguro de salud a alguno de sus empleados?

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

If = 2, -7, -8, goto ‘PN_QA19_H60’

‘QA19_H57’ [AI44] - Is {he/she} eligible to be in this plan?

El empleador de su {esposo(a)/partner}, ¿ofrece seguro de salud a alguno de sus empleados?

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

If = 2, goto ‘QA19_H59’
If = -7, -8, goto ‘PN_QA19_H60’

‘QA19_H58’ [AI45] - What is the ONE main reason why {he/she} isn’t in this plan?

¿Cuál es LA razón principal por la que {él/ella} no está inscrito(a) en este plan?

☐ 01 COVERED BY ANOTHER PLAN
☐ 02 PLAN TOO EXPENSIVE
☐ 03 DIDN'T LIKE PLAN OFFERED
☐ 04 DON'T NEED OR BELIEVE IN HEALTH INSURANCE
☐ 91 OTHER (SPECIFY: _____________)
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 1, 2, 3, 4, 91, -7, -8, goto ‘PN_QA19_H60’
‘QA19_H59’ [AI45A] - What is the one main reason why (he/she) is not eligible for this plan?

¿Cuál es la razón principal por la que (él/ella) no está inscrito(a) en este plan?

- 01 HAVEN'T YET WORKED FOR THIS EMPLOYER LONG ENOUGH TO BE COVERED
- 02 CONTRACT OR TEMPORARY EMPLOYEES NOT ALLOWED IN PLAN
- 03 DON'T WORK ENOUGH HOURS PER WEEK OR WEEKS PER YEAR
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_H60’:
IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMILIT ≠ 1 AND ARHIBX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1), THEN SKIP TO PN ‘QA19_H63’;
IF ARMCARE ≠ 1 AND AREMPOWN ≠ 1 AND AREMPOTH ≠ 1 AND ARDIRECT ≠ 1 AND ARMILIT ≠ 1 AND ARHIBX ≠ 1 AND AROTHGOV ≠ 1 AND AROTHER ≠ 1,
THEN SKIP TO GO TO ‘QA19_H82’;
ELSE CONTINUE WITH ‘QA19_H60’ DISPLAY;
IF [’QA19_A21’ = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARHIBX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], DISPLAY ‘Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.’ AND ‘other’;
IF [’QA19_A21’ = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMILIT = 1) AND ARHIBX = 1 AND AROTHGOV = 1 OR AROTHER = 1)], DISPLAY ‘Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.’ AND ‘Medi-Cal’;
IF ARMCARE = 1 (R HAS MEDICARE) AND (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARHIBX = 1 OR AROTHGOV = 1 OR AROTHER = 1), DISPLAY ‘Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.’ AND ‘other’;
[IF ARMCARE = 1 (R HAS MEDICARE) AND (ARMILIT = 1)], DISPLAY ‘Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan.’ AND ‘Medi-Cal’;
IF [’QA19_A21’ = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [(AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARHIBX = 1 OR AROTHGOV = 1 OR AROTHER = 1)], AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY ‘Next, I have some questions about your own main health plan.’; AND’;
IF [’QA19_A21’ = 1 (MARRIED) OR AD60 = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND [ARMILIT = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE)], DISPLAY Next, I have some questions about your own main health plan.’ AND ‘Medi-Cal’;
IF (AREMPOWN = 1 OR AREMPOTH = 1 OR ARDIRECT = 1 OR ARMILIT = 1 OR ARHIBX = 1 OR AROTHGOV = 1 OR AROTHER = 1), AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY’;
IF ARMCAL = 1 AND ARMCARE ≠ 1 (R DOES NOT HAVE MEDICARE), DISPLAY ‘Medi-Cal’;
ELSE DISPLAY, ‘Is your health plan an HMO?’
‘QA19_H60’ [Al22C] - (Besides your MediCARE plan you told me about earlier, I have some questions about your other health plan./Next, I have some questions about your own main health plan.)

{Además del plan de MediCARE que me mencionó antes, tengo algunas preguntas sobre su otro plan de seguro de salud. /Ahora tengo algunas preguntas sobre su propio plan de salud principal.}

Is your {Medi-Care/other} health plan an HMO?

¿Es su {plan de salud Medi-Care/otro plan de salud} una HMO?

[IF NEEDED, SAY: ‘HMO stands for Health Maintenance Organization. With an HMO, you must use the doctors and hospitals belonging to its network. If you go outside the network, generally it will not be paid for unless it’s an emergency.’]

[IF NEEDED, SAY: ‘HMO son las iniciales de Health Maintenance Organization (Organización para el Mantenimiento de la Salud). Con una HMO usted tiene que ir a los doctores y hospitales de la red de su plan. Si va fuera de la red, por logeneral no cubrirán esos gastos a menos que haya sido una emergencia médica.’]

[IF R SAYS ‘POS’ OR ‘POINT OF SERVICE’, CODE AS ‘YES.’ IF R SAYS PPO, CODE ‘NO.’]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: ‘Your main health plan.’]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: ‘Su plan de salud principal.’]

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

If = 1, goto ‘PN_QA19_H62’
PROGRAMMING NOTE ‘QA19_H61’:
IF ARMCAL = 1 (R HAS MEDI-CAL), GO TO ‘QA19_H62’;
ELSE CONTINUE WITH ‘QA19_H61’;

‘QA19_H61’ [AH122] - Is your health plan a PPO or EPO?
¿Es su plan de salud un PPO o un EPO?

[IF NEEDED, SAY: ‘EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it’s an emergency, you can see doctors and specialists directly without a referral from your primary care provider.]
[IF NEEDED, SAY: ‘EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a doctores y especialistas directamente sin sin que lo(a) refiera su profesional de cuidado médico principal.]

[IF NEEDED, SAY: ‘PPO stands 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: ‘PPO son las siglas en inglés de Preferred Provider Organization(Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier médico y hospital, pero paga menos si va a los médicos y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a médicos y especialistas directamente y sin una remisión de su profesional de cuidado médico principal.]

[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: ‘Your main health plan.’]
[IF R HAS MORE THAN ONE HEALTH PLAN, SAY: ‘Su plan de salud principal.’]

- 1 PPO
- 2 EPO
- 91 Other (Specify: ____________)
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_H62’:
IF ARINSURE = 1 AND ARMCARE ≠ 1, THEN CONTINUE WITH ‘QA19_H62’ AND DISPLAY ‘your main’;
IF ARINSURE = 1 AND ARMCARE = 1, THEN CONTINUE WITH ‘QA19_H62’ AND DISPLAY ‘this’

‘QA19_H62’ [AI22A] - What is the name of {your main/this} health plan?
¿Cómo se llama {su plan de salud principal/este plan de salud}?

[IF R HAS DIFFICULTY RECALLING NAME, PROBE: ‘Do you have an insurance card or something else with the plan name on it?’]  
[IF R HAS DIFFICULTY RECALLING NAME, PROBE: ‘¿Tiene usted una tarjeta de seguro u otro documento donde aparezca el nombre del plan?’]

- 1 ACCESS SENIOR HEALTHCARE
- 2 AETNA
- 3 AETNA GOLDEN MEDICARE
- 4 AIDS HEALTHCARE FOUNDATION, LA
- 5 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 7 ANTHEM BLUE CROSSOF CALIFORNIA
- 8 ASPIRE HEALTH PLAN
- 9 BLUE CROSS CALIFORNIA
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIAKIDS (CALKIDS)
- 16 CAL OPTIMA (CALOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDERS’ INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
POST NOTE ‘QA19_H62’:
IF ‘QA19_H62’ = 93, 87, OR 89 THEN SET ARMILIT=1
PROGRAMMING NOTE ‘QA19_H63’:

IF ARMCARE = 1 (R HAS MEDI-CARE) AND (AREMPOTH ≠ 1 OR ARDIRECT ≠ 1 OR ARMCAL ≠ 1 OR ARMILIT ≠ 1 OR ARIHS ≠ 1 OR ARHBEX ≠ 1 OR AROTHGOV ≠ 1 OR AROTHER ≠ 1) AND ‘QA19_A21’ = 1 (MARRIED) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE), DISPLAY ‘Next I have some questions about your own main health plan.’

‘QA19_H63’ [AI25] - {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?

¿Su seguro cubre medicamentos recetados? Es decir, ¿tiene un plan que paga alguna parte de los costos?

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

PROGRAMMING NOTE ‘QA19_H64’:

IF AREMPOWN = 1 OR AREMPSP = 1 OR AREMPPAR = 1 OR ARDIRECT = 1 OR AREMPOTH = 1 THEN CONTINUE WITH ‘QA19_H64’;
ELSE GO TO ‘QA19_H69’

‘QA19_H64’ [AH71] - Does your health plan have a deductible that is more than $1,000?

¿Tiene su plan de salud un deducible de más de $1,000 dólares?

[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: ‘El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.’]

-1 YES
-2 NO
-3 YES, BUT ONLY WHEN WE GO OUT OF NETWORK
-7 REFUSED
-8 DON'T KNOW
‘QA19_H65’ [AH72] - Does your health plan have a deductible for all covered persons that is more than $2,000?

¿Tiene su plan de salud un deducible de más de $2,000 dólares por todas las personas que tienen cobertura?

[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: ‘El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.’]

☐ 1 YES
☐ 2 NO
☐ 3 YES, BUT ONLY WHEN WE GO OUT OF NETWORK
☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_H66’ :
IF ARINSURE = 1 AND (AREMPOTH=1 OR ARDIRECT=1 OR ARHBEX = 1 OR AREMPOWN =1 OR ARDROWN =1 OR ARDROTH =1 OR AREMPSP =1 OR ARDIRSP =1 OR AREMPPAR =1 OR SPHBEX =1 OR ARDIRPAR =1 THEN CONTINUE WITH ‘QA19_H66’ ;
ELSE CONTINUE WITH ‘QA19_H69’

‘QA19_H66’ [AH73B] - Do you have a special account or fund you can use to pay for medical expenses?

¿Tiene alguna cuenta o un fondo especial que pueda utilizar para pagar gastos médicos?

[IF NEEDED, SAY: ‘The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).’]
[IF NEEDED, SAY: ‘Las cuentas también se conocen por nombres como Cuentas de Ahorro para la Salud (HSAs), Arreglos de Reembolsos por Salud (HRAs) y otras cuentas similares. Otras cuentas de este tipo pueden ser las Cuentas personales para gastos médicos, Fondos personales para gastos médicos o Fondos de beneficios, y son diferentes de las cuentas Cuentas de gastos flexibles proporcionadas por el empleador.’]

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

If = 2, -7, -8, goto ‘QA19_H69’
‘QA19_H67’ [AH130] - Do you have money in this account?
¿Tiene dinero en esa cuenta?

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

If = 2, -7, -8, goto ‘QA19_H69’

‘QA19_H68’ [AH131] - How much money do you have in this account? Your best guess is fine.
¿Cuánto dinero tiene en esa cuenta? Un cálculo aproximado es suficiente?

___________________ (AMOUNT) [HR: 0 -9997]

- 7 REFUSED
- 8 DON'T KNOW

‘QA19_H69’ [AI31] - Thinking about your current health insurance, did you have this same insurance for all 12 of the past 12 months?
Pensando en su seguro de salud actual, ¿tuvo usted este mismo seguro todos los 12 meses en los últimos 12 meses?

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

If = 2, goto ‘QA19_H71’
If = -7, goto ‘QA19_H77’
If = -8, goto ‘QA19_H72’
‘QA19_H70’ [AH132] - How long have you had your current health insurance?
¿Cuánto tiempo hace que tiene su seguro de salud actual?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF YEARS
If >=0, goto ‘QA19_H75’

_____ NUMBER OF MONTHS
If >=0, goto ‘QA19_H75’

☐ -7 REFUSED
☐ -8 DON’T KNOW
If =-7, -8, goto ‘QA19_H75’

‘QA19_H71’ [AH133] - Out of the last 12 months, how many months did you have your current health insurance plan?
De los últimos 12 meses, ¿cuántos meses tuvo usted su plan de seguro salud actual?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS
☐ -7 REFUSED
☐ -8 DON’T KNOW

‘QA19_H72’ [AI32] - During the past 12 months, when you were not covered by your current health insurance, did you have any other health insurance?
Durante los últimos 12 meses, cuando no tenía la cobertura del seguro de salud que tiene ahora, ¿tenía usted otro seguro de salud?

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW
If =2, -7, -8, goto ‘QA19_H75’
‘QA19_H73’ [AI33] - Was your other health insurance Medi-CAL, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

¿Era su otro seguro de salud Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Algún otro?’]

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

PROGRAMMING NOTE ‘QA19_H74’:
IF MORE THAN ONE RESPONSE FROM ‘QA19_H73’, THEN CONTINUE WITH ‘QA19_H74’;
ELSE GO TO ‘QA19_H75’

‘QA19_H74’ [AH134] - Before your current plan, which health insurance did you have?

Antes de su plan actual, ¿qué seguro de salud tenía?

☐ 1 MEDI-CAL
☐ 3 THROUGH CURRENT OR FORMER EMPLOYER/UNION
☐ 5 PURCHASED DIRECTLY
☐ 6 COVERED CALIFORNIA
☐ 91 OTHER HEALTH PLAN
☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_H75’:
IF ‘QA19_H72’≠1 OR ‘QA19_H69’ = 1, THEN CONTINUE WITH ‘QA19_H75’;
ELSE GO TO ‘QA19_H76’

‘QA19_H75’ [AH135] - Before your current plan, did you have other health insurance through Medi-CAL, through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

¿Era su otro seguro de salud Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

- 1 MEDI-CAL
- 3 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 5 PURCHASED DIRECTLY
- 6 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 95 NO OTHER HEALTH PLAN
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_H76’:
IF ‘QA19_H75’ = 95, THEN SKIP TO ‘QA19_H77’, ELSE CONTINUE.
IF ONLY ONE RESPONSE FROM ‘QA19_H73’ THEN DISPLAY THAT RESPONSE
ELSE IF ‘QA19_H74’ >0 DISPLAY RESPONSE FROM ‘QA19_H74’
ELSE IF ‘QA19_H75’ >0 DISPLAY RESPONSE FROM ‘QA19_H75’
IF ‘QA19_H73’ OR AH143 OR ‘QA19_H75’=1 DISPLAY ‘the medi-CAL plan’
IF ‘QA19_H73’ OR AH143 OR ‘QA19_H75’=3 DISPLAY ‘plan through current or former employer or union’
IF ‘QA19_H73’ OR AH143 OR ‘QA19_H75’=5 DISPLAY ‘plan you purchased directly’
IF ‘QA19_H73’ OR AH143 OR ‘QA19_H75’=6 DISPLAY ‘the Covered California plan’
IF ‘QA19_H73’ OR AH143 OR ‘QA19_H75’=91 DISPLAY ‘the other health plan’

‘QA19_H76’ [AH136] - How long did you have the {medi-CAL/ Covered California plan/other health} plan {through current or former employer or union/ you purchased directly}?

¿Cuánto tiempo tuvo el plan de medi-CAL/el plan de Covered California/otro plan de salud a través de su empleador o su sindicato actual o anterior/que compró directamente)?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF YEARS
_____ NUMBER OF MONTHS

If >=0, goto ‘QA19_H77’

- -7 REFUSED
- -8 DON'T KNOW
‘QA19_H77’ [AH137] - During the past 12 months, did you change your health insurance plan?

Durante los últimos 12 meses, ¿cambió su cónyuge su plan de seguro médico?

[IF NEEDED: Please include changes in health plan from the same or different health insurance companies.]
[IF NEEDED: Incluya cambios en el plan médico de la misma compañía de seguros médicos o de una compañía diferente.]

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

PROGRAMMING NOTE ‘QA19_H78’:
IF ‘QA19_H69’ = 2, -7, -8 OR ‘QA19_H72’ = 1, -7, -8 THEN CONTINUE,
ELSE SKIP TO ‘QA19_H79’

‘QA19_H78’ [AI34] - During the past 12 months, was there any time when you had no health insurance at all?

Durante los últimos 12 meses, ¿hubo un momento en el que usted no tuvo ningún seguro de salud?

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

PROGRAMMING NOTE ‘QA19_H79’:
IF ‘QA19_H78’=1 OR ‘QA19_H72’=2, THEN CONTINUE WITH ‘QA19_H79’, ELSE SKIP TO PN ‘QA19_H88’.

‘QA19_H79’ [AI35] - For how many months of the past 12 months did you have no health insurance at all?

¿Por cuántos meses durante los últimos 12 meses no tuvo usted ningún seguro de salud?

[IF MORE THAN 0 DAYS BUT LESS THAN 1 MONTH, CODE AS 1 MONTH]

_____ NUMBER OF MONTHS [HR: 0-11]

If = 0, goto ‘PN_QA19_H88’

- 7 REFUSED
- 8 DON'T KNOW

If = -7, -8, goto ‘PN_QA19_H88’
‘QA19_H80’ [AI36] - What is the one main reason why you did not have any health insurance during those months?

¿Cuál es LA razón principal por la que usted no tuvo ningún seguro de salud durante esos meses?

- 1 CAN'T AFFORD/TOO EXPENSIVE
- 2 NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB
- 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 5 FAMILY SITUATION CHANGED
- 6 DON'T BELIEVE IN INSURANCE
- 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_H81’ [AH74] - During the time that you were uninsured, did you try to find health insurance on your own?

Mientras estuvo sin seguro, ¿trató de encontrar seguro de salud por su cuenta?

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

If = 1, 2, -7, -8, goto ‘PN_QA19_H88’

‘QA19_H82’ [AI24] - What is the one main reason why you do not have any health insurance?

¿Cuál es el motivo principal por el que usted no tiene seguro de salud?

[IF R SAYS NO NEED, PROBE WHY]

- 1 CAN'T AFFORD/TOO EXPENSIVE
- 2 NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB
- 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 5 FAMILY SITUATION CHANGED
- 6 DON'T BELIEVE IN INSURANCE
- 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_H83’ [AH75] - During the time that you have been uninsured, have you tried to find health insurance on your own?

\[
\begin{align*}
\text{1 YES} \\
\text{2 NO} \\
\text{-7 REFUSED} \\
\text{-8 DON'T KNOW}
\end{align*}
\]

‘QA19_H84’ [AI27] - Were you covered by health insurance at any time during the past 12 months?

\[
\begin{align*}
\text{1 YES} \\
\text{2 NO} \\
\text{-7 REFUSED} \\
\text{-8 DON'T KNOW}
\end{align*}
\]

If = 1, goto ‘QA19_H86’

‘QA19_H85’ [AI28] - How long has it been since you last had health insurance?

\[
\begin{align*}
\text{1 MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS} \\
\text{2 MORE THAN 3 YEARS} \\
\text{3 NEVER HAD HEALTH INSURANCE} \\
\text{-7 REFUSED} \\
\text{-8 DON'T KNOW}
\end{align*}
\]

If = 1, 2, 3, -7, -8, goto ‘PN_QA19_H88’

‘QA19_H86’ [AI29] - For how many months out of the last 12 months did you have health insurance?

\[\text{[IF LESS THAN ONE MONTH BUT MORE THAN 0 DAYS, ENTER 1]}\]

\[\text{_____ MONTHS [HR: 0-12]}\]

If =0 , goto ‘PN_QA19_H88’

\[\begin{align*}
\text{-7 REFUSED} \\
\text{-8 DON'T KNOW}
\end{align*}\]
‘QA19_H87’ [AI30] - During that time when you had health insurance, was your insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Durante ese tiempo en que tenía seguro de salud, ¿era el seguro que tenía Medi-CAL, Healthy Families, un plan que obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]  
[PROBE: ‘¿Algún otro?’]

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

PROGRAMMING NOTE ‘QA19_H88’:
IF ARINSURE ≠ 1 OR ‘QA19_H72’ = 2 OR ARDIRECT = 1 OR ‘QA19_H87’ = (5, 6) OR ‘QA19_H73’ = (5, 6) OR ARHBEX =1 OR SPHBEX = 1; THEN CONTINUE WITH ‘QA19_H88’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_H105’

IF PROXY=1, GO TO ‘QA19_H106’

‘QA19_H88’ [AH103h] - 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?

En los últimos 12 meses, ¿trató de comprar un plan de seguro de salud directamente a una compañía de seguros o HMO, o mediante Covered California?

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

If = 2, -7, -8, goto ‘PN_QA19_H105’
‘QA19_H89’ [AH110h] - Was that directly from an insurance company or HMO, or through Covered California, or both from an insurance company and through Covered California?

¿Fue directamente a una compañía de seguros o HMO, o mediante Covered California, o tanto de una compañía de seguros como mediante Covered California?

- 1 DIRECTLY FROM AN INSURANCE COMPANY OR HMO
- 2 THROUGH COVERED CALIFORNIA
- 3 BOTH FROM AN INSURANCE COMPANY AND THROUGH COVERED CALIFORNIA
- 7 REFUSED
- 8 DON’T KNOW

If = -7, -8, goto ‘QA19_H92’

PROGRAMMING NOTE ‘QA19_H90’:
IF ‘QA19_H89’ = 1; THEN CONTINUE WITH ‘QA19_H90’;
IF ‘QA19_H89’ = 3; THEN CONTINUE WITH ‘QA19_H90’ AND DISPLAY ‘First, think about your experience trying to purchase insurance directly from an insurance company or HMO.’
ELSE GO TO PROGRAMMING NOTE ‘QA19_H94’;

‘QA19_H90’ [AH98h] - {First, think about your experience trying to purchase insurance directly from an insurance company or HMO.}

{Primero, piense en su experiencia al intentar comprar un seguro directamente a una compañía de seguros o HMO.}

How difficult was it to find a plan with the coverage you needed? Was it…

¿Cuánta dificultad tuvo para encontrar un plan con la cobertura que necesitaba?

- 01 VERY DIFFICULT
- 02 SOMEWHAT DIFFICULT
- 03 NOT TOO DIFFICULT
- 04 NOT AT ALL DIFFICULT
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_H91’ [AH99h] - How difficult was it to find a plan you could afford? Was it…

¿Cuánta dificultad tuvo para encontrar un plan que pudiera pagar?

- 01 VERY DIFFICULT
- 02 SOMEWHAT DIFFICULT
- 03 NOT TOO DIFFICULT
- 04 NOT AT ALL DIFFICULT
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_H92’ [AH100h] - Did anyone help you find a health plan?
¿Le ayudó alguien a encontrar un plan de seguro de salud?

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

If = 2, -7, -8, goto ‘PN_QA19_H94’

‘QA19_H93’ [AH101h] - Who helped you?
¿Quién le ayudó?

- 1 BROKER
- 2 FAMILY MEMBER/FRIEND
- 3 INTERNET
- 91 OTHER (SPECIFY: __________)
- 7 REFUSED
- 8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_H94’ :IF ‘QA19_H89’ = 2; THEN CONTINUE WITH ‘QA19_H94’ ;IF ‘QA19_H89’ = 3; THEN CONTINUE WITH ‘QA19_H94’ AND DISPLAY ‘Now, think about your experience with Covered California.’ ELSE GO TO PROGRAMMING NOTE ‘QA19_H98’;

‘QA19_H94’ [AH111h] - {Now, think about your experience with Covered California.}

{Ahora, piense en su experiencia con Covered California.}

How difficult was it to find a plan with the coverage you needed through Covered California? Was it...

¿Qué tan difícil fue encontrar un plan mediante Covered California con la cobertura que usted necesitaba?

- 01 VERY DIFFICULT
- 02 SOMEWHAT DIFFICULT
- 03 NOT TOO DIFFICULT
- 04 NOT AT ALL DIFFICULT
- 7 REFUSED
- 8 DON'T KNOW
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_H95’ [AH112h] - How difficult was it to find a plan you could afford? Was it…

¿Qué tan difícil fue encontrar un plan que pudiera pagar?

- 01 VERY DIFFICULT
- 02 SOMEWHAT DIFFICULT
- 03 NOT TOO DIFFICULT
- 04 NOT AT ALL DIFFICULT
- -7 REFUSED
- -8 DON'T KNOW
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_H96’ [AH113h] - Did anyone help you find a health plan?

¿Le ayudó alguien a encontrar un plan de salud?

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

If = 2, -7, -8, goto ‘QA19_H98’

‘QA19_H97’ [AH114h] - Who helped you?

¿Quién le ayudó?

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

‘QA19_H98’ [AH115h] - Did you have all the information you felt you needed to make a good decision on a health plan?

¿Tenía toda la información que usted creyó que necesitaba para tomar una buena decisión respecto a un plan de salud?

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_H99’:
IF ‘QA19_A20’ > 1 (R SPEAKS ENGLISH LESS THAN VERY WELL), THEN CONTINUE WITH ‘QA19_H99’;
ELSE GO TO ‘QA19_H100’;

‘QA19_H99’ [AH116h] - Were you able to get information about your health plan options in your language?

¿Pudo obtener información en su idioma acerca de sus opciones de plan de salud?

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

‘QA19_H100’ [AH117h] - Was the cost of the plan you selected very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿fue el costo del plan que seleccionó muy importante, algo importante o nada importante?

- 1 VERY IMPORTANT
- 2 SOMEWHAT IMPORTANT
- 3 NOT IMPORTANT
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_H101’ [AH118h] - Was getting care from a specific doctor very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿recibir atención de un doctor en particular fue muy importante, algo importante o nada importante?

- 1 VERY IMPORTANT
- 2 SOMEWHAT IMPORTANT
- 3 NOT IMPORTANT
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_H102’ [AH119h] - Was getting care from a specific hospital very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿obtener atención de un hospital en particular fue muy importante, algo importante o nada importante?

- 1 VERY IMPORTANT
- 2 SOMEWHAT IMPORTANT
- 3 NOT IMPORTANT
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_H103’ [AH120h] - Was the choice of doctor’s in the plan’s network very important, somewhat important, or not important in choosing your plan?

Al seleccionar su plan, ¿la opción de doctores en la red del plan fue muy importante, algo importante o nada importante?

- 1 VERY IMPORTANT
- 2 SOMETHING IMPORTANT
- 3 NOT IMPORTANT
- -7 REFUSED
- -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_H104’ :
IF ‘QA19_H21’ = 1 THEN DISPLAY ‘Bronze’
ELSE IF ‘QA19_H21’ = 2 THEN DISPLAY ‘Silver’
ELSE IF ‘QA19_H21’ = 3 THEN DISPLAY ‘Gold’
ELSE IF ‘QA19_H21’ = 4 THEN DISPLAY ‘Platinum’
ELSE IF ‘QA19_H21’ = 6 THEN DISPLAY ‘Minimum coverage’
ELSE DISPLAY ‘;QA19_H104’
’

‘QA19_H104’ [AH121h] - Finally, what was the most important reason you chose your {Bronze/Silver/Gold/Platinum/Minimum coverage} plan?

Finalmente, ¿cuál fue la razón más importante al seleccionar su plan {Bronce/Plata/Oro/Platino / Cobertura mínima}?

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?

¿Fue el costo, el poder obtener atención de un doctor en particular, el poder ir a un hospital en particular, la opción de profesionales de la salud en la red de su plan o fue otra razón?

- 1 COST
- 2 SPECIFIC DOCTOR
- 3 SPECIFIC HOSPITAL
- 4 CHOICE OF DOCTORS IN NETWORK
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_H105’:
IF ARINSURE = 1, CONTINUE WITH ‘QA19_H105’;
ELSE SKIP TO ‘QA19_H106’;
IF PROXY = 1, GO TO ‘QA19_H107’

‘QA19_H105’ [AH139] - Overall, how satisfied are you with your current health insurance plan? Are you…

En general, ¿qué tan satisfecho(a) está usted con su plan de seguro salud actual?

- 01 VERY SATISFIED
- 02 SOMEWHAT SATISFIED
- 03 SOMEWHAT DISSATISFIED, OR
- 04 VERY DISSATISFIED?
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_H106’ [AH14] - During the past 12 months, were you a patient in a hospital overnight or longer?

Durante los últimos 12 meses, ¿fue usted paciente en un hospital durante la noche o por más tiempo?

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

PROGRAMMING NOTE ‘QA19_H107’:
IF ARMCAL = 1 OR ARINSURE ≠ 1, SKIP TO ‘QA19_H109’;
ELSE IF ‘QA19_H72’ = 1 (COVERAGE IN THE PAST 12 MONTHS) DISPLAY ‘The following questions are about your current health plan’, AND CONTINUE WITH ‘QA19_H107’

‘QA19_H107’ [AH79B] - {The following questions are about your current health plan.}
While you’ve had your current health plan, have you ever reached the limit of what your insurance company would pay for?

{Las preguntas que siguen son sobre su plan de salud actual.} ¿Mientras tenía su plan de salud actual, alcanzó el límite de lo que su compañía de seguros pagaría?

[IF NEEDED, SAY: ‘ever for your current health plan.’]
[IF NEEDED, SAY: ‘alguna vez lo alcanzó con su plan de salud actual.’]

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

If = 2, -7, -8, goto ‘QA19_H109’
‘QA19_H108’ [AH80B] - Did this happen in the past 12 months?

¿Esto sucedió en los últimos 12 meses?

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

‘QA19_H109’ [AH81B] - During the past 12 months, did you have medical bills that you had problems paying or were unable to pay, either for yourself or any family member in your household?

En los últimos 12 meses, ¿tuvo problemas para pagar o no pudo pagar facturas médicas, ya sea para usted o para cualquier miembro de su hogar?

[IF NEEDED, SAY: ‘Dental bills should be included.’]
[IF NEEDED, SAY: ‘Deben incluirse las facturas por atención dental.’]

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

If = 2, -7, -8, goto PN ‘QA19_I1’

‘QA19_H110’ [AH83B] - What is the total amount of medical bills?

¿Cuál es el monto total de las facturas médicas?

[IF NEEDED, SAY: ‘The bills can be from earlier years as well as this year.’]
[IF NEEDED, SAY: ‘Las facturas pueden ser de años anteriores y también de este año.’]

☐ 1 LESS THAN $1,000
☐ 2 $1,000 TO LESS THAN $2,000
☐ 3 $2,000 TO LESS THAN $4,000
☐ 4 $4,000 TO LESS THAN $8,000
☐ 5 $8,000 OR MORE
☐ 6 NONE
☐ -7 REFUSED
☐ -8 DON’T KNOW

‘QA19_H111’ [AH84B] - Were you or your family member uninsured at the time care was provided?

¿Usted o el miembro de su familia no tenía seguro en el momento en que recibió atención?

☐ 1 YES
☐ 2 NO
☐ 3 MORE THAN ONE PERSON WITH MEDICAL BILL PROBLEMS, SOME UNINSURED AND SOME INSURED.
☐ -7 REFUSED
☐ -8 DON’T KNOW
‘QA19_H112’ [AH85B] - Because of these medical bills, were you unable to pay for basic necessities like food, heat, or rent?

Debido a estas facturas médicas, ¿no pudo pagar necesidades básicas como alimentos, calefacción o la renta?

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

‘QA19_H113’ [AH86B] - Because of these medical bills, did you take on credit card debt?

Debido a estas facturas médicas, ¿contrajo una deuda con la tarjeta de crédito?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
Section I: Child Adolescent Health Insurance

PROGRAMMING NOTE ‘QA19_I1’ :
IF NO SELECTED CHILD, GO TO PROGRAMMING NOTE ‘QA19_I36’ TO ASK ABOUT SELECTED ADOLESCENT;
IF ARINSURE ≠ 1, GO TO PROGRAMMING NOTE ‘QA19_I2’;
ELSE CONTINUE WITH ‘QA19_I1’
IF PROXY=1, GO TO PN_‘QA19_I77’

‘QA19_I1’ [CF10A] - These next questions are about health insurance (CHILD) may have.

Las preguntas que siguen son acerca del seguro de salud que (CHILD) pueda tener.

Does (CHILD) have the same insurance as you?

¿Tiene (CHILD) el mismo seguro de salud que tiene usted?

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

If = 1, goto ‘QA19_I18’

POST-NOTE ‘QA19_I1’ :
IF ‘QA19_I1’ = 1 AND ARMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND ARMCAL = 1, SET CHMICAL = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AREMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AREMPSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AREMPPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AREMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND ARDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND ARMILIT = 1, SET CHMILIT = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
IF ‘QA19_I1’ = 1 AND AROTHER = 1, SET CHOTHER = 1 AND SET CHINSURE = 1 AND ARSAMECH=1;
PROGRAMMING NOTE ‘QA19_I2’ :
IF SPINSURE ≠ 1, THEN SKIP TO ‘QA19_I3’;
ELSE IF ‘QA19_I1’ = 2 AND ARSAMESP = 1, THEN SKIP TO ‘QA19_I3’;
ELSE CONTINUE WITH ‘QA19_I2’

‘QA19_I2’ [MA1] - Does (CHILD) have the same insurance as {your spouse/your partner/SPOUSE NAME/ PARTNER NAME}?

¿Tiene <CHILD> el mismo seguro que tiene su <spouse/partner>?

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

If = 1, goto ‘QA19_I18’
IF ‘QA19_I2’ = 1 AND SPOTHGOV = 1, SET CHOTHGOV = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPIHS = 1, SET CHIHS = 1
IF ‘QA19_I2’ = 1 AND SPHBEX = 1, SET CHHBEX = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPARPAR = 1, THEN SET CHOTHER = 1 AND SET CHINSURE = 1 AND SPSAMECH = 1
IF ‘QA19_I2’ = 1 AND SPEMSP = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPEMPAR = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPEMPOTH = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPDIRECT = 1, SET CHDIRECT = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
POST-NOTE ‘QA19_I2’ :
IF ‘QA19_I2’ = 1 AND SPMCARE = 1, SET CHMCARE = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPMCAL = 1, SET CHMCAL = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
IF ‘QA19_I2’ = 1 AND SPEMPOWN = 1, SET CHEMP = 1 AND SET CHINSURE = 1 AND SPSAMECH=1;
‘QA19_I3’ [CF1] - Is (he/she) currently covered by Medi-CAL?
¿Está (él/ella) cubierto(a) actualmente por Medi-CAL?

[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: ‘Medi-Cal es un plan para ciertos niños de bajos ingresos y sus familias, mujeres embarazadas y personas ancianas o discapacitadas.’]

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

*POST-NOTE ‘QA19_I3’ :
IF ‘QA19_I3’ = 1, SET CHMCAL = 1 AND SET CHINSURE = 1

‘QA19_I4’ [CF3] - Is (CHILD) covered by a health insurance plan or HMO through your own or someone else's employment or union?
¿Está cubierto(a) (CHILD) por un plan de seguro de salud o HMO a través del empleo o sindicato suyo o de alguna otra persona?

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

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

If = 2, -7, -8, goto ‘PN_QA19_I6’

*POST-NOTE ‘QA19_I4’ :
IF ‘QA19_I4’ = 1, SET CHEMP = 1 AND CHINSURE = 1
‘QA19_I5’ [AI90] - Is this plan through an employer, through a union, or through Covered California’s SHOP program?

¿Es este plan mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

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

[IF NEEDED, SAY: ‘SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California’]

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

POST-NOTE FOR ‘QA19_I5’:
IF ‘QA19_I5’ = 3, THEN SET CHHBEX = 1

PROGRAMMING NOTE ‘QA19_I6’:
IF CHINSURE = 1 THEN GO TO ‘QA19_I8’;
ELSE CONTINUE WITH ‘QA19_I6’

‘QA19_I6’ [CF4] - Is (CHILD) covered by a health insurance plan that you purchased directly from an insurance company or HMO, or through Covered California?

¿Tiene (CHILD) cobertura de un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO, o mediante Covered California?

[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: ‘No incluya planes que solamente pagan por ciertas enfermedades como cáncer o derrame cerebral o que solamente le dan ‘dinero extra’ si está hospitalizado.’]

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

If = 2, -7, -8, goto ‘PN_QA19_I12’

POST-NOTE ‘QA19_I6’:
IF ‘QA19_I6’ = 1, SET CHDIRECT = 1 AND CHINSURE = 1
‘QA19_I7’ [AI91] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

¿Cómo compró este seguro de salud – directamente a una compañía de seguro de salud o HMO, o mediante Covered California?

- 1 INSURANCE COMPANY OR HMO
- 2 COVERED CALIFORNIA
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON’T KNOW

POST-NOTE FOR ‘QA19_I7’:
IF ‘QA19_I7’ = 2, THEN SET CHHBEX = 1

‘QA19_I8’ [AI93] - Was there a subsidy or discount on the premium for this plan?

Había un subsidio o descuento en la prima de este plan?

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW
‘QA19_I9’ [AI54] - 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.

¿Paga usted una parte o toda la prima o el costo del plan de salud de (CHILD)? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

[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: ‘Los pagos compartidos son los pagos parciales que usted hace por la atención médica que recibe cada vez que va al doctor o usa el sistema de atención médica, mientras alguien más paga la cobertura principal de su atención médica.’]

[IF NEEDED, SAY: ‘A deductible is the amount you pay for medical care before your health plan starts paying.’]

[IF NEEDED, SAY: ‘El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.’]

[IF NEEDED, SAY: ‘Premium is the monthly charge for the cost of your health insurance plan.’]

[IF NEEDED, SAY: ‘Prima es el cargo mensual por el costo de su plan de seguro de salud.’]

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

‘QA19_I10’ [AI50] - 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?

¿Hay alguien más, tal como un empleador, un sindicato, o una organización profesional que pague toda o una parte de la prima o del costo del plan de salud de (CHILD)?

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

If = 2, -7, -8, goto ‘PN_QA19_I12’
‘QA19_I11’ [AI51] - Who else pays all or some portion of the cost for (CHILD)’s health plan?

¿Quién más paga por todo o por una parte del costo del plan de salud de (CHILD)?

[CODE ALL THAT APPLY.]
- 1 YOUR CURRENT EMPLOYER
- 2 YOUR FORMER EMPLOYER
- 3 UNION
- 4 SPOUSE’S / PARTNER’S EMPLOYER
- 5 SPOUSE’S/PARTNER’S FORMER EMPLOYER
- 6 PROFESSIONAL/FRATERNAL ORGANIZATION
- 7 MEDICAID/ME ICI CAL ASSISTANCE
- 91 OTHER
- -7 REFUSED
- -8 DON’T KNOW

‘POST_QA19_I11’ [POST_QA19_I11] -

POST-NOTE ‘QA19_I11’:
IF ‘QA19_I11’ = 1 THRU 6, SET CHEMP = 1 AND CHDIRECT = 0;
IF ‘QA19_I11’ = 7, SET CHMCAL = 1
IF ‘QA19_I11’ = 10, SET CHHBEX = 1;

PROGRAMMING NOTE ‘QA19_I12’:
IF ‘QA19_I1’=1 AND ARMCARE=1 THEN CONTINUE WITH ‘QA19_I18’;
IF CHINSURE = 1, GO TO PN ‘QA19_I18’;
ELSE CONTINUE WITH ‘QA19_I12’

‘QA19_I12’ [CF6] - Is (he/she) covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?

¿Está (él/ella) cubierto(a) por CHAMPUS/CHAMP VA, TRICARE, VA o algún otro plan de salud para militares?
- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW

If = 1, goto ‘PN_QA19_I18’

POST-NOTE ‘QA19_I12’:
IF ‘QA19_I12’ = 1, SET CHMILIT = 1 AND CHINSURE = 1
‘QA19_I13’ [CF7] - Is (he/she) covered by some other government health plan such as AIM, ‘Mister MIP’, Healthy Kids, or something else?

¿Tiene cobertura (él/ella) de algún otro programa de salud del gobierno tal como AIM, ‘Mister MIP’, Healthy Kids u otro programa?

[IF NEEDED, SAY: ‘AIM means Access for Infants and Mothers, Mister MIP or MRMIP means Major Risk Medical Insurance Program.’]
[IF NEEDED, SAY: ‘AIM significa Acceso para Niños y Madres; ‘Mister MIP’ o ‘MRMIP’ significa Programa de Seguro Médico de Alto Riesgo.’]

- 1 AIM
- 2 MRMIP
- 3 HEALTHY KIDS
- 4 NO OTHER PLAN
- 91 SOMETHING ELSE (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, 91, goto ‘PN_QA19_I18’

POST-NOTE ‘QA19_I13’ :
IF ‘QA19_I13’ = 1 OR 2 OR 3 OR 91, SET CHOTHGOV = 1 AND CHINSURE = 1

‘QA19_I14’ [CF8] - Does (he/she) have any health insurance coverage through a plan that I missed?

¿Tiene (él/ella) alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

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

If = 2, -7, -8, goto ‘PN_QA19_I17’
'QA19_I15' [CF9] - What type of health insurance does {he/she} have? Does it come through Medi-CAL, an employer or union, or from some other source?

¿Qué tipo de seguro de salud tiene {él/ella}? ¿Es éste a través de Medi-Cal, un empleador o sindicato, o de alguna otra fuente?

[CIRCLE ALL THAT APPLY.]

[PROBE: 'Any others?']
[PROBE: ‘¿Algún otro?’]

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

POST-NOTE ‘QA19_I15’:
IF ‘QA19_I15’ = 1, SET CHEMP = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 2, SET CHEMP = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 3, SET CHDIRECT = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 4, SET CHMCARE = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 5, SET CHMCAL = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 7, SET CHMILIT = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 8, SET CHIHS = 1
IF ‘QA19_I15’ = 10, SET CHHBEX = 1 AND CHINSURE = 1 AND CHDIRECT =1;
IF ‘QA19_I15’ = 11, SET CHHBEX = 1 AND CHINSURE = 1 AND CHEMP = 1;
IF ‘QA19_I15’ = 91, SET CHOTHGOV = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = 92, SET CHOTHER = 1 AND CHINSURE = 1
IF ‘QA19_I15’ = -7 OR -8, SET CHINSURE = 1

PROGRAMMING NOTE ‘QA19_I16’:
IF ‘QA19_I15’ = 4 (CHILD HAS MEDICARE), CONTINUE WITH ‘QA19_I16’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA19_I17’

‘QA19_I16’ [CF9VER] - Just to verify, you said that (CHILD) gets health insurance through Medicare?

Sólo para verificar, ¿usted dijo que (CHILD) tiene seguro de salud a través de Medicare?

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_I17’ [CF1A] - What is the one main reason why (CHILD) is not enrolled in the Medi-CAL program?

¿Cuál es LA razón principal por la cual (CHILD) no está inscrito(a) en el programa Medi-Cal?

- 1 PAPERWORK TOO DIFFICULT
- 2 DON'T KNOW IF ELIGIBLE
- 3 INCOME TOO HIGH, NOT ELIGIBLE
- 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 5 DON'T BELIEVE IN HEALTH INSURANCE
- 6 DON'T NEED INSURANCE BECAUSE I'M HEALTHY
- 7 ALREADY HAVE INSURANCE
- 8 DIDN'T KNOW ABOUT IT
- 9 DON'T LIKE OR WANT WELFARE
- 91 OTHER (SPECIFY: ___________)
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_I18’ [MA3] - Is (CHILD)'s main health plan an HMO, that is, a Health Maintenance Organization?

¿Es el plan de salud principal de (CHILD) un HMO, que significa ‘Organización para el Mantenimiento de la Salud’?

[IF NEEDED, SAY: ‘HMO stands for Health Maintenance Organization. With an HMO, {he/she} must use the doctors and hospitals belonging to its network. If {he/she} goes outside the network, generally it will not be paid for unless it’s an emergency.’]

[IF NEEDED, SAY: ‘HMO en español quiere decir Organización para el Mantenimiento de la Salud. Con una HMO, {él/ella} tiene que ir a los doctores y hospitales que pertenecen a la red de la HMO. Si {él/ella} va fuera de la red, generalmente el plan no cubre los gastos a menos que se trate de una emergencia médica.’]

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

If = 1, goto ‘QA19_I20’
PROGRAMMING NOTE ‘QA19_I19’:
IF CHMCAL = 1 (CHILD HAS MEDI-CAL), GO TO ‘QA19_I20’;
ELSE CONTINUE WITH ‘QA19_I19’;

‘QA19_I19’ [AI115] - Is (CHILD)’s health plan a PPO or EPO?
¿Es el plan de (CHILD) una PPO o una EPO?

[IF NEEDED, SAY: ‘EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it’s an emergency, you can see doctors and specialists directly without a referral from your primary care provider.’]
[IF NEEDED, SAY: ‘EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los doctores y hospitales dentro de la red, a menos que sea una emergencia. Usted puede tener acceso a médicos y especialistas directamente sin que lo(a) refiera su profesional de cuidado médico principal.’]

[IF NEEDED, SAY: ‘PPO stands 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 see doctors and specialists directly without a referral from your primary care provider.’]
[IF NEEDED, SAY: ‘PPO son las siglas en inglés de Preferred Provider Organization (Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier doctor y hospital, pero paga menos si va a los médicos y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a médicos y especialistas directamente y sin una remisión de su profesional de cuidado médico principal.’]

[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: ‘{His/Her} MAIN health plan.’]
[IF CHILD HAS MORE THAN ONE HEALTH PLAN, SAY: ‘El plan de salud principal.’]

- 1 PPO
- 2 EPO
- 91 OTHER (SPECIFY: ___________)
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_I20’ [MA2] - What is the name of (CHILD)’s main health plan?

¿Cómo se llama el plan de salud principal de (CHILD)?

[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: ‘¿Tiene (CHILD) una tarjeta del seguro u otro documento con el nombre del plan?’]

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

POST NOTE ‘QA19_I20’ :
IF ‘QA19_I20’ = 93, 87, OR 89 THEN SET CHMILIT=1

‘QA19_I21’ [CF14] - Is (CHILD) covered for prescription drugs?
¿Tiene (CHILD) cobertura para medicinas recetadas?
1 YES
2 NO
7 REFUSED
8 DON'T KNOW
`QA19_I22` [AI79] - Does (CHILD)'s health plan have a deductible that is more than $1,000?

¿Tiene el plan de salud de (CHILD) un deducible de más de $1,000 dólares?

[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: 'El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.]

- 1 YES
- 2 NO
- 3 YES, BUT ONLY WHEN WE GO OUT OF NETWORK
- -7 REFUSED
- -8 DON'T KNOW

`QA19_I23` [AI80] - Does (CHILD)'s health plan have a deductible for all covered persons that is more than $2,000?

¿Tiene el plan de salud de (CHILD) un deducible de más de $2,000 dólares por todas las personas que tienen cobertura?

[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: 'El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.]

- 1 YES
- 2 NO
- 3 YES, BUT ONLY WHEN WE GO OUT OF NETWORK
- -7 REFUSED
- -8 DON'T KNOW
CHIS 2019 CATI Adult Questionnaire

Version 2.68
February 07, 2020

PROGRAMMING NOTE ‘QA19_I24’:
IF (‘QA19_I22’ = 1 OR 3) OR (‘QA19_I23’ = 1 OR 3), CONTINUE WITH ‘QA19_I24’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA19_I25’

‘QA19_I24’ [AI81] - Do you have a special account or fund you can use to pay for (CHILD)’s medical expenses?
¿Tiene usted una cuenta o un fondo especial que puede utilizar para pagar gastos médicos?

[IF NEEDED, SAY: ‘The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).’]
[IF NEEDED, SAY: ‘Estas cuentas se conocen a veces como Cuentas de ahorro para la salud (HSA) o Cuentas de reembolsos por salud (HRA). Otras cuentas similares son las Cuentas personales para gastos médicos, Fondos personales para gastos médicos, Fondos de beneficios o Cuentas de gastos flexibles proporcionadas por un empleador.’]

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

PROGRAMMING NOTE ‘QA19_I25’:
IF CHINSURE = 1, GO TO ‘QA19_I30’;
ELSE CONTINUE WITH ‘QA19_I25’

‘QA19_I25’ [CF18] - What is the one main reason (CHILD) does not have any health insurance?
¿Cuál es la razón principal por la cual (child) no tiene ningún seguro de salud?

☐ 1 CAN’T AFFORD/TOO EXPENSIVE
☐ 2 NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB
☐ 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
☐ 5 FAMILY SITUATION CHANGED
☐ 6 DON’T BELIEVE IN INSURANCE
☐ 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
☐ 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
☐ 91 OTHER (SPECIFY: ____________)
☐ -7 REFUSED
☐ -8 DON’T KNOW

Was (CHILD) covered by health insurance at any time during the past 12 months?
Tuvo (CHILD) cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

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

If = 1, goto ‘QA19_I28’
'QA19_I27' [CF21] - How long has it been since (CHILD) last had health insurance?

¿Cuánto tiempo hace desde la última vez que (CHILD) tuvo seguro de salud?

- 1 MORE THAN 12 MONTHS, BUT NOT MORE THAN 3 YEARS AGO
- 2 MORE THAN 3 YEARS AGO
- 3 NEVER HAD HEALTH INSURANCE COVERAGE
- -7 REFUSED
- -8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto ‘PN_QA19_I36’

‘QA19_I28’ [CF22] - For how many of the last 12 months did (he/she) have health insurance?

¿Por cuántos meses de los últimos 12 meses tuvo (él/ella) seguro de salud?

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

_____ MONTHS [HR: 0-12]

If = 0, goto ‘PN_QA19_I36’

- 7 REFUSED
- 8 DON'T KNOW

‘QA19_I29’ [CF23] - During that time when (CHILD) had health insurance, was (his/her) insurance Medi-Cal, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Durante ese tiempo cuando <CHILD> tenía seguro de salud, ¿era su seguro Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

[CIRCLE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Algún otro?’]

(7 maximum responses)

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

If =1, 3, 5, 6, 91, -7, -8, goto ‘PN_QA19_I36’
‘QA19_I30’ [CF24] - Thinking about {his/her} current health insurance, did (CHILD) have this same insurance for ALL of the past 12 months?

Pensando en el seguro de salud que {él/ella} tiene actualmente, ¿tuvo (CHILD) este mismo seguro TODOS los 12 meses en los últimos 12 meses?

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

If = 1, 3, goto ‘PN_QA19_I36’

‘QA19_I31’ [CF25] - When {he/she} wasn’t covered by {his/her} current health insurance, did {he/she/he or she} have any other health insurance?

Cuando (él/ella) no tuvo cobertura de su seguro de salud actual, ¿tuvo (él/ella) algún otro seguro de salud?

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

If = 2, -7, -8, goto ‘QA19_I33’

‘QA19_I32’ [CF26] - Was this other health insurance Medi-CAL, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

¿Era este otro seguro de salud Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Algún otro?’]

(7 maximum responses)

- 1 MEDI-CAL
- 3 THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 5 PURCHASED DIRECTLY
- 6 COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_I33’ [CF27] - During the past 12 months, was there any time when (he/she) had no health insurance at all?

Durante los últimos 12 meses, ¿hubo un momento en que {él/ella} no tuvo ningún seguro de salud?

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

If = 2, -7, -8, goto 'PN_‘QA19_I36’

‘QA19_I34’ [CF28] - For how many of the past 12 months did (he/she) have no health insurance?

[IF < 1 MONTH, ENTER ‘1’]

_____ MONTHS [RANGE: 1-12]

- 7 REFUSED
- 8 DON'T KNOW

‘QA19_I35’ [CF29] - What is the one main reason (CHILD) did not have any health insurance during the time (he/she) wasn’t covered?

¿Cuál fue EL motivo PRINCIPAL por el que (CHILD) no tuvo ningún seguro de salud durante ese tiempo?

[IF R SAYS, ‘No need,’ PROBE WHY]

- 1 CAN'T AFFORD/TOO EXPENSIVE
- 2 NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB
- 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 5 FAMILY SITUATION CHANGED
- 6 DON'T BELIEVE IN INSURANCE
- 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: _______________)
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_I36’:
IF NO TEEN SELECTED, GO TO PN ‘QA19_I72’;
IF ARINSURE = 1, CONTINUE WITH ‘QA19_I36’;
IF ARINSURE ≠ 1, GO TO PN ‘QA19_I37’;
ELSE CONTINUE WITH ‘QA19_I36’

‘QA19_I36’ [IA10A] - These next questions are about health insurance (TEEN) may have.

Las siguientes preguntas son acerca del seguro de salud que (TEEN) pueda tener.

Does (TEEN) have the same insurance as you?

¿Tiene (TEEN) el mismo seguro que tiene {usted/ADULT RESPONSE NAME}?

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

If = 1, goto ‘QA19_I54’

POST-NOTE ‘QA19_I36’:
IF ‘QA19_I36’ = 1 AND ARMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF ‘QA19_I36’ = 1 AND AROTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF ‘QA19_I36’ = 1 AND AROTHER = 1, SET TEOOTHER = 1 AND SET TEINSURE = 1;
IF ‘QA19_I36’ = 1 AND ARIHS = 1, SET TEIHS = 1;
If = 1 AND ARHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
PROGRAMMING NOTE ‘QA19_I37’ :
IF SPINSURE ≠ 1 THEN SKIP TO ‘QA19_I38’ ;
ELSE IF ‘QA19_I36’ = 2 AND ARSAMEŠP = 1 THEN SKIP TO PROGRAMMING NOTE ‘QA19_I38’ ;
ELSE CONTINUE WITH ‘QA19_I37’

‘QA19_I37’ [MA5] - Does (TEEN) have the same insurance as your spouse?
¿Tiene (TEEN) el mismo seguro que tiene su esposo(a)?

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

If = 1, goto ‘QA19_I54’

POST-NOTE ‘QA19_I37’ :
IF ‘QA19_I37’ = 1 AND SPMCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPEMPOWN = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPEMPSPEC = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPEMPOTH = 1, SET TEEMP = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPIHS = 1, SET TEIHS = 1
IF ‘QA19_I37’ = 1 AND SPHBEX = 1, SET TEHBEX = 1 AND SET TEINSURE = 1;
IF ‘QA19_I37’ = 1 AND SPARPAR = 1, THEN SET TEOTHER = 1 AND SET TEINSURE = 1 AND 
SPSAMETE = 1
PROGRAMMING NOTE ‘QA19_I38’:  
IF TEINSURE ≠ 1 OR CHINSURE ≠ 1, THEN SKIP TO ‘QA19_I39’;  
ELSE IF (‘QA19_I36’ = 2 AND ARSAMECH = 1) OR (‘QA19_I37’ = 2 AND SPSAMECH = 1), THEN SKIP TO ‘QA19_I39’;  
ELSE CONTINUE WITH ‘QA19_I38’;

‘QA19_I38’ [MA6] - Does (TEEN) have the same insurance as (CHILD)?

¿Tiene (TEEN) el mismo seguro que tiene (CHILD)?

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

If = 1, goto ‘QA19_I66’

POST-NOTE ‘QA19_I38’:

IF ‘QA19_I38’ = 1 AND CHMHCARE = 1, SET TEMCARE = 1 AND SET TEINSURE = 1;  
IF ‘QA19_I38’ = 1 AND CHMCAL = 1, SET TEMCAL = 1 AND SET TEINSURE = 1;  
IF ‘QA19_I38’ = 1 AND CHEMP = 1, SET TEEMP = 1 AND SET TEINSURE = 1;  
IF ‘QA19_I38’ = 1 AND CHDIRECT = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1;  
IF ‘QA19_I38’ = 1 AND CHMILIT = 1, SET TEMILIT = 1 AND SET TEINSURE = 1;  
IF ‘QA19_I38’ = 1 AND CHOTHGOV = 1, SET TEOTHGOV = 1 AND SET TEINSURE = 1;  
IF ‘QA19_I38’ = 1 AND CHIHS = 1, SET TEIHS = 1;  
IF ‘QA19_I38’ = 1 AND CHOTHER = 1, SET TEOTHER = 1;  
IF ‘QA19_I38’ = 1 AND CHHBEX = 1, SET TEHBEX = 1

‘QA19_I39’ [IA1] - Is (he/she) currently covered by Medi-CAL?

¿Tiene (él/ella) cobertura de Medi-CAL?

[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: ‘Medi-Cal es un plan para ciertos niños de bajos ingreso y sus familias, mujeres embarazadas y personas ancianas o discapacitadas.’]

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

POST-NOTE ‘QA19_I39’:

IF ‘QA19_I39’ = 1, SET TEMCAL = 1 AND SET TEINSURE = 1
‘QA19_I40’ [IA3] - Is (TEEN) covered by a health insurance plan or HMO through your own or someone else’s employment or union?

¿Tiene (TEEN) cobertura de un plan de seguro de salud o HMO a través del empleador o sindicato suyo o de otra persona?

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

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

If = 2, -7, -8, goto ‘QA19_I42’

POST-NOTE ‘QA19_I40’:
IF ‘QA19_I40’ = 1, SET TEEMP = 1 AND SET TEINSURE = 1

‘QA19_I41’ [AI94] - Is this plan through an employer, through a union, or through Covered California’s SHOP program?

¿Es este plan mediante un empleador, mediante un sindicato o mediante el programa SHOP de Covered California?

[IF NEEDED, SAY: ‘SHOP is the Small Business Health Options Program administered by Covered California’]
[IF NEEDED, SAY: ‘SHOP son las siglas en inglés del programa de Opciones de Salud para los Pequeños Negocios y es administrado por Covered California.’]

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

POST-NOTE FOR ‘QA19_I41’:
IF ‘QA19_I41’ = 3, THEN SET TEHBEX = 1
Private Coverage (Teen)

**PROGRAMMING NOTE ‘QA19_I42’:**

IF TEINSURE = 1 THEN GO TO ‘QA19_I43’;
ELSE CONTINUE WITH ‘QA19_I42’

‘QA19_I42’ [IA4] - Is (TEEN) covered by a health insurance plan that you purchased directly from an insurance company or HMO?

¿Tiene (TEEN) cobertura de un plan de seguro de salud que usted compró directamente a una compañía de seguros o HMO, o mediante Covered California?

[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: ‘No incluya planes que solamente pagan por ciertas enfermedades como cáncer o derrame cerebral o que solamente le dan ‘dinero extra’ si está hospitalizado(a).’]

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

If = 2, -7, -8, goto ‘QA19_I48’

**POST-NOTE ‘QA19_I42’:**

IF ‘QA19_I42’ = 1, SET TEDIRECT = 1 AND SET TEINSURE = 1

‘QA19_I43’ [AI95] - How did you purchase this health insurance – directly from an insurance company or HMO, or through Covered California?

¿Cómo compró este seguro de salud – directamente a una compañía de seguro de salud o HMO, o mediante Covered California?

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

**POST-NOTE FOR ‘QA19_I43’:**

IF ‘QA19_I43’ = 2, THEN SET TEHBEX = 1
PROGRAMMING NOTE ‘QA19_I44’
IF 'QA19_I41' = 3, THEN GO TO PN 'QA19_I45';
ELSE CONTINUE WITH 'QA19_I44';

'QA19_I44' [AI97] - Was there a subsidy or discount on the premium for this plan?
¿Había un subsidio o descuento en la prima de este plan?

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

PROGRAMMING NOTE ‘QA19_I45’:
IF TEEMP = 1 (EMPLOYER-BASED COVERAGE) OR TEDIRECT = 1 (PURCHASED OWN COVERAGE), CONTINUE WITH ‘QA19_I45’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_I48’

'QA19_I45' [AI55] - 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.
¿Paga usted una parte o toda la prima o el costo del plan de salud de (TEEN)? No incluya el costo de cualquier pago compartido o deducible que usted o su familia tengan que pagar.

[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: ‘Los pagos compartidos son los pagos parciales que usted hace por la atención médica que recibe cada vez que va al doctor o usa el sistema de atención médica, mientras alguien más paga por la cobertura principal de su atención médica.’]

[IF NEEDED, SAY: ‘A deductible is the amount you pay for medical care before your health plan starts paying.’]
[IF NEEDED, SAY: ‘El deducible es la cantidad que usted paga por la atención médica antes de que su plan de salud empiece a pagar.’]

[IF NEEDED, SAY: ‘Premium is the monthly charge for the cost of your health insurance plan.’]
[IF NEEDED, SAY: ‘Prima es el cargo mensual por el costo de su plan de seguro de salud.’]

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_I46’ [AI52] - 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?

¿Hay alguien más, tal como un empleador, un sindicato o una organización profesional que pague toda o parte de la prima o del costo del plan de salud de (TEEN)?

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

If = 2, -7, -8, goto ‘PN_QA19_I48’

‘QA19_I47’ [AI53] - Who else pays all or some portion of the cost for (TEEN)'s health plan?

¿Quién más paga todo o una parte del costo del plan de salud de (TEEN)?

[CODE ALL THAT APPLY.]

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

POST-NOTE ‘QA19_I47’:
IF ‘QA19_I47’ = 1-6, SET TEEMP = 1 AND TEDIRECT = 0;
IF ‘QA19_I47’ = 7, SET TEMCAL = 1;
IF ‘QA19_I47’ = 10, SET TEHBEX =1;
PROGRAMMING NOTE ‘QA19_I48’:
IF TEINSURE = 1, GO TO PROGRAMMING NOTE ‘QA19_I53’;
ELSE CONTINUE WITH ‘QA19_I48’

‘QA19_I48’ [IA6] - Is (he/she) covered by CHAMPUS/CHAMP VA, TRICARE, VA, or some other military health care?
¿Tiene (él/ella) cobertura de CHAMPUS/CHAMP VA, Tricare, VA o algún otro plan de salud para militares?

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

If = 1, goto ‘PN_QA19_I54’

POST-NOTE ‘QA19_I48’:
IF ‘QA19_I48’ = 1, SET TEMILIT = 1 AND SET TEINSURE = 1

‘QA19_I49’ [IA7] - Is (he/she) covered by some other government health plan such as AIM, ‘Mister MIP’, Family PACT, Healthy Kids or something else?
¿Tiene cobertura (él/ella) de algún otro programa de salud del gobierno tal como AIM, ‘Mister MIP’, Family PACT, Healthy Kids u otro programa?

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

[IF NEEDED, SAY: ‘AIM significa Acceso para Niños y Madres; ‘Mister MIP’ o MRMIP significa Programa de Seguro de Alto Riesgo, Family PACT el programa estatal que paga por servicios de salud relacionados con la reproducción y anticonceptivos para mujeres y hombres de bajos ingresos que no tienen seguro.’]

○ 1 AIM
○ 2 MRMIP
○ 3 HEALTHY KIDS
○ 4 NO OTHER PLAN
○ 91 SOMETHING ELSE (SPECIFY: ____________)
○ -7 REFUSED
○ -8 DON’T KNOW

If = 1, 2, 3, 4, 91, goto ‘PN_QA19_I54’

POST-NOTE ‘QA19_I49’:
IF ‘QA19_I49’ = 1 OR 2 OR 3 OR 4 OR 91, SET TEOTHGOV = 1 AND SET TEINSURE = 1
‘QA19_I50’ [IA8] - Does he/she have any health insurance coverage through a plan that I missed?

¿Tiene él/ella alguna cobertura de seguro de salud a través de un plan que yo no haya mencionado?

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

If = 2, -7, -8, goto 'PN_QA19_I54'
‘QA19_I51’ [IA9] - What type of health insurance does (he/she) have? Does it come through Medi-CAL, an employer or union, or from some other source?

¿Qué tipo de seguro de salud tiene {él/ella}? ¿Lo recibe a través de Medi-CAL, un empleador o `sindicato, o de otra fuente?

[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: ‘¿Obtiene usted este plan a través de un empleador/sindicato actual o anterior, a través de una escuela, asociación profesional, grupo mercantil, u otra organización, o directamente del plan de salud?’]

[CIRCLE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Algún otro?’]

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

POST-NOTE ‘QA19_I51’:

IF ‘QA19_I51’ = 1, SET TEEMP = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 2, SET TEEMP = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 3, SET TEDIRECT = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 4, SET TEMCARE = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 5, SET TEMCAL = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 6, SET TEBEX = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 8 , SET TEIHS = 1;
IF ‘QA19_I51’ = 10, SET TEHEBEX = 1 AND TEINSURE = 1 AND TEDIRECT = 1;
IF ‘QA19_I51’ = 11, SET TEHBE = 1 AND TEINSURE = 1 AND TEMPE = 1;
IF ‘QA19_I51’ = 91, SET TOOTHER = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = 92, SET TEOTHER = 1 AND TEINSURE = 1;
IF ‘QA19_I51’ = -7 OR -8, SET TEINSURE = 1
PROGRAMMING NOTE ‘QA19_I52’:
IF ‘QA19_I51’ = 4 (TEEN HAS MEDICARE), CONTINUE WITH ‘QA19_I52’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA19_I53’

‘QA19_I52’ [IA9VER] - Just to verify, you said that (TEEN) gets health insurance through Medicare?

Solo para verificar, ¿usted dijo que (TEEN) tiene seguro de salud a través de Medicare?

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

PROGRAMMING NOTE ‘QA19_I53’:
IF TEINSURE ≠ 1 CONTINUE WITH ‘QA19_I53’;
ELSE GO TO ‘QA19_I54’;

‘QA19_I53’ [IA1A] - What is the one main reason why (TEEN) is not enrolled in the Medi-CAL program?

Cuál es LA razón principal por la cual (TEEN) no está inscrito(a) en el Programa Medi-Cal?

☐ 1 PAPERWORK TOO DIFFICULT
☐ 2 DON'T KNOW IF ELIGIBLE
☐ 3 INCOME TOO HIGH, NOT ELIGIBLE
☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
☐ 5 DON'T BELIEVE IN HEALTH INSURANCE
☐ 6 DON'T NEED INSURANCE BECAUSE I'M HEALTHY
☐ 7 ALREADY HAVE INSURANCE
☐ 8 DIDN'T KNOW ABOUT IT
☐ 9 DON'T LIKE OR WANT WELFARE
☐ 91 OTHER (SPECIFY: ___________)
☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_I54’:
ELSE IF TEINSURE = 1, THEN CONTINUE WITH ‘QA19_I54’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_I58’

‘QA19_I54’ [MA8] - Is (TEEN)’s main health plan an HMO, that is, a Health Maintenance Organization?
¿Es el plan de salud principal de (TEEN) un HMO, que quiere decir Organización para el Mantenimiento de la Salud?

[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: ‘HMO en español quiere decir Organización para el Mantenimiento de la Salud. Con un HMO, {él/ella} tiene que ir a los doctores y hospitales que pertenecen a la red de la HMO. Si {él/ella} va fuera de la red, generalmente el plan no cubre los gastos a no ser que se trate de una emergencia médica.’]

[IF ADOLESCENT HAS MORE THAN ONE HEALTH PLAN, SAY: ‘{his/her} MAIN health plan.’]

[IF R SAYS ‘POS’ OR ‘POINT OF SERVICE,’ CODE AS ‘YES.’ IF R SAYS ‘PPO,’ CODE AS ‘NO.’]
- 1 YES
- 2 NO
-7 REFUSED
-8 DON’T KNOW

If = 1, goto ‘QA19_I56’
PROGRAMMING NOTE ‘QA19_I55’:
IF TEMCAL = 1 (TEEN HAS MÉDICAL), GO TO ‘QA19_I56’;
ELSE CONTINUE WITH ‘QA19_I55’;

‘QA19_I55’ [AI116] - Is (TEEN)’s health plan a PPO or EPO?

¿Es el plan de (TEEN) una PPO o una EPO?

[IF NEEDED, SAY: ‘EPO stands for Exclusive Provider Organization. With an EPO, you must use the in-network doctors and hospitals. If it’s an emergency, you can see doctors and specialists directly without a referral from your primary care provider.’]

[IF NEEDED, SAY: ‘EPO son las siglas en inglés de Exclusive Provider Organization (Organización de Proveedores Exclusivos). Con una EPO, usted debe ir a los médicos y hospitales dentro de la red. Si se trata de una emergencia, usted puede tener acceso a médicos y especialistas directamente sin que \(lo/la\) refiera su proveedor de cuidado médico principal.’]

[IF NEEDED, SAY: ‘PPO stands 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: ‘PPO son las siglas en inglés de Preferred Provider Organization (Organización de Proveedores Preferidos). Con una PPO, usted puede ir a cualquier médico y hospital, pero paga menos si va a los médicos y hospitales que pertenecen a la red de su plan. Asimismo, puede tener acceso a médicos y especialistas directamente sin que \(lo/la\) refiera su proveedor de cuidado médico principal.’]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: ‘{His/Her} MAIN health plan.’]

[IF TEEN HAS MORE THAN ONE HEALTH PLAN, SAY: ‘El plan de salud PRINCIPAL de {él/ella}.’]

- 1 PPO
- 2 EPO
- 91 OTHER (SPECIFY: ___________)
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_I56’ [MA7] - What is the name of (TEEN)’s main health plan?

¿Cómo se llama el plan de salud principal de (TEEN)?

- 1 ACCESS SENIOR HEALTHCARE
- 2 AETNA
- 3 AETNA GOLDEN MEDICARE
- 4 AIDS HEALTHCARE FOUNDATION, LA
- 5 ALAMEDA ALLIANCE FOR HEALTH
- 83 ALTAMED HEALTH SERVICES
- 7 ANTHEM BLUE CROSS OF CALIFORNIA
- 8 ASPIRE HEALTH PLAN
- 9 BLUE CROSS CALIFORNIA
- 79 BLUE CROSS SENIOR SECURE
- 11 BLUE SHIELD 65 PLUS
- 12 BLUE SHIELD OF CALIFORNIA
- 13 BRAND NEW DAY (UNIVERSAL CARE)
- 14 CALIFORNIA HEALTH AND WELLNESS PLAN
- 15 CALIFORNIAKIDS (CAKIDS)
- 16 CAL OPTIMA (CAOPTIMA ONE CARE)
- 17 CALVIVA HEALTH
- 18 CARE 1ST HEALTH PLAN
- 19 CAREMORE HEALTH PLAN
- 21 CENTER FOR ELDER'S INDEPENDENCE
- 80 CEN CAL HEALTH
- 22 CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
- 23 CENTRAL HEALTH PLAN
- 24 CHINESE COMMUNITY HEALTH PLAN
- 25 CHOICE PHYSICIANS NETWORK
- 26 CIGNA HEALTHCARE
- 27 CITIZENS CHOICE HEALTHPLAN
- 28 COMMUNITY CARE HEALTH PLAN
- 29 COMMUNITY HEALTH GROUP
- 81 CONTRA COSTA HEALTH PLAN
- 31 DAVITA HEALTHCARE PARTNERS PLAN
- 32 EASY CHOICE HEALTH PLAN
- 33 EPIC HEALTH PLAN
- 34 GEM CARE HEALTH PLAN
- 35 GOLD COAST HEALTH PLAN
- 36 GOLDEN STATE MEDICARE HEALTH PLAN
- 38 HEALTH NET
- 39 HEALTH NET SENIORITY PLUS
- 40 HEALTH PLAN OF SAN JOAQUIN
- 41 HEALTH PLAN SAN JP AUTHORITY
- 42 HERITAGE PROVIDER NETWORK
- 43 HUMANA GOLD PLUS
- 44 HUMANA HEALTH PLAN
- 45 IEHP (INLAND EMPIRE HEALTH PLAN)
- 46 INTER VALLEY HEALTH PLAN
- 82 HEALTH ADVANTAGE
- 47 KAISER PERMANENTE
- 48 KAISER PERMANENTE SENIOR ADVANTAGE
- 49 KERN FAMILY HEALTH CARE
- 50 L.A. CARE HEALTH PLAN
- 51 MD CARE
- 54 MOLINA HEALTHCARE OF CALIFORNIA
POST NOTE ‘QA19_I56’ :
IF ‘QA19_I56’ = 93, 87, OR 89 THEN SET TEMILIT=1

‘QA19_I57’ [IA14] - Is (TEEN) covered for prescription drugs?
¿Tiene (TEEN) cobertura para medicinas recetadas?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
**PROGRAMMING NOTE FOR ‘QA19_I58’:**

IF [(ARINSURE ≠ 1 OR ‘QA19_I36’ ≠ 1) AND (TEEMP = 1 OR TEDIRECT = 1 OR TEOTHER = 1), THEN CONTINUE WITH ‘QA19_I58’;
ELSE SKIP TO PN ‘QA19_I61’

‘QA19_I58’ [AI82] - Does (TEEN)'s health plan have a deductible that is more than $1,000?

¿Tiene el plan de salud de (TEEN) un deducible de más de $1,000 dólares?

[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: ‘El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.’]

- 1 YES
- 2 NO
- 3 YES, BUT ONLY WHEN WE GO OUT OF NETWORK
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_I59’ [AI83] - Does (TEEN)'s health plan have a deductible for all covered persons that is more than $2,000?

¿Tiene el plan de salud de (TEEN) un deducible de más de $2,000 dólares por todas las personas que tienen cobertura?

[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: ‘El deducible es la cantidad que usted tiene que pagar antes de que su plan empiece a pagar por su atención médica.’]

- 1 YES
- 2 NO
- 3 YES, BUT ONLY WHEN WE GO OUT OF NETWORK
- -7 REFUSED
- -8 DON’T KNOW
'QA19_160' [AI84] - Do you have a special account or fund you can use to pay for (TEEN)'s medical expenses?

¿Tiene usted una cuenta o un fondo especial que pueda utilizar para pagar los gastos médicos de (TEEN)?

[IF NEEDED, SAY: 'The accounts are sometimes referred to as Health Savings Accounts (HSAs) or Health Reimbursement Accounts (HRAs). Other similar accounts include- Personal care accounts, Personal medical funds, or Choice funds. Do not include employer-provided Flexible Spending Accounts (FSAs).']

[IF NEEDED, SAY: 'Estas cuentas se conocen a veces como Cuentas de ahorro para la salud (HSA) o Cuentas de reembolsos por salud (HRA). Otras cuentas similares son las Cuentas personales para gastos médicos, Fondos personales para gastos médicos o Fondos de beneficios. No incluya las Cuentas de gastos flexibles proporcionadas por un empleador.]

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

'QA19_161' [IA18] - What is the one main reason (TEEN) does not have any health insurance?

¿Cuál es el motivo principal por el que <TEEN> no tiene seguro de salud?

- 1 CAN'T AFFORD/TOO EXPENSIVE
- 2 NOT ELIGIBLE DUE TO WORKING STATUS/ CHANGED EMPLOYER/LOST JOB
- 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 5 FAMILY SITUATION CHANGED
- 6 DON'T BELIEVE IN INSURANCE
- 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON'T KNOW

Was (TEEN) covered by health insurance at any time during the past 12 months?

¿Tuvo (TEEN) cobertura de un seguro de salud en algún momento durante los últimos 12 meses?

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

If = 1, goto 'QA19_164'
‘QA19_I63’ [IA21] - How long has it been since (TEEN) last had health insurance?

¿Cuánto tiempo hace desde la última vez que (TEEN) tuvo seguro de salud?

- 1 MORE THAN 12 MONTHS AGO, BUT NOT MORE THAN 3 YEARS
- 2 MORE THAN 3 YEARS
- 3 NEVER HAD HEALTH INSURANCE
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 2, 3, -7, -8, goto ‘PN_QA19_I72’

‘QA19_I64’ [IA22] - For how many of the last 12 months did {he/she} have health insurance?

¿Por cuántos meses de los últimos 12 meses tuvo {él/ella} seguro de salud?

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

______ MONTHS [HR: 0-12]
(must be between 0 and 12)

If = 0 , goto ‘PN_QA19_I72’

- 7 REFUSED
- 8 DON'T KNOW

‘QA19_I65’ [IA23] - During that time when (TEEN) had health insurance, was {his/her} insurance Medi-Cal, a plan you obtained through an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

Durante ese tiempo cuando (TEEN) tenía seguro de salud, ¿era su seguro Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Algún otro?’]

(7 maximum responses)

- 1 MEDI-CAL
- 3 OBTAINED THROUGH CURRENT OR FORMER EMPLOYER/UNIOIN
- 5 PURCHASED DIRECTLY
- 6 PURCHASED THROUGH COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW

If = 1, 3, 5, 6, 91, -7, -8, goto ‘PN_QA19_I72’
‘QA19_I66’ [IA24] - Thinking about {his/her} current health insurance, did (TEEN) have this same insurance for all of the past 12 months?

Pensando en el seguro de salud que {él/ella} tiene actualmente, ¿tuvo (TEEN) este mismo seguro de salud todo el tiempo en los últimos 12 meses?

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

If = 1, goto ‘PN_QA19_I72’

‘QA19_I67’ [IA25] - When (he/she) wasn’t covered by {his/her} current health insurance, did {he/she} have any other health insurance?

Cuando {él/ella} no tenía cobertura de su actual seguro de salud, ¿tuvo {él/ella} algún otro seguro de salud?

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

If = 2, -7, -8, goto ‘QA19_I69’

‘QA19_I68’ [IA26] - Was this other health insurance Medi-Cal, a plan you obtained from an employer, a plan you purchased directly from an insurance company, a plan you purchased through Covered California, or some other plan?

¿Era este otro seguro de salud Medi-Cal, un plan que usted obtuvo a través de un empleador, un plan que compró directamente a una compañía de seguros, un plan que compró mediante Covered California o era otro plan?

[CODE ALL THAT APPLY.]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Algún otro?’]

- 1 MEDI-CAL
- 3 OBTAINED THROUGH CURRENT OR FORMER EMPLOYER/UNION
- 5 PURCHASED DIRECTLY
- 6 PURCHASED THROUGH COVERED CALIFORNIA
- 91 OTHER HEALTH PLAN
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_I69’ [IA27] - During the past 12 months, was there any time when (he/she) had no health insurance at all?

Durante los últimos 12 meses, ¿hubo algún momento en el que (él/ella) no tuvo ningún seguro de salud?

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

If = 2, -7, -8, goto ‘PN_QA19_I72’

‘QA19_I70’ [IA28] - For how many of the past 12 months did (he/she) have no health insurance?

¿Durante cuántos de los últimos 12 meses no tuvo (él/ella) seguro de salud?

[IF < 1 MONTH, ENTER ‘1’]

_____ MONTHS [RANGE: 1-12]

- 7 REFUSED
- 8 DON'T KNOW

‘QA19_I71’ [IA29] - What is the one main reason why (TEEN) did not have any health insurance during the time (he/she) wasn’t covered?

¿Cuál es la razón principal por la que (TEEN) no tuvo ningún seguro de salud durante el tiempo en que (él/ella) no tuvo cobertura?

[IF R SAYS, ‘No need,’ PROBE WHY]

- 1 CAN’T AFFORD/TOO EXPENSIVE
- 2 NOT ELIGIBLE DUE TO WORKING STATUS/CHANGED EMPLOYER/LOST JOB
- 3 NOT ELIGIBLE DUE TO HEALTH OR OTHER PROBLEMS
- 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
- 5 FAMILY SITUATION CHANGED
- 6 DON'T BELIEVE IN INSURANCE
- 7 DID NOT HAVE INSURANCE WHILE SWITCHING INSURANCE COMPANIES
- 8 CAN GET HEALTH CARE FOR FREE/PAY FOR OWN CARE
- 91 OTHER (SPECIFY: ____________)

- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_I72’:  
IF NO TEEN SELECTED, GO TO SECTION J;  
IF ‘QA19_A5’ = 1 (MALE AT BIRTH), DISPLAY ‘mother’;  
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH), DISPLAY ‘father’;  
IF ‘QA19_A5’ = 3 (REFUSED/DON’T KNOW) AND ‘QA19_A23’ Sex =1 DISPLAY ‘father’ OR If ‘QA19_A23’ =2 DISPLAY ‘mother’  
ELSE IF DISPLAY ‘other parent’

‘QA19_I72’ [AI56] - In what country was (TEEN)’s {mother/father} born?  
¿En qué país nació {la madre/el padre} de (TEEN)?

[FOR CHILDREN WHO WERE ADOPTED, QUESTION REFERS TO ADOPTIVE PARENTS]  
- 1 UNITED STATES  
- 2 AMERICAN SAMOA  
- 3 CANADA  
- 4 CHINA  
- 09 GUAM  
- 16 JAPAN  
- 17 KOREA  
- 18 MEXICO  
- 19 PHILIPPINES  
- 22 PUERTO RICO  
- 25 VIETNAM  
- 26 VIRGIN ISLANDS  
- 91 OTHER (SPECIFY: _____________)

PROGRAMMING NOTE ‘QA19_I73’:  
IF ‘QA19_I72’ = 1, 2, 9, 22, OR 26 (BORN IN THE USA OR US TERRITORY), SKIP TO ‘QA19_I77’;  
ELSE CONTINUE WITH ‘QA19_I73’;  
IF ‘QA19_A5’ = 1 (MALE AT BIRTH), DISPLAY ‘mother’;  
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH), DISPLAY ‘father’  
IF ‘QA19_A5’ = 3 (REFUSED/DON’T KNOW) AND ‘QA19_A23’ Sex =1 DISPLAY ‘father’ OR If ‘QA19_A23’ =2 DISPLAY ‘mother’  
ELSE IF DISPLAY ‘other parent’

‘QA19_I73’ [AI57] - Does (TEEN)’s {mother/father} now live in the U.S.?  
¿Vive ahora {la madre/el padre} de (TEEN) en los Estados Unidos?  
- 1 YES  
- 2 NO  
- 3 MOTHER/FATHER/OTHER PARENT) DECEASED  
- 4 {MOTHER/FATHER/OTHER PARENT) NEVER LIVED IN U.S.
PPROGRAMMING NOTE ‘QA19_I74’:
IF ‘QA19_A5’ = 1 (MALE AT BIRTH), DISPLAY ‘mother’;
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH), DISPLAY ‘father’;
IF ‘QA19_A5’ = 3 (REFUSED/DON’T KNOW) AND ‘QA19_A23’ Sex =1 DISPLAY ‘father’ OR If ‘QA19_A23’ =2 DISPLAY ‘mother’
ELSE IF DISPLAY ‘other parent’
IF ‘QA19_I73’ = 3 (MOTHER/FATHER DECEASED), DISPLAY ‘Was’;
ELSE DISPLAY ‘Is’

‘QA19_I74’ [AI58] - {Is/Was} (TEEN)’s {mother/father} a citizen of the United States?

¿{Es/Era} {la madre/el padre} de (TEEN) ciudadano(a) de los Estados Unidos?

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

PPROGRAMMING NOTE ‘QA19_I75’:
IF ‘QA19_I74’ =1 SKIP TO PN_’QA19_I76’
IF ‘QA19_A5’ = 1 (MALE AT BIRTH), DISPLAY ‘mother’;
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH), DISPLAY ‘father’;
IF ‘QA19_A5’ = 3 (REFUSED/DON’T KNOW) AND ‘QA19_A23’ Sex =1 DISPLAY ‘father’ OR If ‘QA19_A23’ =2 DISPLAY ‘mother’
ELSE IF DISPLAY ‘other parent’
IF ‘QA19_I73’ = 3 (MOTHER/FATHER DECEASED), DISPLAY ‘Was’;
ELSE DISPLAY ‘Is’

‘QA19_I75’ [AI59] - {Is/Was} (TEEN)’s {mother/father} a permanent resident with a green card?

¿{Es/Era} {la madre/el padre} de (TEEN) residente permanente con tarjeta verde?

[IF NEEDED, SAY: ‘People usually call this a ‘Green Card’ but the color can also be pink, blue, or white.’]
[IF NEEDED, SAY: ‘La gente la llama normalmente tarjeta verde o ‘Green Card’, pero puede ser también de color rosa, azul o blanco.’]

- 1 YES
- 2 NO
- 3 APPLICATION PENDING
- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_I76’:
IF ‘QA19_A5’ = 1 (MALE AT BIRTH), DISPLAY ‘mother’;
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH), DISPLAY ‘father’

‘QA19_I76’ [AI60] - About how many years has (TEEN)’s {mother/father} lived in the United States?
¿Cuántos años aproximadamente ha vivido {la madre/el padre} de (TEEN) en los Estados Unidos?

____NUMBER OF YEARS
____YEAR FIRST COME AND LIVE IN U.S.

❖ 1 NUMBER OF YEARS
❖ 2 YEAR FIRST COME TO LIVE IN U.S.
❖ 3 MOTHER/FATHER/OTHER PARENT) DECEASED
❖ 4 (MOTHER/FATHER/OTHER PARENT) NEVER LIVED IN U.S.
❖ 7 REFUSED
❖ -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_I77’:IF SELECTED TEEN IN HOUSEHOLD, CONTINUE TO ‘QA19_I77’; ELSE SKIP TO ‘QA19_J1’
IF PROXY=1, GO TO ‘QA19_J1’

‘QA19_I77’ [AI117] - During the past 12 months, At [TEEN]’s last preventive check-up, did {he/she/he or she} speak with a doctor or other health care provider privately, without you or another adult in the room?
Durante los últimos 12 meses, en la última consulta de prevención de [TEEN], ¿habló {él/ella/él o ella} con un médico u otro proveedor de salud en privado, sin usted u otro adulto en la habitación?

[IF NEEDED: A preventive check-up is when this child was not sick or injured, such as an annual or sports physical, or well-child visit]
[IF NEEDED: Una consulta de prevención se refiere a cuando este {niño/niña} no tenía una enfermedad ni se había lastimado, como una consulta anual, visita de revisión física para fines deportivos o de bienestar infantil]

❖ 1 YES
❖ 2 NO
❖ 03 DID NOT HAVE A PREVENTIVE CHECK-UP VISIT IN THE LAST 12 MONTHS
❖ -7 REFUSED
❖ -8 DON’T KNOW

‘QA19_I78’ [AI118] - Do any of [TEEN]’s doctors or other health care providers treat only children/teens?
¿Alguno de los médicos u otros proveedores de atención médica de [TEEN] atiende solo a niños/adolescentes?

❖ 01 YES
❖ 02 NO
❖ -7 REFUSED
❖ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_I79’: IF ‘QA19_I78’ =1 CONTINUE WITH ‘QA19_I79’; ELSE SKIP TO ‘QA19_I80’

‘QA19_I79’ [AI119] - Have they talked with you about having [TEEN] eventually see doctors or other health care providers who treat adults?

¿Alguno de los médicos u otros proveedores de atención médica de [TEEN] atiende solo a niños/adolescentes?

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

‘QA19_I80’ [AI120] - Has this doctor or other health care provider actively worked with [TEEN] to… think about and plan for {his/her/his or her} future?

¿Este médico u otro proveedor de atención médica trabajó de manera activa con [TEEN] para pensar y planificar su futuro?

[IF NEEDED: For example, by taking time to discuss future plans about education, work, relationships, and development of independent living skills?]  
[IF NEEDED: Por ejemplo, al tomarse el tiempo para conversar sobre planes futuros acerca de educación, trabajo, relaciones y desarrollo de habilidades para la vida?]

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

‘QA19_I81’ [AI121] - Has this doctor or other health care provider actively worked with [TEEN] to… make positive choices about {his/her/his or her} health?

¿Este médico u otro proveedor de atención médica trabajó de manera activa con [TEEN] para tomar decisiones positivas acerca de su salud?

[IF NEEDED: For example, by eating healthy, getting regular exercise, not using tobacco, alcohol or other drugs, or delaying sexual activity?]  
[IF NEEDED: Por ejemplo, al comer de manera saludable, hacer ejercicio regularmente, no consumir tabaco, alcohol, ni otras drogas, o retrasar la actividad sexual?]

- 01 YES
- 02 NO
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_I82’ [AI122] - Has this doctor or other health care provider actively worked with [TEEN] to…gain skills to manage {his/her/his or her} health and health care?

¿Este médico u otro proveedor de atención médica trabajó de manera activa con [TEEN] para desenvolver habilidades para administrar su salud y atención médica?

[IF NEEDED: For example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications he or she may need?]
[IF NEEDED: Por ejemplo, al comprender sus necesidades de salud actuales, supo qué hacer en caso de una emergencia médica o tomar medicamentos que podría necesitar?]

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

‘QA19_I83’ [AI123] - Has this doctor or other health care provider actively worked with [TEEN] to…understand the changes in health care that happen at age 18?

¿Este médico u otro proveedor de atención médica trabajó de manera activa con [TEEN] para entender los cambios que se producen en la atención médica a los 18 años?

[IF NEEDED: ‘For example, by understanding changes in privacy, consent, access to information, or decision-making?’]
[IF NEEDED: ‘Por ejemplo, al conocer los cambios de privacidad, el consentimiento, el acceso a la información o la toma de decisiones?’]

○ 01 YES
○ 02 NO
○ -7 REFUSED
○ -8 DON'T KNOW
Section J: Health Care Utilization and Access

PROGRAMMING NOTE ‘QA19_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’

‘QA19_J1’ [AH5] - {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?

{Ahora, voy a preguntar acerca de la atención médica que usted recibe.} Durante los últimos 12 meses, ¿cuántas veces ha visto usted a un doctor?

_____ TIMES [HR: 0-365]

☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_J2’ :
IF ‘QA19_J1’ = 0, -7, OR -8 (HAS NOT SEEN A DOCTOR IN LAST 12 MONTHS OR REF/DK),
CONTINUE WITH ‘QA19_J2’ ;
ELSE GO TO PROGRAMMING NOTE ‘QA19_J3’

‘QA19_J2’ [AH6] - About how long has it been since you last saw a doctor about your own health?

Más o menos, ¿hace cuánto tiempo fue la última vez que vio a un doctor para su propia salud?

☐ 0 ONE YEAR AGO OR LESS
☐ 1 MORE THAN 1 UP TO 2 YEARS AGO
☐ 2 MORE THAN 2 UP TO 5 YEARS AGO
☐ 3 MORE THAN 5 YEARS AGO
☐ 4 NEVER
☐ -7 REFUSED
☐ -8 DON'T KNOW
‘QA19_J3’ [AJ114] - About how long has it been since you last saw a doctor or medical provider for a routine check-up?

Aproximadamente, ¿hace cuánto tiempo fue la última vez que vio a un doctor o a otro proveedor de atención médica para hacerse un examen físico de rutina?

[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: Un examen físico de rutina es una visita que no se debe a una enfermedad o un problema. En esa visita pueden hacerle preguntas acerca de comportamientos de salud tal como el fumar.]

- 0 ONE YEAR AGO OR LESS
- 1 MORE THAN 1 UP TO 2 YEARS AGO
- 2 MORE THAN 2 UP TO 5 YEARS AGO
- 3 MORE THAN 5 YEARS AGO
- 4 NEVER
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_J4’ [AJ115] - During the past 12 months, about how many days did you miss work at a job or business because of illness, injury or disability?

Durante los últimos 12 meses, ¿alrededor de cuántos días se ausentó de un empleo o empresa por enfermedad, lesión o discapacidad?

[IF NEEDED: ‘Do not include family or maternity/paternity leave’]

[IF NEEDED: ‘No incluya permisos familiares o de maternidad/paternidad’]

_________ DAYS (0 - 365)

- 1 DID NOT HAVE JOB IN PAST 12 MONTHS
- -7 REFUSED
- -8 DON'T KNOW
- Other (specify) [ ]
PROGRAMMING NOTE ‘QA19_J5’:  
**IF** ‘QA19_H1’ = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE), THEN CONTINUE WITH ‘QA19_J5’;  
ELSE GO TO PROGRAMMING NOTE ‘QA19_J6’

‘QA19_J5’ [AJ77] - Do you have a personal doctor or medical provider who is your main provider?

¿Tiene usted un doctor de cabecera o un proveedor de atención médica como proveedor principal?

[IF NEEDED, SAY: ‘This can be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.’]  
[IF NEEDED SAY: ‘Puede ser un médico general, un médico especialista, un asistente médico, una enfermera u otro proveedor de salud.’]

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

PROGRAMMING NOTE ‘QA19_J6’:
**IF** ARINSURE =1 OR ‘QA19_H1’ = 1,3,4, OR 5 (HAS USUAL SOURCE OF CARE), THEN CONTINUE WITH ‘QA19_J6’  
ELSE GO TO PROGRAMMING NOTE ‘QA19_J8’  
**IF** ‘QA19_J5’ = 1 (HAS A PERSONAL DOCTOR), THEN DISPLAY ‘your’;  
ELSE DISPLAY ‘a’;

‘QA19_J6’ [AJ102] - 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?

En los últimos 12 meses, ¿trató de hacer una cita para ver a su doctor o proveedor de atención médica en dos días a más tardar porque usted estaba enfermo(a) o lesionado(a)?

[IF NEEDED, SAY: Do not include urgent care or, emergency care visits. I am only asking about appointments.]  
[IF NEEDED, SAY: ‘No incluya cuidado de urgencia o idas a la sala de emergencias. Solo estoy preguntando sobre citas.’]

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

**IF** = 2, -7, -8 go to ‘PN_QA19_J8’
‘QA19_J7’ [AJ103] - How often were you able to get an appointment within two days? Would you say...
¿Con qué frecuencia consiguió hacer una cita dentro de los próximos dos días? ¿Diría que...

- 1 NEVER,
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- -7 DON'T KNOW
- -8 REFUSED

PROGRAMMING NOTE ‘QA19_J8’:
IF ‘QA19_H1’ = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND ‘QA19_J5’ = 1 (HAS A PERSONAL DOCTOR/MEDICAL PROVIDER) AND [(‘QA19_B3’ = 1 OR ‘QA19_B4’ = 1 (HAS ASTHMA)) OR ‘QA19_B7’ = 1 (HAS DIABETES) OR ‘QA19_B23’ = 1 (HAS HEART DISEASE)], THEN CONTINUE WITH ‘QA19_J8’;
ELSE GO TO ‘QA19_J9’

‘QA19_J8’ [AJ80] - 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?
¿Hay alguien en el consultorio o clínica de su doctor que le ayude a coordinar el cuidado de su salud con otros médicos o servicios, como pruebas o tratamientos?

- 1 YES
- 2 NO

‘QA19_J9’ [AJ152B] - During the past 12 months, did you receive care while in a health facility, from a doctor at another location, by use of a video device?
Durante los últimos 12 meses, ¿recibió atención médica en un centro de salud, por parte de un médico desde otra ubicación mediante el uso de un video?

- 1 YES
- 2 NO

If = 2, -7, -8, goto ‘PN_QA19_J11’
‘QA19_J10’ [AJ153B] - Was the care for a skin or eye problem, mental or emotional health problem, dental health problem or some other health problem?

Recibió esta atención por un problema de la piel o de la vista, un problema de salud mental, un problema odontológico, o algún otro problema de salud?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Algún otro?’]

☐ 1 SKIN PROBLEM
☐ 2 EYE PROBLEM
☐ 3 MENTAL OR EMOTIONAL HEALTH PROBLEM
☐ 12 DENTAL HEALTH PROBLEM
☐ 91 OTHER HEALTH PROBLEM (SPECIFY: ____________)
☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE AJ8:
IF ‘QA19_A20’ >=2 (SPEAKS ENGLISH ‘WELL’, ‘NOT WELL’, OR ‘NOT AT ALL’), CONTINUE WITH AJ8;
ELSE GO TO PROGRAMMING NOTE ‘QA19_J16’
IF PROXY=1, GO TO ‘QA19_J17’

‘QA19_J11’ [AJ8B] - The last time you saw a doctor, did you have a hard time understanding the doctor?

La última vez que vio a un doctor, ¿tuvo dificultad para entender lo que el doctor decía?

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

If = 1, goto ‘QA19_J13’
If = -7, -8, goto ‘PN_QA19_J16’
PROGRAMMING NOTE ‘QA19_J12’:
IF ‘QA19_J11’ = 2 (DID NOT HAVE A HARD TIME UNDERSTANDING DOCTOR) AND [INTERVIEW NOT CONDUCTED IN ENGLISH OR ‘QA19_A19’ > 1 (SPEAKS LANGUAGE OTHER THAN ENGLISH AT HOME)], CONTINUE WITH ‘QA19_J12’; ELSE GO TO PN_‘QA19_J16’
SET AJ50ENGL = ENGLSPAN TO STORE INTERVIEW LANGUAGE AT TIME ‘QA19_J12’ WAS ASKED;

‘QA19_J12’ [AJ50] - In what language did the doctor speak to you?

¿En qué idioma habló con usted su doctor?

- 1 ENGLISH
- 2 SPANISH
- 3 CANTONESE
- 4 VIETNAMESE
- 5 TAGALOG
- 6 MANDARIN
- 7 KOREAN
- 8 ASIAN INDIAN LANGUAGES (INCLUDING HINDI, PUNJABI, URDU)
- 9 RUSSIAN
- 12 JAPANESE
- 14 FRENCH
- 15 GERMAN
- 18 Farsi
- 19 ARMENIAN
- 20 ARABIC
- 91 OTHER (SPECIFY: ____________)
- -7 REFUSED
- -8 DON’T KNOW

If = 1, goto ‘QA19_J14’
If = 2, 3, 4, 5, 6, 7, 8, 9, 91, -7, -8, goto ‘PN_QA19_J16’

‘QA19_J13’ [AJ9] - Was this because you and the doctor spoke different languages?

¿Se debió esto a que usted y su doctor hablan diferentes idiomas?

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

‘QA19_J14’ [AJ10] - Did you need someone to help you understand the doctor?

¿Necesitó ayuda de otra persona para comprender al doctor?

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

If = 2, -7, -8, goto ‘PN_QA19_J16’
‘QA19_J15’ [AJ11] - Who was this person who helped you understand the doctor?
¿Quién fue esta persona que le ayudó a entender al doctor?

[IF R Responds ‘MY CHILD,’ Probe To See If Child Is Under Age 18. If Age 18 Or More, Code As ‘Adult Family Member’.]
- 1 Minor Child (Under Age 18)
- 2 An Adult Family Member Or Friend Of Mine
- 3 Non-Medical Office Staff
- 4 Medical Staff Including Nurses/Doctors
- 5 Professional Interpreter (Both In Person And On The Telephone)
- 6 Other (Patients, Someone Else)
- 7 Did Not Have Someone To Help
- 7 Refused
- 8 Don’t Know

Programming Note ‘QA19_J16’:
If ‘QA19_A20’ = 3 Or 4 (Speaks English Not Well Or Not At All), Then Continue With ‘QA19_J16’; Else Go To ‘QA19_J17’

‘QA19_J16’ [AJ105] - In California, you have the right to get help from an interpreter for free during your medical visits. Did you know this before today?

En California, usted tiene derecho a obtener gratis la ayuda de un intérprete durante sus visitas al doctor. ¿Sabía esto antes de hoy?
- 1 Yes
- 2 No
- 7 Refused
- 8 Don’t Know

‘QA19_J17’ [AH16] - During the past 12 months, did you delay or not get a medicine that a doctor prescribed for you?

Durante los últimos 12 meses, ¿tuvo usted que demorar la compra o no comprar algún medicamento que un doctor le recetó?
- 1 Yes
- 2 No
- 7 Refused
- 8 Don’t Know

If = 2, -7, -8, goto ‘QA19_J20’
‘QA19_J18’ [AJ19] - Was cost or lack of insurance a reason why you delayed or did not get the prescription?

¿Fue el costo o el no tener seguro de salud un motivo por el que demoró la compra o quedó sin comprar el medicamento que le habían recetado?

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

**PROGRAMMING NOTE ‘QA19_J19’:**
*IF ARINSURE = 1, THEN CONTINUE WITH ‘QA19_J19’; ELSE GO TO ‘QA19_J20’*

‘QA19_J19’ [AJ176] - Did you delay or not get a medicine while you had your current insurance plan?

¿Mientras tenía su plan de seguro actual se demoró en tomar un medicamento o no lo tomó?

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

‘QA19_J20’ [AH22] - 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?

Durante los últimos 12 meses, ¿tardó en recibir, o quedó sin recibir alguna otra atención médica que usted consideraba necesaria, — como ver un doctor, un especialista u otro profesional de la salud?

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

*If = 2, -7, -8, goto ‘QA19_J26’*

‘QA19_J21’ [AJ129] - Did you get the care eventually?

¿Recibió los cuidados finalmente?

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW
‘QA19_J22’ [AJ20] - Was cost or lack of insurance a reason why you delayed or did not get the care you felt you needed?

¿Fueron los costos o el no tener seguro de salud una razón por la que se demoró en obtener o no obtuvo la atención que usted creyó que necesitaba?

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

If = 2, -7, -8, goto ‘QA19_J24’

‘QA19_J23’ [AJ130] - Was that the main reason?

¿Fue esa la razón principal?

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

If = 1, -7, -8, goto ‘QA19_J25’

‘QA19_J24’ [AJ131] - What was the one main reason why you delayed getting the care you felt you needed?

¿Cuál fue la razón principal por la que se demoró en obtener el cuidado que usted creyó que necesitaba?

- 1 COULDN’T GET APPOINTMENT
- 2 MY INSURANCE WAS NOT ACCEPTED
- 3 MY INSURANCE DID NOT COVER
- 4 LANGUAGE UNDERSTANDING PROBLEMS
- 5 TRANSPORTATION PROBLEMS
- 6 HOURS WERE NOT CONVENIENT
- 7 THERE WAS NO CHILD CARE FOR CHILDREN AT HOME
- 8 I FORGOT OR LOST REFERRAL
- 9 I DIDN’T HAVE TIME TO GO
- 10 TOO EXPENSIVE
- 11 I HAVE NO INSURANCE
- 91 OTHER (SPECIFY: ____________)
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_J25’:
IF ARINSURE = 1, THEN CONTINUE WITH ‘QA19_J25’;
ELSE GO TO ‘QA19_J26’

‘QA19_J25’ [AJ177] - Did you delay or not get other medical care you felt you needed while you had your current insurance plan?

¿Mientras tenía su plan de seguro actual se demoró en recibir o no recibió otra atención médica que consideró que necesitaba?

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

‘QA19_J26’ [AJ136] - 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.

Las preguntas siguientes se refieren a especialistas. Los especialistas son doctores como los cirujanos, médicos del corazón, de las alergias, de la piel y otros doctores que se especializan en un área de atención médica.

In the past 12 months, did you or a doctor think you needed to see a medical specialist?

En los últimos 12 meses, ¿pensó usted o un doctor que necesitaba ir a un especialista?

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

PROGRAMMING NOTE ‘QA19_J27’:
IF ‘QA19_J26’ = 1 (NEEDED A MEDICAL SPECIALIST) CONTINUE WITH ‘QA19_J27’;
ELSE GO TO ‘QA19_J30’

‘QA19_J27’ [AJ137] - During the past 12 months, did you have any trouble finding a medical specialist who would see you?

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

‘QA19_J28’ [AJ138] - During the past 12 months, did a medical specialist’s office tell you that they would not take you as a new patient?

Durante los últimos 12 meses, ¿le dijeron en el consultorio de un médico especialista que no lo(a) iban a aceptar como paciente nuevo(a)?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON’T KNOW
'QA19_J29' [AJ139] - During the past 12 months, did a medical specialist's office tell you that they did not take your main health insurance?

*Durante los últimos 12 meses, ¿le dijeron en el consultorio de un médico especialista que no aceptarían su seguro de salud principal?*

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

'QA19_J30' [AJ133] - Now think about general doctors. During the past 12 months, did you have any trouble finding a general doctor who would see you?

*Ahora piense en los doctores generales. Durante los últimos 12 meses, ¿tuvo alguna dificultad para encontrar un doctor general que lo(a) viera?*

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

'QA19_J31' [AJ134] - During the past 12 months, did a doctor’s office tell you that they would not take you as a new patient?

*Durante los últimos 12 meses, ¿le dijeron en un consultorio médico que no lo(a) iban a aceptar como paciente nuevo(a)?*

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

'QA19_J32' [AJ135] - During the past 12 months, did a doctor’s office tell you that they would not take your main health insurance?

*Durante los últimos 12 meses, ¿le dijeron en un consultorio médico que no iban a aceptar su principal seguro de salud?*

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE AD13:
If 'QA19_A5' = 1 (MALE AT BIRTH), THEN GO TO 'QA19_J42';
If AGE > 45, THEN GO TO 'QA19_J42';
DISPLAYS;
If [QA19_A5] = 2 (FEMALE AT BIRTH) AND AD66 = 2 (IDENTIFIES AS FEMALE), DISPLAY 'These next questions are about women’s health.';
If [QA19_A5] = 2 (FEMALE AT BIRTH) AND AD66 = 1, 3, 4, -7 OR -8 (MALE, TRANSGENDER, NONE, REFUSED, OR DON’T KNOW), DISPLAY 'These next questions may be relevant to you because you were assigned female at birth. If not, let me know and we will skip them.'

Las siguientes preguntas son sobre la salud de la mujer. Las siguientes preguntas pueden ser relevantes para usted porque la registraron como mujer al nacer. Si este no es el caso, dígamel o no le haré esas preguntas.

To your knowledge, are you now pregnant?

¿Que usted sepa, ¿está embarazada actualmente?

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

PROGRAMMING NOTE ‘QA19_J33’:
If AGE > 44 YEARS GO TO 'QA19_J49';
Else IF ‘QA19_A5’=1 (MALE AT BIRTH) THEN GO TO ‘QA19_J42’;
Else CONTINUE WITH ‘QA19_J33’
If PROXY=1, GO TO ‘QA19_J49’

¿Cuál de las siguientes frases describe mejor sus planes de embarazo? ¿Diría que...?

☐ 1 I DO NOT PLAN TO GET PREGNANT WITHIN THE NEXT 12 MONTHS
☐ 2 I AM NOT SEXUALLY ACTIVE
☐ 3 I AM PLANNING TO GET PREGNANT WITHIN THE NEXT 12 MONTHS
☐ 4 I AM CURRENTLY PREGNANT
☐ 5 I AM NOT ABLE TO GET PREGNANT
☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_J34’:
IF AD13 = 1 (PREGNANT), GO TO ‘QA19_J49’;
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH) AND ‘QA19_D11’ = 2 (GAY, LESBIAN, OR HOMOSEXUAL),
GO TO ‘QA19_J49’; IF ‘QA19_J33’= 2, 4, 5 (NOT SEXUALLY ACTIVE OR PREGNANT) THEN GO TO
‘QA19_J37’;
ELSE CONTINUE WITH ‘QA19_J34’

‘QA19_J34’ [AF40B] - Are you or your male sex partner currently using a birth control method to prevent
pregnancy? This includes male or female sterilization.

¿Actualmente usa usted o su pareja sexual masculina algún método de control de la natalidad para
prevenir el embarazo? Esto incluye la esterilización tanto masculina como femenina.

[IF NEEDED, SAY: ‘Sterilization includes having your tubes tied, getting a vasectomy, or having an
operation so you cannot have children.’]
[IF NEEDED, SAY: ‘La esterilización puede ser ligarse las trompas o amarrarse los tubos, hacerse
vasectomía o hacerse una operación para no tener hijos.’]

☐ 1 YES
☐ 2 NO
☐ 3 NO MALE SEXUAL PARTNER
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 3, -7, -8, goto ‘PN_QA19_J37’
If = 2, goto ‘PN_QA19_J36’

PROGRAMMING NOTE ‘QA19_J35’:
IF ‘QA19_J34’ = 2, , GO TO ‘QA19_J36’;
IF ‘QA19_J34’ =3, -7, -8, GO TO ‘QA19_J37’;
ELSE CONTINUE WITH ‘QA19_J35’

‘QA19_J35’ [AJ154B] - Which birth control method or methods are you using?

¿Qué método o métodos para el control de la natalidad está usando usted?

[CODE ALL THAT APPLY]
[PROBE: ‘Any others?’]
[PROBE: ‘¿Algún otro?’]

☐ 1 TUBAL LIGATION (TUBES TIED, CUT)
☐ 2 VASECTOMY (MALE STERILIZATION)
☐ 3 IUD (MIRENA®, PARAGARD®, SKYLAR®, KYLEENA®, LILETTA®, ETC. )
☐ 4 IMPLANT (IMPLANON®, NEXPLANON®, ETC.)
☐ 5 BIRTH CONTROL PILLS
☐ 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL
RING/NUVARING®)
☐ 7 CONDOMS (MALE)
☐ 91 OTHER (SPECIFY: ______________)
☐ -7 REFUSED
☐ -8 DON'T KNOW
‘QA19_J36’ [AJ170] - What is the main reason you are not currently using birth control?

¿Cuál es la razón principal por la que actualmente no usa anticonceptivos?

- 1 TRYING TO GET PREGNANT/WANT A BABY
- 2 HAVEN’T FOUND A METHOD I LIKE
- 3 COST
- 4 HAVEN’T HAD TIME TO GO IN FOR BIRTH CONTROL
- 5 NO TRANSPORTATION
- 6 DON’T KNOW WHERE TO GET IT
- 7 DON’T BELIEVE IN BIRTH CONTROL
- 8 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- 9 PARTNER WON’T LET ME
- 91 OTHER (SPECIFY: _____________)
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_J37’ [AJ171] - Has a doctor, medical provider, or family planning counselor ever talked to you about an IUD or an implant (that thing in your arm)?

¿Alguna vez un médico, un proveedor de atención médica o un asesor de planificación familiar le habló sobre un DIU o un implante?

- 1 YES
- 2 NO
- 3 NO MALE SEXUAL PARTNER
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_J38’ [AJ179] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

Durante los últimos 12 meses, ¿ha obtenido asistencia o información acerca de anticonceptivos para hombres o para mujeres por parte de un médico o un proveedor de atención médica?

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW
‘QA19_J39’ [AJ180] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

*Durante los últimos 12 meses, ¿ha recibido usted consejo o información acerca del control de la natalidad de parte de un doctoro de otro proveedor de atención médica?*

1 YES  
2 NO  
7 REFUSED  
8 DON'T KNOW

*If = 2, -7, -8, goto ‘PN_QA19_J42’*

‘QA19_J40’ [AJ181] - What main birth control method or prescription did you receive?

*¿Cuál fue el método o la receta de anticonceptivos principal que recibió?*

- 1 TUBAL LIGATION (TUBES TIED, CUT)  
- 2 VASECTOMY (MALE STERILIZATION)  
- 3 IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.)  
- 4 IMPLANT (IMPLANON®, NEXPLANON®, ETC.)  
- 5 BIRTH CONTROL PILLS  
- 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVARING®)  
- 7 CONDOMS (MALE)  
- 91 OTHER (SPECIFY: ____________)  
- 7 REFUSED  
- 8 DON'T KNOW

‘QA19_J41’ [AJ182] - Where did you receive the main birth control method or prescription?

*¿Dónde recibió el método o la receta de anticonceptivos principal?*

1 PRIVATE DOCTOR’S OFFICE  
2 HMO FACILITY  
3 HOSPITAL OR HOSPITAL CLINIC  
4 PLANNED PARENTHOOD  
5 COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC  
6 SCHOOL OR SCHOOL-BASED CLINIC  
7 EMPLOYER OR COMPANY CLINIC  
8 INDIAN HEALTH SERVICE  
9 PHARMACY  
10 SOME OTHER PLACE (SPECIFY: _______)  
7 REFUSED  
8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_J42’:
IF ‘QA19_A5’=2 (FEMALE AT BIRTH) THEN GO TO ‘QA19_J49’;
ELSE IF ‘QA19_A5’=1 (MALE AT BIRTH) CONTINUE WITH ‘QA19_J42’;

‘QA19_J42’ [AJ144B] - During the past 12 months, have you received counseling or information about male or female birth control from a doctor or medical provider?

During los últimos 12 meses, ¿ha recibido usted consejo o información acerca del control de la natalidad de parte de un doctoro o otro proveedor de atención médica?

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

‘QA19_J43’ [AJ172] - Are you or your female sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

¿Actualmente usa usted o su pareja sexual feminina algún método de control de la natalidad para prevenir el embarazo? Esto incluye la esterilización tanto masculina como femenina

☐ 1 YES
☐ 2 NO
☐ 3 NO FEMALE SEXUAL PARTNER
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 3, -7, -8, goto ‘PN_QA19_J46’
If = 2, goto ‘PN_QA19_J45’

‘QA19_J44’ [AJ174] - Which birth control method or methods are you using?

¿Qué método o métodos para el control de la natalidad está usando usted?

[CODE ALL THAT APPLY]

[PROBE: ‘Any others?’]
[PROBE: ‘¿Algun otro?’]

☐ 1 TUBAL LIGATION (TUBES TIED, CUT)
☐ 2 VASECTOMY (MALE STERILIZATION)
☐ 3 IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC.)
☐ 4 IMPLANT (IMPLANON®, NEXPLANON®, ETC.)
☐ 5 BIRTH CONTROL PILLS
☐ 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVARING®)
☐ 7 CONDOMS (MALE)
☐ 91 OTHER (SPECIFY: _____________)
☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_J45’:
IF ‘QA19_J43’ = 1, GO TO ‘QA19_J46’,
ELSE CONTINUE WITH ‘QA19_J45’

‘QA19_J45’ [AJ175] - What is the main reason you are not currently using birth control?

¿Cuál es la razón PRINCIPAL por la que actualmente NO usa anticonceptivos?

- 1 TRYING TO GET PREGNANT/WANT A BABY
- 2 HAVEN’T FOUND A METHOD I LIKE
- 3 COST
- 4 HAVEN’T HAD TIME TO GO IN FOR BIRTH CONTROL
- 5 NO TRANSPORTATION
- 6 DON’T KNOW WHERE TO GET IT
- 7 DON’T BELIEVE IN BIRTH CONTROL
- 8 WORRIED ABOUT SIDE EFFECTS AND/OR HEALTH RISKS
- 9 PARTNER WON’T LET ME
- 91 OTHER (SPECIFY: ______________)
- 7 REFUSED
- 8 DON’T KNOW

‘QA19_J46’ [AJ183] - During the past 12 months, have you received a birth control method or a prescription for birth control from a doctor, medical provider or a family planning clinic?

Durante los últimos 12 meses, ¿ha recibido usted consejo o información acerca del control de la natalidad de parte de un doctoro de otro proveedor de atención médica?

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

If = 2, -7, -8 goto ‘PN_QA19_J49’

‘QA19_J47’ [AJ184] - What main birth control method or prescription did you receive?

¿Cuál fue el método o la receta de anticonceptivos principal que recibió?

- 1 TUBAL LIGATION (TUBES TIED, CUT)
- 2 VASECTOMY (MALE STERILIZATION)
- 3 IUD (MIRENA®, PARAGARD®, SKYLA®, KYLEENA®, LILETTA®, ETC. )
- 4 IMPLANT (IMPLANON®, NEXPLANON®, ETC.)
- 5 BIRTH CONTROL PILLS
- 6 OTHER HORMONAL METHODS (INJECTION/DEPO-PROVERA, PATCH, VAGINAL RING/NUVARING®)
- 7 CONDOMS (MALE)
- 91 OTHER (SPECIFY: ______________)
- 7 REFUSED
- 8 DON’T KNOW
‘QA19_J48’ [AJ185] - Where did you receive the main birth control method or prescription?

¿Dónde recibió el método o la receta de anticonceptivos principal?

- 1 PRIVATE DOCTOR’S OFFICE
- 2 HMO FACILITY
- 3 HOSPITAL OR HOSPITAL CLINIC
- 4 PLANNED PARENTHOOD
- 5 COUNTY HEALTH DEPARTMENT, FAMILY PLANNING CLINIC, COMMUNITY CLINIC
- 6 SCHOOL OR SCHOOL-BASED CLINIC
- 7 EMPLOYER OR COMPANY CLINIC
- 8 INDIAN HEALTH SERVICE
- 9 PHARMACY
- 10 SOME OTHER PLACE (SPECIFY:______)
- -7 REFUSED
- -8 DON'T KNOW

‘QA19_J49’ [AG1] - These next questions are about dental health. About how long has it been since you visited a dentist or dental clinic? Include hygienists and all types of dental specialists.

Las siguientes preguntas son acerca de la salud dental. ¿Cómo cuánto tiempo ha pasado desde la última vez que usted fue a un dentista o a una clínica dental? Incluya higienistas y todo tipo de especialistas dentales.

- 0 HAVE NEVER VISITED
- 1 6 MONTHS AGO OR LESS
- 2 MORE THAN 6 MONTHS, AND UP TO 1 YEAR
- 3 MORE THAN 1 YEAR, AND UP TO 2 YEARS AGO
- 4 MORE THAN 2 YEARS, AND UP TO 5 YEARS AGO
- 5 MORE THAN 5 YEARS AGO
- -7 REFUSED
- -8 DON'T KNOW

If = 0, -7, -8, goto ‘QA19_J51’

‘QA19_J50’ [AJ167] - Was it for a routine checkup or cleaning, or was it for a specific problem?

¿Fue para un examen o limpieza de rutina o fue por un problema específico?

- 1 ROUTINE CHECKUP OR CLEANING
- 2 SPECIFIC PROBLEM
- 3 BOTH
- -7 REFUSED
- -8 DON'T KNOW
‘QA19_J51’ [AG3] - Do you now have any type of insurance that pays for part or all of your dental care?

¿Tiene usted actualmente algún tipo de seguro que pague por parte o toda la atención dental que usted recibe?

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

‘QA19_J52’ [AJ168] - How would you describe the condition of your teeth: excellent, very good, good, fair, or poor?

¿Cómo describiría la condición de sus dientes?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 6 HAS NO NATURAL TEETH
- -7 REFUSED
- -8 DON'T KNOW

**PROGRAMMING NOTE ‘QA19_J53’_INTRO: IF PROXY=1, GO TO ‘QA19_K1’**

‘AJ189_INTRO’ [AJ189_INTRO] - The next questions are about unwanted sexual experiences. This information will help us to better understand the problem of unwanted sexual contact and may help others in the future. This is a sensitive topic. Your answers will be kept confidential. If any question upsets you, you don’t have to answer it. At the end of this section, we will give you contact information to an organization that can provide information and referral for these issues. Are you in a private enough space to answer these questions?

Las siguientes preguntas se refieren a experiencias sexuales no deseadas. Esta información nos permitirá entender mejor el problema del contacto sexual no deseado y podría ayudar a otras personas en el futuro. Este es un tema sensible. Sus respuestas serán privadas. Si alguna pregunta la incomoda, no tiene que responderla. Al final de esta sección, le ofreceremos la información de contacto de una organización que puede proporcionar información y referencias sobre estas cuestiones. ¿Se encuentra en un espacio lo suficientemente privado para responder estas preguntas?

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

If = 2, -7, -8 goto ‘QA19_J55’
‘QA19_J53’ [AJ189] - Unwanted sex includes things like someone putting anything into your {vagina,} anus, or mouth or making you do these things to them after you said or showed that you didn’t want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

El sexo no deseado incluye colocar cualquier objeto en su {A65A=2 vagina,} ano o boca, o que {lo/la} obliguen a hacer estas acciones a otra persona después de decir o demostrar que usted no quería hacerlo. Incluye momentos en los que no pudo prestar su consentimiento, por ejemplo, porque se encontraba en estado de ebriedad, {dormido/dormida}, o pensó que {lo/la} lastimarían o castigarían si se negaba.

Since you turned 18, has anyone ever had sex with you after you said or showed that you didn’t want them to or without your consent?

Desde que cumplió 18 años, ¿alguna vez alguien intentó tener sexo con usted después de haber dicho o demostrado que usted no quería o sin su consentimiento?

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

If = 2, -7, -8 goto ‘QA19_J55’
‘QA19_J54’ [AJ190] - Think about the most recent time that a person had sex with you after you said or showed that you didn’t want to or without your consent. What was that person’s relationship to you at that time?

Piense en el incidente más reciente en el que una persona tuvo sexo con usted después de decir o demostrar que no usted quería o sin su consentimiento. ¿Cuál era la relación de esta persona con usted?

[CHECK ALL THAT APPLY]

- 1 CURRENT BOYFRIEND/GIRLFRIEND
- 2 FORMER BOYFRIEND/GIRLFRIEND
- 3 FIANCE
- 4 SPOUSE OR LIVE-IN PARTNER
- 5 FORMER SPOUSE OR FORMER LIVE-IN PARTNER
- 6 SOMEONE YOU WERE DATING
- 7 FIRST DATE
- 8 FRIEND
- 9 ACQUAINTANCE
- 10 A PERSON KNOWN FOR LESS THAN 24 HOURS
- 11 COMPLETE STRANGER
- 12 PARENT
- 13 STEP-PARENT
- 14 PARENT’S PARTNER
- 15 PARENT IN-LAW
- 16 OTHER RELATIVE
- 17 NEIGHBOR
- 18 CO-WORKER
- 19 OTHER NON-RELATIVE
- 20 MORE THAN ONE PERSON
- -7 DON’T KNOW
- -8 REFUSED

‘SVRESOURCE’ [SVRESOURCE] - We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673) or please visit this website: www.rainn.org.

Entendemos que este tema puede recordarle experiencias anteriores de las que algunas personas pueden querer hablar un poco más. Si usted o alguien que conoce desea hablar con un consejero capacitado, llame al 1-800-656-HOPE (4673) o visite el sitio web: www.rainn.org.

[IF CATI, DISPLAY: Would you like me to repeat this information?]
Now I’d like to ask about care giving. Some people provide short-term or long-term help to a family member or friend who has a serious or chronic illness or disability. This may include help with things they cannot do for themselves.

Durante los últimos 12 meses, ¿ofreció alguna ayuda de este tipo a un familiar o amigo?

[IF NEEDED, SAY: ‘This may include help with baths, medicines, household chores, paying bills, driving to doctor’s visits or the grocery store, arranging for medical and support services, or just checking in to see how they are doing.’]

[IF NEEDED, SAY: ‘Esto puede incluir ayuda con baños, medicamentos, tareas domésticas, pagar facturas, llevarlos a consultas médicas o al supermercado, coordinar servicios médicos y de asistencia, o simplemente visitarlos para ver cómo están.’]

1 YES
2 NO
-7 REFUSED
-8 DON’T KNOW

If = 2, -7, -8 goto ‘PN_QA19_K1’

For the next set of questions, please think about the person for whom you provided the most care.

¿Cuántos años/En ese entonces, ¿cuántos años} \{tiene/tenía} esta persona?

1 YES
2 NO
-7 REFUSED
-8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_J57’: IF ‘QA19_J56’ =1 THEN DISPLAY ‘How’ and ‘is’, ELSE DISPLAY ‘At the time you provided care’ and ‘was’.

{How/At the time you provided care, how} old {is/was} this person? Your best estimate is fine.

¿Cuántos años/En ese entonces, ¿cuántos años} \{tiene/tenía} esta persona?

_____ AGE [HR: 0-110]
'QA19_J58' [AJ90] - What is this person's relationship to you?

¿Cuál es la relación de esta persona con usted?

○ 1 HUSBAND
○ 2 WIFE
○ 3 SPOUSE/PARTNER
○ 4 FATHER/FATHER-IN-LAW
○ 5 MOTHER/MOTHER-IN-LAW
○ 6 BROTHER/BROTHER-IN-LAW
○ 7 SISTER/SISTER-IN-LAW
○ 8 GRANDFATHER
○ 9 GRANDMOTHER
○ 10 SON/SON-IN-LAW
○ 11 DAUGHTER/DAUGHTER-IN-LAW
○ 12 OTHER RELATIVE
○ 13 FRIEND/NEIGHBOR
○ 14 OTHER NON-RELATIVE
○ -7 REFUSED
○ -8 DON'T KNOW

PROGRAMMING NOTE 'QA19_J59': IF 'QA19_J56'=1 THEN DISPLAY 'do'; ELSE DISPLAY 'did'; IF 'QA19_J58'=-7,-8 THEN DISPLAY 'family member/friend'; ELSE DISPLAY {'QA19_J58'}

'QA19_J59' [AJ93] - In a typical week, about how many hours {do/did} you spend, helping your {AJ90/family member/friend}?

En una semana típica, ¿alrededor de cuántas horas {destina/destinaba}, en promedio, a ayudar a su {AJ90/familiar/amigo}? 

__________ HOURS [HR: 0-125]

○ -7 REFUSED
○ -8 DON'T KNOW
PROGRAMMING NOTE AJ191: IF ‘QA19_J56’ =1 OR 2 CONTINUE WITH AJ191; ELSE GO TO ‘QA19_J61’; IF ‘QA19_J56’ =1 DISPLAY ‘Are you paid for any of the hours you help your ‘J61’? ‘; IF ‘QA19_J56’ =2 DISPLAY ‘Were you paid for any of the hours you helped your ‘J61’?’

‘AJ191’ [AJ191] - {Are you paid for any of the hours you help your ‘J61’/Were you paid for any of the hours you helped your ‘J61’}?

¿Le pagan/pagaron por las horas que \(\text{ayuda/ayudó} \) a su \(\text{AJ90}/\text{IF NO RESPONSE AT AJ90 INSERT ‘familiar/amigo’}?)?

[IF NEEDED: ‘This could be payment from a public program, family member, or directly from the care recipient.’]
[IF NEEDED: ‘Podría ser un pago por parte de un programa público, miembro de la familia o directamente de la persona a la que cuida o cuidaba.’]

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

PROGRAMMING NOTE ‘QA19_J61’: IF ‘QA19_J56’=1 THEN DISPLAY ‘is’; ELSE DISPLAY ‘was’;

‘QA19_J61’ [AJ193] - How much of a financial stress would you say that caring for your {AJ90} {is/was} for you? {Is/Was} it…

¿En qué medida \(\text{implica/implicaba} \) un estrés financiero para usted cuidar a su \(\text{AJ90}/\text{IF NO RESPONSE AT AJ90 INSERT ‘familiar/amigo’}?)?

- 01 EXTREMELY STRESSFUL
- 02 SOMEWHAT STRESSFUL
- 03 A LITTLE STRESSFUL
- 04 NOT AT ALL STRESSFUL
- 7 REFUSED
- 8 DON'T KNOW

‘QA19_J62’ [AJ91B] - During the past 12 months, did your {AJ90} live…

Durante los últimos 12 meses, su \(\text{AJ90}/\text{IF NO RESPONSE AT AJ90 INSERT ‘familiar/amigo’} \) vivió…

[CHECK ALL THAT APPLY]

- 1 ALONE
- 2 WITH YOU
- 3 WITH SOME OTHER FAMILY MEMBER
- 4 IN A NURSING HOME
- 5 IN AN ASSISTED-LIVING FACILITY
- 6 IN SOME OTHER LIVING SITUATION
- 7 REFUSED
- 8 DON'T KNOW
'QA19_J63' [AJ194] - {What/At the time you provided care, what} disabilities or illnesses {does/did} {he/she/he or she} have that {requires/required} your help?

¿Qué/Al momento cuando brindó cuidado, ¿qué} discapacidades o enfermedades \( \{\text{tiene/tenía}\} \) \( \{\text{él/ella/él o ella}\} \) que \( \{\text{requieran/requirieran}\} \) de su ayuda?

[CHECK ALL THAT APPLY.]

- 1 ALZHEIMER'S, CONFUSION, DEMENTIA, FORGETFULNESS
- 2 ARTHRITIS
- 3 BACK PROBLEMS
- 4 BROKEN BONES
- 5 CANCER
- 6 DIABETES
- 7 FEEBLE, UNSTEADY, FALLING
- 8 LUNG DISEASE, EMPHYSEMA, COPD
- 9 MENTAL ILLNESS, EMOTIONAL ILLNESS, DEPRESSION
- 10 MOBILITY PROBLEM, CAN'T GET AROUND
- 11 OLD AGE, AGING
- 12 STROKE
- 13 SURGERY, WOUNDS
- 91 OTHER (SPECIFY :____________________)
- 7 REFUSED
- 8 DON'T KNOW

'QA19_J64' [AJ197] - {Do you have all of the support and services you need to care for your {'J61'}?/Did you have all of the support and services you needed to care for your {'J61'}?}

¿{Tiene/Tenía} todo el apoyo y los servicios necesarios para cuidar a su \( \{\text{AJ90/IF NO RESPONSE AT AJ90 INSERT 'familiar/amigo'}\} \)? \( \{\text{AJ90/IF NO RESPONSE AT AJ90 INSERT 'familiar/amigo'}\} \)?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_J65’ [AJ199] - During the past 12 months, have you suffered any physical or mental health problems yourself as a result of providing care to your {AJ90}?

Durante los últimos 12 meses, ¿ha tenido usted algún problema de salud físico o mental como consecuencia de cuidar a su \{AJ90/IF NO RESPONSE AT AJ90 INSERT 'familiar/amigo'}?

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

‘QA19_J66’ [AJ200] - Has your work situation changed because of helping your {AJ90}, such as a change in job position, reduced number of work hours, quitting or retiring?

¿Ha cambiado su situación laboral por ayudar a su \{AJ90/IF NO RESPONSE AT AJ90 INSERT 'familiar/amigo'}, como un cambio de puesto, reducción del horario laboral, renuncia o jubilación?

[CHECK ALL THAT APPLY]

- 1 NO CHANGE IN JOB STATUS
- 2 CHANGED JOB
- 3 TOOK A SECOND JOB/INCREASED HOURS WITH CURRENT JOB
- 4 REDUCED NUMBER OF WORK HOURS
- 5 TEMPORARY LEAVE OF ABSENCE
- 6 QUIT JOB
- 7 RETIRED/RETIRED EARLY
- 8 RECEIVED PAID FAMILY LEAVE
- 9 I DON'T WORK
- 91 OTHER (SPECIFY: __________________)
- 7 REFUSED
- 8 DON’T KNOW
Section K: Employment, Income, Poverty Status

PROGRAMMING NOTE ‘QA19_K1’:
IF ‘QA19_G16’ = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH A JOB OR BUSINESS BUT NOT AT WORK) OR ‘QA19_G18’ = 1 (R USUALLY WORKS) CONTINUE WITH ‘QA19_K1’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_K4’

‘QA19_K1’ [AK3] - The next questions are about your employment.
Las preguntas siguientes se refieren a su empleo.

How many hours per week do you usually work at all jobs or businesses?
¿Cuántas horas a la semana trabaja usted normalmente en todos sus empleos o negocios?

_____ HOURS [HR: 0-95]
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_K2’ [AK7] - How long have you worked at your main job?
¿Cuánto tiempo ha trabajado usted en su trabajo principal?

[IF NEEDED, SAY: ‘That is, for your current employer.’]
[IF NEEDED, SAY: ‘Es decir en su empleo actual.’]

[INTERVIEWER NOTE: IF LESS THAN 1 MONTH BUT MORE THAN 0 DAYS, ENTER 1 MONTH]

_____ MONTHS [HR: 0-12]
_____ YEARS [HR: 0-50]
☐ -7 REFUSED
☐ -8 DON'T KNOW
Income Last Month

PROGRAMMING NOTE ‘QA19_K3’:
IF ‘QA19_G16’ = 1 (WORKING AT JOB OR BUSINESS) OR 2 (WITH JOB OR BUSINESS BUT NOT AT WORK]) OR ‘QA19_G18’ = 1 (USUALLY WORKS), CONTINUE WITH ‘QA19_K3’;
ELSE SKIP TO PROGRAMMING NOTE ‘QA19_K4’

‘QA19_K3’ [AK10] - 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?

¿Cuál es su mejor cálculo de todas las ganancias suyas el mes pasado antes de impuestos y de otras deducciones de todos los trabajos y negocios incluyendo sueldos por hora, salarios, propinas y comisiones?

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

$_____________ AMOUNT [HR: 0-999995]

☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_K4’:
IF ‘QA19_G27’ = [1 (SPOUSE/PARTNER WORKING AT JOB OR BUSINESS) OR 2 (SPOUSE/PARTNER WITH JOB OR BUSINESS BUT NOT AT WORK]) OR ‘QA19_G28’ = 1 (SPOUSE/PARTNER USUALLY WORKS), CONTINUE WITH ‘QA19_K4’ AND:
IF ‘QA19_G16’ ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND ‘QA19_G18’ ≠ 1 (R DOES NOT USUALLY WORK), AND ‘QA19_A21’ = 1 (MARRIED), DISPLAY ‘The next question is about your spouse’s employment.’
ELSE IF ‘QA19_G16’ ≠ 1 OR 2 (R NOT AT A JOB OR BUSINESS LAST WEEK, DID NOT WORK, AND DOES NOT HAVE A JOB) AND ‘QA19_G18’ ≠ 1 (R DOES NOT USUALLY WORK), AND ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1, THEN DISPLAY ‘The next question is about your partner’s employment.’
ELSE IF ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 THEN DISPLAY ‘spouse’;
ELSE IF ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 THEN DISPLAY ‘partner’;
ELSE SKIP TO ‘QA19_K6’

‘QA19_K4’ [AK20] - {The next question is about your spouse’s employment.}

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

¿Cuántas horas a la semana trabaja normalmente su {esposo(a)} en todos los empleos o negocios que tiene?

_____ HOURS [HR: 0-95]

☐ -7 REFUSED
☐ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_K5’ :
IF ‘QA19_K4’ ≠ 0 CONTINUE WITH ‘QA19_K5’ ;
IF ‘QA19_A21’ = 1 (MARRIED), THEN DISPLAY ‘spouse’s’;
ELSE IF ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1, THEN DISPLAY ‘partner’s’;
ELSE GO TO ‘QA19_K6’

‘QA19_K5’ [AK10A] - 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?

¿Cuánto calcula que ganó su (esposo(a)/pareja) el mes pasado antes de los impuestos y otras deducciones en todos los empleos y negocios que tiene, incluyendo sueldo por horas, salarios, propinas y comisiones?

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

$______________ AMOUNT

☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_K6’ [AK22] - What is your best estimate of your household’s total annual income from all sources before taxes in 2018?

¿Cuánto calcula que fue el ingreso anual total de su hogar proveniente de todas las fuentes antes de impuestos en el 2018?

[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: ‘Incluya dinero de trabajos, seguro social, jubilación, pagos por desempleo, asistencia pública y fuentes similares. También incluya ingresos por intereses, dividendos, ingreso neto de negocios, finca o rancho o alquiler, y cualquier otro ingreso de dinero.’]

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

$______________ AMOUNT [HR: 0-999995]

☐ -7 REFUSED
☐ -8 DON'T KNOW

If = -7, -8, goto ‘PN_QA19_K8’

‘QA19_K7’ [AK22A] - PLEASE VERIFY AMOUNT ENTERED:

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

He anotado que los ingresos de su hogar son (AMOUNT). ¿Es esto correcto?

☐ 1 YES
☐ 2 NO

If = 1, goto ‘PN_QA19_K14’
If = 2, Go back to ‘QA19_K6’
'QA19_K8' [AK11] - 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?

No necesitamos saber exactamente, ¿pero podría decirme si el ingreso anual de su hogar de todas las fuentes antes de impuestos es…

- 1 MORE
- 2 EQUAL TO $20K OR LESS
- 7 REFUSED
- 8 DON’T KNOW

If = 1, goto ‘QA19_K10’
If = -7, -8, goto ‘PN_QA19_K14’

'QA19_K9' [AK12] - Is it …

¿Es…

- 1 $5,000 OR LESS,
- 2 $5,001 TO $10,000
- 3 $10,001 TO $15,000
- 4 $15,001 TO 20,000
- 7 REFUSED
- 8 DON’T KNOW

If = 1, 2, 3, 4, -7, -8, goto ‘PN_QA19_K14’

'QA19_K10' [AK13] - Is it more or less than $70,000 per year?

¿Es…

- 1 MORE
- 2 EQUAL TO $70K OR LESS
- 7 REFUSED
- 8 DON’T KNOW

If = 1, goto ‘QA19_K12’
If = -7, -8, goto ‘PN_QA19_K14’
‘QA19_K11’ [AK14] - Is it …

Es…

- 1 $20,001 TO $30,000
- 2 $30,001 TO $40,000
- 3 $40,001 TO $50,000
- 4 $50,001 TO $60,000
- 5 $60,001 to $70,000
- 7 REFUSED
- 8 DON’T KNOW

If = 1, 2, 3, 4, 5, -7, -8, goto ‘PN_QA19_K14’

‘QA19_K12’ [AK15] - Is it more or less than $135,000 per year?

Es…

- 1 MORE
- 2 EQUAL TO $135K OR LESS
- 7 REFUSED
- 8 DON’T KNOW

If = 1, -7, -8, goto ‘PN_QA19_K14’

‘QA19_K13’ [AK16] - Is it …

Es…

- 1 $70,001 TO $80,000
- 2 $80,001 TO $90,000
- 3 $90,001 TO $100,000
- 4 $100,001 TO $135,000
- 7 REFUSED
- 8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_K14’:
IF R IS ONLY MEMBER OF HH, GO TO PROGRAMMING NOTE ‘QA19_K15’;
ELSE CONTINUE WITH ‘QA19_K14’

‘QA19_K14’ [AK17] - Including yourself, how many people living in your household are supported by your total household income?

Incluyéndose usted mismo(a), ¿cuántas de las personas que viven en su hogar son mantenidas por el ingreso total de su hogar?

_____ NUMBER OF PEOPLE [HR: 1-20]

- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_K15’: 'QA19_K15' MUST BE LESS THAN 'QA19_K14'; IF R IS ONLY MEMBER OF HH, GO TO ‘QA19_K16’; 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) = ‘QA19_K14’ GO TO PROGRAMMING NOTE ‘QA19_K16’; ELSE CONTINUE WITH ‘QA19_K15’

‘QA19_K15’ [AK18] - How many of these {INSERT NUMBER FROM AK17} people are children under the age of 18?

¿Cuántas de estas {INSERT NUMBER FROM QA11_K15} personas son niños menores de 18 años de edad?

_____ NUMBER OF CHILDREN (UNDER AGE 18) [HR: 0-20]

☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_K16’ [AK32] - Is there anyone else living in the U.S., but not currently living in your household, that is supported by your household income?

¿Hay alguna persona que viva en los Estados Unidos pero que no vive actualmente en su casa y que dependa de los ingresos de su hogar?

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

If= 2,-7,-8 go to ‘PN_QA19_K18’

‘QA19_K17’ [AK33] - How many?

¿Cuántas?

_____ NUMBER OF PEOPLE [HR: 1-20]

☐ -7 REFUSED
☐ -8 DON'T KNOW
Availability of Food in Household

PROGRAMMING NOTE ‘QA19_K18’: IF POVERTY < 5 (HH Income ≤ 200% FPL) OR [8 (HH INCOME NOT KNOWN) AND (ARMCAL=1 OR ARINSURE ≠ 1)], CONTINUE WITH ‘QA19_K18’;
ELSE GO TO ‘QA19_L7’;
IF ‘QA19_K14’ = 1, THEN DISPLAY ‘I’;
ELSE IF ‘QA19_K14’ > 1 DISPLAY ‘We’
IF PROXY=1, GO TO ‘QA19_L1’

‘QA19_K18’ [AM1] - These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford food.

Las siguientes preguntas son acerca de los alimentos que se han consumido en su hogar en los últimos 12 meses y si a ustedes les alcanzó el dinero para comprar comida.

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:

Voy a leer dos comentarios que la gente ha hecho sobre su situación en cuanto a la comida. Para cada una, por favor digame si lo que yo digo es algo que fue cierto frecuentemente, fue cierto algunas veces o no, nunca fue cierto en su hogar en los últimos 12 meses. El primer comentario es:

'The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.'

'Los alimentos que {yo/nosotros} compré/compramos no duraron, y {yo/nosotros} no tenía/teníamos dinero para comprar más.'

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

¿Fue esto …

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

PROGRAMMING NOTE ‘QA19_K19’:
IF ‘QA19_K14’ = 1, THEN DISPLAY ‘I’;
ELSE IF ‘QA19_K14’ > 1 DISPLAY ‘We’

‘QA19_K19’ [AM2] - The second statement is: '{I/We} couldn't afford to eat balanced meals.'

La segunda declaración es: '{Yo/Nosotros} no (pude/pudimos) costear comidas balanceadas'.

Was that often true, sometimes true, or never true for you and your household in the last 12 months?

¿Fue esto …

- 1 OFTEN TRUE
- 2 SOMETIMES TRUE
- 3 NEVER TRUE
- 7 REFUSED
- 8 DON'T KNOW
‘QA19_K20’ [AM3] - 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?

Por favor, digame si o no. En los últimos 12 meses, ¿usted y otros adultos de su hogar alguna vez redujeron el tamaño de sus comidas o dejaron de comer porque no había suficiente dinero para alimentos?

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

If = 2, -7, -8, goto ‘QA19_K22’

‘QA19_K21’ [AM3A] - How often did this happen -- almost every month, some months but not every month, or only in 1 or 2 months?

¿Con qué frecuencia pasó esto -- casi todos los meses, algunos meses pero no todos los meses, o sólo 1 o 2 meses?

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

‘QA19_K22’ [AM4] - In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money to buy food?

En los últimos 12 meses, ¿comió alguna vez menos de lo que sentía que debía comer porque no había suficiente dinero para comprar alimentos?

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

‘QA19_K23’ [AM5] - In the last 12 months, were you ever hungry but didn’t eat because you couldn’t afford enough food?

En los últimos 12 meses, ¿tuvo hambre alguna vez pero no comió porque no tenía dinero para comprar suficientes alimentos?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON’T KNOW
Section L: Public Program Participation

PROGRAMMING NOTE ‘QA19_L1’:
IF HOUSEHOLD INCOME IS ≤ 200% FPL (POVERTY < 5) OR [IF HOUSEHOLD POVERTY LEVEL CANNOT BE DETERMINED (POVERTY = 8) AND (ARMCAL=1 OR ARINSURE ≠ 1)] CONTINUE WITH SECTION L;
ELSE GO TO PN_‘QA19_L31’

‘QA19_L1’ [AL2] - Are you now receiving TANF or CalWORKs?
¿Está usted recibiendo ahora TANF o CalWORKS?

[IF NEEDED, SAY: ‘TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.’]
[IF NEEDED, SAY: ‘TANF quiere decir Asistencia Temporaria a Familias Necesitadas; CalWORKs significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California. Estos programas reemplazaron al AFDC, que era el antiguo programa de bienestar social en California.’]

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

PROGRAMMING NOTE ‘QA19_L2’:
IF SAMPLED TEEN IN HOUSEHOLD, CONTINUE WITH ‘QA19_L2’;
ELSE GO TO ‘QA19_L3’;
IF PROXY=1, GO TO ‘QA19_L3’

‘QA19_L2’ [IAP1] – Is (TEEN) now receiving TANF or CalWORKs?
¿Está <TEEN> recibiendo actualmente TANF o CalWORKS?

[IF NEEDED, SAY: ‘TANF means Temporary Assistance to Needy Families; and CalWORKs means California Work Opportunities and Responsibilities to Kids. Both replaced AFDC, California’s old welfare entitlement program.’]
[IF NEEDED, SAY: ‘TANF quiere decir Asistencia Temporaria a Familias Necesitadas; CalWORKs significa Oportunidades de Trabajo y Responsabilidad hacia los Niños de California. Estos programas reemplazaron al AFDC, que era el antiguo programa de bienestar social en California.’]

☒ 1 YES
☒ 2 NO
☒ -7 REFUSED
☒ -8 DON'T KNOW
‘QA19_L3’ [AL5] - Are you receiving Food Stamp benefits, also known as CalFresh?

¿Recibe usted Food Stamps o Estampillas para Comida, lo que se conoce también como 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: ‘Usted recibe beneficios a través de una tarjeta EBT. EBT son las iniciales en inglés de Transferencia Electrónica de Beneficios y también se conoce como la tarjeta Golden State Advantage.’]

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

PROGRAMMING NOTE ‘QA19_L4’ :
IF ELIGIBLE TEEN IN HOUSEHOLD, CONTINUE WITH ‘QA19_L4’;
ELSE GO TO ‘QA19_L5’;
IF PROXY=1, GO TO ‘QA19_L5’

‘QA19_L4’ [IAP2] - Is (TEEN) receiving Food Stamp benefits, also known as CalFresh?

¿Recibe (TEEN) Food Stamps o Estampillas para Comida, lo que se conoce también como 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: ‘Usted recibe beneficios a través de una tarjeta EBT. EBT son las iniciales en inglés de Transferencia Electrónica de Beneficios y también se conoce como la tarjeta Golden State Advantage.’]

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

‘QA19_L5’ [AL6] - Are you receiving Supplemental Security Income (SSI)?

¿Recibe usted SSI?

[IF NEEDED, SAY: ‘SSI means Supplemental Security Income. This is different from Social Security.’]
[IF NEEDED, SAY: ‘SSI significa Ingreso Suplementario de Seguridad. Es distinto al Seguro Social.’]

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_L6’:
IF ‘QA19_A5’ = 2 (FEMALE AT BIRTH) AND [AD13 = 1 (PREGNANT) OR CHILD AGE < 7 (6 YEARS OR YOUNGER)] CONTINUE WITH ‘QA19_L6’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_L7’

‘QA19_L6’ [AL7] - Are you on WIC?
¿Usted está inscrita en el WIC?

[IF NEEDED, SAY: ‘WIC is the Supplemental Food Program for Women, Infants and children.’]
[IF NEEDED, SAY: ‘WIC es el Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños.’]

○ 1 YES
○ 2 NO
○ -7 REFUSED
○ -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_L7’:
IF ‘QA19_D4’ = 1 (LEGALLY BLIND) OR [(AAGE > 64 OR ‘QA19_A4’ = 6) AND (POVERTY < 5 (HH INCOME ≤ 200% FPL) OR 8 (HH INCOME NOT KNOWN))], CONTINUE WITH ‘QA19_L7’; ELSE SKIP TO PROGRAMMING NOTE ‘QA19_L8’;
OBTAIN THE PROPERTY LIMIT VALUE FROM THE MEDI-CAL SECTION 1931(B) PROGRAM GENERAL PROPERTY AND INCOME LIMITATIONS USING THE TOTAL HOUSEHOLD SIZE FROM ‘QA19_K14’.
IF ‘QA19_K14’ IS MISSING, USE THE TOTAL NUMBER OF ADULTS ENUMERATED IN THE SCREENER (GIVEN BY CATI VARIABLE RADLTcnt).

IF ‘QA19_K14’ = 1 DISPLAY $2000;
IF ‘QA19_K14’ = 2 DISPLAY $3000;
IF ‘QA19_K14’ = 3 DISPLAY $3150;
IF ‘QA19_K14’ = 4 DISPLAY $3300;
IF ‘QA19_K14’ = 5 DISPLAY $3450;
IF ‘QA19_K14’ = 6 DISPLAY $3600;
IF ‘QA19_K14’ = 7 DISPLAY $3750;
IF ‘QA19_K14’ = 8 DISPLAY $3900;
IF ‘QA19_K14’ = 9 DISPLAY $4050;
IF ‘QA19_K14’ ≥ 10 DISPLAY $4200;
IF ‘QA19_A21’ = 1 (MARRIED) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE), DISPLAY ‘your family’s’;
ELSE DISPLAY ‘your’

‘QA19_L7’ [AL9] - 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}?

- SIN CANTAR EL VALOR DE ALGUNA CASA O AUTOMÓVIL QUE ES POSIBLE QUE USTED POSEA, ¿DIRÍA USTED QUE (SUS BIENES/ LOS BIENES DE SU FAMILIA), ES DECIR, TODO SU DINERO EN EFECTIVO, AHORROS, INVERSIONES, Y MUEBLES JUNTOS VANÉS MÁS DE {PROPERTY LIMIT}?

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_L8’:
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘you or your spouse’;
ELSE IF ['QA19_A21' = 2 (LIVING WITH PARTNER) OR 'QA19_D12' = 1 OR 'QA19_D13' = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY ‘you or your partner’;
ELSE DISPLAY ‘you’

‘QA19_L8’ [AL15B] - Did {you or your spouse/you or your partner/you} receive any money last month for child support?
¿Recibió {usted o su esposo(a)/usted o su pareja/usted} algún dinero el mes pasado por pensión alimenticia o manutención infantil?
☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON’T KNOW

If = 2, -7, -8, goto ‘PN_QA19_L10’

PROGRAMMING NOTE ‘QA19_L9’:
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘combined’ AND ‘and your spouse’;
ELSE IF ['QA19_A21' = 2 (LIVING WITH PARTNER) OR 'QA19_D12' = 1 OR AD61 = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘combined’ AND ‘and your partner’;
ELSE CONTINUE WITHOUT DISPLAYS

‘QA19_L9’ [AL16B] - What was the {combined} total amount that you {and your spouse/and your partner} received from child support last month {for both you and your spouse/partner}?
¿Cuál fue la cantidad total {combinada} que usted {y su esposo(a)/y su pareja} (recibió/recibieron) el mes pasado por pensión alimenticia o manutención infantil?

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

$______________ AMOUNT [HR: 1-999995]
☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_L10’: 
*IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘you or your spouse or both of you’; ELSE IF [‘QA19_A21’ = 2 (LIVING WITH PARTNER) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘you or your partner or both of you’ ELSE DISPLAY ‘you’

‘QA19_L10’ [AL17] - Did {you or your partner or both of you/you or your spouse or both of you/you} pay any child support last month?

¿Pagó {usted o su pareja o ustedes dos/usted o su esposo(a) o ustedes dos/usted} alguna pensión alimenticia o manutención infantil el mes pasado?

-1 YES, RESPONDENT PAID
-2 YES, SPOUSE/PARTNER PAID
-3 YES, BOTH PAID
-4 NO
-7 REFUSED
-8 DON'T KNOW

If = 4, -7, -8, goto ‘PN_QA19_L12’

PROGRAMMING NOTE ‘QA19_L11’:
*IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘you or your spouse or both of you’;
ELSE IF [‘QA19_A21’ = 2 (LIVING WITH PARTNER) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘you or your partner or both of you’;
ELSE DISPLAY ‘you’

‘QA19_L11’ [AL18] - What was the total amount {you or your spouse or both of you/you or your partner or both of you/you} paid in child support last month?

¿Cuál fue la cantidad total que {usted o su esposo(a) o ustedes dos/usted o su pareja o ustedes dos/usted} pagó/pagaron en pensión alimenticia o manutención infantil el mes pasado?

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

_______________ AMOUNT [000001-999995]  
-7 REFUSED
-8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_L12’:
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘you or your spouse’;
ELSE IF ['QA19_A21’ = 2 (LIVING WITH PARTNER) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH) DISPLAY ‘you or your partner’;
ELSE DISPLAY ‘you’

‘QA19_L12’ [AL32] - Did {you or your spouse/you or your partner/you} receive any money last month for workers compensation?
¿Recibió {usted o su esposo(a)/usted o su pareja/usted} algún dinero el mes pasado como compensación por accidentes de trabajo?

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

If = 2, -7, -8, goto ‘PN_QA19_L14’

PROGRAMMING NOTE ‘QA19_L13’:
IF ‘QA19_A21’ = 1 (MARRIED) AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘combined’ AND ‘and your spouse’;
ELSE IF ['QA19_A21’ = 2 (LIVING WITH PARTNER) OR ‘QA19_D12’ = 1 OR ‘QA19_D13’ = 1 (LEGAL SAME-SEX COUPLE)] AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVES IN HH), THEN DISPLAY ‘combined’ AND ‘and your partner’;
ELSE CONTINUE WITHOUT DISPLAYS

‘QA19_L13’ [AL33] - What was the {combined} total amount that you {and your spouse/and your partner} received from workers compensation last month?
¿Cuál fue la cantidad total {combinada} que recibió usted {y su esposo(a)/y su pareja} como compensación por accidentes de trabajo el mes pasado?

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

$______________ AMOUNT [000001-999995]

- 7 REFUSED
- 8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_L14’:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND ‘QA19_A21’ = 1 (MARRIED) AND
‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVING IN SAME HH) CONTINUE WITH ‘QA19_L14’ AND
DISPLAY ‘you or your spouse’;
ELSE IF AGE ≥ 65 AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVING IN SAME HH), THEN
CONTINUE WITH ‘QA19_L14’ AND DISPLAY ‘you or your partner’;
ELSE IF AGE ≥ 65, THEN CONTINUE WITH ‘QA19_L14’ AND DISPLAY ‘you’;
ELSE GO TO PROGRAMMING NOTE ‘QA19_L16’

‘QA19_L14’ [AL18A] - Did {you or your spouse/you or your partner/you} receive any Social Security or
Pension payments last month?

¿Recibió {usted o su esposo(a)/usted o su pareja/usted} pagos de Seguro Social o de Pensión el mes pasado?

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

If = 2, -7, -8, goto ‘PN_QA19_L16’

PROGRAMMING NOTE ‘QA19_L15’:
IF [AGE > 50 OR (AGE RANGE IS BETWEEN 50 AND 64)] AND ‘QA19_A21’ = 1 (MARRIED) AND
‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY ‘you or your spouse’;
ELSE IF AGE ≥ 65 AND ‘QA19_A22’ = 1 (SPOUSE/PARTNER LIVING IN SAME HH), DISPLAY ‘you or your partner’;
ELSE IF AGE ≥ 65, DISPLAY ‘you’;

‘QA19_L15’ [AL18B] - What was the total amount {you} received last month from Social Security and
Pensions {for both you and your spouse/partner}?

¿Cuál fue la cantidad total de dinero que recibió del Seguro Social y Pensiones el mes pasado?

[IF AMOUNT GREATER THAN $999,995, ENTER ‘999,995’]

__________________ AMOUNT [000001-999995]

☐ -7 REFUSED
☐ -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_L16’:
IF ARINSURE ≠ 1 (UNINSURED) CONTINUE WITH ‘QA19_L16’;
ELSE GO TO ‘QA19_L17’

‘QA19_L16’ [AL19] - What is the one main reason why you are not enrolled in the Medi-Cal program?

¿Cuál es el motivo principal por el que no está inscrito(a) en el programa Medi-Cal?

☐ 1 PAPERWORK TOO DIFFICULT
☐ 2 DON'T KNOW IF ELIGIBLE
☐ 3 INCOME TOO HIGH, NOT ELIGIBLE
☐ 4 NOT ELIGIBLE DUE TO CITIZENSHIP/IMMIGRATION STATUS
☐ 5 DON'T BELIEVE IN HEALTH INSURANCE
☐ 6 DON'T NEED INSURANCE BECAUSE I'M HEALTHY
☐ 7 ALREADY HAVE INSURANCE
☐ 8 DIDN'T KNOW ABOUT IT
☐ 9 DON'T LIKE OR WANT WELFARE
☐ 91 OTHER (SPECIFY: ____________)
☐ -7 REFUSED
☐ -8 DON'T KNOW

PROGRAMMING NOTE ‘QA19_L17’:
IF ARMCAL = 1 (MEDI-CAL) OR ‘QA19_H73’=1, ‘QA19_H74’=1 OR ‘QA19_H75’ =1 (HAD PRIOR MEDI-CAL COVERAGE), CONTINUE WITH ‘QA19_L17’;
ELSE GO TO ‘QA19_L31’

‘QA19_L17’ [AL40] - You previously said you had Medi-Cal. How long did you have Medi-Cal?

Anteriormente dijo que tenía Medi-Cal. ¿Cuánto tiempo tuvo Medi-Cal?

☐ _____ YEARS
☐ _____ MONTHS
☐ -7 REFUSED
☐ -8 DON'T KNOW

‘QA19_L18’ [AL86] - During the past 12 months, when you most recently contacted the County office regarding your Medi-Cal benefits, how long did you have to wait before speaking to a representative?

Durante los últimos 12 meses, la última vez que se comunicó con la oficina del condado con respecto a sus beneficios de Medi-Cal, ¿cuánto tiempo tuvo que esperar para poder hablar con un representante?

☐ 01 5 MINUTES OR LESS
☐ 02 MORE THAN 5, UP TO 15 MINUTES
☐ 03 MORE THAN 15, UP TO 30 MINUTES
☐ 04 MORE THAN 30 MINUTES
☐ 05 NEVER CONTACTED THE COUNTY OFFICE
☐ -7 REFUSED
☐ -8 DON'T KNOW

If = 5, -7, -8 goto ‘QA19_L23’
‘QA19_L19’ [AL87] - Most recently, how did you contact the County office?

¿Cómo se puso en contacto con la oficina del condado durante la comunicación más reciente?

- 01 VISITED OFFICE IN PERSON
- 02 CALLED OFFICE
- 03 DIRECTLY CONTACTED ELIGIBILITY WORKER
- 04 ONLINE
- 05 MAIL
- 91 OTHER (SPECIFY : ___________________)
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_L20’ [AL88] - How long did it take for the County representative to take care of your problem?

¿Cuánto tiempo tardó el representante del condado en resolver su problema?

- 01 A WEEK OR LESS
- 02 MORE THAN 1 WEEK UP TO 2 WEEKS
- 03 MORE THAN 2 WEEKS UP TO A MONTH
- 04 MORE THAN A MONTH
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_L21’ [AL89] - Tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree(s) with the following statements.

Dígame si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes declaraciones:

The County representative was able to answer all of my questions. Do you...

El representante del condado pudo responder todas mis preguntas.

- 01 STRONGLY AGREE
- 02 AGREE
- 03 NEITHER AGREE OR DISAGREE
- 04 DISAGREE
- 05 STRONGLY DISAGREE
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_L22’ [AL90] - The County representative treated me with dignity and respect. Do you...

El representante del condado me trató con dignidad y respeto.

- 01 STRONGLY AGREE
- 02 AGREE
- 03 NEITHER AGREE OR DISAGREE
- 04 DISAGREE
- 05 STRONGLY DISAGREE
- -7 REFUSED
- -8 DON’T KNOW
‘QA19_L23’ [AL91] - What areas should the County office consider improving?
¿Qué áreas debería de pensar en mejorar la oficina del condado?

[CHECK ALL THAT APPLY]
- 01 REDUCE WAIT TIMES
- 02 SPEND MORE TIME WITH ME
- 03 EXPLAIN THINGS SO I CAN UNDERSTAND
- 04 TELL ME WHAT THE NEXT STEPS ARE
- 05 NO IMPROVEMENT NEEDED
- 06 OTHER (SPECIFY: __________)
- 07 REFUSED
- 08 DON’T KNOW

‘QA19_L24’ [AL92] - How satisfied are you with the County office? Would you say...
¿Qué tan satisfecho/satisfecha está con la oficina del condado? ¿Diría que está...?

- 01 VERY SATISFIED
- 02 SOMEWHAT SATISFIED
- 03 NEITHER SATISFIED OR DISSATISFIED
- 04 DISSATISFIED
- 05 VERY DISSATISFIED
- 06 NOT APPLICABLE
- 07 REFUSED
- 08 DON’T KNOW

‘QA19_L25’ [AL93] - Have you renewed your Medi-Cal in the last 12 months?
¿Ha renovado su Medi-Cal durante los últimos 12 meses?

- 01 YES
- 02 NO
- 03 REFUSED
- 04 DON’T KNOW

If = 2, -7, -8 goto ‘QA19_L28’

‘QA19_L26’ [AL94] - When renewing your Medi-Cal, did you have any issues or problems?
Cuando renovó su Medi-Cal, ¿tuvo algún problema?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON’T KNOW

If = 1, goto ‘QA19_L30’
‘QA19_L27’ [AL95] - Did you temporarily lose coverage for 1 to 2 months, lost coverage completely, or had to reapply?

¿Perdió la cobertura de manera temporal durante uno o dos meses, la perdió por completo o tuvo que volver a solicitarla?

- 01 YES, LOST COVERAGE FOR 1-2 MONTHS
- 02 YES, LOST COVERAGE
- 03 YES, HAD TO REAPPLY
- 04 NO
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_L28’ [AL96] - Before you had Medi-Cal, what health coverage did you have?

Antes de tener la cobertura de Medi-Cal, ¿qué cobertura de salud tenía?

- 01 NO INSURANCE
- 02 EMPLOYER-BASED
- 03 PRIVATE
- 04 COVERED CALIFORNIA
- 05 OTHER
- -7 REFUSED
- -8 DON’T KNOW

If = 1,2,3, -7, -8, goto ‘QA19_L31’

‘QA19_L29’ [AL97] - Did you have a problem changing to Medi-Cal?

¿Tuvo algún problema en cambiar a Medi-Cal?

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

If = 2, -7, -8, goto ‘QA19_L31’

‘QA19_L30’ [AL98] - What was the problem?

¿Qué tipo de problema?

[CHECK ALL THAT APPLY]

- 01 HAD TO PAY PREMIUMS WHILE WAITING FOR MEDI-CAL DECISION
- 02 RECEIVED CONFLICTING ELIGIBILITY NOTICES
- 03 DELAY IN RECEIVING MEDI-CAL
- 04 COULD NOT SEE MY PROVIDER
- 05 REQUIRED TO PROVIDE A LOT OF PAPERWORK
- 06 HAD TO FILE AN APPEAL
- -7 REFUSED
- -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_L31’:
IF ‘QA19_G1’ ≠ 1, 2, 9, 22 OR 26, CONTINUE WITH ‘QA19_L31’;
ELSE SKIP TO ‘QA19_M1’;

‘QA19_L31’ [AL99] - Was there ever a time when you decided not to apply for one or more non-cash government benefits, such as Medi-Cal, food stamps, or housing subsidies, because you were worried it would disqualify you or a family member, from obtaining a green card or becoming a U.S. citizen?

¿Alguna vez decidió no solicitar uno o más beneficios gubernamentales no monetarios, como Medi-Cal, cupones alimenticios o subsidios de vivienda, porque le preocupaba que tal acción lo/la descalificaría a usted, o a un miembro de su familia, para obtener una tarjeta verde o convertirse en ciudadano estadounidense?

0   1 YES
0   2 NO
0   -7 REFUSED
0   -8 DON'T KNOW

If= 2,-7,-8 then goto ‘QA19_L33’

‘QA19_L32’ [AL104] - Did this happen in the last 12 months?

¿Ocurrió esto durante los últimos 12 meses?

0   1 YES
0   2 NO
0   -7 REFUSED
0   -8 DON'T KNOW

‘QA19_L33’ [AL100] - Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to get medical services?

¿Se le pidió alguna vez que proporcionara su número del Seguro Social o presentar un comprobante de su situación legal o de ciudadanía?

0   1 YES
0   2 NO
0   -7 REFUSED
0   -8 DON'T KNOW

If =2,-7,-8, goto ‘QA19_L35’

‘QA19_L34’ [AL101] - Did this happen in the past 12 months?

¿Ocurrió esto durante los últimos 12 meses?

0   1 YES
0   2 NO
0   -7 REFUSED
0   -8 DON'T KNOW
'QA19_L35' [AL102] - Have you ever been asked to provide your Social Security Number or show proof of your citizenship or legal status when you tried to enroll yourself or a child in school?

¿Se le pidió alguna vez que proporcionara su número del Seguro Social o presentara un comprobante de su situación legal o ciudadanía cuando intentó inscribirse usted o a un(a) hijo(a) en la escuela?

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

If =2,-7,-8, goto 'QA19_M1'

'QA19_L36' [AL103] - Did this happen in the past 12 months?

¿Ocurrió esto durante los últimos 12 meses?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
Section M: Housing and Social Cohesion

‘QA19_M1’ [AK23] - These next questions are about your housing and neighborhood.

Las preguntas siguientes son acerca de su hogar y su vecindario.

Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?

¿Vive usted en una casa, un dúplex, un edificio con 3 o más unidades, o en una casa móvil?

[IF NEEDED, SAY: ‘A duplex is a building with 2 units.’]
[IF NEEDED, SAY: ‘Un dúplex es un edificio con 2 unidades.’]

- 1 HOUSE
- 2 DUPLEX
- 3 BUILDING WITH 3 OR MORE UNITS
- 4 MOBILE HOME
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_M2’ [AK25] - Do you own or rent your home?

¿Es usted propietario de su casa o la alquila?

- 1 OWN
- 2 RENT
- 3 OTHER
- -7 REFUSED
- -8 DON’T KNOW

PROGRAMMING NOTE ‘QA19_M3’: IF AAGE >= 65 AND ‘QA19_M2’ = 1, ASK ‘QA19_M3’

‘QA19_M3’ [AM37] - Are you currently paying off a mortgage or loan on this home?

Actualmente, ¿está usted pagando una hipoteca o un préstamo por esta vivienda?

[IF SPOUSE/PARTNER IS PAYING, CODE AS ‘YES’]

- 1 YES
- 2 NO
- -7 REFUSED
- -8 DON’T KNOW
PROGRAMMING NOTE ‘QA19_M4’: IF ‘QA19_H1’ = 1, 3, 4, OR 5 (HAS A USUAL SOURCE OF CARE) AND HOUSEHOLD INCOME IS ≤ 400% FPL, THEN CONTINUE WITH ‘QA19_M4’ ELSE GO TO ‘QA19_M5’

‘QA19_M4’ [AJ178] - Is there anyone at your doctor’s or healthcare provider’s office or clinic who helps connect your family with community-based services you might need, such as housing assistance, food support, or social support?

¿Hay alguien en el consultorio o en la clínica de su médico o de su proveedor de atención médica que ayude a su familia a ponerse en contacto con los servicios comunitarios que pueda necesitar, como asistencia para la vivienda, ayuda alimenticia o apoyo social?

- 01 YES
- 02 NO
- 07 REFUSED
- 08 DON’T KNOW

PROGRAMMING NOTE ‘QA19_M5’: IF ‘QA19_M5’ THROUGH ‘QA19_M8’ NOT ANSWERED IN CHILD INTERVIEW (CG39, CG40, CG41, CG34, CG42), THEN CONTINUE WITH ‘QA19_M5’; ELSE GO TO ‘QA19_M9’ IF PROXY=1, GO TO ‘QA19_M9’

‘QA19_M5’ [AM19] - Tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

Diígame si está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo con las siguientes declaraciones:

People in my neighborhood are willing to help each other.

La gente en mi vecindario está dispuesta a ayudarse unos a otros.

[IF NEEDED, SAY: ‘Do you strongly agree, agree, disagree, or strongly disagree?’] [IF NEEDED, SAY: ‘Está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?’]

[DO NOT PROBE A ‘DON’T KNOW’ RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 NEITHER AGREE OR DISAGREE
- 04 DISAGREE
- 05 STRONGLY DISAGREE
- 07 REFUSED
- 08 DON’T KNOW
‘QA19_M6’ [AM20] - People in this neighborhood generally do not get along with each other.

Por lo general, la gente en este vecindario o barrio no se lleva bien.

[IF NEEDED, SAY: ‘Do you strongly agree, agree, disagree, or strongly disagree?’]
[IF NEEDED, SAY: ‘Está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?’]

[DO NOT PROBE A ‘DON’T KNOW’ RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 NEITHER AGREE OR DISAGREE
- 04 DISAGREE
- 05 STRONGLY DISAGREE
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_M7’ [AM21] - People in this neighborhood can be trusted.

Uno puede confiar en la gente de este vecindario

[IF NEEDED, SAY: ‘Do you strongly agree, agree, disagree, or strongly disagree?’]
[IF NEEDED, SAY: ‘Está totalmente de acuerdo, de acuerdo, en desacuerdo o totalmente en desacuerdo?’]

[‘DO NOT PROBE A ‘DON’T KNOW’ RESPONSE.]

- 01 STRONGLY AGREE
- 02 AGREE
- 03 NEITHER AGREE OR DISAGREE
- 04 DISAGREE
- 05 STRONGLY DISAGREE
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_M8’ [AK28] - Do you feel safe in your neighborhood…

¿Se siente seguro(a) en su vecindario...

- 1 All of the time
- 1 Siempre
- 2 Most of the time
- 2 Casi siempre
- 3 Some of the time, or
- 3 A veces, o
- 4 None of the time?
- 4 Nunca?
- -7 REFUSED
- -8 DON’T KNOW
‘QA19_M9’ [AM39] - In the past 12 months, have you volunteered to organize or lead efforts to help solve problems in your community?

Durante los últimos 12 meses, ¿ha hecho algún trabajo voluntario o servicio a la comunidad por el que no ha recibido ningún pago?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON‘T KNOW

‘QA19_M10’ [AM44] - Imagine that you find out about a problem in your community and you want to do something about it. For example, illegal drugs were being sold near a school, or high levels of lead were found in the local drinking water. Do you think you could express your views in front of a group of people?

Imagine que se entera de un problema en su comunidad y quiere hacer algo al respecto. Por ejemplo, se vendieron drogas ilegales cerca de una escuela o se encontraron niveles elevados de plomo en el agua potable local. ¿Considera que podría expresar sus opiniones al frente de un grupo de personas?

- 1 DEFINITELY COULD NOT
- 2 PROBABLY COULD NOT
- 3 MAYBE COULD
- 4 PROBABLY COULD
- 5 DEFINITELY COULD
- 6 REFUSED
- 7 DON‘T KNOW

‘QA19_M11’ [AM45] - Do you think you could contact an elected official or someone else in government who represents your community?

¿Considera que se podría comunicar con un funcionario electo u otra persona del gobierno que represente a su comunidad?

- 1 DEFINITELY COULD NOT
- 2 PROBABLY COULD NOT
- 3 MAYBE COULD
- 4 PROBABLY COULD
- 5 DEFINITELY COULD
- 6 REFUSED
- 7 DON‘T KNOW

‘QA19_M12’ [AM48] - In the past 12 months, have you been an active member of any group that tries to influence public policy or government, not including a political party?

Durante los últimos 12 meses, ¿ha sido miembro activo de algún grupo que intente influir en el gobierno o las políticas públicas, excepto un partido político?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON‘T KNOW
Section P: Voter Engagement

PROGRAMMING NOTE ‘QA19_P1’:
IF ‘QA19_G4’=1 (CITIZEN) OR ‘QA19_G1’ = 1 (USA) OR 2 (AMERICAN SAMOA) OR 9 (GUAM) OR 22 (PUERTO RICO) OR 26 (VIRGIN ISLANDS, CONTINUE WITH ‘QA19_P1’;
ELSE GO TO ‘QA19_P3’

‘QA19_P1’ [AP73] - How often do you vote in presidential elections?

¿Con qué frecuencia vota usted en las elecciones presidenciales?

- 01 ALWAYS
- 02 SOMETIMES
- 03 NEVER
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_P2’ [AP74] - How often do you vote in state elections, such as for Governor or state proposition?

¿Con qué frecuencia vota usted en las elecciones estatales, por ejemplo en las elecciones para gobernador o para una propuesta estatal?

- 01 ALWAYS
- 02 SOMETIMES
- 03 NEVER
- -7 REFUSED
- -8 DON’T KNOW

‘QA19_P3’ [AP75] - How often do you vote in local elections, such as for Mayor or school board?

¿Con qué frecuencia vota usted en las elecciones locales, por ejemplo en las elecciones para alcalde o para la junta escolar?

- 01 ALWAYS
- 02 SOMETIMES
- 03 NEVER
- -7 REFUSED
- -8 DON’T KNOW
‘QA19_P4’ [AP80] - For the most recent election that you did not vote in, what is the main reason why you did not vote?

Para las elecciones más recientes en las que no votó, ¿cuál es el principal motivo por el que no lo hizo?

- 01 I DISLIKE POLITICS
- 02 VOTING HAS LITTLE TO DO WITH THE WAY REAL DECISIONS ARE MADE
- 03 I DID NOT LIKE ANY OF THE CANDIDATES ON THE BALLOT
- 04 MY ONE VOTE IS NOT GOING TO AFFECT HOW THINGS TURN OUT
- 05 I WAS NOT INFORMED ENOUGH ABOUT THE CANDIDATES OR ISSUES TO MAKE A GOOD DECISION
- 06 I DID NOT SEE A DIFFERENCE BETWEEN THE CANDIDATES OR PARTIES
- 07 I WAS NOT INTERESTED IN WHAT IS HAPPENING IN GOVERNMENT
- 08 I JUST DID NOT THINK ABOUT DOING IT
- 09 I FORGOT
- 10 I HAD TO WORK
- 11 I DID NOT HAVE TRANSPORTATION
- 91 OTHER (SPECIFY: __________)
- 07 REFUSED
- 08 DON'T KNOW
Section S: Suicide Ideation and Attempts

PROGRAMMING NOTE 'QA19_S1':
IF PROXY=1, GO TO PN_AM10B

'QA19_S1' [AF86] - The next section is about thoughts of hurting yourself. Again, if any question upsets you, you don’t have to answer it.

La sección siguiente trata de ideas acerca de causarse daño a sí mismo(a). De nuevo, si alguna pregunta le molesta no tiene que responderla.

Have you ever seriously thought about committing suicide?

¿Alguna vez ha pensado seriamente en suicidarse?

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

If = 2, -7, -8, goto 'PN_AM10B'

'QA19_S2' [AF87] - Have you seriously thought about committing suicide at any time in the past 12 months?

¿En algún momento durante los últimos 12 meses, ha pensado seriamente en suicidarse?

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

If = 2, -7, -8, goto 'QA19_S4'

'QA19_S3' [AF91] - Have you seriously thought about committing suicide at any time in the past 2 months?

En algún momento en los últimos 2 meses, ¿ha pensado seriamente en suicidarse?

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

'QA19_S4' [AF88] - Have you ever attempted suicide?

¿Ha intentado suicidarse alguna vez?

- 1 YES
- 2 NO
- 7 REFUSED
- 8 DON'T KNOW
PROGRAMMING NOTE ‘QA19_S5’:
IF ‘QA19_S2’ = (2, -7, -8) AND ‘QA19_S4’ = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF ‘QA19_S3’ = (2, -7, -8) AND ‘QA19_S4’ = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
IF ‘QA19_S3’ = 1 AND ‘QA19_S4’ = (2, -7, -8) THEN GO TO SUICIDE RESOURCE;
ELSE CONTINUE WITH ‘QA19_S5’

‘QA19_S5’ [AF89] - Have you attempted suicide at any time in the past 12 months?

¿Ha intentado suicidarse alguna vez en los últimos 12 meses?

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

‘SUICIDE RESOURCE:’ [SUICIDE RESOURCE:] - We have a number you can call if you’d like to talk to someone about suicidal thoughts or attempts. Someone is available 24 hours a day to provide information to help you. Do you have something to write with?

Tenemos un número gratis al que puede llamar si desea hablar con alguien acerca de ideas o intentos de suicidio. Hay alguien disponible 24 horas al día para proporcionarle información que puede ayudarle.

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

The number is 1-800-273-TALK (8255).

El número es el 1-800-273-TALK (8255).

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

The number is 1-800-273-TALK (8255).

El número es el 1-800-273-TALK (8255).

Or, you can visit a website to find out information about getting help.

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

The website address is www.suicidepreventionlifeline.org.

Puede ir a un sitio web http://www.suicidepreventionlifeline.org

[IF NEEDED, REPEAT THE ADDRESS OR ASK THEM TO READ IT BACK TO YOU.]

POST-NOTE FOR SUICIDE RESOURCE:
IF ‘QA19_S2’ = (2, -7, -8) AND ‘QA19_S4’ = (2, -7, -8) THEN SKIP TO PN_AM10B (NEXT SECTION);
ELSE CONTINUE
'QA19_S6' [AF90] - Would you like to discuss your thoughts with this person or would you like to continue with the survey?

¿Desea hablar con esta persona acerca de sus ideas?

- 1 DISCUSS THOUGHTS WITH PERSON
- 2 CONTINUE WITH SURVEY
- 7 REFUSED
- 8 DON'T KNOW

*If = 2, -7, -8, goto 'PN_AM10B'
Follow-Up Survey Permission

PROGRAMMING NOTE AM10B:
IF ('QA19_D5' OR 'QA19_D6' OR 'QA19_D7' =1) 
OR 'QA19_G1' = 4,5,10,12,13,16,17,18,19,24,25, OR OTHER ASIAN/LATIN AMERICAN COUNTRY, 
DISPLAY 'JUST A COUPLE OF FINAL QUESTIONS'; 
ELSE DISPLAY 'JUST A FINAL QUESTION';

'AM10B' [AM10B] - Just a {couple of} final question(s) and then we are done. Please provide your name and telephone number so that we may call you if we have additional questions.

Tenemos solo \una pregunta/\algunas preguntas\ más y, terminaremos. Proporcione su nombre y número de teléfono para que podamos ponernos en contacto en caso de tener más preguntas.

First Name: ________________________     Last Name: _________________________
Nombre: _____________________________     Apellido: _________________________

Phone Number: _____________________
Número de teléfono: _________________________

PN_LTSS/RIGHTS FOLLOW-UP:
IF PROGRAMMING NOTE LTSS_A:
IF ('QA19_D5' OR 'QA19_D6' OR 'QA19_D7' =1) , THEN CONTINUE
OR IF 'QA19_G1' = 4,5,10,12,13,16,17,18,19,24,25, OR OTHER ASIAN/LATIN AMERICAN COUNTRY, 
CONTINUE;
ELSE GO TO PN_SR2

'LTSS/RIGHTS FOLLOW-UP' [LTSS/RIGHTS FOLLOW-UP] - Based on your responses, you may be eligible to participate in another survey conducted by UCLA. It will take place about 2-3 weeks from now and you will be paid $25. This other survey will take 15 minutes to complete and is for {people who experience difficulties with activities of daily living (e.g. dressing, bathing, walking, or doing errands)/people who were born in Asia or Latin America as they seek health care, go to work and school, and engage in their communities}.

De acuerdo con sus respuestas, podría ser elegible para participar en otra encuesta que realice la UCLA. Se llevará a cabo dentro de dos a tres semanas y se le pagarán $25. Esta otra encuesta tomará 15 minutos y es para \ personas que tienen dificultades con las actividades de la vida cotidiana (p. Ej., vestirse, bañarse, caminar o hacer mandados)/personas que nacieron en Asia o América Latina y solicitan atención médica, van a trabajar y a estudiar, y participan en sus comunidades\.

May we contact you about this survey?

¿Podemos comunicarnos con usted con relación a esta encuesta?

☐ 1 YES
☐ 2 NO
☐ -7 REFUSED
☐ -8 DON'T KNOW
PN_LTSS/RIGHTS CONTACT:
IF LTSS/RIGHTS FOLLOW-UP = 1 AND INFO NOT PROVIDED IN AM10B, CONTINUE; 
ELSE GO TO PN_SR2

‘LTSS/RIGHTS CONTACT’ [LTSS/RIGHTS CONTACT] - Please provide your name and telephone number so that we may call you if we have additional questions.

Proporcione su nombre y número de teléfono para que podamos comunicarnos con usted en caso de tener más preguntas.

First Name: _________________________ Last Name: _________________________

Nombre: _____________________________     Apellido: _________________________

Phone Number: _________________________

Número de teléfono: _________________________

PROGRAMMING NOTE SUICIDE RESOURCE 2:
IF ‘QA19_S6’ = (2, -7, -8), AND [‘QA19_S3’ = 1 OR (‘QA19_S3’ = 2, -7, -8 AND ‘QA19_S5’ =1)], THEN CONTINUE WITH SUICIDE RESOURCE 2;
ELSE GO TO PROGRAMMING NOTE CLOSE1
IF PROXY=1, GO TO PN_CLOSE1&2

SUICIDE RESOURCE 2: As I mentioned earlier, if you'd like to talk to someone about suicidal thoughts or attempts, someone is available 24 hours a day to provide information to help you. Do you have something to write with? [WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.] The toll-free number is 1-800-273-TALK (8255).

Como te lo mencioné antes, tenemos un número al que puedes llamar para hablar con alguien sobre pensamientos de suicidio o intentar suicidarse. Alguien está disponible para hablar las 24 horas del día para dar información de ayuda.

[WAIT UNTIL THEY HAVE SOMETHING TO WRITE DOWN THE NUMBER AND/OR WEBSITE AND THEN CONTINUE WITH THE SCRIPT. SPEAK SLOWLY WHEN GIVING THE HOTLINE NUMBER.]

The number is 1-800-273-TALK (8255).

El número es 1-800-273-TALK (8255)

[IF NEEDED, REPEAT THE NUMBER OR ASK THEM TO READ IT BACK TO YOU.]

Or you can visit a website to find out information about getting help.

O, puede ir a un sitio web para encontrar información de cómo puede obtener ayuda.

[SPEAK SLOWLY WHEN GIVING OUT THE WEBSITE ADDRESS.]

The website address is www.suicidepreventionlifeline.org.

La dirección del sitio web es www.suicidepreventionlifeline.org.
Would you like to speak with someone now?

¿Quiere hablar con alguien ahora?

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

If = 2, -7, -8, goto 'CLOSE1'

---

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

‘CLOSE1’ [CLOSE1] - Let me check to see if there is anyone else.

Permitame verificar si hay alguien más con quien tengamos que hablar.

If true, goto 'HH_SELECT'

‘CLOSE2’ [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.

Muchas gracias, le agradezco el tiempo que me ha brindado y su cooperación. Usted ha colaborado en una encuesta muy importante sobre la salud. Si tiene alguna pregunta acerca del estudio, por favor llame a la Dra. Ninez Ponce que es la Investigadora principal.

Puede llamar gratis a la Dra. Ponce al teléfono 1-866-275-2447. Gracias y adiós